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

ANNUAL DEPARTMENTAL REPORTS 1956-57

HONG KONG

DIRECTOR OF MEDICAL AND HEALTH SERVICES

PRICE: $ 6

HONG KONG

ANNUAL DEPARTMENTAL REPORT

BY THE

DIRECTOR OF MEDICAL

AND HEALTH SERVICES

FOR THE

FINANCIAL YEAR 1956 - 57

PRINTED AND PUBLISHED BY S. YOUNG, ACTING GOVERNMENT PRINTER,
AT THE GOVERNMENT PRESS,
JAVA ROAD, HONG KONG

CONTENTS

CONTENTS—*Contd.*

CONTENTS—*Contd.*

Statistical information in this report refers to the calendar year 1956.

I. THE COLONY'S HEALTH SERVICES

Government Supervision of the Public Health.

RESPONSIBILITY for the administration of the services safeguarding the public health in Hong Kong is shared mainly between the Department of Medical and Health Services, the Urban Services Department, the New Territories Administration and the Labour Department, while the Education Department and Social Welfare Office also have some interest in certain aspects of health and, to some extent, both the Police and Prisons Departments, particularly in regard to drug addition. The Department of Medical and Health Services is responsible for the outlining of medical and health policies, vital statistics and morbidity returns, administering the Government hospitals, out-patient clinics, investigative laboratories (pathological and chemical), vaccine production, the control of dangerous drugs and such matters as the study and control of communicable diseases, mental diseases, maternal and child health, school hygiene and the health of school children, malaria control, measures to combat social diseases, port health control and international health matters, and the education in general of the public in health practices. The Urban Services Department is concerned with public amenities, sanitation and domestic cleanliness, the safety and quality of food locally produced and imported, (in which matter the Director of Agriculture, Fisheries and Forestry is also concerned together with his Veterinary staff) its handling, preparation and sale for public consumption, disposal of the dead, pest control and environmental factors affecting health. The District Commissioner, New Territories, is statutorily responsible for the public health of the New Territories and is advised by officers of the Department of Medical and Health Services. During the year plans to develop rural committees in the New Territories to control certain sanitary activities amongst other functions, have been further developed and implemented in certain districts with a view to interesting the local population in administering their own affairs. The Commissioner of Labour is responsible for the health of industrial workers and hygiene of factories and

is advised by a medical officer seconded from the Department of Medical and Health Services. The Education Department is interested in school hygiene and the mental and physical health of school children, while many aspects of the work of the Social Welfare Office touch on matters of health, for example, matters concerning cases of physical handicap, calling for close cooperation with officers of the Department of Medical and Health Services. Responsibility is thus divided and shared but very close cooperation and exchange of information is maintained between all the Authorities involved and also with many non-Government agencies engaged in medical and health work. There are voluntary organizations working in the fields of tuberculosis control, blindness, deafness, leprosy, refugee care, family welfare and numerous other medical activities.

Organization of the Department.

2. The Department of Medical and Health Services is headed by the Director of Medical and Health Services who is the chief adviser to Government on all medical and health matters. It is divided into two main Divisions, Medical and Health, both headed by an Assistant Director. Within these two main Divisions the Department is organized into various sub-departments and services on a functional basis according to the service rendered to the community. Both Divisions are served by the Nursing Service which constitutes a third major administrative division or arm of the Department. The Health Division comprises the services designed to promote health and prevent ill health while the Medical Division is responsible for the curative and investigative services and the ancillary medical services. Under the Assistant Director of Health Services come the sub-departments controlling malaria, tuberculosis and social disease, the Port Health Office, the Maternal and Child Health Service, School Health Service and the activities of the various Health Officers including the Medical Officer of Health, New Territories, the adviser to the District Commissioner; each sub-department or service being headed by a medical officer specially trained and experienced in the particular work he supervises. The Assistant Director of Health Services is also concurrently ex-officio Vice-Chairman of the Urban Council and health adviser to the Director of Urban Services, who is Chairman of the Urban Council. Under the Assistant Director of Medical

Services come the Government hospitals, clinics and laboratories, pharmacy and dispensing and such ancillary services as physiotherapy and occupational therapy, the medico-social (or almoner) services and the Auxiliary Medical Service. He is also responsible for maintaining liaison with non-Government institutions run by private or voluntary bodies, many of which are in receipt of a Government subsidy. Each Assistant Director is assisted by a Senior Medical or Senior Health Officer at Headquarters while the two main Government General Hospitals are superintended by two other Senior Medical Officers. The Nursing Service is headed by the Principal Matron who has her office at Medical Headquarters. The major clinical services of surgery, medicine, obstetrics, and gynaecology, anaesthesia, pathology, dentistry, ophthalmic service, radiotherapy and diagnosis, tuberculosis and social diseases control are all headed by Specialists or Senior Specialists. Appendix I shows the establishment at 31st March, 1957.

Professional Registers.

3. Except where the legislation provides for exemption in certain specified instances, medical and dental practitioners, pharmacists, nurses and midwives are required by law to be registered before being entitled to practise their professions in the Colony. The number of persons so registered 31st March, 1957 was as follows:—

Medical Practitioners	530
Dentists	337
Pharmacists	52
Nurses	881
Midwives	901

4. These figures do not include Armed Services or Government personnel, who are subject to discipline within their respective services.

5. The Ordinances which require these professions to be registered empower Boards comprising professional people, under the Chairmanship of the Director of Medical and Health Services, not only to effect registrations within the bounds of the law but also to discharge disciplinary duties and punish a professional person who is deemed to have acted contrary to the interests of his or her profession. The Medical Board and the Dental Board, which follow the examples of the equivalent

bodies in the United Kingdom, have been active in this respect. The Medical Board considered a complaint of infamous conduct in a professional respect against one registered practitioner and recorded a verdict of guilty which was however upset on appeal to the Governor in Council, while the Dental Board found three dentists guilty of unprofessional conduct during the year under review. The extreme penalty for unprofessional conduct is to have the offender's name struck permanently from the register, in which case he is permanently debarred from practising his profession in the Colony. Minor offences against professional ethics are punishable by censure or temporary suspension from the register. In all cases the finding of the Board and penalty imposed is published in the Government Gazette for public information.

Expenditure.

6. The Medical Department's actual expenditure for the financial year ending 31st March, 1957, was $30,048,868.19 but to obtain a true figure of the Government's expenditure on medical services a further $7,431,262.91 should be added to this. This sum was paid to the voluntary organizations in the Colony that provide hospital and other public health services. These include the Anti-Tuberculosis Association ($550,000), the Mission to Lepers Hong Kong Auxiliary, ($480,000), the Tung Wah Group of Hospitals, which receive the main subvention of $6,140,669, and other smaller institutions such as the Alice Ho Miu Ling Nethersole Hospital which receives a subvention of $150,000. Combined expenditure on account of the Medical Department and medical subventions was approximately 7.98% of the Colony's total actual expenditure. This expenditure of course does not cover the whole of the Government spending on health as it does not include the very considerable budget of the Urban Services Department or that of any other Department active in health administration.

Health Legislation.

7. The following legislation administered by the Medical Department was enacted during the year 1956-57:—

Ordinance:

(*a*) Births and Deaths Registration (Amendment) Ordinance No. 9 of 1957.

Rules & Regulations:

(*a*) Nurses Registration (Amendment) Regulations (G.N.A. 24 of 1956).

(*b*) Poisons (Amendment) Regulations (G.N.A. 28 of 1956).

(*c*) Poisons List (Amendment) Regulations (G.N.A. 29 of 1956).

(*d*) Dangerous Drugs (Amendment of Schedule) Order (G.N.A. 32 of 1956).

(*e*) Dangerous Drugs (Amendment of Schedule) (No. 2) Order (G.N.A. 74 of 1956).

(*f*) Births and Deaths Registration (Amendment of Schedule) Regulations (G.N.A. 85 of 1956).

(*g*) Penicillin (and other Substances) (Amendment) (No. 2) Regulations. (G.N.A. 86 of 1956).

(*h*) Quarantine and Prevention of Disease (Scale of Charges) (Amendment) Regulations (G.N.A. 87 of 1956).

(*i*) Castle Peak Hospital Declaration (G.N.A. 6 of 1957).

(*j*) Births and Deaths Registration (Amendment of First Schedule) Regulations (G.N.A. 18 of 1957).

(*k*) Dangerous Drugs (Amendment of Schedule) Order (G.N.A. 19 of 1957).

(*l*) Nurses Registration (Amendment) Regulations (G.N.A. 20 of 1957).

8. The following legislation was in process of revision during the year:—

Ordinances:

(*a*) Medical Registration Ordinance, Cap. 161.

(*b*) Mental Hospitals Ordinance, Cap. 136.

II. THE HEALTH OF THE COLONY

General Comments.

9. In 1956, as in the previous three years, the Colony remained completely free from any case of the six internationally quarantinable diseases, namely, cholera, plague, smallpox, epidemic typhus, yellow fever and relapsing fever, nor were there any noteworthy outbreaks of any other notifiable communicable diseases. The incidence of notifiable diseases in general decreased as did also the mortality, from 18,142 cases and 3,095 deaths

in 1955 to 16,071 cases and 2,870 deaths during 1956. The largest variations from the figures of the previous year occurred in the notification of tuberculosis, diphtheria and whooping cough, all of which dropped considerably, and in malaria which shows a marked increase. The increase in malaria, however, was due to a tightening up on notification when it came to light that many doctors working in the areas not protected against this disease had not been reporting all cases seen. The enteric diseases, while continuing to remain somewhat of a public health problem, showed no increase on the figures for 1955, when the disease began to show evidence of coming under effective control after reaching very serious proportions in previous years. The incidence of the dysenteries showed little change but deaths from bacillary dysentery dropped dramatically from 37 in 1955 to 4 in 1956, the lowest figure on record for ten years. Approximately 40% of cases of this type of dysentery occurred in children under four years of age, a state of affairs probably reflecting the congestion in the homes of the people and prevailing water shortage, with consequent difficulty in maintaining adequate cleanliness, more than any other factor. Overcrowding also affects the incidence of measles and other infections spread by sneezing, coughing and spitting but interestingly enough cerebrospinal meningitis, which is generally regarded as a disease of congestion, shows a surprisingly low incidence of 21 only. Poliomyelitis also, as notified, did not constitute any serious problem and indeed showed a decrease on previous years but investigations carried out on the blood antibodies of a sample of the population indicate that a large proportion of the local population appears to acquire a natural immunity to this disease at a very early age, which suggests that the infection is very widespread, probably in a very mild form producing only transient sore throats and fever. For the first time since the war no case of rabies either animal or human was reported. Campaigns designed to increase protection against smallpox, diphtheria and typhoid were conducted during the year and in this connexion it has been demonstrated that the loud hailer mobile van is much the most effective agent in stimulating public response. The number of births once more increased and there was no significant rise in the total number of deaths, indeed the crude death rate fell from 8.2 in 1955 to 7.9 in 1956. On the

whole it can be said that the Colony maintained a very gratifying state of good health during 1956 despite many factors that still continue to be adverse.

Environmental Factors Affecting Health.

10. The Summer climate is tropical and humid, which tends to facilitate the growth and spread of the causes of many diseases, and a large area of the Colony is not yet protected from malaria, although obviously very effective control is operating in the Island and in the built-up area of the Mainland. Water shortage remained a grave problem although longer hours of supply proved to be possible during more of 1956 than in the worst periods of former years. By far the most important health hazard however is the almost unbelievable congestion and overcrowding, particularly in the poorer class dwellings. Tremendous efforts have been made to cope with the squatter problem and this is gradually coming under control. During 1956 rapid strides were made in low cost housing development on a major scale but it will be long before these efforts effectively overtake the need and can be reflected in the health of the people. The tremendous swelling of the population in recent years has completely overtaxed all existing medical facilities and hundreds of patients have literally to be turned away from the doors of the Government outpatient clinics in the city areas daily. Industry is expanding so rapidly that it is proving difficult to control adequately all the health hazards involved with the available staff. Fortunately most of the larger manufacturing concerns and employers of labour have a real interest in the welfare and health of their workers and take steps to protect them by voluntary efforts. Unfortunately this is not always so, particularly of smaller mushroom businesses, and strict observance of the regulations is not always found. Trade Unions, Kai Fong and other organizations have set up clinics and are trying to assist in alleviating distress. Though there is no true lack of food and no actual starvation nor any serious food deficiency disease there is yet much poverty and a great deal of undernourishment, a good deal of it due to ignorance of food values more than actual inability to obtain adequate food. The most alarming factor affecting health, amongst other things, during the year, though fortunately of short duration, was the October rioting. These riots, and the

counter-measures taken to suppress them, very effectively disrupted normal medical services not only in Kowloon, which was directly involved, but also indirectly on the island, while at the same time flooding the hospitals with casualties. Staff, immobilized by curfew orders, were unable to report for duty and staff on duty could not be relieved. The Military Authorities, however, came to the assistance of the civil medical services with transport and guards and placed the facilities of a military hospital at the service of civilian casualties with the result that the difficulties were rapidly overcome. The experience was not without value and lessons learnt will be applied in future. It is obvious from the almost suprisingly good state of the public health that the Colony as a whole succeeds in overcoming all these adverse factors to a very marked degree.

Vital Statistics and Natural Increase of the Population.

11. The Births and Deaths Registration Ordinance requires compulsory registration of births and deaths occurring in the Colony. The Director of Medical and Health Services, who has been the Registrar of Births and Deaths since 16th October, 1931, ceased to act as such as from 1st April, 1957, when the function of registration of births and deaths was taken over by the Registrar General. A scheme for the reorganization and decentralization of the Births and Deaths Registry was implemented late in 1956, and as a result, additional registries have been established in various districts throughout the Colony.

12. The number of registered births—96,746—again exceeded all previous records. It was 6,235 more than in 1955, which was itself a record year. Taking the estimated mid-year population of 2,440,000, the crude birth rate was 39.7 per thousand of population, which was slightly higher than the rate in 1955 of 38.7 per thousand.

13. On the other hand, the total number of deaths from all causes was only 19,295, just 215 more than in 1955, 12 more than in 1954 and 164 less than in 1952. The crude death rate was 7.9 per thousand of population, compared with 8.2 per thousand in 1955.

14. The net natural increase in the population of the colony during 1956 was thus 77,451, as against 71,341 in 1955.

15. There were 988 still births recorded, which gives a pre-natal wastage of just over 10 for every 1,000 of all births. The number of children dying in the first month of life, always the most dangerous period of a child's life, was 2,342, giving a neo-natal mortality rate of 24.2 in every thousand live births. This shows a slight increase over 1955, when the rate was 23.1 per thousand live births.

16. Deaths of infants under one year of age numbered 5,895, (30.6% of all deaths from all causes as compared with 31.5% in 1955). This gives an infant mortality rate of 60.9 per thousand, compared with 66.4 per thousand in 1955. Out of an increasing number of babies born, an increasing number is surviving. On an average almost 265 babies are born in the Colony each day (or practically one every five minutes), of which at least 249 survive their first year of life, whereas in the past it would not have been unusual for at least 100 of them to die before their twelfth month of life. This dramatic success of the Maternal and Child Health Scheme is most gratifying but it is posing fresh problems in regard to medical services, education, employment and housing.

17. The following table sets out the figures of infant and neo-natal deaths in detail:—

Table 1

Age Period	1954	1955	1956
0—1 day	199	224	212
1—7 days	803	989	1,091
1—4 weeks	1,048	882	1,039
4 weeks—3 months	1,179	1,148	961
3—6 months	1,112	1,121	944
6—9 months	991	957	904
9—12 months	696	691	744
Total under 1 year	6,028	6,012	5,895
Infant Mortality rate	72.4	66.4	60.9
No. of deaths under 4 weeks	2,050	2,095	2,342
Neo-natal Mortality rate	24.6	23.1	24.2

18. There has been a further drop in the maternal mortality rate from 1.16 per thousand deliveries in 1955 to 0.90 per thousand deliveries in 1956. The following table sets out the maternal mortality figures for the years 1954-1956 in detail:—

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
1954	83,317	1,341	84,658	102	1.20	3	0.04	105	1.24
1955	90,511	1,250	91,761	104	1.13	3	0.03	107	1.16
1956	96,746	988	97,734	86	0.88	2	0.02	88	0.90

19. The following Table shows deaths from toxaemias of pregnancy during the years 1954-1956:—

Table 3

Year	Deaths from Toxaemias of Pregnancy	Total births (including still births)	Death rate per thousand
1954	38	84,658	0.4
1955	48	91,761	0.5
1956	36	97,734	0.4

20. Details of the principal causes of mortality are set out in the following Table:—

Table 4

Causes of Death	Number of Deaths		
	1954	1955	1956
Malignant neoplasms	1,000	1,190	1,262
Gastro-enteritis and colitis	2,690	2,264	2,361
Pneumonia (all forms).....	3,837	3,821	3,548
Premature births	921	912	982
Tuberculosis of respiratory system	2,052	1,925	1,901
Tuberculosis (other forms).....	824	885	728

III. WORK OF THE HEALTH DIVISION

Hygiene and Sanitation.

Urban Areas.

21. The area Health Officers in Hong Kong and Kowloon are primarily concerned with the health aspects of environmental sanitation, the maintenance of food hygiene, particularly in licensed premises, and the investigation and control of cases of infectious disease and their contracts. A proportion of their time is also taken up with training of health staff, particularly of Health Inspectors and Health Visitors.

22. Mosquito and fly nuisances were again the subject of numerous complaints during the year. Two anti-mosquito campaigns were carried out in April and September 1956, and of over 1,200 breeding places found 50% were on domestic premises—the most common sites being uncovered roof water storage tanks. Early in the summer, special measures were required to eliminate very extensive fly breeding in semi-matured fertilizer which was being used over a large area in the Pokfulam district. A special sanitary survey, with subsequent recommendation to improve environmental hygiene, was carried out at Hing Wah Village (Chai Wan area) Healthy Village, Kan Man Village, Kung Man Village (Mount Davis) and Ching Man Village (Sookunpoo area).

23. Regular inspections of food handling premises were made without prior warning and health talks were given on the spot stressing the need and reasons for hygienic practices in the preparation of food, personal cleanliness of employees and the sterilization of utensils. Reported food poisoning cases were fortunately few in number during the year. A sample survey of licensed food premises in the Urban areas of Hong Kong and Kowloon was undertaken by three Health Officers in December 1956. 346 separate food premises, representing one sixth of the total number, were selected at random for careful inspection and assessment with the object of ascertaining their degree of compliance with the by-laws and the licensing conditions and requirements for such premises. Results revealed that infringements or non-compliance were present with regard to 11.2% of the total legal requirements which were checked; that a particular group of licensed food premises associated with converted pre-war domestic residences was responsible for the majority

of the illegalities and that, although the by-laws and requirements were found reasonable and capable of being enforced, considerably more supervision and food hygiene education was necessary to raise standards to a desirable level.

24. In the control of infectious diseases, immunization campaigns against smallpox, diphtheria and the typhoid fevers, were conducted during the months preceding the expected seasonal occurrence of each disease. Routine diagnostic throat swabbing was done for all family contacts of diphtheria cases and routine stool examination for similar contacts of all notified typhoid and dysentery cases.

25. A complete review and follow up of all known chronic carriers of typhoid and dysentery was undertaken in order to revise the current list and check on the occupations of carriers who might endanger public health.

26. In Kowloon nearly half the notified cases of typhoid fever occurred in the "undeveloped" and squatter areas where neither mains water supply nor water-borne sewage disposal was adequate.

Rural Areas.

27. Industrial and housing expansion continued at an increasing pace particularly in the Tsuen Wan area. Such rapid and uncoordinated development places a very considerable strain on public services.

28. In October 1956 the scavenging services throughout the New Territories were transferred from the Medical Department and became the responsibility of the District Administration. A long needed increase in the staff for these duties was made at the same time.

29. Standards of food hygiene still leave much to be desired and lack of hygienic methods of transport is partly responsible for the many unsatisfactory reports of bacteriological examinations. There has also been a great increase in the hawking of fresh meat and fish to supply the expanding population in the absence of official markets.

30. The expansion of clinic services has been successfully continued, particularly as regards Maternal and Child Health. The number of B.C.G. vaccinations given continues to increase steadily.

31. A feature of the year was the absence of any reported case of rabies,—animal or human. Increased anti-rabic inoculation of dogs and the strict measures controlling stray dogs have doubtless contributed to this record.

Epidemiology.

32. Notifiable diseases reported reached a total of 16,071 during the year, representing a drop of 2,071 or 10.8% as compared with the 1955 figure of 18,142. The largest variations were decreases of 1,993 for tuberculosis from 14,148 to 12,155; 126 for diphtheria from 840 to 714; 107 for chickenpox from 380 to 273 and rises of 65 for malaria from 431 to 496 and 166 for measles from 543 to 709. Of these notifications, 12,155 or 75.6% were reported by Government institutions, 1,976 or 12.3% by the Tung Wah Group of Hospitals and the remaining 1,940 or 12.1% by other hospitals and private practitioners. The incidence rate of notifiable diseases during 1956 was 658.6 and the mortality rate 117.6 per 100,000 population. Excluding tuberculosis, the incidence and mortality rates were 160.5 and 9.9 respectively.

33. During the year under review, a total of 83 reminders covering 279 cases was sent out to various hospitals and practitioners calling attention to their failure to report a notifiable disease. Of these, 63 were sent out to private practitioners, 11 to Government institutions and 9 to the Tung Wah Group of Hospitals.

34. The number of deaths due to notifiable diseases was 225 less than that in the preceding year, *i.e.*, 2,870 as compared with 3,095. Excluding tuberculosis, measles was responsible for the greatest number of deaths with 86, followed closely by diphtheria, 75, and enteric fever, 48.

35. The table at Appendix 2 sets out in detail the returns of communicable diseases notified during the year as compared with 1955, including the mortality due to these diseases.

36. The Colony was free from the 6 quarantinable diseases. One case of non-epidemic typhus, a non-quarantinable disease, was reported during the year.

37. Bacillary dysentery totalled 560 notifications in 1956 as against 524 in the preceding year, showing a slight increase of

36 or 6.9%. Most of the cases were recorded between the months of May and August. The number of deaths, however, showed a very marked drop from 37 to 4 giving a case fatality rate of 0.71%, the lowest on record since 1946. The percentage of children under 5 years of age who were affected remained high although it was lower than those of the previous 3 years. 540 or 96.4% of the cases were notified by Government institutions, and the remaining 20 by private practitioners. 29 dysentery carriers were discovered and dealt with during the year.

38. There were 789 reported cases of enteric fever including 40 paratyhoid cases, during the year. There was an absence of a sharp incidence peak during the summer season in spite of water restrictions and an overcrowded population. The annual total, though higher than that of the preceding year, was lower than those of the previous five years, being 789 as against 735 in 1955. 48 deaths were recorded, giving a case fatality rate of 6.08%, which, being the lowest on record, followed the continuous downward trend of case fatality rates from 50.0% in 1946 to 21.8% in 1949, 12.8% in 1952 and 7.9% in 1955. The cases were well-distributed throughout the Colony with no explosive outbreak in any particular area. 327 or 41.4% occurred on the Island, 342 or 43.3% in Kowloon, 86 or 10.9% in New Territories and the remaining 34 or 4.3% mainly among the "floating" population and persons of no fixed abode.

39. An interesting feature in the age group distributions is the change in the incidence peak since 1953 from the 20-24 to the present 5-9 group. While the number of cases in most of the age groups has shown a tendency to decline or remain at about the same level, the 5-9 group has followed a steady upward trend from 7.52% of the total in 1951 to 20.78% in 1955 and 23.83% in 1956.

40. The preventive measures taken included a mass inoculation campaign, the supervision of eating establishments and their employees by the health staff of Urban Services Department, hospitalization of the sick, the exclusion of known carriers from employment as food handlers, and the education of the public in such matters as personal hygiene and the sanitary disposal of excreta. The annual T.A.B. inoculation campaign was launched during the second quarter of the year,

the total number of inoculations carried out being 150,282 1st doses, 95,920 2nd doses and 137,232 booster doses.

41. 273 cases of chickenpox were reported in 1956. 184 or 67.4% of the cases were recorded in the first quarter of the year. The number of missed and hidden cases is considered high as is also the case with measles and whooping cough.

42. Diphtheria infection has continued its downward trend since 1954. A total of 714 incidence returns was received during the year, as compared with 840 in the preceding year, representing a drop of 126 or 15%. The number of deaths, however, was 4 more than that of 1955, being 75, giving a case fatality rate of 10.5% as compared with 8.5% in the previous year. The decline in incidence of this disease in the Colony can be attributed to the annual immunization campaigns, although the response from the public this year was not as satisfactory as in previous years. The inoculation figures for the whole year were 74,082 1st doses, 58,197 2nd doses and 46,303 booster doses. It is apparent however that many very young children still escape immunization and fall victim to this disease. The routine investigation of reported cases and their contacts was carried out by the health staff. Altogether 12 carriers were discovered and dealt with in 1956.

43. Measles continued to be the principal cause of infant mortality among the notifiable diseases due to respiratory complications. Cases recorded during the year numbered 709 with 86 deaths as against 543 with 88 deaths in the preceding year. More than 600 cases have been reported in the first quarter of 1957 which is the highest figure on record for the first quarter of any year since 1946.

44. Poliomyelitis occurred sporadically in various parts of the Colony, indicating a wide spread infection with a higher incidence in Kowloon and the New Territories than on the Island. Cases reported during the year numbered 31 (with 3 deaths) as against 51 (with 3 deaths) in 1955, and 49 (with 9 deaths) in 1954. The incidence returns were highest in the third quarter when 21 or 67.74% of the total were recorded. Those affected were mainly infants. There were a few European adults who had recently arrived in the Colony, but there has been an appreciable drop in incidence among Europeans since the last half year of 1954. Of the cases reported, 23 were

Chinese and 8 Europeans, the latter all being military personnel and their families, with the exception of one case in an infant, reported by the Navy.

45. Poliomyelitis has been notifiable as an infectious disease since July 1948, the first full year for statistical purposes being 1949. Only paralytic cases are usually notified and all figures given are for such cases, with the exception of 7 cases in 1954 which were non-paralytic. No virus laboratory is available nearer than Singapore, and few serological tests to confirm diagnoses have been made. Infection chiefly affects two quite specific groups, namely,

(*a*) infants and young children both Chinese and Non-Chinese; and

(*b*) young Non-Chinese adults, particularly those who have recently arrived in the Colony.

The first group (under 5 years of age) have accounted for 54% of all cases notified from 1949 to 1956. The majority have been Chinese but it is to be noted that the ratio of Chinese to Non-Chinese in the population is approximately 100 to 1. The second group of young European adults appears to be especially at risk within the first year or so of arrival, and a large number of the cases occurring in this group have been among British servicemen and their families. Visiting United States Navy personnel have also been affected. The disease is also more fatal in this group, with a tendency to a rapidly ascending paralysis causing death within one or two days of onset. There appears to be no real sex difference in the infantile group. The young adult group naturally shows more males affected since the servicemen at risk are predominantly male. As regards season of the year, cases have occurred at random throughout the whole year with the exception of 1955 when 26 cases were reported in June. There has been no apparent association between the incidence of cases and immunological procedures—particularly anti-diphtheria inoculations—though several hundred thousands of these injections have been given to children under 10 years of age since 1952. An investigation into the titre of antibodies to this disease circulated in the blood of various categories of the population is being made with the cooperation of Professor Hale of the University of Malaya, who visited the Colony to assist in planning the work.

46. Scarlet fever returns showed a considerable drop; only 14 cases were registered as compared with 45 in the preceding year. They were all under 15 years of age, 6 of them Europeans, and 8 Chinese.

Vaccination and Inoculation Campaigns.

47. The anti-smallpox campaign launched in December 1955 remained in full operation until March 9th, 1956 and was almost immediately followed by the annual anti-typhoid inoculation campaign which lasted until June. The anti-diphtheria inoculation programme ran for a period of 2 months from September to November and on December 10th another anti-smallpox campaign was launched, which ended on March 15th, 1957. In between these campaigns, mobile teams continued to operate in various places in the New Territories, the resettlement and squatter areas and amongst the floating population. 619 requests for prophylactic vaccination teams from various Government Departments, factories and other institutions were dealt with during the year. Two vans fitted with loud hailers, which had been donated to Government some years previously, rendered valuable services in disseminating health propaganda and were most useful in drawing crowds to the mobile stations. They also followed up the work of the mobile teams in overcrowded places especially in the resettlement and squatter areas. Figures showing numbers of prophylactic immunizations carried out during 1956 are shown in Appendix 3.

Port Health.

48. The Port Health Administration is responsible for the prevention of the importation of infectious diseases into the Colony by sea, land, and air, for the sanitary control of the port area and airport; for the carrying out of the provisions of the International Sanitary Regulations as embodied in the Quarantine and Prevention of Diseases Ordinance; for the compilation of epidemiological statistics and reports, and for rendering assistance in prophylactic vaccination campaigns.

49. Passengers and crews of incoming vessels were inspected at the two Quarantine Anchorages in Kowloon Bay and Stonecutters Island respectively; arrivals by air were inspected at Kai Tak Airport, and persons entering by the land frontier were checked at Lo Wu Station Quarantine Post. In the absence of

epidemiological information from the Chinese Mainland it was considered advisable to continue to regard all Chinese ports east of Canton as being suspected areas of smallpox infection.

50. Vessels inspected at Quarantine anchorages during the year numbered 4,543, carrying 67,076 passengers and 233,378 crew as against 4,073 ships, 54,651 passengers and 225,932 crew in 1955. There was an increase in air traffic during the year but fewer passengers arrived from infected areas. A total of 23,660 passengers were inspected as against 25,118 in 1955. The routine spraying of all aircraft with insecticide before arrival was insisted upon. 666,365 persons entered the Colony by the land frontier station at Lo Wu as compared with 113,871 in 1955. Of these 596,954 were vaccinated against smallpox. 11 cases of suspected leprosy were detected and handed over to the Immigration Authorities for disposal.

51. Four launches and one fumigation barge were provided by the Marine Department for port health work. The four launches are fitted with radio telephones and carry first aid equipment. They also provide an ambulance service and were used for miscellaneous duties such as the transport of sick, medical stores, lepers and specialists to and from the outlying islands.

52. 45 ships were fumigated with sulphur dioxide and 29 with cyanide. 125 were granted deratting exemption certificates as against 134 in 1955. The fumigation staff also carried out disinsecting of vessels and fumigation of cargo in lighters.

53. In accordance with the Asiatic Emigration Ordinance, the inspection of vessels carrying over 20 unberthed passengers travelling as emigrants was carried out as usual. 62 ships carrying 10,173 emigrants were inspected during the year as against 59 ships with 6,389 emigrants in 1955.

54. Although no longer required for international voyages, Bills of Health continued to be sought by masters of vessels. 1,823 Bills of Health were issued, including 70 to H.M. Ships or United States Naval vessels, as against a total of 2,216 in 1955.

55. 3 Port Health Vaccination Centres were maintained, 2 on the Island and 1 in Kowloon, for the convenience of persons

requiring certificates for international travel. They also provided free prophylactic vaccinations to members of the public.

56. International Sanitary Regulations require control of aedes mosquito breeding in ports and regular inspections for presence of mosquito larvae were carried out on small craft in the harbour. Mosquito breeding was negligible and no aedes aegypti larvae were found on any of the 5,722 junks inspected during the year. Aedes aegypti, although not found on shore in recent years, was the predominant species of mosquito found breeding on junks in the harbour in 1953, and since then the mosquito has been eliminated by control measures which depended largely on the cooperation of junk masters.

57. The dock area and airport are included in the rodent control scheme for the Colony and returns of rodents destroyed and spleen smears examined for P.pestis were submitted weekly to the Epidemiological Intelligence Station, Singapore.

58. A constant check was maintained on the purity of drinking water supplied to ships by bacteriological examination of weekly samples from water boats and dock hydrants, and immediate remedial action was taken when necessary by the Water Authority or Port Health Office. 495 samples were taken from water boats and dock hydrants and were submitted to the Pathological Institute for bacteriological examination, 31 samples did not conform to the standard of purity. 61 samples of water were taken from ships on request; of these 22 were substandard.

59. A weekly exchange of epidemiological information was maintained with the World Health Organization Epidemiological Intelligence Station, Singapore. Hong Kong, because of its useful radio station, is frequently contacted by ships at sea seeking medical advice. During 1956, 16 ships requested "PORT HEALTH" Hong Kong for advice regarding treatment of sick persons on board and the period under treatment in each case ranged from one to seven days.

Tuberculosis.

60. The combined effects of a refugee problem of gigantic proportions and overcrowding probably without parallel have produced in the community a tuberculosis infection rate higher than in any other part of the world. Despite these facts there

is ground for some satisfaction with the present trend of tuberculosis mortality. Excluding the immediate post war years when statistics could not be regarded as reliable, the mortality rate for 1956 was the lowest on record.

Table 5

Year	Estimated Population	Tuberculosis		
		Death-rate per 100,000	Percentage of total deaths	% of tuberculosis deaths below 5 years
1948	1,800,000	108.9	14.6	—
1949	1,857,000	140.6	16.0	34.8
1950	2,265,000	144.0	17.7	38.3
1951	2,013,000	208.0	20.0	34.0
1952	2,250,000	158.8	18.4	34.3
1953	2,250,000	130.6	16.0	36.2
1954	2,277,000	126.3	14.9	31.2
1955	2,340,000	120.0	14.7	28.0
1956	2,440,000	107.0	13.6	25.0

61. The actual number of deaths from respiratory tuberculosis in adults has remained substantially unchanged over the past few years showing a 3:1 male preponderance and maximum deaths in the 35 - 54 age groups. In children below the age of 5 years, where deaths show equal sex distribution, the actual deaths in the past 3 years were 293, 159 and 139 respectively, despite a steady increase in the number of births.

62. Deaths from Tubercular meningitis, though still accounting for more than 20% of the total tuberculosis deaths, were lower than in any year since 1948. Deaths from forms of tuberculosis other than respiratory and meningeal are the lowest on record. Deaths from progressive primary and post-primary tuberculosis are therefore falling rapidly. It is against this type of disease that the tuberculosis control programme is specially directed and it is also in this group that modern chemotherapy is most effective.

63. As already stated Hong Kong has the unenviable distinction of having the highest infection rate (76%) at the age of 8 years reported in the world, as was shown in a table recently

published by the World Health Organization based on results of tuberculin tests. Information on the actual tuberculosis morbidity is scanty and cannot be regarded as reliable. The notifications of tuberculosis made during the year were:—

	1955.	*1956.*
Government Chest Clinics	9,843	7,704
Other Government Institutions	1,434	1,643
Non-Government Institutions including Tung Wah Group of Hospitals	2,352	2,222
Private Practitioners	519	586
	14,148	12,155

64. It will be seen that the fall in the notifications of tuberculosis has been due almost entirely to a fall in the returns made from the Government Chest Clinics. This fall was produced artificially by a necessary deliberate restriction of attenders and is not compensated for by an increase in notifications from other sources. Notifications made by private practitioners remain low and do not truly reflect the degree to which private treatment of tuberculosis is carried out.

65. Of the total tuberculosis notifications 11,326 relate to disease of the lung. The peak prevalence is in the 25 - 29 age group with a 2: 1 male preponderance.

66. It can be said that government policy in relation to certain social welfare services is to act as far as possible through voluntary agencies by providing funds, control being financial rather than administrative, each agency attacking the problem in hand according to its own ideas and facilities. This same policy is applied in the tuberculosis field, the government taking part directly in the control programme through the Tuberculosis Service of the Medical Department and indirectly through the voluntary agencies.

67. The Hong Kong Anti-Tuberculosis Association is the only voluntary body in the Colony which devotes its activities exclusively to tuberculosis, including among its activities the maintenance of 338 beds for the treatment of pulmonary tuberculosis, and, to a lesser degree bone and joint tuberculosis, and after-care clinic for patients on discharge, a health education service in tuberculosis and a B.C.G. clinic.

68. Details of the activities of this body may be seen in their official report which is published annually.

69. The Tung Wah Group of Hospitals also include in-patient and out-patient facilities for the diagnosis and treatment of tuberculosis.

70. The Family Welfare Association provides assistance to the needy, among whom are included a number of tuberculosis sufferers. Close liaison is maintained with the Government tuberculosis almoner.

71. Certain Government departments, principally the Social Welfare Office, participate indirectly, by providing assistance to the needy including the tuberculous. Closer liaison is being established between this Office and the Tuberculosis Service with the object of avoiding overlap and providing assistance where it is most needed.

72. Private practitioners, private clinics and hospitals play a considerable part in the treatment of tuberculosis but the degree to which this is done is not known. A large new hospital of 540 beds has now been completed by the Hong Kong Anti-Tuberculosis Association. This hospital was financed by a Government grant and a long-term Government loan to operate a non-profit-making basis for the benefit of tuberculosis sufferers who can pay for treatment.

73. Control is based on treatment of known cases mainly on an ambulatory basis, examination and treatment of their close contacts, and a limited amount of Mass Miniature X-ray survey work. In addition B.C.G. vaccination of children is taken where possible, with special attention being given to new-born babies. It is not necessary at this stage to operate a case finding service nor is it considered that utilization of available beds for the isolation of a few of the infectious cases is likely to make any substantial contribution to the problem as a whole in view of the fact that 2% of the population suffer from active pulmonary tuberculosis and the population at large can be regarded as contacts.

Government Tuberculosis Service Facilities.

74. This service, which was instituted in 1947 with one clinic and limited hospital beds, was increased within one year to the present facilities, none having been added since. Expansion has been mainly by the increase in provision and efficiency of the out-patient service.

75. The staff employed full time in the service is as follows:—

Tuberculosis Specialist		1
Medical Officers	Hospital	3
	Clinic	12
Nurses		6
Almoners & Assistant Almoners		6
Tuberculosis Workers		25
Clerks		11
Ancillary		13
B.C.G.	Vaccinators	2
	Clerk	1
	Driver	1
	Total	81

76. This does not include X-ray staff, laboratory staff or hospital staff, all of whom provide assistance to the Tuberculosis Service but work under their respective sub-department heads.

77. The service operates as a single integrated unit under the immediate control of the Tuberculosis Specialist. The out-patient staff operate from two large full time central clinics each holding two evening sessions per week for employed persons. This staff also operates eight branch clinics, each holding one half day session per week and in addition is responsible for the diagnosis and treatment of tuberculosis sufferers in Stanley Prison as well as the supervision and treatment of 42 tuberculosis cases in St. John Hospital, Cheung Chau. The three in-patient medical officers, who are responsible for a total of 278 beds, work under the administrative control of the Medical Superintendents of Queen Mary and Lai Chi Kok hospitals but are responsible to the Tuberculosis Specialist in regard to clinical work.

78. The part time services of a thoracic surgeon are available once a week in the clinic as well as in the hospitals. The Consulting Orthopaedic Surgeon to the Government conducts a clinic once a week for the diagnosis and treatment of orthopaedic tuberculosis.

79. All diagnosis and treatment in the clinics is carried out free of charge. Treatment in hospital in the general wards is normally free of charge also but occasionally a maintenance charge up to the maximum of HK$1.50 per day may be made if the financial circumstances of the patient so dictate.

80. Because of annual increases in attendance at the clinics by 50% in each of four successive years it was decided in December, 1955, to limit voluntary attenders until additional staff and premises became available. This has necessitated turning away varying numbers of voluntary attenders practically every day throughout the summer season. Despite this restriction there has been a further increase in total attendances of 20%.

81. Attendances at the branch clinics also show increases in both new patients and old patients, but efficiency was seriously affected by the absence of X-ray facilities in the latter half of the year, due to the mobile unit, which normally provides X-ray service to the outlying clinics on the mainland once per month, being out of commission.

82. Details of attendances were as follows:—

Table 6

		1955.	*1956.*
First Visits	Main Clinics	37,789	32,276
	Branch Clinics	2,272	2,331
		40,061	34,607
Revisits	Main Clinics	304,231	373,222
	Branch Clinics	16,195	28,346
		320,426	401,568
	Total attendances	360,487	436,175

83. Due to the shortage of clerical staff in the branch clinics full details of patients attending are not available, but the following table shows the classification according to origin of new patients attending the main clinics during the year.

Table 7

		1955.	*1956.*
Voluntary attenders		30,293	25,118
Contacts		1,086	1,043
Referred cases	Private practitioners.	1,029	900
	Hospitals, etc.	1,235	1,073
Government Servants	Routine	1,519	1,473
	Voluntary	41	44
	Survey	1,087	1,181
Survey, non-government		684	567
Private school teachers		340	452
Evening Clinic		475	425
	Total	37,789	32,276

84. Analysis according to the clinical findings on first attendance of all new patients including branch clinics is as follows:—

Table 8

		1955.	*1956.*
Examination incomplete	Patient did not attend	2,543	1,827
	Information not complete ...	3,572	3,534
No evidence of tuberculosis or other disease		22,920	18,056
Lung disease other than tuberculosis		465	457
Pulmonary tuberculosis		10,449	10,733
Total		39,949	34,607

85. Classification of cases of pulmonary tuberculosis according to the stage and extent of disease on first attendance was as follows:—

Table 9

		1955.	*1956.*
Active disease	Minimal	2,021	1,898
	Moderate	2,018	1,837
	Advanced	1,857	1,966
Quiescent		2,989	3,434
Arrested		1,125	1,241
Recovered		439	357

86. 41% of active cases were found to be infectious on first diagnosis.

87. It will be seen that despite the restriction of attendances the actual number of tuberculosis patients who attended the clinics was greater than in 1955 and that the fall in the number of first attendances affected only those who were free from tuberculosis. There was, however, a drop in the total number of active cases. Comparing the findings in the different clinics, Wanchai Chest Clinic, which had the biggest number of new cases, showed only 11.3% of active tuberculosis compared to 22.5% in Kowloon and 18.5% in the branch clinics. The proportion of minimal cases was greatest in Wanchai. It has been a constant finding in past years that the public on the Island attend the clinics more freely and at an earlier stage of the disease. It is also an impression that the average economic status of the Island patient is better.

88. Efforts are made by the Tuberculosis Visitors to ensure that all close contacts of known cases of tuberculosis are examined. Arrangements are usually made during the course of the visit to the home. Contacts are divided into two groups

according to age, those below the age of 8 years being examined by Mantoux Test and vaccinated with B.C.G. if negative, and X-rayed if positive. Those above this age proceed straight to X-ray, attending the Chest Clinic only if the X-ray findings are abnormal. The findings were as follows:—

		1955.	*1956.*
(*a*) *Under 8 years of age.*			
Tuberculin tests	Negative	1,148	866
	Positive	2,295	2,292
Clinical findings of tuberculin tested positive cases	Active tuberculosis	157	109
	Inactive tuberculosis	96	54
	Suspicious	212	315
	Free of tuberculosis	1,830	1,814
Percentage of active tuberculosis		4.55	3.45
(*b*) *Over 8 years of age.*			
Results of examination following contact X-ray	Active tuberculosis	451	372
	Inactive tuberculosis	228	159
	Suspicious	452	633
	Free of tuberculosis	8,380	6,535
Percentage of contacts over 8 years with active tuberculosis		4.75	4.83
Grand total of contacts examined		12,954	10,857

89. The Orthopaedic Tuberculosis clinic now in its second year of operation is proving to be a most valuable adjunct to the Tuberculosis Service and a convenience to patients—many of whom suffer from both pulmonary and orthopaedic tuberculous disease and can therefore have both conditions treated in the same premises. All cases are investigated as to their chest condition in the first instance so that by the time the patient attends the orthopaedic session he is fully documented and home visited, and the treatment for his chest condition already arranged. There is at present no provision for bone and joint X-rays on the premises and patients have to travel to Queen Mary Hospital for this purpose. Patients who require hospital treatment are admitted to either Queen Mary Hospital or Ruttonjee Sanatorium by the arrangement of the Consulting Orthopaedic Surgeon who conducts the clinic. The results of treatment so far are very encouraging. Total attendances for the year were 556.

90. A surgical chest clinic is held once per week by the thoracic surgeon, using the resources of the chest clinic, for the benefit of patients suffering from tuberculosis who appear to require surgical treatment to effect control of their pulmonary

disease. Cases for the most part originate in the Chest Clinics. This session also affords the Thoracic Surgeon an opportunity to review cases who have previously had surgical treatment.

91. The total attendances for the year were 619.

Radiological Examinations.

92. All X-ray work is done by the respective X-ray departments which are controlled by the Senior Radiological Specialist. X-ray facilities are available in the main clinics for both day and evening sessions. In the branch clinics no facilities are available on the spot but may be provided by the monthly visit of the mobile X-ray unit or by sending the patients to central X-ray departments. During the latter half of the year the mobile unit was not available.

93. First examinations are normally carried out on 35 mm. film. Special examinations such as tomography and bronchograms are available only in the two main general hospitals.

94. Details of work done during the year on behalf of the clinics are as follows:—

		1955.	*1956.*
Hong Kong.			
(Including Wanchai, Cheung Chau, Aberdeen, Stanley & Mobile Unit)	35 mm.	50,847	37,221
	Large film or paper.	20,678	29,595
	5″ × 4″	14,599	11,467
Kowloon.			
Kowloon Chest Clinic & New Territories Clinics	35 mm.	17,434	16,330
	Large film or paper.	22,042	26,528
	5″ × 4″	9,008	8,138

95. It will be seen that the 35 mm. figures are substantially reduced as a result, mainly, of the mobile unit not being available. The use of large films and papers has increased due to increase in the number of patients dealt with and partly at the expense of 5″ × 4″ films which do not find universal acceptance.

96. It has not been found possible, mainly for administrative reasons, to avoid the time between X-ray and communication to patient below one week. This adds unnecessarily to the time taken to arrive at a diagnosis but this cannot, at present be avoided.

97. All laboratory work done in connexion with the Tuberculosis Service is the responsibility of the Government

Pathologist and is carried out in the Pathological Institute or one of its branches. The number of examinations is voluntarily restricted to a minimum by the clinic staff on account of staffing problems in the laboratory service. The examinations carried out on behalf of the Tuberculosis Service during the year were as follows:—

		1955.	*1956.*
Sputum	Positive	7,503	7,208
	Negative	22,309	26,033
		29,812	33,241
Gastric Lavage	Positive	42	93
	Negative	230	236
		272	329

98. It will be seen that the total examinations have increased by 3,486 or over 11%.

Ambulatory Chemotherapy.

99. Ambulatory chemotherapy was started in the chest clinics in an experimental way in 1950, has steadily increased in scope and magnitude since that time, and has now become the spearhead in the therapeutic attack on the tuberculosis problem. The hospital beds, which at the inception of the service were the only available means of treatment, have now been relegated to a secondary but very important role in the treatment scheme, being now used for the further treatment of cases whose disease has not been controlled by ambulatory treatment, for the isolation of certain special cases, and for the investigation of cases where there is doubt in the diagnosis.

100. Treatment by ambulatory chemotherapy is now internationally accepted as having a useful part to play in the treatment of tuberculosis, its application varying according to local circumstances. The advantages of this method in Hong Kong are as follows:—

(i) the available beds are totally inadequate to deal with the tuberculosis problem using orthodox hospital treatment;

(ii) many patients prefer ambulatory treatment as it enables them to retain their job and to maintain their family during treatment;

(iii) it is almost 90% as effective as hospital treatment although 10-15% of patients require subsequent admission to hospital;

(iv) using combined ambulatory and hospital treatment, nine times the number of patients can be treated at the same cost as by orthodox hospital treatment.

101. Treatment is arranged in "courses" each lasting 12 weeks and is based on accepted combinations of drugs, using streptomycin (biweekly injection) P.A.S., I.N.A.H. and various proprietary preparations.

102. To operate the scheme efficiently it is necessary to have an adequate number of hospital beds with full surgical facilities to support the ambulatory phase of treatment. As two additional clinics have already passed the planning stage it will be necessary to increase the beds available to support the increased volume of ambulatory work when these clinics come into operation.

103. Cases treated during the year were as follows:—

Cases brought forward from 1955		1,703
Started treatment in 1956		7,861
Total		9,564
Completed treatment 1956		1,037
Treatment incomplete	Failed to attend	2,022
	Admitted hospital	445
	Transfer elsewhere	140
	Known to have died	33
Still on treatment at 31.12.56		5,887

104. These figures represent almost the maximum capacity of the clinics. The small number recorded as having completed treatment during the year results from the policy of extending treatment duration in all cases and in some for as long as 2 years. Of those who failed to complete treatment almost one-third had been under continuous treatment for a period of six months before their attendance lapsed. Included also in the total of those who failed to complete treatment are a number who took advantage of easier travel arrangements to China to visit relatives but who have subsequently resumed treatment. The total numbers handled in Kowloon were higher than in Hong Kong by about 14% but the lapses in attendance were also higher.

Collapse Therapy.

105. It is felt that collapse therapy still has a place in the treatment of pulmonary tuberculosis but confidence in the efficacy of simple pneumoperitoneum as a treatment measure is rapidly evaporating. Artificial pneumothorax is still considered good treatment but it appears that since the introduction of prolonged preliminary chemotherapy the chances of establishing satisfactory collapse are considerably reduced. As a result of these findings temporary collapse measures appear to be on the way out but established cases still continue treatment at the clinics.

Table 10

			1955.	*1956.*
Artificial Pneumothorax	Induction		—	—
	Refills		4,511	2,922
	Abandoned	Unsatisfactory	22	13
		Completed treatment	26	34
Pneumo-peritoneum	Inductions		442	139
	Refills		20,502	17,866
	Abandoned	Unsatisfactory	71	239
		Completed treatment	96	106

106. The number of refills at the end of the year had considerably fallen and it has since been found possible to reduce the number of sessions set aside for the work. The time thus made available has been set aside for the purpose of dealing with X-ray survey cases in special groups apart from the normal sessions as it would appear that the demand for X-ray surveys is likely to increase.

Hospital Treatment.

107. The beds maintained in government hospitals for the diagnosis and treatment of chest disease are as follows:—

Queen Mary Hospital, mainly surgical	76
Lai Chi Kok Hospital, mainly medical & convalescent	202
St. John Hospital, Cheung Chau, mainly medical and convalescent	42
	320

108. These beds are widely scattered in general hospitals under the administrative control of the respective medical superintendents. The facilities provided are not suited to the needs

of the long-term tubercular patients and the presence of tubercular patients in these hospitals is not always welcome. In addition frequent transfer of patients between the various hospitals according to the needs of the patient necessitates much unproductive work. The difficulties of medical supervision need no emphasis.

109. These beds are, for statistical purposes, regarded as a single unit. Details of admissions and discharges were as follows:—

Table 11

		1955.	*1956.*
Beds occupied as at 1st January, 1956		314	298
Admissions		507	498
Discharged:			
(1) Completed treatment	Improved	451	438
	Unchanged	34	13
	Worse	0	0
(2) Discharged against medical advice		12	18
(3) Died		9	10
(4) Transferred to other hospitals		17	3
Beds occupied as at 31st December		298	314

110. The fall in admission is due to stagnation of patients awaiting surgical treatment, and the number of patients on the waiting list is steadily increasing.

111. Details of treatment of patients in hospitals are as follows:—

Table 12

		1955.	*1956.*
Artificial Pneumothorax	Induction	132	71
	Refills	2,062	1,165
Thoracoscopy		34	17
Pneumo-peritoneum	Induction	80	42
	Refills	2,358	1,349
Phrenic nerve operation		79	63
Thoracotomy		7	4
Bronchoscopy		—	17
Thoracoplasty (Stages)		115	76
Plombage		3	1
Pneumonectomy		2	2
Lobectomy		10	24
Resection		—	32

112. There has been a substantial fall in the temporary collapse measures which has affected pneumoperitoneum more than pneumothorax. A greater proportion of pneumoperitoneum cases are now combined with phrenic nerve operations. Phrenic

nerve operation is also used as an accompaniment of resectional surgery. Thoracoplasty is losing popularity in favour of resection so that, while the total number of major operations performed is not greatly changed, a larger number of patients have been dealt with by reason of the fact that resection is normally a one stage operation. Compared to the position twelve months ago the number of cases in hospital listed for and awaiting surgical treatment has increased sevenfold and the waiting time for operation has increased from less than one month to six months and is steadily increasing. With the success of the ambulatory treatment in the clinics, the waiting list for admission is now made up almost entirely of surgical cases.

Ruttonjee Sanatorium.

113. As previously stated, hospital treatment is available to clinic patients free of charge at Ruttonjee Sanatorium. Members of the general public and orthopaedic cases are admitted through the Government Chest Clinics. The admissions for the year were as follows:—

Priority cases	128
Orthopaedic cases	40
General public (pulmonary)	363
	531

114. Further details may be obtained from the report of the Hong Kong Anti-Tuberculosis Association.

The Tuberculosis Almoner Service.

115. The Almoner's section, consisting of the Tuberculosis Almoner, Assistant Almoners and the Tuberculosis Visitors is responsible for all social work in connexion with patients attending the clinics and in hospital; both have substantially increased during the year. This increased work has had to be undertaken despite staff shortages which prevailed during the greater part of the period. In order to offset the increase in work at least in part, it has been agreed to appoint full time clerical staff to the almoner's department in future.

116. Every diagnosed case of tuberculosis or other chest disease in need of treatment is interviewed by the almoner at

the commencement of treatment and periodically thereafter as necessary, and also according to the agreed scheme, as further treatment is recommended. Details of social and economic background are recorded at first interview, as also are the home circumstances after the visit of the tuberculosis visitors, the record being amended from time to time as necessary. The total number of interviews with patients during the year was 23,340, an increase of 30% on last year's figure.

117. Hospital waiting lists are maintained, patients being divided into various categories, chest medical, chest surgical, and orthopaedic cases, admission being arranged according to the various priorities of the patients and according to the type of bed available. Details of work done in connexion with hospital treatment were as follows:—

Admitted to hospital	Government Hospitals	498
	Ruttonjee Sanatorium	531
Transfers between hospitals		304
Awaiting admission as at 31.12.56		232
Referred to Chinese Charity Hospitals		70

118. The number of patients awaiting admission at the end of the year is much lower than for any previous year, and is made up almost entirely of cases awaiting admission for surgical treatment. As almost one quarter of the cases at present occupying beds in hospital are also awaiting surgical treatment, further admission of such cases serves no useful purpose. The policy regarding admission has had therefore to be changed, and medical cases, who could be expected to respond satisfactorily to ambulatory treatment, are being admitted instead.

119. The Almoner has at her disposal a sum for the provision of assistance to tuberculosis sufferers and their families. This sum is used in several different ways.

120. Assistance in kind is provided in the form of milk powder to patients undergoing treatment at the clinics. The normal issue of one pound per week per patient was reintroduced at the beginning of the financial year, and has been available to all patients, despite the increases in the number of patients in the treatment scheme. Considerable savings have been possible during the year as in the first instance a number of patients of better social status did not wish to avail themselves of this free issue, and in the second place 5,785 C.A.R.E. parcels, each

containing 13½ lbs. of dried milk powder in addition to other contents, became available for issue. As a result of these savings the total quantity of milk powder issued during the year was 21,250 lb. as compared to 34,013 lb. in 1955.

121. Assistance in cash in the form of weekly grants may be paid to patients who have been obliged to give up work in order to undergo treatment. This treatment allowance is used mainly in connexion with patients in hospital, but is available also to patients on ambulatory treatment. The amount paid is fixed by the almoner in accordance with a scale of agreed maxima and bears relation to the previous earnings of the patient and his responsibilities. During the year assistance was provided in this way to 184 families at a total cost of HK$68,400. The calls on the fund by Government servants during the year fell sharply as a result of the amendment of sick leave provisions.

122. Rehabilitation grants may be made in order to enable patients, at the successful termination of their treatment, to take up suitable work. These grants are normally made to provide hawkers' licences and a small capital sum to start off the business. It appears that there has been a falling off in the potentialities of such business, with a consequent reduction in demand by patients. The total sum spent in this way was HK$910.

123. Miscellaneous calls were made on the fund for such purposes as repatriation and travelling expenses of patients travelling to Hong Kong from the St. John Hospital, Cheung Chau, for X-ray.

124. Contact between the patient in his home and the clinic is maintained through the Tuberculosis Visitors. The Tuberculosis Visitors differ from their counterparts elsewhere in that emphasis during training is made upon the lay approach to the patients and previous training as a nurse is regarded as a disadvantage, instead of, as elsewhere, being a basic qualification. A further difference is that they are responsible, not to the medical staff, but to the Almoner through a Senior Tuberculosis Visitor in each clinic. This arrangement was introduced in the first instance as an experimental measure, but has proved to be

an unqualified success, and is at present attracting attention from other authorities in the area who have similar problems.

125. Home visiting is normally conducted in the afternoons, so that the Tuberculosis Visitors are available for other duties in the first half of the day, mainly in connexion with reception of patients. The calls upon their time have been steadily increasing with the introduction of additional clinical sessions in outlying areas, in evening clinics and in special clinics. As a result the time available for home visiting has been curtailed, and must remain so until it is possible to distribute the load to additional staff, who will become available when new clinics are opened.

126. The work done in connexion with home visits is as follows:—

Table 13

	1955.	*1956.*
First visits to patients	12,149	9,550
Revisits	6,002	5,021
Total visits	19,094	15,621
Contact cards issued	16,518	13,836
Contacts examined	12,954	10,857

127. The details of the clinical findings in contacts are set forth elsewhere in this report.

128. The Almoner is designated as the officer responsible for the contact between private firms wishing to have X-ray surveys of employees, the X-ray Department who do the X-ray in connexion with the surveys and the Chest Clinics who do the clinical assessments and issue the survey reports. This work on the part of the Almoner is purely administrative. The results of surveys are set forth in the appropriate section.

B.C.G. Vaccination.

129. B.C.G. vaccination was started in 1952 under the sponsorship of U.N.I.C.E.F. and W.H.O. and an intensive campaign was started and continued until 1955, when the campaign as such was discontinued, and the personnel dispersed and absorbed into other sub-departments, particularly those of Maternal and Child Health and School Health, in which a regular programme of vaccination is continued.

130. The function of the Central B.C.G. office is now mainly that of a supply and coordinating organization, though two

vaccinators are retained for visiting hospitals to offer B.C.G. vaccination to new-born babies.

131. The B.C.G. figures since the beginning of the campaign are as follows:—

Table 14

Year	Tuberculin Test		B.C.G. Vaccination	
	Completed test	Negative vaccinated	New-Borns vaccinated	Grand total vaccinated
1952	176,728	38,173	3,120	41,293
1953	77,422	27,024	4,883	31,907
1954	52,620	15,234	3,050	18,284
1955	58,606	15,775	9,587	25,362
1956	38,523	5,629	23,418	29,047
Total	403,899	101,835	44,058	145,893

132. It will be seen that there has been a progressive fall in the number tuberculin tested and subsequently vaccinated, while the number of new-born babies vaccinated after 1954 has risen rapidly. This has been a deliberate policy, in view of the high proportion of tuberculosis deaths occurring in infants and the need for protection at an age as early as possible. The present B.C.G. work is therefore divided into two parts which are considered separately.

133. B.C.G. vaccine strength 20 mgm./cc., prepared in individual doses for administration by multipuncture inoculation is made available free of charge at various distribution points in the urban and rural areas for the use of private practitioners and midwives for the vaccination of new-born babies. A circular letter was sent to all practitioners at the start of the scheme and all midwives have been trained in its use. B.C.G. vaccination is now included as part of the routine training of midwives.

134. Although only a small number of births are conducted by private practitioners there is a small but constant demand for vaccine from this source.

135. The majority of non-hospital births are conducted by registered midwives, either government or private. Of the total of 45,444 births conducted by midwives 5,349 babies were B.C.G. vaccinated, more than one half being done by government staff. This scheme is still in its early stages and the numbers were rising fairly rapidly towards the end of the year. It is anticipated that the figure will be considerably greater next year.

136. Visits were made to all the principal hospitals with maternity wards twice a week in order to ensure that all mothers have the opportunity to have their babies vaccinated. Vaccination is carried out on a voluntary basis. Out of a total of 41,893 births taking place in these hospitals, 18,069 or 43% were B.C.G. vaccinated.

137. For reasons that can be attributed only to changes in the vaccine the number of complications resulting from vaccination has substantially dropped since this form of vaccination was first introduced, and is now in the region of four per thousand. It has been found that these complications can easily be controlled by the administration of INAH.

138. Thus, out of a total of 96,746 babies born in the Colony during the year, 24% were known to have been vaccinated against tuberculosis. The number vaccinated has been rising month by month, and higher figures can be confidently anticipated next year.

139. Vaccination of individuals other than new-born babies is carried out by the classical intradermal route, using vaccine of a strength of 1 mgm./c.c. The tuberculin test in use is the Mantoux test of 5 international tuberculin units of purified protein derivative obtained from Copenhagen in bulk. Vaccination is carried out as a routine measure in the chest clinics in connexion with tuberculosis contracts, in the School Health Service and in the Maternal and Child Health Service. A B.C.G. clinic is maintained by the Hong Kong Anti-Tuberculosis Association on a full time basis. The total number of persons tuberculin tested by all these bodies for the year was 38,523 of which 5,629 were subsequently vaccinated. This represents a very considerable drop in the totals as compared with previous years.

X-ray Surveys.

140. No general population X-ray surveys were carried out during the year on the ground that the facilities for subsequent diagnosis and treatment are already overstrained to such an extent that limitation of numbers of first attenders has been in force throughout the year. Certain special groups were examined.

141. All Government servants are now X-rayed on first appointment and thereafter at annual intervals. This annual examination has been in force for several years and is paying handsome dividends in the form of reduction of total sick leave, considerable reduction in the numbers invalided as a result of tuberculosis each year, and considerable improvement in the prognosis of cases found. A few individuals still are not regularly examined, but the number is small. The results of survey for the past few years were:—

Table 15

	1953.	*1954.*	*1955.*	*1956.*
Total X-rayed	24,915	26,255	26,574	27,842
Examined at clinic	2,746	3,282	3,751	4,347
Active tuberculosis percentage ...	0.722	1.017	1.272	1.34
New active cases	64	101	77	76

142. It will be seen that not only has there been a steady increase in the totals examined, but there has also been a disproportionate increase in the numbers subsequently requiring assessment. The increase in the incidence of active disease is a finding which has been noted elsewhere. The number of new cases found each year is fairly constant, and most are minimal cases.

143. X-ray survey of employees of private bodies is carried out free of charge under certain guarantees covering the protection of the patient, with special reference to sick leave on pay and security of tenure of office. Employees found to be suffering from tuberculosis have complete freedom of choice as to where they obtain treatment.

144. The number of firms participating and the totals of those examined have shown a substantial drop compared with previous years on account of the fact that the Mobile X-ray unit was not available for the greater part of the year.

145. The findings for the year with comparative findings for previous years were as follows: —

Table 16

	1955.	*1956.*
Total X-rayed on 35 mm. film	9,182	2,870
Reported normal	8,291	2,547
Clinically examined	783	322
Active Tuberculosis	100	30
Percentage of active tuberculosis	1.2%	1.04%

146. The smaller percentage of active tuberculosis found this year cannot be regarded as an indication of reduced local prevalence as the total number was small and the groups were selected in that they were made up of a disproportionately large proportion of students in schools and in Hong Kong University.

147. All inmates of Stanley Prison are X-rayed as soon as possible after arrival, assessed and treated if necessary by a medical officer from the chest clinic, who visits the prison weekly. Hospital treatment is available on a scale considerably greater than is available to law abiding citizens, and in fact, any prisoner whose case justifies it can be admitted to hospital. More than one ex-prisoner has deliberately sought re-admission to prison in order that he can be admitted to the prison hospital for treatment of his pulmonary tuberculosis.

148. The results of examinations were as follows: —

Total number X-rayed	3,036
Number of cases of active tuberculosis found	78

School Teachers.

149. Teachers in government schools are examined annually in the course of the annual X-ray of government servants. Teachers taking up first appointment in private schools have compulsory pre-registration X-ray of the chest before permission to teach is given. The Medical Department is the official agency for certification. The findings in cases that attended the chest clinics for assessment and certification were: —

	1954.	*1955.*	*1956.*
Referred to the Chest Clinics	288	348	455
Unfit to teach on account of pulmonary tuberculosis	22	36	49

150. School teachers found unfit to teach are permitted to resume work as soon as it appears that they can do so without

prejudice to the health of their pupils. They have complete freedom of choice as to where they may have treatment, but they are accorded priority right of treatment at the chest clinics and admission to hospital if necessary.

Future Outlook.

151. The results achieved from the use of ambulatory chemotherapy have exceeded all expectations. As a result of these findings the whole tuberculosis treatment scheme has changed, emphasis now being made upon this form of treatment, with hospital treatment taking a secondary but essential part in the programme. Such a scheme is within the means of the community to implement, as the bed provision required is reduced to about one eighth of what would be required with orthodox treatment. A substantial increase in the facilities for ambulatory treatment will be made within the next eighteen months with the opening of two new chest clinics, so that the total resources of the chest clinics should be capable of dealing with about 10,000 patients on continuous treatment, the duration of treatment varying according to the case but not being in any case less than nine months, and in the majority being twice as long. This total represents only about 20% of the total of the estimate of active cases in the Colony. In order to keep the scheme properly balanced, the number of hospital beds should be increased also, and the facilities for thoracic surgery should be adequate to keep these beds in full and efficient use. At present the beds available are insufficient to deal with the needs of the existing clinics, and no immediate prospect of an increase is in sight. The situation will be improved some years hence; if the existing Kowloon Hospital is turned over for the treatment of tuberculosis, when the new hospital is completed, but that is still some years distant, and the needs are already urgent.

152. The results of the B.C.G. vaccination are not yet obvious but it is hoped that the present downward trend of infant tuberculosis will continue. Efforts must be redoubled in this direction as this probably offers the best prospect for the future.

Malaria.

153. Due to new commitments and extension of work undertaken during the year the Malaria Bureau staff has been

increased by one Malaria Inspector and 45 temporary or daily-rated workers.

154. In August, 1956 the Bureau's Kowloon Office moved to the new District Branch Offices Building at Un Chau Street, thereby relieving the congested conditions which prevailed at the former premises and improving laboratory facilities.

155. Construction of temporary Coolie Quarters and one oil store was completed in December 1956 at the new Castle Peak Hospital site. In addition, two other new oil stores—one at Kun Tong and the other at Cha Kwo Ling—were handed over to the Bureau in March 1957. These new structures provide the storage facilities necessary to cope with the extension of work in these areas.

156. Control relies mainly on anti-larval measures. Areas at present under active control consist of the populated portion of Hong Kong Island, Kowloon and New Kowloon, which roughly corresponds to the urban areas of the Colony in which the main bulk of the population (about 90%) is concentrated. In addition, in the New Territories, the southern inhabited portion of Cheung Chau Island, the Tai Lam Chung Reservoir Site, Rennie's Mill Camp, the Castle Peak Hospital area and the new Chimawan Prison on Lantao Island are similarly protected.

157. At Hay Ling Chau Leprosarium the necessary insecticides have been supplied by the Bureau, and anti-malaria work is undertaken by the staff there.

158. As in previous years since 1950, "Gammexane" dispersible powder, P520, has been in use as the larvicide for field work. Results have been satisfactory, and from field observations, no resistance of the local species of anopheline mosquitoes to this insecticide has so far been noticed, although the Bureau has been very watchful for its possible development.

159. Numerous checking catches and surveys were made by the Bureau in the controlled areas of Kowloon and Hong Kong and, except in one or two instances, no anophelines, either larval or adults, were found. Vector mosquitoes, however, abound on the borders of the controlled areas, and given a favourable opportunity, can increase rapidly at any time. It needs no emphasis that constant vigilance is necessary.

160. In order to avoid as far as possible the danger of enhancing development of resistance of anopheline species to insecticides, it has been considered advisable since the beginning of the year to discontinue DDT residual spraying in the villages on the perimeter of the larval-controlled areas.

161. The total number of cases of malaria notified for the year 1956 was 496, compared with 431 in 1955. The Table in Appendix 4 gives details of the source of the notifications, whether from the protected areas or elsewhere, the type of infection, and whether the cases are new cases or relapses.

162. During the year, 4 deaths from malaria were recorded, as compared with 9 in the preceding year. Of the 4 deaths, the diagnosis in two cases was not confirmed by blood examination.

163. In the New Territories malaria surveys were carried out during the year at San Wai (Shatin), Kam Tsin, Cheung Shu Tan, Wong Toi Shan, Leung Tin, Kei Lun Wai, Ho Chung, Wo Mei, Nam Wai, Kai Ham, and Pak Kong Au villages. During these surveys, spleen examinations of children up to ten years, were performed. Altogether, a total of 706 children presented themselves for spleen examination and 804 for blood examination. The spleen rates varied from 0% to 12.0% and the parasite rates from 0% to 11.5% among individual villages.

164. With the assistance of the Medical Officer of Health New Territories and the Government Pathologist, blood smears were taken for examination for malaria parasites from all infants under 1 year of age attending clinics or health centres. Results are detailed in Appendix 5.

165. From this Appendix it is seen that the degree of malaria endemicity varies in different parts of the New Territories, the Saikung area shows the highest infection rate with Tsuen Wan the next most affected. Infection is practically all of the Benign Tertian (Vivax) variety.

Leprosy.

166. The vast majority of patients with this disease continued to be treated at out-patient clinics with the object of rendering them non-infective as quickly as possible by modern treatment. This is justified by the proved fact that the infectivity of leprosy is extremely low.

167. Two additional weekly clinics were commenced during the year, one at Cheung Chau and the other at Shamshuipo Public Dispensary. Total attendances at clinics were 25,789; cases attending for the first time numbered 751. The number of lepers under active treatment at the close of the year was 1,670. 165 cases were admitted to Hay Ling Chau Leprosarium compared with 98 the previous year and 28 in 1954. 280 cases were also treated in Stanley Prison.

168. Familial contacts of infectious cases were followed up, and 195 such contacts were examined during the year. B.C.G. vaccination continues to be given for child contacts.

169. For treatment "dapsone" orally or by injection (20% suspension in oil, or "Avlosulphon Soluble") remains the standard method. An average case requires a total dosage of 180 millilitres of this drug before conversion to negative smears is achieved.

170. Rehabilitation of cured cases continues to be difficult; the process of re-acceptance into the general community is a slow one.

171. An unofficial settlement of leprosy patients squatting at Sandy Bay near Pokfulam was cleared in July 1956 to allow completion in that area of a new convalescent hospital for crippled children.

172. Infectious cases were sent to Hay Ling Chau Leprosarium. Most of the non-infectious were accommodated in new multi-storied resettlement housing estates in Kowloon and the remainder, who were physically disabled, were cared for by the Social Welfare Office.

Social Hygiene.

173. The incidence of venereal diseases continued to show a satisfactory decline in 1956 as the following table covering the previous three years shows:—

Table 17

Year	Total No. New Patients	Total No. Attendances	Total No. new Syphilis Cases
1954	36,652	223,031	6,825
1955	34,853	203,701	4,232
1956	32,490	180,148	3,711

174. The number of clinics in operation remained the same as in 1955. Two additional posts of Female Social Hygiene Visitors were filled in July 1956 to deal with the increased number of contact notifications and follow-up visits to defaulters.

175. 3,435 contact notifications were received during the year. Approximately half of these were from the Armed Services; none was forwarded by private medical practitioners.

176. A high percentage of success in contact tracing was maintained (81%), though similar success with the follow-up of defaulters from treatment at clinics is not yet apparent.

177. Antenatal blood tests for expectant mothers showed a lower positive rate than has yet been recorded in these investigations. 3.8% of 26,083 such tests carried out during 1956 were positive compared with 4.5% of the previous year's total.

178. Special services for seamen, and for cases referred by the sterility clinics of the Family Planning Association continued to be provided on an increasing scale.

179. Several new investigative procedures were introduced during the year. The quantitative V.D.R.L. (Venereal Disease Research Laboratory) test became routine in all positive qualitative tests, and cultures for gonococci combined with a penicillin sensitivity test were made on a large group of prostitutes reported as contacts.

180. In treatment the use of Benzathine Penicillin tended to replace procaine penicillin preparations and "Triplopen" (a combination of crystalline penicillin, procaine penicillin and benzathine penicillin) was commonly employed for all-purpose infection therapy. Penicillin V was introduced for oral treatment in selected patients.

181. The Social Hygiene Specialist attended the First International Conference on Venereal Disease at Washington, U.S.A. in May 1956 prior to his overseas vacation leave.

182. A table showing details of new cases seen at Social Hygiene Out-patient Clinics during 1956 is given in Appendix 6.

Maternal and Child Health Services.

183. The Government midwifery service has 37 district midwives working from 19 widely scattered centres in the urban areas and New Territories.

184. 12 centres, all in the more rural areas, have attached maternity homes with a total of 105 beds. The remaining centres provide a domiciliary delivery service only.

185. 11,013 deliveries were conducted during 1956 by the Government midwifery service, 7,660 in the maternity homes and 3,353 in private houses. There were 143 still births, a rate of 13.2 per 1,000 live and still births. 159 cases were sent to hospital because of complications of pregnancy and child birth.

186. The average annual "case load" per midwife of 314 in 1956 was happily a little less than in 1955 (323) and varied from 83 at Silver Mine Bay to 854 at Yuen Long.

187. Ante-natal attendance figures again showed an improvement over the previous year. Over two thirds of all cases delivered received some pre-natal care. Average attendances per case were 3.11. 299 of the cases delivered had no ante-natal supervision of any kind; the great majority of these were in the New Territories and among the "floating" population.

188. There are 209 midwives actively engaged in private practice. 179 of these maintain small maternity homes, the remainder do domiciliary work. Live deliveries by midwives in private practice totalled 34,619 during 1956, *i.e.* over one third of the Colony's total registered births. The number of ante-natal attendances per case still remains disappointing (average 2.9 attendances per case) though the proportion of cases delivered that receive supervision is 81.5%.

189. Regular inspection of the 133 registered private maternity homes is carried out. A total of 788 visits was made during the year. Special attention is paid to records and equipment.

190. 77 private midwives attended special classes in B.C.G. vaccination technique held at the Tsan Yuk Hospital and Alice Ho Miu Ling Nethersole Hospital.

191. Successful efforts to increase the number of infants receiving B.C.G. vaccination have been made, and the steady improvement in the returns for this immunization has been

encouraging. A new procedure of this nature takes some time to gain general acceptance.

192. Maternal and Child Health clinics provide the public with free ante-natal, post-natal, infant and child welfare services. Their aim is to promote and maintain the health of expectant mothers, and of infants and young children. No therapeutic treatment of sick cases is undertaken. During the year 5 full-time centres and 14 subsidiary centres holding clinic sessions provided these services. In addition, sessions providing maternal care only were provided in 5 other centres.

193. One new full-time centre was opened in September 1956 at Homantin, the staff for which included 2 midwives for domiciliary maternity work. The centre in the Chai Wan Resettlement area was put on a full-time basis in November 1956 to meet the growing demands in this area.

194. The service is in the charge of a medical officer with a staff of 7 doctors, 2 health sisters, 2 nursing sisters, 14 health visitors, and 23 health nurses. A notable improvement in the service during the year was the establishment of "Toddlers Clinics" in the 5 main Maternal and Child Health Centres for pre-school children of 2 to 5 years of age for whom no special care had been previously available outside general out-patient clinics. Considerable increases were also possible in the number of post-natal sessions provided, an additional 6 sessions each week being held in the more outlying clinics.

195. Immunization programmes were organized with particular reference to tuberculosis (B.C.G.), diphtheria, and smallpox. Diet supplements and vitamin preparations were distributed to all under-nourished patients.

196. A summary of the figures for the year's attendances and other activities is given below: —

Table 18

Type of work	No. of sessions held	Total No. of attendances
Ante-natal care	2,231	105,031
Post-natal care	796	9,623
Infant & Child care	2,614	241,591

No. of Home visits paid 25,225.
Cases referred to Family Planning Association, 3,520.

School Health.

197. In 1956 the School Health Service has had to remain limited owing to lack of premises and staff. No new entrants except from previously existing Government schools have been accepted during the year.

198. The number of pupils participating in the service in December 1956 was 36,196 from 400 schools. 43 of these were Government schools, 87 were subsidized schools, and 268 were private and grant-in-aid schools.

199. The medical staff remained the same as during the previous year. Two health visitors were appointed in October 1956. One small new clinic attached to a new Government primary school was completed at Tsuen Wan; this is the first school clinic built in the New Territories.

200. A summary of the medical inspection and clinic work is given in the following tables: —

Table 19

Medical Inspections of pupils 1956

New Entrants	4,881
Periodical Inspections	12,145
Re-inspections	39,373
Total	56,399

Table 20

Attendances at School Clinics 1956

Attendances	General Clinics	Dental Clinics	Ophthalmic Clinics	E. N. T. Clinics
New Cases	54,651	9,047	1,916	954
Revisits	23,708	23,313	1,567	1,545
Total	78,359	32,360	3,483	2,499

201. Additional services included the free issue of 2,234 pairs of spectacles to children following refraction, 261 operations in

hospital for tonsilectomy, and 153 admissions to hospital for other causes.

202. 792 cases of notifiable disease were reported during the year and 3,156 contacts of these cases were put under observation.

203. Prophylactic immunizations are arranged for all school children as part of the general health services of the Colony irrespective of participation in the School Health Service. During the year a total of 197,999 immunological procedures were carried out for school children. Particular emphasis is on the measures against diphtheria, typhoid fever, smallpox and tuberculosis.

204. Sanitary inspection of all school premises is a duty of the two Health Inspectors of the School Health Service; 2,648 such inspections were made in 1956.

205. In relation to children the health of teachers, particularly in regard to tuberculosis, is of primary importance and all applicants for registration as teachers are required to have chest X-rays prior to acceptance; during the year 3,956 prospective teachers (exclusive of Government teachers) were X-rayed and of these 461 were referred to Chest Clinics for clinical examination. Of those referred 49 (plus a further 25 who fell sick during the year) were found to have active infective pulmonary tuberculosis and for this reason were not permitted to teach.

206. Health visitors and school nurses attached to the School Health Service carry out most important functions as health educators, advisors and co-ordinators establishing contact between teachers, parents, and the pupils on all health matters. Stimulation of interest in personal and community health is the main objective and the appointment of a Health Education Liaison Officer by the Education Department has been of great assistance.

207. A revision of the Health Education Course for use in the Teachers' Training Colleges was completed during the year and 18 lecture periods are now undertaken by Medical Department staff in each course of 60 lecture periods.

208. A special nutrition survey was carried out in 1956 on 18,948 children to assess standards of nutrition and the following results were obtained:—

Table 21

	Total No. Examined	Normal %	Slightly below normal %	Poor %
New entrants	6,803	59.29	35.09	5.65
Already in School	12,145	43.24	50.89	5.86
Total	18,948	49.0	45.25	5.78

209. A dental survey with the provision of complete dental treatment including fillings, scaling, and periodical re-examination was carried out in 3 Government Primary Schools. The following findings are recorded:—

No. examined	2,702
No. requiring treatment	1,800
No. of visits for treatment	3,996
No. rendered dentally fit	670

210. The dental condition was worst in the lowest classes though 46% of the cases with dental caries involved permanent teeth.

Health Education.

211. Considerable increase of work in this field is to be recorded during 1956. Though there is no general programme of health education by the Medical Department as a whole, each sub-department of the health section conducts campaigns of this nature limited to its own special needs. The School Health Service gives courses of lectures by doctors to teachers in training and the School Nurses and Health Visitors continually endeavour to instil principles of elementary hygiene in pupils. Maternal and Child Health clinics hold planned series of talks, demonstrations, and discussions on matters of health interest to mothers concerning themselves and their babies. Social hygiene advice on venereal diseases and the value of blood tests for expectant women has been distributed by means of pamphlets.

212. Tuberculosis visitors are able to spread knowledge of the means used to limit the spread of tuberculosis by infectious patients when they visit contacts and families in their homes.

213. The whole process of health education is necessarily a gradual one since it depends upon arousing sufficient interest in the people to produce a striving for better health as opposed to mere avoidance of disease.

IV. THE WORK OF THE MEDICAL DIVISION

General Survey of Hospitals.

214. Apart from nursing homes, and excluding the Armed Services' facilities, there are 28 hospitals in the Colony. Eleven of these are the responsibility of the Medical Department, and the other seventeen are run by various private organizations. Seven of the institutions in this latter category receive substantial assistance from Government in respect of the charitable services which they offer. Details of all these institutions are attached at Appendix 7. More specific information of the actual work done in Government hospitals and in the assisted hospitals are given at Appendix 8, in which the classification of diseases follows the International Standard Classification (International list of 150 causes). Details of in-patients treated in all hospitals during the year are shown at Appendix 8A.

215. The eleven Government hospitals provide a total of 1,999 beds, the Government-assisted hospitals 2,477 beds, and private hospitals 1,172 beds. In addition, various Government Dispensaries provide a further 98 beds, mainly in the New Territories and practically all for maternity cases, and there are 520 beds in private maternity and nursing homes. There is therefore in the Colony a total of 6,266 beds for all purposes including the mentally ill and those suffering from infectious diseases. Excluding the 1,197 beds set aside for tuberculosis, the 141 beds for the mentally ill and the 803 beds for the treatment of infectious diseases (including leprosy), there are therefore 4,125 beds available for all general purposes, including maternity. Assuming the population to be about 2,500,000 this gives a figure of 1.65 beds per thousand of population, a number which is far from adequate.

216. The eleven Government Hospitals comprise two large general hospitals, one mental hospital, two maternity hospitals, one large hospital for both long-term cases and infectious diseases, one isolation hospital, two prison hospitals, one small

hospital for the treatment of venereal diseases and the St. John Hospital on Cheung Chau Island.

217. The two major general hospitals are the Queen Mary Hospital (598 beds) on the Island and Kowloon Hospital (247 beds) on the Mainland. The former is the largest and best-equipped hospital in the Colony at present and is the main teaching centre for medical students. The Kowloon Hospital is considerably smaller but is an extremely busy and efficient institution. These two hospitals, besides catering for all types of general work, deal with practically all the casualty cases (injuries, accidents, etc.) occurring in the Colony.

218. The Mental Hospital, with original provision for 140 beds only, is the sole institution of its kind in the Colony and houses never less than 300 patients at any one time, usually considerably more. It is antiquated and inconvenient and is to be replaced by a new and modern institution at Castle Peak—now partially completed.

219. The two maternity hospitals, both on the Island, differ dramatically. One, the Eastern Maternity Hospital, is a small but very popular and busy institution of 24 beds carrying on in premises which are a relic of former times. The other, the Tsan Yuk Hospital, has 200 beds and is most modern in both planning and equipment. It is the main training centre for medical students in obstetrics and gynaecology and is also a leading school for midwives.

220. The only other large Government hospital is at Lai Chi Kok, on the Mainland. It is an institution of 476 beds, accommodated in premises that have had to be adapted for the purpose. Of the beds, 202 are for tuberculosis cases, 94 for infectious diseases, and the remainder for convalescent and long-term cases. This arrangement is possible only because the various buildings are well separated from one another. Since it is comparatively near to the Kowloon Hospital the availability of its convalescent beds allows many patients to be removed from the latter institution at an early stage in convalescence and thus facilitates a much quicker turn-over. The long-term cases are largely orthopaedic and come from both Queen Mary and Kowloon hospitals.

221. The Isolation Hospital (for infectious diseases) on the Island is housed in antiquated premises, once part of the original

Government Civil Hospital, and possesses 88 beds. Though far from being ideal it renders most useful service and the quality of the work done is high.

222. The prison hospitals are located within the two prisons —Stanley (male) and Lai Chi Kok (female). The male hospital has 82 beds and the female hospital 14, including 2 cots for babies. In both these institutions a considerable proportion of the work done is concerned with the treatment of tuberculosis and drug addiction.

223. The Social Hygiene Hospital for women occupies premises once a private Japanese hospital, and is equipped with 28 beds. With improved modern treatment for venereal disease the necessity for hospitalization diminishes and the beds are being used more and more for cases of skin disease.

224. The St. John Hospital on Cheung Chau Island, owned and formerly operated by the St. John Ambulance Association but now run by Government by special agreement, serves both as a rural general hospital and as a tuberculosis sanatorium for less severe and convalescent cases of this disease. It provides 102 beds but facilities are rather restricted, especially as regards surgery.

Assisted Hospitals.

225. The Government subsidizes the three hospitals of the Tung Wah Group, (1,239 beds), the Ruttonjee Sanatorium (336 beds), run by the Hong Kong Anti-Tuberculosis Association, the Alice Ho Miu Ling Nethersole Hospital (272 beds) run by the London Missionary Society, the Pok Oi Hospital (50 beds) at Yuen Long in the New Territories, which is run by a Board of Directors on a similar basis to the Tung Wah Group of Hospitals, and the Hay Ling Chau Leprosarium for the treatment of lepers. This last is run by the Mission to Lepers, Hong Kong Auxiliary. The number of lepers accommodated is 580.

226. With the exception of the two specialized hospitals the others all deal with general medical and surgical cases, the Tung Wah hospitals being particularly useful by virtue of the fact that they take in a very large number of long-term patients. The maternity section of the Kwong Wah Hospital is perhaps the most popular and certainly the busiest in the Colony.

Specialist Services.

227. Government provides specialist services in medicine, surgery, obstetrics and gynaecology, ophthalmology, dermatology, radiology, tuberculosis, venereal diseases, dentistry and pathology. In addition, members of the staff of the University, mainly the professors, offer consultative services in medicine, surgery, obstetrics and gynaecology, pathology and orthopaedics.

Medical and Surgical Services.

228. As may be seen from the statistics concerning in-patients, the work of these services has continued to expand. Not only has it expanded, in regard to numbers, but the continual advance in knowledge and technique has found a parallel in the complexity and extent of procedures undertaken. A notable example of this, and also of the co-operation between medical, surgical and radiological branches, is found in the new Lewis Laboratory which has recently been established in the Queen Mary Hospital. This is a cardio-respiratory unit in which, among other procedures, cardiac catheterization is carried out for the investigation of cardiac lesions and the selection of suitable cases for surgery.

229. A considerable amount of research work is also being carried out, and valuable articles have been published in the scientific journals.

Obstetrical and Gynaecological Service.

230. The specialist obstetrical and gynaecological service on the Island is provided by the University Unit at Queen Mary Hospital and Tsan Yuk Hospital. The Government Obstetrical and Gynaecological Specialist is based on Kowloon Hospital and is, in general, responsible for Government obstetrical and gynaecological services on the Mainland.

231. Ante-natal and post-natal clinics are a feature of the work, and attendances continue to increase. One of the main difficulties is to ensure regular attendances. Numbers of admissions continue to increase and bookings have at times to be severely limited. The standard of the work may be judged from the fact that in the Tsan Yuk Hospital, where there were 7,553 deliveries, there were only 4 maternal deaths. Of these

four, one was from a cause unconnected with pregnancy and another was of a patient who had been delivered elsewhere.

Radiological Sub-Department.

Radiodiagnostic Section.

232. This section with its headquarters in the Queen Mary Hospital runs a diagnostic service in each of the following hospitals and clinics:—

Hong Kong : Queen Mary Hospital, Tsan Yuk Hospital, Medical Examining Board, Wanchai Chest Clinic;
Kowloon : Kowloon Hospital, Kowloon Chest Clinic, Lai Chi Kok Hospital.

In addition, there is a mobile Mass Miniature Radiography Unit which operates throughout the Colony.

233. The quantity of work performed by the service continues to increase, the number of investigations carried out during the year having risen to 252,691. Increases have been most marked in the more specialized and time-consuming types of investigation.

234. Research has been continued on two projects, one being "The Morphology of the Female Chinese Pelvis" and the other on the relative efficiency of various types of contrast media.

Radiotherapeutic Section.

235. This is entirely centred on the Queen Mary Hospital. It is equipped with the following facilities:—

Deep Therapy—including a Telecobalt Therapy Unit
Superficial Therapy
Contact Therapy
Radium

The demands on the services of this section have become much in excess of its capabilities. Altogether 6,437 treatments were given, largely to patients suffering from carcinoma of the nasopharynx. This condition, which is very common in Hong Kong, is the subject of continued research in the department.

236. During the year the section has been fortunate enough to obtain the services of a physicist. His help is most essential both in working out dosages and in training students for the Diplomas in Medical Radiology and Therapeutics. During the year the Examining Board in England granted the sub-department recognition as a training institution for these diplomas.

237. Another important part of the work is the training of radiographers, and students have been very successful in their examinations for Membership of the Society of Radiographers.

Ophthalmic Service.

238. The expansion of this sub-department continued during the past year. During 1956, the Government eye clinics dealt with 85,710 attendances for treatment, of which 42,432 were new cases. These figures represent an increase of about 30% on those recorded last year.

239. About 2,900 major or intermediate type operations were performed in the hospitals and ophthalmic centres.

240. School health attendances totalled 4,797. 2,657 pairs of spectacles were glazed and issued from the department's own optical workshop.

Dental Service.

241. The Dental Sub-department is organized into two distinct branches providing:—

(*a*) The General Dental Service

and (*b*) The School Dental Service.

242. The General Dental Service is responsible for the treatment of monthly-paid Government officers and their families, a commitment which brings an estimated total of over 80,000 persons within this service. Only nine dental officers, including the Dental Specialist, are available for this commitment, and it has been inevitable that considerable delays have been experienced in providing comprehensive treatment. During the year a scheme has been introduced whereby Government officers and their families who so wish could go to private dentists and claim a rebate of 50% of the fees charged. In spite of this, numbers seeking treatment from the service have shown no notable falling off.

243. During the year 1956 Government employees made 15,499 visits to dental clinics for examinations and treatment (an increase of 3,085 over 1955); members of families made 12,538 visits (an increase of 1,650).

244. The General Service, in addition to its treatment of Government officers and their families, is also responsible for the treatment of in-patients in Government hospitals, and prisoners in the Victoria, Stanley and Lai Chi Kok prisons.

A restricted service is also provided for poor people in the urban and rural areas. Special clinics are held for these members of the public; twice a week in both Hong Kong and Kowloon and once a month in Tai Po, Yuen Long, Cheung Chau and Tai O. At these special clinics treatment is directed solely towards the relief of pain and consists largely of extractions.

245. During the year, 31,014 teeth were extracted and 12,729 teeth filled or crowned.

The School Dental Service.

246. With no increase in the professional staff during the year, it was inevitable that the six dental surgeons employed should be so swamped with work as to find it impossible to do more than scratch at the problem presented by a population of over 250,000 school children, even though only about 40,000 of them participated in the scheme during the year. It has proved necessary to limit the numbers of new entries to the scheme until future policy has been decided.

247. The dental surgeons have worked on the principle of relieving suffering as a first priority, leaving conservative treatment to take a second place. In spite of this, 11,351 teeth were filled as against 23,737 extracted. Admittedly this is a very unsatisfactory ratio, but it has been unavoidable and is considerably better than in 1955.

Voluntary Dental Services.

248. Welfare organizations operated a number of dental clinics either for their own members or for the poor in their respective districts. The Hong Kong Dental Society continued to staff 3 free evening clinics per week in Hong Kong and one in Kowloon, together with a fortnightly clinic at the Hong Kong Anti-Tuberculosis Association's Ruttonjee Sanatorium. Every Sunday the St. John Ambulance Association and Brigade despatched a squad, which included a dentist, to the more remote areas in the New Territories, bringing free treatment to poor persons unable otherwise to obtain it.

Government Dental Scholarships.

249. The Dental scholarship scheme began in 1954 in order to ensure that, in the absence of a dental school in Hong Kong, a sufficient number of well qualified dental surgeons will be available in the Colony to replace the natural losses suffered by

Dentists' Register. In September 1956 6 students were sent to Singapore to take up their studies in the Dental School of the University of Malaya, making 15 in all. Owing to changes in the entry requirements of the University of Malaya it has been decided to send future students to Australia. The first group of 5 students departed for Melbourne in March 1957 and will spend 5 years there on a degree course in dental surgery.

Control of Dental Practice.

250. Two dental inspectors were employed on duties in connexion with the control and supervision of private dental practice in the Colony. They regularly inspected premises used, or proposed to be used, by dentists.

251. There were no cases of illegal dental practice during the year.

Out-Patient Services.

252. By far the greatest volume of medical work done in the Colony is handled by the out-patient centres, a large proportion of which are operated by the Medical Department. These centres consist of (*a*) three major general polyclinics, two on the Island and one in Kowloon, (*b*) one specialist polyclinic in Wanchai for chest diseases, physiotherapy and dentistry, (*c*) one large chest diseases clinic in Kowloon, (*d*) twenty-two smaller dispensaries, ten in the urban areas and twelve in the New Territories. In addition, travelling dispensaries pay weekly visits either by road or by sea to various isolated areas.

253. Many of the smaller dispensaries and rural centres are conducted in adapted premises quite unsuitable for the purpose and they are gradually being replaced with properly designed modern clinics. None were so replaced during the past year, but work has been in progress on two and plans have been approved for some others. In all, it is hoped that five will be completed during 1957, three of these being completely new ventures.

254. Details of the work carried out in the various clinics will be found at Appendices 9, 10, 11 and 12.

The Pathological Service.

255. The Government pathology service for the Colony comprises work carried out in the Pathological Institute on the

Island and in a subsidiary institute at Kowloon Hospital on the Mainland. In addition, small clinical laboratories are in operation at the Queen Mary Hospital, the Lai Chi Kok Hospital and the Tsan Yuk Hospital. From January 1957, a part-time service in clinical pathology was extended to the Sai Ying Pun Hospital. The Institute's responsibilities also include supervision of the Blood Bank and daily post-mortem examinations in the Victoria and Kowloon Public Mortuaries.

256. Specimens examined in 1956 numbered 331,267. This represents an increase of 43,944 over the previous year's figures, and the increase spreads over every branch of the work. The following comparisons are noteworthy:—

	1955.	*1956.*
Haematological examinations	24,223	46,726
Culture of sputa for M. tuberculosis ...	2,652	3,552
Sections for histological diagnosis	680	1,102

257. The value of vaccines produced during the year amounted to $224,900. Sale of vaccine to dispensaries in Hong Kong and Macao realized a sum of $12,126, although it is issued free to hospitals, clinics and registered medical practitioners if for use in the Colony.

258. The vaccines produced in 1956 were:—

Anti-smallpox vaccine	28,810 ml.
Anti-rabies vaccine (2%)	49,900 ml.
„ „ „ (4%)	52,760 ml.
Anti-plague vaccine	20,960 ml.
Rinderpest vaccine	40,500 ml.
Diluted Tuberculin	14,470 ml.

The Public Mortuaries.

259. There are two public mortuaries, one in Victoria and one in Kowloon. Both are located in antiquated premises, that in Kowloon having the additional disadvantage of being situated on a main thoroughfare. Plans are at present in hand for its removal to a more suitable site.

260. At the Victoria Mortuary 953 post-mortem examinations were performed, including 244 medico-legal cases. Of these latter 66 were dealt with by the Forensic Pathologists. 23 specimens of post-mortem materials, mostly stomach contents, were sent to the Government Chemist for examination in cases of suspected poisoning.

261. In the Kowloon Mortuary 3,260 post-mortem examinations were carried out. This figure includes 409 medico-legal

cases, 129 of which were examined by the Forensic Pathologists. 61 specimens were sent to the Government Chemist.

262. A statistical summary of the work done is attached at Appendix 13.

The Forensic Medical Service.

263. To assist the police in investigating the medical aspects of suspected crimes, 2 medical officers with special experience in forensic medicine are seconded to the Police Department. The work falls into 3 categories:—

(*a*) Forensic
(*b*) Laboratory
(*c*) Lecturing and Demonstrating.

The forensic work covers:—

(*a*) The examination of victims and suspects connected with violent and unnatural crimes;
(*b*) Calls to assist at scenes of crimes especially in murders and sudden deaths;
(*c*) Attendance at Court, including giving evidence at Coroners' Inquests, Magistrates' Courts, and the Supreme Court;
(*d*) Medico-legal post-mortems covering both Hong Kong and Kowloon;
(*e*) Raids on unregistered medical practitioners, unregistered dentists, sellers of poisons, and manufacturers of dangerous drugs.

264. The laboratory work deals mainly with examinations of blood and seminal stains, hairs and fibres, weapons and articles connected with crimes. In addition the laboratory staff blood-group all police recruits before they pass out of the Police Training School.

265. Short lectures and demonstrations, illustrating the medico-legal aspects of certain crimes, are given from time to time to police officers at the laboratory. Lectures are also given to the medical students at the University.

The Chemical Laboratory.

266. The Government Chemical Laboratory carries out analytical and consulting work for Government departments,

the Services, and the commercial community. Government work is done free, but for other work fees are charged according to a prescribed tariff.

267. Examples of the work done may be quoted:—

(*a*) 1,626 examinations of a chemico-legal nature were performed, mainly at the request of the Police;

(*b*) 12,608 biochemical examinations were carried out;

(*c*) 19,088 examinations were performed in connexion with the Dangerous Drugs Ordinance, the Dutiable Commodities Ordinance and the Importation/Exportation (Prohibition) (Specified Articles) Order.

268. An interesting example of the work of the laboratory occurred about the middle of the year when many deaths resulted from methyl alcohol poisoning as a sequel to the drinking of adulterated Chinese wines. Action was immediately taken by the Department of Commerce and Industry and thousands of bottles of wine were sent to the laboratory for analysis. The upshot was that many local wine merchants were successfully prosecuted on charges of adulteration and the large scale adulteration was eventually stamped out.

269. Another notable feature has been the development of a textile analysis section. In this connexion, most of the work was done on behalf of the Department of Commerce and Industry, and its volume reflects in yet another way the growth of the Colony's trade.

270. Another innovation was the beginning of a close liaison with the Stores Department in respect of samples submitted under tender. Chemical examination of these samples serves a two-fold purpose: to yield information for the guidance of Tender Boards, and to check that goods subsequently delivered in bulk accord with the samples originally submitted.

Special Ancillary Services.

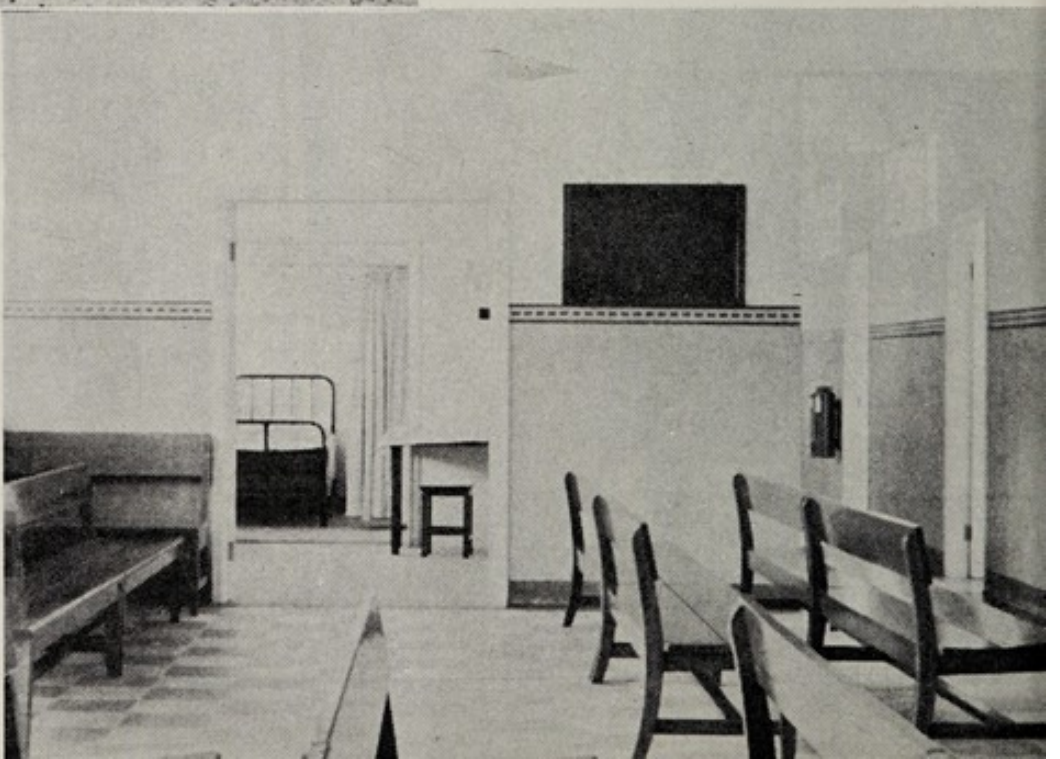
271. Under this heading are listed those para-medical services without which it would be impossible to run a medical service: the medico-social or almoner service, the pharmaceutical and dispensing service, the physiotherapy and occupational therapy services, the stores and supplies service, and the blood bank.

Castle Peak Hospital Chronic Wards.

North Lamma Clinic.

The Hong Kong Jockey Club Clinic, Tai Po.

The Waiting Room of the Hong Kong Jockey Club Clinic, Tai Po.



The Medico-social Service.

272. The assessment of fees is part of the work of the medico-social service but it is certainly not the chief function of an almoner: her duties include the investigation of the social conditions under which patients live; helping them to overcome the domestic problems which make it difficult for them to benefit from medical treatment; and occasionally providing financial or other assistance where it is needed.

273. In a place like Hong Kong where the average income of the poorer classes is barely sufficient for their basic needs the work of the almoners is even more important than it is in more fortunate countries. For this reason the Almoner service is expanding and will continue to do so.

274. While the work of the service has followed the usual pattern during the year, and has expanded with the increasing numbers of patients treated in the hospitals, it may be mentioned that recent developments have included an increasing attention to work among the blind, and also among lepers.

The Pharmaceutical Service.

275. This service, under the direction of the Chief Pharmacist, is responsible for the purchase of bulk supplies of pharmaceuticals, dressings, and surgical instruments, and for the production of medicinal preparations for use in the various institutions. The Chief Pharmacist also has certain legal responsibilities in connexion with the control of narcotics and dangerous drugs in the Colony.

276. Careful supervision of the importation and movements of dangerous drugs in the Colony continues to be maintained and routine inspections of all premises where poisons and anti-biotics are handled are undertaken. Comparative figures for 1955 and 1956 in respect of licences issued are:—

	1955.	*1956.*
Wholesale Dealers' Licences	333	321
Listed Sellers' Licences	229	243
Licences issued to Authorized Premises (Pharmacies)	23	24
Anti-biotic Permits	183	171
Restricted Anti-biotic Permits	30	23
Premises inspected	1,159	1,024

277. It may be of interest to note that in 1956 over a million pounds of bulk mixtures were made up in the Central Medical Store for issue to the various hospitals and clinics; during the same period, almost three tons of bulk ointments were made up. Again, in order to meet the ever-increasing demands of the hospitals for intravenous fluids, 49,000 litres of these liquids were produced under sterile conditions.

Physiotherapy.

278. Thanks to the arrival of three more Physiotherapists the Physiotherapy Service has this year for the first time been able to carry out full-time duties in all of the four hospitals and clinics to which physiotherapy units are attached. In addition, the increase in staff has given rise to a great improvement in the standard of work. Group activity is now taking place at the Wanchai Polyclinic; this means that many patients with similar injuries or disabilities can be grouped together for combined intensive specialized exercises. It also encourages keenness and competition between patients, and the games introduced mean that patients and staff alike enjoy the treatment.

279. The four units mentioned above are located at the Queen Mary Hospital, the Kowloon Hospital, the Lai Chi Kok Hospital and Wanchai Polyclinic. At Queen Mary Hospital work is limited to in-patients and patients are transferred, on discharge, to Wanchai Polyclinic which deals with all out-patients on the Island. Patients from Sai Ying Pun Hospital, the Tung Wah Hospitals and the Mental Hospital are also treated here as soon as they are fit to be moved. The branch at Kowloon Hospital deals mainly with cases from that hospital and from out-patient departments on the Mainland, while at Lai Chi Kok Hospital cases are mainly orthopaedic and patients recovering from major chest surgery.

Occupational Therapy.

280. This service has had a most unfortunate year. At the beginning of the year there were two full-time occupational therapists. One left to get married and the other unfortunately contracted severe poliomyelitis and had to return to England. Since then no full-time staff has been available, but fortunately the services of some well qualified ladies were obtained

on a part-time basis. In these circumstances it has naturally proved impossible to do as much as had been hoped, but it is remarkable how much was actually done.

281. In the Queen Mary Hospital it has been possible to carry on with therapy every forenoon, mainly for in-patients. A Balkan Beam has been provided which enables suitable patients to weave, but the most popular crafts are rattan work, and string and plastic knotting. The making of teddy bears and cotton gloves are new techniques, and carpentry is taught in suitable cases in the hospital carpenters' shop.

282. In the Mental Hospital three classes have been held regularly every day and more patients are attending under medical prescription. Rattan work, comparable with anything to be bought locally, is carried on under a full-time instructor; carpentry is extending and such articles as stool frames and rocking horses are manufactured. String bags, plastic string animals and crochet work are done by other male patients, and lampshade making has been introduced. Government orders for brooms, waste-paper baskets and crutches are carried out as before.

283. In Lai Chi Kok Hospital the scope of the work has steadily increased, occupational therapy being particularly suitable for the long-term patients who occupy so many of the beds in this institution. String and rattan work are still the most popular crafts but it has been possible to introduce some toy-making, embroidery, tapestry, crochet and weaving.

Blood Banks.

284. There are no major changes to report in the facilities offered by the blood transfusion service. The greatest difficulty has continued to be the reluctance of the local population to be blood donors, and very little progress has been made in overcoming this factor. The demands for blood increase, but, as in the past, the main source of supply has been the Armed Services.

Stores and Equipment.

285. Manufacture of special items of surgical furniture continues within the department with very great saving of public money, and a considerable amount of work has been carried out in connexion with investigations into new and more modern types of equipment. Among the projects successfully

carried out was the conversion of an ordinary domestic electric cooker to a large hot air sterilizer for orthopaedic instruments; others were the working out of a formula for a satisfactory method of painting hospital beds and cots, and the design of a padded room for mental patients.

286. A very great deal of work has been done on the manufacture and repair of various items of surgical equipment, such as the sharpening of knives, scissors and needles; the repair of dressing drums; the servicing of items such as diathermy machines, atomizers, etc.; and the manufacture of instrument stands, trolleys and similar items of hospital furniture. No less than 2,188 items such as beds and surgical equipment have been repainted.

Auxiliary Medical Service.

287. The Auxiliary Medical Service is established under the provisions of the Essential Services Corps Ordinance to supplement the normal medical services during an emergency. Although, therefore, technically a part of the Essential Services Corps it is to a large extent autonomous, the Director of Medical and Health Services exercising, in respect of the Service, the functions of Unit Controller. It is not intended that the Service should operate as an independent unit but that it should be integrated into the regular medical service.

288. During the year recruitment was satisfactory, keeping pace with the inevitable wastage due to members leaving the Colony, reaching the age limit for service, etc. Training was stepped up and about 150 members received a full course of 16 lectures in basic first aid. Another 137 members attended a course of similar duration in basic auxiliary dressing. Full time courses lasting 4 days were attended by 129 members, and well over 550 members attended 5-day refresher courses. In addition, driving instruction was given to over 70 ambulance and lorry drivers, and courses in message writing were held for telephonists.

289. Courses of 14 days duration in hospitals were arranged for Auxiliary Nurses; in addition there was evening instruction for over 100 members of this group.

290. Classes on the preparation of sterile intravenous fluids were held on most Sundays by the Chief Pharmacist.

291. A regular evening training programme in the application of first aid principles, attended by over 1,000 members, continued throughout the year. It is pleasing to note that, at the annual civil defence exercise, the performance of the members taking part received commendation from the umpires who reviewed the exercise.

Medical Examination Board.

292. During the year the Board has continued its work of examining candidates for Government employment, Government officers for promotion and transfer, and members and recruits for Auxiliary Defence Units.

293. The total number of persons examined during 1956 was 12,782, an increase of 485 as compared with 1955. Government candidates accounted for 7,768 of this figure, Auxiliary Defence Units for 4,870, and there were 144 not included in either category.

294. The Board now has records of the examination of 52,000 persons examined since March 1952. It has still not proved possible to make an exact analysis of the causes which have led to persons being found unfit for employment, but by far the most frequent of such causes has been pulmonary tuberculosis. During the year 8% of all candidates presenting themselves for examination were found unfit from this cause.

295. An innovation this year has been that, in the case of candidates for posts in the Medical Department, Schick and Mantoux tests have been carried out and, when found necessary, the appropriate immunizing injections have been offered. To date approximately 380 persons have been examined and it is interesting to note that only two have been found to be Mantoux-negative; neither of these two was born in Hong Kong. 53 persons have been found Schick-positive, and here it is of interest to note that nearly all were of the middle classes. It is evident that very few persons of the poorer classes reach adulthood without exposure to diphtheria.

V. TRAINING PROGRAMME

296. Medical Services in Hong Kong have reached a stage where a very large proportion of the total training in the various branches of medicine can be carried out in the Colony itself, and this process of "self-support" is developing further from year to

year. The University of Hong Kong has been producing doctors of a high standard of training for many years; nurses trained in many hospitals in the Colony can, by passing the local examinations, received full recognition by the Nursing Council of the United Kingdom. This, however, is by no means all. Candidates for the Membership of the Society of Radiographers can now sit their examinations locally; the X-ray department at the Queen Mary Hospital has been recognized as a training centre for the Diploma in Radiology; similar recognition has been given by the Royal College of Obstetricians and Gynaecologists to training for the Diploma of Membership in the Tsan Yuk and Queen Mary Hospitals; candidates receiving most of their training in the Colony have been successful in obtaining the M.R.C.P., F.R.C.S., F.F.A.R.C.S. and other diplomas. The list is a long one, and it is yearly growing longer. This past year a start has been made in the training of Mental Nurses, and soon it is hoped to train Physiotherapists locally.

297. In spite of all this, or in some cases because of it, it is still necessary to send selected candidates abroad to receive specialized training, for teachers of a high standard are needed. Again, the new Kowloon Hospital (of 1,300 beds) will call for an increase in specialized staff. During the past year members of the staff have been abroad studying, amongst other things, surgery, mental diseases, mental nursing, anaesthetics, physiotherapy, radiology and public health. Dentistry in particular has accounted for a large number of scholarships, for as yet there is no school in the Colony.

298. In all these schemes of training the University of Hong Kong has naturally played a large part. The Queen Mary and Tsan Yuk Hospitals are the main centres of training for medical students in medicine, surgery and obstetrics, and the University professors and lecturers are included among the staff of both institutions. In this way, students receive the benefit of training from both University and Government staff and the Government service benefits from the experience of the University staff, five of whom hold positions as Consultants to Government. On the other side of the ledger, many Government officers act as part-time lecturers in the University.

299. Co-operation between Government and University is not limited to staffing hospitals and training medical students.

There is also the question of post-graduate training. Both Government and University have schemes for such training, but every effort is made to ensure that these schemes do not overlap or compete with one another. For this reason a Panel on Post-graduate Education has been formed, with representatives of both University and Government. Meetings have been most amicable, and much is being done to co-ordinate this important subject.

Nursing Training.

300. An important part of the work of the Medical Department is the training of nurses (male and female) and midwives. The major nursing training schools are attached to the Queen Mary Hospital and the Kowloon Hospital, while the main school for training midwives is the Tsan Yuk Hospital. Excellent schools of nursing are also provided at the Tung Wah Group of Hospitals and the Alice Ho Miu Ling Nethersole Hospital, institutions independently run but largely assisted by Government, and the Hong Kong Sanatorium and Hospital, a private institution. Owing to the gradual increase in the nursing establishment over the past few years, particularly as a result of recruitment with a view to training staff for the new Kowloon Hospital, a greater number of nurses are graduating each year.

301. In this important sphere of activities the year has been one of steady progress, although there is little specifically new to report. The recruitment and training of student nurses, both male and female, continues satisfactorily, both for the normal expansion of the department and for the new Kowloon Hospital.

302. The policy of the promotion of locally trained nurses to higher posts continues. Five have been promoted to the grade of Sister during the year. I am glad to say that relationships between local and expatriate staff continue to be excellent.

Health Visitors.

303. The second Health Visitors' Training Course with an enrolment of ten specially selected candidates was successfully completed in September 1956. All ten sat for and passed the examination held under the auspices of the local Examination Board of the Royal Society for the Promotion of Health, London.

304. The third Course commenced on 1st October 1956 and the same number of candidates is attending this course of training.

305. The school continues to be conducted at Harcourt Health Centre and lectures are given by members of the Medical Department and specialists and officers of Government Departments.

306. A variety of institutions and factories continues to be visited and the candidates to be assigned to all of the health services operated by the Department for a certain period of time in order to gain practical experience.

Technical Training.

307. In addition to training nurses, the Medical Department trains technical assistants in pharmacy, radiography, laboratory techniques, physiotherapy and medico-social work.

308. The following Table lists the work done in this field during 1956:—

Table 22

	Appointment	Resignation	Strength at 31.3.57	Passed
Probationer Assistant Physiotherapist	—	1	1	—
Probationer Radiographic Assistant	14	—	18	6
Student Dispenser	1	—	5	6
Probationer Laboratory Assistant	18	—	28	7
Probationer Assistant Almoner	3	—	3	4
Probationer Nurse	89	17	184	24
Probationer Dresser	25	12	38	5
Pupil Midwives	31	31	61	41
Health Visitor	10	—	10	10

Fellowships and Scholarships.

309. In addition to Government providing financial assistance to certain selected persons to take special courses of study abroad, and to officers proceeding abroad for courses of study at their own expense, the World Health Organization provided a number of fellowships to enable members of the Department

to obtain advanced training and do research studies in overseas countries. The following Table sets out the nature of the appointment and courses of the study of the officers sent abroad for special study during the year:—

Table 23

Appointment	Course of Study	Source of Fund
Senior Medical Officer	Diploma in Public Health	Government
Medical Officer	Oesophageal Surgery	Commonwealth Fund
Medical Officer	Diagnostic Radiology	Government
Medical Officer	Diploma in Anaesthetics	Own expense
Medical Officer	Orthopaedic Surgery & Licenciate, Medical Council of Canada	Own expense
Medical Officer	Diploma in Psychiatry	Own expense
Medical Officer	Diploma in Public Health	W. H. O.
Assistant Medical Officer	Diploma in Anaesthetics	Own expense
Woman Medical Officer.....	Licenciate, Medical Council of Canada	Own expense
Woman Medical Officer	Diploma in Anaesthetics	Own expense
Assistant Medical Officer	Licenciate, Medical Council of Canada	Own expense
Dental Surgeon	Diploma in Public Dentistry	Government
Dental Surgeon	Conservative Dental Surgery	Government
Nursing Sister	Sister Tutor's Diploma	Government
Nurse	Midwifery & Premature bady nursing & Plastic surgical nursing	Own expense
Assistant Physiotherapist ...	Membership of the Chartered Society of Physiotherapy	Own expense
Nurse	Midwifery & Premature baby nursing	Own expense

Liaison with International Organizations.

310. The exchange of epidemiological information with the World Health Organization's Epidemiological Intelligence Station, Singapore, continued.

311. Close liaison with the Western Pacific Regional Office of the World Health Organization was maintained. The Director and his advisers visited Hong Kong from time to time for discussions with the Department on World Health Organization projects and fellowships.

312. Consultants from various regions, who were awarded World Health Organization fellowships, visited Hong Kong and were given every assistance by the Department.

313. A list of the visitors is set out below:—

(*a*) Dr. F. J. Dy, Regional Malaria Adviser of the Regional Office for the Western Pacific, visited the Colony from 7th to 22nd May, and 1st to 2nd July 1956 to assess the malaria problem in the Colony and to make recommendations regarding the problem of malaria control in the Colony.

During his stay here, he was shown various areas so that he could see for himself, on the spot, the extent of the infestation and the work being carried out by the Medical Department.

(*b*) Dr. Shi Ryong Choi of the National Veteran's Leprosarium, Wonju, Korea, and Mr. Moon-won Chin of the Korean Ministry of Health and Social Affairs, arrived in the Colony on 10th May, 1956. Dr. Fraser arranged for them to visit the Hay Ling Chau Leprosarium.

(*c*) Dr. Kanapathypillai Sivam, Port Health Officer in Singapore, who had been awarded a three-month World Health Organization Technical Assistance Fellowship to study port health administration and modern quarantine procedure in the United Kingdom, the Netherlands, Egypt, India, Japan and the Phillipines, visited Hong Kong for a week in September.

(*d*) Dr. Cha, a Preventive Medical Officer of the Bureau of Health and Social Affairs of Seoul, Korea, allowed for a week's visit to the Colony on 4th August. During his stay, he visited the leprosarium at Hay Ling Chau and clinics where leprous out-patients were treated.

(*e*) Dr. J. R. Snell, a World Health Organization consultant, visited the Colony to study local problems connected with the "Collection, Disposal and Utilization of Organic Wastes".

(*f*) Dr. Ba Nyun, Port Health Officer at Rangoon, on a World Health Organization Fellowship to study Port Health Administration and quarantine, visited the Colony from 14th to 26th October 1956. He was shown all the Port Health activities including the fumigation of a ship by Hydrogen Cyanide.

(*g*) Dr. Denis D. Hilton of the Medical Department of Northern Nigeria, was in the Colony as a short-term consultant of the World Health Organization from 15th to 21st November 1956. During his stay he was shown the Hay Ling Chau Leprosarium and other institutions that were of interest to him.

(*h*) Dr. L. O. Roberts, Tuberculosis Adviser of the World Health Organization visited Hong Kong from 4th to 9th December 1956, and discussed—

(i) the progress of the domiciliary chemotherapy scheme for tuberculous patients;

(ii) the progress of the B.C.G. Vaccination Campaign;

(iii) leprosy control in Hong Kong.

(*i*) Dr. James E. Perkins, Director of the National Tuberculosis Association of the United States of America and President of the National Citizens Committee for World Health Organization, and Dr. Floyd E. Feldman, Medical Director of the National Tuberculosis Association of the United States of America were in Hong Kong from 25th to 28th January. They visited the Government Tuberculosis Service and were introduced to the officials of the Anti-Tuberculosis Association.

(*j*) Dr. A. W. A. Brown, biologist of the Division of Environmental Sanitation of the World Health Organization Regional Office for the Western Pacific was in the Colony on the 17th February to investigate the resistance of insects to insecticide.

(*k*) Dr. D. Y. Yung, Director of the Institute of Environmental Sanitation, Taiwan, came to the Colony on a World Health Organization fellowship on 16th March 1957 on a study programme to observe methods and practices of countries in South East Asia and the Western Pacific in Environmental Sanitation.

(*l*) Miss Wong Mei-hei, a World Health Organization nursing fellow from Taiwan, is in the Colony on a six-week fellowship to observe Venereal Disease control work and Maternal and Child Health Service.

(*m*) Dr. Jue-yan Peng, who is connected with the World Health Organization and the U.N.I.C.E.F. - assisted Maternal and Child Health project in Taiwan, paid a visit to the Colony in July while en route to Taiwan from the United Kingdom. He saw the Maternal and Child Health work that was being carried out here.

U.N.I.C.E.F. Milk Feeding Schemes.

314. The U.N.I.C.E.F. - assisted Milk Feeding Programme continued to operate. In continuation of the Second Addendum to the Plan of Operations for the Programme which provides dried skim milk from U.N.I.C.E.F. to the Department up to the end of 1957, the Government of Hong Kong and U.N.I.C.E.F. have agreed to the Third Addendum whereby U.N.I.C.E.F. will further supply the Department with a total of 310,000 pounds of milk powder which will be used to extend distribution to mothers and children who are in need of supplementary diets for the years 1958 and 1959.

315. During the year, the U.N.I.C.E.F. representative visited many institutions of the Department to observe the activities of the Maternal and Child Health Scheme and the Milk Feeding Programme.

VI. BUILDING PROGRAMME

316. Very few buildings have actually been opened during the year, but work has been in progress on a considerable number and it is expected that many will be completed in the coming year. These include: —

(i) Dispensaries in Tai Hang Tung and Li Cheng Uk Re-settlement Estates;

(ii) a Clinic in the North Point Housing Estate;

(iii) a Dispensary and Maternity Home at Yung Shue Wan on Lamma Island, built by the Rural Committee with assistance from the District Administration;

(iv) a Maternity Home and Health Centre at Tai Po, built under a donation from the Jockey Club;

(v) a Ward Block at Kowloon Hospital, to provide about 45 more beds;

(vi) the first stage of the Castle Peak Hospital for mental patients,

(vii) new Health Centre at Shek Kip Mei, to include a general clinic, an M.C.H. centre, and a chest clinic complete with the necessary X-ray facilities.

All the above should be in operation before the end of 1957.

317. In addition, work in active planning includes:—

(i) A large new teaching clinic at Sai Ying Pun, to include a general clinic, dental clinic, and chest clinic. The building will also accommodate a much enlarged Pathological Institute to replace the present inadequate premises.

(ii) A large new wing to Queen Mary Hospital to provide better operating theatre accommodation, radiological facilities, and about 150 more beds.

(iii) A new dispensary in the Central district to replace the present cramped facilities.

(iv) A new dispensary and maternity home at Hung Hom.

Planning of the new Kowloon General Hospital and the new Mental Hospital continues.

VII. PUBLICATIONS

318. The following articles were published by members of the Department in the publication shown:—

	Title of Article.	*Publication.*	*Name & Title of Author.*
1.	Hong Kong Social Hygiene Service.	British Journal of Venereal Disease June, 1956.	Dr. G. M. Thomson, Social Hygiene Specialist.
2.	Some Observations on Infective Skin Conditions in Kowloon.	Bulletin of Hong Kong Chinese Medical Association, Vol. 8, No. 1.	Dr. G. M. Thomson, Social Hygiene Specialist.
3.	A Preliminary Report on the Treatment of Acute Gonorrhoea in the Male by Aureomycin Triple Sulfas.	Bulletin of Hong Kong Chinese Medical Association, Vol. 8, No. 1.	Dr. G. M. Thomson, Social Hygiene Specialist.
4.	Medico-Social Work in Hong Kong.	The Almoner, September, 1956.	Miss M. Benham, Principal Almoner.

	Title of Article.	*Publication.*	*Name & Title of Author.*
5.	Guest Editorial.	Bulletin of the Hong Kong Chinese Medical Association (1956).	Dr. P. M. Yap, Psychiatric Specialist.
6.	Physiotherapy in Hong Kong.	Physiotherapy.	Miss Marjorie Fogg, Superintendent Physiotherapist.
7.	Single Ectopic Ureter joining the vagina associated with Hypoplasia of Corresponding Kidney.	British Journal of Urology.	Dr. James Cook, Senior Surgical Specialist, with Professor Hau Pao Chang.
8.	On Plasma Fibrinolytic Activity in Cryptogenetic Splenomegaly.	Scottish Medical Journal.	Dr. James Cook, Senior Surgical Specialist, with Dr. H. C. Kwaan and Professor A. J. S. McFadzean.
9.	Review Articles describing recent application of fine chemicals as reagents in analytical chemistry.	Chemical Products.	Dr. A. J. Nutten, Government Chemist.
10.	Ambulatory Treatment of Pulmonary Tuberculosis in Hong Kong.	Tubercle (1956), 37, 451 December, 1956.	Dr. A. S. Moodie, Tuberculosis Specialist.
11.	Ophthalmic Disease in Hong Kong.	British Journal of Ophthalmology.	Dr. G. C. Dansey-Browning, Ophthalmic Specialist.
12.	Natal and Neonatal Teeth—A Study among Chinese in Hong Kong.	Dental Journal.	Mr. Walter C. Allwright, Dental Specialist.
13.	A Self-Built Obturator.	Dental Journal.	Mr. Walter C. Allwright, Dental Specialist.
14.	Some Views on the Pharmacological Properties and Uses of Muscle Relaxants.	Bulletin of the Chinese Medical Association Hong Kong.	Dr. Z. Lett, Anaesthetic Specialist.
15.	Some Aspects of Twin Pregnancy.	Bulletin of the Chinese Medical Association Hong Kong.	Dr. H. G. Page, Obstetrical and Gynaecological Specialist.

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

OCCUPATIONAL THERAPY FUND

STATEMENT OF RECEIPTS AND PAYMENTS FOR THE YEAR ENDED 31ST MARCH, 1957

Description		Amount	Description	Amount
		$ c.		$ c.
RECEIPTS			PAYMENTS	
To Balance brought forward (on deposit with Accountant General)...	$1,139.42		By Purchase of materials, games & sports	4,673.93
Cash in hand	586.68		Incentive payments	1,037.37
		1,726.10	Honoraria to voluntary workers.....	400.00
Sales of rattan articles and materials		6,445.50	Deposits transferred to Colony Revenue...	2,140.95
Refund of overpayment of honoraria for the period 7.7.56 - 31.7.56 in respect of Chau Ming		80.65	Balance (on deposit with Accountant General)	Nil
		$8,252.25		$8,252.25

Certified correct.

(Sgd.) I. AGAFUROFF,
p. Director of Medical and Health Services.
7. 6. 56.

(Sgd.) M. M. SWAN,
Secretary, Occupational Therapy Committee.
7. 6. 56.

The above statement has been examined in accordance with Condition 7 of the Schedule to Legislative Council Resolution dated 24th May, 1950 (G.N. No. A. 114 of 26th June, 1950). I have obtained all the information and explanations that I have required, and I certify, as a result of this audit, that in my opinion the statement is correct.

AUDIT DEPARTMENT,
Hong Kong, 28th June, 1957.

(Sgd.) F. E. L. CARTER,
Director of Audit.

SAMARITAN FUND

STATEMENT OF RECEIPTS AND PAYMENTS FOR THE YEAR ENDED 31ST MARCH, 1957

Description		Amount	Description		Amount
		$ c.			$ c.
RECEIPTS			**PAYMENTS**		
To Balance brought forward (on deposit with Accountant General)			By Providing maintenance, capital grants, clothing, food, travelling expenses, etc. to patients		8,077.80
Fund	$10,874.44		Incidental expenses for individual patients		1,532.65
Pensions and other monies held on behalf of individual patients	1,546.82		Balance carried forward, (on deposit with Accountant General)		
		12,421.26	Fund	$14,286.64	
Donations		11,490.00	Pensions and other monies held on behalf of individual patients	2,032.77	
Pensions and other monies received on behalf of individual patients		2,018.60			16,319.41
		$25,929.86			$25,929.86

Certified correct.

(Sgd.) I. AGAFUROFF,
p. Director of Medical & Health Services.
25. 6. 57.

(Sgd.) MAURA BENHAM,
Principal Almoner, Medical Department.
25. 6. 57.

The above statement has been examined in accordance with Condition 6 of the Schedule to Legislative Council Resolution dated 24th May, 1950 (G.N. No. A. 113 of 26th May, 1950). I have obtained all the information and explanations that I have required, and I certify, as a result of this audit, that in my opinion the statement is correct.

AUDIT DEPARTMENT,
Hong Kong, 28th June, 1957.

(Sgd.) F. E. L. CARTER,
Director of Audit.

NURSES REWARDS AND FINES FUND

STATEMENT OF RECEIPTS AND PAYMENTS FOR THE YEAR ENDED 31ST MARCH, 1957

Description	Amount	Description	Amount
RECEIPTS	$ c.	PAYMENTS	$ c.
To Balance brought forward (on deposit with Accountant General)	2,853.82	By Advance for purchase of prizes, etc. for Nurses and Dressers	200.00
Balance of an advance of $600.00 for the purchase of prizes for Nurses and Dressers.....	222.75	Provision of tea for 280 persons on the occasion of presentation of certificates and prizes to Nurses and Dressers.....	700.00
Forfeiture of deposits from Misses Joan Liu, Emily Fan, Dorothy Sun, Susan Leung, Amy Tsang and Jeannette Chung	1,200.00	Balance carried forward (on deposit with Accountant General)	3,376.67
	$4,276.57		$4,276.57

Certified correct.

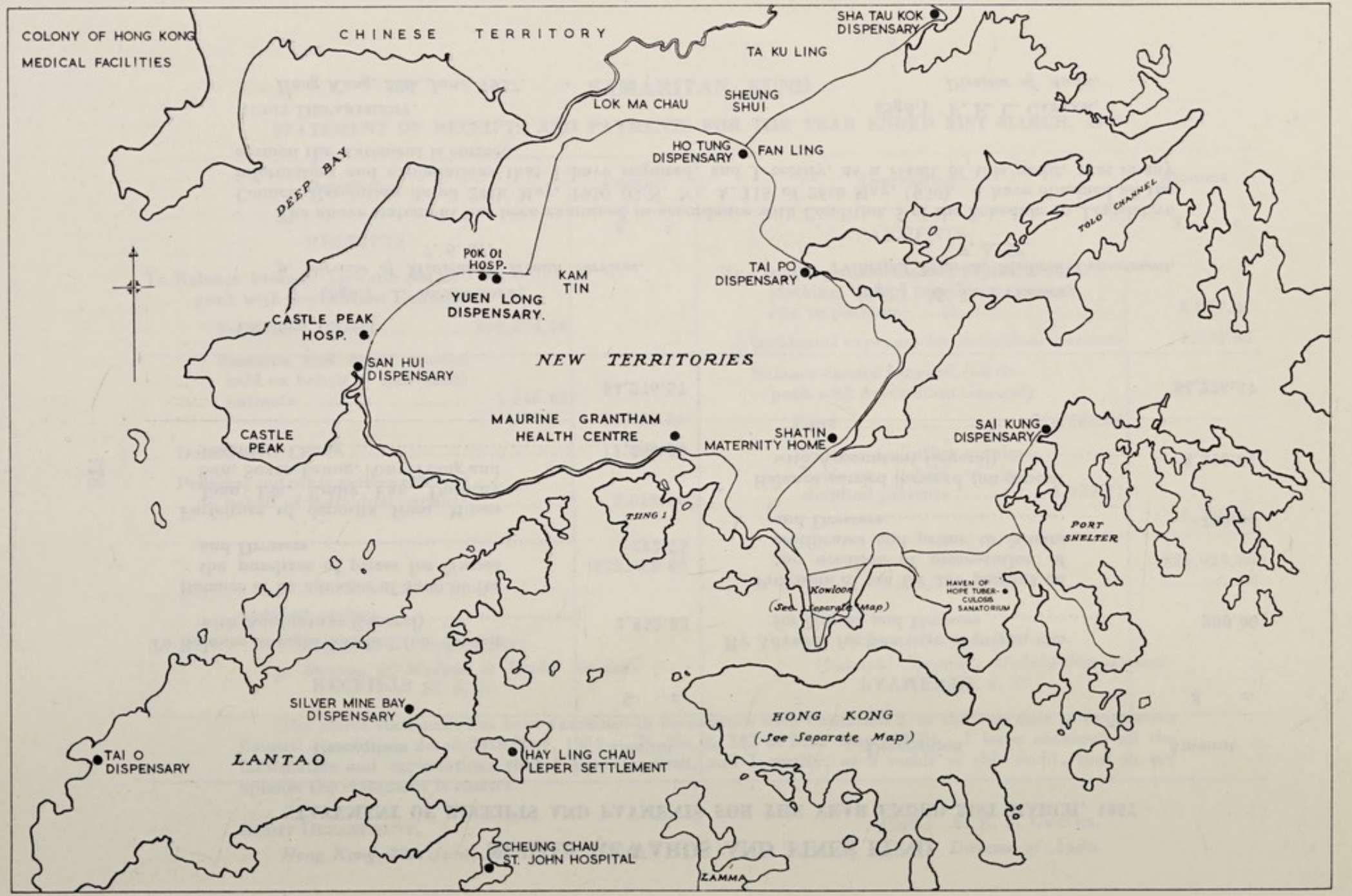
(Sgd.) I. AGAFUROFF,
p. Director of Medical & Health Services.
7. 6. 57.

(Sgd.) M. L. EVERETT,
Principal Matron, Medical Department.
7. 6. 57.

The above statement has been examined in accordance with Condition 5 of the Schedule to Legislative Council Resolution dated 24th May, 1950 (G.N. No. A. 115 of 26th May, 1950). I have obtained all the information and explanations that I have required, and I certify, as a result of this audit, that in my opinion the statement is correct.

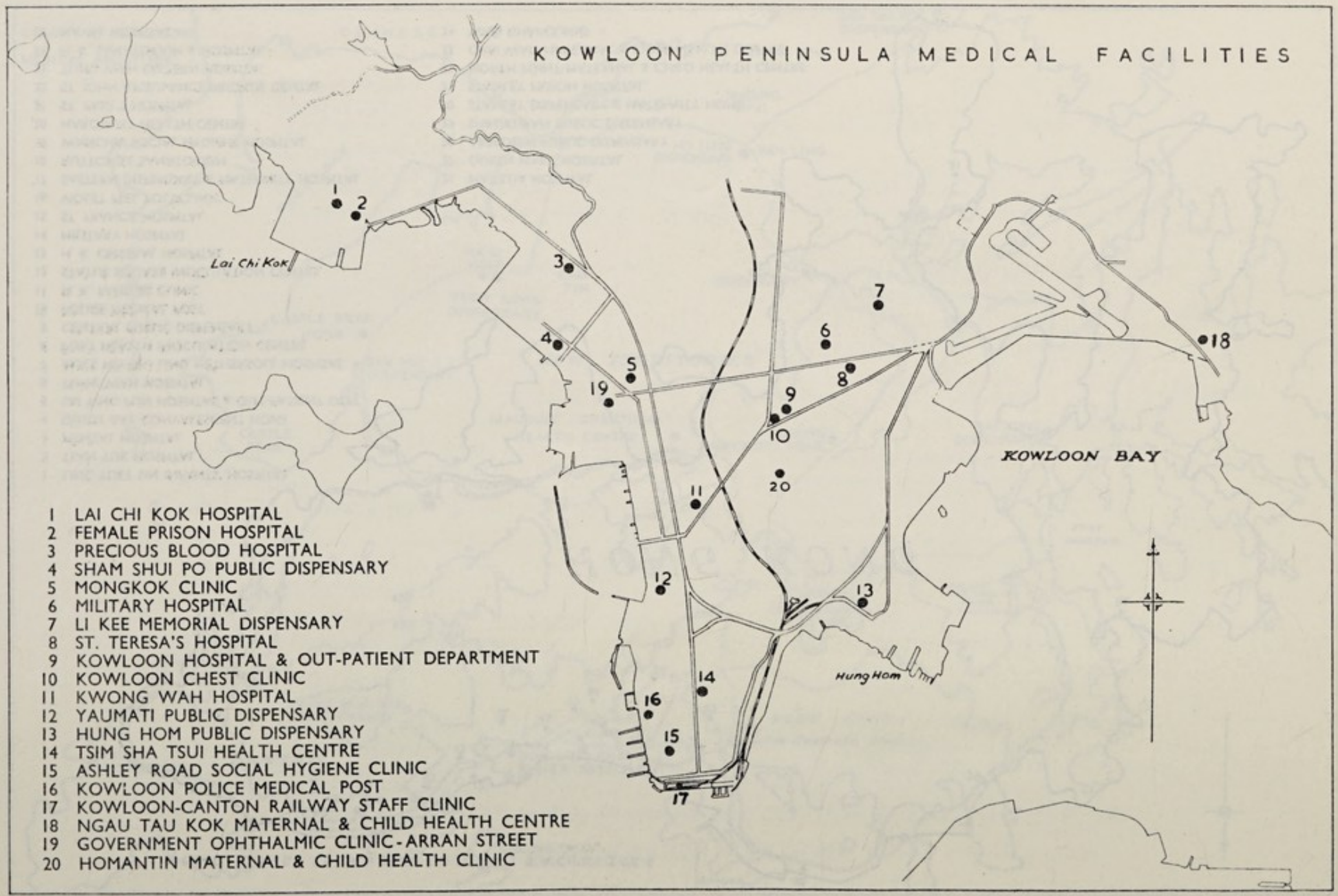
AUDIT DEPARTMENT,
Hong Kong, 28th June, 1957.

(Sgd.) F. E. L. CARTER,
Director of Audit.


COLONY OF HONG KONG
MEDICAL FACILITIES
CHINESE TERRITORY
SHA TAU KOK DISPENSARY
TA KU LING
LOK MA CHAU
SHEUNG SHUI
HO TUNG DISPENSARY
FAN LING
DEEP BAY
TOLO CHANNEL
POK OI HOSP.
KAM TIN
YUEN LONG DISPENSARY.
TAI PO DISPENSARY
CASTLE PEAK HOSP.
SAN HUI DISPENSARY
NEW TERRITORIES
MAURINE GRANTHAM HEALTH CENTRE
SHATIN MATERNITY HOME
SAI KUNG DISPENSARY
CASTLE PEAK
TSING I
PORT SHELTER
Kowloon
(See Separate Map)
HAVEN OF HOPE TUBERCULOSIS SANATORIUM
SILVER MINE BAY DISPENSARY
HONG KONG
(See Separate Map)
TAI O DISPENSARY
LANTAO
HAY LING CHAU LEPER SETTLEMENT
CHEUNG CHAU ST. JOHN HOSPITAL
LAMMA


HONG KONG ISLAND MEDICAL FACILITIES
HONG KONG
1 LING YUET SIN INFANTS' HOSPITAL
2 TSAN YUK HOSPITAL
3 MENTAL HOSPITAL
4 SANDY BAY CONVALESCENT HOME
5 SAI YING PUN HOSPITAL & OUT-PATIENT DEPT.
6 TUNG WAH HOSPITAL
7 ALICE HO MIU LING NETHERSOLE HOSPITAL
8 PORT HEALTH INOCULATION CENTRE
9 CENTRAL PUBLIC DISPENSARY
10 POLICE MEDICAL POST
11 H. K. 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 SOCIAL HYGIENE 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 PUBLIC DISPENSARY
29 SHAUKIWAN PUBLIC DISPENSARY
30 STANLEY DISPENSARY & MATERNITY HOME
31 STANLEY PRISON HOSPITAL
32 NORTH POINT MATERNAL & CHILD HEALTH CENTRE
33 CHAI WAN MATERNAL & CHILD HEALTH CENTRE
34 WAN CHAI CLINIC

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 LI KEE MEMORIAL DISPENSARY
8 ST. TERESA'S HOSPITAL
9 KOWLOON HOSPITAL & OUT-PATIENT DEPARTMENT
10 KOWLOON CHEST CLINIC
11 KWONG WAH HOSPITAL
12 YAUMATI PUBLIC DISPENSARY
13 HUNG HOM PUBLIC DISPENSARY
14 TSIM SHA TSUI HEALTH CENTRE
15 ASHLEY ROAD SOCIAL HYGIENE CLINIC
16 KOWLOON POLICE MEDICAL POST
17 KOWLOON-CANTON RAILWAY STAFF CLINIC
18 NGAU TAU KOK MATERNAL & CHILD HEALTH CENTRE
19 GOVERNMENT OPHTHALMIC CLINIC - ARRAN STREET
20 HOMANTIN MATERNAL & CHILD HEALTH CLINIC

APPENDIX 1

ESTABLISHMENT OF THE MEDICAL DEPARTMENT AS AT 31.3.1957

Director of Medical and Health Services	1
Deputy Director of Medical and Health Services	1
Assistant Director of Medical Services	1
Assistant Director of Health Services	1
Senior Medical Officers	3
Senior Health Officer	1
Senior Surgical Specialist	1
Senior Radiological Specialist	1
Medical Specialist	1
Tuberculosis Specialist	1
Dental Specialist	1
Gynaecological and Obstetrical Specialist	1
Social Hygiene Specialist	1
Ophthalmic Specialist	1
Psychiatric Specialist	1
Anaesthetic Specialist	1
Government Pathologist	1
Chief Port Health Officer	1
Malariologist	1
Medical Officers, Assistant Medical Officers, Women Medical Officers, Assistant Women Medical Officers and House Officers	262
Dental Surgeons and Assistant Dental Surgeons	15
Pathologists	3
Radiologists	6
Government Chemist	1
Chemists, Assistant Chemists, Biochemist, Assistant Biochemist	8
Principal Matron	1
Nursing Staff	1,012
Principal Almoner	1
Almoners and Assistant Almoners	24
Executive Officers	8
Clerical Staff	230
Chief Pharmacist, Pharmacists, Dispensers, and Dispensary Supervisors	71
Superintendent Radiographer, Senior Radiographers, Radiographers, and Radiographic Assistants	45
Superintendent Physiotherapist, Physiotherapists, and Assistant Physiotherapists	19
Physicist	1
Occupational Therapists	4
Chief Laboratory Technician, Laboratory Technicians, and Laboratory Assistants	46
Chief Hospital Secretary, Hospital Secretaries and Assistant Hospital Secretaries	11
Health Inspectors and Malaria Inspectors	29
Dietitians	2
Public Vaccinators	54
Other staff	2,161
TOTAL	4,035

APPENDIX 2

NOTIFIABLE DISEASES
REPORTED CASES AND DEATHS 1955 AND 1956

	No. of Notifications		No. of Deaths	
	1955	1956	1955	1956
Amoebiasis	210	182	6	6
Bacillary dysentery	524	560	37	4
Cerebro-Spinal Meningitis	11	21	3	9
Chickenpox	380	273	4	2
Cholera	—	—	—	—
Diphtheria	840	714	71	75
Enteric fever	735	789	58	48
Malaria	431	496	9	4
Measles	543	709	88	86
Plague	—	—	—	—
Poliomyelitis	51	31	3	3
Puerperal fever	4	7	1	2
Rabies—human	3	—	3	—
animal	11	—	11	—
Relapsing fever	—	—	—	—
Scarlet fever	45	14	1	—
Smallpox	—	—	—	—
Tuberculosis	14,148	12,155	2,810	2,629
*Typhus	4	1	—	—
Whooping Cough	213	119	1	2
Yellow fever	—	—	—	—

* Non-epidemic type.

APPENDIX 3

ANTI—EPIDEMIC PROPHYLACTIC IMMUNIZATIONS 1955 AND 1956

Immunological Procedure	1955	1956
Anti-Smallpox Vaccination	862,834	1,404,669
Anti-Cholera Inoculation	31,247	28,713
Anti-Diphtheria Inoculation:		
1st Dose	99,448	74,082
2nd Dose	83,647	58,197
Booster Dose	46,144	46,303
Anti-Typhoid Inoculations:		
1st Dose	133,641	150,282
2nd Dose	82,975	95,920
Booster Dose	86,002	137,232
Anti-Plague Inoculation	238	260
Anti-Typhus Inoculation	3,215	1,444
Anti-Rabies:		
1st Dose	3,171	2,885
Other Doses	14,260	14,189
Anti-Tetanus	38,959	30,681
Anti-Tuberculosis (B.G.G.) Vaccination:		
Infants	9,587	19,616
Others	15,775	5,629

APPENDIX 4

MALARIA NOTIFICATION — 1956

SOURCE OF CASES

Reported as / Reported from	FRESH CASES						RECURRENT CASES						UNSTATED						TOTAL
	V.	F.	M.	Mixed	T.U.	Total	V.	F.	M.	Mixed	T.U.	Total	V.	F.	M.	Mixed	Clinical	Total	
Unprotected Area.....	239	84	8	2	7	340	48	31	2	—	5	86	2	—	—	—	—	2	428
Protected Area.....	18	11	3	—	—	32	8	9	2	—	1	20	1	2	1	—	2	6	58
Address not correctly given	3	4	—	—	—	7	—	—	—	—	—	—	—	—	—	—	—	—	7
Imported cases	—	1	—	—	—	1	—	—	—	—	—	—	2	—	—	—	—	2	3
TOTAL	260	100	11	2	7	380	56	40	4	—	6	106	5	2	1	—	2	10	496

V = vivax
F = falciparum
M = malariae
Mixed = mixed infection
T.U. = type unspecified

APPENDIX 5

INFANT BLOOD SURVEY — NEW TERRITORIES, 1956

MONTH	SAI KUNG			TAI PO			TAI O			YUEN LONG			TSUEN WAN			CHEUNG CHAU		
	No. examined	No. positives	%	No. examined	No. positives	%	No. examined	No. positives	%	No. examined	No. positives	%	No. examined	No. positives	%	No. examined	No. positives	%
January	23	1	4.3	10	—	—	27	—	—	9	—	—	9	—	—	13	—	—
February	17	—	—	14	1	7.1	43	—	—	23	—	—	17	2	11.8	8	—	—
March	24	1	4.2	15	—	—	18	—	—	13	—	—	15	—	—	32	—	—
April.....	13	—	—	16	—	—	25	—	—	23	1	4.3	20	—	—	21	—	—
May	21	—	—	6	—	—	35	—	—	18	—	—	7	—	—	33	—	—
June	21	1	4.8	3	—	—	31	—	—	17	—	—	15	—	—	27	—	—
July	22	1	4.5	4	—	—	35	—	—	21	—	—	17	—	—	24	—	—
August.....	21	4	19.0	5	—	—	36	—	—	13	—	—	16	—	—	7	—	—
September	19	1	5.3	7	—	—	24	—	—	5	—	—	12	—	—	10	—	—
October	14	1	7.1	10	—	—	24	—	—	7	—	—	16	1	6.3	10	—	—
November	9	3	33.3	6	—	—	29	1	3.4	7	—	—	17	1	5.9	4	—	—
December	9	*1	11.1	8	—	—	22	—	—	6	—	—	8	—	—	8	—	—
TOTAL.....	213	14	6.5	104	1	1.0	349	1	0.3	162	1	0.6	169	4	2.4	197	—	—

N.B. * falciparum infection; all other positives vivax infection.

APPENDIX 6

COMPOSITE TABLE TO SHOW INCIDENCE OF VENEREAL DISEASE IN HONG KONG AND OTHER WORK DONE BY SOCIAL HYGIENE SUB-DEPARTMENT

	1952	1953	1954	1955	1956
New Cases	23,565	37,392	36,652	34,853	32,490
Total Attendances	149,237	213,091	223,031	203,701	180,148
Admissions to Hospital	1,106	741	588	704	515
Total Syphilis (except Congenital).	3,216	6,969	6,825	4,232	3,711
Primary Syphilis	672	634	393	153	93
Secondary Syphilis	180	132	54	34	20
Early Latent Syphilis	882	2,298	2,209	1,044	733
Late Latent Syphilis	1,275	3,727	3,983	2,853	2,616
Congenital Syphilis (under 1 year).	77	44	24	19	19
Congenital Syphilis (over 1 year)...	47	69	93	111	64
Gonorrhoea	8,546	11,625	10,785	11,309	10,609
Chancroid	2,400	2,507	2,365	2,468	1,614
Lymphogranuloma Venereum	111	208	286	249	140
Non Venereal Disease	6,596	13,616	14,526	14,788	14,682

LEPROSY OUT-PATIENT SERVICE

	1955	1956
New Cases of Leprosy	762	751
Lepromatous	170	160
Tuberculoid	198	262
Mixed Type	—	1
Total Attendances	22,012	25,789
Number of Cases Admitted to Hay Ling Chau.	98	165

APPENDIX 7

NUMBER OF HOSPITAL BEDS IN HONG KONG — 1956

	Medical	Surgical	Gynaecological	Tuberculosis	Mental	Maternity	Infectious	Observation	Miscellaneous	Total
Government Hospitals:										
Queen Mary	191	(a) 232	46	78	1	37	—	9	(c) 4	598
Kowloon	71	(b) 103	10	—	—	44	7	12	—	247
Mental	—	—	—	—	140	—	—	—	—	140
Sai Ying Pun	—	—	—	—	—	—	88	—	—	88
Tsan Yuk	—	—	—	—	—	200	—	—	—	200
Lai Chi Kok	29	137	14	202	—	—	94	—	—	476
Eastern Maternity	—	—	—	—	—	24	—	—	—	24
Wanchai Social Hygiene	—	—	—	—	—	—	20 4 cots 4 cradles	—	—	28
St. John	32	8	—	42	—	15	5	—	—	102
Stanley Prison	22	22	—	20	—	—	18	—	—	82
Lai Chi Kok Female Prison	2 cots 11	—	—	—	—	1	—	—	—	14
	358	502	70	342	141	321	240	21	4	1,999
Grant-In-Aid Hospitals:										
Tung Wah	195	116	20	134	—	30	—	—	—	495
Tung Wah Eastern	184	65	10	49	—	32	—	—	—	340
Kwong Wah	140	54	20	60	—	130	—	—	—	404
Alice Ho Miu Ling Nethersole	68	(d) 61	45	12	—	70	—	—	(e) 16	272
The Hong Kong Anti-T.B. Association, Ruttonjee Sanatorium	—	—	—	336	—	—	—	—	—	336
Pok Oi	40	—	—	—	—	10	—	—	—	50
Hay Ling Chau Leprosarium	28	—	—	12	—	—	540	—	—	580
	655	296	95	603	—	272	540	—	16	2,477
Private Hospitals:										
Hong Kong Sanatorium & Hospital	(f) 220	—	—	29	—	40	11	—	—	300
Precious Blood	32	6	—	(h) 45	—	(g) 7	—	—	—	90
St. Teresa's	40	8	8	15	—	15	4	—	—	90
St. Francis	30	26	—	12	—	—	2	—	—	70
St. Paul's	88	(i) 12	—	30	—	24	—	—	(j) 18	172
The Hong Kong Central	27	28	6	16	—	9	4	—	—	90
Ling Yuet Sin Infants'	102	6	—	—	—	15	2	—	—	125
Matilda & War Memorial	15	45	8	—	—	12	—	—	—	80
Haven of Hope	—	—	—	105	—	—	—	—	—	105
Sandy Bay	—	50	—	—	—	—	—	—	—	50
	554	181	22	252	—	122	23	—	18	1,172

APPENDIX 7—*Contd.*

	Medical	Surgical	Gynaecol-ogical	Tuber-culosis	Mental	Mater-nity	Infectious	Observa-tion	Miscel-laneous	Total
Private Maternity Homes	—	—	—	—	—	489	—	—	—	489
Private Nursing Homes	31	—	—	—	—	—	—	—	—	31
Government Dispensaries :										
Stanley	—	—	—	—	—	6	—	—	—	6
Tai Po	—	—	—	—	—	8	—	—	—	8
Yuen Long	—	—	—	—	—	7	—	—	—	7
Sha Tau Kok	—	—	—	—	—	3	—	—	—	3
Ho Tung	6	—	—	—	—	7	—	—	—	13
Sai Kung	—	—	—	—	—	7	—	—	—	7
Tai O	3	—	—	—	—	6	—	—	—	9
San Hui	—	—	—	—	—	3	—	—	—	3
Sha Tin Maternity Home	—	—	—	—	—	4	—	—	—	4
Silver Mine Bay Maternity Home	—	—	—	—	—	6	—	—	—	6
Maurine Grantham Health Centre	—	—	—	—	—	26	—	—	—	26
Tai Lam Chung Hospital	6	—	—	—	—	—	—	—	—	6
	15	—	—	—	—	83	—	—	—	98
Government Hospitals	358	502	70	342	141	321	240	21	4	1,999
Grant-In-Aid Hospitals	655	296	95	603	—	272	540	—	16	2,477
Private Hospitals	554	181	22	252	—	122	23	—	18	1,172
Private Maternity Homes	—	—	—	—	—	489	—	—	—	489
Private Nursing Homes	31	—	—	—	—	—	—	—	—	31
Government Dispensaries	15	—	—	—	—	83	—	—	—	98
GRAND TOTAL	1,613	979	187	1,197	141	1,287	803	21	38	6,266

(*a*) Including 32 beds for medical cases.

(*b*) Including 8 beds for Auxiliary Medical Service Training.

(*c*) Beds included in Casualty Ward.

(*d*) Including 22 beds for children (used for either medical or surgical cases as required).

(*e*) Private ward beds used for either medical or surgical as required.

(*f*) Including beds for surgical & gynaecological cases.

(*g*) Private Rooms.

(*h*) Including 37 beds in Private Rooms used for medical, surgical, gynaecological & infectious cases.

(*i*) Including beds for gynaecological cases.

(*j*) Baby Ward.

APPENDIX 8

IN-PATIENTS TREATED IN GOVERNMENT AND GOVERNMENT ASSISTED HOSPITALS, 1956 CLASSIFIED ACCORDING TO INTERNATIONAL STANDARD CLASSIFICATION INTERMEDIATE LIST OF 150 CAUSES

Intermediate List Number	Detailed List Number	Cause Groups	Cases Treated 1956		Deaths 1956		Deaths 1956			
			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...	1,338	2,764	26	994	1,304	597	—	1,901
A 2	010	Tuberculosis of meninges and central nervous system.....	139	690	46	472	263	295	—	558
A 3	011	Tuberculosis of intestines, peritoneum and mesenteric glands.....	27	82	1	12	32	18	—	50
A 4	012 - 013	Tuberculosis of bones and joints.....	96	185	—	1	3	—	—	3
A 5	014 - 019	Tuberculosis, all other forms	98	232	18	41	50	67	—	117
A 6	020	Congenital syphilis.....	36	48	3	3	4	3	—	7
A 7	021	Early Syphilis.....	12	1	—	—	—	—	—	—
A 8	024	Tabes dorsalis.....	21	18	—	2	4	1	—	5
A 9	025	General paralysis of insane.....	90	6	12	—	12	1	—	13
A 10	022, 023 026 - 029	All other syphilis	114	59	14	5	46	8	—	54
A 11	030 - 035	Gonococcal infections	97	—	—	—	—	—	—	—
A 12	040	Typhoid fever.....	430	203	18	21	21	26	—	47
A 13	041 - 042	Paratyphoid fever and other Salmonella infections.....	26	5	1	—	1	—	—	1
A 14	043	Cholera	—	—	—	—	—	—	—	—
A 15	044	Brucellosis (undulant fever).....	1	—	—	—	—	—	—	—
A 16 (*a*)	045	Bacillary dysentery	415	10	3	1	2	2	—	4
(*b*)	046	Amoebiasis	133	9	4	1	3	3	—	6
(*c*)	047, 048	Other unspecified forms of dysentery.	5	3	—	—	—	—	—	—
A 17	050	Scarlet fever	6	—	—	—	—	—	—	—
A 18	051	Streptococcal sore throat.....	4	3	—	—	—	1	—	1
		Carried forward.....	3,088	4,318	146	1,553	1,745	1,022	—	2,767

APPENDIX 8—*Contd.*

Intermediate List Number	Detailed List Number	Cause Groups	Cases Treated 1956		Deaths 1956		Deaths 1956			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Whole Colony			
							Male	Female	Sex Unknown	Total
		Brought forward	3,088	4,318	146	1,553	1,745	1,022	—	2,767
A 19	052	Erysipelas	2	8	—	1	1	3	—	4
A 20	053	Septicaemia and pyaemia	15	83	14	53	43	44	—	87
A 21	055	Diphtheria	730	1	64	—	39	36	—	75
A 22	056	Whooping cough	6	—	1	—	2	—	—	2
A 23	057	Meningococcal infections	11	7	1	7	7	2	—	9
A 24	058	Plague	—	—	—	—	—	—	—	—
A 25	060	Leprosy	46	564	—	6	4	2	—	6
A 26	061	Tetanus	112	18	54	16	41	29	—	70
A 27	062	Anthrax	—	—	—	—	—	—	—	—
A 28	080	Acute poliomyelitis	24	—	—	—	3	—	—	3
A 29	082	Acute infectious encephalitis	1	—	—	—	—	1	—	1
A 30	081, 083	Late effects of acute poliomyelitis and acute infectious encephalitis	7	—	—	—	—	—	—	—
A 31	084	Smallpox	—	—	—	—	—	—	—	—
A 32	085	Measles	211	49	48	3	41	45	—	86
A 33	091	Yellow fever	—	—	—	—	—	—	—	—
A 34	092	Infectious hepatitis	60	—	4	—	4	3	—	7
A 35	094	Rabies	—	—	—	—	—	—	—	—
A 36 (*a*)	100	Louse-borne epidemic typhus	—	—	—	—	—	—	—	—
(*b*)	101	Flea-borne epidemic typhus (murine)	—	—	—	—	—	—	—	—
(*c*)	104	Tick-borne epidemic typhus	—	—	—	—	—	—	—	—
(*d*)	105	Mite-borne typhus	—	—	—	—	—	—	—	—
(*e*)	102, 103 106 - 108	Other and unspecified typhus	—	—	—	—	—	—	—	—
A 37 (*a*)	110	Vivax malaria (benign tertian)	14	4	—	—	—	1	—	1
(*b*)	111	Malariae malaria (quartan)	3	—	—	—	—	—	—	—
		Carried forward	4,330	5,052	332	1,639	1,930	1,188	—	3.118

APPENDIX 8—*Contd.*

Intermediate List Number	Detailed List Number	Cause Groups	Cases Treated 1956		Deaths 1956		Deaths 1956			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Whole Colony			
							Male	Female	Sex Unknown	Total
		Brought forward	4,330	5,052	332	1,639	1,930	1,188	—	3,118
A 37 (*c*)	112	Falciparum malaria (Malignant tertian)	35	24	1	1	1	1	—	2
(*d*)	115	Blackwater fever	—	—	—	—	—	—	—	—
(*e*)	113, 114 116, 117	Other and unspecified forms of malaria	2	30	—	—	—	1	—	1
A 38 (*a*)	123.0	Schistosomiasis vesical (S. haematobium)	1	—	—	—	—	—	—	—
(*b*)	123.1	Schistosomiasis intestinal (S. Mansoni)	—	—	—	—	—	—	—	—
(*c*)	123.2	Schistosomiasis pulmonary (S. Japonicum)	—	—	—	—	—	—	—	—
(*d*)	123.3	Other and unspecified schistosomiasis	2	—	—	—	—	—	—	—
A 39	125	Hydatid disease	—	—	—	—	—	—	—	—
A 40 (*a*)	127	Onchocerciasis	—	—	—	—	—	—	—	—
(*b*)	127	Loiasis	—	—	—	—	—	—	—	—
(*c*)	127	Filariasis (bancrofti)	—	3	—	—	—	—	—	—
(*d*)	127	Other filariasis	4	1	—	—	—	—	—	—
A 41	129	Ankylostomiasis	36	55	—	—	—	—	—	—
A 42 (*a*)	126	Tapeworm (infestation) and other cestode infestations	1	—	—	—	—	—	—	—
(*b*)	130.0	Ascariasis	30	105	—	—	—	—	—	—
(*c*)	130.3	Guinea Worm (dracunculosis)	—	—	—	—	—	—	—	—
(*d*)	124, 128, 130.1, 130.2	Other diseases due to helminths	2	50	—	—	—	—	—	—
A 43 (*a*)	037	Lymphogranuloma venereum	16	—	—	—	—	—	—	—
(*b*)	038	Granuloma inguinale, venereal	2	1	—	—	—	—	—	—
		Carried forward	4,461	5,321	333	1,640	1,931	1,190	—	3,121

APPENDIX 8—*Contd.*

Intermediate List Number	Detailed List Number	Cause Groups	Cases Treated 1956		Deaths 1956		Deaths 1956			
							Whole Colony			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Male	Female	Sex Unknown	Total
		Brought forward.....	4,461	5,321	333	1,640	1,931	1,190	—	3,121
A 43 (*c*)	039	Other and unspecified venereal diseases	15	—	—	—	—	—	—	—
(*d*)	049	Food poisoning infection and intoxication	3	—	—	—	—	—	—	—
(*e*)	071	Relapsing fever	—	—	—	—	—	—	—	—
(*f*)	072	Leptospirosis icterohaemorrhagica (Weil's disease)	—	—	—	—	—	—	—	—
(*g*)	073	Yaws	—	—	—	—	—	—	—	—
(*h*)	087	Chickenpox.....	24	2	—	—	—	2	—	2
(*i*)	090	Dengue	—	—	—	—	—	—	—	—
(*j*)	095	Trachoma	1	1	—	—	—	—	—	—
(*k*)	096.7	Sandfly fever	2	—	—	—	—	—	—	—
(*l*)	120	Leishmaniasis	—	—	—	—	—	—	—	—
(*m*)	121 (*a*)	Trypanosomiasis gambiensis.....	—	—	—	—	—	—	—	—
	(*b*)	Trypanosomiasis rhodesiensis	—	—	—	—	—	—	—	—
	(*c*)	Other and unspecified trypanosomiasis	—	—	—	—	—	—	—	—
(*n*)	131	Dermatophytosis	—	—	—	—	—	—	—	—
(*o*)	135	Scabies	—	8	—	—	—	—	—	—
(*p*)	036,054,059, 063,064,070, 074,086,088, 089,093, 096.1, 096.6, 096.8, 096.9, 122,132-134, 136-138	All other diseases classified as infective and parasitic	56	14	—	—	1	1	—	2
		Carried forward.....	4,562	5,346	333	1,640	1,932	1,193	—	3,125

APPENDIX 8—*Contd.*

Intermediate List Number	Detailed List Number	Cause Groups	Cases Treated 1956		Deaths 1956		Deaths 1956			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Whole Colony			
							Male	Female	Sex Unknown	Total
		Brought forward.....	4,562	5,346	333	1,640	1,932	1,193	—	3,125
A 44	140 - 148	Malignant neoplasm of buccal cavity and pharynx	118	154	21	79	108	64	—	172
A 45	150	Malignant neoplasm of oesophagus...	49	40	12	17	31	10	—	41
A 46	151	Malignant neoplasm of stomach.....	72	164	16	98	92	95	—	187
A 47	152,153	Malignant neoplasm of intestine, except rectum.....	26	63	2	29	27	29	—	56
A 48	154	Malignant neoplasm of rectum	31	29	3	12	12	15	—	27
A 49	161	Malignant neoplasm of larynx	12	6	1	—	8	4	—	12
A 50	162,163	Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary	57	83	17	44	78	50	—	128
A 51	170	Malignant neoplasm of breast.....	80	129	2	28	—	62	—	62
A 52	171	Malignant neoplasm of cervic uteri ..	233	156	8	83	—	130	—	130
A 53	172 - 174	Malignant neoplasm of other and unspecified parts of uterus	41	59	3	12	—	34	—	34
A 54	177	Malignant neoplasm of prostate.....	4	3	1	2	3	—	—	3
A 55	190, 191	Malignant neoplasm of skin	8	14	1	4	5	2	—	7
A 56	196, 197	Malignant neoplasm of bone and connective tissue	26	25	2	14	13	12	—	25
A 57	155 - 160 164, 165, 175, 176, 178 - 181, 192 - 195 198, 199	Malignant neoplasm of all other and unspecified sites.....	268	256	81	155	236	142	—	378
A 58	204	Leukaemia and aleukaemia.....	53	22	21	6	26	10	—	36
		Carried forward.....	5,640	6,549	524	2,223	2,571	1,852	—	4,423

APPENDIX 8—*Contd.*

Intermediate List Number	Detailed List Number	Cause Groups	Cases Treated 1956		Deaths 1956		Deaths 1956			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Whole Colony			
							Male	Female	Sex Unknown	Total
		Brought forward.....	5,640	6,549	524	2,223	2,571	1,852	—	4,423
A 59	200 - 203 205	Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system	39	22	16	5	23	7	—	30
A 60	210 - 239	Benign neoplasms and neoplasms of unspecified nature.....	540	327	7	6	10	10	—	20
A 61	250, 251	Nontoxic goiter	76	15	—	—	—	—	—	—
A 62	252	Tyrotoxicosis with or without goiter..	113	29	—	6	1	7	—	8
A 63	260	Diabetes mellitus	99	65	6	6	17	19	—	36
A 64 (*a*)	280	Beriberi	26	67	—	7	22	11	—	33
(*b*)	281	Pellagra	—	—	—	—	—	—	—	—
(*c*)	282	Scurvy.....	—	—	—	—	—	—	—	—
(*d*)	283 - 286	Other deficiency states.....	37	343	7	25	33	6	—	39
A 65 (*a*)	290	Pernicious and other hyperchromic anaemias	—	—	—	—	1	1	—	2
(*b*)	291	Iron deficiency anaemias (hypochromic)	8	11	—	3	—	4	—	4
(*c*)	292, 293	Other specified and unspecified anaemias	82	182	7	13	7	15	—	22
A 66 (*a*)	241	Asthma	131	291	2	7	33	24	—	57
(*b*)	240, 242 - 245 253, 254 270 - 277 287 - 289 294 - 299	All other allergic disorders, endocrine, metabolic and blood diseases	238	127	13	11	18	17	—	35
		Carried forward.....	7,029	8,028	582	2,312	2,736	1,973	—	4,709

APPENDIX 8—*Contd.*

Intermediate List Number	Detailed List Number	Cause Groups	Cases Treated 1956		Deaths 1956		Deaths 1956			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Whole Colony			
							Male	Female	Sex Unknown	Total
		Brought forward.....	7,029	8,028	582	2,312	2,736	1,973	—	4,709
A 67	300 - 309	Psychoses	885	—	* 18	—	3	1	—	4
A 68	310 - 324, 326	Psychoneuroses and disorders of personality	316	63	—	—	—	—	—	—
A 69	325	Mental deficiency	58	—	† 1	—	—	—	—	—
A 70	330 - 334	Vascular lesions affecting central nervous system	210	701	123	433	487	367	—	854
A 71	340	Nonmeningococcal meningitis	38	8	20	5	18	16	—	34
A 72	345	Multiple sclerosis	1	—	—	—	1	—	—	1
A 73	353	Epilepsy	89	38	1	6	4	5	—	9
A 74	370 - 379	Inflammatory diseases of eye	32	15	—	—	—	—	—	—
A 75	385	Cataract	187	115	—	—	—	—	—	—
A 76	387	Glaucoma	34	28	—	—	—	—	—	—
A 77 (*a*)	390	Otitis externa.....	1	3	—	—	—	—	—	—
(*b*)	391 - 393	Otitis media and mastoiditis	46	45	—	3	2	4	—	6
(*c*)	394	Other inflammatory diseases of ear...	—	—	—	—	—	—	—	—
A 78 (*a*)	380 - 384 386, 388, 389	All other disease and conditions of eye	105	26	—	—	—	—	—	—
		Carried forward.....	9,031	9,070	745	2,759	3,251	2,366	—	5,617

* Among these, 1 died of A2—Tuberculosis of meninges and central nervous system.

1 died of A3—Tuberculosis of intestines, peritoneum and mesenteric glands.

1 died of A48—Malignant neoplasm of rectum.

1 died of A63—Diabetes mellitus.

1 died of A64-(*d*)—Other deficiency states.

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

2 died of A81—Arteriosclerotic and egenerative heart diseases.

1 died of A90—Bronchopneumonia.

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

1 died of A99—Ulcer of stomach.

1 died of AE148—Suicide and self-inflicted injury.

† 1 died of A66(*b*)—All other allergic disorders, endocrine, metabolic and blood diseases.

APPENDIX 8—*Contd.*

Intermediate List Number	Detailed List Number	Cause Groups	Cases Treated 1956		Deaths 1956		Deaths 1956			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Whole Colony			
							Male	Female	Sex Unknown	Total
		Brought forward.....	9,031	9,070	745	2,759	3,251	2,366	—	5,617
A 78 (*b*)	341 - 344 350 - 352 354 - 357 360 - 369 395 - 398	All other diseases of the nervous system and sense organs.....	167	99	12	12	17	13	—	30
A 79	400 - 402	Rheumatic fever	17	1	1	—	2	4	—	6
A 80	410 - 416	Chronic rheumatic heart disease.....	284	382	35	116	103	163	—	266
A 81	420 - 422	Arteriosclerotic and egenerative heart disease	38	281	17	148	252	271	—	523
A 82	430 - 434	Other diseases of heart.....	184	659	42	57	130	88	—	218
A 83	440 - 443	Hypertension with heart diseases ...	143	377	19	93	161	106	—	267
A 84	444 - 447	Hypertension without mention of heart	21	195	5	14	43	31	—	74
A 85	450 - 456	Diseases of arteries	82	75	6	8	58	42	—	100
A 86	460 - 468	Other diseases of circulatory system.....	207	607	4	5	7	2	—	9
A 87	470 - 475	Acute upper respiratory infections...	517	675	3	4	5	2	—	7
A 88	480 - 483	Influenza.....	22	765	—	10	14	7	—	21
A 89	490	Lobar Pneumonia	116	351	16	77	167	79	—	246
A 90	491	Bronchopneumonia	433	4,039	169	1,704	1,630	1,598	—	3,228
A 91	492, 493	Primary atypical, other and unspecified pneumonia	53	271	7	54	36	38	—	74
A 92	500	Acute bronchitis.....	234	207	4	2	75	45	—	120
A 93	501, 502	Bronchitis, chronic and unqualified...	54	504	2	51	82	86	—	168
A 94	510	Hypertrophy of tonsils and adenoids	330	44	—	—	—	—	—	—
A 95	518, 521	Empyema and abscess of lung	67	25	6	5	77	39	—	116
		Carried forward.....	12,000	18,627	1,093	5,119	6,110	4,980	—	11,090

APPENDIX 8—*Contd.*

Intermediate List Number	Detailed List Number	Cause Groups	Cases Treated 1956		Deaths 1956		Deaths 1956			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Whole Colony			
							Male	Female	Sex Unknown	Total
		Brought forward	12,000	18,627	1,093	5,119	6,110	4,980	—	11,090
A 96	519	Pleurisy	47	73	2	6	33	14	—	47
A 97 (*a*)	523	Pneumoconiosis	—	—	—	—	—	—	—	—
(*b*)	511 - 517 520, 522 524 - 527	All other respiratory diseases	369	223	24	18	56	33	—	89
A 98 (*a*)	530	Dental Caries	35	1	—	—	—	—	—	—
(*b*)	531 - 535	All other diseases of teeth and supporting structures	176	31	—	—	—	—	—	—
A 99	540	Ulcer of Stomach	383	783	7	46	67	22	—	89
A 100	541	Ulcer of duodenum	326	100	9	6	22	15	—	37
A 101	543	Gastritis and duodenitis	49	383	—	—	1	2	—	3
A 102	550 - 553	Appendicitis	752	442	4	—	6	1	—	7
A 103	560, 561, 570	Intestinal obstruction and hernia	546	367	27	16	46	21	—	67
A 104 (*a*)	571.0	Gastro-enteritis and colitis, between 4 weeks and 2 years	381	1,248	79	975	907	936	—	1,843
(*b*)	571.1	Gastro-enteritis and colitis, ages 2 years and over	300	2,164	10	437	233	215	—	448
(*c*)	572	Chronic enteritis and ulcerative colitis	6	221	2	49	47	23	—	70
A 105	581	Cirrhosis of liver	217	284	40	83	153	36	—	189
A 106	584, 585	Cholelithiasis and cholecystitis	227	107	3	18	19	15	—	34
A 107	536 - 539 542, 544, 545 573 - 580, 582 - 583, 586, 587	Other diseases of digestive system	699	660	63	45	80	52	—	132
		Carried forward	16,513	25,714	1,363	6,818	7,780	6,365	—	14,145

APPENDIX 8—*Contd.*

Intermediate List Number	Detailed List Number	Cause Groups	Cases Treated 1956		Deaths 1956		Deaths 1956			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Whole Colony			
							Male	Female	Sex Unknown	Total
		Brought forward	16,513	25,714	1,363	6,818	7,780	6,365	—	14,145
A 108	590	Acute nephritis	70	165	—	23	22	18	—	40
A 109	591 - 594	Chronic, other and unspecified nephritis	138	397	35	123	202	142	—	344
A 110	600	Infections of kidney	37	9	1	2	6	3	—	9
A 111	602, 604	Calculi of urinary system	209	79	1	2	2	2	—	4
A 112	610	Hyperplasia of prostate	25	9	—	1	4	—	—	4
A 113	620, 621	Diseases of breast	65	49	—	—	—	—	—	—
A 114(*a*)	613	Hydrocele	77	53	—	—	—	—	—	—
(*b*)	634	Disorders of menstruation	42	67	—	—	—	—	—	—
(*c*)	601, 603, 605 - 609 611, 612, 614 - 617 622 - 633 635 - 637	All other diseases of the genito-urinary system	1,436	1,458	4	7	6	6	—	12
A 115	640 - 641, 681, 682, 684	Sepsis of pregnancy, child-birth and the puerperium	38	4	—	2	—	2	—	2
A 116	642, 652, 685, 686	Toxaemias of pregnancy and the puerperium	462	191	3	33	—	40	—	40
A 117	643, 644 670 - 672	Haemorrhage of pregnancy and childbirth	415	319	6	17	—	35	—	35
A 118	650	Abortion without mention of sepsis or toxaemia	552	1,815	—	2	—	2	—	2
A 119	651	Abortion with sepsis	9	64	—	—	—	—	—	—
		Carried forward	20,088	30,393	1,413	7,030	8,022	6,615	—	14,637

APPENDIX 8—*Contd.*

Intermediate List Number	Detailed List Number	Cause Groups	Cases Treated 1956		Deaths 1956		Deaths 1956			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Whole Colony			
							Male	Female	Sex Unknown	Total
		Brought forward.....	20,088	30,393	1,413	7,030	8,022	6,615	—	14,637
A 120 (*a*)	645 - 649 673 - 680, 683 687 - 689	Other complications of pregnancy, childbirth and the puerperium.....	4,404	814	3	2	—	9	—	9
(*b*)	660	Delivery without complication.....	11,504	31,416	—	—	—	—	—	—
A 121	690 - 698	Infections of skin and subcutaneous tissue	546	538	11	30	32	17	—	49
A 122	720 - 725	Arthritis and spondylitis	57	212	1	2	2	2	—	4
A 123	726, 727	Muscular rheumatism and rheumatism, unspecified	13	32	—	—	—	—	—	—
A 124	730	Osteomyelitis and periostitis	53	72	—	2	2	2	—	4
A 125	737, 745 - 749	Ankylosis and acquired musculoskeletal deformities.....	26	—	—	—	—	—	—	—
A 126 (*a*)	715	Chronic ulcer of skin (including tropical ulcer).....	15	298	—	1	1	1	—	2
(*b*)	700 - 714, 716	All other diseases of skin.....	447	225	3	6	2	7	--	9
(*c*)	731 - 736 738 - 744	All other diseases of musculoskeletal system.....	129	27	—	—	—	1	--	1
A 127	751	Spina bifida and meningocele.....	17	4	1	3	2	2	—	4
A 128	754	Congenital malformations of circulatory system.....	53	4	15	2	25	12	—	37
A 129	750, 752, 753, 755 - 759	All other congenital malformations...	179	164	24	47	66	35	—	101
A 130	760, 761	Birth injuries.....	53	15	27	10	47	21	—	68
A 131	762	Postnatal asphyxia and atelectasis...	231	108	27	87	140	108	—	248
		Carried forward.....	37,815	64,322	1,525	7,222	8,341	6,832	—	15,173

APPENDIX 8—*Contd.*

Intermediate List Number	Detailed List Number	Cause Groups	Cases Treated 1956		Deaths 1956		Deaths 1956			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Whole Colony			
							Male	Female	Sex Unknown	Total
		Brought forward.....	37,815	64,322	1,525	7,222	8,341	6,832	—	15,173
A 132(*a*)	764	Diarrhoea of newborn (under 4 weeks).....	67	182	3	143	109	76	—	185
(*b*)	765	Ophthamia neonatorum	8	—	—	—	—	—	—	—
(*c*)	763, 766-768	Other infections of newborn	83	222	17	153	199	136	—	335
A 133	770	Haemolytic disease of newborn	18	46	16	29	37	10	—	47
A 134	769, 771, 772	All other defined diseases of early infancy	222	101	52	40	73	66	—	139
A 135	773 - 776	Ill-defined diseases peculiar to early infancy	405	610	143	524	528	466	—	994
A 136	794	Senility without mention of psychosis.....	—	226	—	128	113	224	—	337
A 137(*a*)	788.8	Pyrexia of unknown origin.....	82	67	—	—	—	—	—	—
(*b*)	793	Observation, without need for further medical care.....	248	835	—	—	—	—	—	—
(*c*)	780 - 787 788.1 - 788.7 788.9, 789 - 792 795	All other ill-defined causes of morbidity	142	402	9	27	590	512	8	1,110
		Carried forward.....	39,090	67,013	1,765	8,266	9,990	8,322	8	18,320

APPENDIX 8—*Contd.*

Intermediate List Number	Detailed List Number	Cause Groups	Cases Treated 1956		Deaths 1956		Deaths 1956			
							Whole Colony			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Male	Female	Sex Unknown	Total
		Brought forward.....	39,090	67,013	1,765	8,266	9,990	8,322	8	18,320
AE 138	E810 - E835	Motor vehicle accidents	813	—	72	—	107	40	—	147
AE 139	E800 - E802 E840 - E866	Other transport accidents	128	—	5	—	31	5	—	36
AE 140	E870 - E895	Accidental poisoning.....	97	1	22	—	22	9	—	31
AE 141	E900 - E904	Accidental falls	1,075	25	66	—	61	32	—	93
AE 142	E912	Accident caused by Machinery	98	—	2	—	10	1	—	11
AE 143	E916	Accident caused by fire and explosion of combustible material...	121	—	11	—	15	15	—	30
AE 144	E917, E918	Accident caused by hot substance, corrosive liquid, steam and radiation	283	45	38	—	28	13	—	41
AE 145	E919	Accident caused by firearm	6	—	—	—	—	—	—	—
AE 146	E929	Accidental drowning and submersion	21	3	1	—	75	27	1	103
		Carried forward.....	41,732	67,087	1,982	8,266	10,339	8,464	9	18,812

APPENDIX 8—*Contd.*

Intermediate List Number	Detailed List Number	Cause Groups	Cases Treated 1956		Deaths 1956		Deaths 1956			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Whole Colony			
							Male	Female	Sex Unknown	Total
AE 147		*Brought forward*.....	41,732	67,087	1,982	8,266	10,339	8,464	9	18,812
(*a*)	E920	Foreign body entering eye and adnexa.....	5	—	—	—	—	—	—	—
(*b*)	E923	Foreign body entering other orifice...	89	1	3	—	4	3	—	7
(*c*)	E927	Accidents caused by bites and stings of venomous animals and insects	19	1	1	—	—	2	—	2
(*d*)	E928	Other accidents caused by animals...	13	2	—	—	—	—	—	—
(*e*)	E910, E911, E913 - E915, E921 - E922, E924 - E926, E930 - E965	All other accidental causes	569	83	8	—	65	21	—	86
AE 148	E970 - E979	Suicide and self-inflicted injury	303	2	56	—	180	119	—	299
AE 149	E980 - E985	Homicide and injury purposely inflicted by other persons (not in war)	388	2	21	1	79	10	—	89
AE 150	E990 - E999	Injury resulting from operations of war.....	—	—	—	—	—	—	—	—
		GRAND TOTAL.....	43,118	67,178	2,071	8,267	10,667	8,619	9	19,295

APPENDIX 8—*Contd.*

Intermediate List Number	Detailed List Number	Cause Groups	Cases Treated 1956		Deaths 1956		Deaths 1956			
							Whole Colony			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Male	Female	Sex Unknown	Total
AN 138	N800 - N804	Fracture of skull	300	1	23	—	20	8	—	28
AN 139	N805 - N809	Fracture of spine and trunk	255	12	18	—	14	13	—	27
AN 140	N810 - N829	Fracture of limbs	937	11	5	—	13	7	—	20
AN 141	N830 - N839	Dislocation without fracture	47	7	2	—	1	1	—	2
AN 142	N840 - N848	Sprains and strains of joints and adjacent muscle.....	14	3	—	—	—	—	—	—
AN 143	N850 - N856	Head injury (excluding fracture)	720	13	116	1	175	45	—	220
AN 144	N860 - N869	Internal injury of chest, abdomen and pelvis	127	1	35	—	141	36	—	177
AN 145	N870 - N908	Laceration and open wounds	534	64	3	—	11	5	—	16
AN 146	N910 - N929	Superficial injury, contusion and crushing with intact skin surface...	228	3	1	—	1	—	—	1
AN 147	N930 - N936	Effects of foreign body entering through orifice	108	1	3	—	4	4	—	8
AN 148	N940 - N949	Burns	389	45	48	—	40	30	—	70
AN 149	N960 - N979	Effects of poisons	316	1	46	—	65	44	—	109
AN 150	N950 - N959 N980 - N999	All other and unspecified effects of external causes	53	3	6	—	192	104	1	297
		TOTAL.....	4,028	165	306	1	677	297	1	975

APPENDIX 8*a*

IN-PATIENTS ADMITTED INTO GOVERNMENT, GOVERNMENT ASSISTED AND PRIVATE HOSPITALS IN 1956, INCLUDING CASES REMAINING IN HOSPITALS FROM THE PREVIOUS YEAR

NAME	Beds	General Cases	Infectious Cases	Tuberculosis Cases	Maternity Cases	Mental Cases	Total
Government Hospitals:							
Queen Mary	598	10,124	123	542	2,075	2	12,866
Kowloon	247	7,047	94	104	2,867	11	10,123
Sai Ying Pun	88	266	993	38	—	—	1,297
Tsan Yuk	200	901	—	—	8,507	—	9,408
Mental	140	—	—	—	—	1,207	1,207
Stanley Prison	82	1,036	139	142	—	24	1,341
Eastern Maternity	24	96	—	—	2,503	—	2,599
Wanchai Social Hygiene	28	261	275	—	—	—	536
Lai Chi Kok	476	140	900	646	—	—	1,686
St. John	102	1,296	74	153	454	—	1,977
Lai Chi Kok Female Prison	14	46	3	19	5	5	78
TOTAL	1,999	21,213	2,601	1,644	16,411	1,249	43,118
Government Assisted Hospitals:							
Tung Wah Group	1,239	23,908	228	3,147	29,337	—	56,620
Alice Ho Miu Ling Nethersole	272	4,727	64	96	2,063	—	6,950
Ruttonjee Sanatorium	336	—	—	720	—	—	720
Pok Oi	50	1,622	—	—	702	—	2,324
Hay Ling Chau Leprosarium	580	—	564	—	—	—	564
TOTAL	2,477	30,257	856	3,963	32,102	—	67,178
Private Hospitals:							
St. Paul	172	1,456	292	615	646	—	3,009
Ling Yuet Sin Infants'	125	324	1	5	155	—	485
Precious Blood	90	2,536	77	81	197	—	2,891
Hong Kong Sanatorium	300	4,663	152	332	1,280	112	6,539
St. Francis	70	1,420	—	11	—	—	1,431
St. Teresa's	90	1,927	100	125	348	—	2,500
Hong Kong Central	90	2,954	37	143	169	—	3,303
Matilda and War Memorial	80	941	—	5	105	—	1,051
Haven of Hope	105	—	—	168	—	—	168
Sandy Bay	50	8	—	31	—	—	39
TOTAL	1,172	16,229	659	1,516	2,900	112	21,416
GRAND TOTAL	5,648	67,699	4,116	7,123	51,413	1,361	131,712

APPENDIX 9

OUT-PATIENTS — 1956

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	7,757	22,736	—	2,775	465	7,648	—	5	213	156	—	41,755
Kowloon	285,083	170,859	800	13,593	893	3,218	—	—	6,723	—	—	481,169
Tsan Yuk	7,692	—	12,610	39,179	3,962	—	—	—	—	351	—	63,794
St. John	5,671	29,102	22,151	855	—	26	—	975	—	—	—	58,780
Stanley Prison	6,435	45,191	—	—	—	—	2,825	—	—	1,592	—	56,043
Lai Chi Kok Female Prison	—	6,502	—	—	—	—	—	—	—	—	—	6,502
Mental	—	—	—	—	—	—	—	—	—	—	2,757	2,757
Clinics and Dispensaries :												
Sai Ying Pun	40,110	103,505	77,330	4,769	123	4,583	—	(a) 1,552 (b) 7,421	1,773	—	—	241,166
Violet Peel	175,247	105,279	93,017	—	—	—	—	17,624 * 1,605	2,626	—	—	393,793 * 1,605
Wanchai Chest Clinic	—	—	—	—	—	—	—	—	—	196,733	—	196,733
Kowloon Chest Clinic	—	—	—	—	—	—	—	—	—	208,765	—	208,765
Social Hygiene Clinics	—	—	—	—	—	—	180,148	—	—	—	—	180,148
10 Public Dispensaries Hong Kong & Kowloon	104,938	210,478	299,417	11,772	1,515	6,707	—	481	422	3,585	—	639,315
14 New Territories Disps.	69,995	75,526	72,082	21,638	1,255	—	2,978	6,218	—	9,763	—	259,455
Families Clinic, Hong Kong	—	6,461	—	—	—	—	—	—	—	—	—	6,461
Hong Kong Police Med. Post	5,443	11,336	15,247	417	—	305	41	715	688	30	—	34,222
Kowloon Police Med. Post	1,959	8,191	18,032	255	5	636	107	936	1,496	150	—	31,767
Victoria Remand Prison	1,641	40,282	—	—	—	—	125	230	148	130	—	42,556
Victoria Remand Prison Family Clinic	36	63	80	3	—	—	—	4	6	—	—	192
Port Health	—	2,160	—	—	—	—	—	—	—	—	—	2,160
Kowloon Canton Railway Clinic	80	1,237	1,195	—	—	—	—	—	—	—	—	2,512
Government Ophthalmic Clinic Arran Street	—	—	—	—	—	—	—	46,257	—	—	—	46,257
Health Centres :												
Harcourt	—	—	43,525	1,706	211	—	—	—	—	—	—	45,442
Western	—	—	44,953	3,468	767	—	—	—	—	—	—	49,188
Kowloon	—	—	48,616	3,169	401	—	—	—	—	—	—	52,186
Chai Wan	—	—	12,823	1,267	120	—	—	—	—	—	—	14,210
Homantin	—	—	5,906	270	—	—	—	—	—	—	—	6,176
Total of Government Institutions	712,087	838,908	767,784	105,136	9,717	23,123	186,224	84,023	14,095	421,255	2,757	3,165,109
Tung Wah Group of Hosps.	28,678	200,644	89,165	20,554	—	3,012	—	29,105	—	14,764	—	385,922
Alice Ho Miu Ling Nethersole Hospital	147	18,021	9,201	11,420	1,397	19,072	—	—	—	—	—	59,258
Ruttonjee Sanatorium	—	—	—	—	—	—	—	—	—	10,469	—	10,469
Pok Oi Hospital	—	54,620	—	1,866	1,476	1,490	—	—	—	—	—	59,452
GRAND TOTAL	740,912	1,112,193	866,150	138,976	12,590	46,697	186,224	113,128	14,095	446,488	2,757	3,680,210

(a) Patients seen in Government Eye Clinic. (b) Patients seen in Hong Kong University Eye Clinic.

* Government Servants and dependants seen by Government Ophthalmologist.

APPENDIX 10

OUT-PATIENTS — 1956

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	7,757	14,223	—	411	—	725	—	5	138	107	—	23,366
Kowloon	285,083	148,373	610	2,146	696	1,352	—	—	2,566	—	—	440,826
Tsan Yuk	2,435	—	2,915	9,452	3,008	—	—	—	—	238	—	18,048
St. John	4,771	23,868	18,686	416	—	26	—	530	—	—	—	48,297
Stanley Prison	2,647	21,581	—	—	—	—	674	—	—	569	—	25,471
Lai Chi Kok Female Prison	—	6,502	—	—	—	—	—	—	—	—	—	6,502
Mental	—	—	—	—	—	—	—	—	—	—	719	719
Clinics and Dispensaries :												
Sai Ying Pun	5,989	69,356	60,835	1,558	91	2,101	—	(a) 911 (b) 2,073	464	—	—	143,378
Violet Peel	86,293	75,002	60,563	—	—	—	—	8,865 • 689	925	—	—	231,648 • 689
Wanchai Chest Clinic	—	—	—	—	—	—	—	—	—	17,751	—	17,751
Kowloon Chest Clinic	—	—	—	—	—	—	—	—	—	14,525	—	14,525
Social Hygiene Clinics	—	—	—	—	—	—	32,490	—	—	—	—	32,490
10 Public Dispensaries (Hong Kong & Kowloon)	40,994	124,910	230,130	4,792	1,260	2,987	—	399	368	142	—	405,982
14 New Territories Disps.	25,573	57,466	58,281	6,165	1,252	—	521	4,155	—	1,877	—	155,290
Families Clinic, Hong Kong	—	388	—	—	—	—	—	—	—	—	—	388
Hong Kong Police Med. Post	2,364	7,502	8,885	282	—	187	14	478	351	18	—	20,081
Kowloon Police Med. Post	713	6,530	13,423	250	5	358	48	692	965	120	—	23,104
Victoria Remand Prison	959	14,325	—	—	—	—	64	118	110	86	—	15,662
Victoria Remand Prison Family Clinic	12	38	55	3	—	—	—	4	5	—	—	117
Port Health	—	1,939	—	—	—	—	—	—	—	—	—	1,939
Kowloon Canton Railway Clinic	72	1,173	1,170	—	—	—	—	—	—	—	—	2,415
Government Ophthalmic Clinic Arran Street	—	—	—	—	—	—	—	22,425	—	—	—	22,425
Health Centres :												
Harcourt	—	—	2,900	218	160	—	—	—	—	—	—	3,278
Western	—	—	3,337	690	258	—	—	—	—	—	—	4,285
Kowloon	—	—	3,893	598	287	—	—	—	—	—	—	4,778
Chai Wan	—	—	843	544	88	—	—	—	—	—	—	1,475
Homantin	—	—	1,659	94	—	—	—	—	—	—	—	1,753
Total of Government Institutions	465,662	573,176	468,185	27,619	7,105	7,736	33,811	41,344	5,892	35,433	719	1,666,682
Tung Wah Group of Hospitals.	10,680	81,639	43,175	18,555	—	1,428	—	11,787	—	1,613	—	168,877
Alice Ho Miu Ling Nethersole Hospital	—	6,303	1,955	2,401	1,397	5,651	—	—	—	—	—	17,707
Pok Oi Hospital	—	34,715	—	1,049	818	260	—	—	—	—	—	36,842
GRAND TOTAL	476,342	695,833	513,315	49,624	9,320	15,075	33,811	53,131	5,892	37,046	719	1,890,108

(a) Patients seen in Government Eye Clinics. (b) Patients seen in Hong Kong University Eye Clinic.

• Government Servants and dependants seen by Government Ophthalmologist.

APPENDIX 11

ATTENDANCES AT PUBLIC DISPENSARIES (HONG KONG AND KOWLOON)—1956

Public Dispensaries	Out-Patients				Deliveries		Vaccinations	Inoculations
	Children		Adults		In-patients	Domiciliary		
	New Cases	Total Attendances	New Cases	Total Attendances				
Central	18,537	27,195	10,491	18,282	—	—	4,317	3,024
Eastern	20,226	23,351	11,337	20,139	—	—	11,878	253
Shaukiwan	43,153	52,732	25,815	51,357	—	470	7,537	2,281
Aberdeen	13,208	15,209	7,778	16,978	—	553	4,777	2,420
Shamshuipo	—	—	39,698	107,856	—	564	8,161	1,309
Yaumati	14,554	22,093	7,017	12,579	—	187	6,264	2,056
Hung Hom	18,927	19,288	9,441	12,797	—	—	3,731	1,222
Stanley	1,469	1,732	4,036	9,207	266	18	1,194	1,468
Li Kee Memorial	53,996	66,678	31,416	46,162	—	833	19,498	8,174
Mongkok	46,060	71,139	28,823	44,541	—	—	—	—
TOTAL	230,130	299,417	175,852	339,898	266	2,625	67,357	22,207

APPENDIX 12

ATTENDANCES AND MEDICAL CENTRES — NEW TERRITORIES 1956

Dispensaries	Out-patients		Deliveries	
	New Cases	Total Attendances	In-patients	Domiciliary
Tai Po	22,939	41,794	1,035	8
Ho Tung	2,059	4,985	627	44
Sha Tau Kok	3,455	5,693	250	39
Yuen Long	18,919	39,520	1,691	17
San Hui	2,634	6,655	547	50
Sai Kung	18,303	24,701	297	40
Sha Tin	4,551	9,609	395	7
Tai O	31,112	44,140	373	2
Silver Mine Bay	7,696	9,012	80	3
Peng Chau	4,455	5,331	—	—
Travelling (East)	8,387	11,473	—	—
Travelling (West)	353	2,000	—	—
Maurine Grantham Health Centre	25,333	43,995	1,688	12
Tai Lam Chung	5,094	10,547	—	—
TOTAL	155,290	259,455	6,983	222

APPENDIX 13

A SUMMARY OF THE WORK DONE AT THE HONG KONG AND KOWLOON PUBLIC MORTUARIES, 1956

Total No. of Post-mortem Examinations performed during the year.	4,213
Male bodies examined	2,681
Female bodies examined	1,523
Sex unknown owing to decomposition	9
Claimed bodies sent from hospital, etc.	1,407
Unclaimed bodies, mostly abandoned	2,806
Bodies cremated	307
Chinese bodies examined	4,196
Non-Chinese bodies examined	17
Medico-Legal Cases	653

	Male.	*Female.*	*Total.*
Bodies under 2 years of age	1,047	882	1,929
Bodies over 2 years of age	1,634	641	2,275

Bodies received from the following sources:—

Hong Kong:

Victoria District	544
Shaukiwan District	110
Infant Hospitals	48
Other Hospitals	138
Marine Police Station	99
Cheung Chau Police Station	13
Tai O Police Station	1
	953

APPENDIX 13—*Contd.*

Kowloon and New Territories:

Shamshuipo Police Station	351
Kowloon City	481
Yaumati	87
Mongkok	59
Tsim Sha Tsui	14
Hung Hom	59
Marine	5
Castle Peak	15
Takuling	6
Ping Shan	52
Lok Ma Chau	5
Sha Tau Kok	5
Sha Tin	7
Tai Po	35
Sheung Shui	29
Tai O	3
Sai Kung	1
Pat Heung	9
Tsuen Wan	66
Yuen Long Dispensary	4
Maurine Grantham Health Centre, Tsuen Wan	5
Shamshuipo Dispensary	1
Hospitals, etc.	1,961
	3,260

Rats:

Caught and brought to mortuaries	266,258
Examined	266,258
Spleen smears taken for examination	16,604
Infected with plague	Nil.

Code No.: 3039—57