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HONG KONG



ANNUAL
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1952-53

DIRECTOR OF MEDICAL
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HONG KONG
ANNUAL DEPARTMENTAL REPORT
BY THE
DIRECTOR OF MEDICAL
AND HEALTH SERVICES
FOR THE
FINANCIAL YEAR 1952-3

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4. Visits were paid to the Colony by Professor F. R. C. Reed, Tuberculosis Adviser to the Secretary of State for the Colonies and Miss F. M. Udall, Chief Nursing Officer, Colonial Office.

5. A new Casualty Department was opened at the Newton Hospital in April, 1962. This will improve the facilities for the treatment of accident cases on the mainland.

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I. GENERAL

Introduction.

1. During the year under review all sections of the Department worked at high pressure. Attendances at hospitals and clinics showed no slackening and accommodation, which was sufficient to meet the pre-war requirements of the Colony, was subject to such pressure, in view of the considerable increase in the population since the war, that conditions were unsatisfactory and staff worked under the most adverse circumstances. Night sessions at certain out-patient clinics continued to operate in an endeavour to keep up with the demands placed upon these institutions, but even this expedient did not prove to be sufficient and there were instances when clinics were, in any particular day, unable to deal with the numbers attending.

2. The pressure on hospital accommodation was equally severe and there was no material increase in the number of beds available. The two main Government hospitals were, in fact, institutions for acute cases and there were substantial waiting lists for admission. Nevertheless excellent work was carried out and high-standards were maintained.

3. Tuberculosis continued to be the Department's major problem and as much attention as was possible was paid to anti-tuberculosis measures. Although much was achieved one cannot feel confident that the general problem was affected to any great extent in view of the extremely overcrowded conditions under which so large a proportion of the Colony's population lives.

4. Visits were paid to the Colony by Professor F. R. C. Heaf, Tuberculosis Adviser to the Secretary of State for the Colonies and Miss F. N. Udell, Chief Nursing Officer, Colonial Office.

5. A new Casualty Department was opened at the Kowloon Hospital in April, 1952. This will improve the facilities for the treatment of accident cases on the mainland.

6. Work on the Leper Settlement on Hay Ling Chau progressed so well that it was possible to transfer there at the end of September, 1952, all the lepers from the temporary settlement on Hong Kong Island. The Settlement is proving a satisfactory institution and is being efficiently organized and run by the Hong Kong Auxiliary of the Mission to Lepers. Financial grants are given to the Mission by the Hong Kong Government.

7. The foundation stone of the new Tsan Yuk Maternity Hospital was laid by Her Royal Highness the Duchess of Kent in October, 1952. This new hospital of 200 beds will cater primarily for the poor of the Colony. Funds for the construction and equipping of the hospital were generously provided by the Hong Kong Jockey Club.

8. In December 1952, a small hospital and dressing station was opened at the site of the new reservoir at Tai Lam Chung, New Territories, for the benefits of labourers who are working on the new Dam.

9. A clinic was opened in March 1953, in the new block of Police Quarters in Kowloon, for the police and their families. A doctor and nurse are in full time attendance.

10. During the period under review, two Blood Banks for the collection, storage, and distribution of blood were opened at the Queen Mary Hospital and Kowloon Hospital. The local branch of the British Red Cross did excellent work in the collection of blood from a panel of volunteer donors for these two blood banks, which distribute the blood free to any hospital requiring it for emergency cases.

11. During the year it has been found possible to provide limited ophthalmological, dental, maternal and child health and social hygiene facilities for the inhabitants of the rural areas of the New Territories.

12. United Nations International Children's Emergency Fund and the World Health Organization continued to provide assistance on the following projects:—

1. Bacillus Calmette-Guerin Immunisation.
2. Maternal and Child Health.
3. Diphtheria Immunisation.

In addition certain hospital equipment was provided and also free milk powder for distribution to poor children.

Staff.

13. In July 1952, the Director of Medical and Health Services attended the conference of Heads of Colonial Medical Services arranged by the Colonial Office at Oxford. In September 1952, he also attended the World Health Organization Western Pacific Regional Committee Meeting in Saigon, as an adviser to the United Kingdom delegation.

14. On 28th June, 1952, Dr. J. M. Liston, M.B., Ch.B. (Glas.), D.T.M. & H. (Lond.), D.P.H. (Lond.), on transfer from Sarawak, arrived in Hong Kong to take up the appointment of Deputy Director of Medical and Health Services.

15. The following local staff were sent to the United Kingdom for courses of study:—

- 1 Nursing Sister
- 1 Nurse
- 1 Laboratory Assistant
- 1 Assistant Almoner
- 1 Dental Mechanic
- 1 Executive Officer (births and deaths registration).

16. The establishment of the Medical Department as at 31st March 1953, is shown in Appendix 1.

17. The numbers of registered medical and dental practitioners and ancillary medical workers registered under local enactments, are as follows:—

Registered Medical Practitioners (excluding Government personnel)	408
Registered Dentists (excluding Government Dental Surgeons and Service Dentists)	334

Registered Pharmacists (excluding Government Pharmacists)	47
Registered Nurses (excluding Government Nurses)	739
Registered Dressers (excluding Government Dressers)	7
Registered Midwives (excluding Government Midwives)	743

Legislation.

18. The most important legislation affecting the public health enacted during the year was the Undesirable Medical Advertisements Ordinance, 1953. This Ordinance was necessitated by the widespread practice of advertising quack cures in the vernacular press. The legislation was modelled on Nigerian and United Kingdom enactments.

19. A substantial number of regulations, bills and orders were brought into force. These are listed in Appendix 2.

II. VITAL STATISTICS

(*Note.* All statistics in this report are in respect of the calendar year 1952).

Population.

20. The estimated population of the Colony at the end of the year was 2,250,000.

Births.

21. During the year 71,976 births as compared with 68,500 in 1951 were registered. There was however a drop in the birth rate from 34 to 32 per thousand. The number of attended births (*i.e.* attended by a doctor or midwife) was 69,491 as compared with 67,444 in the previous year. Details of these attended births are set forth in Appendix 3.

Deaths.

22. The number of deaths registered during the year was 19,459, a figure representing a drop of 1,121 as compared with 20,580 deaths registered during the year 1951. The death rate calculated by using the estimated population is 8.6 per thousand as compared with 10.2 per thousand in the previous year.

Infant Mortality.

23. There were 5,546 deaths of infants under one year during the year as compared with 6,285 in the year 1951. There was a welcome drop in the infant mortality rate, the figure of 77.1 per thousand live births comparing with 91.8 per thousand live births in 1951.

24. Whereas in 1951 the deaths in infants under one year provided 30.5% of the total deaths, the infant deaths in 1952 only provided 28.5% of total deaths.

25. The following Table shows the infant and neo-natal deaths and also the neo-natal death rate per thousand live births for the years 1951 - 1952.

TABLE 1.
Neo-natal Mortality Rate.

Age Period	1951	1952
0-1 day	391	282
1-7 days	814	735
1-4 weeks	936	873
4 weeks-3 months	1,238	1,001
3-6 months	1,151	874
6-9 months	967	935
9-12 months	788	846
Total under 1 year.....	6,285	5,546
Infant Mortality rate.....	91.8	77.1
No. of deaths under 4 weeks	2,141	1,890
Neo-natal Mortality rate	31.3	26.3

Maternal Mortality.

26. A drop of 0.45 in the maternal mortality rate was noted when 1.14 per thousand live and still births was recorded as compared with 1.59 per thousand live and still births in 1951.

27. The following Table sets out births, live and still, maternal deaths and maternal mortality rates per thousand live and still births during the years 1951 and 1952.

TABLE 2.

Year	Live Births	Still Births	Total Live and Still Births	Pregnancy and Child bearing		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
1951	68,500	1,180	69,680	109	1.56	2	0.03	111	1.59
1952	71,976	1,157	73,133	80	1.09	4	0.05	84	1.14

28. The following Table gives the figures of deaths from toxæmias of pregnancy for the years 1951 and 1952:—

TABLE 3.

Year	Deaths from Toxaemias of Pregnancy	Total Births (including still-births)	Death rate per thousand
1951	33	69,680	0.5
1952	21	73,133	0.3

Principal Causes of Death.

29. The following Table shows the principal causes of death for the years 1951 and 1952.

TABLE 4.

Causes of death	Number of Deaths	
	1951	1952
Beri-beri	45	56
Bronchitis	354	260
Cancer, malignant diseases	795	807
Cerebro-spinal fever	13	5
Diphtheria	121	157
Diseases of the heart	982	998
Enteritis and diarrhoea	2574	2940
Influenza	49	38
Intracranial lesions of vascular origin	410	480
Malaria	35	46
Non-venereal diseases of genito-urinary system	328	379
Old age, senility	174	195
Other diseases of circulatory system	154	82
Other diseases of digestive system	509	588
Other diseases of nervous system and sense organs	78	91
Other diseases of respiratory system	328	373
Pneumonia (all forms)	4964	4249
Premature births, congenital malformations and diseases of early infancy	1644	1436
Smallpox	—	—
Syphilitic diseases	95	73
Tuberculosis of respiratory system	3006	2461
Tuberculosis (other forms).....	1184	1112
Violence (accidents, suicide, homicide, etc.)	778	776
Other defined diseases	796	724
Ill-defined causes.....	1164	1133
Total.....	20580	19459

30. Further statistics relating to infectious diseases are set forth in Appendices 4 and 5.

III. PUBLIC HEALTH

Introduction

31. The Director of Medical & Health Services is responsible for public health administration throughout the Colony. However, the 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.

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

Urban Areas.

33. 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.

34. 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.

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

36. 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.

37. 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.

38. 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.

39. In the urban areas of Victoria and Kowloon responsibility for environmental hygiene lies with the Urban Council. In the New Territories this work is directly the responsibility of the Medical Department. Throughout the Colony public health staff were faced during the year, as in the previous year, with problems of greater magnitude probably than those encountered in most other cities of the world. The capacity of virtually every building in the urban areas and in the townships of the New Territories was over-taxed and gross overcrowding was general. In these circumstances the work of the health inspector was anything but easy and it is not surprising that in certain areas in the Colony the general sanitation left much to be desired. Refuse removal and conservancy services operated satisfactorily but in the circumstances of overcrowding which exist it cannot be expected that conditions were entirely satisfactory in those areas in which the bucket conservancy system operated. Disposal of night soil was in general satisfactory but a certain amount of unmaturing night soil undoubtedly found its way to the fields of cultivators.

40. Refuse removal and disposal in the urban area were carried out efficiently but in certain of the townships in the New Territories these services left much to be desired as these townships have grown rapidly in recent years and have outstripped the cleansing organization.

Housing.

41. Building activity during the year was very considerable but, with the exception of houses built in squatter resettlement areas, to which reference will be made later, and a few blocks of workmen's flats, the vast majority of the domestic premises erected were of an expensive nature and did little to meet the needs of those most requiring accommodation.

Water Supplies.

42. The city's water supply is, though qualitatively excellent, quantitatively totally inadequate. This necessitates an interrupted, and for a large part of the year an extremely limited, supply and the utilization by a large part of the population of other accessible supplies such as wells, streams etc. Preliminary construction work on a new reservoir in the New Territories, which when completed will provide the city with an adequate supply, has been initiated, but there can be little doubt that the present inadequacy of the public supply is an important contributing factor to the current high prevalence of intestinal infections.

Squatters.

43. These unauthorized occupants of vacant Crown and privately owned land are ubiquitous and are met with virtually everywhere in the Colony. They live in the most insanitary circumstances and their presence constitutes one of the Colony's major public health problems. Their resettlement is a gigantic task but considerable progress in this regard was made during the year. Areas for resettlement have been set aside and a non-profit making organization, partly financed by Government, has erected simple houses in those areas to which squatters are moved by the Resettlement Officer. Such houses may be purchased by the occupant outright for \$1,600 (£100) or by hire purchase at a monthly rental of \$35. In the resettlement areas roads have been constructed and public water supplies provided and, in addition, in certain areas electricity has been installed. Public latrines have also been provided.

44. Difficulties have however been encountered in persuading squatters in some cases to enter the resettlement areas, as their present shacks have been erected near their places of employment and their removal to relatively remote resettlement areas raises problems of transportation. It is clear that arrangements for employment in, or near to, the resettlement areas is very necessary and that the clearance of temporary factories, established in these squatter areas, to the resettlement areas must form an essential part of the resettlement scheme. Certain resettlement areas have been provided for those who

can afford to build a house. In these areas the settler is permitted to build his own house from such materials as he can obtain but he has to site it according to a plan which has as its purpose the reduction of fire hazards to a minimum. These areas, too, are provided with roads, public water supply and public latrines by Government.

45. Public health staff devoted much energy throughout the year endeavouring to improve sanitary conditions in the squatter areas, and as much time as possible was spent on health education of the inhabitants.

46. The total number of persons resettled during the year was approximately 35,000.

Rural Health

47. The year under review has seen a continuation of the steady development of the New Territories. This has shown itself in two forms—gradual building of new houses in market towns—some replacing old ones and some breaking new ground, and the building of residential bungalows in certain areas.

48. An excellent liaison is maintained with the Military Authorities in keeping their establishments free from fly and mosquito nuisances. Attention has also been directed to rodent control in and around these establishments.

49. Several important public works were completed during the year. Coolie lines and a hospital were built in preparation for work to start on the new reservoir at Tai Lam Chung. Two new markets were built at Sai Kung and Sha Tau Kok respectively.

Conservancy.

50. A scheme of nightsoil distribution has been brought into operation by the Agricultural Department. This means that supplies of matured nightsoil are available in greatly increased quantities, and greater control is exercised over the distribution and storage.

Communicable Diseases

51. For the sixth year in succession, the Colony has been free from any major epidemic.

52. In 1952 there was no case of cholera, plague, epidemic typhus, relapsing fever or yellow fever. There were however 3 cases of smallpox, two of which were imported. One local sporadic case occurred one month after the first imported case, but investigation of this case, which had travelled widely in the Colony whilst in the infective stage, showed no possible focus. Prophylactic measures were adopted immediately. Whether as a result of this, or as is more likely due to the immunity conferred by the high vaccinal state of the population, no second case occurred.

53. Six cases of scrub typhus were notified, all of which occurred in Military personnel.

54. There were 1 human and 6 animal fatal cases of rabies notified, all occurring in the New Territories. Control of dogs was strictly enforced in the urban area. In the rural areas, this problem proves much more difficult, because of the widely scattered homesteads.

Enteric fever.

55. There were 1,230 cases with 158 deaths compared with 1,024 cases with 134 deaths—an incidence increase of 20.1%. The fatality rate has dropped from 50% in 1946 to 12.8% in 1952.

56. The source of infection is widespread as shown by scattered distribution of cases all over the Colony. There was no explosive outbreak in any particular area thus making difficult the tracing of the possible foci of infection. The squatter population accounted for 16% of the total, whilst the non-squatter population at the lower economic levels accounted for 50% of the total number of cases notified. The latter came mainly from the congested tenements of the city, where poor

personal hygiene, water restriction and economic stringency contributed to the increase in this disease. Immunization against typhoid fever was offered to the population, but the response was discouraging.

57. About 50% of the cases occurred in the 15 - 34 years age group. The disease continued to be particularly fatal to young male adults.

Dysenteries.

58. Amoebic dysentery notifications registered an increase of 30.5%, whilst bacillary dysentery showed a decrease of 10.2% as compared to the previous year. It will be noted that this is the reverse of 1951. There were 201 cases of amoebiasis with 7 deaths and 336 cases of bacillary dysentery with 22 deaths as compared with 154 cases of amoebiasis with 9 deaths and 374 cases of bacillary dysentery with 29 deaths in 1951.

Poliomyelitis.

59. There were 19 cases notified with 4 deaths as compared with 28 cases with 3 deaths in 1951. This disease does not reach epidemic proportions in Hong Kong. The Chinese population do not appear to be highly susceptible to it.

Diphtheria.

60. During the year there were 987 cases reported compared to 574 in 1951, an increase of over 70%. The month of December had a record notification of 282 cases. During the year there were 157 fatalities as against 121 in 1951. The disease mainly affected children in the 0 - 5 age group which comprised 48% of the total number of cases.

61. An immunization campaign was initiated with U.N.I.C.E.F. assistance towards the end of 1952. The object was to immunize 200,000 children in 2 years. This figure however was exceeded before the end of March 1953 due to the excellent response of the public.

Leprosy.

62. There was no indication that there was a true increase in the incidence of this infection in the Colony during the year although it is known that a number of leprosy patients entered the Colony from China to seek treatment. The number of cases admitted to the Leprosarium was no true indication of the prevalence of the infection, as the temporary settlement on Hong Kong Island dealt merely with part of the problem. The increased accommodation in the new settlement on Hay Ling Chau was rapidly taken up and, by the end of the year, the number of inmates was 301.

63. The number of new cases recognized at out-patient clinics was 190.

Cerebro-Spinal Meningitis.

64. There were 12 cases notified with 5 deaths as compared with 26 cases and 13 deaths in 1951.

Measles.

65. There were 674 cases with 77 deaths—a fatality rate of 11.4% compared with 528 cases with 39 deaths in 1951.

Pertussis.

66. There were 452 cases notified with 5 deaths, giving a fatality rate of 1.1%, as compared with 747 cases with 20 deaths in 1951. This shows a marked decrease in incidence.

Chickenpox.

67. There were 176 cases notified with 4 deaths as compared with 281 cases with 3 deaths in 1951, showing a considerable fall in incidence.

Scarlet Fever.

68. This disease is comparatively rare in the Colony. Four cases were notified with no deaths.

Puerperal Fever.

69. Six cases were recorded with 1 death compared with 7 cases and no deaths in 1951.

Malaria.

70. There were 1,010 cases with 46 deaths recorded in 1952, as compared with 526 cases and 35 deaths in 1951. Most of the cases gave a history of having contracted the disease outside the area in which routine anti-malaria measures are in force.

Tuberculosis.

71. There were 14,821 cases of all forms of Tuberculosis recorded during the year with 3,573 deaths, as compared with 13,886 with 4,190 deaths in 1951. It is noted that there was a welcome fall in the fatality rate to 24.1% for this year as compared with 30.2% in 1951.

72. The six leading causes of deaths from communicable diseases are:—

Diseases	Cases		Total	Deaths	Fatality Rate
	Chinese	Non-Chinese			
1. Tuberculosis	14778	43	14821	3573	24.1%
2. Enteric fever	1211	19	1230	158	12.8%
3. Diphtheria	979	8	987	157	15.9%
4. Measles	647	27	674	77	11.4%
5. Malaria	962	48	1010	46	4.6%
6. Bac. Dysentery	269	66	335	21	6.2%

Anti-Epidemic Measures

73. The anti-epidemic work consisted mainly of immunization against smallpox, cholera and diphtheria. A campaign against typhoid fever was also initiated. With assistance from U.N.I.C.E.F. a special campaign against diphtheria was inaugurated, the object being to protect 200,000 children in two years. Publicity was started early and by the end of the year 65,008 1st doses and 33,332 2nd doses were given. Before 31st March, 1953, however, the target figure of 200,000 had already been exceeded.

74. Appendix 6 sets forth details of protective inoculations and vaccinations carried out during the year.

Port Health Administration

75. The port was free from any quarantinable diseases during the year under review, with the exception of 2 imported cases and one local case of smallpox.

76. Constant vigilance was exercised by Port Health Officers to prevent the introduction of plague into the Colony. Vessels from the mainland and plague infected ports were carefully inspected and all cargo of such a nature as would attract and harbour rodents and fleas was disinfected or deratted as was found to be necessary.

77. In fifty-two ships incoming cargo was inspected before unloading, and 3,703 bales of duck feathers and human hair were disinfected during the year.

78. The number of vessels dealt with during the year was 3,268 and the numbers of passengers and crew were 44,710 and 186,940 respectively. The corresponding figures for the previous year were 3,742, 82,816 and 191,838.

79. Due to travel restrictions, the number of persons who were inspected entering the Colony by its land frontier decreased to 163,695 as compared with 523,456 for 1951 and 1,452,698 for 1950.

80. The Port Health Office continued to maintain very close liaison with the Epidemiological Intelligence Station, W.H.O., Singapore, throughout the year. Weekly telegrams reporting firstly, the health of the Port, and secondly, the restrictions imposed or withdrawn against other countries, were sent to W.H.O.

81. The inspection of unberthed deck passengers travelling as emigrants was continued. Due to more rigid restrictions imposed against travellers by most imigrant ports, and the limited number of contracted labour permitted, the total number of emigrants for the year was 5,276 as against 13,487 for 1951.

82. Bills of Health were still being sought by ship masters although most ports have, on the repeated recommendation of the W.H.O. abolished this requirement. The number of such documents issued during the year was 2,957 as compared with 2,769 during 1951.

83. All passengers and crew of arriving aircraft were medically inspected, and the International Civil Aviation Organization's recommendation regarding the routine spraying of aircraft before arrival was insisted upon.

84. There was a great decrease in the number of passengers examined, only 18,992 being dealt with as compared with 32,669 in 1951.

Social Hygiene

85. The anti-venereal disease organization is operated by the Senior Social Hygiene Officer who has to assist him, 5 medical officers and 25 other technical staff. Five clinics were operated, 2 in Kowloon and 3 on Hong Kong Island and, in addition, a small hospital with 28 beds was maintained for female cases. Six beds for acute male cases were also available to the Senior Social Hygiene Officer in the Queen Mary Hospital.

86. A close link was kept with ante-natal infant welfare and maternity services. In June, a new service for pregnant women, referred to the Social Hygiene Clinics by private midwives, was provided. Pregnant women desiring a blood test are given priority at the Clinics. Under the scheme 3,263 specimens were taken, out of which 91 were positive, giving a rate of 2.7%. Any pregnant woman found to have a positive test and who did not return for treatment was carefully and confidentially followed up. Routine pregnant blood tests were taken in all clinics and institutions. There was a total of 18,960 tests with a percentage positive rate of 3.3%.

87. The number of new cases dealt with was 23,565, of which 8,878 were females. The number of new cases in the previous year was 17,934. Total attendances during the year were 149,237 and 1,106 female patients were admitted to hospital.

88. The work of the Social Hygiene Health Visitors proved of value. Their duties consist of (1) tracing of contacts reported to the anti-V.D. section, and (2) follow-up of prostitutes who default from treatment. Contacts are reported by:—

- a. all branches of the armed forces,
- b. clinic medical officers and other government Medical officers,
- c. private practitioners.

89. During the year, 1946 contact notifications were received, of which 895 (47.2%) were received during the last four months of the year, and 747 visits were made by the health visitors. Successful identification was achieved in 47.9% of contacts notified.

90. The follow-up of prostitutes who defaulted from treatment for syphilis was carried out in 111 cases. Success was achieved in 24 cases (21.6%). In over 66% of cases the patient had either changed her address or given a fictitious one. In 6 cases (5.4%) the patient did not act on the advice given by the health visitor.

91. A special effort was made to introduce a wider publicity on Venereal Disease. The distribution of posters, leaflets etc. was extended and in addition special lectures and film shows were given to many large commercial firms and Government departments.

92. Two surveys and reports by W.H.O. consultants in venereal diseases were made and many of the recommendations in both reports have been implemented.

Maternal and Child Health

93. The staff engaged on this work consisted of the Medical Officer-in-charge, 3 Medical Officers the Supervising and Training Officer for Health Nurses and one health visitor. In addition, there were 28 health nurses. The number of clinics in operation during the year was 3. Attendances were very satisfactory and, in fact, were greater than could be adequately

dealt with, with the staff and accommodation available. Plans for the expansion of this work were developed and, with the assistance of W.H.O. and U.N.I.C.E.F. a degree of expansion will be effected in the near future.

94. The Maternal and Child Health medical staff, together with the Acting Supervisor and Training Officer of Health Nurses, attended a four weeks theoretical and practical obstetric course organized and conducted by the Obstetrical and Gynæcological Department of Hong Kong University Faculty of Medicine in collaboration with the staff of the Tsan Yuk Maternity Hospital.

95. Following their refresher course the doctors jointly with health nursing staff organized a three weeks refresher course for Government District Midwives. Emphasis was placed on techniques, the role of the midwife in health education and her liaison function between the family and Government and voluntary social services.

96. A vigorous drive was also organized to stimulate midwives in private practice to encourage pregnant women to seek ante-natal care earlier and more often. Midwives were requested to report the state of health during the neo-natal period of each infant delivered by them.

97. Midwifery Training Schools sent 57 pupil midwives to Health Centres for a one week health course. Welfare workers, teachers, social science students, teachers-in-training, senior school girls and others related to the health of the family unit attended specially prepared courses and paid observation visits. The total number of participants in this aspect of the programme was 1,230.

98. New attendances at Infant Welfare Sessions increased by 1,000 and revisits by 23,000. New ante-natal visits increased by 200 and revisits by 1,000. Health Nurses paid 11,160 home visits.

99. Health Education techniques included puppet shadow plays and this novelty was appreciated by mothers, who with others related to family and community health were interested in simple talks, group discussions, demonstrations, film and film strips and competitions.

100. Undernourished pregnant women, nursing mothers and babies, as in former years, were given diet supplements from Government resources. Congee meals to the number of 36,095 were provided in the three main Centres and, as available, ovaltine drinks, chicken essence and chocolate bars were distributed at all Centres. Milk drinks provided by U.N.I.C.E.F. were also distributed to the number of 186,380.

101. In Appendix 7 are set forth details of attendances at ante-natal and infant health clinics.

School Health

102. Students in Government and Subsidized schools pay \$5 and those in Private and Grant-in-Aid schools pay \$15 annually to participate in the School Health Scheme. Teachers from the Subsidized, Private and Grant-in-Aid schools are now also permitted to enter the scheme for an annual fee of \$15. Teachers in Government schools receive free medical attention by virtue of their conditions of service.

103. Participants in the scheme are entitled to free medical and dental treatment and free spectacles when necessary. When hospitalized, only maintenance charges have to be paid.

104. Although the number of schools taking part in the scheme has increased from 314 to 356, there was no corresponding increase in the number of students participating. Of a total school population of 201,148 only about 20.4% took advantage of the scheme.

105. The numbers being dealt with at present are as much as existing facilities can cope with and any material increase in these numbers will necessitate an increase in clinics and staff. To provide in some measure for an anticipated increase and also

to improve existing facilities, provision is being made for new clinics to be incorporated in the plans of certain Government schools which are being built.

106. A total number of 56,285 medical inspections were carried out during the year, 21,533 on new entrants to the scheme, 9,399 at later ages and 25,353 re-inspections.

107. These inspections disclosed little change from the previous year in the general state of health of school children. No apparent defects were detected in 26.79% whilst 51.62% were found to be suffering from minor defects requiring them to be kept under observation. The remainder required clinical treatment. Dental caries was again the commonest single defect.

108. The nutritional standard of new entrants was practically as in previous years, namely 82.36% were normal, 16.83% slightly below normal and only .81% poor.

109. Routine inspections of school premises were carried out during the year by the School Health Inspectorate which also dealt with 197 fresh applications for premises to be used as schools.

Malaria and Mosquito Control

110. The population at risk in the areas controlled by the department is approximately 2,250,000 Chinese, and 25,000 Europeans—the latter figure does not include the Services. The cost of the work, which is by larval control methods is equivalent to some 20 cents per head of the population per annum. This also includes the cost of control of nuisance mosquitoes. In addition to the protection of the civilian population, much consultative work is done, and many surveys are carried out on behalf of the Services in the New Territories and outlying islands.

111. In addition to these control measures, investigations were carried out to determine the level of immunity of the rural population in the New Territories, and the value of DDT as a residual spray in the control of rural malaria. Work was undertaken to evaluate the usefulness of several new larvicides.

CONTROL

Imagocides

112. Residual spraying by DDT was made use of in the following circumstances:

- (i) As a supplementary barrier check in Chinese villages on the perimeter of the larval controlled areas. This was done at three-monthly intervals.
- (ii) The perimeter villages surrounding five Army Camps in the New Territories, in an attempt to minimize the number of latent *Benign Tertian* infections among the troops taking paludrine prophylactically.
- (iii) All Government quarters in the New Territories.

Control of Breeding.

113. Control was effected by spraying with water miscible Gammexane. Excellent results were obtained with this insecticide, and after two years use, no larval resistance appears to have developed as has been the case here with regard to the common house fly.

114. In addition to this routine work, the area of control was extended for one mile round the Airport in connexion with the resettlement of squatters in the neighbouring area of Ngau Tau Kok. Further, in the New Territories, many miles of drainage, stream training, etc., was carried out to protect the personnel engaged in the construction of the Tai Lam Chung Dam. These areas are also under routine spraying with Gammexane.

Result of Control.

115. Numerous checking catches and surveys were made by anti-malarial staff in the controlled area. Except in two isolated instances on private property, no anophelines, either larvæ or adults, could be found. Incoming aircraft were similarly searched with negative results.

116. This does not mean that the larval control programme can be relaxed in any way. A sharp reminder of this fact occurred on three occasions during the year when, outbreaks

of malaria occurred in three areas on the Island. Further, checks have shown that heavy vehicular traffic from the New Territories, the Railway, and some 400 junks, are daily pouring their quota of mosquitoes into the controlled area.

Malaria Incidence.

117. The civilian European population at risk is approximately 25,000 and from these 15 cases of malaria were notified during the year as compared with 12 cases in the previous year. From the 2,250,000 Chinese in Hong Kong and Kowloon, 951 cases were reported as compared with 526 in the previous year.

118. Forty-six deaths were attributed to malaria in the Colony as a whole, constituting .23 per cent of all deaths. In 1932, 454 deaths were attributed to malaria accounting for 2.28 per cent of all deaths.

Insecticides.

119. W.H.O. has asked for the active co-operation of Governments and field workers in the development of insecticides for malaria control. Following reports from Malaya of the success of emulsion concentrates and high spread DDT in oil, as larvicides, experiments were carried out in the New Territories by a combined team from the Malaria Bureau, the Army Hygiene Unit from Malaya, and the Asiatic Petroleum Co.

120. The results were inconclusive and did not determine the most important point, namely the phytocytic effect of the concentrate on growing rice. The Malaria Bureau has agreed to continue experimenting, using the concentrate emulsion on selected areas of paddy in the New Territories for the control of both first and second crops *i.e.* from April to the end of November.

Laboratory.

121. In addition to the routine checking, much work was done on two intimately connected problems, namely the possible use of residual spraying of DDT or Gammexane as a method of malaria control in the New Territories, and the investigation

of the high level of immunity among the native New Territories population together with the progressive lowering of the transmission rate of this disease since the Japanese occupation.

122. In regard to the former, morning catches of mosquitoes were made daily in selected villages in the New Territories. Some were in villages in flat areas where *A. hyrcanus* prevails and some in hillfoot villages where *A. jeyporiensis* and *A. minimus* predominate. Altogether 9,445 anophelines were dissected but none were found to be infected. In the morning catches, after very careful search, it became increasingly clear that *A. minimus* and *A. jeyporiensis* were only to be found resting in houses where cattle or pigs were also housed, whereas any number of well fed *C. fatigans* were obtained without difficulty in the dwellings containing no cattle.

123. Confirmation of this habit of the local species largely resting where cattle were housed was confirmed in the results of precipitin tests on blood taken from the mosquitoes. In 322 tests carried out, 198 were positive for cattle, 17 for pig, 13 for dog, and only 21 for human blood. This means that proportionately only about some 600 of the 9,445 dissected mosquitoes are likely to contain human blood. Further confirmation of this point is available from observation of the night biting habits of the local anophelines. Over a period of 20 days the number of anophelines biting two human bait in a nissen hut in the New Territories was observed from dusk to dawn. There were no cattle in the hut, and in this period, 757 anopheline mosquitoes were counted biting. A subsequent morning search of the building revealed only two anophelines. However, it is proposed to spray two entire villages where catching has been carried out for a year, and to observe the effect on the morning catches of mosquitoes, and the blood parasite rate of the inhabitants.

124. In regard to the natural immunity of the New Territories population to malaria, this is undoubtedly high. It was found that new cases now largely occur among incoming Northerners and other non-immunes.

125. Recent examinations in the New Territories villages show a very low blood parasite rate, an average of 4.33% in October and 1.51% in March. This immunity does not appear to be obtained at the expense of a high infantile mortality rate.

Tai Lam Chung.

126. At Tai Lam Chung Dam, malaria control work commenced six months before the coolie lines were occupied. The value of this precaution is evidenced by the fact that no cases of malaria have so far occurred amongst the present labour force of 240.

Tuberculosis Control

127. Some idea of the magnitude of Hong Kong's tuberculosis problem may be obtained from the fact that tuberculin testing indicates that almost 95% of the population above the age of 14 years has already been infected by the disease. The large numbers of unemployed and the consequent low standard of living, added to overcrowding almost without parallel, gives rise to a set of circumstances in which one might expect to find the disease in epidemic form. More than one-third of the deaths from tuberculosis occurred in children under the age of 5 years, mainly from progressive primary tuberculosis and tuberculous meningitis. With these facts in mind a B.C.G. programme was commenced with the ultimate object of attempting to offer vaccination to all new born children. In adults morbidity was highest in the 30 - 35 age group, and mortality greatest in middle and later life. The high racial resistance of the local population prevents the disease from exacting a higher toll of life but produces at the same time a type of disease which gives rise to a large proportion of infectious ambulant cases, which, in view of the type of housing and the degree of overcrowding, pass on the disease to their numerous close contacts. In these circumstances a realistic control programme is virtually impossible. Satisfactory home isolation is impracticable and hospital isolation is impossible because of the shortage of hospital beds. While the tuberculosis services may, with their present resources, do much to assist the individual sufferer, the present scale of operations is unlikely to affect the problem as a whole.

Rehousing, of necessity on the same sites, on the same total area, and at an economic rent, but providing separate accommodation for families and members of families, would probably do more to reduce the tuberculosis morbidity and mortality figures than any other measure.

128. The relative importance of tuberculosis as a cause of death in the Colony has increased steadily since 1948, reaching its peak in 1951. The year under review showed a decrease. Below the same trend is shown in the death-rate from tuberculosis per 100,000 estimated population.

Year	% deaths due to tuberculosis	D/R per 100,000
1948.....	14.6	108.9
1949.....	16.0	140.6
1950.....	17.7	144
1951.....	20.0	208
1952.....	18.4	158.8

129. It is probable that the sharp rise in the mortality rate in 1951 resulted from the sudden rise of population in the preceding year, the effects of which are now decreasing, with a resulting fall of the rate to a more normal figure.

130. The age distribution of deaths from tuberculosis (all forms) remained substantially unchanged. Tuberculous meningitis, however, accounted for an increased percentage of the total, whilst tuberculosis, other forms, remained unchanged. Respiratory tuberculosis still accounted for the majority of deaths. The greatest mortality from respiratory tuberculosis occurred in infants under 5 years of age, female deaths being more numerous than those in males. At all other ages deaths among males were more numerous, this being particularly noticeable in the 40 - 44 age group where male deaths reached their highest level.

131. In appendices 8, 9, 10, are set forth notifications and deaths from tuberculosis.

Morbidity.

132. The number of notifications received showed a slight increase as compared with last year, by far the majority originating in Government institutions. Notifications from private practitioners still constituted a surprisingly small proportion of the total. The figures for 1951 and 1952 are as follows:—

	1952	1951
Government Tuberculosis Clinics		
{ Harcourt	3,948	3,858
{ Kowloon	3,534	3,038
Government Institutions	6,144	5,522
Non-Government Institutions	301	524
Private Practitioners	894	944
Total	<u>14,821</u>	<u>13,886</u>

133. Notifications of respiratory tuberculosis showed maximum incidence in the 20 - 40 age group, falling off gradually thereafter. The incidence was higher in males at all ages, the disparity being less marked in the younger age groups. This was probably due to the marked preponderance of males in the Colony. This male preponderance is due to men coming to the Colony in search of work but leaving wives and families behind in their villages in China. This factor does not affect the younger age group so that among children the incidence rates for males and females are more closely approximated.

Out-patient Facilities.

134. The only large scale free diagnostic service was provided at two Government Tuberculosis Clinics in Harcourt Health Centre and the recently constructed clinic in Kowloon. Each employed four medical officers who were also available for staffing the four additional sub-clinics operated in outlying districts which were open once per week. One medical officer visited St. John Hospital, Cheung Chau, to carry on the treatment of tuberculosis patients there.

135. Combined attendances at all clinics showed a slight drop as compared with last year, the decrease being due to a reduction in first visits of voluntary attenders. Revisits showed a further increase, a fact which was also noted in the previous year. Details of attendances are as follows:

	1952	1951
First Visits	28,284	34,838
Return Visits (Consultation only)	73,706	69,596
	<hr/>	<hr/>
Total Visits:	101,990	104,434
	<hr/> <hr/>	<hr/> <hr/>

136. The figure for return visits does not take account of the number of treatment visits recorded during the year, of which accurate details are not available. (These have, however, increased at least threefold as compared with the previous year). Again, it does not take account of the 14,940 visits made for milk powder nor the return visits, numbering about 300 - 350 per day, made by patients for symptomatic treatment.

137. The origin of new patients was as follows:—

	1952	1951
Voluntary attenders	22,751	28,459
Contacts	1,143	1,801
Referred by— {		
Private practitioners	591	530
Hospitals	1,524	1,472
Government Servants— {		
Routine	742	483
Voluntary	55	71
Survey	129	1,894
Surveys—(non-Government)	1,078	—
Private School Teachers	271	128
	<hr/>	<hr/>
Total:	28,284	34,838
	<hr/> <hr/>	<hr/> <hr/>

138. Condition of new patients on first attendance:—

(1) Examination incomplete		
a) Attended but did not complete examination	2,269	
b) Examination or diagnosis incomplete as at 31.12.52	1,412	
		3,681
(2) Examined and found to be non-tubercular		14,999
(3) Examined and found to be suffering from tuberculosis:		
a) Active	5,793	
b) Quiescent	2,613	
c) Arrested	1,198	
		9,604
Total:		28,284

139. Although there has been a drop of 17% in the total number of cases of tuberculosis diagnosed during the year the distribution of cases according to extent of disease remains unchanged. The number of active minimal cases attending for the first time was 2,233. Only a small percentage of these were able to obtain treatment in hospital.

Radiological Examinations.

140. All radiological examinations were carried out for the Tuberculosis Service by the staff of the X-ray department working under the control of the Senior Radiologist. In Hong Kong the X-ray examinations were carried out in Queen Mary Hospital and in Kowloon in the Tuberculosis Clinic. All new patients except young children, on first attendance were examined on 35 m.m. film. Details of the work done are as follows:—

	35 m.m.	Large films or paper
Harcourt Tuberculosis Clinic	31,854	18,856
Kowloon Tuberculosis Clinic	15,111	15,437

Bacteriological Examinations.

141. Bacteriological investigations are carried out by the Government Pathological Institute. Details of the examinations are as follows:—

Materials examined	Positive	Negative	Total
Sputum	3,116	10,361	13,477
Gastric Contents.....	27	104	131
Pleural fluid	0	9	9

Out-patient Treatment.

142. The following are the details of out-patient investigations and treatment carried out in the clinics.

	1952	1951
Blood Sedimentation Rate	34,241	No record
Artificial Pneumothorax—		
Initial	0	0
Refills	1,307	546
Completed treatment	4	3
Abandoned (unsatisfactory)	7	12
Artificial Pneumoperitoneum—		
Initial	5	39
Refills	2,765	875
Completed treatment	4	1
Abandoned (unsatisfactory)	8	12
Pleural Aspirations	54	52

143. As a direct result of the shortage of hospital beds increasing resort was had to out-patient treatment with specific drugs, which has been accepted as an unsatisfactory alternative.

	Failed to complete	Completed	Still under treatment
Treated by Iso-nicotinic Acid (INAH) Hydrazide 3 months course	23	61	171
Treated by Sodium Para-amino Salicylate (P.A.S.) (alone) 3 months course	42	223	98
Treated by Sodium Para-amino Salicylate and streptomycin 6 months course.....	—	—	50

144. Treatment by INAH was started following a trial series of 20 cases. The results of this trial indicated that in about 50% of cases radiological and clinical improvement could be obtained in selected cases in 3 months without hospital treatment. The cheapness and palatability of the drug were an advantage in local circumstances. Although certain of the apparently improved cases subsequently relapsed, the results obtained were considered sufficiently encouraging to justify treatment of a further series of cases.

145. PAS alone has been made use of for some considerable time and results in early cases, if not dramatic, justify the time and money expended. Also many hospital admissions have, as a result, been avoided.

146. Treatment with streptomycin and PAS in combination was started in the latter part of the year in an attempt to reduce to some extent the number of infectious cases at large in the community. It is too early as yet to evaluate this form of outpatient treatment.

Hospital Treatment.

147. Hospital admissions for investigation of lung conditions or treatment of proved pulmonary tuberculosis were arranged as follows:—

	1952	1951
Ruttonjee Sanatorium	{ Priority cases 82	52
	{ Through the clinics ... 213	189
Government Hospitals	{ Priority cases 213	210
	{ General Public 265	273
	<hr/>	<hr/>
Total	773	724
	<hr/>	<hr/>

Ruttonjee Sanatorium.

148. This Sanatorium operated by the Hong Kong Anti-Tuberculosis Association, has again expanded during the year from 140 to 163 beds. Only cases of pulmonary tuberculosis are admitted and apart from priority cases who are mainly employees of the principal subscribers to the Association, all cases are admitted through the Government Tuberculosis Clinics. After admission the Association is responsible for treatment and aftercare, but financial assistance is given by the Government Tuberculosis Almoner. The Association publishes its own report on the results of treatment.

Government Hospitals.

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

1. Queen Mary Hospital:
Special class and general ward accommodation
for surgical and investigation cases 61
2. Lai Chi Kok Hospital (including 10 cots) 208
3. St. John's Hospital, Cheung Chau
(Minimal or convalescent cases only) 42

150. It is obvious that the widespread distribution of the beds adds considerably to the administrative problems of the Government Tuberculosis Service. Owing to the type of accommodation available, no occupational therapy is possible though a start has been made with diversional therapy.

151. Steady improvement in the standard of treatment has been apparent but, for various reasons, surgical treatment has been limited although the amount carried out was considerably greater than in the previous year.

152. Details of admissions and discharges are as follows:—

	1952	1951
Remaining in hospital at last day of previous year ...	285	293
Admissions	*478	483
Re-admitted after temporary transfer	6	—
Discharge:		
(a) Completed treatment—		
(i) Improved	350	351
(ii) Materially unchanged	55	62
(iii) Worse	1	2
(b) Against medical advice	26	27
(c) Died	16	38
(d) Transferred to other hospitals	12	11
Remaining in hospital at end of year	309	285

153. There has been a slight increase in the average duration of hospital treatment. This is in part due to the increasing amount of surgical treatment being undertaken which, while it requires slightly longer convalescence, appears to produce more satisfactory results.

154. The large number of discharges under (a) (ii) of para. 152 above, is principally accounted for by cases admitted for investigation and found to be suffering from other untreatable chest diseases.

155. The low number of deaths occurring in hospital results from the careful selection of patients for admission. The majority of the deaths occurred in dependents of government servants who are regarded as priority cases and admitted regardless of condition. The majority of these are in an advanced stage before seeking treatment.

156. The following is a summary of treatment given in hospitals:—

* including 52 re-admissions

		1952	1951	
A. P. T.	{	Induction	195	68
		Refills	1,889	306
		Pneumolysis	39	7
		Abandoned	26	7
A. P. P.	{	Induction	158	28
		Refills	2,753	351
Phrenic crush		207	71	
Thoracoplasty		57	10	
Bronchoscopy		11	9	
Number of patients treated by Streptomycin & PAS		154	136	

157. It is obvious from the above that much more energetic treatment is being carried out in the hospitals and that, contrary to fashion elsewhere, A.P.T. still enjoys considerable popularity. It is the conviction of all medical staff engaged in treatment, that results from A.P.T. are much more satisfactory than in A.P.P. No case of pyopneumothorax following A.P.T. occurred during the year. This, it is believed, was due to the careful selection of cases and their subsequent careful management. At the same time the type of disease encountered in adults in the Colony is of a less acute type than is found in many other parts of the world and thus the occurrence of this grave complication is much less likely.

158. No untoward result occurred following thoracoplasty but failure to convert the sputum occurred in two cases. These had giant cavities and, in other circumstances, might have been treated by lobectomy.

159. The administration of streptomycin with PAS was carefully controlled and this form of treatment was carried out in about one-fifth of the total number of cases treated.

Social Work.

160. All social case work in connexion with the tuberculosis patients is carried out by the Tuberculosis Almoner who, with her four assistants, constitutes the link between the purely

medical side of the work in the clinic or hospital and the patient and his family in the home. All patients, as soon as the diagnosis of tuberculosis is made, are interviewed in the Almoner's department and details of social and economic circumstances recorded for future reference. The social problems which normally beset the tuberculosis sufferer are considerably aggravated in the Colony because of the widespread overcrowding and lack of employment and the burdens on the Almoners' section are very considerable. Funds amounting to \$30,000 were made available initially for assisting patients for the year as compared with \$100,000 in the year 1951-52, so that a drastic cut in the help given had to be made in the first 4 months of the year. Subsequently an additional \$70,000 was made available. The money from this fund is used in several ways and may be issued in the form of cash payments for dependents and for assistance in rehabilitation, or in the form of milk powder which is issued principally to patients undergoing out-patient treatment, and to contacts. A scale of weekly cash allowances has been laid down for guidance but these allowances are available only to early cases under treatment in hospital and who have been obliged to give up work to undergo treatment. The scale of allowances is as follows:

First	Dependent	\$15
Second	„	\$12
Third	„	\$ 9
Subsequent	„	\$ 5

161. Allowances are also made for such fixed charges as rent, school fees, etc. The maximum amount paid must not exceed 75% of the worker's wage. Often the allowance may be considerably less than this figure.

162. Re-employment of patients on discharge from hospital is not easy. A few firms are prepared to give sick leave, with or without pay, to their employees and undertake to re-employ them when fit. In the majority of instances, however, sickness means loss of work with no hope of re-employment on restoration to working capacity as the market is already flooded with fit and healthy unemployed. As a result, the only available means of assisting hospital patients on discharge is by the

provision, for individuals who qualify, of hawkers licences, although, in view of the competition in this sphere, it is not easy to make a livelihood in this way. These facts contribute materially to the tuberculosis problems, increase the relapse rate and constitute a major worry for the Almoners' department.

163. The work of the Almoners' Department is summarized below:—

Number of patients interviewed	12,116
Admissions to hospitals arranged	773
Transfers between tuberculosis hospitals	238
Blood donors arranged	44
Number of families given financial assistance	101
Average weekly grant	\$23.02
Milk powder distributed (1 lb. per patients per week)	14,940
Home visits	606
Hawkers Licences obtained	29
Patients (or relatives) placed in employment	11

Tuberculosis Visitors.

164. The Tuberculosis Visitors, 23 in number, work under the direction of the Almoners. These girls have no training in nursing but have had special training within the Department to equip them for the work. Their principal functions are to make reports on home conditions, to arrange contact examinations, and to educate the patient, in his own home, in simple methods of limiting spread of infection. In addition to the visitation of cases attending the clinics, visits are also made to cases of tuberculosis notified from other sources.

165. A summary of work done by this staff is as follows:—

Total number of first visits made	10,083
Total number of revisits	3,315
Addresses not found	1,401
Contact examinations arranged	11,980
Number of patients known to have—	
(a) Died	1,114
(b) Left the Colony	289

Contact Examination.

166. Examination of contacts is so arranged that only contacts under 8 years of age need attend the tuberculosis clinic for tuberculin test which, if positive, is followed by X-ray examination, and, if negative, is followed by B.C.G. vaccination. Contacts over 8 years of age attend the X-ray department and only if the findings are positive need they attend again.

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

Tuberculin Tests of contacts 8 years and under	2,930
Clinical findings in contacts under 8 years who have had positive Mantoux test	{ Active tuberculosis 200 Inactive „ 64 Suspicious „ 320
Clinical findings of contacts over 8 years of age subsequent to X-ray examination	{ Active tuberculosis 275 Inactive „ 164 Suspicious „ 452
	Free of tuberculosis 5,260
Total number of contacts all ages X-rayed	7,555
Contacts under 8 years with negative tuberculin test	1,526
Grand total of contacts examined	9,081

B.C.G. Campaign.

168. The B.C.G. Campaign commenced on 1st April, 1952 with assistance from U.N.I.C.E.F. and W.H.O. Three teams, each consisting of three vaccinators and one clerk, were provided by the department and trained by W.H.O. personnel. Concurrently a team was recruited and maintained by the Hong Kong Anti-Tuberculosis Association at the Ruttonjee Sanatorium to provide facilities for the general public down to the age of 2 years. For convenience this unit is referred as Team IV.

169. The plan of operation of the government scheme was arranged to take place in the following phases:—

- (1) Vaccination of all school children.
- (2) Mass campaign among the general public and organized groups.

- (3) Vaccination of pre-school children and, if a suitable method could be determined, newborn children.

170. *Phase 1.* All schools were dealt with systematically and each child was given an explanatory leaflet to take home to his parents. In all cases where parents did not object, children were tuberculin tested and negative reactors vaccinated. The speed of this operation exceeded all expectations and all schools were dealt with in less than one year, after which plans were made for vaccination of all new entrants.

171. During school holidays various temporary centres were set up at widely scattered locations in the Colony but, despite publicity, the response was disappointing.

172. *Phase 2.* Largely as a result of the experience of Team IV which found that over 94% of adults (*i.e.* 15 years and upwards) were tuberculin positive, it was decided to modify the original scheme as planned by deleting phase 2 and proceeding to phase 3

173. *Phase 3.* This phase of the campaign continued in operation at the end of the year. B.C.G. vaccination was offered on a house to house basis to all, irrespective of age but with the particular object of dealing with all pre-school children. At the same time vaccinators attended Infant Welfare Centres, so that those who so desired might have their children vaccinated without delay. There was also one vaccinator carrying out vaccinations of newborn babies at the Queen Mary Hospital, Tsan Yuk Hospital, Nethersole Hospital and Eastern Maternity Hospital.

174. Vaccination of newborns would appear to be the procedure of choice in view of the high mortality from tuberculosis of very young children.

175. Investigations have been carried out to determine a method of vaccination which is suitable for newborn children and which will produce minimum complications. Intradermal inoculation in newborn children presents some technical

difficulties and requires highly trained operators if complications are to be kept to a minimum. Other methods were explored but the results are not yet available. Eventually it is hoped that all children born in the large maternity institutions will be vaccinated before discharge, while those born elsewhere can be attended to at the child welfare centres.

176. The details of tuberculin testing and vaccinations carried out up to 31st December, 1952 are as follows:—

Period covered	Starting test	Completed Tests			Newborn babies vaccinated	Total vaccinated
		Positive	Negative	Vaccinated		
From 7.4.52 to 31.12.52	206,828	138,490	38,238	38,173	3,120	41,293

X-ray Surveys.

177. Surveys were carried out on a limited scale as it was considered that they serve no useful purpose unless it is within the scope of available facilities to assess and deal with the cases found by X-ray. The mobile X-ray unit has a capacity far beyond the other services and as a result is only in part time use. Each year a survey of Government employees is carried out, the results of this examination during the year under review are as follows:—

Total number X-rayed	19,611
Total requiring clinical check-up	2,640
Left service	2
Non-tubercular	629
Tuberculosis: { (a) Active	212
(b) Quiescent	1,293
(c) Arrested	504
Total	<u>2,640</u>

178. The number of new cases of tuberculosis found as a result of survey was 78.

Queen Mary Hospital.

182. This institution, the largest and best equipped general hospital in the Colony, is situated on Hong Kong Island. Completed in 1938, it has 580 beds and serves as the teaching hospital for the Medical Faculty of Hong Kong University. It is also the main Government Nursing Training School. The medical staff consists of 38 and, in addition, there are 10 house officers. Excluding the house officers, rather less than 50% of the medical staff is provided by the University of Hong Kong.

183. In view of the pressure on hospital beds in the Colony, this institution was, generally speaking, a hospital for acute cases and the volume of work undertaken was very considerable indeed, showing a substantial increase on that of the previous year. The number of beds in the hospital was not increased during the year and the only notable addition to the buildings was the new premises, completed towards the end of the year, to accommodate the Blood Bank and a Central Surgical Supply Service. This new building, specially designed and equipped, provides adequate facilities which were lacking in the past.

184. A notable addition to the hospital's equipment was a Telecurie Therapy Apparatus (Cobalt Bomb) which was installed but not yet in operation by the close of the year.

185. The number of in-patients treated during the year was 10,618 as compared with 10,322 in the previous year. Out-patient facilities are not normally provided at Queen Mary Hospital but the number of out-patient attendances during the year was 20,273 which was largely accounted for by attendances at special clinics and for dressings.

Kowloon Hospital.

186. This hospital with 230 beds is the general hospital for the Mainland. During the year, there was a considerable increase in the volume of work achieved. Overcrowding occurred and there were long waiting lists for admission, clear evidence of the inadequacy of the hospital to meet the needs of the population of Kowloon.

187. The total number of in-patients treated was 8,651 which was an increase of $11\frac{1}{2}\%$ on the figure for the previous year. As in the case of Queen Mary Hospital, the majority of cases dealt with were acute and it is noteworthy that of all admissions, excluding maternity admissions, 35% were accidents, assaults, attempted suicides or attempted homicides.

188. There was no significant increase in the in-patient accommodation during the year but improvements were effected in the out-patient department where a new Casualty Department was erected. This relieved accommodation in the general out-patient department for a short time but this space was rapidly taken up by increased attendances. Total out-patient attendances numbered 640,701, a figure some 11% greater than that of the previous year, and more than four times the attendances in 1947. Of the total attendances, 545,259 were new cases. To deal with the large number of attendances it was necessary to operate the out-patient department in two shifts which extended from 9.00 a.m. to 12.00 midnight daily.

189. An important addition to the hospital's facilities during the year was the provision of a Blood Bank which opened in November, 1952. This was an immediate success and met a longstanding need.

St. John Hospital, Cheung Chau.

190. This hospital of 101 beds, situated on the island of Cheung Chau, to the west of Hong Kong Island, serves the fishing population of the island and the large floating population based thereon. In addition, patients come for treatment from the villages on the neighbouring islands. The hospital is owned by the St. John Ambulance Association but is, at present administered and operated by Government under a 5-year agreement which terminates at the end of 1954.

191. As with all other medical institutions, there was an increase in the work carried out during the year. In-patients numbered 1,683 and out-patients 16,830 compared with 1,593

in-patients and 13,945 out-patients in the previous year. Of the total number of in-patients 379 were maternity cases. Nearly half of the beds, in fact 42, were reserved for tuberculosis cases admitted, not only from the population served by the hospital directly, but transferred for convalescence from other institutions in the Colony.

Tsan Yuk Hospital.

192. This maternity hospital of 85 beds is situated in a congested area of Hong Kong Island. With even this small number of beds it is the largest maternity hospital in the Colony. The buildings are old and unsuitable but in spite of this, a very large amount of work was carried out, the standard of which was very high. Nevertheless, it is gratifying to know that planning of a new 200 bed maternity hospital to replace the present institution is now well under way. A sum of \$3,500,000 has been presented to Government by the Hong Kong Jockey Club to build and equip this new institution, work on which, it is hoped, will commence during 1953.

193. Throughout the past three years, the work of the present hospital has shown a steady and great increase and, during the year under review, this trend continued, there being 7,216 admissions and 6,737 deliveries as compared with the corresponding figures of 6,199 and 5,819 in the previous year. These large figures were only possible by seriously restricting the length of stay in hospital of individual patients. The average length of stay was 3-4 days. The practice was to transport to their homes as many normal patients as possible on the first or second day after delivery to receive domiciliary care by visiting midwives. This arrangement was not accepted as a satisfactory one and was only made use of to meet in part, the very great demands on the hospital. In spite of all this, the hospital's performance was very satisfactory as is reflected in a maternal mortality rate of 0.7 per thousand, a still birth rate of 13.2 per thousand births and a neo-natal death rate of 12.2 per thousand live births.

194. The hospital continued to be the most important training centre in the Colony for medical students and midwives. All medical students from the University, in groups of five or six undergo a month of resident training in the hospital. The number of pupil midwives in training during the year was 32.

Eastern Maternity Hospital.

195. This hospital, situated in the eastern district of the city of Victoria, has 24 beds but this number was frequently exceeded by the addition of temporary beds. Admissions during the year numbered 2,706 and there were 2,626 deliveries. The corresponding figures for the previous year were 2,331 and 2,288. During the year, the maternal mortality rate was .038 per thousand, there being only one death. There were 16 still births and 20 neo-natal deaths, providing rates of 6.1 per thousand and 7.7 per thousand respectively.

Sai Ying Pun Hospital.

196. This is the Infectious Diseases Hospital for Hong Kong Island. It has 88 beds but this number was, at various times during the year, considerably exceeded when it was necessary to install temporary beds. Throughout the year, all available beds were filled—in summer, mainly with cases of gastro-intestinal infections and, in the cooler months, with cases of diphtheria and infections of the upper respiratory tract. The diphtheria epidemic which occurred towards the end of the year threw a considerable strain on the hospital. The number of cases of this infection admitted was 466, among which there were 48 deaths, a mortality rate of 10.3%.

197. The second most important cause of admission was typhoid fever, of which 173 cases were dealt with. In this group, there were 15 deaths, a mortality rate of 8.6%. The total number of in-patients treated during the year was 1,761 as compared with 1,632 in the previous year.

198. The hospital is not large enough to meet the needs of the Island population, and the type of accommodation is not entirely suitable. A new and larger Infectious Diseases Hospital is an obvious requirement which should be met in the very near future.

Lai Chi Kok Hospital.

199. This hospital with 490 beds is the Infectious Diseases Hospital for the Mainland but it has additional functions, part of it being used as a Tuberculosis Hospital and part as a Convalescent Hospital for cases from Queen Mary Hospital and Kowloon General Hospitals.

200. The Infectious Disease Section has 102 beds and a total of 1,308 cases were treated during the year. This was an increase of 315 cases on the previous year. The two most important causes for admission to this section were again typhoid fever and diphtheria, of which there were respectively 423 and 354 cases. Measles accounted for 240 admissions and meningitis for 68. The large majority of the cases of meningitis were of tuberculous origin and there were only four admissions of meningococcal meningitis.

201. The Tuberculosis Section of the hospital consists of 208 beds and these were filled to capacity throughout the year. The total number of cases treated was 577, of which 371 were new admissions. Admission of all cases was arranged through the clinics operated by the Tuberculosis Service. They were carefully selected and priority was given to early and active cases.

202. The section of the hospital devoted to convalescent patients consists of 180 beds. During the year 2,131 cases were treated, the majority of which were orthopaedic cases. No major alterations or additions were made in the hospital but there were a number of minor improvements which added to the amenities of the institution.

Wanchai Social Hygiene Hospital.

203. This hospital is situated in a congested area of Victoria in an old and, in many ways, unsuitable building. The property is in need of extensive repairs but it was not found possible to effect these as it is in the charge of the Custodian of Property, and it has not yet been decided whether or not Government will acquire it.

204. Accommodation available consists of 20 beds and 8 cots and they were kept fully occupied throughout the year. The number of admissions was 1,111 as compared with 1,074 in 1951.

Mental Hospital.

205. The Mental Hospital is situated on Hong Kong Island and occupies out-moded buildings with less than adequate accommodation. Reasonable accommodation exists for 140 patients but the year commenced with 224 and ended with 260. Overcrowding was very serious and the cause of great concern to the staff responsible for the institution.

206. In the past, when there was free movement between the Colony and China, many families sent mentally afflicted relatives back to their villages on the Mainland and, in addition, there was an arrangement whereby citizens of China suffering from mental illness were transferred to the Mental Hospital in Canton. This pattern is entirely changed and today the Colony's Mental Hospital, has perforce, a heavier burden to carry than that for which it was designed. Again, with the influx of very large numbers of refugees to the Colony, the population now to be served by the Mental Hospital is very much greater than before.

207. A new and modern Mental Hospital, providing a considerable increase in accommodation, is urgently necessary and plans for the provision of a new institution are under active consideration.

208. During the year, there were 646 first admissions and 204 re-admissions. From this number it was possible to discharge 464 persons with their symptoms fully remitted and a further 193 with symptoms partially remitted.

209. In spite of the unsatisfactory conditions in the hospital which would tend to make the institution merely a place of restraint a large amount of useful therapy was undertaken. All recognized modern methods of treatment were made use of, including leucotomy. In spite also of the limitation of space, a considerable amount of occupational therapy was undertaken,

the main activities being rattan work and tailoring, but selected patients performed laundry work, sewing, mending and general ward work. Recreational facilities were limited, but badminton and table tennis were available and cinema shows were, from time to time, given by the United States Information Service and the British Council.

Stanley Prison Hospital.

210. This hospital, with three wards of 16 beds each and 6 isolation cells, is situated within the precincts of the Colony's main prison. The daily average population of the prison was 2,770 and during the year 7,539 persons were admitted to prison. All new admissions were examined by the Medical Officer.

211. Admissions to the prison hospital numbered 914 which were classified as follows:—

General Cases	651
Infectious Cases	167
Tuberculosis Cases	66
Mental Cases	30

212. The total number of prisoners reporting sick was 55,922, the daily average being 153. A considerable number of prisoners were found to be suffering from pulmonary tuberculosis and a medical officer of the Tuberculosis Service paid a weekly visit to the prison to see these cases. The daily average number was 39 but with the introduction of routine X-ray examination of new entrants, it can be anticipated that this figure will be increased.

213. Venereal diseases continued to be of considerable significance in the prison population and a medical officer of the Social Hygiene Service conducted weekly clinics throughout the year. Average daily attendances numbered 64 and the total number of new cases encountered during the year was 4,262.

214. Dental treatment was provided by a Government dental surgeon who regularly attended the prison twice each month. A total of 821 cases were dealt with.

Lai Chi Kok Female Prison Hospital.

215. This small hospital of 12 beds is situated within the precincts of the Colony's female prison. Medical attention is provided by one of the medical officers from the near by Lai Chi Kok Hospital. Total admissions numbered 129, of which 7 were maternity cases.

Government Assisted Hospitals

216. These are five in number. They are operated by charitable associations, namely, the Tung Wah Hospitals Advisory Board, the London Missionary Society and the Hong Kong Anti-Tuberculosis Association.

Tung Wah Group of Hospitals.

217. The Tung Wah Board of Directors, whose charitable activities are not restricted to medical matters, are responsible for the running of three hospitals, two on Hong Kong Island, namely, the Tung Wah Hospital and the Tung Wah Eastern Hospital, and one in Kowloon, the Kwong Wah Hospital. The first named with 495 beds is the largest, while the Kwong Wah Hospital has 404 beds and the Tung Wah Eastern Hospital 250. The administration of these hospitals is vested in the Tung Wah Hospitals Medical Committee which consists of the three principal members of the Board of Directors, the Medical Superintendents of the three hospitals and two advisors. The Director of Medical & Health Services is the Chairman. The object of these institutions is to provide for the sick poor, and treatment is free, but there are, in each hospital, a small number of private beds for which charges are levied.

218. Although the bed strength of these institutions is as stated above, invariably there are considerably more persons being treated than these figures would indicate, even to the extent of 200 or more. In certain sections of the hospitals, particularly those devoted to tuberculosis cases and cases of chronic illness, overcrowding is extreme.

219. Each of these hospitals has a nurses training school which is recognized by the Colony's Nursing Board. The medium of instruction is Chinese.

220. Standards of equipping and staffing these institutions are not as high as in the Government Hospitals but, nevertheless, extremely fine work is carried out and the value of the hospitals to the community is very great indeed. During the year, the total number of in-patients treated in the three hospitals was 43,782, as compared with 45,441 in the previous year. Total out-patients attendances numbered 218,509, as compared with 174,395 in 1951. The Government subvention to this group of hospitals for the financial year 1952/53 amounted to \$3,750,000.

Nethersole Hospital.

221. This hospital is owned and operated by the London Missionary Society but receives financial assistance from Government. For the financial year 1952/53 the Government subvention amounted to \$111,700. The hospital has accommodation for 145 general in-patients and for 40 maternity cases. During the year under review, the hospital was busier than ever before. Admissions numbered 5,306 as compared with 4,932 in the previous year. In the maternity section there were 1,593 births and maternal deaths numbered 2. Out-patients treated numbered 45,924 as compared with 44,101 in 1951. Resident medical staff numbered eight. The hospital is a recognized school for the training of nurses.

Ruttonjee Sanatorium.

222. This institution is owned and operated by the Hong Kong Anti-Tuberculosis Association, but the day-to-day management is vested in a Sanatorium Management Board of which the Director of Medical and Health Services is a member. The number of beds available was 160 and these were reserved for the pulmonary form of the disease. Priority of admission is given to the employees of the principal subscribers to the Association but, as has been stated earlier in this report, all cases are admitted through the Government Tuberculosis Clinics.

223. The number of admissions during the year was 352 as compared with 256 in 1951. There is also an out-patient department which is attended by patients after discharge from hospital and the total number of attendances here was 5,145.

Private Hospitals

224. There are ten private hospitals in the Colony, having a total of 938 beds. Of these seven are on Hong Kong Island, two in Kowloon, and one in the New Territories. There is considerable difference in the sizes of these hospitals, ranging from the smallest with 34 beds to the largest with 233 beds. The majority are operated by missionary and other charity organizations. The total number of in-patients treated in this group of hospitals during the year was 17,699 as compared with 17,586 in the previous year. Out-patients numbered 59,204, as compared with 46,861 in 1951.

V. GENERAL OUT-PATIENT SERVICES

225. Details of attendances at the various out-patient institutions are set forth in Appendices 14 to 17 inclusive. General comments on these institutions follow.

URBAN AREAS.

Sai Ping Pun Out-patient Department.

226. This is situated close to the Sai Ying Pun Infectious Diseases Hospital in the Western district of Victoria. It is the largest organization on the Island providing services to out-patients. General clinics are held in the mornings and evenings and in the afternoons there are special teaching clinics conducted by University and Government staff. The accommodation available is inadequate for the great volume of work undertaken. Space is so limited that, in certain instances, two doctors share a single consulting room and see patients at the same time. Total attendances at this out-patient department numbered 262,198, as compared with 242,635 in 1951.

227. Here, as at all other out-patient institutions, patients are charged \$1 for each visit but this charge may be waived when it is considered to be beyond the means of the patient.

Violet Peel Polyclinic.

228. This clinic is situated in a heavily populated part of the Eastern district of Victoria. It has a staff of four doctors and, in addition, sessions are held from time to time by various

specialist officers from Queen Mary Hospital. In addition, evening clinics are held from 6.00 p.m. to midnight for which two additional doctors are available. Throughout the year, the pressure on this clinic was extreme and, on numerous occasions, crowds were so great that all the patients presenting themselves on any particular day could not be dealt with. The number of attendances during the year was 235,740 as compared with 171,805 in the previous year.

Public Dispensaries.

229. In the urban areas there are ten public dispensaries, five on Hong Kong Island and five in Kowloon. In most cases, the premises are old and out-moded and the accommodation is insufficient to meet the demand. Attached to six of these dispensaries are midwives who undertake a domiciliary midwifery service in the surrounding areas.

230. Total attendances at these dispensaries numbered 414,084, of which 260,019 were new cases. Details of attendances are shown in Appendix 16.

Families' Clinic.

231. This clinic is operated in Victoria for the benefit of Government employees and their dependents. The staff consists of a medical officer and a nursing sister and it operates only in the mornings. Attendances numbered 7,904 as compared with 7,284 in 1951.

Police Medical Post.

232. This post is maintained for the convenience of members of the Police Department and their dependents. It is situated in the Central Police Station, Victoria, and is under the charge of a part-time medical officer. Attendances numbered 27,873.

Dispensary, Victoria Remand Prison.

233. This dispensary provides for prisoners on remand before they are transferred to the Colony's prisons. It is operated by the medical officer who is also in charge of the Police Medical Post. The number of attendances at this dispensary was 12,834.

Dispensary, Marine Department.

234. This dispensary, situated in the Marine Department building, in part of the premises occupied by the Port Health Administration, operates for the convenience of the Marine Department. Attendances numbered 1,144.

New Territories.

235. Including the out-patient department of St. John Hospital, Cheung Chau, to which reference has been made earlier in this report, there are eleven establishments in the New Territories providing out-patient treatment facilities. Excluding Cheung Chau, three of these have resident doctors and there are facilities for the treatment of general in-patients and maternity cases as well. At the remaining dispensaries there is a small number of maternity beds under the charge of resident midwives.

236. In addition, two travelling dispensaries operate in the rural areas from the two main centres of Taipo and Un Long, one serving the western part of the Mainland and the other the Eastern districts. Many of the islands have no regular medical attention but weekly visits are paid by the doctor stationed on Cheung Chau, to the island of Ping Chau.

237. The dispensaries in the New Territories provide not only curative services. Infant welfare, ante-natal and various special clinics are held in them by staff from the city and weekly visits are paid by officers of the Tuberculosis and Social Hygiene Services as well as by dentists and ophthalmologists.

VI. MIDWIVES AND MATERNITY HOMES

238. During the year, 16 district maternity centres were in operation. These were staffed by 25 Government Midwives. Of these district centres, 11 have small maternity homes attached. A total of 6,649 deliveries was carried out during the year, of which 2,987 were domiciliary cases. The corresponding figures for the previous year were 6,417 and 2,873.

239. The number of registered private maternity homes in operation during the year was 132 and, of these, 56 were located in Hong Kong and 76 in Kowloon and the New Territories. These homes are generally very simple institutions and the number of beds available in each ranges from one to seven. The total number of cases delivered in the private maternity homes in 1952 was 22,666 compared with 22,338 cases in the previous year. The cases dealt with amount to about a third of the total births in the Colony.

240. The private homes are visited and supervised by the Supervisor of Midwives who is also the Medical Officer in charge of Maternal & Child Health Services.

241. Midwifery practice is governed by the Midwives Ordinance which provides for the regulation of the activities of the midwives and for their registration. The number of midwives registered in 1952 was 980, as compared with 903 in the previous year. Of those registered only 213 were in active practice. The Supervisor of Midwives throughout the year carried out regular inspections of the records and equipment of those in active practice.

VII. SPECIAL SUB-DEPARTMENTS

Dental

242. The activities of this sub-department, which is supervised by the Senior Dental Surgeon, are divided broadly into two, namely, the General Dental Service and the School Dental Service. The former provides attention to Government employees and pensioners and their families, in-patients of Government Hospitals and the prisons and, within its resources, those members of the general public unable to afford the services of private dental practitioners. The School Dental Service provides attention to pupils in Government and Government-aided schools who, on payment of an annual fee of \$5.00, participate in the scheme and obtain medical and dental attention. This applies also to pupils of private schools who pay an annual fee of \$15.00.

243. Professional staff available for the General Dental Service consisted of the Senior Dental Surgeon, two dental surgeons and one assistant dental surgeon. For the School Dental Service there were available 5 assistant dental surgeons, four of whom were in temporary employment. This staff was hard-pressed and not able to meet fully demands for treatment. It was necessary to maintain a waiting list and the average waiting time before routine dental treatment could be provided for a Government servant or his family was as much as 6 months.

244. There was no substantial change in the organization of the School Dental Service in the year under review compared with the previous year. No routine dental examinations were carried out for Government and Government-aided schools. Emergency treatment was available daily for those pupils paying the \$5.00 per year medical fee. A certain amount of conservative work was carried out for this class of patient in the Harcourt Health Centre Dental Clinic, where a full time assistant dental surgeon was continuously employed. During 1952, 8,362 visits were made by school children for dental treatment at this clinic; 5,040 deciduous teeth and 1,240 permanent teeth were extracted; 306 deciduous teeth and 1,704 permanent teeth were filled. Although this is a very good year's work for one dental surgeon, it is, unfortunately, but a small proportion of the work urgently required by Government school pupils in Hong Kong. In Kowloon, no conservative work was possible for Government schools, and extractions were performed where necessary.

245. A very good year's work was carried out for private school pupils who joined the School Health Service. All such pupils were dentally examined at six monthly intervals, all necessary extractions were carried out, and a great amount of conservative work was also performed. During 1952, of 20,819 children examined, 15,553 were found to require dental treatment, a percentage of 74.7. For the 15,553 children found to require treatment, the following operations were performed:—extractions of deciduous teeth—13,240, of permanent teeth—1,804; permanent fillings of deciduous teeth—841, of permanent

teeth—2,965. The high proportion of extractions compared with fillings is partly explained by the fact that so many children seem to leave the health service after one or two six monthly periods and they are replaced by other children who have not previously had the benefit of dental treatment. If a higher proportion of children remained continuously in the health service throughout their school life, a greater proportion of fillings compared with extractions could be performed.

246. A summary of the dental work undertaken by the Government staff during 1952 is shown in Appendix 18.

Pharmaceutical

247. This sub-department, under the charge of the Chief Pharmacist, had available to it, 4 pharmacists and 37 dispensers. This staff is responsible for the Central Medical Store and for the pharmacies in various departmental institutions. The number of institutions supplied by the Central Medical Store during the year was 136, an increase of 5 over the previous year's total. The Central Medical Store functioned on the whole, very smoothly, although from time to time, difficulties did arise owing to the absence of a similar store in Kowloon. The store manufactures all intravenous fluids for the Department's institutions with the exception of Queen Mary Hospital which manufactures its own requirements. In addition, many of the injections required in the Department's institutions were manufactured in the Store. The following figures indicate the extent of the manufacturing function of the Central Medical Store:—

	1951	1952
Bulk Intravenous Fluids—Litres	19,648	30,192
Injections, various, in 20 ml. containers	22,135	28,539
Bulk Ointment, lbs.	4,605	6,443
Bulk Mixtures, etc., concentrated, lbs.	283,230	304,195

248. The sub-department is responsible for the issuing of licences to, and the supervision of wholesale and retail dealers in pharmaceuticals. The number of licences issued during the

year as compared with the previous year are shown below, together with the numbers of pharmacists and the premises registered and visited.

	1951	1952
Wholesale Dealers Licences	424	465
Listed Sellers Licences	218	222
Registration of Pharmacists	45	48
Registration of Authorized Premises	22	22
Premises visited	328	895

249. In addition to the licences recorded above, 204 general and 93 restricted penicillin (anti-biotics) permits were issued. It will be noted from paragraph 248 above that a much more satisfactory degree of inspection of licensed premises was carried out in 1952 than in the previous year. As a result of these inspections, 18 convictions for offences against the Pharmacy & Poisons and Penicillin Ordinances were obtained.

250. During the year 2,400 seizures of dangerous drugs were made by Police and Revenue Officers. The majority of these consisted of very small quantities of opium prepared for smoking and small quantities of heroin. There were, however, several large seizures of good quality raw opium. A portion of this was disposed of through the Crown Agents for the Colonies and the balance was dumped at sea.

251. The last evening pharmacy class completed its 4 year course in September, 1952, and the last final examination for the chemists' and druggists' certificate was held in October. At this time, the new course for a Diploma in Pharmacy was instituted at the University.

Pathological (including Mortuaries)

252. The pathological sub-department consists of the Pathological Institute in Victoria, a subsidiary institute in Kowloon Hospital, a small laboratory in Queen Mary Hospital and two public mortuaries in Victoria and Kowloon. The central institute, having acquired during the past 5 years most of the equipment essential to its work, is now up-to-date and, as far as limitations of space and staff permit, operates satisfactorily.

253. The staff available consisted of the Government Pathologist, three Pathologists, a Senior Laboratory Technician and fifteen Laboratory assistants.

254. Pressure on pathological resources continued to increase and, owing to insufficiency of staff, the sub-department was not on every occasion, able to meet the ever-increasing demands for services from other sub-departments. The total number of specimens examined in 1952 was 214,026 as compared with 207,646 in the previous year.

255. An important function of the Pathological Institute was the preparation of vaccine lymph and other vaccines. The following table indicates the volume of this work:—

TABLE 5

	<i>Vaccine prepared</i>	<i>Vaccine issued</i>
Anti-smallpox vaccine	55,510 ml.	29,580 ml.
„ cholera „	—	391,750 „
„ T.A.B. „	—	64,800 „
„ plague „	—	4,660 „
„ rabic „ (2%)	85,400 „	82,080 „
„ „ „ (4%)	59,240 „	54,760 „
„ rinderpest „	94,530 „	81,930 „
Diluted tuberculin	46,500 „	46,500 „
Grand Total	341,180 „	756,060 „

256. The examinations undertaken by the sub-department during the year are summarized in Appendix 19 and a summary of the work carried out in the public mortuaries is set forth in Appendix 20.

Chemical Laboratory

257. This institution is under the care of the Government Chemist who had the assistance of 4 qualified chemists and a total staff of 16. It undertakes analytical and consulting chemical work for all Government Departments and a very considerable amount of similar work for the Services, public bodies and the commercial community. Non-government work is charged for according to a prescribed tariff.

258. The laboratory is situated in the central district of Victoria in the same building which houses the Department of Commerce & Industry. It is well-equipped and it is only rarely that work has to be declined because the means to undertake it are not available.

259. In spite of the current trade recession, the volume of work in the laboratory increased during the year and it is of interest that the number of commercial samples was only some 10% less than the number examined in the most prosperous years following the war. The continuing high level of commercial examinations is occasioned by the requirements of the authorities on the mainland of China for certificates of genuineness and quality from the Chemical Laboratory for a large variety of imports, notably drugs and chemicals. The table below summarizes analyses and examinations performed by the Government Laboratory in 1952, compared with the previous year:—

TABLE 6

	<i>1951</i>	<i>1952</i>
Public Health	8,307	9,256
Chemico-legal	700	815
Commercial	1,841	1,839
Revenue Control, Narcotics, Strategic Materials	6,400	6,657
Miscellaneous Government Work	320	284
Total	<u>17,568</u>	<u>18,851</u>

Almoners

260. The staff of this sub-department consisted of the Principal Almoner, three Almoners and thirteen Assistant Almoners, distributed among the department's hospitals and other institutions. Great demands were placed upon this staff and, in certain instances, they worked in less than adequate accommodation. Nevertheless, much good work was done. The resignation of the Principal Almoner and one Assistant Almoner increased the difficulties of the sub-department during the latter part of the year. In the following paragraphs, brief reference is made to the medical-social work undertaken.

Rehabilitation of Persons Discharged from the Leper Settlement.

261. In September, 1952, with the closing of the temporary leper settlement on Hong Kong Island and the transfer of the institution to the island of Hay Ling Chau, the almoners were faced with the difficult task of assisting 40 persons, considered to be cured, who were not transferred to the new settlement and were thus discharged. In spite of very great efforts, it was only possible to find employment for very few of these people, in view of the prejudice against leprosy among the local inhabitants.

Artificial Limbs and Other Surgical Appliances.

262. Since the establishment of the Orthopaedic Department, more appliances were made for and supplied to patients. During the year, splints, belts or supports, artificial legs, artificial eyes and calipers, costing a total of \$2,328.00, were provided to patients.

Repatriation.

263. In prevailing circumstances, it has been virtually impossible to repatriate Chinese patients to their native villages in China and the only persons to be repatriated as a result of the almoners' activities were two elderly British ladies who were sent to a nursing home in the United Kingdom.

Financial Assistance.

264. The almoners are able to provide financial assistance to those in need from the Samaritan Fund and a departmental vote for the after-care of tuberculosis patients. During the year, the amounts disbursed from these two sources amounted to \$21,192.00 and \$68,930.00 respectively.

Employment.

265. An important activity of the almoners is to assist former patients to obtain suitable employment, a difficult matter today in view of the overcrowding in the Colony and the present economic recession. In spite of these difficulties, however, up to 40 persons were assisted in obtaining employment in Government Departments and with private firms throughout the year.

Psychiatric Social Work.

266. The Assistant Almoner at the Mental Hospital resigned during the year and this was a serious loss as, up to the end of the year, it was not possible to appoint a replacement with experience in this special work.

Tuberculosis Work.

267. Apart from the administration of the departmental vote for the after-care of tuberculosis patients to which reference has already been made, the tuberculosis almoner carried out much useful work. The Children's Home for contacts which was operated by a Mission Organization in the New Territories, was closed down in June and this threw additional work on the tuberculosis almoner. During the year, 101 families received financial assistance and a sum of \$68,930.00 was disbursed. In addition, 4 tons of powdered milk were purchased and distributed to children and patients receiving out-patient treatment.

Occupational Therapy.

268. There was still no trained occupational therapist in the Medical Department but, as in the past, the Physiotherapists and the Principal Almoner, assisted by the members of the Occupational Therapy Fund Committee, did what they could to provide occupational therapy for long term cases. Various voluntary workers, including members of the local branch of the British Red Cross Society undertook instruction in knitting, sewing, etc., in various government hospitals. In addition, two rattan instructors continued to teach patients at the Mental Hospital and the Lai Chi Kok Hospital.

Radiological

269. The staff of this sub-department consisted of the Senior Radiologist, one radiologist, eleven radiographers and sixteen radiographic assistants. In addition, the Senior Radiologist was administratively responsible for the staff of physiotherapists, numbering 7. The work of the sub-department showed a further increase and its burden was made the heavier in the earlier part of the year by the shortage of staff, owing to resignations and leave. Nevertheless, in spite of the burden of X-ray

work, considerable attention was paid to teaching of government radiographic staff and, to a lesser extent, of staff of the Tung Wah Group of Hospitals and the Nethersole Hospital. Assistance in this regard was also given to the Ruttonjee Sanatorium and to the Army. The work of the sub-department falls into the following sections:—

270. *Radio-Diagnostic*—The increase in the volume of this type of work was not reflected in the total number of investigations carried out. This was actually some 10% less than in the previous year but the increased number of large film investigations and major and special investigations did, in fact, mean an increase in work. The total number of investigations carried out was 141,694, as compared with 157,552 in the previous year.

271. *Radio-Therapeutic*—The total number of cases treated was 313, as compared with 259 in 1951. Of these, 212 were treated by deep X-rays, 73 by superficial X-rays and 28 by radio-cobalt or radium.

272. In December a 24.9 Curie Radio-Cobalt Telecurie Unit arrived in the Colony. It was being installed in the Queen Mary Hospital at the end of the year and it will be ready for routine use early in 1953.

273. *Physiotherapeutic*—In this section, too, there was a considerable increase in the amount of work carried out and demands were constantly greater than available resources. A total of 5,354 persons were dealt with as compared with 5,486 in 1951. Of these, 953 were in-patients and 4,401 out-patients and the number of treatments totalled 47,176.

Stewards

(including Transport and Ambulance services)

274. This sub-department is under the care of the Chief Steward who was assisted by two stewards and four steward's assistants. Their responsibilities included the care and distribution of hospital stores other than pharmaceuticals, the supervision of menial staff, the operation of departmental transport and the general ambulance service.

275. There was a considerable improvement in the equipment supply situation, certain items outstanding for a considerable period having been received. However, in view of the general increase in prices, particularly of surgical furniture, local manufacture, in certain instances, was undertaken. The costs of these locally made items compared very favourably indeed with those obtaining in the United Kingdom.

276. The transport and ambulance services operated with reasonable smoothness, particularly as four new trucks and two new travelling dispensaries were received in replacement of worn-out vehicles. During the year, after considerable discussion, it was decided to centralize all Government ambulances under the administration of the Chief Officer of the Fire Brigade and arrangements were being made at the close of the year, to transfer vehicles operated by the Medical Department, together with the necessary staff. The ambulance service answered 11,682 calls as compared with 26,085 calls in 1951. The number of patients carried was 19,985 and the mileage covered 143,608 miles. The corresponding figures for the previous year were 27,907 patients and 161,280 miles.

Births & Deaths Registration

277. The Births & Deaths Registration Ordinance provides machinery for the registration of these events. The Director of Medical & Health Services is the Registrar of Births & Deaths. The General Registry Office is situated in the centre of Victoria and there are a number of branch registries throughout the Colony.

278. There was again a considerable increase in the work undertaken by this sub-department resulting largely from the much greater number of applications received for birth certificates. The number of birth certificates issued in 1952 was 69,883 as compared with 46,616 in 1951.

VIII. INTERNATIONAL ORGANIZATIONS

279. During the year under review, the Department received useful assistance from the World Health Organization and the United Nations International Children's Emergency Fund.

Certain projects, in which assistance from these organizations was received, have already been referred to elsewhere in this report, namely, the anti-diphtheria campaign and the B.C.G. vaccination campaign. In addition, assistance was provided in a Maternal & Child Health project under which the Senior Health Officer was sent on a fellowship overseas to visit various countries in North Europe and the United States to study Maternal & Child Health work. This project also provided for an international team to come to the Colony to strengthen Maternal & Child Health Services but, unfortunately, the international personnel had not arrived by the end of the year.

280. Apart from providing diphtheria toxoid and B.C.G. vaccine, U.N.I.C.E.F. provided a not inconsiderable quantity of equipment for Maternal & Child Health Clinics and hospitals and, in addition, supplies of dried milk were received for distribution to children.

281. Visits from W.H.O. short-term consultants in trachoma and venereal disease were of considerable value to the department and helped to focus attention on these particular subjects.

IX. TRAINING OF PERSONNEL

282. In addition to the overseas training referred to in para. 15 training of personnel was undertaken in the Colony as follows:—

Doctors

283. Under-graduate medical training is undertaken by the University of Hong Kong whose medical degree is not only acceptable for registration in the Colony but is accepted by the General Medical Council in the United Kingdom for registration there. The number of medical graduates during 1952 was 33.

Nurses & Dressers

284. Training schools for nurses (female and male) are operated by Government in its two main general hospitals where teaching is conducted in the English language. In the Tung Wah Group of Hospitals and the Nethersole Hospital there are

also nurses' training schools in which the medium of instruction is Cantonese. The products of all these schools are accepted for registration in the Colony and their qualifications are accepted by the General Nursing Council in the United Kingdom. There is thus full reciprocity in this regard between the Colony and the mother country. The number of nurses graduating during the year from Government and non-Government training schools is shown below:—

Government	27
Non-Government	66
	—
Total	93
	==

Midwives

285. Midwifery teaching is undertaken both in Government and in non-Government hospitals. The most important training school for midwives is in Government's Tsan Yuk Hospital where the teaching is under the supervision of the University Professor of Obstetrics. The number of midwives trained in the Colony during the year was 32.

Health Inspectors.

286. There is a local Examination Board of the Royal Sanitary Institute and the Director of Medical and Health Services is Chairman of this Board. Training of Health Inspectors is undertaken by Officers of the Medical, Sanitary and Public Works Departments and, on passing the local examination, certificates of the Royal Sanitary Institute of England are granted.

Others

287. In the department, training of other types of technical personnel is undertaken, namely dispensers, radiographic assistants, physiotherapists and laboratory assistants, and the following Table indicates the various categories and the number of persons who received training during the year:—

TABLE 7

	Appoint- ment	Resignation	Strength at 31.3.53.	Passed
Probationer Assistant Physiotherapist.	—	—	3	2
Probationer Radiographic Assistant ...	6	1	12	—
Probationer Dispenser.....	8	2	11	4
Probationer Laboratory Assistant.....	1	1	6	—
Probationer Nurse	50	3	124	22
Probationer Dresser.....	10	—	19	5
Pupil Midwife	24	14	32	16

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

OCCUPATIONAL THERAPY FUND

Statement of Receipts and Payments for the year ending 31st March, 1953.

RECEIPTS

PAYMENTS

Description	Amount \$ c.	Description	Amount \$ c.
To Balance brought forward	6,102.30	By Purchase of rattans, materials & etc.	805.45
To Donations	5,360.00	By Transport for Occupational Therapists	373.80
To Sale of rattan ware	2,118.50	By Salaries for Leung Ming, rattan instructor...	3,075.00
To Repairs of rattan furniture.....	296.00	By Honorarium for Miss J. R. Hopkins	1,322.58
To Repayment of Advance from British Red Cross Society	100.00	By Balance carried forward	8,399.97
	13,976.80		13,976.80

Examined.

Sd. P.H. JENNINGS,
Director of Audit,
14th July, 1953.

Certified correct.

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

SAMARITAN FUND

Statement of Receipts and Payments for the year ending 31st March, 1953.

RECEIPTS

PAYMENTS

Description	Amount	Description	Amount
	\$ c.		\$ c.
To Balance brought forward	12,136.73	By Providing maintenance and capital grants, clothing, food and etc. to patients.....	20,772.00
To Donations	12,562.14	By Loan to patient	120.00
To Compensation for Szeto Kwok	100.00	By Compensation for Szeto Kwok.....	100.00
To Compensation for So Kiang	200.00	By Compensation for So Kiang	200.00
To Repayment of loan in previous year and \$120 during this year	480.00	By Balance carried forward	4,286.87
	25,478.87		25,478.87

Examined.

Sd. P.H. JENNINGS,
Director of Audit,
14th July, 1953.

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, 1953.

RECEIPTS

PAYMENTS

Description	Amount \$ c.	Description	Amount \$ c.
To Balance brought forward	1,323.07	By Purchase prizes for Nurses and Dressers.....	478.95
To Forfeiture of deposit from Miss Jeanette Louis	200.00	By Purchase frames, photographs, teas & etc....	700.30
To Forfeiture of deposit from Miss Mary Hung...	200.00	By Balance carried forward	543.82
	1,723.07		1,723.07

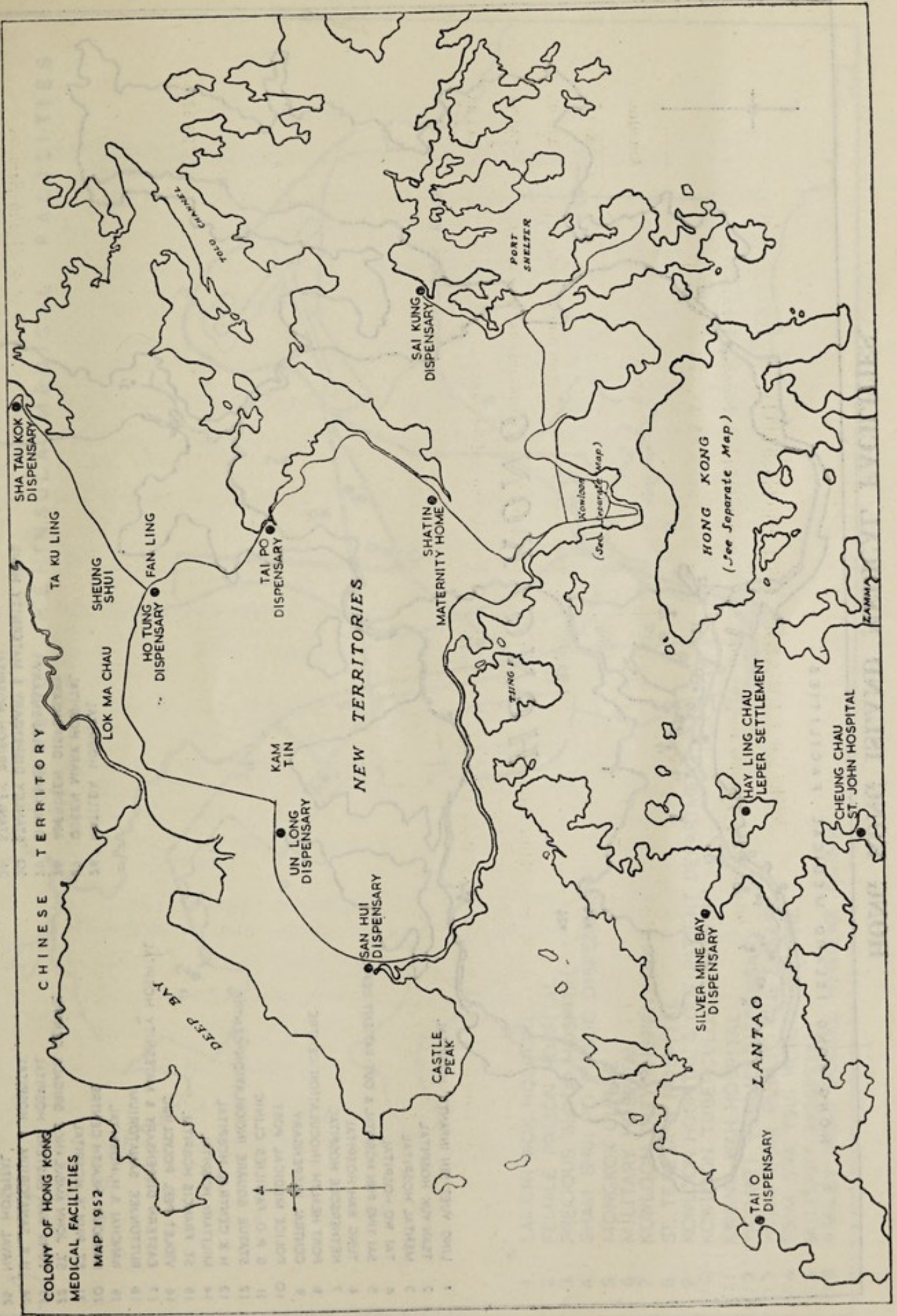
Examined.

Sd. P.H. JENNINGS,
Director of Audit,
14th July, 1953.

Certified correct.

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

NEW TERRITORIES MEDICAL FACILITIES.

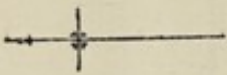


COLONY OF HONG KONG
MEDICAL FACILITIES

MAP 1952

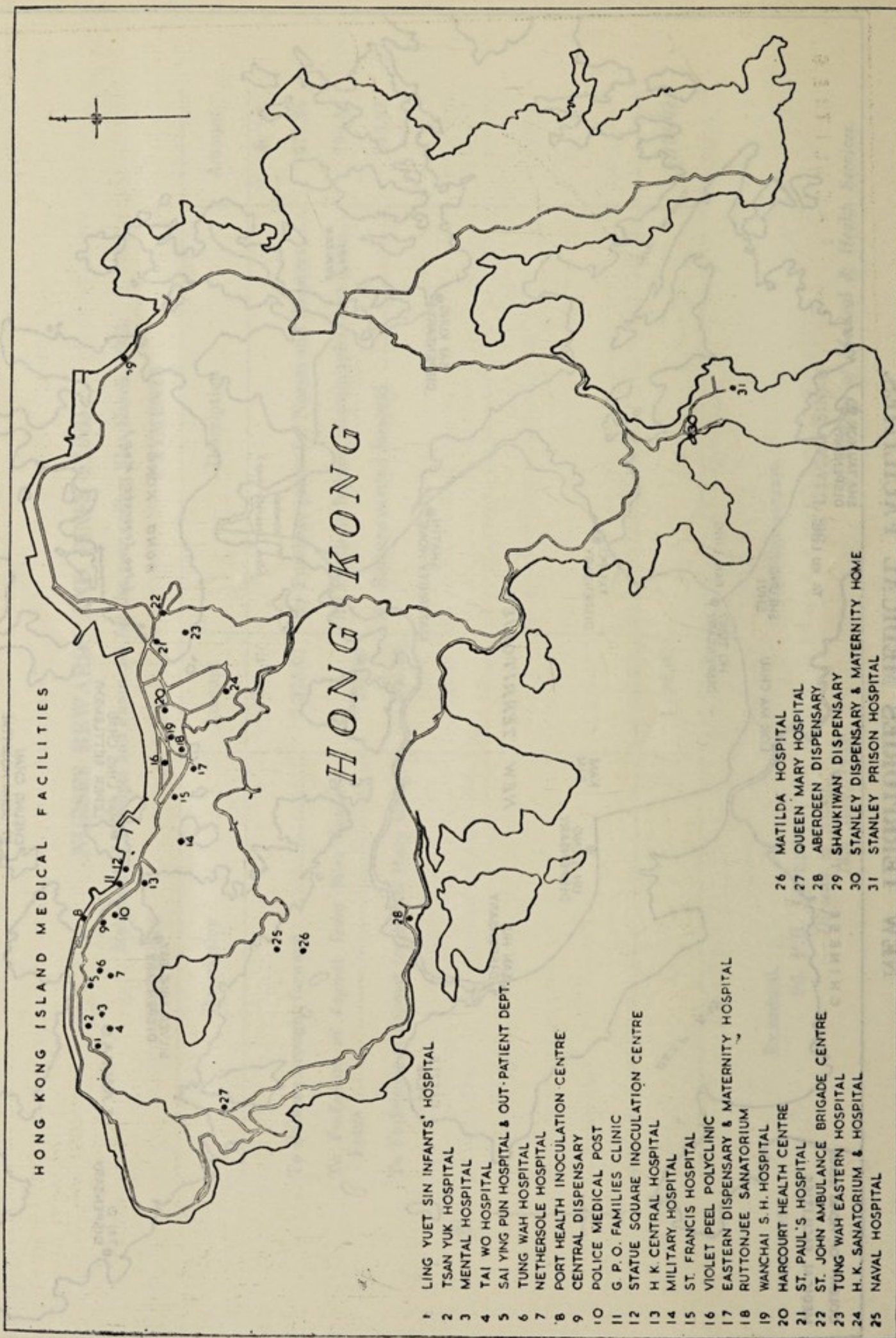
HONG KONG ISLAND MEDICAL FACILITIES.

HONG KONG ISLAND MEDICAL FACILITIES



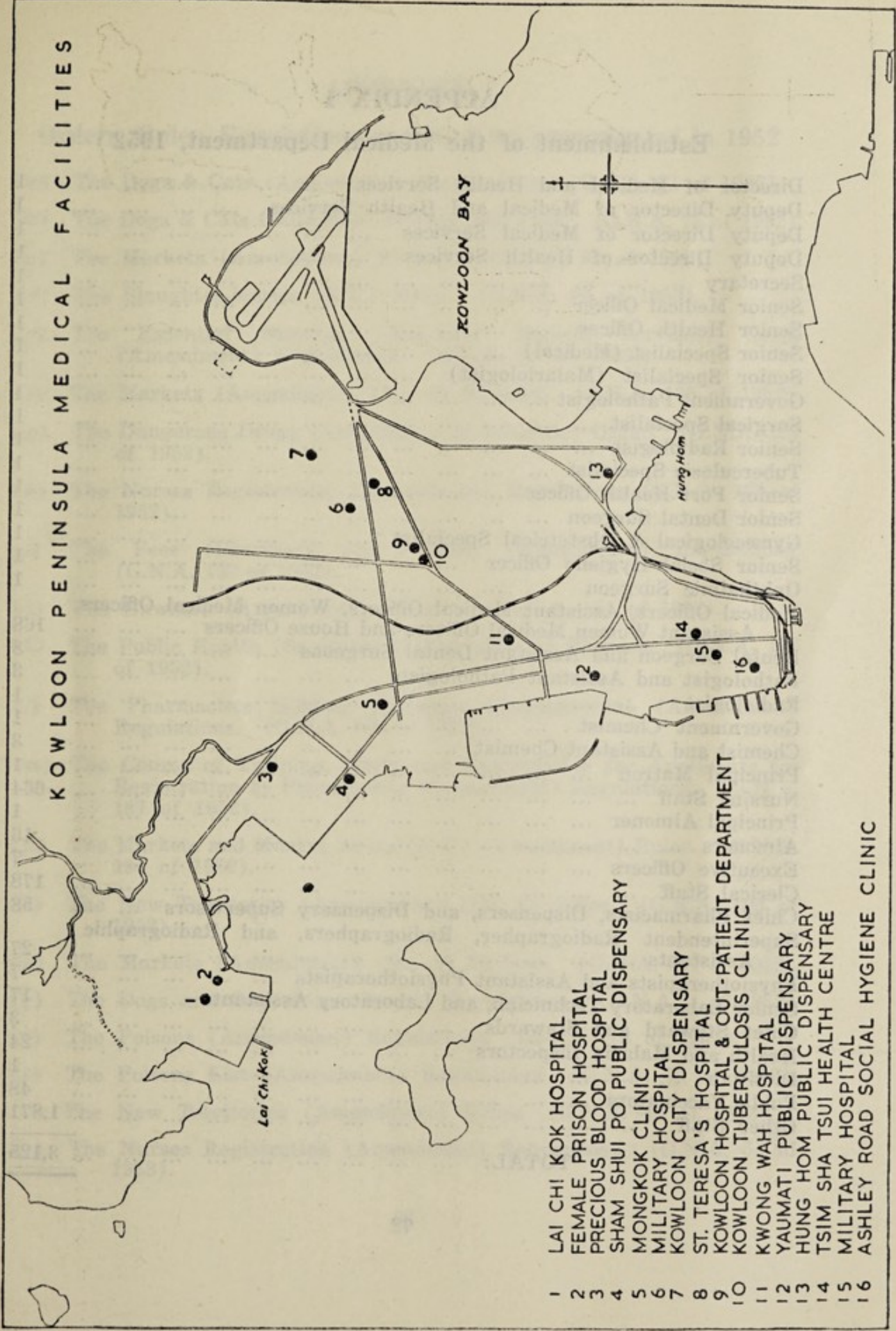
HONG KONG

- 1 LING YUET SIN INFANTS' HOSPITAL
- 2 TSAN YUK HOSPITAL
- 3 MENTAL HOSPITAL
- 4 TAI WO HOSPITAL
- 5 SAI YING PUN HOSPITAL & OUT-PATIENT DEPT.
- 6 TUNG WAH HOSPITAL
- 7 NETHERSOLE HOSPITAL
- 8 PORT HEALTH INOCULATION CENTRE
- 9 CENTRAL DISPENSARY
- 10 POLICE MEDICAL POST
- 11 G. P. O. FAMILIES CLINIC
- 12 STATUE SQUARE INOCULATION CENTRE
- 13 H. K. CENTRAL HOSPITAL
- 14 MILITARY HOSPITAL
- 15 ST. FRANCIS HOSPITAL
- 16 VIOLET PEEL POLYCLINIC
- 17 EASTERN DISPENSARY & MATERNITY HOSPITAL
- 18 RUTTONJEE SANATORIUM
- 19 WANCHAI S. H. HOSPITAL
- 20 HARCOURT HEALTH CENTRE
- 21 ST. PAUL'S HOSPITAL
- 22 ST. JOHN AMBULANCE BRIGADE CENTRE
- 23 TUNG WAH EASTERN HOSPITAL
- 24 H. K. SANATORIUM & HOSPITAL
- 25 NAVAL HOSPITAL
- 26 MATILDA HOSPITAL
- 27 QUEEN MARY HOSPITAL
- 28 ABERDEEN DISPENSARY
- 29 SHAUKIWAN DISPENSARY
- 30 STANLEY DISPENSARY & MATERNITY HOME
- 31 STANLEY PRISON HOSPITAL



KOWLOON PENINSULA MEDICAL FACILITIES.

KOWLOON PENINSULA MEDICAL FACILITIES



- 1 LAI CHI KOK HOSPITAL
- 2 FEMALE PRISON HOSPITAL
- 3 PRECIOUS BLOOD HOSPITAL
- 4 SHAM SHUI PO PUBLIC DISPENSARY
- 5 MONGKOK CLINIC
- 6 MILITARY HOSPITAL
- 7 KOWLOON CITY DISPENSARY
- 8 ST. TERESA'S HOSPITAL
- 9 KOWLOON HOSPITAL & OUT-PATIENT DEPARTMENT
- 10 KOWLOON TUBERCULOSIS CLINIC
- 11 KWONG WAH HOSPITAL
- 12 YAUMATI PUBLIC DISPENSARY
- 13 HUNG HOM PUBLIC DISPENSARY
- 14 TSIM SHA TSUI HEALTH CENTRE
- 15 MILITARY HOSPITAL
- 16 ASHLEY ROAD SOCIAL HYGIENE CLINIC

APPENDIX 1

Establishment of the Medical Department, 1952

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
Senior Specialist (Medical)	1
Senior Specialist (Malariologist)	1
Government Pathologist	1
Surgical Specialist	1
Senior Radiologist	1
Tuberculosis Specialist	1
Senior Port Health Officer	1
Senior Dental Surgeon	1
Gynæcological & Obstetrical Specialist	1
Senior Social Hygiene Officer	1
Ophthalmic Surgeon	1
Medical Officers, Assistant Medical Officers, Women Medical Officers, Assistant Women Medical Officers and House Officers	168
Dental Surgeon and Assistant Dental Surgeons	8
Pathologist and Assistant Pathologists	3
Radiologist	1
Government Chemist	1
Chemist and Assistant Chemist	3
Principal Matron	1
Nursing Staff	664
Principal Almoner	1
Almoners	16
Executive Officers	7
Clerical Staff	178
Chief Pharmacists, Dispensers, and Dispensary Supervisors	58
Superintendent Radiographer, Radiographers, and Radiographic Assistants	27
Physiotherapists and Assistant Physiotherapists	7
Senior Laboratory Technician, and Laboratory Assistants	17
Chief Steward and Stewards	3
Health and Malaria Inspectors	24
Dietitian	1
Public Vaccinators	48
Other Staff	1,871
TOTAL:	<u>3,125</u>

APPENDIX 2

Orders, Rules, Regulations and By-laws promulgated in 1952

- (a) The Dogs & Cats (Amendment) Regulations. (G.N.A. 71 of 1952).
- (b) The Dogs & Cats Ordinance—Inoculations Fees. (G.N.A. 75 of 1952).
- (c) The Markets (Amendment) By-laws. (G.N.A. 82 of 1952).
- (d) The Slaughter-houses (N.T.) Rules. (G.N.A. 86 of 1952).
- (e) The Essential Services (Auxiliary Medical Services) Corps (Amendment) Regulations. (G.N.A. 98 of 1952).
- (f) The Markets (Amendment) (No. 2) By-laws. (G.N.A. 105 of 1952).
- (g) The Dangerous Drugs (Amendment of Schedule) Order. (G.N.A. 109 of 1952).
- (h) The Nurses Registration (Amendment) Regulations (G.N.A. 125 of 1952).
- (i) The Fees (Pharmacy and Poisons) (Amendment) Regulations. (G.N.A. 133 of 1952).
- (j) The Hawkers (Amendment) By-laws. (G.N.A. 181 of 1952).
- (k) The Public Health (Sanitation) (Amendment) By-laws. (G.N.A. 182 of 1952).
- (l) The Pharmacists Holding Diplomas (Registration) (Amendment) Regulations. (G.N.A. 186 of 1952).
- (m) The Course of Training, Study and Examination for Applicants for Registration as Pharmacists (Amendment) Regulations. (G.N.A. 187 of 1952).
- (n) The Markets and Market Areas (N.T.) (Amendment) Rules. (G.N.A. 194 of 1952).
- (o) The New Territories (Amendment) (No. 2) Rules. (G.N.A. 195 of 1952).
- (p) The Markets (Amendment) (No. 3) By-laws. (G.N.A. 207 of 1952).
- (q) The Dogs and Cats (Amendment) Regulations. (G.N.A. 1 of 1953).
- (r) The Poisons (Amendment) Regulations. (G.N.A. 18 of 1953).
- (s) The Poisons List (Amendment) Regulations. (G.N.A. 19 of 1953).
- (t) The New Territories (Amendment) Rules. (G.N.A. 42 of 1953).
- (u) The Nurses Registration (Amendment) Regulations. (G.N.A. 54 of 1953).

APPENDIX 3.

Births attended by a doctor or a midwife, 1952.

	1946	1947	1948	1949	1950	1951	1952
Queen Mary Hospital	117	398	719	1,164	1,580	1,910	1,998
Kowloon Hospital	979	1,261	1,189	1,287	1,576	2,175	2,545
Tsan Yuk Hospital	2,645	3,826	4,458	4,223	5,012	5,781	6,740
Eastern Maternity Hospital	868	1,633	1,831	1,783	1,995	2,254	2,650
Lai Chi Kok Female Prison Hospital.....	—	—	—	—	—	7	6
St. John Hospital.....	—	—	—	—	—	379	360
Private Hospitals	4,058	9,066	12,161	15,387	16,333	20,002	21,163
Government Dispensaries (Attended by Midwives) ...	640	1,260	1,582	2,013	2,633	3,544	3,662
Private Maternity Homes ...	9,586	13,150	14,324	18,730	21,226	22,338	22,666
Total births delivered in hos- pitals and maternity homes	18,893	30,594	36,264	44,587	50,355	58,390	61,790
Domicilliary cases delivered by Midwives	5,628	9,237	10,120	8,991	9,125	9,054	7,701
Total Number of Births attended.....	24,521	39,831	46,384	53,578	59,480	67,444	69,491

APPENDIX 4.

Notifiable Diseases

Notifications and Deaths—1951 - 52.

Diseases	Total No. of Notifications		Total No. of Deaths at all ages	
	1951	1952	1951	1952
Amoebiasis	154	201	9	7
Cerebro-Spinal Meningitis	26	12	13	5
Chickenpox	281	176	3	4
Cholera	—	—	—	—
Diphtheria	574	987	121	157
Dysentery (Bacillary and clinical) ...	374	336	29	22
Enteric Fever	1,024	1,230	134	158
Malaria	526	1,010	35	46
Measles	528	674	39	77
Plague	—	—	—	—
Poliomyelitis	28	19	3	4
Puerperal Fever	7	6	—	1
Rabies — Human	1	1	1	1
Rabies — Animal	—	6	—	—
Relapsing Fever	—	—	—	—
Scarlet Fever	4	4	1	—
Small-pox	—	3	—	—
Tuberculosis.....	13,886	14,821	4,190	3,573
Typhus Fever	2	6	—	—
Whooping Cough.....	747	452	20	5
Yellow Fever	—	—	—	—

APPENDIX 5.

Age Group and Sex Distribution of Notifiable Diseases — 1952

	Under 1 year			1 yr. to 3 yrs.			4 yrs. to 9 yrs.			10 yrs. to 14 yrs.			Over 14 yrs.			Total		
	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total
	Amoebiasis.....	—	—	—	5	3	8	15	5	20	4	2	6	106	61	167	130	71
Cerebro-spinal Meningitis.	4	2	6	—	—	—	1	1	2	—	2	2	1	1	2	6	6	12
Chickenpox.....	3	9	12	41	27	68	43	32	75	6	5	11	7	3	10	100	76	176
Diphtheria.....	23	14	37	158	127	285	221	256	477	24	47	71	54	63	117	480	507	987
Dysentery (Bacillary and Clinical.).....	12	6	18	35	21	56	38	24	62	1	2	3	154	43	197	240	96	336
Enteric Fever.....	—	—	—	6	9	15	98	59	157	79	56	135	573	350	923	756	474	1,230
Human Rabies.....	—	—	—	—	—	—	—	—	—	1	1	1	—	—	—	1	—	1
Malaria.....	5	5	10	35	12	47	50	41	91	33	14	47	642	173	815	765	245	1,010
Measles.....	58	43	101	189	162	351	105	69	174	4	7	11	24	13	37	380	294	674
Poliomyelitis.....	—	1	1	2	6	8	2	2	4	—	—	—	5	1	6	9	10	19
Puerperal Fever.....	—	—	—	—	—	—	—	—	—	—	—	—	—	6	6	—	6	6
Scarlet Fever.....	—	—	—	1	—	1	—	2	2	1	—	1	—	—	—	2	2	4
Small-pox.....	—	—	—	—	—	—	—	—	—	—	—	—	3	—	3	3	—	3
Tuberculosis.....	151	170	321	880	755	1,635	735	558	1,293	106	85	191	8,056	3,325	11,381	9,928	4,893	14,821
Typhus Fever (Scrub)....	—	—	—	—	—	—	—	—	—	—	—	—	6	—	6	6	—	6
Whooping Cough.....	43	44	87	73	78	151	99	108	207	1	2	3	3	1	4	219	233	452
Total.....	299	294	593	1,425	1,200	2,625	1,407	1,157	2,564	260	222	482	9,634	4,040	13,674	13,025	6,913	19,938

Nil return for Cholera, Plague, Epidemic typhus, Yellow fever and Relapsing fever.

APPENDIX 6

Inoculations and Vaccinations carried out during 1952

Month	Anti- Smallpox Vaccina- tions	Anti- Cholera inocula- tions	Anti- typhus inocula- tions	Anti- tetanus inocula- tions	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
January	104,973	3,367	437	1,202	9,301	1,654	2,253	0	0	0	267	1,736
February	147,482	2,754	620	1,242	5,926	8,025	2,575	120	67	0	297	1,567
March	172,795	2,902	551	1,229	6,610	5,537	2,576	8	1	0	266	1,652
April	60,359	19,840	557	1,314	10,483	4,366	2,756	43	0	0	370	2,231
May	16,739	173,949	623	1,587	4,325	4,936	4,794	301	87	0	358	2,759
June	11,427	145,061	607	1,787	1,253	2,292	4,670	1,200	28	0	329	1,918
July	14,077	107,614	439	1,827	1,154	916	3,842	1,286	75	0	384	2,214
August	14,246	61,247	431	1,982	2,569	1,698	5,194	932	31	0	350	2,247
September ...	147,648	6,353	397	1,973	643	499	4,320	1,799	229	0	250	1,640
October	158,826	4,399	412	1,876	858	402	2,802	1,016	127	0	353	1,902
November ...	147,405	2,720	397	1,519	5,312	703	8,820	5,780	47	0	234	1,485
December ...	78,085	2,423	440	1,532	16,574	2,304	10,231	7,390	13	0	268	1,459
	1,074,060	532,629	5,911	19,070	65,008	33,332	54,833	19,875	705	0	3,726	22,810

APPENDIX 7.

Attendances, etc., at Ante-natal Clinics during 1952.

Centres	Without Defect			Some Abnormality			Total Attendances			% of Defect
	New	Rev.	Total	New	Rev.	Total	New	Rev.	Total	
Harcourt.....	348	1,068	1,416	76	98	174	424	1,166	1,590	10.93
Kowloon.....	476	2,157	2,633	108	171	279	584	2,328	2,912	9.58
Western.....	295	1,678	1,973	129	84	213	424	1,762	2,186	9.74
TOTAL.....	1,119	4,903	5,022	313	353	666	1,432	5,256	6,688	9.95

Infant Health Clinics.

Centres	Without Defect			Some Abnormality			Total Attendances			% of Defect		Total
	New	Rev.	Total	New	Rev.	Total	New	Rev.	Total	New	Rev.	
<i>0-1 yr.</i>												
Harcourt.....	2,741	31,012	33,753	385	1,351	1,736	3,126	32,363	35,489	12.32	4.17	4.89
Kowloon.....	2,545	24,735	27,280	777	2,382	3,159	3,322	27,117	30,439	23.38	8.78	10.37
Western.....	2,715	25,276	27,991	493	1,347	1,840	3,208	26,623	29,831	15.37	4.90	5.85
Aberdeen.....	206	1,629	1,835	51	159	210	257	1,788	2,045	19.84	8.89	10.27
Stanley.....	120	1,457	1,577	31	112	143	151	1,569	1,720	20.53	7.14	8.31
Shaukiwan.....	1,061	7,011	8,072	106	423	529	1,167	7,434	8,601	9.08	5.69	6.15
Shamshuipo...	256	2,016	2,272	39	134	173	295	2,150	2,445	13.22	6.23	7.07
Kowloon City...	129	170	299	8	13	21	137	183	320	5.83	7.10	6.56
TOTAL...	9,773	93,306	103,079	1,890	5,921	7,811	11,663	99,227	110,890	28.83	12.29	14.14
<i>1-2 yrs.</i>												
Harcourt.....	123	6,358	6,481	31	184	215	154	6,542	6,696	20.13	2.81	3.21
Kowloon.....	94	7,857	7,951	17	495	512	111	8,352	8,463	15.31	5.92	6.04
Western.....	87	6,605	6,692	22	294	316	109	6,899	7,008	20.18	4.26	4.51
Aberdeen.....	7	509	516	3	51	54	10	560	570	20.00	9.11	9.47
Stanley.....	3	694	697	6	40	46	9	734	743	66.67	5.45	6.19
Shaukiwan.....	78	2,822	2,900	12	128	140	90	2,950	3,040	13.33	4.34	4.61
Shamshuipo...	1	498	499	1	22	23	2	520	522	50.00	4.23	4.40
Kowloon City...	15	27	42	2	—	2	17	27	44	11.76	—	4.54
TOTAL...	408	25,370	25,778	94	1,214	1,308	502	26,584	27,086	36.92	9.49	10.10
<i>Totals</i>												
Harcourt.....	2,864	37,370	40,234	416	1,535	1,951	3,280	38,905	42,185	12.68	3.95	4.62
Kowloon.....	2,639	32,592	35,231	794	2,877	3,671	3,433	35,469	38,902	23.12	8.11	9.43
Western.....	2,802	31,831	34,633	515	1,641	2,156	3,317	33,522	36,839	15.52	4.90	5.85
Aberdeen.....	213	2,138	2,351	54	210	264	267	2,348	2,615	20.22	8.94	10.1
Stanley.....	123	2,151	2,274	37	152	189	160	2,303	2,463	23.13	4.60	7.67
Shaukiwan.....	1,139	9,833	10,972	118	551	669	1,257	10,384	11,641	9.39	5.31	5.75
Shamshuipo...	257	2,514	2,771	40	156	196	297	2,670	2,967	13.46	5.84	6.60
Kowloon City...	144	197	341	10	13	23	154	210	364	6.49	6.19	6.31
TOTAL...	10,181	118,676	128,857	1,984	7,135	9,119	12,165	125,811	137,976	29.32	11.66	13.61

APPENDIX 8

Tuberculosis (all forms), 1952

Notifications and Deaths.

Year	Estimated population	Notifications	Deaths	D/N Ratio	Rates per 100,000 estimated population
1920	648,150	NOT NOTIFIABLE	2,082		321.2
1921	625,116		1,894	303.1	
1922	638,300		2,096	328.3	
1923	667,900		2,108	315.6	
1924	695,500		2,358	339.0	
1925	725,100		2,291	315.9	
1926	710,100		1,912	269.2	
1927	740,300		2,123	286.7	
1928	766,700		2,537	330.9	
1929	802,900		2,158	268.7	
1930	838,800		1,994	237.7	
1931	840,473		1,983	235.9	
1932	900,812		2,042	226.6	
1933	922,643		2,225	241.2	
1934	944,492		2,179	230.7	
1935	966,341		2,237	231.5	
1936	988,190		2,416	244.5	
1937	1,281,982		4,028	314.2	
1938	1,478,619		4,920	332.7	
1939	1,750,256		7,591	4,443	1 to 1.7
1940					
to					
1945					
1946	1,600,000	2,801	1,752	1 to 1.6	109.5
1947	1,750,000	4,855	1,861	1 to 2.6	106.3
1948	1,800,000	6,279	1,961	1 to 3.2	108.9
1949	1,857,000	7,510	2,611	1 to 2.8	140.6
1950	2,265,000	9,067	3,263	1 to 2.8	144.0
1951	2,013,000	13,886	4,190	1 to 3.3	208.0
1952	2,250,000	14,821	3,573	1 to 4.1	158.8

APPENDIX 9

Deaths from Tuberculosis of Respiratory System

by Age and Sex — 1950 to 1952

Age Group	1952			1951			1950		
	Male	Female	Persons	Male	Female	Persons	Male	Female	Persons
Under 1.....	32	36	68	48	47	95	48	43	91
1.....	46	64	110	48	57	105	44	49	93
2.....	37	39	76	56	55	111	39	28	67
3.....	38	34	72	47	57	104	35	29	64
4.....	22	32	54	24	37	61	26	26	52
5 — 9.....	42	32	74	41	43	84	17	17	34
10 — 14.....	17	11	28	12	6	18	13	8	21
15 — 19.. ..	33	20	53	39	28	67	24	23	47
20 — 24.....	95	50	145	139	70	209	95	57	152
25 — 29.....	139	68	207	209	107	316	128	77	205
30 — 34.....	176	79	255	236	123	359	166	100	266
35 — 39.....	194	85	279	252	124	376	158	82	240
40 — 44.....	217	74	291	201	87	288	162	58	220
45 — 49.....	160	69	229	172	47	219	122	55	177
50 — 54.....	141	43	184	147	72	219	101	55	156
55 — 59.....	87	48	135	100	43	143	65	47	112
60 — 64.....	64	53	117	74	51	125	41	35	76
65 — 69.....	25	27	52	32	27	59	36	24	60
70 — 74.....	13	11	24	15	14	29	11	13	24
75 — 79.....	4	3	7	6	10	16	—	5	5
80 — 84.....	—	1	1	1	1	2	1	1	2
85 & over	—	—	—	—	1	1	1	—	1
Unknown	—	—	—	—	—	—	—	—	—
Total :	1,582	879	2,461	1,899	1,107	3,006	1,333	832	2,165

APPENDIX 10

Notifications of Respiratory Tuberculosis by Age and Sex for the years 1950 to 1952

Age Group	1952			1951			1950		
	Male	Female	Persons	Male	Female	Persons	Male	Female	Persons
Under 1.....	90	94	184	98	80	178	59	59	118
1.....	169	168	337	163	132	295	77	79	156
2.....	205	148	353	177	182	359	88	68	156
3.....	215	176	391	189	168	357	68	56	124
4.....	184	160	344	177	143	320	64	62	126
5 — 9.....	417	289	706	435	303	738	97	75	172
10 — 14.....	92	78	170	101	87	188	66	34	100
15 — 19.....	410	237	647	349	206	555	199	115	314
20 — 24.....	1,330	424	1,754	1,089	406	1,495	706	246	952
25 — 29.....	1,488	506	1,994	1,279	481	1,760	888	377	1,265
30 — 34.....	1,334	537	1,871	1,216	543	1,759	803	403	1,206
35 — 39.....	1,117	464	1,581	985	453	1,438	665	313	978
40 — 44.....	892	367	1,259	732	409	1,141	480	225	705
45 — 49.....	565	249	814	479	235	714	321	177	498
50 — 54.....	409	168	577	361	239	600	217	163	380
55 — 59.....	173	144	317	205	148	353	114	91	205
60 — 64.....	121	103	224	111	113	224	68	72	140
65 — 69.....	49	44	93	47	55	102	45	47	92
70 — 74.....	19	19	38	18	30	48	13	21	34
75 — 79.....	7	6	13	7	8	15	2	4	6
80 — 84.....	1	1	2	4	2	6	1	1	2
85 & over	1	—	1	—	—	—	1	1	2
Unknown	44	8	52	46	16	62	4	6	10
Total:	9,332	4,390	13,722	8,268	4,439	12,707	5,046	2,695	7,741

APPENDIX 11.

Available Hospital Beds—1952.

Name and Location of Hospital	No. and Category of Beds					Remarks
	General	Obstetrics	Tuberculosis	Infectious	Mental	
Queen Mary Hospital, Pokfulam Road, Hong Kong	479	37	63	—	1	
Kowloon Hospital, Argyle Street, Kowloon.....	182	42	—	6	—	
Mental Hospital, High Street, Sai Ying Pun, Hong Kong	—	—	—	—	140	
Sai Ying Pun Hospital, Queen's Road West, Sai Ying Pun, Hong Kong	—	—	—	88	—	
Tsan Yuk Maternity Hospital, Western St., Sai Ying Pun, Hong Kong	—	85	—	—	—	
Lai Chi Kok Hospital, Lai Chi Kok, Kowloon	180	—	208	102	—	
Eastern Maternity Hospital, Stone Nullah Lane, Wanchai, Hong Kong	—	24	—	—	—	
Wanchai Female V.D. Hospital, Wanchai Road, Wanchai, Hong Kong	—	—	—	28	—	
St. John Hospital, Cheung Chau Island	40	14	42	5	—	
Prison Hospital, Stanley (Male)	41	—	19	6	—	
Prison Hospital, Lai Chi Kok (Female)	11	1	—	—	—	
TOTAL	933	203	332	235	141	

APPENDIX 12

In-patients admitted into Government and Government Assisted hospitals 1952.
including cases remaining in hospital from the previous year.

NAME	Beds	General cases	Infectious cases	Tuber- culosis cases	Maternity cases	Mental cases	Total
Queen Mary Hospital	580	7,717	164	648	2,081	8	10,618
Kowloon Hospital.....	230	5,477	147	128	2,887	12	8,651
Sai Ying Pun Hospital	88	664	1,144	49	—	—	1,857
Tsan Yuk Hospital	85	817	—	—	7,293	—	8,110
Mental Hospital.....	140	—	—	—	—	1,074	1,074
Stanley Prison Hospital	66	651	167	66	—	30	914
Eastern Maternity Hospital.....	24	—	—	—	2,850	—	2,850
Wanchai Social Hygiene Hospital	28	1,111	—	—	—	—	1,111
Lai Chi Kok Hospital	490	2,039	1,254	723	—	—	4,016
St. John Hospital.....	101	1,181	36	135	379	—	1,731
Lai Chi Kok Female Prison Hospital	12	118	2	1	7	1	129
Total Government Hospitals	1,844	19,775	2,914	1,750	15,497	1,125	41,061
New Territories Dispensaries	55	193	1	1	2,971	—	3,166
Tung Wah Group Hospitals	1,149	20,595	234	4,430	18,523	—	43,782
Nethersole Hospital	185	3,599	105	117	1,612	—	5,433
Ruttonjee Sanatorium	160	—	—	493	—	—	493
Grand Total.....	3,393	44,162	3,254	6,791	38,603	1,125	93,935

APPENDIX 13.

In-patients treated in Government and Government Assisted Hospital, 1952, Classified according to International Standard Classification Intermediate List of 150 Causes.

Inter-mediate List Number	Detailed List Number.	Cause Groups	Cases Treated 1952		Deaths 1952		Deaths 1952			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Whole Colony			
							Male	Female	Sex Unknown	Total
A 1	001 - 008	Tuberculosis of respiratory system	1,202	3,637	49	1,743	1,582	879	—	2,461
A 2	010	Tuberculosis of meninges and central nervous system.....	153	960	91	625	422	381	—	803
A 3	011	Tuberculosis of intestines, peritoneum and mesenteric glands...	57	69	5	30	36	16	—	52
A 4	012 - 013	Tuberculosis of bones and joints...	214	126	4	20	33	9	—	42
A 5	014 - 019	Tuberculosis, all other forms	134	248	11	69	123	92	—	215
A 6	020	Congenital syphilis.....	34	21	3	2	10	6	—	16
A 7	021	Early Syphilis.....	183	—	—	—	—	—	—	—
A 8	024	Tabes dorsalis.....	17	26	—	1	2	—	—	2
A 9	025	General paralysis of insane	76	1	*10	—	8	1	—	9
A 10	022, 023 026 - 029	All other syphilis	101	78	15	5	38	8	—	46
A 11	030 - 035	Gonococcal infections.....	674	—	—	—	—	—	—	—
A 12	040	Typhoid fever.....	701	290	94	32	92	64	—	156
A 13	041 - 042	Paratyphoid fever and other Salmonella infections.....	28	3	1	—	1	1	—	2
A 14	043	Cholera.....	—	—	—	—	—	—	—	—
A 15	044	Brucellosis (undulant fever).....	1	—	—	—	—	—	—	—
A 16	(a) 045	Bacillary dysentery	151	8	18	—	16	5	—	21
	(b) 046	Amoebiasis	121	15	4	1	6	1	—	7
	(c) 047, 048	Other unspecified forms of dysentery.....	10	—	—	—	—	—	—	—
A 17	050	Scarlet fever	2	—	—	—	—	—	—	—
		<i>Carried forward</i>	3,859	5,482	305	2,528	2,369	1,464	—	3,833

*Among these, 1 died of A107—Other diseases of digestive system.

APPENDIX 13—Continued

Inter-mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1952		Deaths 1952		Deaths 1952			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Male	Female	Sex Unknown	Total
		<i>Brought forward</i>								
A 37 (b)	111	Malariae malaria (quartan)	5,557	5,715	564	2,572	2,574	1,636	—	4,210
(c)	112	Falciparum malaria (Malignant tertian).....	2	3	—	—	1	—	—	1
(d)	115	Blackwater fever	57	259	3	27	20	13	—	33
(e)	113, 114	Other and unspecified forms of malaria.....	3	—	1	—	1	—	—	1
A 38 (a)	116, 117	Schistosomiasis vesical (S. haematobium)	105	204	1	1	3	1	—	4
(b)	123.0	Schistosomiasis intestinal (S. Mansoni)	5	—	—	—	—	—	—	—
(c)	123.1	Schistosomiasis pulmonary (S. Japonicum)	—	—	—	—	—	—	—	—
(d)	123.2	Other and unspecified schistosomiasis	—	—	—	—	—	—	—	—
A 39	125	Hydatid disease	—	2	—	—	—	—	—	—
A 40 (a)	127	Onchocerciasis.....	3	—	—	—	—	—	—	—
(b)	127	Loiasis	—	—	—	—	—	—	—	—
(c)	127	Filariasis (bancrofti)	—	—	—	—	—	—	—	—
(d)	127	Other filariasis	1	—	—	—	—	—	—	—
A 41	129	Ankylostomiasis	44	103	—	3	3	3	—	6
A 42 (a)	126	Tapeworm (infestation) and other cestode infestations	1	—	—	—	—	—	—	—
(b)	130.0	Ascariasis.....	90	188	—	—	—	—	—	—
(c)	130.3	Guinea Worm (dracunculosis)	—	—	—	—	—	—	—	—
(d)	124, 128	Other diseases due to helminths.....	5	83	—	—	1	—	—	1
A 43 (a)	130.1, 130.2	Lymphogranuloma venereum	32	—	—	—	—	—	—	—
	037	<i>Carried forward</i>	5,905	6,557	569	2,603	2,603	1,653	—	4,256

APPENDIX 13—Continued

Inter-mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1952		Deaths 1952		Deaths 1952			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Male	Female	Sex Unknown	Total
A 43	(b)	<i>Brought forward</i>	5,905	6,557	569	2,603	2,603	1,653	—	4,256
	(c)	Granuloma inguinale, venereal.....	—	—	—	—	—	—	—	—
	(d)	Other and unspecified venereal diseases	—	—	—	—	—	—	—	—
	(e)	Food poisoning infection and intoxication	3	—	—	—	—	—	—	—
	(f)	Relapsing fever	—	—	—	—	—	—	—	—
	(g)	Leptospirosis icterohaemorrhagica (Weil's disease)	—	—	—	—	1	—	—	1
	(h)	Yaws	—	—	—	—	—	—	—	—
	(i)	Chickenpox	79	—	4	—	—	—	—	4
	(j)	Dengue.....	1	1	—	—	—	—	—	—
	(k)	Trachoma	4	—	—	—	—	—	—	—
	(l)	Sandfly fever	—	—	—	—	—	—	—	—
	(m)	Leishmaniasis	1	—	—	—	—	—	—	—
	(n)	Trypanosomiasis gambiensis.....	—	—	—	—	—	—	—	—
	(o)	Trypanosomiasis rhodesiensis	—	—	—	—	—	—	—	—
	(p)	Other and unspecified trypanosomiasis	—	—	—	—	—	—	—	—
		Dermatophytosis	1	—	—	—	—	—	—	—
		Scabies.....	8	8	—	—	—	—	—	—
		All other diseases classified as infective and parasitic	259	14	1	—	—	—	—	1
		<i>Carried forward</i>	6,261	6,580	574	2,603	2,609	1,653	—	4,262

APPENDIX 13—Continued

Inter- mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1952		Deaths 1952		Deaths 1952			
			Govern- ment Hospitals	Govern- ment Assisted Hospitals	Govern- ment Hospitals	Govern- ment Assisted Hospitals	Whole Colony		Total	
							Male	Female		Sex Un- known
		<i>Brought forward.....</i>	6,261	6,580	574	2,603	2,609	1,653	—	4,262
A 44	140 - 148	Malignant neoplasm of buccal cavity and pharynx	71	107	7	75	74	36	—	110
A 45	150	Malignant neoplasm of oesophagus	8	14	3	10	17	4	—	21
A 46	151	Malignant neoplasm of stomach ...	63	141	12	66	83	44	—	127
A 47	152,153	Malignant neoplasm of intestine, except rectum	27	50	7	12	17	18	—	35
A 48	154	Malignant neoplasm of rectum ...	19	42	4	4	3	9	—	12
A 49	161	Malignant neoplasm of larynx	3	2	1	—	4	—	—	4
A 50	162,163	Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary	54	18	14	11	46	16	—	62
A 51	170	Malignant neoplasm of breast	89	86	2	29	—	51	—	51
A 52	171	Malignant neoplasm of cervix uteria	140	122	4	55	—	84	—	84
A 53	172 - 174	Malignant neoplasm of other and unspecified parts of uterus	31	74	3	14	—	35	—	35
A 54	177	Malignant neoplasm of prostate ...	1	5	—	4	5	—	—	5
A 55	190 - 191	Malignant neoplasm of skin	7	6	1	2	2	1	—	3
A 56	196, 197	Malignant neoplasm of bone and connective tissue	7	17	3	5	6	5	—	11
A 57	155 - 160 164, 165, 175, 176, 178 - 181, 192 - 195 198 - 199	Malignant neoplasm of all other and unspecified sites	180	174	72	84	168	80	—	248
A 58	204	Leukaemia and aleukaemia	31	7	8	3	8	6	—	14
		<i>Carried forward.....</i>	6,992	7,445	715	2,977	3,042	2,042	—	5,084

APPENDIX 13—Continued

Inter- mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1952		Deaths 1952		Deaths 1952			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Male	Female	Sex Un- known	Total
A 59	200 - 203 205	<i>Brought forward</i> Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system	6,992	7,445	715	2,977	3,042	2,042	—	5,084
A 60	210 - 239	Benign neoplasms and neoplasms of unspecified nature.....	25	7	8	3	8	3	—	11
A 61	250, 251	Nontoxic goiter	668	230	12	2	9	12	—	21
A 62	252	Tyrototoxicosis with or without goiter	51	1	—	—	—	—	—	—
A 63	260	Diabetes mellitus	123	16	1	1	—	3	—	3
A 64 (a)	280	Beriberi	54	20	2	1	8	5	—	13
(b)	281	Pellagra	14	132	1	33	34	22	—	56
(c)	282	Scurvy	3	1	—	—	—	1	—	1
(d)	283 - 286	Other deficiency states	—	—	—	—	—	—	—	—
A 65 (a)	290	Pernicious and other hyperchromic anaemias	56	130	9	37	20	35	—	55
(b)	291	Iron deficiency anaemias (hypochromic)	6	—	—	—	2	—	—	2
(c)	292, 293	Other specified and unspecified anaemias	41	37	2	1	2	1	—	3
A 66 (a)	241	Asthma	66	227	5	10	10	8	—	18
(b)	240 242 - 245 253, 254 270 - 277 287 - 289 294 - 299	All other allergic disorders, endocrine, metabolic and blood diseases,	97	286	2	21	42	21	—	63
		<i>Carried forward</i>	160	53	14	3	16	9	—	25
			8,356	8,585	771	3,090	3,193	2,162	—	5,355

APPENDIX 13—Continued

Inter- mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1952		Deaths 1952		Deaths 1952			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Male	Female	Sex Un- known	Total
		<i>Brought forward.....</i>	8,356	8,585	771	3,090	3,193	2,162	—	5,355
A 67	300 - 309	Psychoses.....	719	—	* 15	—	1	—	—	1
A 68	310 - 324	Psychoneuroses and disorders of personality	292	64	1	—	1	—	—	1
A 69	325	Mental deficiency	75	—	—	—	—	—	—	—
A 70	330 - 334	Vascular lesions affecting central nervous system	139	329	83	215	284	196	—	480
A 71	340	Nonmeningococcal meningitis	42	25	16	16	23	20	—	43
A 72	345	Multiple sclerosis	—	—	—	—	—	—	—	—
A 73	353	Epilepsy	75	48	1	2	2	2	—	4
A 74	370 - 379	Inflammatory diseases of eye	34	10	—	—	—	—	—	—
A 75	385	Cataract	19	61	—	—	—	—	—	—
A 76	387	Glaucoma.....	11	23	—	—	—	—	—	—
A 77	390	Otitis externa.....	4	3	—	—	—	—	—	—
	391 - 393	Otitis media and mas toiditis.....	47	26	—	1	3	4	—	7
	394	Other inflammatory diseases of ear	2	—	—	—	—	—	—	—
A 78	380 - 384	All other disease and Conditions	39	80	—	—	—	—	—	—
	386, 388	of eye								
	389									
		<i>Carried forward.....</i>	9,854	9,254	887	3,324	3,507	2,384	—	5,891

* Among these, 2 died of A2—Tuberculosis of meninges and central nervous system.

1 died of A20—Septicaemia and pyaemia.

1 died of A64—(a)—Beriberi.

5 died of A70—Vascular lesions affecting central nervous system.

2 died of A91—Primary atypical, other and unspecified pneumonia.

1 died of A107—Other diseases of digestive system.

1 died of A114(c)—All other diseases of the genito-urinary system.

1 died of AE147(e)—All other accidental causes.

APPENDIX 13—Continued

Inter-mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1952		Deaths 1952		Deaths 1952			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Male	Female	Sex Unknown	Total
		<i>Brought forward</i>	9,854	9,254	887	3,324	3,507	2,384	—	5,891
		All other diseases of the nervous system and sense organs	166	88	12	10	20	17	—	37
A 79	341 - 344	Rheumatic fever.....	13	12	3	—	6	2	—	8
A 80	350 - 352	Chronic rheumatic heart disease...	190	352	25	155	126	160	—	286
A 81	354 - 357	Arteriosclerotic and egenerative heart disease	29	598	10	220	274	236	—	510
A 82	360 - 369	Other diseases of heart.....	142	259	23	9	67	40	—	107
A 83	395 - 398	Hypertension with heart diseases..	74	39	13	11	47	27	—	74
A 84	400 - 402	Hypertension without mention of heart	41	27	—	1	15	6	—	21
A 85	410 - 416	Diseases of arteries	87	10	15	1	40	28	—	68
A 86	420 - 422	Other diseases of circulatory system	205	388	5	—	3	3	—	6
A 87	430 - 434	Acute upper respiratory infections	437	337	8	2	10	4	—	14
A 88	440 - 443	Influenza	113	310	—	—	21	17	—	38
A 89	444 - 447	Lobar Pneumonia	90	662	15	185	235	150	—	385
A 90	490	Bronchopneumonia.....	505	3,550	190	1,797	1,859	1,907	—	3,766
A 91	491	Primary atypical, other and unspecified pneumonia	37	404	4	78	35	63	—	98
A 92	492, 493	Acute bronchitis.....	202	79	5	5	57	38	—	95
A 93	500	Bronchitis, chronic and unqualified	83	447	—	33	60	105	—	165
A 94	501, 502	Hypertrophy of tonsils and adenoids	243	23	—	1	1	—	—	1
A 95	510	Empyema and abscess of lung ...	52	68	3	4	22	18	—	40
	518, 521	<i>Carried forward</i>	12,563	16,907	1,218	5,836	6,405	5,205	—	11,610

APPENDIX 13—Continued

Inter-mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1952		Deaths 1952		Deaths 1952			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Whole Colony		Total	
							Male	Female		Sex Unknown
A 96	519	<i>Brought forward</i>	12,563	16,907	1,218	5,836	6,405	5,205	—	11,610
A 97 (a)	523	Pleurisy	53	130	3	7	98	70	—	168
A 97 (b)	511 - 517 520 - 522 524 - 527	Pneumoconiosis	—	—	—	—	1	1	—	2
A 98 (a)	530	All other respiratory diseases	241	98	14	2	65	45	—	110
A 98 (b)	531 - 535	Dental Caries	22	2	—	—	—	—	—	—
A 99	540	All other diseases of teeth and supporting structures.....	93	25	1	—	1	—	—	1
A 100	541	Ulcer of Stomach	214	371	6	48	72	12	—	84
A 101	543	Ulcer of duodenum	244	43	10	2	8	4	—	12
A 102	550 - 553	Gastritis and duodenitis	81	310	1	1	4	3	—	7
A 103	560, 561, 570	Appendicitis	684	380	3	5	16	3	—	19
A 104 (a)	571.0	Intestinal obstruction and hernia.	465	189	23	14	42	13	—	55
A 104 (b)	571.1	Gastro-enteritis and colitis, between 4 weeks and 2 years...	573	2,365	155	1,359	1,026	1,232	—	2,258
A 104 (c)	572	Gastro-enteritis and colitis, ages 2 years and over	384	620	41	282	346	227	—	573
A 105	581	Chronic enteritis and ulcerative colitis	7	110	2	11	18	17	—	35
A 106	584 - 585	Cirrhosis of liver	118	230	25	98	131	32	—	163
A 107	536 - 539 542, 544 545	Cholelithiasis and cholecystitis.....	174	84	5	4	14	8	—	22
	573 - 580 582 - 583 586, 587	Other diseases of digestive system	630	802	55	78	125	65	—	190
		<i>Carried forward</i>	16,546	22,666	1,562	7,747	8,372	6,937	—	15,309

APPENDIX 13—Continued

Inter-mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1952		Deaths 1952		Deaths 1952			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Whole Colony		Total	
							Male	Female		Sex Un-known
A 108	590	<i>Brought forward</i>	16,546	22,666	1,562	7,747	8,372	6,397	—	15,309
A 109	591 - 594	Acute nephritis	58	79	8	6	19	7	—	26
		Chronic, other and unspecified nephritis	163	788	17	205	190	151	—	341
A 110	600	Infections of kidney	34	9	1	1	2	1	—	3
A 111	602, 604	Calculi of urinary system.....	130	63	1	1	1	2	—	3
A 112	610	Hyperplasia of prostate	9	—	—	—	1	—	—	1
A 113	620, 621	Diseases of breast	44	19	—	—	—	—	—	—
A 114		Hydrocele	49	40	—	—	—	—	—	—
(a)	613	Disorders of menstruation	110	83	—	—	—	—	—	—
(b)	634	All other diseases of the genito-urinary system	1,000	952	4	—	1	4	—	5
(c)	601, 603 605, 609 611, 612 614 - 617 622 - 633 635 - 637									
A 115	640 - 641, 681, 682, 684	Sepsis of pregnancy, child-birth and the puerperium	33	3	—	1	—	3	—	3
A 116	642, 652 685, 686	Toxaemias of pregnancy and the puerperium	572	112	5	16	—	21	—	21
A 117	643, 644 670 - 672	Haemorrhage of pregnancy and childbirth.....	320	230	4	17	—	31	—	31
A 118	650	Abortion without mention of sepsis or toxæmia.....	488	819	—	3	—	3	—	3
A 119	651	Abortion with sepsis	—	35	—	—	—	1	—	1
		<i>Carried forward</i>	19,556	25,898	1,602	7,997	8,586	7,161	—	15,747

APPENDIX 13—Continued

Inter-mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1952		Deaths 1952		Deaths 1952			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Male	Female	Sex Unknown	Total
A 120 (a)	645 - 649 673 - 680 683	<i>Brought forward</i> Other complications of pregnancy, childbirth and the puerperium ...	19,556	25,898	1,602	7,997	8,586	7,161	—	15,747
A 121	687 - 689 660	Delivery without complication..... Infections of skin and	11,046	19,146	—	—	—	—	—	—
A 122	720 - 725	subcutaneous tissue	377	804	5	11	14	11	—	25
A 123	726, 727	Arthritis and spondylitis	75	315	—	1	1	1	—	2
A 124	730	Muscular rheumatism and	21	109	—	—	—	—	—	—
A 125	737	rheumatism, unspecified	150	62	1	2	3	1	—	4
A 126 (a)	745 - 749 715	Osteomyelitis and periostitis	31	6	—	—	—	—	—	—
(b)	700 - 714 716	Ankylosis and acquired musculoskeletal deformities	53	342	—	—	1	1	—	1
(c)	731 - 736 738 - 744	Chronic ulcer of skin (including tropical ulcer).....	225	289	4	1	1	5	—	6
A 127	751	All other diseases of musculoskeletal system	96	22	—	—	—	—	—	—
A 128	754	Spina bifida and meningocele	5	3	—	1	—	1	—	1
A 129	750, 752 753	Congenital malformations of circulatory system	28	2	7	2	14	7	—	21
A 130	755 - 759	All other congenital malformations	134	33	25	7	25	17	—	42
A 131	760, 761 762	Birth injuries	75	1	19	1	12	9	—	21
		Postnatal asphyxia and atelectasis	177	43	20	32	54	36	—	90
		<i>Carried forward</i>	35,754	48,137	1,688	8,066	8,711	7,274	—	15,985

APPENDIX 13—Continued

Inter- mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1952		Deaths 1952		Deaths 1952			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Male	Female	Sex Un- known	Total
A 132 (a)	764	<i>Brought forward</i>	35,754	48,137	1,688	8,066	8,711	7,274	—	15,985
		Diarrhoea of newborn (under 4 weeks).....	24	71	1	27	56	53	—	109
	765	Ophthalmia neonatorum.....	6	—	—	—	—	—	—	—
	763, 766-768	Other infections of newborn	24	189	14	139	126	109	—	235
A 133	770	Haemolytic disease of newborn	9	6	7	2	5	4	—	9
A 134	769, 771, 772	All other defined diseases of early infancy.....	179	57	30	20	27	84	—	111
A 135	773 - 776	Ill-defined diseases peculiar to early infancy	504	573	79	392	483	423	—	906
A 136	794	Senility without mention of Psychosis.....	4	347	—	109	81	114	—	195
A 137 (a)	788.8	Pyrexia of unknown origin	41	66	—	—	—	—	—	—
	793	Observation, without need for further medical care	316	1	—	—	—	—	—	—
	780 - 787	All other ill-defined causes of morbidity.....	173	160	9	—	601	516	16	1,133
	788.1-788.7									
	788.9									
	789 - 792									
	795									
		Total—carried forward.....	37,034	49,607	1,828	8,755	10,090	8,577	16	18,683

APPENDIX 13—Continued

Inter- mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1952		Deaths 1952		Deaths 1952					
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Male	Female	Sex Un- known	Total		
		<i>Brought forward.....</i>										
AE 138	E810 - E835	Motor Vehicle Accidents	37,034	49,607	1,828	8,755	10,090	8,577	16	18,683		
AE 139	E800 - E802	Other transport accidents.....	845	3	59	—	90	19	—	109		
	E840 - E866		373	—	9	—	20	6	—	26		
AE 140	E870 - E895	Accidental poisoning	91	1	3	—	4	1	—	5		
AE 141	E900 - E904	Accidental falls	897	36	70	—	86	25	—	111		
AE 142	E912	Accident caused by Machinery ...	97	1	2	—	4	1	—	5		
AE 143	E916	Accident caused by fire and explosion of combustible material	130	1	4	—	6	5	—	11		
AE 144	E917, E918	Accident caused by hot substance, corrosive liquid steam and radiation	196	15	19	—	9	11	—	20		
AE 145	E919	Accident Caused by firearm.....	10	—	—	—	1	—	—	1		
AE 146	E929	Accidental drowning and submersion	30	—	2	—	85	25	—	110		
AE 147												
(a) E920		Foreign body entering eye and adnexa	18	—	—	—	—	—	—	—	—	—
(b) E923		Foreign body entering other orifice	87	2	2	—	1	1	—	2		
(c) E927		Accidents caused by bites and stings of venomous animals and insects	34	—	—	—	1	—	—	1		
		<i>Carried forward.....</i>	39,842	49,666	1,998	8,755	10,397	8,671	16	19,084		

APPENDIX 13—Continued

Inter mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1952		Deaths 1952		Deaths 1952			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Whole Colony			
							Male	Female	Sex Unknown	Total
(d)	E928	<i>Brought forward.....</i>	39,842	49,666	1,998	8,755	10,397	8,671	16	19,084
(e)	E910, E911, E913-E915, E921-E922, E924-E926, E930-E965	Other accidents caused by animals All other accidental causes	7 493	22 18	— 23	— —	— 56	— 13	— —	— 69
AE 148	E970 - E979	Suicide and self-inflicted injury ...	494	2	77	2	154	112	—	266
AE 149	E980 - E985	Homicide and injury purposely inflicted by other persons (not in war)	225	—	16	—	27	13	—	40
AE 150	E990 - E999	Injury resulting from operations of war	—	—	—	—	—	—	—	—
		GRAND TOTAL.....	41,061	49,708	2,114	8,757	10,634	8,809	16	19,459

APPENDIX 13—Continued

Inter- mediate List Number	Detailed List Number	Cause Groups	Cases Treated 1952		Deaths 1952		Deaths 1952			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Male	Female	Sex Un- known	Total
AN 138	N800 - N804	Fracture of skull	297	2	65	1	149	42	—	191
AN 139	N805 - N809	Fracture of spine and trunk	370	4	24	—	36	4	—	40
AN 140	N810 - N829	Fracture of limbs	918	9	13	—	7	6	—	13
AN 141	N830 - N839	Dislocation without fracture	112	3	—	—	1	—	—	1
AN 142	N840 - N848	Sprains and strains of joints and adjacent muscle	77	—	—	—	—	—	—	—
AN 143	N850 - N856	Head injury (excluding fracture) ..	493	2	54	—	43	13	—	56
AN 144	N860 - N869	Internal injury of chest, abdomen and pelvis	54	1	28	—	58	21	—	79
AN 145	N870 - N908	Laceration and open wounds	618	43	7	—	12	3	—	15
AN 146	N910 - N929	Superficial injury, contusion and crushing with intact skin surface	157	13	1	—	1	1	—	2
AN 147	N930 - N936	Effects of foreign body entering through orifice	117	2	2	—	2	1	—	3
AN 148	N940 - N949	Burns	245	14	24	—	15	16	—	31
AN 149	N960 - N979	Effects of poisons	451	1	50	—	38	54	—	92
AN 150	N950 - N959	All other and unspecified effects of external causes	118	7	18	1	182	71	—	253
		TOTAL.....	4,027	101	286	2	544	232	—	776

APPENDIX 14.

Out-patients—1952 Total Attendances at Government and Government Assisted Hospitals, Clinics and Dispensaries.

INSTITUTIONS	Dressings	General Out-patients	Children's Clinics	Ante-Natal	Post-Natal	Gynaecological	Social Hygiene	Eye	Ear, Nose & Throat	Tuberculosis	Mental	Total
Hospitals:												
Queen Mary	6,207	8,681	—	2,299	324	2,110	—	276	183	193	—	20,273
Kowloon.....	372,701	232,987	5,694	13,153	100	2,492	—	9,218	4,356	—	—	640,701
Tsan Yuk	—	—	10,273	21,846	867	—	—	—	—	—	—	32,986
St. John.....	8,478	11,051	9,058	99	—	170	—	—	—	—	—	28,856
Stanley Prison	14,551	55,922	—	—	—	—	4,042	—	—	1,101	—	75,616
L. C. K. Female Prison.....	—	9,638	—	—	—	—	—	—	—	—	—	9,638
Mental	—	—	—	—	—	—	—	—	—	—	1,153	1,153
Clinics and Dispensaries:												
Sai Ying Pun	39,117	109,854	86,165	4,384	170	3,865	—	16,765	1,878	—	—	262,198
Violet Peel.....	74,352	87,305	72,410	—	—	—	—	—	1,673	—	—	235,740
Harcourt T. B.	—	—	—	—	—	—	—	—	—	50,766	—	50,766
Kowloon T. B.	—	—	—	—	—	—	149,237	—	—	48,890	—	48,890
Social Hygiene	—	—	—	—	—	—	—	—	—	—	—	149,237
9 Public Dispensaries	51,706	116,167	169,559	5,616	—	9,446	—	94	255	8	—	352,851
12 New Territories Disp.	47,458	76,065	1,238	3,016	—	—	3,887	1,345	201	1,384	—	134,594
Families Clinic	—	7,904	—	—	—	—	—	—	—	—	—	7,904
Police Medical Post.....	3,793	10,179	12,047	207	—	149	213	524	690	71	—	27,873
Victoria Remand Prison.....	1,361	10,388	—	—	—	—	267	481	206	131	—	12,834
Mong Kok Clinic.....	26,067	6,070	29,096	—	—	—	—	—	—	—	—	61,233
Port Health	—	1,144	—	—	—	—	—	—	—	—	—	1,144
Health Centres:												
Western	—	—	—	2,186	—	—	—	—	—	—	—	2,186
Kowloon.....	—	—	—	2,912	—	—	—	—	—	—	—	2,912
Harcourt	—	—	—	1,590	—	—	—	677	—	—	—	2,267
Total of Government Institutions												
Tung Wah Group of Hosps.	645,791	743,355	395,540	57,308	1,461	18,232	157,646	29,380	9,442	102,544	1,153	2,161,852
Nethersole Hosp.	15,842	97,853	57,457	10,931	—	2,285	—	23,216	—	10,925	—	218,509
Ruttonjee Sanatorium.....	8,519	12,080	5,444	7,175	965	11,741	—	—	—	5,145	—	45,924
GRAND TOTAL.....	670,152	853,288	458,441	75,414	2,426	32,258	157,646	52,596	9,442	118,614	1,153	2,431,430

APPENDIX 15.

Out-patients—1952

New Cases at Government and Government Assisted Hospitals, Clinics and Dispensaries.

INSTITUTIONS	Dressings	General Out-patients	Children's Clinics	Ante-Natal	Post-Natal	Gynaecological	Social Hygiene	Eye	Ear, Nose & Throat	Tuberculosis	Mental	Total
Hospitals:												
Queen Mary	6,207	7,787	—	386	—	617	—	276	183	193	—	15,649
Kowloon.....	335,708	194,238	3,329	2,586	100	1,228	—	6,173	1,897	—	—	545,259
Tsan Yuk	—	—	4,291	8,039	403	—	—	—	—	—	—	12,733
St. John.....	3,984	6,667	6,023	72	—	84	—	—	—	—	—	16,830
Stanley Prison	3,953	45,846	—	—	—	—	3,401	—	—	301	—	54,001
L. C. K. Female Prison.....	—	9,638	—	—	—	—	—	—	—	—	—	9,638
Mental	—	—	—	—	—	—	—	—	—	—	290	290
Clinics and Dispensaries:												
Violet Peel.....	42,918	63,157	53,700	—	—	—	—	—	715	—	—	160,490
Sai Ying Pun	7,100	71,573	59,254	1,682	158	1,507	—	3,397	604	—	—	145,275
Kowloon T. B.	—	—	—	—	—	—	—	—	—	48,890	—	48,890
Harcourt T. B.	—	—	—	—	—	—	—	—	—	50,766	—	50,766
Social Hygiene	—	—	—	—	—	—	23,565	—	—	—	—	23,565
9 Public Dispensaries.....	13,617	73,718	119,297	3,494	—	3,834	—	79	224	—	—	214,268
12 New Territories Disp.	16,435	46,758	736	1,419	—	—	749	942	201	410	—	67,650
Families Clinic	—	679	—	—	—	—	—	—	—	—	—	679
Police Medical Post.....	2,426	6,227	6,120	172	—	79	—	319	348	—	—	15,800
Victoria Remand Prison.....	486	4,337	—	—	—	—	121	185	107	23	—	5,284
Mong Kok Clinic.....	16,105	4,397	25,249	—	—	—	—	—	—	—	—	45,751
Port Health	—	962	—	—	—	—	—	—	—	—	—	962
Health Centres:												
Western	—	—	—	424	—	—	—	—	—	—	—	424
Kowloon.....	—	—	—	584	—	—	—	—	—	—	—	584
Harcourt	—	—	—	424	—	—	—	—	—	—	—	424
Total of Government												
Institutions	448,939	535,934	277,999	19,282	661	7,349	27,922	11,371	4,279	101,136	290	1,435,212
Tung Wah Group of Hosps.	6,470	42,848	26,244	9,738	—	1,260	—	8,494	—	2,402	—	97,476
Nethersole Hosp.	—	4,842	1,436	2,080	965	6,320	—	—	—	—	—	15,643
GRAND TOTAL.....	455,429	583,674	305,679	31,100	1,626	14,929	27,922	19,865	4,279	103,538	290	1,548,331

APPENDIX 16

Attendances at Public Dispensaries — 1952

Public Dispensaries	Out-Patients				Deliveries		Vaccinations	Inoculations
	Children		Adults		In-patients	Domiciliary		
	New Cases	Total Attendances	New Cases	Total Attendances				
Central	15,904	24,878	8,871	20,178	—	—	5,147	749
Eastern	11,732	15,935	9,276	21,058	—	—	14,512	4,502
Shauiwan	24,132	34,247	12,411	24,185	—	557	4,931	1,763
Aberdeen	5,510	6,826	4,908	8,061	—	455	2,460	794
Shamshuipo	23,732	39,145	30,716	51,892	—	488	21,716	1,618
Yaumati	10,594	15,138	8,685	21,631	—	260	8,762	1,575
Hung Hom	11,603	14,766	8,315	14,766	—	—	3,606	930
Stanley	989	1,315	1,389	5,373	256	18	1,023	1,020
Kowloon City	15,101	17,309	10,400	16,148	—	838	2,132	819
Mongkok	25,249	29,096	20,502	32,137	—	—	—	—
Total.....	144,546	198,655	115,473	215,429	256	2,616	64,289	13,775

APPENDIX 17

Attendances at Medical Centres — New Territories — 1952

Dispensaries	Out-patients		Deliveries	
	New Cases	Total Attendances	In-patients	Domiciliary
Tai Po	17,641	35,937	704	24
Ho Tung	1,495	5,006	294	80
Shataukok	670	2,572	140	18
Un Long	16,897	30,509	927	25
Sun Hui	1,507	3,721	267	51
Sai Kung	3,849	7,485	143	66
Shatin	4,317	7,506	165	100
Tai O	7,953	18,919	374	1
Silver Mine Bay	2,330	4,905	38	3
Ping Chau	1,580	3,721	—	—
Travelling (East)	5,439	8,332	—	—
Travelling (West)	3,972	5,981	—	—
	67,650	134,594	3,052	368

APPENDIX 13

Statistical Summary of Dental Treatment Carried out during 1952

A. General Dental Service.

Type of Patients	Visits	Extractions	Surgical Operations	Fillings & Crowns	Conservative Dressings	Prophylaxis	Dentures, Obturators etc.	Numbers rendered Dent. Fit
Government Servants	6,331	3,336	163	2,181	409	595	351	744
Government Servants & Families...	4,879	2,459	62	1,413	232	289	176	525
General Public	12,277	14,906	458	20	41	31	14	—
Total.....	23,487	20,701	683	3,614	682	915	541	1,269

B. School Dental Service (All grades of schools)

Visits	* No. of children examined	* No. of children found to require treatment	Extractions	Other Surgical Operations	Fillings & Crowns	Conservative Dressings	Prophylaxis
29,386	20,819	15,553	21,474	1,576	5,966	1,801	343

* Private Schools only.

APPENDIX 19

Pathological Sub-Department — Summary of Examinations carried out in 1952

NATURE OF EXAMINATION		Patho- logical Institute	Queen Mary Hospital Labora- tory	Kowloon Patho- logical Institute	Total
Agglutination	Salmonella group	1,275	136	1,158	2,569
	Br. melitensis.....	11	1	—	12
	Br. abortus.....	39	1	—	40
	Weil Felix reaction	61	47	15	123
Seriological reaction for syphilis		94,320	—	—	94,320
Blood smears	Malaria.....	2,167	266	2,474	4,907
	Filaria	—	—	3	3
	B. anthracis	39	—	26	65
Haematology	Hb. percentage	273	85	1,422	1,781
	Red Cell Count	490	64	668	1,222
	White Cell Count	718	86	2,150	2,954
	Differential Count	559	76	1,500	2,135
	Platelet Count	—	1	42	43
	Reticulocyte Count	—	—	6	6
	Sedimentation Rate	29	987	262	1,278
	Coagulation Time	—	1	45	46
	Bleeding Time.....	—	1	43	44
	Blood Grouping	37	—	1,089	1,126
Cross Matching	3	—	402	405	
Culture examination	Nasal-pharyngeal swabs (C. diphtheriae)	4,957	102	2,803	7,942
	Haem. streptococci	4,957	42	741	5,740
	Cerebro-spinal fluid for pathogenic organisms.....	210	158	249	617
	Cerebro-spinal fluid for cell count & protein.....	645	39	687	1,371
	Faeces for pathogenic organisms	2,282	691	2,671	5,644
	Blood clot culture (enteric organisms only).....	1,386	159	1,173	2,718
	Blood	98	103	451	652
	Bone marrow	6	—	51	57
	Urine	783	765	934	2,487
	Faeces	Intestinal parasites	3,919	2,656	5,289
Occult blood		73	123	195	391
M. tuberculosis		4	5	52	61
Tissue section.....	279	—	—	279	
Brains for Negri bodies	55	—	—	55	
Sputa	6,858	2,619	14,058	23,535	
Gastric lavages for M. tuberculosis	526	307	8	841	
Smears for gonococcus.....	120	19	593	732	
Smears for M. leprae	180	7	176	363	
Rat spleen smears for P. pestis	7,682	—	8,784	16,466	
Pus & body fluid	50	165	214	429	
Urine (Routine, chemical & microscopic)	1,614	4,434	5,212	11,260	
Pregnancy tests: ((Friedman).....	12	—	—	12	
((Frog).....	709	—	217	926	
Bacteriological examination of milk and foods	935	—	970	1,905	
" analysis of water	3,002	—	—	3,002	
Miscellaneous	1,196	138	264	1,598	
Grand total.....		142,564	14,285	57,177	214,026

APPENDIX 20

A Summary of the work done at the Hong Kong and Kowloon Public Mortuaries, 1952

Total No. of Post-mortem Examinations performed during the year ...	3,671
No. of male bodies examined	2,159
No. of female bodies examined	1,495
Sex unknown owing to decomposition	17
No. of claimed bodies sent from hospital, etc.	793
No. of unclaimed bodies, mostly abandoned	2,878
No. of bodies cremated	1,059
No. of Chinese bodies examined	3,650
No. of Non-Chinese bodies examined	21
No. of Medico-legal Cases	471

	<i>Male</i>	<i>Female</i>	<i>Total</i>
No. of bodies under 2 years of age	1,030	953	1,983
No. of bodies over 2 years of age	1,129	542	1,671

No. of bodies received from the following sources:—

(Hong Kong)

Victoria District	404
Shaukiwan	202
Infant Hospitals	79
Other Hospitals	181
Marine Police	7
Total	873

(Kowloon and New Territories)

Water Police Station	129
T. Land " "	15
Yaumati " "	79
Mongkok " "	56
Shamshuipo " "	503
Kowloon City " "	403
Hunghom " "	99
Tsun Wan " "	25
Castle Peak " "	9
Pingshan " "	33
Lok Ma Chau " "	5
Kam Tin " "	2
Pat Heung " "	4
Sheungshui " "	15
Takuling " "	2
Shataukok " "	4
Tai Po " "	22
Shatin " "	22
Sai Kung " "	3
Tai O " "	3
Cheung Chau " "	11
H. O. (K)	2
Hospitals, etc.	1,352
Total	<u>2,798</u>

No. of rats caught and brought to mortuaries	232,054
No. of rats examined	232,054
No. of rats' spleen smears taken for examination	16,467
No. of rats infected with plague	Nil



