

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

Contributors

Hong Kong. Medical Department.

Publication/Creation

Hong Kong : Govt. Printer, [1973]

Persistent URL

<https://wellcomecollection.org/works/gaca6zfw>

License and attribution

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

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



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

1972-73
ANNUAL DEPARTMENTAL
REPORT



**72
73**

DIRECTOR OF MEDICAL AND HEALTH SERVICES



22501293267

CONTENTS

HONG KONG
ANNUAL DEPARTMENTAL REPORT
BY THE
DIRECTOR OF MEDICAL AND HEALTH SERVICES
G. H. CHOA, C.B.E., J.P., M.D. (HONG KONG), F.R.C.P.,
F.R.C.P.E., D.T.M. & H. (LIVERPOOL)
FOR THE
FINANCIAL YEAR 1972 - 73*

Introduction	1-38
Departmental Administration	39-70
Medical Services	71-91
Dental Services	92-94
Public Health	95-97
Medical and Health Department, Government of the New Territories	98-99
Pathology	100
Government Laboratory	101-105
Medical and Health Department, Government of the New Territories	106-117
Industrial Health	118-124
Health Education	125-126
WORK OF THE MEDICAL DEPARTMENT	127
General Services	128-154
Out-Patient Services	155-157
Specialist Services	158
Maternity Services	159-166
Ophthalmology	167-168

PRINTED AND PUBLISHED BY J. R. LEE, GOVERNMENT PRINTER
AT THE GOVERNMENT PRESS, JAVA ROAD, HONG KONG

* 1st April 1972 - 31st March 1973

EXCHANGE RATES

When dollars are quoted in this Report, they are, unless otherwise stated, Hong Kong dollars. The official rate for conversion to United States dollars at 31st March 1973 was HK\$5.085=US\$1.

WELLCOME INSTITUTE LIBRARY	
Coll.	welMOmec
Call	Ann Rep
No.	WA28
	. JH6
	H77
	1973

CONTENTS

	<i>Paragraphs</i>
I. INTRODUCTION	1 - 38
II. PUBLIC HEALTH	
Vital Statistics	39 - 51
Communicable Diseases	52 - 70
III. WORK OF THE HEALTH DIVISION	
Area Health Work	71 - 72
Tuberculosis	73 - 82
Social Hygiene Service	83 - 87
Port Health	88 - 89
Midwifery Service	90 - 91
Maternal and Child Health Services	92 - 94
School Health Service	95
School Medical Service Board	96 - 97
Dental Service	98 - 99
Forensic Pathology	100
Government Laboratory	101 - 105
Medical and Health Department, Institute of Pathology	106 - 117
Industrial Health	118 - 124
Health Education	125 - 126
IV. WORK OF THE MEDICAL DIVISION	
General Remarks	127
Government Hospitals	128 - 154
Out-Patient Services	155 - 157
Specialist Services	158
Radiological Services	159 - 166
Ophthalmology	167 - 168

	<i>Paragraphs</i>
IV. WORK OF THE MEDICAL DIVISION— <i>Contd.</i>	
Ear, Nose and Throat Service	169
Pharmaceutical Service	170 - 171
Medical Social Work	172 - 176
Physiotherapy	177 - 179
Occupational Therapy	180 - 183
Prosthetic—Orthotic Service	184 - 186
Medical Examination Board	187
Hospital Maintenance and Supply	188 - 192
Auxiliary Medical Service	193 - 198
Registration of Medical Clinics	199 - 200
V. GOVERNMENT-ASSISTED HOSPITALS	201 - 226
VI. TRAINING PROGRAMME	227 - 229
Doctors	230 - 232
Dental Staff	233 - 235
Nursing Staff	236 - 242
Radiographers	243
Laboratory Technicians	244
School of Physiotherapy	245
Other Forms of Departmental Training	246
VII. DEVELOPMENT	
Forward Planning	247 - 255
Completed Projects	256
Projects under Construction	257
VIII. MAPS	
IX. STATISTICAL APPENDIX	

Statistical information in this report refers to the calendar year 1972.

I. INTRODUCTION

A CHANGE has been brought into this Report. The main review adheres to traditional presentation, but this Introduction has been revised, as well as lengthened, so as to highlight some of the significant events and developments which occurred in 1972-73.

General

2. It is gratifying to note from the vital statistics that the health of the population remained good during the year. The general picture is favourable, and reflects the rapid improvement of medical and health services for a young and expanding population. An interesting development relates to the crude birth rate. At 19.4, this was slightly above the rate for 1971, and appears to have reversed a continuous downward trend since 1960. What this portends for the future remains to be seen, but the reversal comes in a year when the Department is preparing to assume a more direct role in family planning, making the timing most opportune.

3. There was no outbreak of cholera in 1972, but on three occasions, routine examination of nightsoil samples on Hong Kong Island revealed the presence of cholera vibrio. The public were informed of the findings, and advised to observe strictly the rules of personal and food hygiene. In the event, the record of freedom from cholera in Hong Kong since the last notification in 1969 remains unbroken.

4. Tuberculosis continued to be the major cause of death among the communicable diseases. Although virtually eradicated among the young as a result of vaccination with B.C.G. of the new-born, the disease took a significant toll among the unprotected adult population, with mortality increasing from 30.9 in 1971 to 32.2 this year. The Chest Service reports continuing progress on Hong Kong's collaboration with the Medical Research Council of the United Kingdom as to the ways by which treatment of tuberculosis could be made more efficient, cheaper, and shorter. Many of the results of the numerous current investigations are in fact already being applied in practice. What is significant about this joint endeavour is that although the studies are

primarily intended to benefit the people of Hong Kong, the findings have worldwide implications.

5. But this emphasis on tuberculosis as a continuing problem should be seen in the proper perspective of its relationship to the other major causes of mortality. Again this year tuberculosis ranks fifth, the first being cancer, followed by heart diseases, pneumonia, and cerebrovascular diseases. In 1972, the death rate from cancer rose to 107.3 per 100,000 of the population from 104.7 in 1971. The commonest types were cancer of the lung, primary cancer of the liver, nasopharyngeal cancer, and cancer of the stomach.

Disablement and Age

6. The year saw an increase in problems connected with caring for the chronic sick, the disabled, the elderly, and the drug-addicted. The Government announced its intention to provide an allowance without a means test for the severely physically disabled and the elderly aged 75 and over. Although the scheme is to be operated by the Social Welfare Department, the Medical and Health Department will become involved because of the need to assess the severity of the disability.

7. Increasing concern for the welfare of the aged was also reflected in 1972 by the Government's appointment of a widely representative working party to consider the needs of the elderly. The Department took part in these deliberations, and made a useful contribution to the working party's final report. This stressed the point that the elderly should be served in a variety of ways, helped to stand on their own feet, encouraged to feel they were still contributing to the community, and not placed in institutions unless this was absolutely necessary. These recommendations accorded largely with world trends in attitudes, both philosophic and practical, towards the problems posed by geriatrics.

Siu Lam Hospital

8. The Siu Lam Hospital for the severely mentally retarded was completed in the last financial year, but opened in 1972. When Sir Kenneth Ping-fan FUNG cut the ribbon on 28th June, he said the Hospital was a manifestation of the Government's view that the time had come for all sections of the community even the most disadvantaged, to be 'brought into the fold to enjoy the benefits of an improved economy and general prosperity'. Siu Lam was a recom-

mentation of Dr. L. T. HILLIARD, who had been invited in 1959 to investigate, advise and report to the Government on the problems of mental deficiency in Hong Kong.

9. Dr. HILLIARD concluded that mentally subnormal or defective persons should be grouped in three main categories, according to the severity of their handicaps. He proposed that those with a minor-degree of mental retardation should be the responsibility of the Education Department which would set up special classes for them. The Social Welfare Department should provide institutional care and training for the medium grade, and the Medical and Health Department should undertake the medical and nursing care of the severe grade.

10. Siu Lam Hospital was built with the third recommendation in mind, and its opening implemented in full the main proposals in the Hilliard Report. The Hospital was built with a donation of \$5.7 million from the Royal Hong Kong Jockey Club, with accommodation for 200 patients. After the formal opening, patients were accepted in groups of 50 at a time from special wards in the Tung Wah Hospital and the Po Leung Kuk to enable the staff to adjust to the routines required for this type of patient. Most began to thrive as a result of their transfer from urban centres to a country hospital. Siu Lam is now playing a role in the treatment of the severely mentally handicapped in our midst, and the conscience of a progressive Hong Kong requires that we do no less for them.

Methadone Maintenance

11. The year also saw the start of the Medical and Health Department's methadone maintenance programme with the first volunteer patients arriving at the Pilot Methadone Study Centre in Eastern Street on 1st December for admission. The programme got off the ground after some deliberation. It has been fully documented as a result of large scale experiments in the United States that the majority of patients on methadone maintenance are able to hold responsible jobs and do manual work, but methadone is itself an addictive drug, and maintenance implies a permanent responsibility to keep up the supply.

12. The Department's pilot study is to last three years, and will involve 550 patients. It is hoped the programme will throw light on the efficacy of methadone as a medication capable of achieving the pharmacological effect that is intended—namely the elimination of heroin hunger, heroin-seeking behaviour, and blockade against the

euphoric actions of heroin. The goal of social rehabilitation by a treatment programme is a broader objective.

13. The maximum dosage used in the Centre is 40 mgm a day in one dose by mouth. This low dosage blocks heroin craving, but does not induce euphoria. In the first five months of the programme, 228 patients were treated. Some of the problems encountered and overcome included medical, social and psychological difficulties.

Polyclinic for South Kwai Chung

14. Her Royal Highness Princess Alexandra opened the first stage of the South Kwai Chung Jockey Club Polyclinic on 25th October. This development extended the Department's services to a section of the community in an area where there were formerly no convenient medical facilities. Its opening was also in step with the rapid increase in the population of Tsuen Wan and Kwai Chung in recent years. A year earlier, a standard urban clinic in north Kwai Chung was opened for the benefit of residents in the northern parts of the township.

15. The Polyclinic is named after the Royal Hong Kong Jockey Club, which was responsible for the capital cost of the project. The Department has many clinics and other medical facilities bearing the Club's name. They testify to the Club's magnificent contribution to Hong Kong's medical and health services.

The Institute of Immunology

16. The conquest of disease, especially infectious diseases, by the application of the principle of immunization is one of the most colourful and exciting stories in the history of medicine. Starting in the 18th century with the epoch-making discovery of Sir Edward JENNER, and proceeding to the classical experiments of Louis PASTEUR in the 19th, it has progressed into the 20th century with the work of Sabin and Salk. The list of diseases preventable by immunization is now a most impressive one. The control and eradication of these diseases have made the world a different place, and millions of lives have been saved.

17. In Hong Kong, in the first few years after the end of World War II, there were still epidemics of smallpox and cholera, and the incidences of other infectious diseases, such as diphtheria, tuberculosis and poliomyelitis were high. But as a result of a large scale immunization campaign coupled with other preventive measures, smallpox has

disappeared since the last case in 1952. The immunization of infants and children is now accepted by parents in relation to diphtheria, whooping cough, poliomyelitis and tuberculosis. We continue to meet with some traditional resistance only with regard to immunization against measles, but even here, more and more parents are gradually being convinced.

18. Against such a background, the Department's new Institute of Immunology in Victoria Road was opened in 1972. The new building replaced the old vaccine institute in Caine Lane. In designing the building, the planners had to keep pace with the many recent advances in the science of immunology.

19. For example, the designers had to consider the World Health Organization's recommendations for public health laboratories, namely that separate laboratory facilities be provided for the manufacture of bacterial and viral vaccines as a precaution against contamination. The Institute continues to produce human vaccine for the public health service in Hong Kong. In times of emergency, if required, it will also produce certain vaccines for export to other countries in the region to meet their urgent needs. Completion of the Institute signified a further step in the development of this particular field of the health services in Hong Kong.

Termination of Pregnancy and Venereal Diseases

20. The Offences Against the Person Ordinance was amended during the year to afford more protection to doctors involved in the therapeutic termination of pregnancy. Regulations made under the amended Ordinance allowed 11 hospitals to carry out such therapeutic terminations.

21. Unfortunately, publication of the amendments and the names of the 11 hospitals led to mis-interpretation of the issue by some members of the Press and public that abortion had been legalized in Hong Kong. This was subsequently corrected.

22. The incidence of venereal diseases rose by 12 per cent during the year, an increase considered slight compared with many other parts of the world. Among teenagers, the incidence was approximately 6 per cent of the total cases of venereal disease.

Dental Health

23. His Excellency the Governor, Sir Murray MACLEHOSE, in his address to the Legislative Council on 18th October, announced that a school dental health programme to provide children with routine check-ups and simple conservative treatment was being considered by the Government. Initially, he thought the programme might cover all children entering Primary I in a given year. It could gradually be extended to cover all children in the primary school age group, and later, in the light of experience, 'we might consider extending it to post-primary school children'. Sir Murray said to provide such a service, it would be necessary to set up a school for training dental nurses.

24. So far, the Department's dental service provides comprehensive dental care for all monthly-paid government officers, their dependents, and pensioners, in addition to a limited treatment programme for in-patients of government hospitals, prisoners, and trainees at training centres. Clinics in densely-populated urban and rural areas also provide emergency dental treatment for the general public, and a monthly helicopter 'flying doctor' service makes treatment available to residents in inaccessible areas.

25. His Excellency's announcement indicated for the first time the direction which the Department's dental service would take to extend the scope of its activities. During the year, work proceeded on plans for the proposed dental nurses training school, to be located in the Morrison Hill area close to the Tang Shiu Kin Hospital.

Family Planning

26. The Governor also referred in his speech to the future direct participation of the Medical and Health Department in family planning. His Excellency explained that, since the mid-1950s, the Government had supported family planning mainly by subventions to the Family Planning Association and the Catholic Marriage Advisory Council.

27. During the past decade, the decline in Hong Kong's birth rate had been significant. It had fallen from 40 per 1,000 of the population in 1962 to 19.4 per 1,000 of the population in 1971. But it was clearly in the public interest and family health, having regard to the pressure generated by people on services such as housing and education, that 'the blessing of children should be bestowed at a rate which is planned and not profligate', the Governor said.

New Laundry Building

28. Another development worthy of note in 1972 was the opening of a new laundry in Chai Wan. Until then, most of the Department's washing was carried out by a special unit in the Queen Elizabeth Hospital, commissioned in 1964. An investigation in 1965 showed that by 1972, even with the expansion of this unit to handle one million lbs. of laundry a month, future additional laundry requirements were likely to exceed the available facilities by 50 per cent, or 500,000 lbs. a month.

29. In effect, by the beginning of this year, the machinery at the Queen Elizabeth Hospital, working in two shifts a day, was processing 1,100,000 lbs. of laundry a month. This was clearly unsatisfactory, because little opportunity could be taken either for maintenance or repairs. There was also the problem that would arise with the expected opening of the Princess Margaret Hospital in 1974, when the Department's laundry requirements would be increased substantially.

30. It was in these circumstances that construction of the new laundry at Chai Wan was conceived and undertaken. It was designed not only to meet growing pressures, but also to reduce the work load of the Queen Elizabeth Hospital unit to a reasonable limit. The total cost of the project amounted to \$8.4 million, of which \$2.7 million was set aside for the purchase and installation of equipment, including two of the most modern, fully-automatic, continuous-flow washing machines. These 'tunnel' washers, as they are called, are not only the largest laundry equipment ever to be installed in Hong Kong, but are also believed to be the only two of their kind in Southeast Asia. The new laundry is handling 1,100,000 lbs. of departmental washing a month.

Past and Future Development

31. The Department's 10-year Plan, issued as a White Paper in 1964, and kept under constant review by the Medical Development Plan Standing Committee, ended on 31st March, 1973. With the Plan's conclusion, the Standing Committee also ceased to function. The target of providing 4.25 hospital beds per 1,000 of the population was achieved with the completion of the projects in the pipeline.

32. A Medical Development Advisory Committee, under the chairmanship of Dr. the Hon. Sir Albert RODRIGUES, and the Director of Medical and Health Services as its vice-chairman, was set up by the Government on 27th March. It replaced the defunct Standing Com-

mittee, and its terms of reference were: 'To keep under continuous review and to advise on the development and phased implementation of medical and health services in Hong Kong, having regard to all factors which would determine the progress of expansion—including financial, the rate of building construction, the availability of qualified staff, and the principles of subvention'. In addition, the Committee was given a remit to advise in what programmes of improvement and expansion would be appropriate over the next 10 years in the circumstances of Hong Kong, and to produce a report to the Governor by 31st July, 1973.

Acknowledgements

33. The Department is responsible for administering services which provide medical and health care for the community of Hong Kong. It operates hospitals and clinics throughout both the urban and rural areas, maintains maternal and child health, school health, and port health services, and undertakes measures for the control of epidemic and endemic diseases. To do all this, a staff of 12,737 was needed in 1971. In 1972, the total grew to 13,264, of which 747 were medical officers of all grades, and 4,504 nurses.

34. I would like to place on record my sincere appreciation to the staff of all ranks for their help in dealing with the many problems which the Department has had to face every day in the year under review. In spite of the fact that they often had to work under the pressure of difficult circumstances, they all carried out their duties effectively, with a true sense of devotion and dedication. I am grateful to them all for their unfailing support throughout the year.

35. My nursing, dental and medical colleagues are the original authors of the chapters that follow. I gratefully acknowledge their help.

36. The Department received every assistance and co-operation from other government departments, voluntary agencies, the Press, and the radio and television networks. The patience shown by members of the public in spite of many unavoidable shortcomings is also deeply appreciated.

37. I also wish to thank the many public-spirited persons who devoted so much of their time in order to serve on statutory boards, advisory committees, working parties, and in voluntary agencies dealing with the many aspects of medical and health problems in Hong Kong.

38. Finally, thanks are also due for the contributions of private individuals, and local and overseas organizations who assisted the Department in providing facilities for those in need of subsidized medical care.

G. H. CHOA,

Director of Medical and Health Services.

1st August, 1973.

II. PUBLIC HEALTH

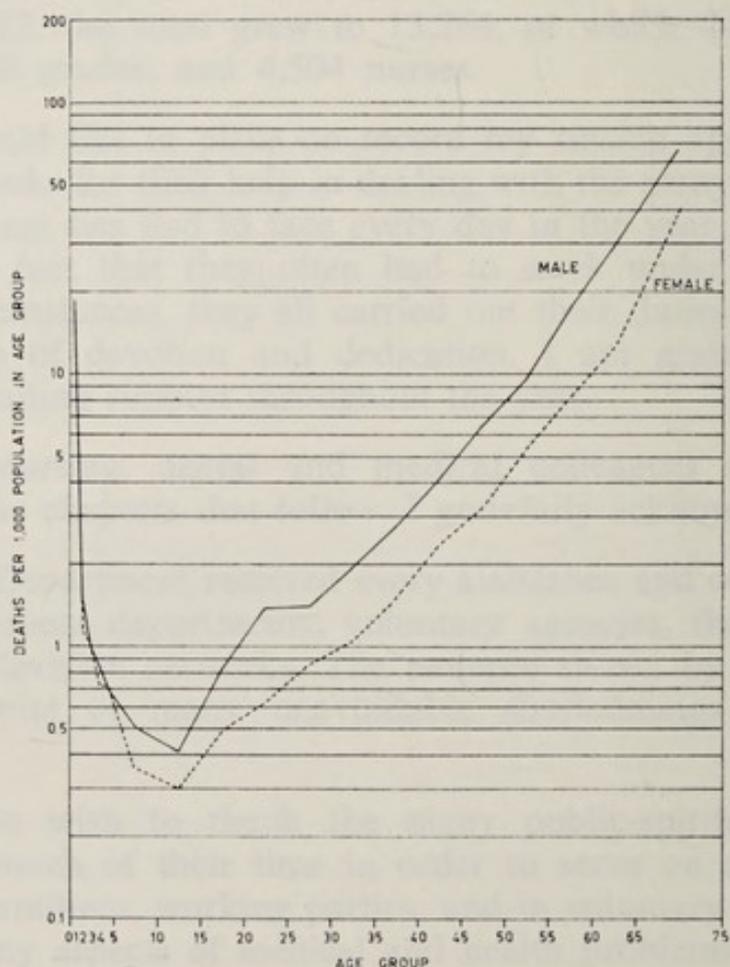
(Tables 6-20)

VITAL STATISTICS

(Tables 6-12)

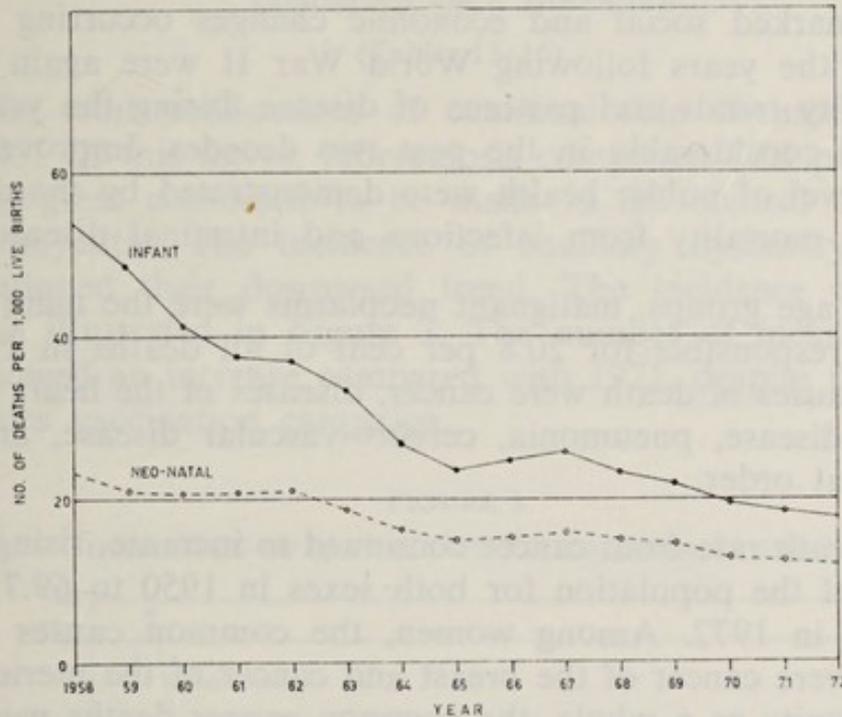
39. The estimated population of Hong Kong in the middle of 1972 was 4,077,400. Approximately 83 per cent of this total was concentrated in the urban areas of the Island, Kowloon and New Kowloon. About 35 per cent was under 15, and 8 per cent over 60 years of age. The general state of health remained satisfactory. The crude death rate, based on the number of deaths registered, was 5.2 per thousand of the population. As shown in Figure 1, age and sex specific death rates were also low, and reflected the rapid improvement of medical and health services on a young and expanding population. The crude birth rate at 19.4 was slightly above the rate for 1971, and reversed a continuous downward trend since 1960.

FIGURE 1
AGE AND SEX SPECIFIC DEATH RATE—1972



40. The infant mortality and neo-natal mortality rates continued to decline. This useful index to the trend of health conditions of the general population is illustrated in Figure 2.

FIGURE 2
INFANT AND NEO-NATAL MORTALITY RATE 1958-72



Infant Mortality

41. The infant mortality rate was 17.5 per thousand live births, and is now at a lower level than many European and American countries. The decline in infant mortality during the year was due to improvement in environmental conditions, development of maternal and child health services, and increasing public appreciation of the value of these services in the maintenance of health among infants and mothers.

42. Among the major causes of infant mortality there were reductions in mortality from preventable diseases, particularly tetanus, pneumonia and bronchitis. There has been a steady reduction in mortality from prematurity due to improvement in midwifery and maternal health services. As experienced elsewhere, congenital malformations and other diseases of the new-born proved during the year to be more intractable, and mortality from these causes was little affected.

Maternal Mortality

43. The rate for 1972 was 0.20, a slight increase on the 1971 rate. The causes of maternal mortality, which increased during the year, were haemorrhages, abortions and toxæmia.

General Mortality

44. The marked social and economic changes occurring in Hong Kong during the years following World War II were again reflected in the mortality trends and patterns of disease during the year. These have changed considerably in the past two decades. Improvements in the general level of public health were demonstrated by the decline in proportionate mortality from infections and intestinal diseases.

45. In all age groups, malignant neoplasms were the main cause of death, being responsible for 20.8 per cent of all deaths in 1972. The five leading causes of death were cancer, diseases of the heart including hypertensive disease, pneumonia, cerebro-vascular disease, and tuberculosis, in that order.

46. The death rate from cancer continued to increase, rising from 30 per 100,000 of the population for both sexes in 1950 to 69.7 in 1961, and to 107.3 in 1972. Among women, the common causes of death from cancer were cancer of the breast and cancer of the uterine cervix. In the community as a whole, the common cancer deaths were cancer of the lung, primary cancer of the liver, nasopharyngeal cancer, and cancer of the stomach.

47. Heart disease, including hypertensive diseases, was the second leading cause of death with a mortality rate of 58.9 per 100,000 of the population in 1961, increasing to 74.4 in 1972.

48. Pneumonia was the third leading cause of death. The disease was a major cause of death in the mid-1950s, but the mortality rate dropped from 85.8 in 1961 to 57.8 in 1972.

49. Cerebro-vascular disease, fourth in the list, had a mortality rate of 44.2 in 1961. This rose to 46.4 in 1972.

50. Mortality from tuberculosis increased from 30.9 in 1971 to 32.2 in 1972. In 1961, the rate was 60.2.

51. The eighth revision of the International Statistical Classification of Diseases, Injuries and Causes of Death, published by the World

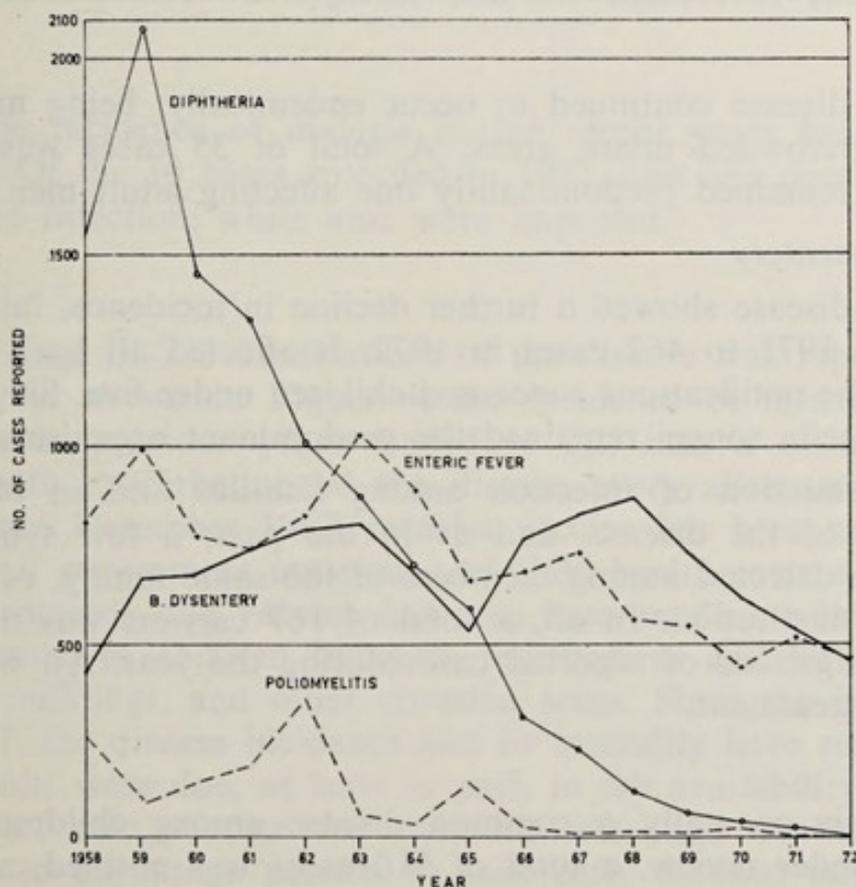
Health Organization, came into use on 1st January, 1969. All registered medical practitioners were supplied with a supplement of the eighth revision, and were requested to ensure that the nomenclature of causes of death given by them on death certificates complied with those in the International Classification.

COMMUNICABLE DISEASES

(Tables 13-16)

52. The total notifications of communicable diseases during 1972 was 10,873. Of this figure, tuberculosis comprised 77.4 per cent. Satisfactory progress continued to be made in the control of diphtheria, and poliomyelitis. The incidence of bacillary dysentery and enteric fever continued their downward trend. The incidence of these four diseases is illustrated in Figure 3. The number of measles cases and deaths showed an increase compared with 1971, despite the continuing anti-measles vaccination campaign.

FIGURE 3
INCIDENCE OF MAJOR INFECTIOUS DISEASES 1958-72



Cholera

53. Cholera has not been reported in Hong Kong since October 1969. Routine sampling of nightsoil for cholera vibrio was carried out on a year-round basis as part of the surveillance programme. In June, cholera vibrio were isolated from a sample of nightsoil taken routinely from a collection route at Shau Kei Wan on Hong Kong Island. In July, cholera organisms were again isolated from the same nightsoil route, but in each case subsequent samples from the same route were negative. In September, specimens taken from nightsoil vehicles serving the Happy Valley and Wan Chai areas were found to be positive, but subsequent investigations from these two sources proved negative. No case of cholera was reported during the period when positive nightsoil samples were obtained. The public were informed of the findings and advised to observe strictly the rules of personal and food hygiene.

54. No mass immunization campaign was carried out during the year, but emphasis was placed on the importance of personal, environmental and food hygiene as safeguards, both against cholera and the other intestinal groups of communicable diseases. Strict quarantine restrictions were maintained in respect of countries declared infected.

Amoebiasis

55. This disease continued to occur endemically, being most prevalent in overcrowded urban areas. A total of 35 cases was notified. The disease remained predominantly one affecting adult men.

Bacillary Dysentery

56. This disease showed a further decline in incidence, falling from 543 cases in 1971 to 462 cases in 1972. It affected all ages, but 27.5 per cent of the notifications concerned children under five. *Shigella flexneri* and *Shigella sonnei* remained the predominant organisms isolated.

57. Transmission of infection among families and in institutions is a feature of the disease, and as in the past, a few symptomless carriers were detected among members of the same family, or inmates of the same institution. In all, a total of 167 carriers was discovered during investigations of reported cases during the year. All were given appropriate treatment.

Chickenpox

58. This is generally a common disease among children. During the period under review, a total of 510 cases was notified, almost all

being under 15. The seasonal prevalence of the disease being in the winter and spring, the earlier part of the year saw an increase in the number of notifications.

Diphtheria

59. Only five cases of the disease were notified during the year, an even lower figure than the 25 cases recorded in 1971. As a result of annual immunization drives since 1959, the disease has shown a continuous and steady decline, falling from 2,087 cases in 1959 to five cases in 1972.

Enteric Fever

60. The number of cases notified was 438, a decrease of 77 cases over the preceding year. The disease was generally mild, and the case fatality rate was less than one per cent. Transmission of infection was frequently associated with neglect in personal and food hygiene. As elsewhere in the world, the peak incidence occurred among children of school age and young adolescents. Free inoculation was offered, and the usual preventive measures enforced, with special attention to environmental and food hygiene, and the control of food premises.

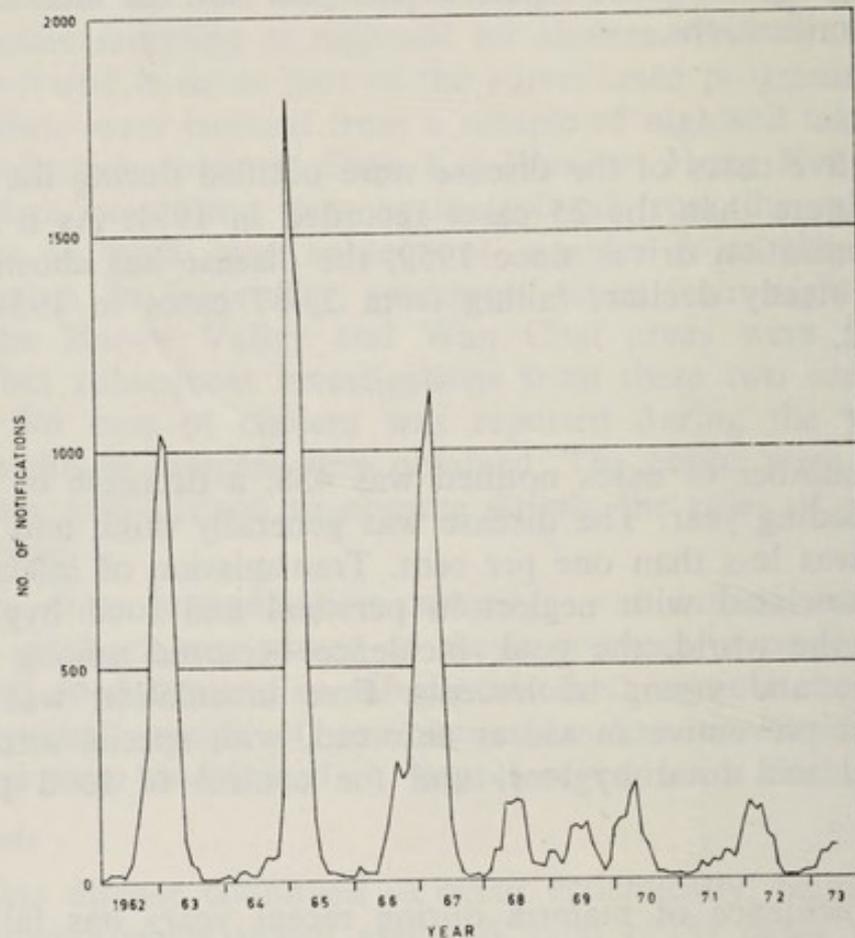
Malaria

61. The incidence of malaria during recent years has fallen considerably. Of the 10 cases recorded in 1972, one was considered to be an induced infection, while nine were imported.

Measles

62. A total of 783 notifications of the disease was reported during the year. As shown in Figure 4, the incidence of measles in Hong Kong has in previous years tended to fall into a distinct biennial pattern, with exacerbation of the disease every alternate winter and spring. Since December 1967, measles vaccine has been available regularly at all government maternal and child health centres, and during campaign periods, the vaccine has also been made available, through mobile teams, to children living in resettlement and housing estates, tenement buildings, and other crowded areas. Since the last epidemic in 1966-67, the disease incidence and its mortality have remained low. These results were due, at least in part, to the availability throughout the year of free vaccine for immunization, and continuing health education to encourage parents to seek early medical advice.

FIGURE 4
MONTHLY MEASLES NOTIFICATIONS 1962 - MAY 1973



Poliomyelitis

63. Four cases of poliomyelitis were reported during the year as compared with two in 1971. Three of the cases were of the type 2 poliovirus infection, confirmed by laboratory investigation. The programme of vaccination consisted of giving one dose of type 1 polio-vaccine, soon after birth, followed by two doses of balanced trivalent vaccine at three and five months. Beginning in October 1971, a booster dose of the vaccine was introduced at the age of about 18 months.

64. Approximately 78 per cent of infants received one dose of type 1 polio-vaccine soon after birth, and 74 per cent of infants received two doses of the trivalent vaccine at maternal and child health centres. The annual general immunization campaign against poliomyelitis was held in January and March.

65. Virological investigation of the disease was maintained throughout the year. A poliomyelitis faecal survey among normal children

aged under five was carried out in June - August. The result showed that the excretor rate of 'vaccine' types of poliovirus was 1.40 per cent, among a total of 501 children included in the survey. The 'wild' type of poliovirus (type 3) was detected in one child giving an excretor rate of 0.20 per cent. The findings of the survey indicated the continuing existence of 'wild' poliovirus type 3 in the community, but did not demonstrate the existence of type 2 poliovirus which was isolated from three of the four cases of clinical poliomyelitis recorded during the year.

Influenza

66. The surveillance programme for influenza was continued on a year-round basis. Several general out-patient clinics have been designated as influenza surveillance centres, and these reported regularly the number of influenza-like illnesses seen. The government virus unit continued to function as a World Health Organization National Influenza Centre during the year, and virological investigations of throat swabbings and throat washings were carried out routinely on samples taken from influenza-like cases. Deaths from influenza, pneumonia and bronchitis were recorded regularly as part of the programmes of epidemiological surveillance of the disease.

67. The disease occurred sporadically between January to May and August to October. The most prevalent strain of influenza A virus occurring in January to May was A/Hong Kong/5/72 while strain A/England/42/72 was most prevalent between August to October. Influenza virus B was isolated several times during the year. The strain B/HK/5/72 isolated in December is under close surveillance for possible epidemic spread in view of its significant change in antigenicity.

Tetanus

68. This disease, although not notifiable, was recorded during the period under review with reasonable accuracy owing to the severity of the symptoms, requiring hospitalization of clinical cases. In past years, approximately half the cases reported were among the new-born whose births had not been attended by trained staff, and who had been exposed to various hazards from unsterile equipment. In 1972, tetanus neonatorum was responsible for only 0.5 per cent of recorded cases, and infant mortality from such infection fell from 1.2 deaths per 1,000 in 1951 to 0.025 deaths in 1972.

Viral Hepatitis

69. Notification of this disease remained voluntary. A total of 729 cases was notified in 1972. Most cases were among adolescents and adults, and a higher proportion was found among men. During the year, steps were taken to promote better and more complete reporting and investigation of the disease.

70. Developments in other communicable diseases showed little variation during 1972.

III. WORK OF THE HEALTH DIVISION

AREA HEALTH WORK

71. Area health officers worked during the year to maintain satisfactory standards of environmental sanitation and food hygiene. But they also carried out field investigations into the major communicable diseases, and helped to co-ordinate the activities of teams of inoculators participating in prophylactic immunization campaigns.

72. Four such campaigns were carried out. They were against poliomyelitis, measles, diphtheria and smallpox. Hong Kong has not had a case of smallpox since June 1952, and the latest drive against the disease, held in February 1973, was intended to remind the public of the need to preserve this record. Moreover, the sudden outbreak of smallpox in the spring of 1973 in Britain, focussed attention on vigilance in view of Hong Kong's increasing importance as a crossroads in international travel in this part of the world.

TUBERCULOSIS

73. Tuberculosis remained the major health problem in Hong Kong. The policy for control of the disease continued during the year to be to protect, by vaccination with B.C.G., the new-born, who were particularly vulnerable to the fulminating forms of the disease, and primary school entrants and school leavers who could develop active disease later in life. For actual cases of the disease, it has been shown that in a large proportion of cases, out-patient therapy is at least as good as institutional treatment. In complete contrast to the past, there is now no waiting list for hospital admission for the treatment of tuberculosis. Institutional resources are reserved for those not responding to out-patient therapy, for acutely-ill cases, for those where the diagnosis is in doubt, and for those in need of surgical intervention. In line with

this policy, there is a high degree of co-operation between the Government and voluntary agencies concerned with the problem, particularly the Hong Kong Anti-Tuberculosis and Thoracic Diseases Association, the Haven of Hope Sanatorium, and the Tung Wah group of hospitals. The Government chest service maintained the B.C.G. vaccination and out-patient treatment programme, while the voluntary agencies, aided by substantial government subventions, maintained most of the hospitals.

74. To keep pace with rapid changes occurring in the treatment and prevention of tuberculosis, close liaison continued to be maintained with agencies outside Hong Kong. During the year, there was much activity, in collaboration with the Medical Research Council of the United Kingdom, as to ways by which the treatment of tuberculosis could be made more efficient, cheaper, and shorter. Many of the results of numerous current investigations are now being applied in practice. Although these studies are primarily intended to benefit the people of Hong Kong, many of the results have worldwide implications. As it has been shown that the advantages obtained from routine pre-treatment sensitivity testing in newly-registered cases are minimal, routine pre-treatment sensitivity testing, previously thought to be important in view of the high level of drug resistance in Hong Kong, has been abandoned. Reliance is now placed on regular examination of the sputum as the best monitor of response to treatment. That failure to take drugs is an important cause of treatment failure has been clearly demonstrated for the Hong Kong population in one of the recent controlled trials. In view of this, a careful record is kept of attendance for treatment. Whenever a patient defaults, immediate action is taken to call him back either by a home visit or by telephone. The present course of treatment for tuberculosis is long and arduous, averaging some 18 months. A large controlled clinical trial to investigate the possibility of shortening this is underway.

75. There have also been important investigations with regard to B.C.G., particularly in the methods of administration of B.C.G. at birth, when full-time, highly-trained staff are not available. Results of the survey on children born on, or after, 11th July, 1966, and notified as suffering from tuberculosis, are just beginning to become available. In this connection, the collaboration of the Medical Research Council Statistical Research and Services Unit has been obtained. The study on direct B.C.G. given to children of school age has been completed, and this indicates that direct B.C.G., except for the new-born, has a small role to play in Hong Kong.

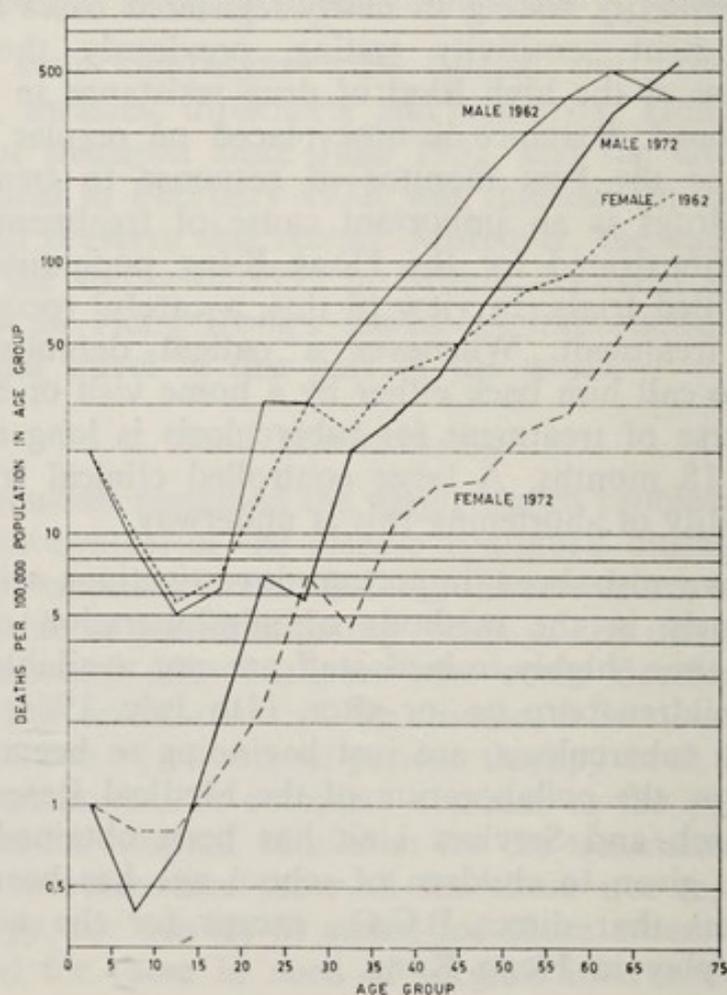
Case Finding

76. In the past, the many patients attending the chest clinics made large scale case-finding undesirable. With improved facilities and the decrease in the number of patients, case finding is now playing a greater role than in the past. During the year, there was an anti-tuberculosis week lasting from 20th November to 30th November, 1972, based on the theme 'If you have a chronic cough lasting more than two weeks, get a chest X-ray.' This was successful, considering the limited scale of the campaign. A much more intensive effort is needed for the future.

Mortality and Morbidity

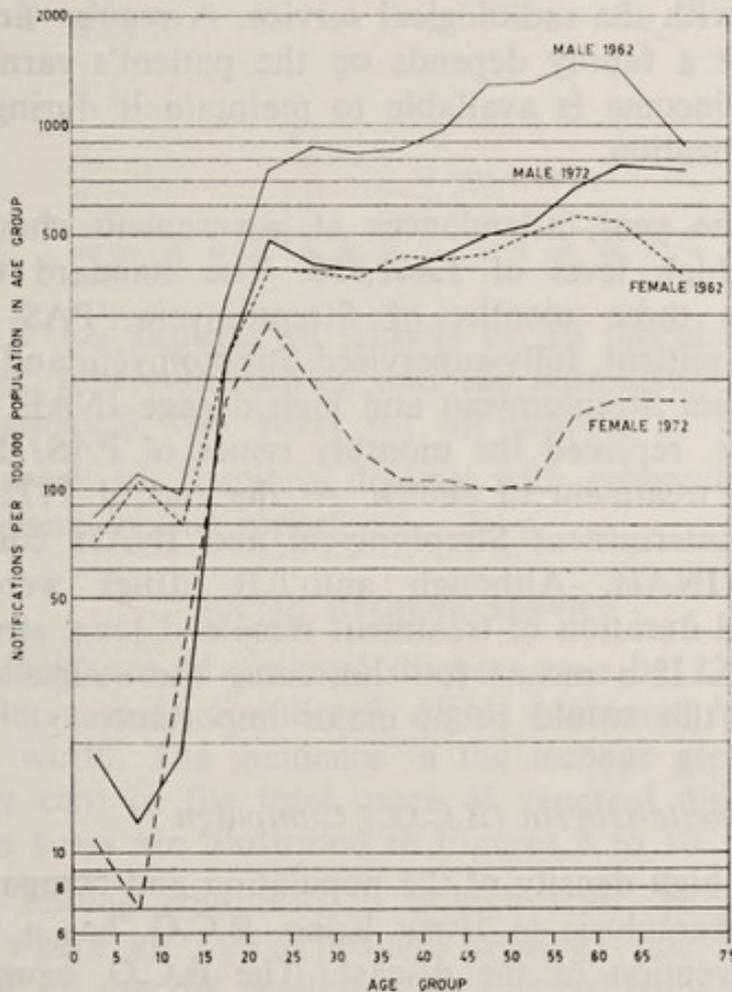
77. During the year, there was a slight rise in the tuberculosis death rate from 30.9 to 32.2. Although this was disappointing, its importance should not be exaggerated, as it probably reflected a slight reaction from the considerable fall in the death rate during the previous year. Tuberculosis mortality by age and sex is shown in Figure 5.

FIGURE 5
TUBERCULOSIS MORTALITY BY AGE AND SEX 1962 AND 1972



During the year, the notification rate fell to 206.5 per 100,000 of the population. Figure 6 shows the age and sex specific notification rates. Tuberculosis is much more common in men than women, and is especially common among older men. Tuberculosis is now rare among residents under 15, probably due to the high level of B.C.G. administration to the new-born.

FIGURE 6
TUBERCULOSIS NOTIFICATIONS BY AGE AND SEX
1962 AND 1972



Work of the Government Chest Service

78. The government chest clinics provide ambulatory chemotherapy services for the great majority of cases of tuberculosis, hospital admission being reserved for special cases. Increasing attention is being paid to the public health aspects of tuberculosis, and 80 health

auxiliaries, whose main duties consist of contact tracing and home visiting, are attached to the chest service. They are supervised by one senior health visitor and 13 health visitors. Patients have all aspects of the disease thoroughly explained to them by the health visitors, and are given explanatory leaflets. Regular attendance for out-patient chemotherapy is regarded as being of paramount importance, and considerable emphasis is placed on the follow-up of defaulters, and on ensuring that contacts are examined. The clinics also provide medical social work, contact tracing and supervisory services, and undertake surveys of selected groups such as government employees and prisoners, in co-operation with the radiological service. A regular financial grant is allowed where a family depends on the patient's earnings and no other source of income is available to maintain it during the breadwinner's hospitalization.

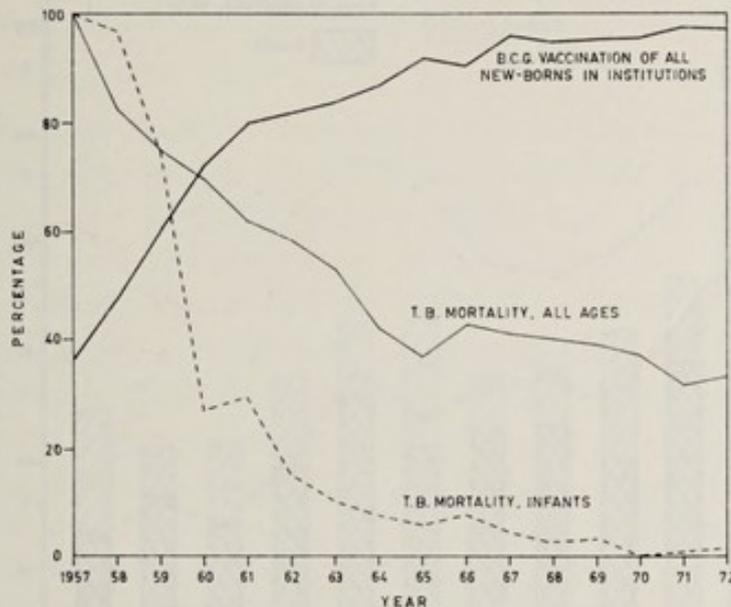
79. During the year, attendances at government chest clinics remained at the high level of 1,441,958. The standard treatment of tuberculosis was three months of Streptomycin, PAS and INAH followed by intermittent, fully-supervised Streptomycin and high dosage INAH. Intermittent Streptomycin and high dosage INAH have, in the majority of cases, replaced the monthly issues of PAS/INAH tablets as the follow-up treatment of choice. At the end of 1972, there were 4,676 cases on intermittent Streptomycin and INAH compared with 1,752 on PAS/INAH. Although anti-T.B. drugs were extremely efficient, the total duration of treatment remained long, stretching from 18 to 24 months. If a means for shortening the course of treatment could be found, this would be of major importance.

The Bacille Calmette-Guerin (B.C.G.) Campaign

80. With the high density of the population and comparatively high prevalence of tuberculosis in Hong Kong, B.C.G. has a vital role to play in the prevention of the disease. The B.C.G. campaign, as in previous years, was mainly directed at the new-born, school entrants and school leavers. During the year, 96 per cent of the new-born were given B.C.G. Bearing in mind that the remaining four per cent usually had some contraindication to B.C.G., for example, prematurity, this represented an almost 100 per cent coverage of eligible babies, perhaps the highest in the world. The decline in infant mortality from tuberculosis which resulted is shown in Figure 7.

FIGURE 7

TUBERCULOSIS MORTALITY AND B.C.G. VACCINATION OF NEW-BORNS 1957-72
(MORTALITY RATES AS PERCENTAGE OF 1957 RATES)



81. B.C.G. was brought to schools by 10 inoculators divided into five teams for tuberculin testing and the administration of B.C.G. It takes approximately two years for all schools to be covered.

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

SOCIAL HYGIENE SERVICE

83. The incidence of venereal diseases rose by 12 per cent during 1972. This increase is considered slight, compared with many other parts of the world. The incidence in the teenage group was approximately 6 per cent of the total cases of venereal disease. The trends over past ten years are illustrated in Figures 8 to 10.

84. Case finding continued at a high level, particularly in ante-natal cases where an initial positive serology rate of 0.84 per cent was observed. Of the 208 positive cases referred from ante-natal clinics, only 136 cases, that is, 65.4 per cent, were actually suffering from syphilis. Contact tracing, particularly of infectious syphilis, was continued.

Leprosy

85. New cases of leprosy treated numbered 100, representing a rate of 2.5 per 100,000 of the population. Tuberculoid manifestations

FIGURE 8
SYPHILIS 1963-72

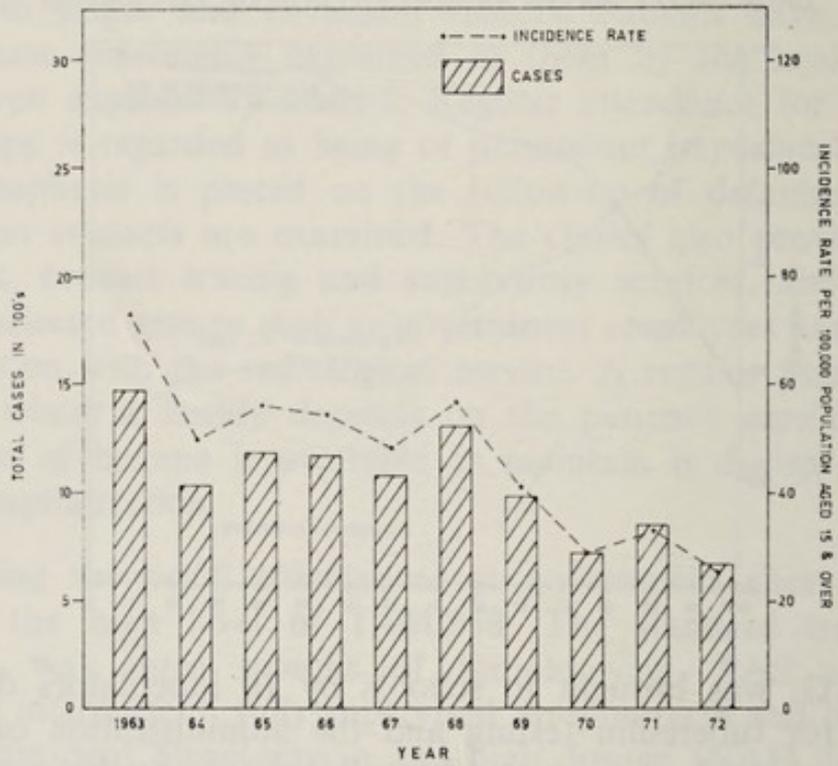


FIGURE 9
INFECTIOUS SYPHILIS 1963-72

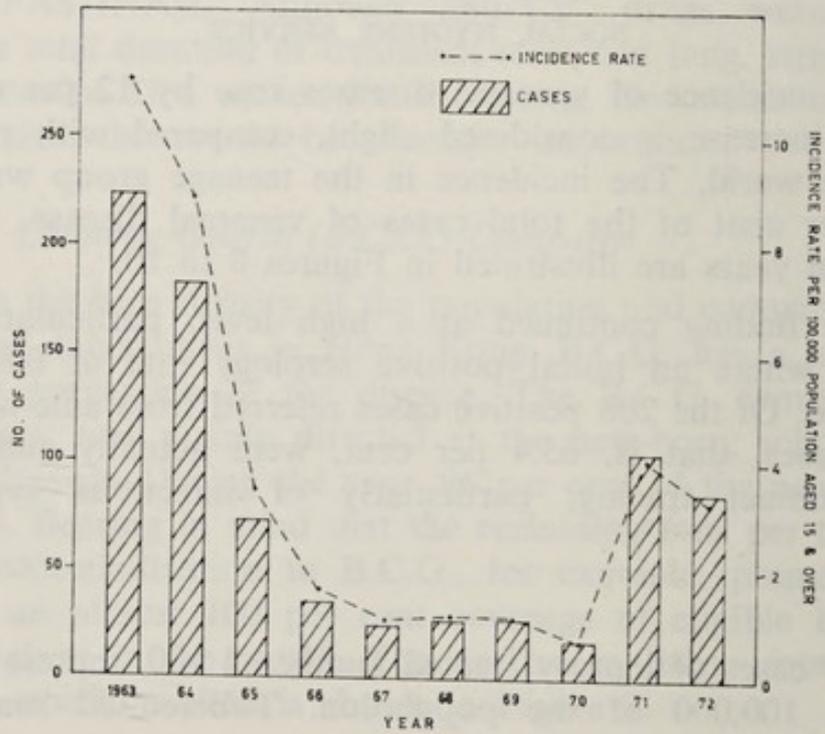
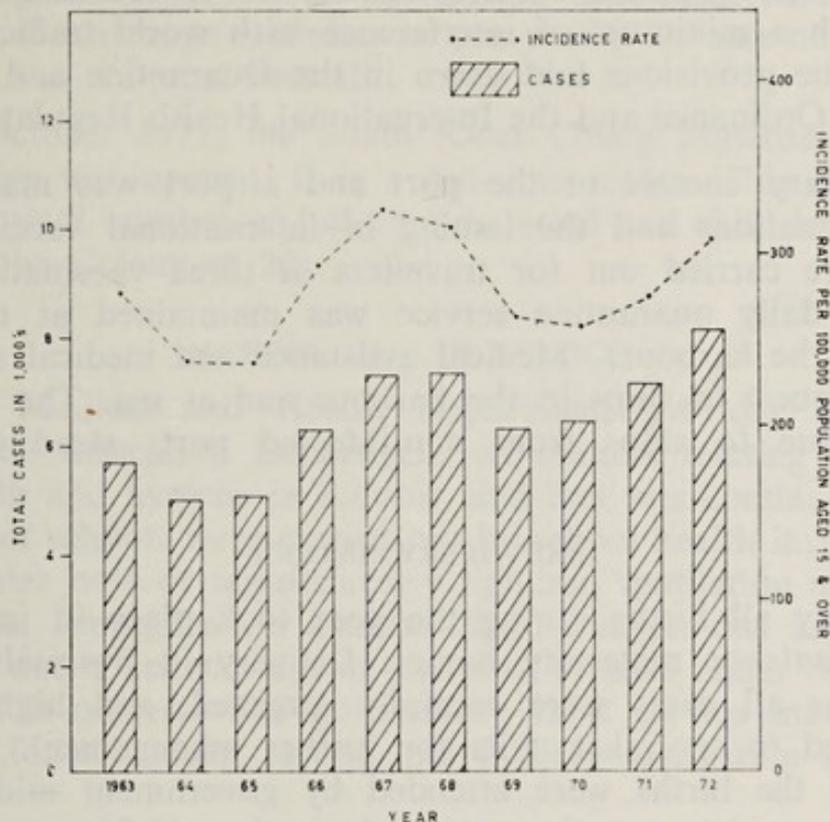


FIGURE 10
GONORRHOEA 1963-72



comprised 40 per cent of total cases. Of the infectious cases, 79 were admitted to the Hay Ling Chau Leprosarium maintained by the Leprosy Mission—Hong Kong Auxiliary, with which the social hygiene service maintains close liaison.

86. During recent years, there has been some advance in overcoming the prejudice against employment of cured leprosy patients, and to this end great attention was paid by the social hygiene service in 1972 to the prevention of disabilities in tuberculoid cases.

Dermatology

87. Dermatology clinics were held in various centres. Table 33 shows the incidence of skin diseases seen at the clinics. The total number of new cases was about 3.4 per cent more than the previous year. It is of note that the incidence of skin cancers has remained low as in previous years.

PORT HEALTH SERVICE

88. The port health service continued to be responsible for enforcing control measures to prevent the introduction of quarantinable

diseases into Hong Kong by land, sea and air. It also has the task of ensuring the maximum security against the spread of quarantinable diseases with a minimum of interference with world traffic, in accordance with the provisions laid down in the Quarantine and Prevention of Diseases Ordinance and the International Health Regulations (1969).

89. Sanitary control of the port and airport was maintained as usual. Vaccinations and the issuing of international vaccination certificates were carried out for travellers at three vaccination centres. A 24-hour daily quarantine service was maintained at the western entrance to the harbour. Medical assistance and medical advice were given on request to ships in the harbour and at sea. The granting of radio pratique to ships from non-infected ports steadily increased in 1972.

MIDWIFERY SERVICE

90. Nearly all births during the year took place in institutions—either hospitals or maternity homes. Delivery in hospitals gradually increased, as all cases were carefully screened, and high-risk cases were referred to specialist units for further management. Only 19.25 per cent of the births were attended by government midwives, and midwives in private practice attended another 11.86 per cent, compared with 18.5 per cent and 15.5 per cent respectively in 1971. The remainder of the births took place in government, government-subsidized and private hospitals.

91. The South Kwai Chung Polyclinic with 26 maternity beds began to receive patients on 25th October, 1972. On the other hand, six private maternity homes were voluntarily closed, with a reduction of 30 beds. In recent years, there has been a steady reduction in the still-birth rates in both government and private maternity homes.

MATERNAL AND CHILD HEALTH SERVICES

92. Public appreciation of the value of these services in the maintenance of health among infants and expectant or nursing mothers was again reflected by the fact that, of the children born, 91.9 per cent were brought to a centre for attention on at least one occasion. The corresponding figure for 1971 was 89.6 per cent. Of new attendants at the various centres, approximately 1 per cent were found to have abnormalities. Of these, the majority had either congenital defects or displayed effects of prematurity.

93. A further encouraging trend was the increasing appreciation by expectant mothers of the need for regular ante-natal care. This was reflected by the average attendances per person at ante-natal sessions and by the low maternal mortality rate.

94. In October 1972, the South Kwai Chung Maternal and Child Health Centre was opened. It is a full-time centre. This development brought the total number of full-time maternal and child health centres throughout the Colony to 20.

SCHOOL HEALTH SERVICE

95. The Medical and Health Department provides an advisory service to the Education Department on matters relating to environmental health and hygiene in schools, and this was continued in 1972. Inspections of schools were carried out by school health inspectors who took particular note of unsatisfactory lighting, ventilation and sanitary arrangements. Immunization against diphtheria, tetanus and smallpox was carried out in schools during the year by staff under the direction of area health officers. The government chest service maintained responsibility for tuberculin testing and B.C.G. vaccination in schools.

SCHOOL MEDICAL SERVICE BOARD

96. The School Medical Service is operated by private medical practitioners under the aegis of the School Medical Service Board, an independent statutory body incorporated by ordinance. Remuneration to doctors is on a per capita basis, one-fifth of the annual fee being paid by the participating pupil and four-fifths contributed by the Government, which also meets the Board's administrative expenses.

97. On 31st March, 1973, the number of pupils participating was 70,758 from 700 schools, compared with 37,181 from 661 schools on the same date in the previous year. Doctors participating in the scheme numbered 181 compared with 174.

DENTAL SERVICE

98. The dental service provides comprehensive dental care for all monthly-paid government officers, their dependents, and pensioners, in addition to a limited treatment programme for in-patients of government hospitals, prisoners, and trainees at training centres. Certain clinics in densely-populated urban areas and in rural areas also provide emergency dental treatment for the general public. In addition, a

monthly helicopter dental service makes available treatment to residents in inaccessible areas. With the opening of the Tai Lam Dental Clinic, there are at present 33 government dental clinics, including a mobile dental unit.

99. Fluoridation of the Colony's urban water supplies began in 1961. The rate of enrichment was formerly at two levels. This was changed in 1972 to 0.7 parts of fluoride per million throughout the year. This level was maintained in consideration of more recent work on the study of optimum fluoride levels for community water supplies. The cost of this operation was estimated at about 16.3 cents a person a year. Dental health education plays an important part in combatting dental disease, and the dental service continued to take advantage of major educational exhibitions to disseminate information and advice on dental health.

FORENSIC PATHOLOGY

100. The forensic pathology service consists of a main laboratory in the Hong Kong headquarters of the Royal Hong Kong Police Force, and another laboratory in the Mong Kok Police Station. It deals mainly with medico-legal work in close association with the Royal Hong Kong Police Force. This includes all homicidal deaths, deaths under suspicious circumstances, sexual offences, and other offences against the person. Autopsies are performed in both the Victoria Public Mortuary, Hong Kong, and the Kowloon Public Mortuary, Kowloon.

GOVERNMENT LABORATORY

101. The laboratory provides chemical and related scientific services for government departments. During the year, 39,759 items were examined by the professional and technical staff, an all-time record.

102. In the forensic science division, there was a marked increase in the number of questioned documents examined, particularly passports and forged papers. Handwriting examinations featured prominently in the year's work. A series of murder cases occupied the attention of the scientific staff of the division throughout the year.

103. The quantity of illicit drugs of all kinds examined by the narcotics section was steady, and staff of the narcotics section had to work through several week-ends on the larger seizures.

104. The introduction of the methadone maintenance scheme imposed on the staff of the toxicology section a considerable additional



The Methadone Pilot Scheme Treatment Centre was opened during the year in Eastern Street, occupying premises of the former mental hospital. The Centre is responsible for the Department's three-year methadone maintenance programme involving 550 volunteer patients.

In-patients at the Methadone Pilot Scheme Treatment Centre have much time on their hands. A favourite occupation is to watch television. Here two patients are enjoying an afternoon programme.





The Department's new Institute of Immunology was opened during the year, replacing the former Vaccine Institute in Caine Lane. Picture shows the series of buildings making up the Institute in a rural setting at Pokfulam.

This is the new Medical and Health Department Laundry at Chai Wan. Some of the world's most advanced washing equipment is installed in the building. The plant is capable of processing one million lbs of laundry a month.





The social event of the year was the opening of the first stage of the South Kwai Chung Jockey Club Polyclinic by Her Royal Highness Princess Alexandra. In the photograph she is shown conversing with two nurses in the company of the Director of Medical and Health Services, Dr. G. H. CHOA.

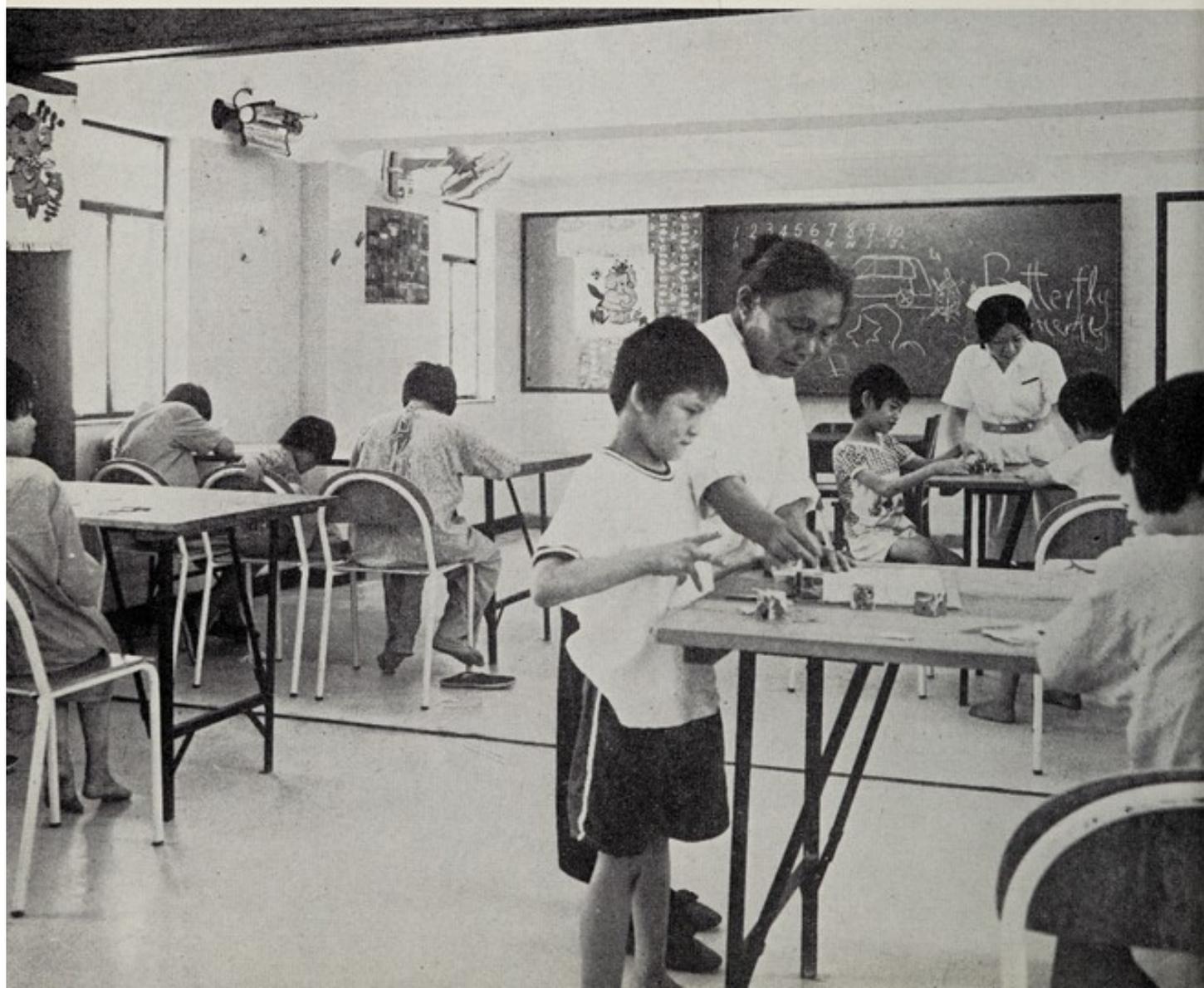
Construction of the new Princess Margaret Hospital at Lai Chi Kok progressed satisfactorily during the year. The picture above shows a section of the complex already completed. The general wing is expected to be opened in early 1975.





The Medical Development Advisory Committee, a new body, was given the task this year to advise the Government on what programmes of improvement and expansion would be appropriate over the next 10 years in the circumstances of Hong Kong. This picture shows the Committee in session. Reading from left to right: Mr. TAI Kuen, Dr. LI Shu-pui, Sister (Dr.) M. AQUINAS, Dr. G. H. CHOA (Vice Chairman), Dr. Sir Albert RODRIGUES (Chairman), Mr. R. H. LOBO, Mr. LI Fook-wo, Mr. S. F. BAILEY, Mr. D. G. JEAFFRESON, and Mr. P. B. WILLIAMS.

A nurse and a ward aid lend helping hands to patients at the Siu Lam Hospital for the mentally subnormal. The children in this play room spend hours toying with blocks and jigsaw puzzles.



burden. The work involved the screening of urine samples for narcotic drugs which required the evaluation of the most up-to-date scientific methods for rapid screening.

105. Lectures in respect of scientific aid to crime investigations were given to police staff by forensic scientists of the laboratory. Officers of the general division were active throughout the year. The pharmaceuticals section continued to expand, recording a four-fold increase in the volume of work done, and the output of the food control section was greatly increased. There was an upsurge in the work carried out for the Commerce and Industry Department, and other departments. The determination of arsenic content in oyster sauces and poisonous metals in sea food and canned food was carried out.

INSTITUTE OF PATHOLOGY

106. The department's Institute of Pathology operates a number of clinical and public health laboratories providing laboratory investigations in both curative and preventive medicine. It serves mainly government hospitals, clinics and various public health divisions. It also helps to conduct laboratory examinations for the Tung Wah Group of Hospitals, and the Pok Oi Hospital. Work arising from the Queen Mary Hospital on pathology, clinical biochemistry and bacteriology is undertaken by the University of Hong Kong's Department of Pathology, which receives a grant from the Government for such services. During the year, the total number of examinations undertaken by the Institute exceeded that of the previous year by 13,362. The increase was mainly in histopathology, chemical pathology, haematology, serology and virology.

Morbid Anatomy and Histopathology

107. A total of 1,307 post-mortem examination was carried out in 1972, of which 789 had medico-legal implications. The brains of 39 dogs were examined for the presence of Negri bodies (indicating death from rabies), but no positive findings were obtained. More than 4,900 specimens of sputum, pleural fluid, vaginal and cervical smears and other specimens, were received for cytological examination, of which 108 showed definite evidence of malignant disease. More than 40,500 biopsy specimens were examined in order to determine the histopathological diagnosis. Of these, about 3,000 were benign or malignant tumours.

Haematology and Serology and the Blood Bank

108. More than 426,000 haematology specimens were examined, the most common examinations being haemoglobin estimations, total and differential white cell counts, blood examinations and blood grouping. More than 137,500 serology tests were performed, the most common being the V.D.R.L. flocculation slide test for syphilis. In the blood banks, 36,140 pints of blood were received during the year, 33,794 pints of which were from the blood-collecting centres of the Hong Kong Red Cross Society. A total of more than 238,500 blood tests was carried out in the blood banks.

Chemical Pathology

109. Some 479,500 specimens were examined, the most common being various quantitative examinations on blood, which accounted for more than 368,500 of the examinations.

Bacteriology and Public Health

110. More than 592,500 bacteriological examinations were carried out. Samples of nightsoil, well water, and imported food from endemic areas were routinely examined throughout the year for cholera vibrios. *V. cholerae*, biotype Eltor, serotype Inaba was isolated from nightsoil on three occasions during the period from June and September 1972, but no clinical case of cholera was recorded.

111. Apart from routine bacteriological diagnosis of tuberculosis, the tuberculosis laboratory was involved in anti-tuberculosis drug sensitivity tests in conjunction with the Medical Research Council of the United Kingdom.

Virology

112. During the year, the incidence of poliomyelitis remained low. There were only three laboratory-confirmed cases of poliovirus type 2 infection. One case occurred in January and the other two in August. The annual poliomyelitis faecal survey revealed a relatively low excreter rate of 0.20 per cent of 'wild' poliovirus in 501 children under the age of five.

113. There were two outbreaks of influenza in the year. The first outbreak lasted from January to May and was caused by the variant A/HK/5/72. The second outbreak in August - October was due to the variant A/England/42/72 of which a world-wide spread was later reported. Influenza B virus was responsible for sporadic cases. The

strain B/HK/5/72 isolated in December was under close surveillance for possible epidemic spread in view of its significant change in antigenicity. Of other respiratory viral infections, parainfluenza type 3 and adenovirus type 3 were found more prevalent in the first quarter of the year.

114. A follow-up study of viral conjunctivitis was carried out in the summer season. There was only one case confirmed of infection by the virus HK3454/71, which was responsible for the epidemic in 1971, while most of the sporadic cases were adenovirus type 3 infection.

115. Cytomegalovirus infection was confirmed in 36 children, ranging from three weeks to five years. Of these, 30 (83 per cent) had hepatitis, three (8 per cent) pneumonia, and the remaining three (8 per cent) central nervous system diseases.

116. Australia antigen was found positive in 53 (10.8 per cent) of 494 cases of viral hepatitis, while Australia antibody was detected in two cases of aplastic anaemia with repeated transfusions.

Vaccine Production

117. Smallpox, rabies, typhoid-paratyphoid, and cholera vaccines were prepared at the Institute of Immunology, and issued free to doctors if used in Hong Kong. Occasional shipments were made available to neighbouring governments or agencies when requested.

INDUSTRIAL HEALTH

118. The health of workers in factories and industrial undertakings is the statutory responsibility of the Commissioner of Labour. The industrial health division of the Labour Department, staffed by officers seconded from the Medical and Health Department, is responsible for advising the Commissioner on all matters affecting the health and welfare of industrial workers, and providing an advisory service on the medical aspects of industrial problems. The division's main functions are to prevent occupational diseases and to promote health at work. The inspection of industrial undertakings by medical officers, the monitoring of the working environment by the laboratory staff, and the investigation of notified occupational diseases and medical surveillance of special groups of workers, are the principal ways in which these functions are carried out. Professional and technical staff of the division include labour officers, assistant factory inspectors and labour inspectors under training, medical students of Hong Kong University, students health visitors, health inspectors and health auxiliaries.

119. Environmental surveys include measurement of silica dust in quarries, and of concentrations in the air of, among many, lead, manganese, solvents, and sulphur dioxide. These surveys also investigate standards of thermal comfort, ventilation, noise and lighting.

120. Industrial health officers also act as advisers to commercial undertakings and other government departments on occupational health matters. They examine government divers annually to safeguard their health.

121. A total of 47,685 occupational injuries was recorded by industrial health visitors and nurses of the Industrial Health Division. Of these, 29,639 were accidents which caused the injured person to be off work for more than three days, and were therefore reportable under the Workmen's Compensation Ordinance. A total of 296 occupational deaths was recorded. It was found on investigation that 25 occurred among seamen recruited in Hong Kong, and 61 were due to natural causes.

122. Industrial health officers took part in medical boards to assess the degree of disability of 8,117 injured workers. Health visitors and nurses carried out case work, visiting homes and places of work as well as attending at the casualty sections of major hospitals.

123. Monitoring of air pollutants continued throughout the year. The results from the four daily stations were shown along with the Huey plate figures for the 33 monthly stations—13 on Hong Kong Island, 13 in Kowloon and 7 in the New Territories. The Advisory Committee on Air Pollution continued to meet regularly once every two months. During the year, the staff of the Air Pollution Control Unit was increased to ten inspectors. The Clean Air (Furnace, Ovens and Chimneys) (Installation and Alteration) Regulations 1972 took effect on 15th December, 1972.

124. The industrial health laboratory is now designated by the World Health Organization as a collaborating laboratory. It takes part in international studies on air pollution in conjunction with other national laboratories throughout the world.

HEALTH EDUCATION

125. A better community appreciation of the basic principles of personal and environmental hygiene, and the prevention of disease,

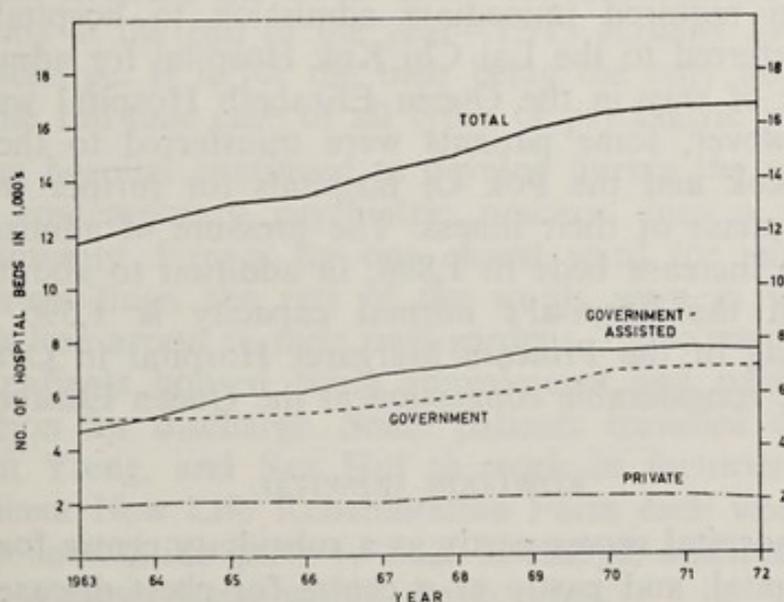
continued to be the main health objective. A wide field was covered by many branches of the department, and the co-operation of all voluntary agencies interested in such topics was actively sought.

126. In December 1972, the department participated in the Agricultural Show at Sek Kong with displays on various aspects of preventive medicine. In addition, the health education unit in the New Territories organized a number of local health exhibitions in rural towns. Exhibits included displays on personal and environmental hygiene, prevention of diseases, prevention of home accidents, maternal and child health and nutrition.

IV. WORK OF THE MEDICAL DIVISION

127. At the end of 1972, a total of 15,993 beds was available in all hospitals in Hong Kong, excluding those maintained by the armed forces. In addition, there were 740 beds in government maternity homes, and beds in private maternity and nursing homes. The total 16,733 beds represented a ratio of 4.1 beds per 1,000 of the population. The figures are based on the normal bed capacities of hospitals, but in some cases, the actual bed occupancy was much higher, since camp beds and other additional beds were used whenever the need arose. Development over the recent past is illustrated in Figure 11, and it will be noted that the bed provision in 1972 represented an increase of 67 per cent over the bed provision in 1962.

FIGURE 11
HOSPITAL BEDS 1963-72



QUEEN MARY HOSPITAL

128. Built in 1937, the Queen Mary Hospital is the main acute and specialist centre for the Island, and also the teaching hospital for the medical faculty of the University of Hong Kong. Clinical supervision is provided partly by the University's clinical departments, and partly by government specialist units. The workload at the casualty section continued to increase, attendances rising by 12 per cent over those of the previous year. Traumatic cases accounted for 26.1 per cent of all cases seen. A total of 39.8 per cent of all attendances at the casualty department was admitted to hospital for further treatment. Of those admitted, the average length of stay was 8.4 days a patient.

129. A new psychiatric unit was commissioned in January 1972. A new pathology building consisting of a new mortuary, a virus laboratory and clinical pathology services, and a new clinical building to cater for an increased intake of medical students were all completed by the end of 1972. They are now functioning. The bed complement of the hospital is 1,164.

QUEEN ELIZABETH HOSPITAL

130. The Queen Elizabeth Hospital serves a population of approximately 2.5 million in Kowloon and the New Territories as a medical centre for emergency and specialist care.

131. Last year, attendance at the casualty section rose by 9 per cent compared with the previous year. Of these attendances, 28.3 per cent were due to trauma. A total of 40.7 per cent of all cases attended to in this section required immediate admission to hospital. A small number was referred to the Lai Chi Kok Hospital for admission. The average length of stay in the Queen Elizabeth Hospital was 5.9 days a patient. However, some patients were transferred to the Kowloon, the Lai Chi Kok and the Pok Oi hospitals for further treatment of the sub-acute phase of their illness. The pressure of admissions made it necessary to increase beds to 1,896, in addition to about 100 camp beds, although the hospital's normal capacity is 1,596 beds. The planned opening of the Princess Margaret Hospital in October 1974, will relieve the considerable congestion at the Queen Elizabeth.

KOWLOON HOSPITAL

132. This hospital serves partly as a subsidiary centre for the Queen Elizabeth Hospital, and partly as a centre for chest diseases requiring

both medical and surgical treatment. It has an acute psychiatric ward, and a paraplegic unit.

133. With the completion of the west wing in October 1970, the total bed complement of the hospital increased from 500 to 1,042, including an acute psychiatric unit of 67 beds, a paraplegic unit of 50 beds, 209 beds for thoracic diseases, and 716 convalescent beds for patients from the Queen Elizabeth Hospital. Towards the end of the year, the west wing was almost fully operational, while some wards in the old section were being renovated.

TSAN YUK HOSPITAL

134. This hospital, under the clinical supervision of the Professor of Obstetrics and Gynaecology of the University of Hong Kong, is the main specialist obstetric hospital in Hong Kong. It has 300 beds, including 50 for the care of premature and sick babies. It is the teaching centre of obstetrics for medical undergraduates and the training school for midwives.

135. About 91 per cent of admissions during 1972 were booked cases. These were mainly primigravidae, grand multiparae, and cases with previous, or present, complications that required specialist care. The emergency admissions were referred mostly from government maternity homes. There were 6,186 deliveries with two maternal deaths.

MENTAL HEALTH SERVICE

Castle Peak Hospital

136. This hospital of 1,242 beds was required to accommodate 1,942 patients at the end of the year—1,915 actually living in, and 27 on trial discharge. It is for the time being the only hospital in Hong Kong for the full-time care of all types of psychiatric patients.

137. The hospital continued to develop during the year, in accordance with contemporary psychiatric practice, into a modern therapeutic community. Except for one closed ward for patients involved in court proceedings, the rest of the wards were in various degrees 'open', with free access to their own gardens. Eight wards were entirely open, the patients housed being convalescent and receiving attention in preparation for discharge. Some patients travelled daily to Tsuen Wan, Sham Tseng, and San Hui to work in factories. Others went to the adjacent New Life Rehabilitation Farm each week, for a short period of rehabilitation prior to final discharge, and many were given permission to move freely within the hospital.

138. All modern treatment in psychiatry was administered. Reliance continued to be placed on drug treatment and social measures, with the emphasis on inter-disciplinary, participatory-democratic teamwork, co-ordinating the functions and resources of social workers, nurses, occupational therapists, doctors and others in therapy. There was an increasing tendency to treat patients in psychiatric out-patients' centres and day hospitals rather than to admit them to Castle Peak.

139. Continued efforts were made to rehabilitate the long-stay and severely mentally disabled patients, the aim being to discharge them when they were fit to earn a living. Two wards were especially set up for this purpose. The usual therapeutic measures, including occupational therapy, group therapy and re-education, were intensively used, but emphasis was placed on training in activities having a direct bearing on their work after discharge. By these means, a number of patients were able to find employment while still in hospital. They later left the hospital for full-time employment.

140. A variety of social and recreational activities was organized for the patients, and they were always kept informed. In addition, they had their own social club. Every ward has a television set.

141. Planning for the second mental hospital at Lai Chi Kok within the Princess Margaret Hospital complex was in an advance stage, and the date of completion was set for 1976-77.

Psychiatric Centres

142. The Yau Ma Tei Psychiatric Centre provides treatment for both out- and day-patients, including follow-up cases from the Castle Peak Hospital. Its facilities include a child psychiatric unit. The day hospital is useful for the treatment of psychoneurotics and disturbed adolescents and children. On the Island, the Hong Kong Psychiatric Centre continued to look after out-and day-patients, follow-up cases from the Castle Peak Hospital, and forensic cases. In addition to these centres, psychiatric services were provided for the Siu Lam Hospital for the mentally subnormal, the Prisons Department Siu Lam Psychiatric Centre, the Tai Lam Centre for Women, and the Social Welfare Department's Aberdeen Rehabilitation Centre.

Kowloon Hospital Psychiatric Unit

143. This unit, located in the west wing of the Kowloon Hospital, provides comprehensive psychiatric services in a general hospital setting. Because of a shortage of staff, only the out-patients' section,

the day hospital, and two-thirds of the in-patients' section, were operational. All types of patients, except those with strong suicidal and aggressive tendencies, were admitted. During their stay, they were subjected to an intensive treatment programme. Average length of stay was two weeks.

Voluntary Mental Health Organizations

144. The New Life Psychiatric Rehabilitation Association, with the close co-operation of the mental health service, operates the New Life Rehabilitation Farm adjacent to the Castle Peak Hospital for the benefit of patients requiring a period of orientation before returning to full social and economic activity in the community. The Association also owns two half-way houses for both men and women, and a sheltered workshop for selected discharged patients from the Castle Peak Hospital. The Mental Health Association continued to provide the useful function of bridging the gap between the service and the community in 1972. The Irene House, a half-way hostel run by the Association for short-stay discharged patients from the Castle Peak Hospital, could accommodate 32 patients at a time.

Drug Addiction

145. The department maintained close liaison during the year with the Action Committee Against Narcotics (ACAN), other voluntary agencies, and government departments connected with this work. Representatives from this department served as members on various sub-committees of the Action Committee Against Narcotics and participated in activities, particularly in relation to the treatment and rehabilitation of drug addicts, and research and health education in the dangers of drug addiction.

146. A notable achievement of the department during 1972 was the setting up, on 1st December, of the Pilot Methadone Study Centre in Eastern Street, Sai Ying Pun, in the old premises of the former Mental Hospital. The Centre aims at finding out if local addicts will take to methadone maintenance instead of heroin, or opium, and if not, why not. The Government made available more than \$2 million for a study to last three years, covering an estimated 550 addicts, who are being treated free, and who are volunteers.

147. Ten beds were made available. The procedure lays down that a patient should be treated for withdrawal symptoms for about ten days, depending on the individual. As soon as withdrawal signs occur,

the patient is given 20 mg of methadone diluted in a mixture of orange juice. The intake is once a day, with the dosage increasing by 10 mg a day until a maximum of 40 mg is reached on the fifth day. When the final dosage is found to be adequate to relieve the patient's craving for 36 hours, he is discharged, and then encouraged to return to the Centre every day for his daily dose of methadone taken in the orange cordial. The procedure also requires the regular testing of urine for the detection of morphine, heroin, or opium.

148. In the first five months of the programme, 228 patients were treated. Difficulties resulting from their addiction, such as medical, social and psychological problems, were dealt with. The Centre received valuable help from the Association of Volunteers for Service.

INFECTIOUS DISEASES HOSPITALS

149. There are two hospitals which admit patients suffering from infectious diseases—the Sai Ying Pun Hospital on Hong Kong Island, and the Lai Chi Kok Hospital in Kowloon. The latter also provides some accommodation for convalescent cases from the Queen Mary and Queen Elizabeth hospitals. The two infectious diseases hospitals will soon be replaced by the 110-bed Infectious Diseases Block of the Princess Margaret Hospital, to be opened in late 1974.

150. While the overall trend was towards a reduction in incidence of infectious diseases, food and water-borne diseases, namely typhoid and the dysenteries, and to some extent viral hepatitis, still accounted for a significant number of cases of notifiable diseases. (See Table 14.)

THE TANG SHIU KIN HOSPITAL

151. The Tang Shiu Kin, built with a substantial donation from Sir Shiu-kin TANG, is situated at Morrison Hill, Hong Kong. Opened in 1969, it replaced the former Eastern Public Dispensary and Maternity Home, the Harcourt Health Centre, and the Wan Chai Social Hygiene Female Clinic.

152. The hospital is equipped with a casualty department and casualty wards for 40 patients. It has a general out-patient department, a maternal and child health centre, a 36-bed maternity ward, a social hygiene clinic, a special skin clinic, and a part-time obstetrical and gynaecological clinic.

153. The hospital also houses the head office of the Maternal and Child Health Services and a training school for health visitors and

health auxiliaries. Quarters are available for medical and nursing staff. Since its opening, the hospital has played a useful role in providing casualty and emergency services for the eastern part of the Island.

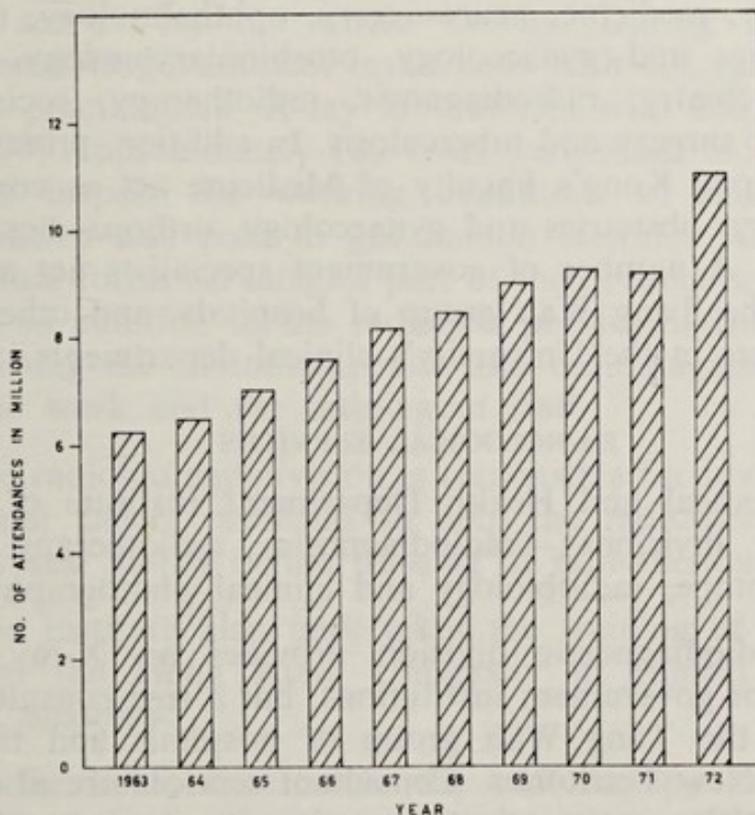
OTHER GOVERNMENT HOSPITALS

154. Other hospitals maintained by the Government are the St. John Hospital, serving the Island of Cheung Chau and neighbouring islands of the western sea-board; the South Lantau Hospital, serving villages on the south-west coast of Lantau Island; and six hospitals within compounds at Stanley Prison, Victoria Prison, the Tai Lam Centre for Women, the Tai Lam Addiction Treatment Centre, the Ma Po Ping Addiction Treatment Centre and the Chi Ma Wan Prison.

OUT-PATIENT SERVICES

155. Pressure remained heavy throughout the year on all 49 general out-patient clinics and also on most specialist clinics. Trends during the past 10 years are shown in Figure 12.

FIGURE 12
TOTAL OUT-PATIENT ATTENDANCES IN GOVERNMENT
INSTITUTIONS 1963-72



REMARK: INCLUDING ATTENDANCES AT PHYSIOTHERAPY & OCCUP. THERAPY CENTRES

156. New facilities which became available during the year are detailed in paragraph 218 of this report.

157. In addition to general out-patient service, regular out-patient sessions were maintained at a number of clinics by staff of specialized units. Evening out-patient sessions continued to be held at 10 clinics in the more densely populated areas. They are the Aberdeen Jockey Club Clinic, the Kowloon Hospital out-patient department, the Kwun Tong Jockey Club Clinic, the Lady Trench Polyclinic, the Li Po Chun Health Centre, the Robert Black Health Centre, the Sai Ying Pun Jockey Club Polyclinic, the Shau Kei Wan Jockey Club Polyclinic, the Violet Peel Polyclinic and the Yau Ma Tei Jockey Club Polyclinic. Sunday and public holiday clinics were also held at six of the clinics. The more remote areas of the New Territories continued to be served by two mobile dispensaries and the 'floating clinics', while the 'flying doctor' service to more isolated and inaccessible villages was maintained.

SPECIALIST SERVICES

158. The Department provides specialist services units in anaesthesiology, dentistry, medicine, neuresurgery, ophthalmology, orthopaedic surgery, obstetrics and gynaecology, otorhinolaryngology, pathology, paediatrics, psychiatry, radiodiagnosis, radiotherapy, social hygiene, surgery, thoracic surgery and tuberculosis. In addition, professors of the University of Hong Kong's Faculty of Medicine act as consultants in medicine, surgery, obstetrics and gynaecology, orthopaedics, pathology and paediatrics. A number of government specialists act as honorary consultants to the Tung Wah group of hospitals, and others serve as part-time lecturers in the University's clinical departments.

RADIOLOGICAL SERVICES

159. The Medical and Health Department Institute of Radiology comprises five divisions:—radiodiagnosis, radiotherapy, radiation physics, radioisotope, radiobiology and clinical photography.

160. The radiodiagnostic division provides an X-ray diagnostic service mainly for government institutions, but a free consultant service is available to the Tung Wah group of hospitals and the Pok Oi Hospital in the New Territories. Consultant services are also available to medical practitioners in private practice on payment of a fee. In all, 19 static X-ray departments and three mobile chest radiography

units were in operation with a total output of 776,766 examinations, an increase of approximately three per cent over the previous year. During 1972, a major diagnostic X-ray machine, with cineradiography, screening and television monitoring facilities, was installed at the Queen Elizabeth Hospital X-ray Department. A new Chest X-ray Department was opened at the Kwai Chung Chest Clinic.

161. The radiotherapy division based at the Queen Elizabeth and Queen Mary hospitals treated more than 90 per cent of all patients requiring radiotherapy in the whole of Hong Kong and also operates a Colony-wide cancer registry.

162. The radioisotope service is included in the radiotherapy division. Because of its modest outlay, it serves mainly government institutions, but a consultant service is also available, on a limited scale, to the Tung Wah group of hospitals, and medical practitioners in private practice.

163. The radiation physics division is responsible for the operation of the radiological workshop which provides a maintenance service for government radiological equipment, and also a film-badge radiation monitoring service for the whole Colony. During 1972, the latter service covered 49 government institutions with 401 radiation workers, 120 private practitioners' X-ray laboratories with 386, and industrial firms with 74. Approximately 180 visits were made to non-government premises to inspect the working conditions of radiation workers. Special attention was paid to gas mantle factories where radioactive thorium nitrate forms an integral part of the production process. These duties were in addition to the radiation physics division's main function of assisting the radiotherapeutic and radiodiagnostic divisions in their routine work and the training of staff.

164. The radiobiology division is responsible for investigating radiobiological and cancer problems to help the radiotherapy division in its work. It also assists in the training of radiotherapists.

165. The Institute also undertakes the training of medical undergraduates of the Hong Kong University in clinical radiology and radiological anatomy.

166. In the field of research, the radiotherapy and radiobiology divisions are continuing their own as well as the collaborative research with the International Agency for Research on Cancer in an investiga-

tion into the epidemiology of nasopharyngeal carcinoma, the commonest cancer among Hong Kong men.

OPHTHALMOLOGY

167. This service maintains three full-time centres with surgical facilities, and in addition, holds regular sessions at 15 out-patient clinics in urban and rural areas. Ophthalmic surgery is performed in two government hospitals with a total of 36 beds for ophthalmic cases as well as in out-patient clinics. Emergency ophthalmic services are also available at the three casualty departments in the Queen Mary, Queen Elizabeth, and Kwong Wah hospitals.

168. During the year, the number of persons first registered as blind was 224, including 17 aged under 15. Trends of previous years in the causation of blindness continued, with increasing frequency of the eye diseases of advancing age, and a reduction in those caused by deficiency states and trauma. Senile cataract and glaucoma replaced keratomalacia as the predominant causes. Among children, the main cause of blindness was congenital defect, while blindness due to keratemalacia was comparatively rare.

EAR, NOSE AND THROAT SERVICE

169. Table 66 shows statistics collected by clinics run by the ear, nose and throat service at various centres, and also hospital cases taken care of by the consultant surgeon and his staff. Under the consultant surgeon are also an audiometric unit and a speech therapy unit. The former handles diagnostic hearing tests on patients referred by qualified E.N.T. surgeons in Hong Kong, and the latter treats all patients referred by registered doctors, with defects and disorders of voice, articulation, fluency, and so on, except cases of severe deafness in children. The latter are taken care of by the hearing and speech centre of the Education Department.

PHARMACEUTICAL SERVICE

170. This sub-department meets the requirements for drugs, dressings, surgical instruments and hospital sundries of all government hospitals, clinics, and health centres, including government-subsidized medical institutions. Headed by the chief pharmacist, it has a staff of 24 pharmacists and 192 dispensers. As a result of the renovation of the Central Medical Store in North Point, the major manufacture of pharmaceutical products, except for tableting, was carried out solely

at the Kowloon Medical Store. The work of this new manufactory has been completed. It will be ready for full operation as soon as it is equipped.

171. The other responsibility of the chief pharmacist is the enforcement of the law pertaining to dangerous drugs, pharmacy and poisons, and antibiotics. During the year, 107 prosecutions were taken out, and all resulted in convictions. Examinations for the registration of pharmacists were held as usual in June and December. A total of 34 candidates sat, but only seven passed.

MEDICAL SOCIAL WORK

172. The expansion of the medical and health services, and the increasing emphasis on rehabilitation in its various aspects, continued to make heavy demands on the services of medical social workers who have been enjoying good team-work with the other professional members of the medical and health team. The trend of moving from basic material and financial assistance to the giving of more and more attention to the problems, or factors, that have led to the need for assistance, has called for more sophisticated social work knowledge, discipline and skill, so as to help the handicapped and the chronically-ill to re-integrate into society with a role and a task which can give them dignity and social status. The allocation of about 100 beds at the Grantham Hospital as convalescent beds for cases from the Queen Mary Hospital resulted in an extension of the service to patients transferred there. Medical social workers of the Hong Kong division also undertook medical social work in the Tsan Yuk Hospital, the Sai Ying Pun Infectious Disease Hospital and Jockey Club Clinic, the Tang Shiu Kin Hospital, the Duchess of Kent Children's Orthopaedic Hospital, the Tung Wah Sandy Bay Convalescent Hospital, the David Trench Rehabilitation Centre, the Wan Chai Physiotherapy Centre, the Violet Peel Polyclinic, the Eye Services of the Yau Ma Tei, Violet Peel and Yuen Long clinics, and the Mount Parish School for Mentally Sub-normal Children, Wan Chai.

173. The medical social service of the Kowloon division which covers medical social work of the Queen Elizabeth Hospital, the Kowloon Hospital, the Lai Chi Kok Hospital, the Kowloon Rehabilitation Centre, the Queen Elizabeth Specialist Clinic, the Cancer Wing of the Caritas Medical Centre and three out-patient departments in Kowloon, continued to provide service to an increasing number of

patients treated at these hospitals and clinics. Besides helping them to regain maximum health and social capability in a joint effort with medical staff, close liaison was maintained during the year with other government departments and voluntary agencies for the rehabilitation and after care of these patients.

174. Medical social workers in the chest and special skin division continued to see patients by a referral and selection system, in addition to automatic interviews of all patients on admission arising from the social aspects of these diseases. Medical social workers of this division worked full-time at all main chest clinics and special skin clinics, and part-time at other sub-clinics, including New Territories clinics and the Aberdeen Jockey Club Clinic. In addition to services to out-patients, this division also provided medical social services to tuberculosis patients treated at such hospitals as the Kowloon, the Grantham, the Ruttonjee Sanatorium, the Wong Tai Sin Infirmiry, the Haven of Hope Sanatorium, and other medical institutions. In the special skin service, medical social workers maintained close liaison with the Hay Ling Chau Leprosarium. There were fewer difficulties in 1972 with such rehabilitation problems as the housing of leprosy patients, the employment of cured persons, and their re-integration into the community.

175. Medical social work in the mental health service widened in scope with the Medical and Health Department's expansion, and with the new psychiatric unit in the Kowloon Hospital and the Queen Mary Hospital University Psychiatric Unit now fully operational. The increase of intake naturally had its impact on medical social workers who were required to meet social problems of patients in treatment, the care of these patients' families, as well as planning for their discharge, aftercare and rehabilitation. The full implementation of the public assistance scheme of the Social Welfare Department further increased the demand on medical social workers' time and attention. The opening of the Siu Lam Hospital resulted in an upsurge of referrals to the mental health service of mentally retarded individuals, often with accompanying social problems, such as family rejection, for whom the medical social worker's assistance in counselling and referral for other welfare services was essential.

176. As a result of the rapid expansion in the medical and health services, there was a larger intake of new recruits in the medical social service, and the in-service training and orientation programme was

carried out on a larger scale than before with the appointment of a training officer. Interdisciplinary departmental training, much appreciated because of its teamwork implications, continued to be maintained. Requests also came from other hospitals' nursing schools such as the Tung Wah group of hospitals, from hospital administrators, welfare organizations, the Social Welfare Department's training section, and so on, for medical social workers' contributions towards their staff development programmes. Practical work placements in the department's hospitals, mainly the Queen Elizabeth, the Queen Mary, and the Kowloon hospitals, continued to be made available to the B. Soc. Sc. undergraduates of the two universities, and graduates undertaking the diploma of social studies course of the University of Hong Kong. In both respects, experienced and qualified medical social workers were designated as supervisors in the field training of social work students.

PHYSIOTHERAPY

177. The demand for physiotherapy services continued to rise, particularly for the severely handicapped and patients requiring intensive care. Another large group, mainly out-patients, consisted of those suffering from cervical spondylosis, the symptoms of which are often caused by sedentary occupations and the lack of physical activities among office workers.

178. The physiotherapy services in the west wing of the Kowloon Hospital continued a programme of expansion to give convalescent patients, particularly spinal lesions, as much attention as possible so as to overcome their disabilities. Many were also treated at the Kowloon Rehabilitation Centre. These long-stay patients need much encouragement, and sports activities were arranged for them to help increase their strength and independence. Most of them become proficient at various wheelchair sports and take part in competitions against patients from other centres in basketball, table tennis, archery, javelin, swimming and discus-throwing. More social activities were arranged, such as picnics, visits to tea houses and homes, shopping, ten-pin bowling, and music lessons. A similar service was inaugurated by physiotherapists for about 26 patients at the Queen Elizabeth Hospital.

179. The David Trench Rehabilitation Centre continued to expand slowly. It drew on the Wan Chai Clinic for patients needing hydrotherapy. The Wan Chai Clinic started swimming sessions for the more

independent at the Urban Services Department's all-season swimming pool at Morrison Hill. As more major surgery came to be done at the Queen Mary Hospital, the Queen Elizabeth Hospital, and the Surgical Thoracic Unit at the Kowloon Hospital, more time came to be spent on pre and post-operative care.

OCCUPATIONAL THERAPY

180. During the year, the occupational therapy sub-department reached full strength with the appointment of two expatriate officers, and the return of one scholarship graduate from the New South Wales College of Occupational Therapy in Sydney.

181. There was an increased demand for occupational therapy services in many government hospitals and out-patient centres—there are now eleven occupational therapy units within the sub-department. Otherwise, treatment in 1972 followed the same pattern as in previous years, with the same aim in view—to assist patients to return to their previous employment, or to an alternative form of livelihood.

182. The occupational therapy units in the Queen Mary and Queen Elizabeth hospitals continued with the treatment of in-patients. The Queen Elizabeth Hospital also has a regular attendance of out-patients. The Lai Chi Kok Hospital occupational therapy unit was closed on 10th April, 1972, because of an acute staff shortage. The Wan Chai Polyclinic unit continued to function to the maximum, despite its physical limitations and location, and these together prevented further expansion of the service offered.

183. The occupational therapy unit continued to provide a diverse programme of progressive treatment in the Castle Peak Hospital covering work, recreation and group-social activities. The Hong Kong Psychiatric Centre and the Yau Ma Tei Mental Health Centre continued to provide a treatment programme for out-patients, including selected patients from the Castle Peak Hospital. For the latter, a short follow-up period was necessary, and the same was also true for those receiving other forms of therapy referred for observation prior to assessment for future employment.

PROSTHETIC-ORTHOTIC SERVICE

184. The prosthetic-orthotic service provides modern artificial limbs and orthopaedic appliances for the public and for in-patients of

government hospitals. The demand for prosthetic-orthotic service continued to rise as a result of increased industrial and traffic accidents. Though the number of new poliomyelitis patients requiring orthopaedic appliances decreased, the old poliomyelitis patients were growing up during the year, and so the demand for medium and large sizes of long leg-braces with knee-hinges increased.

185. To ensure that artificial limbs available in Hong Kong were the best possible, and that the method of fabrication and limb-fitting kept abreast of developments, one prosthetist was sent abroad in July 1972 to take a post-graduate prosthetic course, to make an up-to-date general survey of prosthetics and orthotics in England, Denmark, and West Germany, and to work in some of the research and development centres in those countries.

186. Work study in the production of artificial limbs continued. The main research and development undertaken during the year included: (i) dynamic splint for the correction of T.E.V. foot deformities, (ii) new techniques for fitting and manufacturing below-knee prosthesis, and (iii) improved design of all walking aids.

MEDICAL EXAMINATION BOARD

187. This section carries out medical examinations of new entrants to the civil service and certain units of the Essential Services Corps. The number of persons classified as unfit, on account of tuberculosis, decreased considerably in 1972 when compared with the previous year. Tuberculosis remained the primary reason for non-acceptance of applicants on medical grounds, being responsible for seven out of the 10 classifications as 'unfit' in each 1,000 examinations. The Medical Examination Board is now located in the Canton Road government offices.

HOSPITAL MAINTENANCE AND SUPPLY

188. The development of the services provided in medical institutions operated by the Medical and Health Department continued during the year to make the administration and supply of the hospital service increasingly complex.

189. Work on the planning and commissioning of the Princess Margaret Hospital complex made good progress. The majority of the equipment is on order, or will soon be. A Commissioning Unit has been formed, and it is expected that the general hospital will be

opened in phases starting late in 1974. Every attempt has been made to ensure that both the buildings and equipment conform to modern ideas and standards. But in a project of this magnitude, which will have taken some eight years to reach fruition, during which period there have been impressive improvements in diagnostic and therapeutic procedures, some shortcomings are inevitable. These should still be minimal, and it is hoped that the new complex will form a hospital of which the Colony will be proud.

190. Detailed planning on the second mental hospital, which will form part of the Princess Margaret Hospital complex, is now underway and work on the equipment schedules and other maintenance and administrative aspects has started.

191. Staff welfare continued to improve with the appointment of a full time Staff Welfare Officer.

192. A considerable degree of assistance was rendered to various subsidized hospitals in regard to equipment and detailed planning of new projects, in particular to the Yan Chai and the United Christian hospitals which are due to open soon.

AUXILIARY MEDICAL SERVICE

193. The Auxiliary Medical Service consists of more than 6,000 young men and women, of whom at least 2,000 are under 24. The service continued to expand during the year, and there was always a long list of recruits waiting to be trained. Members augment Hong Kong's medical, ambulance and rescue services during any emergency.

194. Approximately 3,500 officers and members are in the ambulance depot teams, which are dispersed, with their stores, throughout the urban areas, the New Territories and outlying islands. These teams are affiliated to the nearest fire stations, and members carry out duties as drivers and crews of ambulances at weekends and on public holidays. They are also trained in light rescue and life-saving. There are more than 600 trained life-savers—men and women—who also carry out regular life-guard duties on the beaches and in public swimming pools during weekends and on public holidays.

195. Officers and members assigned for emergency duties in hospitals carry out annual training for a week in one of the major hospitals. Others are trained as inoculators, dental surgery assistants, and for work with the chest service.

196. All trained members carried out operational duties during the year. Members attended at scenes of all major fires to help care for the injured and homeless, and stood by to assist whenever typhoons threatened.

197. Members manned weekend sessions of the Medical Examination Board set up since mid-December 1972 in response to a mass recruitment campaign for auxiliary police. This has helped considerably to speed up the recruitment procedure of the campaign. The weekend sessions were continued for other defence units after the auxiliary police campaign was over.

198. The band of the AMS performed on many occasions in public parks, at departmental functions, and gave Christmas concerts at various hospitals.

REGISTRATION OF MEDICAL CLINICS

199. In accordance with the Medical Clinics Ordinance, all clinics are required to be re-registered annually. On 31st March, 1973, there were 75 registered static clinics, three registered mobile clinics in the charge of registered medical practitioners, and 344 clinics registered with exemption, making a total of 422.

200. The low cost medical care scheme, aimed at providing general practitioner services to the population residing in all housing estates, continued to operate. Eighty-five registered medical practitioners took part in the scheme in resettlement estates, and 27 in housing estates. In addition, 36 of the 344 clinics registered with exemption under the Medical Clinics Ordinance (para. 159) also operated under the scheme.

V. GOVERNMENT-ASSISTED HOSPITALS

201. Financial assistance, mainly by means of an annual subvention, is given by the Government to certain voluntary organizations maintaining hospitals in Hong Kong. Such hospitals, containing a total of 7,621 beds, provide mainly non-acute general beds, or facilities for persons suffering from certain specific diseases, or handicaps. The total government subvention to these hospitals during the year was \$98,704,432 recurrent, and \$10,272,687 special expenditure.

THE TUNG WAH GROUP OF HOSPITALS

202. The Tung Wah group of hospitals is a long-established Chinese charitable organization, managed by a board of directors elected

annually. During recent years, a programme of modernization and expansion has been undertaken, with assistance from the Government, in staff—especially medical officers and consultant services—money, and material. The subvention for this was \$52,255,214.

203. Construction of the 12-storey Centenary Block in the Tung Wah Hospital was continued, and phase I of the project was completed in August 1972. Work on phase II began in early 1973. When completed, the building will have 424 beds, with a new casualty department, X-ray facilities, new operating theatres, and single quarters for 20 medical officers.

204. In the Kwong Wah Hospital, a medical social service was established in August 1972. Planning began during the year to erect a 10-storey clinical pathology building which will provide accommodation for the clinical pathology service, the physiotherapy department, the occupational therapy department, the medical social service, and other services in the hospital.

205. The casualty section of the Kwong Wah Hospital handles accident cases occurring between Waterloo and Lai Chi Kok roads. Many patients were referred to it by government clinics in Kowloon and the New Territories. As a result, this casualty section dealt with cases not only from the northern part of Kowloon peninsula, but also from other areas. The officers attached to the police post, the industrial health division of the Labour Department, and the ambulance control post in the casualty section continued to work in close liaison with the staff there.

206. In the Wong Tai Sin Infirmary, there are altogether 681 beds, of which 185 are allocated to the government tuberculosis service. Patients for long term treatment are transferred to the Infirmary from the Queen Elizabeth or the Kwong Wah hospitals. There are also 503 beds in the Tung Wah Sandy Bay Convalescent Hospital for the treatment of chronic patients. But the provision of a total 1,184 beds for long-term patients under the management of the Tung Wah group of hospitals was still not sufficient, according to the year's experience, to meet the demand for more chronic beds in Hong Kong.

207. In March 1973, the Tung Wah Eastern Hospital completed its programme of alteration. The work carried out included the provision of two major operating theatres, one minor theatre, two air-conditioned X-ray rooms, an expanded laboratory, and an enlarged

kitchen. After the alteration, the hospital is expected to receive straight-forward emergency cases from its own out-patient section and receiving room, and also from the casualty section of the Tang Shiu Kin Hospital.

ALICE HO MIU LING NETHERSOLE HOSPITAL

208. This hospital, supported by the London Missionary Society, received a subvention of \$8,582,584 during the year. The hospital has been considerably modernized in recent years, and its facilities greatly improved.

209. It has had another busy year with an increase in in-patient admissions over the previous year of 15 per cent and in out-patient attendances of 10 per cent. The greatest demand is on the obstetric service which remains overcrowded despite strict limitations on bookings.

POK OI HOSPITAL

210. This charitable hospital in Yuen Long, New Territories, continued in 1972 to serve the population of Yuen Long and surrounding areas. Recently, the hospital was modestly expanded and during the year the north wing extension project was completed and brought into use. The new building provides a kitchen, a laundry room, and quarters for minor staff.

211. To improve the use of facilities, two surgical teams from the Queen Elizabeth Hospital visited the Pok Oi once a week for surgical clinics and operations. A small quantity of blood began to be stocked in the hospital for urgent use when required.

CARITAS MEDICAL CENTRE

212. The Caritas Medical Centre has 898 beds. It was erected with the aid of donations from Catholic communities in many parts of the world, in particular the Federal Republic of Germany, and is maintained partly with the aid of a government subvention. In 1972, this was \$5,495,940. The Centre is situated in the densely-populated district of So Uk in north-west Kowloon. It is administered by the Canossian Sisters and comprises blocks for general, tuberculosis, and cancer patients, as well as quarters for staff and a nurses training school. The hospital continued to play an active part in the provision of medical services in Hong Kong.

213. During the year, a prosthetic and orthotic section was established. The hospital also planned to develop the site adjacent to the medical centre by the construction of a nurses training centre, a physiotherapy block, a new chronic hospital block, and staff quarters.

THE HONG KONG ANTI-TUBERCULOSIS AND THORACIC DISEASES ASSOCIATION

214. The three institutions of this Association—the Grantham Hospital, the Ruttonjee Sanatorium, and the Freni Memorial Convalescent Home—provide the great majority of beds available for the treatment of tuberculosis, and a close liaison is maintained with the government chest service.

Grantham Hospital

215. This hospital of 625 beds is equipped as a modern chest hospital and is administered by the Grantham Hospital management board on a fee-paying, non-profit-making basis. The Government maintains 610 of the beds, but all staff of the hospital are provided by the Association, with the exception of government medical officers posted to the government clinical units, which are directly responsible for 218 of the beds. Because of the decline in the need for hospital beds for the treatment of pulmonary tuberculosis, 78 beds been re-allocated for general use as convalescent beds for chest and heart cases from the Queen Mary Hospital.

216. The Grantham Hospital is also a centre for cardiac surgery. As a result of contributions from the Government, the University of Hong Kong, and the Association, open-heart surgery was begun in 1968. Staff of this unit consists of specialists from the departments of medicine and surgery of the University of Hong Kong, and from the Medical and Health Department.

Ruttonjee Sanatorium and Freni Memorial Convalescent Home

217. The Ruttonjee Sanatorium has 250 beds, including 40 for children. It is supported by voluntary contributions and by a subvention from the Government amounting to \$3,700,000 in the year under review. Patients are referred for admission by the government chest clinics or the casualty sections of government hospitals. Provision is also made for employees of the principal subscribers to the Association. Though the majority of patients admitted during the year suffered from pulmonary tuberculosis or its sequelae, more patients with lung

cancer were also admitted. A special unit is provided for the management of patients suffering from tuberculous meningitis. The Freni Memorial Convalescent Home has 110 beds for adult males, and allows a greater turnover of patients to take place in the Ruttonjee Sanatorium. It is used for post-operative patients, and also for patients whose progress is uncomplicated but who need supervised anti-tuberculosis chemotherapy. The medical and nursing staff of the Ruttonjee Sanatorium operate the Freni Memorial Convalescent Home.

218. The hospital is currently co-operating with the Hong Kong Government and the Medical Research Council of the United Kingdom in clinical studies on various aspects of the treatment of tuberculosis.

HAVEN OF HOPE SANATORIUM

219. This hospital of 322 beds is situated in the Junk Bay area of the New Territories, and a tuberculosis out-patient and follow-up clinic is maintained at nearby Rennie's Mill. During the year, the hospital was assisted in its recurrent expenditure by a subvention of \$1,944,000.

DUCHESS OF KENT CHILDREN'S ORTHOPAEDIC HOSPITAL AND CONVALESCENT HOME

220. Maintained by the Society for the Relief of Disabled Children, with the aid of a subvention of \$1,677,569, this modern children's orthopaedic hospital now has 200 beds for children requiring specialized long-term orthopaedic care and surgery. Patients are admitted to the hospital through its own out-patient department and other clinics. Traumatic cases are transferred from the Queen Mary Hospital for convalescence. During the year, a new spinal X-ray equipment was installed. The hospital continued its research on the treatment of spinal deformities with the halo-pelvic traction apparatus. Following surgery, rehabilitation is achieved with physiotherapy, occupational therapy and primary schooling.

OUR LADY OF MARYKNOLL HOSPITAL

221. This hospital of 264 beds is administered by the Maryknoll Sisters, and was maintained during the year with the aid of a subvention of \$2,006,082. It is located at Chuk Yuen in north-east Kowloon, and provides general in-patient and out-patient facilities

for this rapidly expanding area. The hospital also provides a two-year training programme for enrolled nurses.

HAY LING CHAU LEPROSARIUM

222. This leprosarium, situated on an island six miles from Hong Kong Island, is maintained by the Leprosy Mission, Hong Kong Auxiliary, with the aid of a subvention of \$925,000. It provides in-patient and rehabilitation facilities for leprosy patients, and has special facilities for those who require reconstructive surgery, or who are suffering from intercurrent disease. The number of patients has fallen in recent years as a result of the decreasing incidence of leprosy, and at the end of 1972, there were only 149 patients at Hay Ling Chau, a decrease of 47 patients compared with the previous year.

THE HONG KONG SOCIETY FOR REHABILITATION MARGARET TRENCH MEDICAL REHABILITATION CENTRE

223. This Centre, aided by a recurrent grant from the Government amounting to \$741,000 in 1972, accommodates 80 patients, with occupational workshops and facilities for physiotherapy and the manufacture of prostheses. It is designed to assist in the quick return to employment of those who have been injured, particularly as a result of industrial accidents.

NAM LONG HOSPITAL

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

HONG KONG BUDDHIST HOSPITAL

225. This hospital, situated in north-east Kowloon, was opened in October 1970. It has a capacity of 350 beds. The hospital is provided with beds for general medical, surgical and obstetric patients. During the year, both out-patient attendances and in-patient admissions

showed an increase. The hospital was assisted by the Government with \$1,580,897 in 1972.

FANLING HOSPITAL

226. This hospital, administered by the Lutheran World Federation, has 54 beds. It is situated in the Fanling area of the New Territories. From April 1971, it began to be assisted by the Government in respect of its recurrent expenditure on a two-thirds cost basis. In addition to the provision of an in-patient service for general cases, the hospital also operates an out-patient clinic for residents in the Fanling district. Towards the end of the year under review, discussions were completed for the hospital to be taken over by the Government on 1st April, 1973.

VI. THE TRAINING PROGRAMME

227. To provide the people of Hong Kong with comprehensive and freely available medical and health services, the department needs a considerable number of doctors, nurses and various para-medical staff to run its hospitals, out-patient sections, polyclinics and other institutions. As the demand for medical services increase yearly, the overall staffing problem can only be met by recruiting and training more men and women of all grades.

228. The training of officers in all grades is therefore an important task. Unless adequate numbers of staff are available, the services will be affected. In addition, the department recognizes the need for providing continuing training for medical and health staff to enable them to improve their skill in their respective fields. This will keep them up-to-date with developments and improved techniques, and so raise general standards.

229. In line with such a policy, the post of Medical Training Administrator was created during the year. This officer is now responsible for co-ordinating and organizing all aspects of training among doctors, nurses and the professions supplementary to medicine.

DOCTORS

230. Post-graduate training for doctors in the various branches of medicine and surgery is carried out by the University of Hong Kong's clinical professors and government clinical specialists. Every year, subject to the requirements of the time, a number of doctors are

sent overseas for higher professional qualification and to obtain the necessary clinical experience in specialized subjects.

231. In addition to the co-operation of university professors, there are arrangements for higher professional examinations in Hong Kong by the Royal Colleges of Medicine, Surgery, Obstetrics and Gynaecology, Pathology, and the Faculty of Anaesthesia.

232. Besides full-pay study leave, other financial assistance include the New Zealand Medical Aid Programme, the World Health Organization Aid Programme, the Sino-British Trust, the Commonwealth Scholarship, and the Li Po Chun Scholarship for the training of doctors overseas. Last year, 26 government doctors were enabled by these means to acquire higher qualifications in their respective fields.

DENTAL STAFF

233. No training in dentistry is available in Hong Kong, but the Government annually awards scholarships overseas for the study of dentistry. Four such scholarships were awarded during the year—three for study at the University of Otago, New Zealand, and one for study at Guy's Hospital, London. One graduate returned to Hong Kong, bringing the total number of such qualified dentists to 68 from a total of 93 scholarships so far awarded.

234. In-service training in dental technology for government student dental technicians was suspended in 1972 because of the absence of new recruits, while evening classes for dental technicians in the private sector were held at the Hong Kong Technical College.

235. During the year, two dental officers were sent abroad for further study in prosthetic dentistry and dental health tutorship in the United Kingdom and New Zealand. A dental nurse who was sent on a 12-month dental nurse tutor course in New Zealand under a World Health Organization fellowship, returned to Hong Kong after completion of her studies. Seven dental surgery assistants were in Singapore and Penang for training in dental nursing under World Health Organization fellowships.

NURSING STAFF

Nurses

236. There are three government hospital schools of nursing. Those at the Queen Elizabeth and Queen Mary hospitals are general schools,

and the one at the Castle Peak Hospital is a psychiatric nursing school. Training at government schools and at the Caritas Medical Centre is in English. There are also approved schools at the Tung Wah group of hospitals, the Alice Ho Miu Ling Nethersole Hospital and the Hong Kong Sanatorium and Hospital, where instruction is in Cantonese. Examinations are held by the Nursing Board of Hong Kong, and there is full reciprocity of registration between the Board and the General Nursing Council of England and Wales.

Enrolled Nurses

237. Two types of course are held for enrolled nurses. The general course lasts two years. It is conducted at the Kowloon Hospital. The psychiatric course, also two years, is held at the Castle Peak Hospital. Enrolment examinations are held by the Hong Kong Nursing Board, but there is no reciprocity between the Board and the General Nursing Council of England and Wales.

Post-graduate Courses

238. Eight nurses returned to Hong Kong from overseas, having successfully gained post-graduate certificates in nursing education, nursing administration, ophthalmic nursing, dietetics, theatre-service-centre technique, and venereal disease nursing. A further nine nurses have gone overseas to study nursing education, nursing administration, dietetics, central-sterile-supply technique, and burn and plastic surgery nursing.

Midwifery

239. For registered general nurses, a one-year course in midwifery is held three times a year. For student midwives who are not registered nurses, a two-year course of training at the Tsan Yuk Hospital, and to a limited extent at other approved training schools, is accepted by the Midwives Board for entry to its examinations.

240. Due to the limited scope of domiciliary midwifery in Hong Kong, adequate practical training in this aspect of midwifery cannot be given, and full reciprocity of recognition of midwifery qualifications with the Central Midwives Board of England and Wales is not possible. Only the one-year post-graduate courses conducted in English, held at the Queen Elizabeth Hospital and the Caritas Medical Centre, have reciprocity with the Part I Examination of the Central Midwives Board of England and Wales.

Health Visitors

241. The nine-month health visitors' course was temporarily suspended in 1972-73.

Health Auxiliaries

242. A two-year course for health auxiliaries is held yearly. It provides training in health education and public health nursing, which includes maternal and child health work, training and keeping of records of infectious diseases in general, and of tuberculosis, leprosy and venereal disease in particular.

RADIOGRAPHERS

243. Radiographers continued to receive in-service training during the year, and examinations were held in Hong Kong for membership of the Society of Radiographers for both therapy and diagnostic radiographers. Seven student radiographers passed the Part II D.S.R.(R) examination, and one passed the Part II D.S.R.(T), so becoming qualified radiographers.

LABORATORY TECHNICIANS

244. The department's Institute of Pathology maintained its in-service training for medical laboratory technicians. The intermediate examination of the Institute of Medical Laboratory Technology of the United Kingdom was held in Hong Kong, and technicians were sent to the United Kingdom to obtain the A.I.M.L.T. qualification.

SCHOOL OF PHYSIOTHERAPY

245. The full programme of the Physiotherapy Training School had to be curtailed during the year as the result of a shortage of teaching staff. No new intake of students was accepted in October 1972, but students in training continued as usual. Thirteen students, including three for non-government institutions, qualified in 1972, leaving 28 who are continuing training at present, of whom eight will eventually work in the private sector. There continued to be much interest in the course, especially among students in secondary schools.

OTHER FORMS OF DEPARTMENTAL TRAINING

246. In-service courses of training continued in 1972 for dispensers and prosthetists. These courses do not lead to recognized qualifications, but qualify those who complete them for appointment to permanent posts in government service after passing a departmental examination.

VII. DEVELOPMENT

FORWARD PLANNING

247. Hospital development has been unparalleled in the past 18 years. But the population has also increased rapidly, and there is considerable pressure on most categories of hospital beds, particularly those for acute and chronic general and mental patients.

248. The white paper on the development of medical services in Hong Kong, tabled in the Legislative Council in February 1964, outlined the medical problems in Hong Kong, and made suggestions for the correction of deficiencies in order to produce, alongside a rapidly increasing population, a reasonably satisfactory standard of medical facilities. The working party which prepared the white paper was re-constituted by the Governor as the Medical Development Plan Standing Committee.

249. The Committee held 57 meetings since its inception in order to keep the recommendations made in the white paper under continuous review, and to report its conclusions on all major matters to the Government. The committee's activities fell into five main categories—the development of medical institutions, the staffing of such institutions, subventions to government-assisted institutions, fees and charges, and improved utilization of existing medical facilities.

250. The principal matters considered by the Committee during the year were the future role of the Fanling Hospital, the Violet Peel Clinic, the United Christian Hospital, the Kowloon Public Mortuary, the standard urban clinics at Li Muk Shue and Ha Kwai Chung, the review of policy governing recurrent subvention, the dental nurses training school and school dental clinics, and the subventions paid to government-assisted institutions.

251. Over the past 10 years, the medical services have been considerably expanded, and the aims set out in the white paper were broadly achieved. For example, the target for an overall provision of 4.25 hospital beds per 1,000 of the population was attained, and developments already in the pipeline will increase the ratio to 4.5.

252. The programmes of improvement and expansion over the next 10 years between 1973 and 1982 would now have to be separately examined, and it was in this context that in March 1973, a new

Medical Development Advisory Committee was appointed by the Governor to replace the Medical Development Plan Standing Committee whose task had been completed.

253. The terms of reference of the Medical Development Advisory Committee were: 'To keep under continuous review and to advise on the development and phased implementation of medical and health services in Hong Kong having regard to all factors which would determine the progress of expansion including financial, the rate of building construction and the availability of qualified staff, and on the principles of subvention.'

254. The Medical Development Advisory Committee was also asked to advise on what programmes of improvement and expansion would be appropriate over the next 10 years, in the circumstances of Hong Kong, and to submit a report to the Governor by 31st July, 1973.

255. The Medical Development Advisory Committee consisted of the following Members:

Dr. the Hon. Sir Albert RODRIGUES (*chairman*); the Director of Medical and Health Services, Dr. G. H. CHOA (*vice-chairman*); the Deputy Financial Secretary, Mr. D. G. JEAFFRESON; the Principal Assistant Colonial Secretary (Social Services), Mr. P. B. WILLIAMS; the Secretary, University and Polytechnic Grants Committee, Mr. S. F. BAILEY; the Hon. R. H. LOBO; Mr. TAI Kuen; Mr. LI Fook-wo; Sister (Dr.) M. ACQUINAS; and Dr. LI Shu-pui.

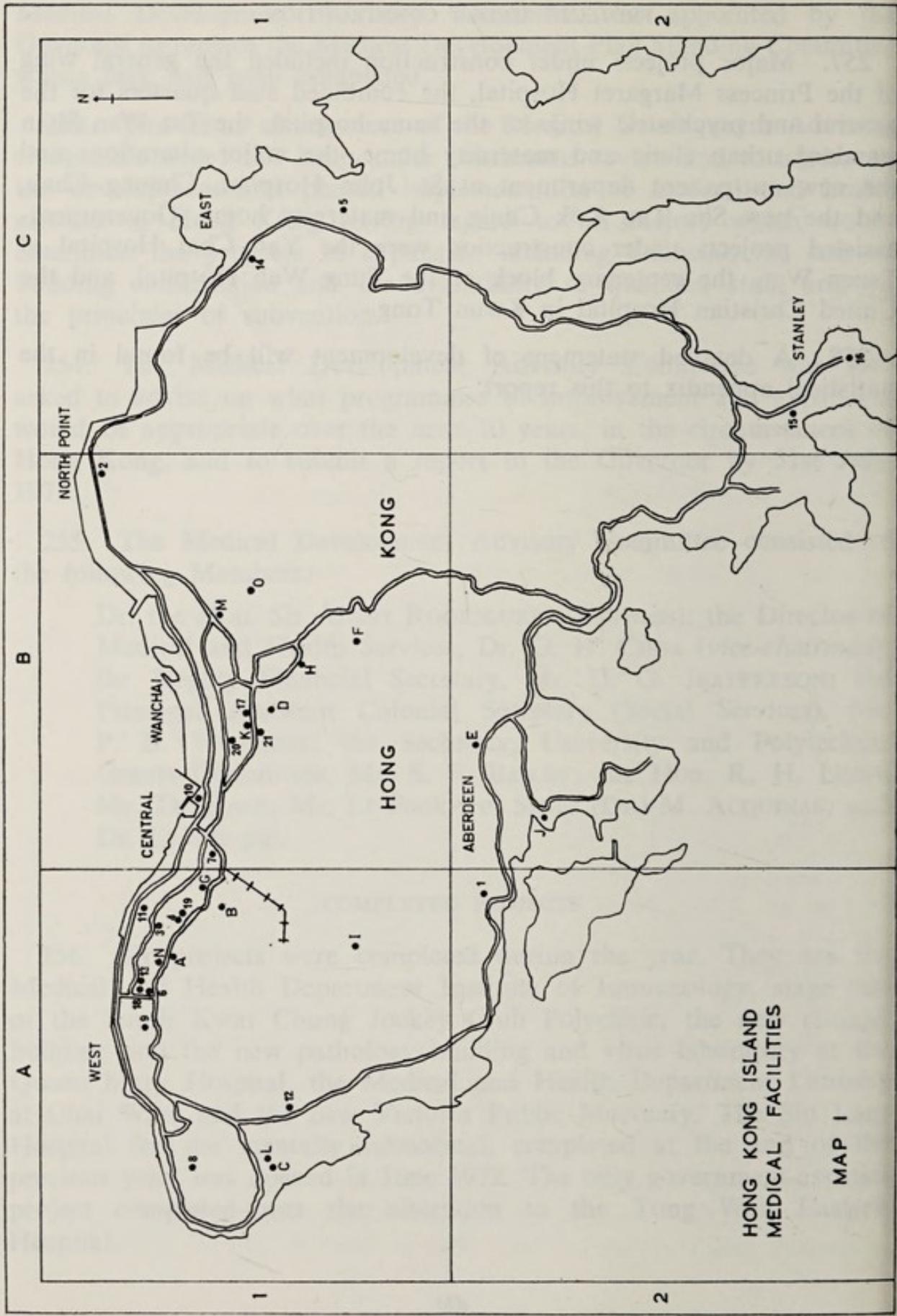
COMPLETED PROJECTS

256. Six projects were completed during the year. They are the Medical and Health Department Institute of Immunology, stage one of the South Kwai Chung Jockey Club Polyclinic, the new clinical building and the new pathology building and virus laboratory at the Queen Mary Hospital, the Medical and Health Department Laundry at Chai Wan, and the new Victoria Public Mortuary. The Siu Lam Hospital for the mentally subnormal, completed at the end of the previous year, was opened in June 1972. The only government-assisted project completed was the alteration to the Tung Wah Eastern Hospital.

PROJECTS UNDER CONSTRUCTION

257. Major projects under construction included the general wing of the Princess Margaret Hospital, the combined staff quarters for the general and psychiatric wings of the same hospital, the Tsz Wan Shan standard urban clinic and maternity home, the major alterations and the new out-patient department at St. John Hospital, Cheung Chau, and the new Sha Tau Kok Clinic and maternity home. Government-assisted projects under construction were the Yan Chai Hospital at Tsuen Wan, the centenary block of the Tung Wah Hospital, and the United Christian Hospital in Kwun Tong.

258. A detailed statement of development will be found in the statistical appendix to this report.

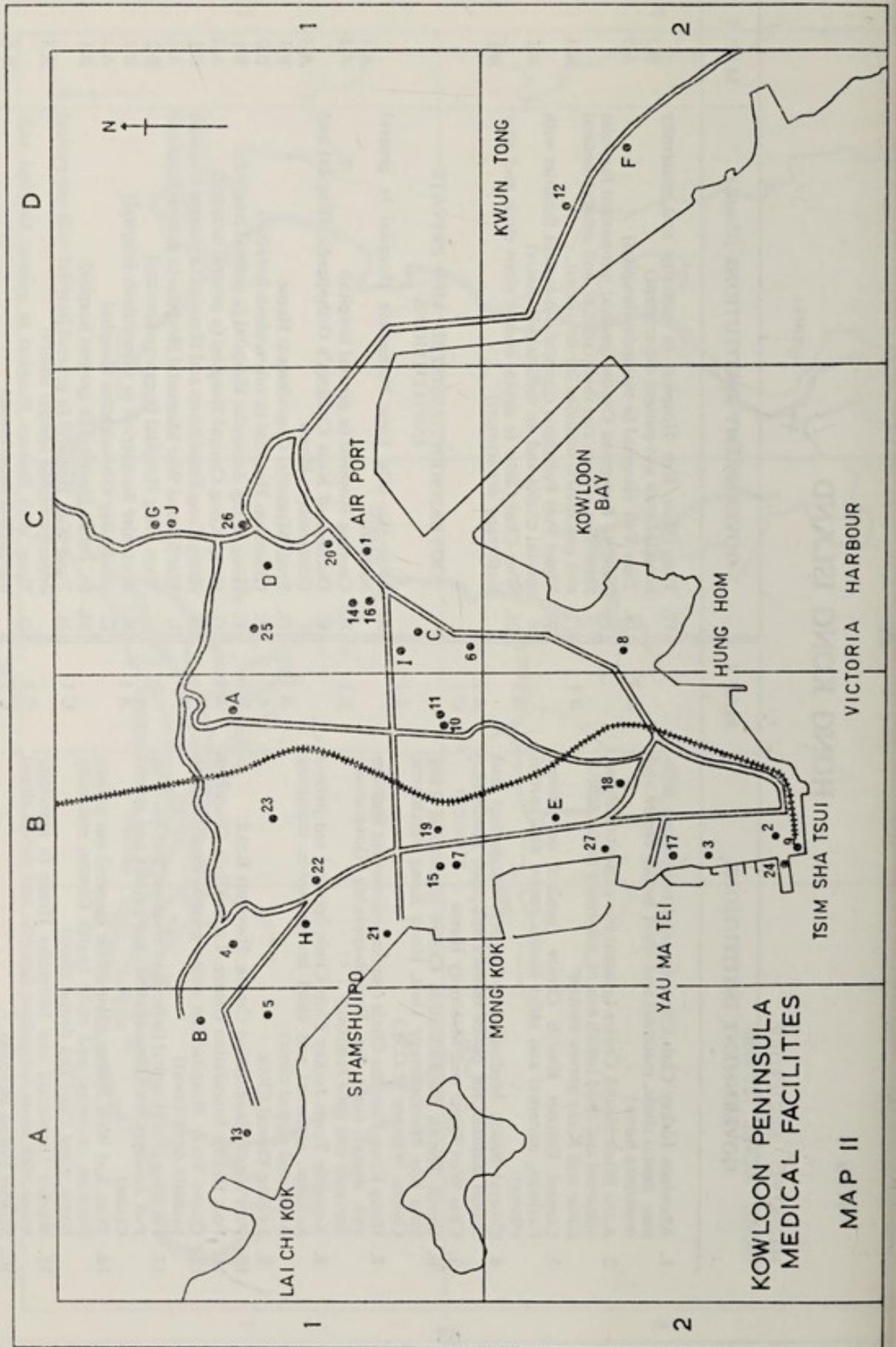


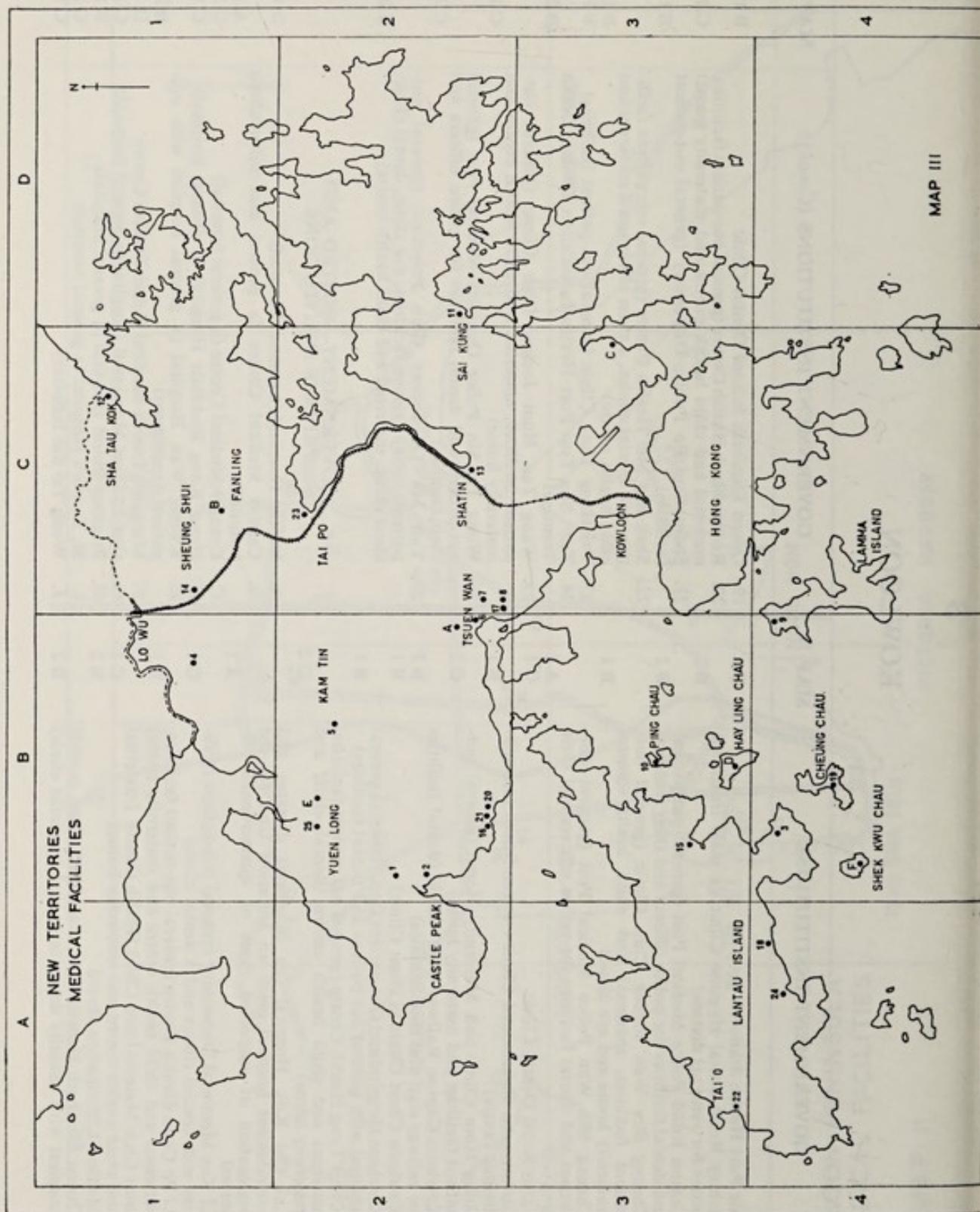
HONG KONG ISLAND
MEDICAL FACILITIES

MAP I

HONG KONG ISLAND

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





NEW TERRITORIES

GOVERNMENT INSTITUTIONS	MAP III	GOVERNMENT INSTITUTIONS (Contd.)	MAP III
1. Castle Peak Hospital (a mental hospital)	B 2	17. South Kwai Chung Jockey Club Polyclinic (general out-patient facilities with special clinics and maternal and child health centre)	C 2
2. Tuen Mun Clinic (general out-patient facilities and maternity home)	B 2	18. South Lantau Hospital (a general hospital with out-patient facilities)	A 4
3. Chi Ma Wan Prison Hospital	B 4	19. St. John Hospital (a general hospital with out-patient department)	B 4
4. Ho Tung Dispensary (general out-patient facilities and maternity home)	B 1	20. Tai Lam Addiction Treatment Centre	B 2
5. Kam Tin Clinic (a maternity home with some out-patient facilities)	B 2	21. Tai Lam Centre for Women	B 2
6. Lady Trench Polyclinic (general out-patient facilities with special clinics)	B 2	22. Tai O Dispensary (general out-patient facilities and maternity home)	A 3
7. Maurine Grantham Health Centre (maternal and child health centre and maternity home)	C 2	23. Tai Po Jockey Club Clinic (general out-patient facilities, dental clinic and maternity home)	C 2
8. North Kwai Chung Clinic (general out-patient facilities and maternal and child health centre)	C 2	24. Ma Po Ping Addiction Treatment Centre	A 4
9. North Lamma Clinic (a maternity home with some out-patient facilities)	B 4	25. Yuen Long Dispensary (general out-patient facilities, dental clinic and maternity home)	B 2
10. Peng Chau Clinic (a maternity home with some out-patient facilities)	B 3		
11. Sai Kung Dispensary (general out-patient facilities and maternity Home)	D 2	GOVERNMENT-ASSISTED AND PRIVATE INSTITUTIONS	
12. Sha Tau Kok Clinic (some out-patient facilities)	C 1	A. Hong Kong Adventist Hospital, Tsuen Wan (a general hospital)	B 2
13. Sha Tin Clinic (general out-patient facilities and maternity home)	C 2	B. Fanling Hospital (a general hospital)	C 1
14. Shek Wu Hui Jockey Club Clinic (general out-patient facilities and maternity home)	C 1	C. Haven of Hope Tuberculosis Sanatorium	C 3
15. Silver Mine Bay Dispensary (a maternity home with some out-patient facilities)	B 3	D. Hay Ling Chau Leprosarium	B 3
16. Siu Lam Hospital (a hospital for the mentally sub-normal)	B 2	E. Pok Oi Hospital (a general hospital)	B 2
		F. The Society for the Aid and Rehabilitation of Drug Addicts (Shek Kwu Chau)	B 4

INDEX TO STATISTICAL APPENDIX

	<i>Table No.</i>
I. ADMINISTRATION	
Establishment of the Medical and Health Department as at 31.3.73 ...	1
Organization of Medical and Health Department	2
Statement of Expenditure from 1968-69 to 1972-73	3
Legislation of Medical and Health Importance—April 1972 to March 1973	4
Work of Statutory Councils and Boards—April 1972 to March 1973 ...	5
 II. PUBLIC HEALTH	
<i>(a) Vital Statistics</i>	
Estimated Population Structure—Mid 1972	6
Births and Deaths 1958 and 1963-72	7
Infant and Maternal Mortality 1958 and 1963-72	8
Major Causes of Infant Mortality 1958, 1963 and 1968-72	9
Major Causes of Maternal Mortality 1958 and 1963-72	10
Proportionate Mortality by Disease Groups 1958, 1963 and 1968-72	11
The Ten Leading Causes of Deaths by age and sex 1972	12
Leading Causes of Death 1956, 1966 and 1972	13
<i>(b) Infectious Diseases</i>	
Infectious Diseases notified (cases and deaths) 1968-72	14
Mortality Rates for Certain Infectious Diseases 1968-72	15
Principal Infectious Diseases by age and sex 1972	16
Prophylactic Immunizations 1968-72	17
<i>(c) Cancer Statistics</i>	
Number of Cancer Deaths by Age and Sex 1972	18
Main Causes of Death from Cancer in Hong Kong 1962-72	19
New Cases of Cancer notified to the Cancer Registry by age and sex 1969	20
New Overseas Cases of Cancer Diagnosed in Hong Kong 1969	21
<i>(d) Deaths from Heart Diseases by Age and Sex 1972</i>	<i>22</i>
 III. WORK OF HEALTH DIVISION	
<i>(a) Tuberculosis</i>	
Tuberculosis Mortality 1958 and 1963-72	23
Tuberculosis in Childhood 1958 and 1963-72	24
Tuberculosis Notifications 1958, 1963 and 1968-72	25
Work of Government Chest Service 1972	26
X-Ray Surveys 1962-72	27
Examination of New Contacts 1972	28
<i>(b) Malaria</i>	
Distribution of Cases and Identification of Parasites 1968-72	29
<i>(c) Social Hygiene and Dermatology</i>	
Annual Incidence and Trend of Venereal Disease 1963-72	30
V.D.R.L. Examinations in Expectant Mothers 1968-72	31
Leprosy 1972	32
Analysis of Dermatological Conditions Presenting at Clinics 1972 ...	33
Cultures for Mycological Identifications 1972	34

INDEX TO STATISTICAL APPENDIX—*Contd.*

	<i>Table No.</i>
III. WORK OF HEALTH DIVISION—<i>Contd.</i>	
<i>(d) Port Health</i>	
Work of the Port Health Service 1972	35
<i>(e) District Midwifery Services</i>	
Midwifery Services 1971-72—1972-73	36
<i>(f) Maternal and Child Health Services</i>	
Distribution of Maternal and Child Health Centres at 31.3.1973 ...	37
Work of Maternal and Child Health Services 1971-72	38
<i>(g) Social Medical Service Board</i>	
Number of Participating Schools, Pupils and Doctors at 31.3.1973...	39
<i>(h) Dental Service</i>	
Work of the General Dental Service 1968-72	40
<i>(i) Forensic Pathology</i>	
Work of the Forensic Pathology Laboratories 1971-72	41
<i>(j) Government Laboratory</i>	
Work of the Government Laboratory 1971-72	42
<i>(k) Medical and Health Department, Institute of Pathology</i>	
Work of Medical and Health Department, Institute of Pathology 1971-72	43
Vaccine Production 1971-72	44
Blood Banks 1972	45
Work of Public Mortuaries 1971-72	44
<i>(l) Industrial Health</i>	
Work of Industrial Health Section 1972	47
IV. WORK OF THE MEDICAL DIVISION	
Number of Hospital Beds in Hong Kong 1972	48
In-patients Treated in Government, Government-Assisted and Private Hospitals, Clinics and Maternity Homes 1972	49
Disease Classification of In-patients Treated in Government and Government-Assisted Hospitals and all Deaths in the Colony 1972	50
<i>(a) Government Hospitals</i>	
Expenditure on Hospitals 1971-72 and 1972-73	51
Work of the Queen Mary Hospital 1971-72	52
Work of the Queen Elizabeth Hospital 1971-72	53
Work of the Queen Elizabeth Hospital Casualty 1972	54
Work of the Tang Shiu Kin Hospital 1971-72	55
Work of the Tsan Yuk Hospital 1971-72	56
Work of Castle Peak Hospital 1972	57
Work of Day Hospitals and Psychiatric Centres 1972	58
Work of Kowloon Hospital, Psychiatric Unit	59

INDEX TO STATISTICAL APPENDIX—*Contd.*

	<i>Table No.</i>
IV. WORK OF THE MEDICAL DIVISION—<i>Contd.</i>	
(b) <i>Out-patient Clinics</i>	
Total Out-patient Attendances at Government and Government Assisted Hospitals and Clinics 1972	60
Total Out-patient Attendances at New Territories Clinics 1972 ...	61
(c) <i>Radiology</i>	
Work of Radiodiagnostic Branch 1972	62
Radiotherapeutic Division 1972	63
(d) <i>Ophthalmology</i>	
Work of the Ophthalmic Service 1971-72	64
Analysis of Major Causes of Blindness	65
(e) <i>Ear-Nose-Throat Service</i>	
Work of the Ear-Nose-Throat Service 1971-72	66
(f) <i>The Pharmaceutical Services</i>	
Work of Pharmaceutical Services 1971-72	67
(g) <i>Physiotherapy</i>	
Work of Physiotherapy Service 1972	68
(h) <i>Occupational Therapy</i>	
Work of Occupational Therapy Service 1972	69
(i) Work of Prosthetic-Orthotic Service 1972	70
(j) <i>Medical Examination Board</i>	
Work of Medical Examination Board 1971-72	71
Unfitness of Candidates by Causes 1971-72	72
(k) Medical Clinics Registration	73
 V. GOVERNMENT-ASSISTED HOSPITALS	
(a) Government Medical Subventions to Voluntary Institutions 1968-69 — 1972-73	74
(b) Work of the Grantham Hospital 1972	75
(c) Work of Ruttonjee Sanatorium 1968-72	76
(d) Admissions to Leprosarium 1972	77
 VI. DEVELOPMENT PROGRAMME	
Building Programme	78
 VII. TRAINING PROGRAMME	
(a) Nurses in Training at 31.3.1973	79
(b) Overseas Courses of Instruction 1972-73	80
(c) Departmental Training at 31.3.1973	81
 VIII. MISCELLANEOUS	
(a) Attendance at Conferences, etc., Overseas	82
(b) Overseas Visitors	83
(c) Publications	84
(d) Samaritan Fund	85
(e) Donations	86

TABLE 1

ESTABLISHMENT OF THE MEDICAL AND HEALTH DEPARTMENT AS AT 31ST MARCH, 1973

Grade	Zone	Establishment										Total	Strength on 31.3.1972			
		Headquarters	Queen Mary Hospital	Queen Elizabeth Hospital	Lai Chi Kok Hospital	Kowloon Hospital	Castle Peak Hospital and Mental Health Centre	Tsan Yuk Hospital	Dental Service	Tuberculosis Service	Other Hospitals, Clinics and Services					
Director of Medical and Health Services	...	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Deputy Director of Medical and Health Services	...	2	—	—	—	—	—	—	—	—	—	—	—	—	2	2
Assistant Director of Medical and Health Services	...	4	—	—	—	—	—	—	—	—	—	—	—	—	4	4
Medical Training Administrator	...	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Medical Administrator	...	—	10	21	1	1	3	—	3	9	—	—	—	—	45	45
Senior Specialist and Specialist	...	3	1	1	—	1	—	—	—	4	—	—	—	—	8	8
Principal Medical and Health Officer	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chief Executive Officer/Senior Executive Officer/Executive Officer	...	12	—	—	—	—	—	—	—	—	—	—	—	—	14	14
Senior Treasury Accountant/Treasury Accountant	...	2	—	—	—	—	—	—	—	—	—	—	—	—	2	2
Senior Medical and Health Officer/Medical and Health Officer/Assistant Medical and Health Officer	...	2	94	143	56	33	22	11	—	30	357	—	—	—	607	607
Senior Dental Officer/Dental Officer/Assistant Dental Officer	...	1	3	5	—	2	1	—	—	55	—	—	—	—	62	62
Principal Nursing Officer	...	3	799	1,016	575	661	445	185	—	—	828	—	—	—	4,142	4,142
Nursing Staff	...	—	3	5	3	1	1	—	—	—	—	—	—	—	11	11
Senior Dietitian/Dietitian	...	—	13	17	2	10	15	2	—	—	31	—	—	—	87	87
Senior Medical Social Worker/Medical Social Worker Class I and Class II	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chief Pharmacist/Senior Pharmacist/Pharmacist/Chief Dispenser/Senior Dispenser/Dispenser/Student Dispenser/Dispensary Supervisor	...	—	19	22	16	7	6	2	—	—	148	—	—	—	227	227
Government Chemist/Senior Chemist/Chemist/Assistant Biochemist	...	—	1	—	—	—	—	—	—	—	19	—	—	—	16	16
<i>Carried forward</i>	...	31	943	1,231	653	716	493	201	59	206	1,396	—	—	—	5,929	5,230

TABLE 1—Contd.

Grade	Zone	Headquarters	Queen Mary Hospital	Queen Elizabeth Hospital	Lai Chi Kok Hospital	Kowloon Hospital	Castle Peak Hospital and Mental Health Centre	Tsan Yuk Hospital	Dental Service	Tuberculosis Service	Other Hospitals, Clinics and Services	Total	Strength on 31.3.1972
<i>Brought forward</i>	31	943	1,231	653	716	493	201	59	206	1,396	5,929	5,230
Scientific Officer (Medical) and (Clinical Psychologist)	...	—	—	3	—	—	—	—	—	—	1	4	4
Senior Physicist/Physicist	...	—	2	6	—	—	—	—	—	—	—	8	8
Chief Hospital Secretary/Senior Hospital Secretary/Hospital Secretary/Assistant Hospital Secretary	1	3	5	2	2	2	—	—	—	6	21	16
Steward Class I, Class II and Class III	...	—	3	5	2	3	4	1	—	—	10	28	27
General Grade Staff	...	114	63	110	6	40	30	6	41	56	242	708	713
Superintendent Radiographer/Senior Radiographer/Radiographer Class I/Radiographer Class II/Student Radiographer	...	—	33	53	17	4	—	—	—	—	42	149	136
X-Ray Assistant	...	—	—	—	—	—	—	—	—	—	20	20	19
Superintendent Physiotherapist/Senior Physiotherapist/Tutor Physiotherapist/Physiotherapist Class I/Physiotherapist Class II/Student Physiotherapist	...	—	9	57	11	8	—	—	—	—	26	111	88
Superintendent Occupational Therapist/Senior Occupational Therapist/Occupational Therapist/Occupational Therapy Assistant	...	—	5	5	4	8	54	—	—	—	10	86	82
Chief Medical Technologist/Senior Medical Technologist/Medical Technologist/Medical Laboratory Technician Class I/Medical Laboratory Technician Class II/Student Medical Laboratory Technician	...	—	12	35	36	—	3	—	—	—	105	191	177
Senior Laboratory Assistant/Laboratory Assistant/Student Laboratory Assistant	...	—	—	—	—	—	—	—	—	—	51	51	50
Senior Health Inspector/Health Inspector Class I and II	...	—	—	—	—	—	—	—	—	—	11	11	8
Senior Inoculator/Inoculator	...	—	—	—	—	—	—	—	—	14	113	127	121
Audiology Technician	...	—	—	—	—	—	—	—	—	—	1	1	1
<i>Carried forward</i>	146	1,073	1,510	731	781	586	208	100	276	2,034	7,445	6,680

TABLE 1—Contd.

Grade	Zone	Headquarters								Total	Strength on 31.3.1972		
		Queen Mary Hospital	Queen Elizabeth Hospital	Lai Chi Kok Hospital	Kowloon Hospital	Castle Peak Hospital and Mental Health Centre	Tan Yuk Hospital	Dental Service	Tuberculosis Service			Other Hospitals, Clinics and Services	
<i>Brought forward</i>	146	1,073	1,510	731	781	586	208	100	276	2,034	7,445	6,680
Prosthetist Class I/Prosthetist Class II/Student	...	—	—	—	—	—	—	—	—	—	16	16	15
Prosthetist	—	—	—	—	—	—	—	—	—	—	—	6
Mould Laboratory Technician/Student Mould	...	—	—	—	—	—	—	—	—	—	—	—	2
Laboratory Technician	—	—	—	—	—	—	—	—	—	—	—	40
Dental Technologist	—	—	—	—	—	—	—	—	—	—	—	2
Dental Technician/Student Dental Technician	...	—	—	—	—	—	—	—	—	—	—	—	2
Dental Inspector	—	—	—	—	—	—	—	—	—	—	—	77
Senior Dental Surgery Assistant/Dental Surgery Assistant	...	—	—	—	—	—	—	—	—	—	—	—	9
Dental Nurse	—	—	—	—	—	—	—	—	—	—	—	13
Laundry Manager/Assistant Laundry Manager/	...	—	—	—	—	—	—	—	—	—	—	—	6
Laundry Supervisor	—	—	—	—	—	—	—	—	—	—	—	9
Linen Production Unit Manager/Linen Production Unit Supervisor/Linen Room Supervisor	—	—	—	—	—	—	—	—	—	—	—	5
Senior Electrical Technician/Electrical Technician	...	—	—	—	—	—	—	—	—	—	—	—	3
Senior Optical Technician/Optical Technician	...	—	—	—	—	—	—	—	—	—	—	—	5
Technical Assistant (Social Hygiene)	...	—	—	—	—	—	—	—	—	—	—	—	1
Kitchen Supervisor	—	—	—	—	—	—	—	—	—	—	—	4
Mortuary Assistant	—	—	—	—	—	—	—	—	—	—	—	4
Medical Board Assistant	—	—	—	—	—	—	—	—	—	—	—	1
Poster Artist	—	—	—	—	—	—	—	—	—	—	—	1
Photographer Class I and Class II	...	—	—	—	—	—	—	—	—	—	—	—	1
Fumigator	—	—	—	—	—	—	—	—	—	—	—	4
Foreman Class I and Class III	...	—	—	—	—	—	—	—	—	—	—	—	1
Supplies Officer/Assistant Supplies Officer/Supplies Supervisor/Supplies Assistant	...	—	—	—	—	—	—	—	—	—	—	—	16
Telephone Operator	—	—	—	—	—	—	—	—	—	—	—	47
Hospital Receptionist	—	—	—	—	—	—	—	—	—	—	—	42
Other Staff	—	—	—	—	—	—	—	—	—	—	—	6
TOTAL	164	1,963	2,867	934	1,278	1,295	339	276	315	3,833	13,264	12,130

TABLE 2

ORGANIZATION OF MEDICAL AND HEALTH DEPARTMENT 1972-73

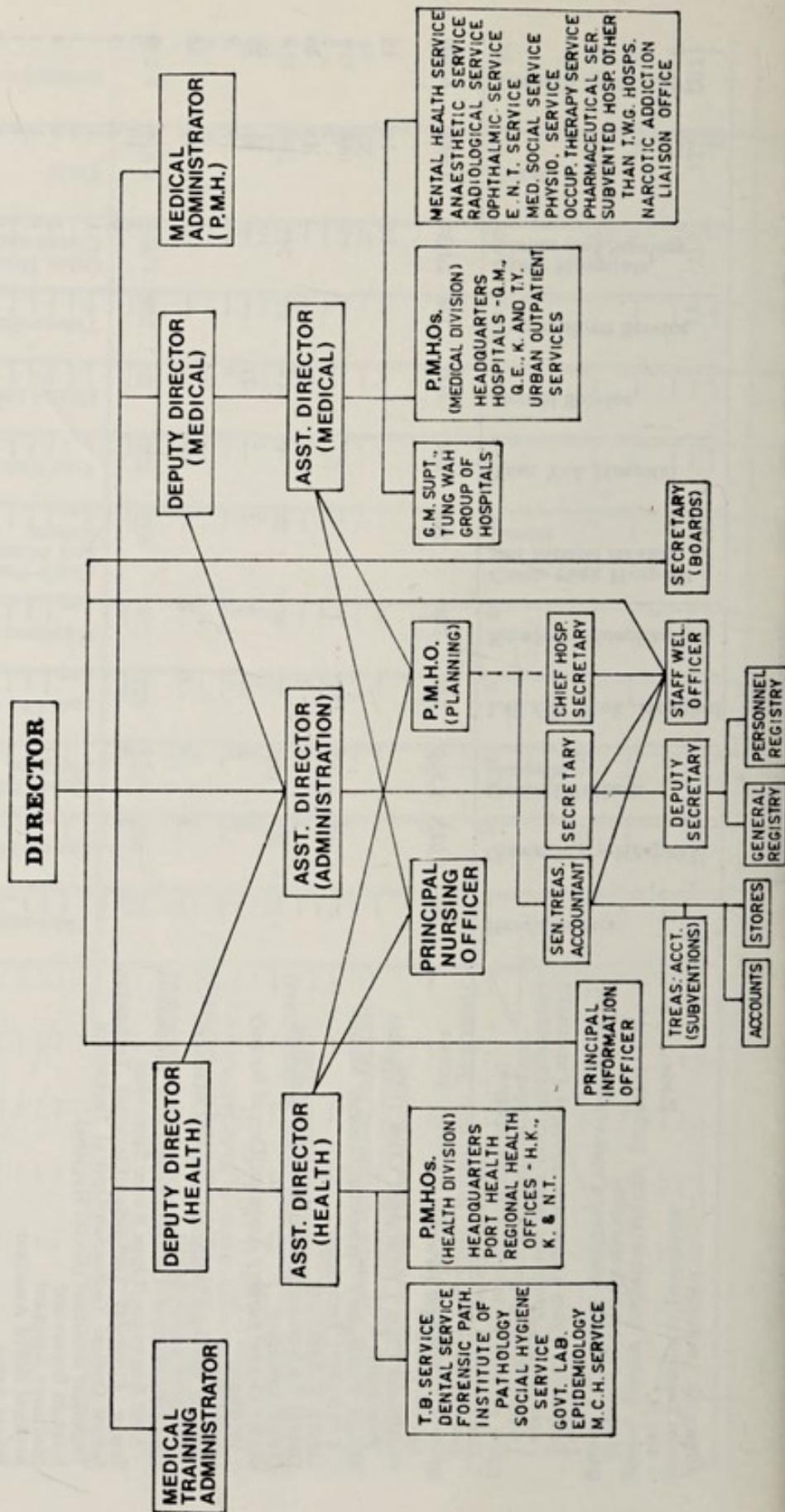


TABLE 3

STATEMENT OF EXPENDITURE FROM 1968-69 TO 1972-73

Particulars	1968-69	1969-70	1970-71	1971-72	1972-73
	\$	\$	\$	\$	\$
a. Medical and Health Department...	133,582,644	148,239,041	177,874,176	189,714,915	235,243,875
b. Medical Subventions ...	52,457,856	57,732,380	63,146,736	82,046,061	110,108,034
c. Capital expenditure on medical projects under Public Works Non-Recurrent ...	8,420,115	11,434,288	11,225,360	32,615,571	51,923,641
Total ...	194,460,615	217,405,709	252,246,272	304,376,547	397,275,550
Total expenditure of the Colony ...	1,872,974,955	2,032,183,388	2,452,192,832	2,901,375,575	4,299,555,179
Percentage of Medical and Health Department Expenditure to the Total Expenditure of the Colony ...	10.38%	10.70%	10.29%	10.49%	9.24%

TABLE 4

LEGISLATION OF MEDICAL AND HEALTH IMPORTANCE FROM APRIL 1972 TO MARCH 1973

Ordinances

- (i) Pharmacy and Poisons (Amendment) Ordinance 1972.
- (ii) Nurses Registration (Amendment) Ordinance 1972.

Rules and Regulations

- (a) Nurses (Registration and Disciplinary Procedure) (Amendment) Regulations 1972.
- (b) Enrolled Assistant Nurses (Enrolment and Disciplinary Procedure) (Amendment) Regulations 1972.
- (c) Pharmacy and Poisons Ordinance (Amendment of Schedule) Order 1972.
- (d) Pharmacists (Disciplinary Procedure) Regulations 1972.
- (e) Clean Air (Furnaces, Ovens and Chimneys) (Installation and Alteration) Regulations 1972.
- (f) Termination of Pregnancy Regulations 1973.

TABLE 5

WORK OF STATUTORY COUNCILS AND BOARDS—APRIL 1972 TO MARCH 1973

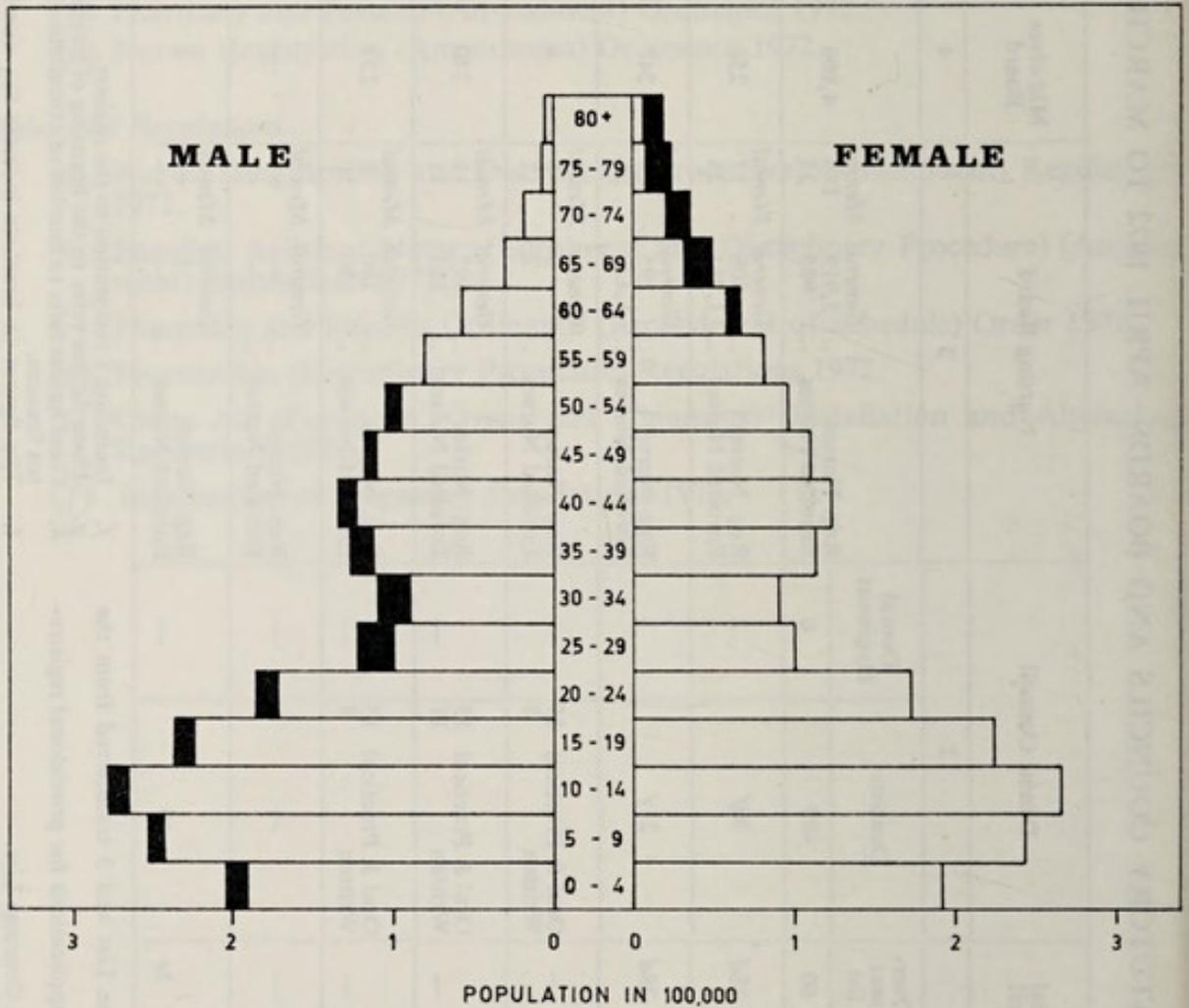
	Medical Council		Dental Council		Nursing Board	Midwives Board	Pharmacy and Poisons Board	Radiation Board
	Local list	Overseas list	Dentists	Dental Hygienist				
Number of meetings held...	3		2		3	4	3	—
Number on the Register ...	2,311	60	489	6	General ... 5,919 Mental ... 184 Enrolled Nurses ... 985	4,806	201	323g
Number of applications for registration ...	163 a (130)b	28d	30f	2	General ... 308 Mental ... 13 Enrolled Nurses ... 1,733	258	44	38g
Number of registrations granted ...	163 a (130)b	28d	21f	2	General ... 295 Mental ... 13 Enrolled Nurses ... 1,437	247	12	27g
Number of examinations held ...	—	—	Oral & Practical Written 15 5	—	General ... 3 Mental ... 2	4	2	—
Number of candidates examined ...	—	—	Oral & Practical Written 15 11	—	General ... 393 Mental ... 11 Enrolled Nurses ... 153	240	34	—
Number of successful candidates ...	—	—	Oral & Practical Written 15 8	—	General ... 380 Mental ... 8 Enrolled Nurses ... 150	233	7	—
Number of disciplinary hearings held ...	3 (18)i	—	—	—	General ... Mental ...	—	1(1)i	—
Number of removals from register ...	19 c	3e	19	—	General ... 1 Mental ...	2	1	32h

- a. Including 3 restorations to the List and 3 transferred from the Overseas List.
b. Figures in brackets represent applications for provisional registration (not included in total).
c. Including 11 transferred to the Overseas List.
d. Including 11 transferred from the Local List.
e. Including 3 transferred to the Local List.

- f. Including 1 restoration to the register.
g. These figures refer to the licensing of irradiating apparatus.
h. These figures refer to number of cancellations of irradiating apparatus licences.
i. The figures in brackets indicate the number of persons against whom charges were made.

TABLE 6

POPULATION STRUCTURE, MID 1972



■ REPRESENTS DIFFERENCE IN THE AGE GROUP

TABLE 7

BIRTHS AND DEATHS 1958 AND 1963-72

Year	Estimated* Mid-Year Population	Registered Live Births	Crude Birth Rate† (per 1,000 Population)	Still Births Recorded	Registered Deaths	Crude Death Rate† (per 1,000 Population)
1958 ...	2,854,100	106,624	37.4	1,297	20,554	7.2
1963 ...	3,420,900	115,263	33.7	1,633	19,748	5.8
1964 ...	3,504,600	108,519	31.0	1,485	18,113	5.2
1965 ...	3,597,900	102,195	28.4	1,363	17,621	4.9
1966 ...	3,629,900	92,476	25.5	1,246	18,700	5.2
1967 ...	3,722,800	88,171	23.7	999	19,644	5.3
1968 ...	3,802,700	82,992	21.8	832	19,319	5.1
1969 ...	3,863,900	79,329	20.5	757	18,730	4.8
1970 ...	3,959,000	77,465	19.6	726	20,763	5.2
1971 ...	4,045,300	76,818	19.0	656	20,253	5.0
1972 ...	4,077,400	79,053	19.4	736	21,145	5.2

* Revised population estimates based on the results of 1971 Census (for the years 1963-72).

† Using revised population estimates.

TABLE 8

INFANT AND MATERNAL MORTALITY 1958 AND 1963-72

Year	Infant Mortality Rate (per 1,000 live births)			Neo-natal Mortality Rate (per 1,000 live births)	Maternal Mortality Rate (per 1,000 total births)
	Male	Female	Both Sexes		
1958 ...	56.2	52.1	54.3	23.4	0.85
1963 ...	35.3	30.5	32.9	18.9	0.29
1964 ...	29.2	23.5	26.4	16.6	0.38
1965 ...	26.8	20.5	23.7	15.2	0.33
1966 ...	27.2	22.3	24.9	15.3	0.43
1967 ...	28.7	22.3	25.6	15.9	0.30
1968 ...	25.2	20.7	23.0	15.0	0.14
1969 ...	24.2	19.3	21.8	14.9	0.15
1970 ...	22.2	16.8	19.6	12.7	0.19
1971 ...	21.0	15.5	18.4	12.6	0.14
1972 ...	18.9	15.9	17.5	11.6	0.20

TABLE 9

MAJOR CAUSES OF INFANT MORTALITY 1958, 1963 AND 1968-72
(per 1,000 registered live births)

Diseases Group	Detailed List Number 8th Revision	1958*	1963*	1968*	1969	1970	1971	1972
Respiratory Tuberculosis	010-012	0.39	0.02	0.01	—	—	0.01	—
Tuberculosis Meningitis	013	0.98	0.14	0.01	0.03	—	—	0.03
Other Forms of Tuberculosis	014-019	0.14	0.01	0.02	0.03	—	—	—
Tetanus	037	2.08	0.42	0.04	0.05	0.10	0.12	0.03
Pneumonia	480-486	—	—	6.13	4.29	4.21	3.85	3.78
Bronchitis	466, 490-491	0.20	0.17	0.06	0.09	0.09	0.08	0.06
Gastro-enteritis	561	—	—	1.64	1.29	0.53	0.76	0.86
Congenital Anomalies	740-759	—	—	2.88	3.33	3.09	3.14	3.59
Birth Injuries	764-768, 772	0.44	0.36	0.51	0.43	0.25	0.46	0.40
Anoxia and Hypoxia of Newborn	776	—	—	1.64	1.53	1.56	1.58	1.35
Blood Diseases of Newborn	774-775	0.78	1.76	1.58	1.40	1.38	1.05	0.89
Nutritional Deficiency	260-269	—	—	0.13	0.03	0.04	0.01	0.01
Immaturity	777	8.06	8.90	5.27	6.62	5.14	4.78	4.41
Ill-defined Causes	795-796	1.04	0.66	0.11	0.04	0.06	0.08	0.05

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

TABLE 10

MAJOR CAUSES OF MATERNAL MORTALITY 1958 AND 1963-72
(per 1,000 total births)

Year	Sepsis (excluding septic abortions)	Toxaemias	Haemorrhages	Abortions	Ectopic Pregnancies	Others
*1958	0.065	0.260	0.250	0.028	0.111	0.139
*1963	0.017	0.077	0.111	0.009	0.034	0.051
*1964	0.009	0.055	0.118	0.045	0.055	0.100
*1965	0.019	0.077	0.135	0.009	0.019	0.068
*1966	0.011	0.053	0.107	0.032	0.128	0.096
*1967	0.011	0.056	0.123	0.011	0.034	0.067
*1968	0	0.024	0.084	0	0.024	0.012
1969	0.012	0.025	0.050	0.012	0.012	0.037
1970	0	0.038	0.051	0.013	0.064	0.026
1971	0.013	0.039	0.013	0.013	0.039	0.026
1972	0	0.050	0.050	0.038	0.038	0.025

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

TABLE 11

PROPORTIONATE MORTALITY BY DISEASE GROUPS 1958, 1963 AND 1968-72

(Percentage of Total Deaths)

Disease Group	Detailed List Number 8th Revision	1958*	1963*	1968*	1969	1970	1971	1972
1. Infective and Parasitic ...	000-136	14.6	12.8	9.0	8.9	7.9	7.2	6.9
2. Neoplasms ...	140-239	8.9	13.4	18.7	20.6	19.1	21.0	20.8
3. Endocrine, Nutritional, Metabolic and Blood ...	240-289	1.1	1.5	2.2	1.6	1.5	1.2	1.3
4. Nervous System, Sense Organs and Mental Disorders ...	290-389	5.3	9.1	10.3	1.0	1.1	0.8	0.7
5. Circulatory System ...	390-458	8.3	12.2	15.2	25.0†	25.1†	25.3†	24.4†
6. Respiratory System ...	460-519	24.2	13.3	12.5	13.5	15.0	16.6	17.2
7. Intestinal System ...	520-577	11.1	7.1	5.5	5.8	5.3	5.1	4.9
8. Genito-Urinary System ...	580-629	1.9	2.2	2.1	2.2	2.2	2.2	2.1
9. Pregnancy, child-birth and Puerperium ...	630-678	0.5	0.2	0.1	0.1	0.1	0.1	0.1
10. Skin and Musculo-Skeletal System...	680-738	0.5	0.2	0.4	0.3	0.2	0.2	0.2
11. Congenital Anomalies and Causes of Perinatal Morbidity and Mortality ...	740-779	10.8	11.3	7.5	6.2	4.8	4.4	4.4
12. Symptoms and Ill-defined Conditions	780-796	8.0	9.9	9.3	10.0	9.4	8.8	8.6
13. Accidents, Poisonings and Violence	E800-E999	4.8	6.3	7.2	4.8	8.3	7.1	8.4

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

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

TABLE 12

THE TEN LEADING CAUSES OF DEATH BY AGE AND SEX 1972

Rank	Cause of Death	Detailed List No. 8th Revision	Sex	All Ages	Age Group							Un-known
					0	1-4	5-14	15-44	45-64	65 & Over		
	All Causes		M F T	11,910 9,233 21,145(2)	771 607 1,380(2)	163 139 302	243 167 410	1,740 847 2,587	4,789 2,355 7,144	4,156 5,113 9,269	48 5 53	
1	Malignant neoplasms including neoplasms of lymphatic and haematopoietic tissues	140-209	M F T	2,555 1,820 4,375	2 2 4	10 12 22	32 21 53	437 213 650	1,400 852 2,252	674 720 1,394	— — —	
2	Heart Diseases, including hypertensive diseases	390-392 393-398 400-404 410-414 420-429	M F T	1,592 1,443 3,035	— — —	— — —	12 9 21	108 94 202	657 389 1,046	815 951 1,766	— — —	
3	Pneumonia, all forms	480-486	M F T	1,233 1,126 2,359	168 131 299	47 43 90	31 21 52	106 55 161	378 166 544	501 707 1,208	2 3 5	
4	Cerebrovascular Disease	430-438	M F T	939 953 1,892	6 — 6	— — —	11 1 12	55 36 91	427 229 656	440 687 1,127	— — —	
5	Tuberculosis	010-012 013-019	M F T	1,032 280 1,312	2 — 2	— 2 2	3 4 7	132 48 180	550 94 644	343 132 475	2 — 2	
6	All accidents	E800-E807 E810-E823 E825-E949	M F T	785 407 1,192	15 20 35	56 46 102	101 65 166	357 93 450	194 103 297	55 79 134	7 1 8	

TABLE 12—Contd.

Rank	Cause of Death	Detailed List No. 8th Revision	Sex	Age Group								Un-known
				All Ages	0	1-4	5-14	15-44	45-64	65 & Over		
7	Bronchitis, emphysema and asthma	490-493	M	621	2	—	2	35	301	281	—	
			F	391	1	3	1	15	93	278	—	
			T	1,012	3	3	3	50	394	559	—	
8	Certain causes of Perinatal Mortality	760-779	M	329	329	—	—	—	—	—	—	
			F	247	247	—	—	—	—	—	—	
			T	576	576	—	—	—	—	—	—	
9	Suicide and self-inflicted injuries	E950-E959	M	276	—	—	—	139	102	32	3	
			F	187	—	—	3	69	65	49	1	
			T	463	—	—	3	208	167	81	4	
10	Congenital Anomalies	740-759	M	188	148	21	13	5	1	—	—	
			F	160	134	11	6	7	2	—	—	
			T	350(2)	284(2)	32	19	12	3	—	—	
	Cirrhosis of Liver	571	M	231	4	2	1	37	134	53	—	
			F	78	2	—	1	6	32	37	—	
			T	309	6	2	2	43	166	90	—	
	Nephritis and Nephrosis	580-584	M	149	—	—	8	39	59	43	—	
			F	106	—	1	3	25	36	41	—	
			T	255	—	1	11	64	95	84	—	
	Diabetes Mellitus	250	M	78	—	—	1	5	32	40	—	
			F	101	—	—	—	7	31	63	—	
			T	179	—	—	1	12	63	103	—	
	All Other causes		M	1,902	95	27	28	285	554	879	34	
			F	1,934	70	21	32	179	263	1,369	—	
			T	3,836	165	48	60	464	817	2,248	34	

Note: Figures in brackets denote no. of deaths with sex unknown (included).

TABLE 13

LEADING CAUSES OF DEATH 1956, 1966 AND 1972
(RANKING ACCORDING TO 1956)

Causes of Death	Number of Deaths			Percent of Deaths from all Causes			Rate per 100,000 population					
	1956		1966		1972		1956		1966		1972	
<i>All Ages</i>												
All Causes	19,295	18,700	21,145	100.0	100.0	100.0	738.0	515.2	518.6			
1. Pneumonia, all forms	3,548	1,829	2,359	18.4	9.8	11.2	135.7	50.4	57.9			
2. Tuberculosis, all forms	2,629	1,515	1,312	13.6	8.1	6.2	100.6	41.7	32.2			
3. Gastritis, duodenitis, enteritis and colitis (except diarrhea of new born)	2,364	167	*	12.3	0.9	*	90.4	4.6	*			
4. Heart disease, including hypertensive disease	1,354	2,591	3,035	7.0	13.8	14.3	51.8	71.4	74.4			
5. Malignant neoplasms	1,328	3,249	4,375	6.9	17.4	20.7	50.8	89.5	107.3			
All other causes	8,072	9,349	10,064	41.8	50.0	47.6	308.7	257.6	246.8			
<i>1-4 years</i>												
All Causes	2,819	968	302	100.0	100.0	100.0	768.7	229.1	95.4			
1. Pneumonia, all forms	1,112	288	90	39.5	29.8	29.8	303.2	68.1	28.4			
2. Gastritis, duodenitis, enteritis and colitis (except diarrhea of new born)	731	35	*	25.9	3.6	*	199.3	8.3	*			
3. Tuberculosis, all forms	470	30	2	16.7	3.1	0.7	128.2	7.1	0.6			
4. All accidents	76	104	102	2.7	10.7	33.8	20.7	24.6	32.2			
5. Measles	66	293	5	2.3	30.3	1.6	18.0	69.3	1.6			
All other causes	364	218	103	12.9	22.5	34.1	99.3	51.6	32.5			
<i>5-14 years</i>												
All causes	679	489	410	100.0	100.0	100.0	138.0	50.5	39.5			
1. Tuberculosis, all forms	153	12	7	22.5	2.5	1.7	31.1	1.2	0.7			
2. Pneumonia, all forms	152	58	52	22.4	11.9	12.7	30.9	6.0	5.0			
3. All accidents	98	177	166	14.4	36.2	40.5	19.9	18.3	16.0			
4. Gastritis, duodenitis, enteritis and colitis (except diarrhea of new born)	54	4	*	8.0	0.8	*	11.0	0.4	*			
5. Nephritis and nephrosis	28	12	11	4.1	2.5	2.7	5.7	1.2	1.1			
All other causes	194	226	174	28.6	46.2	42.4	39.4	23.3	16.7			

TABLE 13—*Contd.*

Causes of Death	Number of Deaths			Percent of Deaths from all Causes			Rate per 100,000 population		
	1956	1966	1972	1956	1966	1972	1956	1966	1972
<i>15-44 years</i>									
All causes	3,275	2,573	2,587	100.0	100.0	100.0	258.7	178.6	148.6
1. Tuberculosis, all forms	865	335	180	26.4	13.0	7.0	68.3	23.3	10.3
2. Malignant neoplasms	360	618	650	11.0	24.0	25.1	28.4	42.9	37.3
3. Heart disease, including hypertensive disease	287	261	202	8.8	10.2	7.8	22.7	18.1	11.6
4. All accidents	260	340	450	7.9	13.2	17.4	20.5	23.6	25.9
5. Pneumonia, all forms	197	110	161	6.0	4.3	6.2	15.6	7.6	9.3
All other causes	1,306	909	944	39.9	35.3	36.5	103.2	63.1	54.2
<i>45-64 years</i>									
All causes	3,897	5,806	7,144	100.0	100.0	100.0	1,190.8	1,025.4	1,004.8
1. Tuberculosis, all forms	771	779	644	19.8	13.4	9.0	235.6	137.6	90.6
2. Malignant neoplasms	686	1,631	2,252	17.6	28.1	31.5	209.6	288.1	316.7
3. Heart disease, including hypertensive disease	584	929	1,046	15.0	16.0	14.7	178.4	164.1	147.1
4. Cerebrovascular disease	373	692	656	9.6	11.9	9.2	114.0	122.2	92.3
5. Pneumonia, all forms	215	273	544	5.5	4.7	7.6	65.7	48.2	76.5
All other causes	1,268	1,502	2,002	32.5	25.9	28.0	387.5	265.3	281.6
<i>65 years and over</i>									
All causes	2,723	6,552	9,269	100.0	100.0	100.0	4,448.6	4,737.6	4,870.7
1. Heart disease, including hypertensive disease	451	1,316	1,766	16.5	20.1	19.1	736.8	951.6	928.0
2. Cerebrovascular disease	373	1,013	1,127	13.7	15.5	12.2	609.4	732.5	592.2
3. Malignant neoplasms	242	904	1,394	8.9	13.8	15.0	395.3	653.7	732.5
4. Pneumonia, all forms	231	687	1,208	8.5	10.5	13.0	377.4	496.7	634.8
5. Tuberculosis, all forms	177	348	475	6.5	5.3	5.1	289.2	251.6	249.6
All other causes	1,249	2,284	3,299	45.9	34.8	35.6	2,040.5	1,651.5	1,733.6

* Inapplicable.

TABLE 14

INFECTIOUS DISEASES NOTIFIED—CASES AND DEATHS 1968-72

Diseases	Cases					Deaths				
	1968	1969	1970	1971	1972	1968	1969	1970	1971	1972
Cholera ...	—	9	—	—	—	—	—	—	—	—
Amoebic Dysentery ...	117	85	68	66	35	12	7	4	4	3
Bacillary Dysentery ...	869*	736	609	543	462	6*	5	7	3	1
Cerebrospinal Meningitis ...	32	23	10	5	10	14	4	4	1	5
Chickenpox ...	900	445	959	443	510	1	—	2	—	2
Diphtheria ...	113	62	43	25	5	10	10	4	2	—
Enteric Fever (Typhoid and Paratyphoid) ...	552	546	438	515	466	8	7	5	6	4
Leprosy ...	164	127	135	117	101	—	—	—	—	—
Malaria ...	19	11	3	9	10	—	—	1†	—	—
Measles ...	1,138	994	1,011	591	783	46	21	13	4	9
Ophthalmia Neonatorum ...	203	76	84	56	51	—	—	—	—	—
Poliomyelitis ...	15	16	27	2	4	2	3	3	—	1
Puerperal Fever ...	1	1	1	1	3	—	1	1	1	—
Scarlet Fever ...	8	4	3	5	4	1	—	1	—	—
Tuberculosis ...	9,792	11,072	10,077	9,028	8,420	1,483	1,470	1,436	1,250	1,312
Typhus (Mite-borne) ...	—	—	—	2	—	—	—	—	—	—
Whooping Cough ...	88	3	5	2	9	—	—	—	—	—
Total ...	14,011	14,210	13,473	11,410	10,873	1,583	1,528	1,481	1,271	1,337
Influenza† ...	8,493	3,232	5,814	7,397	7,473	45	14	16	34	33

Remarks: * Including unspecified Dysentery.

† Case reported in 1969.

‡ Voluntary Notifications.

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

TABLE 15

MORTALITY RATES FOR CERTAIN INFECTIOUS DISEASES 1968-72

Diseases	Cases Fatality Ratio (Deaths as percentage of Notifications)					Death Rate (per million population)*				
	1968	1969	1970	1971	1972	1968	1969	1970	1971	1972
Cholera	—	—	—	—	—	—	—	—	—	—
Amoebic Dysentery ...	10.26	8.23	5.88	6.06	8.57	3.16	1.81	1.01	0.99	0.74
Cerebrospinal Meningitis...	43.75	17.39	40.00	20.00	50.00	3.68	1.04	1.01	0.25	1.23
Diphtheria	8.85	16.13	9.30	8.00	—	2.63	2.59	1.01	0.49	—
Bacillary Dysentery ...	0.69†	0.68	1.15	0.55	0.22	1.58†	1.29	1.77	0.74	0.25
Enteric { Typhoid ...	1.45	1.28	1.14	1.17	0.86	2.10	1.81	1.26	1.48	0.98
Fever { Paratyphoid ...										
Measles	4.04	2.11	1.29	0.68	1.15	12.10	5.43	3.28	0.99	2.21
Poliomyelitis	13.33	18.75	11.11	—	25.00	0.53	0.78	0.76	—	0.25
Tuberculosis	15.15	13.28	14.25	13.85	15.58	389.99	380.44	362.72	309.00	321.77

* Using revised population estimates based on the results of 1971 census.

† Including unspecified dysentery.

TABLE 16

PRINCIPAL INFECTIOUS DISEASES BY AGE AND SEX 1972

CASES NOTIFIED

Age Group	Tuberculosis		Diphtheria		Enteric Fever		Poliomyelitis		B/Dysentery	
	M	F	M	F	M	F	M	F	M	F
0-4 ...	38	21	—	2	13	18	2	1	68	59
5-9 ...	30	17	—	—	30	30	1	—	36	42
10-14 ...	52	92	—	—	59	49	—	—	13	10
15-19 ...	535	384	—	—	43	39	—	—	8	12
20-24 ...	901	490	—	—	31	39	—	—	29	9
25-29 ...	504	194	—	—	17	20	—	—	12	7
30-34 ...	440	113	1	1	12	7	—	—	9	6
35-39 ...	505	118	—	—	9	7	—	—	13	9
40-44 ...	592	129	—	—	3	6	—	—	13	10
45-49 ...	588	109	—	1	8	6	—	—	7	4
50-54 ...	553	98	—	—	3	7	—	—	10	7
55-59 ...	533	128	—	—	2	—	—	—	9	8
60-64 ...	442	117	—	—	1	4	—	—	9	4
65-69 ...	248	87	—	—	—	1	—	—	2	9
70-74 ...	148	57	—	—	—	—	—	—	6	8
75 & over	79	76	—	—	1	1	—	—	3	12
Unknown	2	—	—	—	—	—	—	—	—	—
Total ...	6,190	2,230	1	4	232	234	3	1	246	216

DEATHS

Age Group	Tuberculosis		Diphtheria		Enteric Fever		Poliomyelitis		B/Dysentery	
	M	F	M	F	M	F	M	F	M	F
0-4 ...	2	2	—	—	—	—	1	—	—	—
5-9 ...	1	2	—	—	—	—	—	—	—	—
10-14 ...	2	2	—	—	—	—	—	—	—	—
15-19 ...	5	3	—	—	—	—	—	—	—	—
20-24 ...	13	4	—	—	—	—	—	—	1	—
25-29 ...	7	7	—	—	—	1	—	—	—	—
30-34 ...	22	4	—	—	—	—	—	—	—	—
35-39 ...	34	12	—	—	2	—	—	—	—	—
40-44 ...	51	18	—	—	—	—	—	—	—	—
45-49 ...	77	17	—	—	1	—	—	—	—	—
50-54 ...	115	23	—	—	—	—	—	—	—	—
55-59 ...	162	22	—	—	—	—	—	—	—	—
60-64 ...	196	32	—	—	—	—	—	—	—	—
65-69 ...	148	34	—	—	—	—	—	—	—	—
70-74 ...	102	34	—	—	—	—	—	—	—	—
75 & over	93	64	—	—	—	—	—	—	—	—
Unknown	2	—	—	—	—	—	—	—	—	—
Total ...	1,032	280	—	—	3	1	1	—	1	—

TABLE 17

PROPHYLACTIC IMMUNIZATIONS 1968-72

Immunological Procedure	1968	1969	1970	1971	1972
Anti-Smallpox Vaccination ...	767,541	550,092	553,714	536,374	441,067
Anti-Cholera Inoculation ...	1,385,272	2,506,348	1,715,249	388,109	350,511
Anti-Diphtheria Inoculations:					
1st Dose ...	335,128	339,428	329,279	278,595	178,131
2nd Dose ...	293,746	331,250	320,757	289,040	177,833
Booster Dose ...	181,735	169,085	167,579	159,650	160,132
Anti-Typhoid Inoculations:					
1st Dose ...	32,324	27,744	14,456	14,969	15,814
2nd Dose ...	14,417	10,191	4,126	5,389	5,263
Booster Dose ...	67,464	72,989	92,813	75,648	68,892
Anti-Tuberculosis (B.C.G.) Vaccinations:					
Infants ...	80,354	77,004	75,749	76,191	78,525
Others ...	33,895	18,232	51,576	54,380	57,020
Poliomyelitis Vaccinations:					
1st Dose ...	97,754	85,145	82,659	85,243	87,393
2nd Dose ...	82,939	74,949	71,671	77,400	80,697
Booster Dose* ...	—	—	—	10,792	84,534
Oral Poliovaccine Type I for Newborn ...	62,869	59,057	57,065	57,512	62,854
Anti Measles Vaccination ...	83,107	33,504	28,611	30,306	35,622

* From October 1971.

TABLE 18

NUMBER OF CANCER DEATHS BY AGE AND SEX 1972

A-List	Detailed List Number 8th Revision	Cause Group	Sex	All Ages	0-9	10-19	20-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+	Unk.
A45	140-149	Malignant Neoplasm of Buccal Cavity and Pharynx ...	M F	323 131	—	2	13	18	35	45	48	53	39	33	20	12	5	—
A46	150	Malignant Neoplasm of Oesophagus ...	M F	158 76	—	—	—	2	1	11	22	21	32	20	19	17	13	—
A47	151	Malignant Neoplasm of Stomach ...	M F	231 173	—	1	2	2	3	13	13	25	55	36	38	26	17	—
A48	152, 153	Malignant Neoplasm of Intestine, except Rectum ...	M F	106 115	—	2	5	2	2	3	4	11	17	20	9	13	18	—
A49	154	Malignant Neoplasm of Rectum and Rectosigmoid Junction ...	M F	58 52	—	—	1	2	3	3	7	5	5	9	7	7	9	—
A50	161	Malignant Neoplasm of Larynx ...	M F	34 3	—	—	—	—	1	2	6	5	5	3	4	7	1	—
A51	162	Malignant Neoplasm of Trachea, Bronchus and Lung ...	M F	582 367	—	1	—	1	7	24	42	68	122	132	95	58	32	—
A52	170	Malignant Neoplasm of Bone ...	M F	16 8	—	3	1	1	2	2	—	2	—	—	4	—	1	—

TABLE 18—Contd.

A-List	Detailed List Number 8th Revision	Cause Group	Sex	All Ages	0-9	10-19	20-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+ Unk.
A53	172, 173	Malignant Neoplasm of Skin ...	M F	10 13	— —	— —	— —	— —	1 —	— —	— —	3 1	— 2	1 1	— 2	2 1	3 5
A54	174	Malignant Neoplasm of Breast...	M F	3 175	— —	— —	— —	5 —	6 —	14 —	1 20	— 24	1 34	— 27	16 —	17 —	1 12
A55	180	Malignant Neoplasm of Cervix Uteri ...	F	159	—	—	2	1	5	17	28	25	21	22	16	5	17
A56	181, 182	Other Malignant Neoplasm of Uterus...	F	26	—	—	2	2	1	—	2	5	2	4	3	—	5
A57	185	Malignant Neoplasm of Prostate ...	M	24	—	—	1	—	—	2	—	1	1	4	3	6	6
A58(a)	155	Malignant Neoplasm of Liver and Intrahepatic Bile Ducts, Specified as Primary...	M F	591 144	1 1	1 2	8 1	14 1	33 3	68 3	82 12	83 23	89 21	92 17	54 16	35 19	31 25
(b)	156-160, 163, 171, 183, 184, 186-199	Malignant Neoplasm of Other and Unspecified Sites ...	M F	290 294	10 10	4 5	11 10	5 —	10 7	14 18	28 17	23 25	40 35	55 54	37 32	28 37	25 44
A59	204-207	Leukaemia ...	M F	65 41	15 13	16 8	3 3	1 1	7 2	6 2	5 4	4 1	2 1	2 —	3 —	1 1	— 3
A60	200-203	Other Neoplasm of Lymphatic and Haematopoietic Tissue ...	M F	64 43	7 3	9 4	4 1	2 —	5 —	7 1	5 5	8 4	4 5	6 6	3 6	1 3	3 5
A45-A60	140-209	All forms of Cancer ...	M F	2,555 1,820	33 27	39 21	49 28	50 18	110 51	200 103	263 142	312 198	412 254	413 258	296 205	213 204	165 311

TABLE 19

MAIN CAUSES OF DEATH FROM CANCER IN HONG KONG 1962-72

Cause Group (According to I.C.D. 8th Revision)	1962		1963		1964		1965		1966		1967		1968		1969		1970		1971		1972	
	D	R	D	R	D	R	D	R	D	R	D	R	D	R	D	R	D	R	D	R	D	R
All Forms of Cancer (140-209) ...	2,488	75.3	2,697	78.8	2,916	83.2	3,155	87.7	3,249	89.5	3,380	90.8	3,582	94.2	3,839	99.4	3,964	100.1	4,237	104.7	4,375	107.3
Malignant Neoplasm of Nasopharynx (147) ...	272	8.2	286	8.4	278	7.9	321	8.9	320	8.8	336	9.0	357	9.4	376	9.7	393	9.9	346	8.6	390	9.6
Malignant Neoplasm of Oesophagus (150)	108	3.3	112	3.3	147	4.2	148	4.1	132	3.6	163	4.4	159	4.2	180	4.7	203	5.1	219	5.4	234	5.7
Malignant Neoplasm of Stomach (151)...	307	9.3	298	8.7	361	10.3	378	10.5	366	10.1	314	8.4	342	9.0	414	10.7	360	9.1	378	9.3	404	9.9
Malignant Neoplasm of Intestine except Rectum (153) ...	113	3.4	96	2.8	123	3.5	130	3.6	151	4.2	171	4.6	170	4.5	185	4.8	172	4.3	185	4.6	213	5.2
Malignant Neoplasm of liver and Intra- hepatic Bile Ducts, specified as Primary (155) ...	*470	14.2	*564	16.5	*537	15.3	*607	16.9	*589	16.2	*601	16.1	*647	17.0	626	16.2	635	16.0	729	18.0	735	18.0
Malignant Neoplasm of Trachea, Bronchus and Lung (162)	†329	10.0	†387	11.3	†449	12.8	†513	14.3	†551	15.2	†616	16.5	†638	16.8	787	20.4	786	19.9	909	22.5	949	23.3
Malignant Neoplasm of Breast (174) ...	104	3.1	120	3.5	138	3.9	145	4.0	135	3.7	125	3.4	147	3.9	134	3.5	159	4.0	171	4.2	178	4.4
Malignant Neoplasm of Cervix Uteri (180) ...	148	4.5	146	4.3	153	4.4	127	3.5	163	4.5	158	4.2	153	4.0	141	3.6	141	3.6	157	3.9	159	3.9

* Malignant Neoplasm of Biliary Passages and of Liver (155-156) according to I.C.D. 7th Revision (1955).

† Malignant Neoplasm of Trachea, Bronchus and Lung not specified as Secondary (162-163) according to I.C.D. 7th Revision (1955).

Note: D=Death.

R=Mortality Rate per 100,000 population using revised population estimates based on the results of 1971 Census.

TABLE 20

NEW CASES OF CANCER NOTIFIED TO THE CANCER REGISTRY BY AGE AND SEX 1969

A-List	Detailed List Number 8th Revision	Cause Group	Sex	All Ages	0-9	10- 19	20- 29	30- 34	35- 39	40- 44	45- 49	50- 54	55- 59	60- 64	65- 69	70- 74	75+	Unk.
A45	140-149	Malignant Neoplasm of Buccal Cavity and Pharynx ...	M F	530 240	2	5 7	23 10	36 18	72 24	87 40	85 39	80 26	59 26	32 24	23 11	10 8	10 6	6 1
A46	150	Malignant Neoplasm of Oesophagus ...	M F	162 62	—	—	3 1	1 —	6 —	21 1	24 9	16 11	25 —	24 9	16 9	7 6	15 15	4 1
A47	151	Malignant Neoplasm of Stomach ...	M F	230 115	—	—	5 2	5 2	3 6	13 9	19 11	37 12	55 10	40 14	26 15	12 17	9 17	6 —
A48	152, 153	Malignant Neoplasm of Intestine, except Rectum...	M F	108 88	—	1 2	4 —	1 4	5 2	8 12	14 7	19 8	15 8	15 10	11 14	6 8	8 10	1 2
A49	154	Malignant Neoplasm of Rectum and Rectosigmoid Junction ...	M F	118 81	—	3 1	7 2	1 1	9 2	6 4	8 10	18 19	19 8	23 10	11 11	7 4	4 8	2 —
A50	161	Malignant Neoplasm of Larynx ...	M F	77 6	—	—	—	—	1 —	5 1	9 1	7 —	26 1	7 1	13 —	4 —	5 1	— —
A51	162	Malignant Neoplasm of Trachea, Bronchus and Lung ...	M F	407 224	—	—	1 —	2 —	15 4	32 11	37 14	74 33	75 44	70 43	52 29	18 25	20 18	11 2
A52	170	Malignant Neoplasm of Bone ...	M F	28 20	2 4	5 1	2 —	3 1	2 6	3 —	2 1	2 2	3 2	2 3	1 —	— —	1 —	— —

TABLE 20—Contd.

A-List	Detailed List Number 8th Revision	Cause Group	Sex	All Ages	0-9	10-19	20-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+	Unk.
A53	172, 173	Malignant Neoplasm of Skin ...	M F	51 44	—	1 2	2 —	1 —	3 1	2 2	2 7	7 3	6 6	5 6	8 6	2 4	8 6	4 1
A54	174	Malignant Neoplasm of Breast...	M F	1 360	—	—	5	14	22	33	60	42	52	1 56	30	19	17	—
A55	180	Malignant Neoplasm of Cervix Uteri ...	F	545	—	—	6	25	78	99	79	77	77	36	26	21	19	2
A56	181, 182	Other Malignant Neoplasm of Uterus...	F	112	—	1	2	2	3	6	15	32	23	14	7	6	1	—
A57	185	Malignant Neoplasm of Prostate	M	33	—	—	—	—	—	—	—	—	3	5	10	3	11	1
A58(a)	155	Malignant Neoplasm of Liver and Intrahepatic Bile Ducts, Specified as Primary ...	M F	363 109	1	2	7	13	26	45	50	60	54	33	34	8	12	18
(b)	156-160, 163, 171, 183, 184, 186-199	Malignant Neoplasm of Other and Unspecified Sites ...	M F	520 477	17 22	17 13	24 22	22 15	28 27	43 43	56 46	58 45	76 48	75 57	43 48	25 41	21 43	15 7
A59	204-207	Leukaemia ...	M F	34 46	10 12	10 8	5 4	— 1	2 4	1 11	2 5	1 1	—	3	—	—	—	—
A60	200-203, 208-209	Other Neoplasm of Lymphatic and Haematopoietic Tissue ...	M F	77 40	8 8	11 2	6 4	6 1	2 2	5 4	5 —	9 —	6 3	7 4	8 6	2 5	2 1	—
A45- A60	140-209	All forms of Cancer ...	M F	2,739 2,569	40 49	55 40	89 62	91 86	174 186	271 283	313 313	388 322	422 324	342 303	256 226	104 177	126 174	68 24

TABLE 21

NEW OVERSEAS CASES OF CANCER DIAGNOSED IN HONG KONG 1969

A-List	Detailed List Number 8th Revision	Cause Group	Sex	All Ages	0-9	10-19	20-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+	Unk.
A45	140-149	Malignant Neoplasm of Buccal Cavity and Pharynx	M F	19 3	—	1	3	2	3	3	4	3	—	1	1	—	—	—
A46	150	Malignant Neoplasm of Oesophagus ...	M F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A47	151	Malignant Neoplasm of Stomach ...	M F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A48	152, 153	Malignant Neoplasm of Intestine, except Rectum	M F	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—
A49	154	Malignant Neoplasm of Rectum and Rectosigmoid Junction	M F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A50	161	Malignant Neoplasm of Larynx ...	M F	3	—	—	—	—	—	—	—	—	1	—	—	1	—	—
A51	162	Malignant Neoplasm of Trachea, Bronchus and Lung	M F	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—
A52	170	Malignant Neoplasm of Bone ...	M F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

TABLE 21—Contd.

A-List	Detailed List Number 8th Revision	Cause Group	Sex	All Ages	0-9	10-19	20-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+	Unk.
A53	172, 173	Malignant Neoplasm of Skin ...	M F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A54	174	Malignant Neoplasm of Breast...	M F	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—
A55	180	Malignant Neoplasm of Cervix Uteri ...	F	4	—	—	—	—	1	—	1	1	1	—	—	—	—	—
A56	181, 182	Other Malignant Neoplasm of Uterus...	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A57	185	Malignant Neoplasm of Prostate ...	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A58(a)	155	Malignant Neoplasm of Liver and Intrahepatic Bile Ducts, Specified as Primary ...	M F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b)	156-160, 163, 171, 183, 184, 186-199	Malignant Neoplasm of Other and Unspecified Sites ...	M F	2	—	—	—	—	—	—	—	—	—	1	1	—	—	—
A59	204-207	Leukaemia ...	M F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A60	200-203, 208-209	Other Neoplasm of Lymphatic and Haematopoietic Tissue ...	M F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A45- A60	140-209	All forms of Cancer ...	M F	26 8	—	1	3	3	3	3	4	4	2	2	2	1	1	1

TABLE 22

DEATHS FROM HEART DISEASES BY AGE AND SEX 1972
(INCLUDING HYPERTENSIVE DISEASE)

A-List No.	Cause (with detailed list No.)	Sex	Age Group												Unk.			
			All Ages	0-	10-	20-	30-	35-	40-	45-	50-	55-	60-	65-		70-	75+	
A80	ACUTE RHEUMATIC FEVER (390-392) ...	M	3	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—
		F	3	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—
A81	Rheumatic fever with heart involvement (391) ...	M	3	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
		F	3	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—
A81	CHRONIC RHEUMATIC HEART DISEASE (393-398) ...	M	113	1	15	12	8	5	10	15	9	7	12	6	5	8	—	—
		F	144	—	18	13	2	13	16	10	17	15	14	2	8	16	—	—
A82	Diseases of mitral valve (394) ...	M	35	—	3	1	3	1	3	5	3	3	7	2	2	2	—	—
		F	46	—	4	1	1	4	6	5	6	4	5	1	4	5	—	—
A82	HYPERTENSIVE DISEASE (400-404) ...	M	420	—	—	2	—	4	8	22	25	64	74	75	64	82	—	—
		F	332	—	—	2	1	4	6	17	24	36	35	45	58	104	—	—
A83	Hypertensive heart disease (402) ...	M	187	—	—	—	—	—	3	5	10	23	41	30	36	39	—	—
		F	120	—	—	—	1	1	1	3	9	10	16	19	22	38	—	—
A83	ISCHAEMIC HEART DISEASE (410-414) ...	M	612	—	1	1	2	5	8	19	42	80	92	106	102	154	—	—
		F	559	—	1	1	1	1	7	9	20	37	51	58	92	281	—	—
A84	Acute myocardial infarction (410) ...	M	284	—	1	1	2	2	6	11	32	43	36	62	45	43	—	—
		F	217	—	1	1	—	1	5	2	7	15	25	35	42	83	—	—
A84	Chronic ischaemic heart disease (412) ...	M	320	—	—	—	—	1	2	8	10	37	55	43	56	108	—	—
		F	335	—	—	—	1	—	2	7	12	21	24	23	50	195	—	—
A84	OTHER FORMS OF HEART DISEASE (420-429) ...	M	444	—	9	3	2	9	12	24	32	55	85	72	71	70	—	—
		F	405	—	2	2	1	3	6	13	15	26	50	63	71	153	—	—
A84	Pulmonary heart disease (426) ...	M	351	—	—	—	—	1	3	9	19	27	47	72	65	49	—	—
		F	275	—	—	—	—	1	3	8	9	19	32	49	54	99	—	—
A84	Symptomatic heart disease (427) ...	M	52	—	3	—	1	1	1	4	1	4	9	6	9	13	—	—
		F	90	—	—	1	1	1	2	3	3	5	10	10	10	44	—	—

TABLE 23

TUBERCULOSIS MORTALITY 1958 AND 1963-72

Year	Total Deaths from Tuberculosis	Tuberculosis Death Rate per 100,000 population	Tuberculosis Deaths as percentage of total deaths	Average age at death from Tuberculosis
1958	2,302	80.7	11.2	36.5
1963	1,762	51.5*	8.9	47
1964	1,441	41.1*	7.9	48
1965	1,278	35.5*	7.2	49
1966	1,515	41.7*	8.1	53
1967	1,493	40.1*	7.6	55
1968	1,483	39.0*	7.7	56.5
1969	1,470	38.0*	7.9	56
1970	1,436	36.3*	6.9	57.5
1971	1,250	30.9*	6.2	57.5
1972	1,312	32.2*	6.2	59

* Based on revised population estimates after 1971 Census.

TABLE 24

TUBERCULOSIS IN CHILDHOOD 1958 AND 1963-72

Year	Percentage of newborns receiving B.C.G.	Percentage of Tuberculosis deaths below 5 years	Percentage of Tuberculosis deaths under 1 year	Infantile Mortality from Tuberculosis (per 1,000 live Births)
1958	35.93	19.63	7.04	1.52
1963	83.44	5.50	1.08	0.16
1964	86.40	4.09	0.90	0.12
1965	91.65	3.36	0.70	0.09
1966	90.22	2.71	0.73	0.12
1967	95.42	2.01	0.33	0.07
1968	94.23	1.15	0.20	0.04
1969	94.78	0.95	0.27	0.05
1970	95.33	0.63	0.00	0.00
1971	96.78	0.64	0.08	0.01
1972	96.63	0.30	0.15	0.02

TABLE 25

TUBERCULOSIS NOTIFICATIONS 1958, 1963 AND 1968-72

Origin	1958	1963	1968	1969	1970	1971	1972
Govt. Chest Clinic ...	8,787	8,794	6,844	8,391	7,061	6,141	5,509
Other Govt. Inst. ...	2,366	1,660	688	482	494	524	597
Tung Wah Group ...		864	309	299	443	412	282
Other non-Govt. Inst. and Private Sources ...	2,332	1,713	1,951	1,900	2,079	1,951	2,032
Total ...	13,485	13,031	9,792	11,072	10,077	9,028	8,420
Notification rate per 100,000 population ...	472.5	380.9*	257.5*	286.6*	254.5*	223.2*	206.5*

* Based on revised population estimates after 1971 censuses.

TABLE 26

WORK OF GOVERNMENT CHEST SERVICE

GOVERNMENT CHEST CLINICS

1972

	Hong Kong	Kowloon	New Territories
Full-time Centres ...	Wan Chai Chest Clinic Sai Ying Pun Chest Clinic Shau Kei Wan Chest Clinic	Kowloon Chest clinic Shek Kip Mei Chest Clinic Yau Ma Tei Chest Clinic	Kwai Chung Chest Clinic
Part-time Centres ...	Aberdeen Jockey Club Clinic	Robert Black Health Centre Kwun Tong Jockey Club Health Centre	Tuen Mun Clinic Sai Kung Dispensary Sha Tin Clinic Shek Wu Hui J.C.C. St. John Hospital Tai Po J.C.C. Yuen Long Jockey Club H.C.
Other Centres (for injections only)		Hung Hom Dispensary	Ho Tung Dispensary Lady Trench Polyclinic Peng Chau Clinic North Lamma Clinic Silver Mine Bay Dispensary Tai O Dispensary South Lantau Hospital Chi Wan Floating Dispensary Chi Hong Floating Dispensary

TABLE 26—Contd.

ATTENDANCES AT GOVERNMENT CHEST CLINICS 1972

Total Attendances	...	...	...	...	...	...	1,441,958	
Total Patients attending, new and old	...	...	...	...	...	...	102,953	
Number of new patients	...	...	...	...	...	...	42,238	(100.0%)
Total with examination completed	...	...	...	...	...	...	41,921	(99.2%)
N.S.D.	...	...	...	...	...	...	20,153	(47.7%)
Disease other than tuberculosis	...	...	...	...	...	...	7,348	(17.4%)
Non-respiratory tuberculosis								
(a) Meninges	...	...	...	...	...	...	2	(*)
(b) Bones and joints	...	...	...	...	...	...	39	(0.1%)
(c) Others	...	...	...	...	...	...	106	(0.3%)
Respiratory tuberculosis								
(a) Not active and unknown activity	...	...	...	...	...	...	8,314	(19.7%)
(b) Active	...	...	...	...	...	...	5,959	(14.1%)
By bacteriology and extent								
Negative	A1	...	...	...	...	...	1,718	(4.1%)
	A2	...	...	...	...	...	682	(1.6%)
	A3	...	...	...	...	...	81	(0.2%)
Positive	B1	...	...	...	...	...	908	(2.1%)
	B2	...	...	...	...	...	1,277	(3.0%)
	B3	...	...	...	...	...	735	(1.7%)
Incomplete	O1	...	...	...	...	...	356	(0.8%)
	O2	...	...	...	...	...	157	(0.4%)
	O3	...	...	...	...	...	45	(0.1%)
By bact. and presence of cavity								
Negative	A Yes	...	...	...	...	...	197	(0.5%)
	A No	...	...	...	...	...	2,284	(5.4%)
Positive	B Yes	...	...	...	...	...	1,050	(2.5%)
	B No	...	...	...	...	...	1,870	(4.4%)
Incomplete	O Yes	...	...	...	...	...	66	(0.2%)
	O No	...	...	...	...	...	492	(1.2%)
By previous history and treatment								
No previous history of tuberculosis	...	...	...	...	...	...	4,462	(10.6%)
Previously diagnosed no treatment	...	...	...	...	...	...	139	(0.3%)
Previously diagnosed and treatment	...	...	...	...	...	...	1,358	(3.2%)
Previous history not known	...	...	...	...	...	...	0	(*)

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

* Less than 0.05%.

TABLE 27

X-RAY SURVEY 1962-72

Year	Government Servants		Conditional Survey		Prisoners Survey	
	Total Examined	% with Active T.B.	Total Examined	% with Active T.B.	Total Examined	% with Active T.B.
1962	39,232	1.04	20,019	2.06	5,852	5.52
1963	51,180	0.55	41,905	0.86	4,994	4.60
1964	50,009	0.55	47,521	0.78	9,524	2.90
1965	57,893	0.64	44,271	0.71	5,876	3.94
1966	59,691	0.51	40,572	0.74	5,904	4.18
1967	31,096	0.71	56,826	0.56	4,997	3.58
1968	54,947	0.50	53,703	0.51	7,082	1.57
1969	41,925	0.75	50,233	0.53	7,107	1.31
1970	51,812	0.63	47,741	0.34	6,417	1.70
1971	48,247	0.45	49,821	0.39	8,543	0.75
1972	30,533	0.74	46,879	0.25	6,593	1.37

TABLE 28

EXAMINATION OF NEW CONTACTS 1972

Number of patients listed	...	...	...	...	...	7,471
Number of contacts listed	...	...	...	...	...	21,609
(a) Number of children with negative tuberculin	...	...	...	...	...	1,764
Number of children given B.C.G.	...	...	...	...	...	1,760
(b) Number of contacts X-rayed	...	...	...	...	...	11,182 (100.00%)
<i>Results:</i> N.S.D.	...	...	...	...	...	10,273 (91.87%)
Disease other than T.B.	...	...	...	...	...	323 (2.89%)
Respiratory T.B.						
Active A	...	...	...	...	...	76 (0.68%)
B	...	...	...	...	...	32 (0.29%)
O	...	...	...	...	...	5 (0.04%)
Not active	...	...	...	...	...	413 (3.69%)
Non-respiratory T.B.	...	...	...	...	...	1 (0.01%)
Result not yet known	...	...	...	...	...	59 (0.53%)

TABLE 29

MALARIA 1968-72

DISTRIBUTION OF CASES

(According to notified place of residence)

Year	Cases Notified	Deaths	Urban Controlled Areas	Sai Kung* District	Lantau* District	Tai Po* District	Other Areas
1968 ...	19	—	4	—	—	9	6
1969 ...	11	—	2	—	1	—	8‡
1970 ...	3	1†	1	—	—	—	2‡
1971 ...	9	—	2	—	—	—	7‡
1972 ...	10	—	1	—	—	—	9‡

* Including floating population.

† Case reported in 1969.

‡ Imported cases.

IDENTIFICATION OF PARASITES

Year	p. vivax	p. falciparum	p. malariae	Mixed infection	Species undetermined
1968 ...	14	—	3	—	2
1969 ...	3	4	4	—	—
1970 ...	2	—	1	—	—
1971 ...	6	2	1	—	—
1972 ...	5	1	3	1	—

TABLE 30

ANNUAL INCIDENCE AND TREND OF VENEREAL DISEASE 1963-72

	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
<i>Veneral Diseases</i>										
{ Total (Except Congenital) ...	1,487	1,036	1,197	1,177	1,082	1,314	983	722	850	666
{ Primary ...	164	119	39	28	10	20	16	13	86	65
{ Secondary ...	60	64	35	8	15	7	12	5	20	21
{ Early Latent ...	307	397	263	198	220	233	125	116	145	120
{ Late Latent ...	864	590	791	874	788	981	763	538	556	427
{ All others ...	92	66	69	69	49	73	67	50	43	33
{ Congenital { Under 1 year ...	5	1	2	1	16	12	7	5	8	5
{ Over 1 year ...	53	47	66	56	45	72	69	109	125	90
Gonorrhoea ...	5,696	5,008	5,096	6,353	7,344	7,375	6,331	6,470	7,198	8,186
Non-Gonococcal Urethritis ...	379	496	578	629	648	659	613	608	687	1,054
Chancroid ...	347	268	254	105	53	286	862	387	442	396
Lymphogranuloma Venereum ...	16	8	8	11	5	23	130	62	165	144
Granuloma inguinale ...	0	0	0	0	0	0	1	1	0	0
<i>Other Diseases</i>										
Non-Veneral Disease ...	4,155	4,548	5,169	5,191	4,672	5,074	4,200	3,488	3,301	3,512
Skin Diseases ...	10,740	12,570	14,121	15,014	13,206	15,846	18,361	20,704	22,524	23,502
<i>Attendances at Clinics (All Types)</i>										
New Attendances ...	23,761	25,224	27,541	29,254	27,669	31,342	32,027	32,994	35,802	38,203
Total Attendances ...	147,588	143,381	147,311	161,994	170,532	209,916	221,882	208,319	196,371	189,337

TABLE 31
V.D.R.L. EXAMINATIONS IN EXPECTANT MOTHERS 1968-72

		1968	1969	1970	1971	1972
Clinics and Hospitals	No. of tests ...	47,552	50,952	52,382	54,462	59,467
	% Positive ...	1.7	1.4	1.0	0.9	0.8
Private Midwives	No. of test ...	3,208	2,625	1,797	2,361	5,387
	% Positive ...	1.2	0.7	0.5	0.5	0.3

TABLE 32
LEPROSY 1972
INCIDENCE OF LEPROSY 1967-72

Year		New Cases	Rate per 100,000 population*
1967	... ..	149	4.0
1968	... ..	160	4.2
1969	... ..	127	3.3
1970	... ..	135	3.4
1971	... ..	117	2.9
1972	... ..	101	2.5

* Based on revised population estimates after 1971 census.

ANALYSIS OF CASES BY AGE 1972

Age Group	No. of cases
Under 1	—
1 - 4	—
5 - 9	—
10 - 14	1
15 - 19	7
20 - 24	7
25 - 29	13
30 - 34	11
35 - 39	10
40 - 44	13
45 - 49	6
50 - 54	14
55 - 59	9
60 and Over	10
Total	101

ADMISSION TO LEPROSARIUM 1972

New admissions	... ..	26
Relapses	... ..	6
For surgery	... ..	47
Total ... ..	... ..	79

TABLE 33

ANALYSIS OF DERMATOLOGICAL CONDITIONS
PRESENTING AT CLINICS 1972

Acne	352	Neurofibromatosis	5
Alopecia	160	Nevi (all types)	71
Angioedema	0	Pediculosis	6
Carcinoma	7	Pemphigus	8
Contact dermatitis	736	Paronychia	85
Dermatitis exfoliative	5	Pityriasis rosea	164
Dermatitis herpetiformis	0	Pityriasis alba	154
Dermatomyositis	3	Pruritus	404
Drug eruption	77	Psoriasis	186
Eczema (all types)	6,746	Purpura	12
Epidermolysis bullosa	1	Pyoderma	217
Erythema multiforme	30	Raynaud's phenomenon	2
Erythema nodosum	0	Rosacea	36
Granulomata	21	Scabies	526
Herpes simplex	23	Scleroderma	5
Herpes zoster	88	Tinea (all types)	1,398
Ichthyosis	32	T. B. Cutis	42
Keloid	38	Tumors, benign	24
Keratosis (all types)	44	Ulcer, varicose	52
Lichen amyloidosis	20	Urticaria... ..	548
Lichen planus	11	Vasculitis	0
Light sensitivity... ..	4	Verruca	580
Lupus erythematosus (all types)	23	Vitiligo	263
Miliaria	13	Xanthoma	18
Molluscum contagiosum	24	Leprosy	42
Neurodermatitis	676	Miscellaneous	492
			<hr/>
			14,474
			<hr/>

TABLE 34

CULTURES FOR MYCOLOGICAL IDENTIFICATION 1972

Total specimens examined	1,052
T. rubrum	78
T. mentagrophytes	3
M. canis	32
T. versicolor	18
M. ferrugineum	1
M. gypseum	1
Trichomyces Axilliaris	—
T. tonsurans	1
E. floccosum	4
T. violaceum	2
C. albicans	10

TABLE 35

WORK OF THE PORT HEALTH SERVICE—1972

INSPECTIONS

Immigration

	No. of Vessels	No. of Passengers	No. of Crew	No. of Smallpox Vaccinations	No. of Cholera Inoculations	No. of Passengers under Surveillance	
By Sea	Overseas ...	5,865	40,198	199,961	325	593	—
	Macau ...	*	2,156,945	*	75,123	—	—
	Junks etc. ...	10	—	191	—	—	—
By Air ...	23,299	1,431,221	248,392	4,648	1,721	152	
By Train ...	*	717,778	—	35,493	10	—	
Total ...	29,174	4,346,142	448,544	115,589	2,324	152	

Emigration

By Sea ...	1	114	76	—	—	—
------------	---	-----	----	---	---	---

* Number not recorded.

FUMIGATION

No. of ships fumigated ...	13
Total net tonnage ...	33,154.85
Cubic capacity (cubic feet) ...	3,327,612
Rats recovered ...	34
Exemptions granted ...	328
No. of ships disinfected and disinsected ...	34
No. of supervision of disinfecting aircraft ...	335

MEDICAL ASSISTANCE TO SHIPS

To ships at sea ...	50
To ships in port ...	55

TABLE 36

MIDWIFERY SERVICES 1971-72—1972-73

(Excluding Hospitals)

PRIVATE MIDWIFERY SERVICES

	1971-72	1972-73
Number of midwives in active practice	71	66
Number of registered maternity homes	48	44
Number of maternity beds	229	199
Maternity home deliveries*	11,972	9,488
Domiciliary deliveries*	27	42
Total deliveries*	11,999	9,530

GOVERNMENT MIDWIFERY SERVICES

	1971-72	1972-73
Maternity beds in maternity homes (Urban)	303	306
Maternity beds in maternity homes (Rural)	222	248
Midwives (excluding hospitals)	141	146
Cases attended (excluding hospitals)*	15,817	17,351
Average case-load for each midwife (excluding Hospitals)*	112	119

* Refers to calendar year.

TABLE 37

DISTRIBUTION OF M.C.H. CENTRES AT 31ST MARCH, 1973

District	Full-time Centres		Subsidiary Centres	
	No Midwifery Service attached	With Midwifery Service attached	No Midwifery Service attached	With Midwifery Service attached
Hong Kong ...	2	6	—	1
Kowloon ...	2	7	—	—
N.T. and Islands	1	2	1	13
Total ...	5	15	1	14

TABLE 38

WORK OF MATERNAL AND CHILD HEALTH SERVICES 1971 AND 1972

	1971	1972
No. of full-time centres	19	20
No. of subsidiary centres	15	15
<i>Ante-natal Sessions</i>		
Total Sessions	2,713	2,931
New attendances	21,745	24,440
Total attendances	125,982	149,331
Average attendance per session	46.44	50.95
Average attendance per person	5.79	6.11
<i>Post-natal Sessions</i>		
Total Sessions	907	992
New attendances	5,937	6,613
Total attendances	7,051	7,748
Percentage presenting with some abnormality...	21.94%	21.76%
<i>Infant Welfare Sessions (0-2 years of age)</i>		
Total Sessions	6,521	6,931
New attendances	73,068	77,300
Total attendances	870,920	934,666
<i>Toddler Welfare Sessions (2-5 years of age)</i>		
Total Sessions	1,429	1,500
New attendances	32,219	31,133
Total attendances	155,440	150,835
<i>Percentage presenting with some abnormality (0-5 years of age)...</i>	0.85%*	0.87%*
<i>Home Visits</i>	123,515	109,314

* New attendances only.

TABLE 39

SCHOOL MEDICAL SERVICE BOARD

NUMBER OF PARTICIPATING SCHOOLS, PUPILS AND DOCTORS AT 31ST MARCH, 1973

Districts	No. of Part. Schools	No. of Part. Pupils	No. of Part. Doctors
<i>Hong Kong</i>			
Wan Chai	27	1,291	8
Central	13	599	23
Western	49	3,529	8
Causeway Bay	32	3,225	10
North Point	23	2,553	8
Shau Kei Wan	33	2,253	4
Aberdeen	32	3,501	5
Sub-total	209	16,951	66
<i>Kowloon</i>			
Tsim Sha Tsui	8	789	8
Yau Ma Tei	26	3,927	19
Mong Kok	56	6,160	24
Cheung Sha Wan	19	2,335	7
Shek Kip Mei	35	2,408	5
Hung Hom	36	3,243	8
San Po Kong	54	6,914	7
Kowloon Tong	14	414	2
Kai Tak	42	5,191	8
Kwun Tong	57	11,080	7
Sub-total	347	42,461	95
<i>New Territories</i>			
Tsuen Wan	40	5,186	9
Yuen Long	47	2,072	3
Sha Tin	8	354	1
Tai Po	20	1,383	3
Sheung Shui	15	912	2
Rennie's Mill	4	584	1
Sai Kung	10	855	1
Sub-total	144	11,346	20
Grand Total	700	70,758	181

TABLE 40

WORK OF THE GENERAL DENTAL SERVICE 1968-72

Year	Attendances	Deciduous Teeth		Permanent Teeth		Persons rendered dentally fit
		Restored	Extracted	Restored	Extracted	
1968	277,935	20,975	34,033	95,694	42,692	57,245
1969	276,847	19,648	32,454	93,961	42,634	60,670
1970	282,713	20,072	33,306	90,479	43,448	61,996
1971	264,874	17,026	31,574	85,059	44,091	57,006
1972	271,554	16,280	29,862	85,061	43,528	55,557

TABLE 41

WORK OF THE FORENSIC PATHOLOGY LABORATORIES 1971 AND 1972

	1971	1972
Examination of victims and suspects	1,131	1,277
Attendance at scenes of crime	239	288
Attendance at courts	139	143
Medico-legal examination of weapons	197	185
Examination of hairs, fibres, etc.	1,859	2,127
Examination of clothing	1,609	1,941
Miscellaneous examination	422	469
Blood grouping (medico-legal)	3,863	4,861
Blood grouping (Police officers)	—	—
Lectures to Police Officers	33	49
Identification of nature of meat(dog, cat, etc.) ...	19	32
Chemical examinations of mortuary cases ...	24	10
Assistance in Raids:		
Breach of Pharmacy and Poisons Ordinance and Penicillin Ordinance	3	1
Abortionists	9	4

TABLE 42

WORK OF THE GOVERNMENT LABORATORY 1971 AND 1972

EXAMINATIONS

	1971	1972
I. FOR GOVERNMENT		
A. General Division:		
Dutiable Commodities Ordinance ...	9,726	11,014
Public Health and Urban Services Ordinance		
Food	2,348	4,254
Drugs	46	2
Dangerous Goods Ordinance	1,285	990
Pharmaceuticals	222	858
Imports and Exports (Prohibition) Regulations	1	9
Miscellaneous	2,000	2,455
B. Forensic Division:		
General	1,781	1,876
Pharmacy and Poisons Ordinance } ...	4,208	3,262
Antibiotics Ordinance } ...		
Dangerous Drugs Ordinance	14,371	13,448
Toxicology... ..	1,794	1,584
II. FOR ARMED SERVICES		
Total	22	7
Grand Total	37,804	39,759

TABLE 43

WORK OF MEDICAL & HEALTH DEPARTMENT,
INSTITUTE OF PATHOLOGY

1971 AND 1972

LABORATORIES

1. Clinical Laboratories	Sai Ying Pun Polyclinic Queen Elizabeth Hospital Kowloon Hospital Lai Chi Kok Hospital Castle Peak Hospital
2. Public Health Laboratories	Sai Ying Pun Polyclinic Kowloon Hospital
3. Virological Laboratory	Queen Mary Hospital
4. Vaccine Production	Old P.I. Caine Lane Laboratory
5. Blood Banks	Queen Mary Hospital Queen Elizabeth Hospital

Remarks: Clinical pathological services for Queen Mary Hospital are provided by the Department of Pathology, University Hong Kong.

MORTUARIES

1. Victoria Public Mortuary
2. Kowloon Public Mortuary

SPECIMENS EXAMINED

	1971	1972
1. Protozoology and Helminthology	42,747	38,602
2. (a) Haematology	410,095	426,345
(b) Blood grouping (Auxiliary Services)	1,486	1,857
3. Serology	129,890	137,817
4. Bacteriology	600,731	548,933
5. Mycology	17,618	20,276
6. Public Health	38,731	44,054
7. Morbid Anatomy and Histopathology	52,632	47,467
8. Chemical Pathology	464,795	479,726
9. Clinical Pathology	82,599	77,571
10. Virology	9,728	9,305
11. Special investigations	1,223	1,008
12. Examination done in Blood Banks	206,834	238,656
13. Blood Products Preparation	689	1,543
Total	2,059,798	2,073,160

AUTOPSIES ON MEDICAL LEGAL CASES PERFORMED

	1971	1972
Queen Mary Hospital	391	352
Queen Elizabeth Hospital	345	437
Total	736	789

TABLE 44

VACCINE PRODUCTION 1971 AND 1972

(in millilitres)

Vaccine	Prepared		Issued	
	1971	1972	1971	1972
Anti-Smallpox	35,840	37,170	36,670	73,926
Anti-Rabies (2%)	28,200	16,450	29,800	23,750
Anti-Rabies (4%)	23,100	19,300	27,200	23,550
T.A.B.	71,450	81,500	74,100	96,400
Anti-Cholera	—	83,490	643,000	580,283
Anti-Plague	10,150	—	3,800	200
Autogenous Vaccine	20	40	—	20

TABLE 45

BLOOD BANKS 1972

1. BLOOD RECEIVED

	Q.M.H.	Q.E.H.	TOTAL
From:			
British Red Cross	15,408	18,386	33,794
Patients' relative and friends	209	111	320
Other donors	—	750	750
Brought forward from previous year	69	35	104
TOTAL	15,686	19,282	34,968

2. BLOOD DISTRIBUTED

	Q.M.H.	Q.E.H.	TOTAL
To:			
Government hospitals	10,490	16,060	26,550
Govt.-assisted hospitals	2,813	1,917	4,730
Private hospitals	1,441	524	1,965
Military hospitals	—	8	8
Other non-government institutions	—	—	—
Unusable due to various causes	772	686	1,458
Stock in hand at end of year	170	87	257
TOTAL	15,686	19,282	34,968

TABLE 46

WORK OF PUBLIC MORTUARIES 1971 AND 1972

	Victoria		Kowloon	
	1971	1972	1971	1972
Total number of bodies received ...	1,102	1,067	2,593	2,816
Total number of autopsies performed ...	897	911	777	1,091
Number of bodies claimed for burial ...	983	992	2,141	2,365
Number of bodies unclaimed for burial ...	119	75	452	451
Deaths due to natural causes ...	708	667	1,834	2,006
Deaths due to unnatural causes ...	394	400	759	810

TABLE 47

WORK OF INDUSTRIAL HEALTH SECTION 1972

MONITORING AND SURVEY WORK

	Numbers
1. Atmospheric samples:	
(a) Acetone ...	4
(b) Alcohol ...	4
(c) Arsine ...	2
(d) Benzene ...	12
(e) Carbon dioxide ...	36
(f) Carbon monoxide ...	23
(g) Carbon tetrachloride ...	3
(h) Chromic acid ...	1
(i) Dust ...	109
(j) Ethyl acetate ...	2
(k) Explosive gas ...	12
(l) Hydrogen cyanide ...	2
(m) Hydrogen sulphide ...	2
(n) Lead ...	2
(o) Nitrogen dioxide ...	21
(p) Oxygen ...	7
(q) Smoke ...	1,150
(r) Styrene ...	8
(s) Sulphur dioxide ...	1,186
(t) Sulphur trioxide ...	387
(u) Toluene ...	20
(v) Trichloroethylene ...	23
(w) Xylene ...	12
	3,028

TABLE 47—Contd.

								Numbers
2.	Miscellaneous analysis:							
	(a)	Calcium ...	...	...	...	...	...	24
	(b)	Chloride ...	...	...	...	...	...	25
	(c)	Lead ...	...	...	...	...	...	5
	(d)	Sulphate ...	...	...	...	...	...	24
								78
3.	Ventilation survey:							
	(a)	Air velocity ...	...	...	...	...	...	45
	(b)	Effective temperature ...	...	...	...	...	...	27
	(c)	Relative humidity ...	...	...	...	...	...	26
								98
4.	Miscellaneous measurements:							
	(a)	Capture velocity ...	...	...	...	...	...	27
	(b)	Lighting ...	...	...	...	...	...	29
	(c)	Noise ...	...	...	...	...	...	167
	(d)	Radiation ...	...	...	...	...	...	16
								239
5.	Urinalysis:							
	(a)	Coproporphyrin in urine ...	...	...	...	...	...	6
	(b)	Glucose in urine ...	...	...	...	...	...	92
	(c)	Protein in urine ...	...	...	...	...	...	92
								190
6.	Blood examinations:							
	(a)	Haemoglobin estimation ...	...	...	...	...	...	6
	(b)	Red blood cell counts ...	...	...	...	...	...	6
								12
7.	Clinical examinations:							
	(a)	Divers ...	...	...	...	...	...	92
	(b)	Radiation workers ...	...	...	...	...	...	248
								340

WORKMEN'S COMPENSATION CASE WORK

	1968	1969	1970	1971	1972
Total No. of interviews ...	33,571	43,738	63,403	63,988	86,000
Number of visits ...	1,437	789	161	39	17
Cases assessed by I.H.O. ...	607	580	234	250	619
Cases assessed at Medical Boards ...	4,456	4,868	6,192	6,731	8,117

TABLE 48

NUMBER OF HOSPITAL BEDS IN HONG KONG 1972

Institutions	Classification of Beds											TOTAL		
	Medical	Surgical	Gynaecology	Maternity	Paediatric and Babies	Psychiatric	Tuberculosis	Other Infectious Diseases	Radiotherapy and Cancer	Chronic, Rehabilitation and Convalescent	Other Specialty		Custodial, Casualty and Observation	Unclassified
HONG KONG														
(A) Government Institutions														
Queen Mary Hospital ...	278	406	90	76	113	12	—	—	17	—	20	26	106	1,144
Sai Ying Pun Hospital ...	—	—	—	—	—	—	—	88	—	—	—	—	—	88
Stanley Prison Hospital ...	—	40	—	—	—	—	—	—	—	—	—	86	—	86
Tang Shiu Kin Hospital ...	—	—	—	36	—	—	—	—	—	—	—	—	—	76
Tsan Yuk Hospital ...	—	—	—	250	50	—	—	—	—	—	—	—	—	300
Victoria Reception Centre ...	—	—	—	—	—	—	—	—	—	—	—	53	—	53
Govt. Clinics and Maternity Homes ...	—	—	—	95	—	—	—	—	—	—	—	—	—	95
(B) Government-assisted Institutions														
Alice Ho Miu Ling Nethersole Hosp. ...	74	106	65	61	32	—	—	—	—	—	2	—	16	356
Duchess of Kent Children's Orthop. Hosp. and Convalescent Home ...	—	100	—	—	—	—	—	—	—	100	—	—	—	200
Grantham Hospital ...	—	104	—	—	—	—	423	—	120	98	—	—	—	625
Nam Long Hospital ...	—	—	—	—	—	—	—	—	—	—	—	—	—	120
Ruttonjee Sanatorium ...	—	—	—	—	—	—	360	—	—	—	—	—	—	360
Sandy Bay Convalescent Hospital ...	71	127	10	—	—	—	—	—	28	233	—	—	1	503
Tung Wah Hospital ...	172	51	25	25	43	—	6	—	—	—	16	—	54	392
Tung Wah Eastern Hospital ...	162	42	12	48	41	—	—	—	—	—	10	—	4	319
(C) Private Institutions														
Canossa Hospital ...	71	72	—	20	—	—	17	—	—	—	—	—	—	180
Hong Kong Adventist Sanitarium and Hospital ...	36	—	—	31	13	—	—	—	—	—	—	—	—	80
Hong Kong Central Hospital ...	37	37	9	14	6	3	6	4	—	—	4	—	—	120
Hong Kong Sanatorium and Hospital ...	120	115	24	64	29	4	6	—	3	6	15	—	4	390
Matilda and War Memorial Hospital ...	—	—	—	8	—	—	—	—	—	—	—	—	44	52
St. Paul's Hospital ...	55	37	7	22	17	3	16	—	8	—	22	—	—	187
Private Nursing and Maternity Homes ...	—	—	—	22	—	—	—	—	—	—	—	—	—	22
TOTAL (Hong Kong) ...	1,076	1,237	242	772	377	22	834	92	176	437	89	165	229	5,748

TABLE 48—Contd.

Institutions	Classification of Beds											TOTAL		
	Medical	Surgical	Gynaecology	Maternity	Paediatric and Babies	Psychiatric	Tuberculosis	Other Infectious Diseases	Radiotherapy and Cancer	Chronic, Rehabilitation and Convalescent	Other Specialty		Custodial, Casualty and Observation	Unclassified†
KOWLOON														
<i>(A) Government Institutions</i>														
Kowloon Hospital ...	194	559	66	—	34	67	108	—	—	—	8	—	7	
Lai Chi Kok Hospital ...	31	225	26	—	32	—	173	—	—	—	—	—	5	
Queen Elizabeth Hospital ...	277	569	72	160	263	—	—	88	—	41	28	—	98	
Government Clinics and Maternity Homes ...	—	—	—	155	—	—	—	—	—	—	—	5	—	
<i>(B) Government-assisted Institutions</i>														
Caritas Medical Centre ...	166	76	105	108	125	—	160	—	120	18	—	—	20	
Hong Kong Buddhist Hospital ...	84	44	8	—	16	—	—	2	20	6	—	—	45	
Kwong Wah Hospital ...	384	399	104	303	201	—	—	—	—	21	10	—	130	
Margaret Trench Medical Rehabilitation Centre ...	—	—	—	—	—	—	—	—	80	—	—	—	—	
Our Lady of Maryknoll Hospital ...	89	38	16	30	61	—	—	—	—	—	—	—	28	
Wong Tai Sin Infirmary ...	346	116	22	—	—	—	185	—	—	2	—	—	10	
<i>(C) Private Institutions</i>														
Baptist Hospital ...	30	26	6	24	9	—	—	4	—	—	—	3	28	
Evangel Medical Centre ...	25	4	—	13	8	—	—	—	—	—	—	—	—	
Precious Blood Hospital ...	30	30	10	15	—	—	5	—	10	—	—	—	—	
St. Teresa's Hospital ...	190	107	28	47	38	—	1	—	—	16	—	—	—	
Private Nursing and Maternity Homes ...	16	—	—	168	—	—	—	—	—	—	—	—	—	
TOTAL (Kowloon) ...	1,862	2,193	463	1,023	787	67	459	179	88	230	112	46	371	
TOTAL														7,880

TABLE 48—Contd.

Institutions	Classification of Beds											TOTAL		
	Medical	Surgical	Gynaecology	Maternity	Paediatric and Babies	Psychiatric	Tuberculosis	Other Infectious Diseases	Radiotherapy and Cancer	Chronic, Rehabilitation and Convalescent	Other Specialty		Custodial, Casualty and Observation	Unclassified†
NEW TERRITORIES														
(A) Government Institutions														
Castle Peak Hospital ...	—	—	—	—	—	1,242	—	—	—	—	—	—	—	1,242
Chi Ma Wan Prison Hospital ...	—	—	—	—	—	—	—	—	—	—	—	10	—	10
Ma Po Ping Addiction Treatment Centre ...	—	—	—	—	—	—	—	—	—	—	—	36	—	36
Siu Lam Hospital ...	—	—	—	15	10	—	—	5	—	—	—	—	—	200
St. John Hospital ...	70	—	—	4	3	—	—	—	—	—	—	—	—	100
South Lantau Hospital ...	8	—	—	—	—	—	—	—	—	—	—	24	—	15
Tai Lam Addiction Treatment Centre ...	—	—	—	—	—	—	—	—	—	—	—	29	—	24
Tai Lam Centre for Women ...	—	—	—	—	—	—	—	—	—	—	—	—	—	29
Government Clinics and Maternity Homes ...	4	—	—	224	—	—	—	—	—	—	—	20	—	248
(B) Government-assisted Institutions														
Fanling Hospital ...	22	10	—	—	14	—	7	1	—	—	—	—	—	54
Haven of Hope T.B. Sanatorium ...	—	—	—	*4	—	—	300	—	—	—	—	*8	—	312
Hay Ling Chau Leprosarium ...	—	—	—	—	—	—	—	540	—	—	—	—	—	540
Pok Oi Hospital ...	—	—	—	32	32	—	—	—	—	—	—	—	52	142
(C) Private Institutions														
Adventist Sanitarium and Hospital ...	40	40	—	23	9	—	—	6	—	—	—	—	4	122
Private Nursing and Maternity Homes ...	—	—	—	31	—	—	—	—	—	—	—	—	—	31
TOTAL (New Territories) ...	144	50	—	333	68	1,442	307	552	—	26	—	127	56	3,105
Government Institutions ...	862	1,799	254	1,015	505	1,521	108	266	105	—	69	317	216	7,037
Government-Assisted Institutions ...	1,570	1,213	367	611	598	—	1,441	543	148	677	75	18	360	7,621
Private Institutions ...	650	468	84	502	129	10	51	14	11	16	57	3	80	2,075
GRAND TOTAL (Colony) ...	3,082	3,480	705	2,128	1,232	1,531	1,600	823	264	693	201	338	656	16,733

* Beds in Rennie's Mill Christian Medical Centre.
 † Including mixed wards; private wards; I.C.U. and staff beds.

TABLE 49

IN-PATIENTS TREATED IN GOVERNMENT, GOVERNMENT-ASSISTED AND PRIVATE HOSPITALS, CLINICS AND MATERNITY HOMES 1972

	In-patients Discharged						Deaths					Total In-patients Treated	
	In-patients Discharged						Deaths						
	General	Infectious	Tuberculosis	Maternity	Psychiatric	Total	General	Infectious	Tuberculosis	Maternity	Psychiatric		Total
HONG KONG													
<i>(A) Government Institutions</i>													
Queen Mary Hospital ...	36,583	318	336	3,436	218	40,891	2,007	15	40	—	—	2,062	42,953
Sai Ying Pun Hospital ...	744	1,575	8	1	22	2,350	21	7	—	—	—	28	2,378
Stanley Prison Hospital ...	1,019	67	82	—	52	1,220	4	—	1	—	—	5	1,225
Tang Shiu Kin Hospital ...	3,828	7	2	899	37	4,773	18	—	—	—	—	18	4,791
Tsan Yuk Hospital ...	1,345	—	—	8,543	—	9,888	62	—	—	—	—	64	9,952
Victoria Reception Centre ...	471	10	4	—	2,920	3,405	—	—	—	3	—	3	3,408
Government Clinics and Maternity Homes ...	—	—	—	1,873	—	1,873	—	—	—	—	—	—	1,873
<i>(B) Government-Assisted Institutions</i>													
Alice Ho Miu Ling Nethersole Hospital ...	7,467	172	70	7,108	13	14,830	272	5	3	—	—	280	15,110
Dutchess of Kent Children's Orthopaedic Hospital and Convalescent Home ...	415	217	85	—	43	760	—	—	—	—	—	—	760
Grantham Hospital ...	1,321	1	1,029	—	—	2,351	164	—	63	—	—	227	2,578
Nam Long Hospital ...	70	—	—	—	—	70	368	—	—	—	—	368	438
Ruttonjee Sanatorium ...	245	—	1,210	—	—	1,455	32	—	99	—	—	131	1,586
Sandy Bay Convalescent Hospital ...	3,425	—	23	2	6	3,456	316	1	2	1	—	320	3,776
Tung Wah Hospital ...	2,609	83	46	955	73	3,766	368	4	19	—	—	391	4,157
Tung Wah Eastern Hospital ...	831	13	23	463	3	1,333	183	—	16	—	—	199	1,532
<i>(C) Private Institutions</i>													
Canossa Hospital ...	3,785	—	—	8	—	3,793	62	1	—	—	—	63	3,856
Hong Kong Central Hospital ...	3,440	—	3	232	108	3,783	146	—	—	—	—	146	3,929
Hong Kong Adventist Sanatorium and Hospital ...	670	105	11	84	42	912	11	3	1	—	—	15	927
Hong Kong Sanatorium and Hospital ...	10,394	947	133	4,545	172	16,191	364	2	—	—	—	366	16,557
Matilda and War Memorial Hospital ...	931	1	—	118	14	1,064	12	—	—	—	—	12	1,076
St. Paul's Hospital ...	1,739	1,060	158	808	—	3,765	—	—	—	—	—	—	3,765
Private Nursing and Maternity Homes ...	—	—	—	639	—	639	—	—	—	—	—	—	639
TOTAL (Hong Kong) ...	81,332	4,576	3,223	29,714	3,723	122,568	4,410	38	244	2	4	4,698	127,266

TABLE 49—Contd.

	In-patients Discharged					Deaths					Total In-patients Treated	
	General	Infectious	Tuberculosis	Maternity	Psychiatric	Total	General	Infectious	Tuberculosis	Maternity		Psychiatric	Total
KOWLOON												
(A) Government Institutions												
Kowloon Hospital ...	8,870	98	447	301	436	10,152	151	1	7	—	—	159
Lai Chi Kok Hospital ...	1,160	1,207	2	—	1	2,370	9	21	—	—	—	30
Queen Elizabeth Hospital ...	79,610	2,961	1,165	15,110	336	99,182	3,399	27	120	2	1	3,549
Government Clinics and Maternity Homes ...	—	—	—	8,062	—	8,062	—	—	—	—	—	—
												10,311
												2,400
												102,731
												8,062
(B) Government-Assisted Institutions												
Caritas Medical Centre ...	5,948	200	407	3,080	10	9,645	676	7	36	—	1	720
Hong Kong Buddhist Hospital ...	1,882	32	61	62	36	2,073	190	1	12	—	—	203
K'wong Wah Hospital ...	28,504	1,130	1,117	20,669	128	51,548	3,513	16	175	2	2	3,708
Margaret Trench Medical Rehabilitation Centre ...	376	9	9	—	—	394	—	—	—	—	—	—
Our Lady of Maryknoll Hospital ...	3,265	246	76	2,335	50	5,972	262	3	8	—	—	273
Wong Tai Sin Infirmary ...	154	—	976	—	—	1,130	514	1	134	—	1	650
												—
												394
												10,365
												2,276
												55,256
(C) Private Institutions												
Baptist Hospital ...	3,375	—	—	599	—	3,974	111	—	—	—	—	111
Evangel Medical Centre ...	1,559	23	24	950	10	2,566	44	1	—	—	—	45
Precious Blood Hospital ...	2,138	20	53	729	—	2,940	119	—	2	—	—	121
St. Teresa's Hospital ...	10,070	811	221	2,225	225	13,552	436	8	11	1	1	457
Private Nursing and Maternity Homes ...	—	—	—	7,674	—	7,674	—	—	—	—	—	—
												4,085
												2,611
												3,061
												14,009
												7,674
TOTAL (Kowloon) ...	146,911	6,737	4,558	61,796	1,232	221,234	9,424	86	505	5	6	10,026
												231,260

TABLE 49—Contd.

	In-patients Discharged					Deaths					Total In-patients Treated		
	General	Infectious	Tuberculosis	Maternity	Psychiatric	Total	General	Infectious	Tuberculosis	Maternity		Psychiatric	Total
NEW TERRITORIES													
(A) Government Institutions													
Castle Peak Hospital ...	73	10	—	—	3,916	3,999	72	5	—	—	1	78	4,077
Chi Ma Wan Prison Hospital ...	280	1	4	—	—	285	1	—	—	—	—	1	286
Siu Lam Hospital ...	753	21	18	283	10	1,085	32	—	4	—	—	33	1,118
St. John Hospital ...	166	14	1	5	3	189	—	—	—	—	—	—	189
South Lantau Hospital ...	246	12	19	—	361	638	—	—	—	—	—	—	638
Tai Lam Addiction Treatment Centre ...	134	—	—	1	103	238	—	—	—	—	—	—	238
Tai Lam Centre for Women ...	161	6	18	—	32	217	—	—	—	—	—	—	217
Ma Po Ping Addiction Treatment Centre ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Government Clinics and Maternity Homes ...	—	—	—	8,359	—	8,359	—	—	—	—	—	—	8,359
(B) Government-Assisted Institutions													
Fanling Hospital ...	395	51	42	12	10	510	31	—	1	—	—	32	542
Haven of Hope T.B. Sanatorium ...	304	11	538	60	27	940	8	—	35	—	—	43	983
Hay Ling Chau Leprosarium ...	—	121	—	—	—	121	4	—	—	—	—	4	125
Pok Oi Hospital ...	2,899	87	41	1,200	18	4,245	248	—	4	—	1	253	4,498
(C) Private Institutions													
Adventist Sanitarium and Hospital ...	1,821	439	73	1,155	70	3,558	63	3	4	—	—	70	3,628
Private Nursing and Maternity Homes ...	—	—	—	1,221	—	1,221	—	—	—	—	—	—	1,221
TOTAL (New Territories) ...	7,232	773	754	12,296	4,572	25,627	459	8	45	—	2	514	26,141
Government Institutions ...	135,443	6,307	2,106	46,873	8,469	199,198	5,776	76	169	4	5	6,030	205,228
Government-Assisted Institutions ...	60,110	2,373	5,753	35,946	417	104,599	7,149	38	607	2	6	7,802	112,401
Private Institutions ...	39,922	3,406	676	20,987	641	65,632	1,368	18	18	1	1	1,406	67,038
GRAND TOTAL ...	235,475	12,086	8,535	103,806	9,527	369,429	14,293	132	794	7	12	15,238	384,667

TABLE 50

DISEASE CLASSIFICATION OF IN-PATIENTS TREATED IN GOVERNMENT AND GOVERNMENT-ASSISTED HOSPITALS AND OF ALL DEATHS IN THE COLONY 1972
(Patients treated in maternity homes are excluded)

Inter-mediate List Number	Detailed List Number 1965 Revision	Cause groups	Discharges		Deaths		Deaths						
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Male	Female	Sex Un-known	Total			
A 1	000	Cholera ...	—	—	—	—	—	—	—	—	—	—	—
A 2	001	Typhoid fever ...	402	111	2	1	—	—	—	3	1	—	4
A 3	002, 003	Paratyphoid fever and other salmonella infections ...	99	26	—	—	—	—	—	1	—	—	1
A 4(a)	004	Bacillary dysentery ...	343	19	—	1	—	—	—	1	—	—	1
A 4(b)	006	Amoebiasis... ..	29	11	1	—	—	—	—	2	1	—	3
A 5	008, 009	Enteritis and other diarrhoeal diseases ...	3,200	984	1	1	—	—	—	1	1	—	2
A 6	010-012	Tuberculosis of respiratory system	1,582	5,253	158	565	—	—	—	972	258	—	1,230
A 7	013	Tuberculosis of meninges and central nervous system ...	63	72	7	11	—	—	—	16	8	—	24
A 8	014	Tuberculosis of intestines, peritoneum and mesenteric glands ...	30	18	2	3	—	—	—	7	—	—	7
A 9	015	Tuberculosis of bones and joints...	224	191	—	4	—	—	—	4	2	—	6
A 10	016-019	Other tuberculosis, including late effects ...	207	219	2	24	—	—	—	33	12	—	45
A 11	020	Plague ...	—	—	—	—	—	—	—	—	—	—	—
A 12	022	Anthrax ...	—	—	—	—	—	—	—	—	—	—	—
A 13	023	Brucellosis ...	1	—	—	—	—	—	—	—	—	—	—
A 14	030	Leprosy ...	16	122	—	—	—	—	—	—	—	—	—
A 15	032	Diphtheria ...	9	—	—	—	—	—	—	—	—	—	—
A 16	033	Whooping cough ...	1	5	—	—	—	—	—	—	—	—	—
		<i>Carried forward</i> ...	6,206	7,031	173	610	1,040	283	—	1,040	283	—	1,323

TABLE 50—Contd.

Inter-mediate List Number	Detailed List Number 1965 Revision	Cause groups	Discharges		Deaths		Deaths			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Male	Female	Sex Unknown	Total
		<i>Brought forward</i> ...	6,206	7,031	173	610	1,040	283	—	1,323
A 17	034	Streptococcal sore throat and scarlet fever ...	2	17	—	—	—	—	—	—
A 18	035	Erysipelas ...	6	2	—	—	—	—	—	—
A 19	036	Meningococcal infection ...	1	2	—	3	4	1	—	5
A 20	037	Tetanus ...	27	2	24	3	19	9	—	28
A 21(a)	005	Food poisoning (bacterial) ...	85	36	—	—	—	—	—	—
(b)	038	Septicaemia ...	37	60	39	21	30	36	—	66
(c)	007, 021, 024-027, 031, 039	Other bacterial diseases ...	9	3	—	—	—	—	—	—
A 22	040-043	Acute poliomyelitis ...	9	219	—	—	1	—	—	1
A 23	044	Late effects of acute poliomyelitis	59	6	—	—	—	—	—	—
A 24	050	Smallpox ...	—	—	—	—	—	—	—	—
A 25	055	Measles ...	421	95	2	—	8	1	—	9
A 26	060	Yellow fever ...	—	—	—	—	—	—	—	—
A 27(a)	062	Mosquito-borne viral encephalitis	—	—	—	—	—	—	—	—
(b)	063	Tick-borne viral encephalitis ...	—	—	—	—	—	—	—	—
(c)	064	Viral encephalitis 'transmitted' by other arthropods ...	—	—	—	—	—	—	—	—
(d)	065	Viral encephalitis unspecified ...	—	4	1	3	1	3	—	4
A 28	070	Infectious hepatitis ...	1,049	315	2	1	18	4	—	22
		<i>Carried forward</i> ...	7,911	7,792	241	641	1,121	337	—	1,458

TABLE 50—Contd.

Inter- mediate List Number	Detailed List Number 1965 Revision	Cause groups	Discharges		Deaths		Deaths			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Male	Female	Sex Un- known	Total
		<i>Brought forward</i> ...	7,911	7,792	241	641	1,121	337	—	1,458
A 29	052	Chickenpox ...	235	35	—	—	1	1	—	2
(b)	061	Dengue ...	—	—	—	—	—	—	—	—
(c)	045, 046, 051,									
	053, 054, 056, 057, 066-068, 071-079	Other viral diseases ...	137	149	1	—	—	1	—	1
A 30	080	Epidemic louse-borne typhus	—	—	—	—	—	—	—	—
(b)	081	Other typhus ...	—	—	—	—	—	—	—	—
(c)	082	Tick-borne rickettsiosis ...	—	—	—	—	—	—	—	—
(d)	083	Other rickettsiosis ...	—	—	—	—	—	—	—	—
A 31	084	Malaria ...	4	2	—	—	—	—	—	—
A 32	086, 087	Trypanosomiasis ...	—	—	—	—	—	—	—	—
A 33	088	Relapsing fever ...	—	—	—	—	—	—	—	—
A 34	090	Congenital syphilis	—	2	—	2	1	1	—	2
A 35	091	Early syphilis, symptomatic	2	1	—	—	—	—	—	—
A 36	094	Syphilis of central nervous system ...	20	5	2	1	2	1	—	3
A 37	092, 093, 095-097	Other syphilis ...	5	8	1	—	2	—	—	2
A 38	098	Gonococcal infections ...	1	1	—	—	—	—	—	—
		<i>Carried forward</i> ...	8,315	2,995	245	644	1,127	341	—	1,468

TABLE 50—Contd.

Inter- mediate List Number	Detailed List Number 1965 Revision	Cause groups	Discharges		Deaths		Deaths			
			Gov- ern- ment Hospitals	Gov- ern- ment Assisted Hospitals	Gov- ern- ment Hospitals	Gov- ern- ment Assisted Hospitals	Male	Female	Sex Un- known	Total
		<i>Brought forward</i> ...	8,315	2,995	245	644	1,127	341	—	1,468
A 39(a)	120.0	Schistosomiasis vesical (<i>S. haematobium</i>)	—	—	—	—	—	—	—	—
(b)	120.1	Schistosomiasis intestinal (<i>S. mansoni</i>)	—	—	—	—	—	—	—	—
(c)	120.2	Schistosomiasis pulmonary (<i>S. japonicum</i>)	—	—	—	—	—	—	—	—
(d)	120.3, 120.8, 120.9	Other and unspecified schistosomiasis	—	—	—	—	—	—	—	—
A 40	122	Hydatidosis	—	—	—	—	—	—	—	—
A 41	125	Filarial infection	2	1	—	—	—	—	—	—
A 42	126	Ancylostomiasis	3	4	—	—	—	—	—	—
A 43	121, 123, 124, 127-129	Other helminthiases	19	7	—	—	—	—	—	—
A 44(a)	100	Leptospirosis	1	—	—	—	—	—	—	—
(b)	102	Yaws	—	—	—	—	—	—	—	—
(c)	110	Dermatophytosis	2	3	—	—	—	—	—	—
(d)	085, 089, 099, 101, 103, 104, 111-117, 130-136	All other infective and parasitic diseases	71	116	—	1	1	—	—	1
		<i>Carried forward</i> ...	8,413	8,126	245	645	1,128	341	—	1,469

TABLE 50—Contd.

Inter- mediate List Number	Detailed List Number 1965 Revision	Cause groups	Discharges		Deaths		Deaths			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Male	Female	Sex Un- known	Total
		<i>Brought forward ...</i>	8,413	8,126	245	645	1,128	341	—	1,469
A 45	140-149	Malignant neoplasm of buccal cavity and pharynx ...	987	293	151	223	323	131	—	454
A 46	150	Malignant neoplasm of oesophagus ...	333	116	85	63	158	76	—	234
A 47	151	Malignant neoplasm of stomach...	312	242	76	173	231	173	—	404
A 48	152, 153	Malignant neoplasm of intestine, except rectum ...	289	231	24	71	106	115	—	221
A 49	154	Malignant neoplasm of rectum and rectosigmoid junction ...	300	144	12	60	58	52	—	110
A 50	161	Malignant neoplasm of larynx ...	143	46	19	12	34	3	—	37
A 51	162	Malignant neoplasm of trachea, bronchus and lung ...	605	562	182	525	582	367	—	949
A 52	170	Malignant neoplasm of bone ...	49	37	8	16	16	8	—	24
A 53	172, 173	Malignant neoplasm of skin ...	43	31	3	12	10	13	—	23
A 54	174	Malignant neoplasm of breast ...	397	240	24	99	3	175	—	178
A 55	180	Malignant neoplasm of cervix uteri ...	950	259	39	83	—	159	—	159
A 56	181, 182	Other malignant neoplasm of uteri ...	92	75	4	15	—	26	—	26
A 57	185	Malignant neoplasm of prostate...	38	16	5	11	24	—	—	24
		<i>Carried forward ...</i>	12,951	10,418	877	2,008	2,673	1,639	—	4,312

TABLE 50—Contd.

Inter- mediate List Number	Detailed List Number 1965 Revision	Cause groups	Discharges		Deaths		Deaths			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Male	Female	Sex Un- known	Total
		<i>Brought forward</i> ...	12,951	10,418	877	2,008	2,673	1,639	—	4,312
A 58(a)	155	Malignant neoplasm of liver and intrahepatic bile ducts, specified as primary ...	369	170	204	259	591	144	—	735
(b)	156-160, 163, 171, 183, 184, 186-199	Malignant neoplasm of other and unspecified sites...	881	406	184	284	290	294	—	584
A 59	204-207	Leukaemia ...	129	23	54	24	65	41	—	106
A 60	200-203, 208, 209	Other neoplasms of lymphatic and haematopoietic tissue ...	199	25	56	20	64	43	—	107
A 61	210-239	Benign neoplasms and neoplasms of unspecified nature ...	2,298	1,607	8	5	9	4	—	13
A 62	240, 241	Non-toxic goitre ...	393	116	—	—	—	—	—	—
A 63	242	Thyrototoxicosis with or without goitre ...	440	155	—	3	—	5	—	5
A 64	250	Diabetes mellitus ...	524	518	21	46	78	101	—	179
A 65	260-269	Avitaminoses and other nutritional deficiency ...	63	109	4	3	4	4	—	8
A 66	243-246, 251-258, 270-279	Other endocrine and metabolic diseases ...	385	272	9	3	5	7	—	12
		<i>Carried forward</i> ...	18,632	13,819	1,417	2,655	3,779	2,282	—	6,061

TABLE 50—Contd.

Inter- mediate List Number	Detailed List Number 1965 Revision	Cause groups	Discharges		Deaths		Deaths			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Male	Female	Sex Un- known	Total
		<i>Brought forward ...</i>	18,632	13,819	1,417	2,655	3,779	2,282	—	6,061
A 67(a)	280	Iron deficiency anaemias ...	17	63	—	9	5	4	—	9
(b)	281	Other deficiency including pernicious anaemias ...	6	18	—	—	—	—	—	—
(c)	282-285	Other anaemias ...	999	254	18	32	27	29	—	56
A 68	286-289	Other diseases of blood and blood-forming organs ...	428	137	5	2	3	4	—	7
A 60	290-299	Psychoses ...	4,177	47	2	4	2	5	—	7
A 70	300-309	Neuroses, personality disorders and other non-psychotic mental disorders ...	4,229	249	2	—	2	—	—	2
A 71	310-315	Mental retardation ...	63	121	1	2	4	—	—	4
A 72	320	Meningitis (excluding all meningitis between 001-136) ...	244	40	47	16	38	26	—	64
A 73	340	Multiple sclerosis ...	2	1	—	—	1	—	—	1
A 74	345	Epilepsy ...	1,036	308	2	7	6	4	—	10
A 75	360-369	Inflammatory diseases of eye ...	31	49	—	—	—	—	—	—
A 76	374	Cataract ...	620	155	—	—	—	—	—	—
A 77	375	Glaucoma ...	174	35	—	—	—	—	—	—
A 78	381-383	Otitis media and mastoiditis ...	212	89	—	—	—	2	—	2
		<i>Carried forward ...</i>	30,870	15,385	1,494	2,727	3,867	2,356	—	6,223

TABLE 50—Contd.

Inter- mediate List Number	Detailed List Number 1965 Revision	Cause groups	Discharges		Deaths		Deaths				
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Male	Female	Sex Un- known	Total	
		<i>Brought forward</i> ...	30,870	15,385	1,494	2,727	3,867	2,356	—	6,223	
A 79(a)	370-373,	} All other diseases and conditions of eye ... } All other diseases of the nervous system and sense organs ... } Active rheumatic fever ... Chronic rheumatic heart disease... Hypertensive disease ... Ischaemic heart disease ... Other forms of heart disease ... Cerebrovascular disease ... Diseases of arteries, arterioles and capillaries ... Venous thrombosis and embolism Other diseases of circulatory system ... Acute upper respiratory infections ... Acute bronchitis and bronchiolitis ... Influenza ...	308	51	—	—	—	—	—	—	
(b)	376-379										
	321-333,										
	341-344,										
	346-358,			1,105	462	17	36	24	29	—	53
	380,										
	384-389										
A 80	390-392			793	133	6	—	3	3	—	6
A 81	393-398			669	456	91	88	113	144	—	257
A 82	400-401			1,109	1,110	104	144	420	332	—	752
A 83	410-414		968	412	265	228	612	559	—	1,171	
A 84	420-429		1,836	1,458	205	639	444	405	—	849	
A 85	430-438		2,021	1,341	933	944	939	953	—	1,892	
A 86	440-448										
			202	113	44	76	121	103	—	224	
A 87	450-453		12	22	—	1	—	3	—	3	
A 88	454-458										
			1,286	1,039	2	1	1	2	—	3	
A 89(a)	460-465										
(b)	466		1,586	2,595	1	2	—	3	—	3	
			568	450	1	—	—	2	—	2	
A 90	470-474		103	112	—	20	13	20	—	33	
		<i>Carried forward</i> ...	43,436	25,139	3,163	4,906	6,557	4,914	—	11,471	

TABLE 50—Contd.

Inter-mediate List Number	Detailed List Number 1965 Revision	Cause groups	Discharges		Deaths		Deaths			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Male	Female	Sex Un-known	Total
		<i>Brought forward</i> ...	43,436	25,139	3,163	4,906	6,557	4,914	—	11,471
A 91	480	Viral pneumonia ...	8	6	1	1	2	2	—	4
A 92(a)	481	Pneumococcal pneumonia	133	108	22	15	58	19	—	77
(b)	482-486	Other pneumonia including bronchopneumonia ...	4,523	2,043	901	879	1,173	1,105	—	2,278
A 93(a)	490-491	Bronchitis, chronic and unqualified ...	834	1,887	50	151	245	189	—	434
(b)	492-493	Emphysema and asthma ...	2,371	1,312	46	62	376	202	—	578
A 94	500	Hypertrophy of tonsils and adenoids ...	574	476	—	—	—	—	—	—
A 95	510, 513	Empyema and abscess of lung ...	222	61	6	3	18	5	—	23
A 96(a)	515	Pneumoconiosis ...	—	5	—	—	—	—	—	—
(b)	501-508, 511, 512, 514, 516-519, 520-525	Other diseases of respiratory system ...	3,319	1,908	142	54	103	110	—	213
A 97		Diseases of teeth and supporting structures ...	522	42	—	—	—	—	—	—
(a)	531	Ulcer of stomach ...	115	531	9	19	47	23	—	70
(b)	532	Ulcer of duodenum ...	634	643	9	19	29	12	—	41
(c)	533	Peptic ulcer, site unspecified (excluding gastrojejunal ulcer, 534) ...	2,446	1,513	12	21	30	24	—	54
A 99	535	Gastritis and duodenitis ...	440	526	4	2	5	1	—	6
		<i>Carried forward</i> ...	59,577	36,200	4,365	6,132	8,643	6,606	—	15,249

TABLE 50—Contd.

Inter-mediate List Number	Detailed List Number 1965 Revision	Cause groups	Discharges		Deaths		Deaths			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Male	Female	Sex Unknown	Total
		<i>Brought forward</i> ...	59,577	36,200	4,365	6,132	8,643	6,606	—	15,249
A100	540-543	Appendicitis ...	5,405	1,847	1	2	5	9	—	14
A101	550-553, 560	Intestinal obstruction and hernia...	2,086	1,043	20	19	29	28	—	57
A102	571	Cirrhosis of liver ...	782	323	70	119	231	78	—	309
A103	574, 575	Cholelithiasis and cholecystitis ...	3,813	1,613	41	41	70	68	—	138
A104	526-530, 534, 536, 537, 561-570, 572, 573, 576, 577	Other diseases of digestive system	5,267	2,426	243	110	214	140	—	354
A105	580	Acute nephritis ...	604	279	1	2	4	4	—	8
A106	581-584	Other nephritis and nephrosis ...	886	316	21	52	145	102	—	247
A107	590	Infections of kidney ...	213	87	22	21	42	63	—	105
A108	592, 594	Calculus of urinary system ...	886	420	9	5	10	9	—	19
A109	600	Hyperplasia of prostate ...	176	183	1	1	21	—	—	21
A110	610, 611	Diseases of breast ...	85	122	—	—	—	—	—	—
		<i>Carried forward</i> ...	79,780	44,859	4,794	6,504	9,414	7,107	—	16,521

TABLE 50—Contd.

Inter- mediate List Number	Detailed List Number 1965 Revision	Cause groups	Discharges		Deaths		Deaths			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Male	Female	Sex Un- known	Total
		<i>Brought forward</i> ...	79,780	44,859	4,794	6,504	9,414	7,107	—	16,521
A111(a)	603	Hydrocele ...	280	170	—	—	—	—	—	—
(b)	626	Disorders of menstruation	1,395	1,997	—	—	—	—	—	—
(c)	591, 593, 595-599, 601, 602, 604-607, 612-625, 627-629, 636-639	Other diseases of genitourinary system ...	5,375	3,670	18	24	32	22	—	54
A112		Toxaemias of pregnancy and the puerperium ...	216	485	2	1	—	4	—	4
A113	632, 651-653	Haemorrhage of pregnancy and childbirth ...	903	1,137	—	1	—	4	—	4
A114	640, 641	Abortion induced for legal indications ...	80	1	—	—	—	—	—	—
A115	642-645	Other and unspecified abortion ...	3,481	3,491	—	—	—	3	—	3
A116	670, 671	Sepsis of childbirth and the puerperium ...	2	14	—	—	—	—	—	—
A117	673 630, 631, 633-635, 654-662, 672, 674-678	Other complications of pregnancy, childbirth and the puerperium...	9,040	5,518	2	—	—	5	—	5
		<i>Carried forward</i> ...	100,552	61,342	4,816	6,530	9,446	7,145	—	16,591

TABLE 50—Contd.

Inter- mediate List Number	Detailed List Number 1965 Revision	Cause groups	Discharges		Deaths		Deaths			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Male	Female	Sex Un- known	Total
		<i>Brought forward</i> ...	100,552	61,342	4,816	6,530	9,446	7,145	—	16,591
A118	650	Delivery without mention of complication ...	14,857	25,300	—	—	—	—	—	—
A119	680-686	Infection of skin and subcutaneous tissue ...	2,742	787	2	2	1	4	—	5
A120(a)	707	Chronic ulcer of skin ...	78	112	—	—	1	—	—	1
	690-706,	} Other diseases of skin and subcutaneous tissue ...	695	557	2	2	2	2	—	4
A121	708, 709		Arthritis and spondylitis ...	739	441	—	4	1	7	—	8
A122	710-715	} Non-articular rheumatism and rheumatism unspecified ...	43	22	—	1	1	1	—	2
A123	720		Osteomyelitis and periostitis ...	193	76	—	—	—	—	—
A124	727, } 735-738 }	Ankylosis and acquired musculoskeletal deformities ...	142	77	—	—	—	—	—	—
A125	721-726, } 728-734 }	} Other diseases of musculoskeletal system and connective tissue ...	988	346	7	8	8	22	—	30
A126	741		Spina bifida ...	3	3	—	—	—	1	—
A127	746	Congenital anomalies of heart ...	279	130	49	22	86	81	1	168
A128	747	Other congenital anomalies of circulatory system ...	83	7	1	—	2	2	—	4
A129	749	Cleft palate and cleft lip ...	120	189	—	—	—	—	—	—
		<i>Carried forward</i> ...	121,514	89,389	4,877	6,569	9,548	7,265	1	16,814

TABLE 50—Contd.

Inter- mediate List Number	Detailed List Number 1965 Revision	Cause groups	Discharges		Deaths		Deaths			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Male	Female	Sex Un- known	Total
		<i>Brought forward</i> ...	121,514	89,389	4,877	6,569	9,548	7,265	1	16,814
A130	740, 742-745, 748, 750-759	} All other congenital anomalies ...	655	472	43	27	100	76	1	177
A131	764-768, 772	} Birth injury and difficult labour...	10	22	8	3	22	10	—	32
A132	770, 771	} Conditions of placenta and cord...	2	5	—	—	1	1	—	2
A133	774, 775	} Haemolytic disease of newborn...	2,536	742	66	3	44	26	—	70
A134	776	} Anoxic and hypoxic conditions not elsewhere classified ...	3	28	13	42	59	48	—	107
A135	760-763, 769, 773, 777-779	} Other causes of perinatal morbidity and mortality ...	2,130	1,154	100	138	203	162	—	365
A136	794	} Senility without mention of psychosis ...	28	573	8	570	250	568	—	818
A137	780-793, 795, 796	} Symptoms, and other ill-defined conditions ...	19,644	5,279	431	330	537	458	—	995
AE138	E810-E823	} Motor vehicle accidents ...	3,716	702	233	48	266	153	—	419
		<i>Carried forward</i> ...	150,238	98,366	5,779	7,730	11,030	8,767	2	19,799

TABLE 50—Contd.

Inter- mediate List Number	Detailed List Number 1965 Revision	Cause groups	Discharges		Deaths		Deaths			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Male	Female	Sex Un- known	Total
		<i>Brought forward</i> ...	150,238	98,366	5,779	7,730	11,030	8,767	2	19,799
AE139	E800-E807	} Other transport accidents	264	30	2	—	19	6	—	25
AE140	E825-E845		1,550	75	19	1	15	5	—	20
AE141	E850-E877		8,263	928	90	28	81	42	—	123
AE142	E880-E887		540	48	9	3	41	32	—	73
AE143	E890-E899 E910		188	28	2	1	212	72	—	284
AE144	E922	4	12	—	—	2	—	—	2	
AE145	E924	1,602	516	3	1	2	2	—	4	
(a)	E916-E921, E923, E925-E928	} Accidents mainly of industrial type ...	9,658	684	28	6	25	9	—	34
AE146	E905		260	33	—	—	—	—	—	—
(a)	E906	91	30	—	—	—	—	1	—	1
(b)		<i>Carried forward</i> ...	172,658	100,750	5,932	7,770	11,427	8,936	2	20,365

TABLE 50—Contd.

Inter- mediate List Number	Detailed List Number 1965 Revision	Cause groups	Discharges		Deaths		Deaths			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Male	Female	Sex Un- known	Total
		<i>Brought forward ...</i>	172,658	100,750	5,932	7,770	11,427	8,936	2	20,365
(c)	E914	Foreign body accidentally entering eye and adnexa ...	75	3	—	—	—	—	—	—
(d)	E915	Foreign body entering other orifice ...	1,215	229	—	—	—	—	—	—
(e)	E900-E904, E907-E909, E911-E913, E929-E949	} All other accidents ...	4,200	2,728	34	1	122	85	—	207
AE147	E950-E959	Suicide and self inflicted injury ...	744	67	30	25	276	187	—	463
AE148	E960-E978	Homicide and injury purposely ... inflicted by other persons; legal intervention ...	1,757	467	29	6	58	17	—	75
AE149	E980-E989	Injury undetermined whether accidentally or purposely inflicted ...	255	354	5	—	27	8	—	35
AE150	E990-E999	Injury resulting from operation of war ...	—	1	—	—	—	—	—	—
		GRAND TOTAL ...	180,904	104,599	6,030	7,802	11,910	9,233	2	21,145

TABLE 50—Contd.

Inter- mediate List Number	Detailed List Number 1965 Revision	Cause groups	Discharges		Deaths		Deaths			
			Government Hospitals	Government Assisted Hospitals	Government Hospitals	Government Assisted Hospitals	Male	Female	Sex Un- known	Total
AN138	N800-N804	Fracture of skull ...	302	54	111	24	232	112	—	344
AN139	N805-N809	Fracture of spine and trunk ...	694	184	17	8	42	23	—	65
AN140	N810-N829	Fracture of limbs ...	5,376	1,649	2	3	11	5	—	16
AN141	N830-N839	Dislocation without fracture ...	336	93	—	—	—	—	—	—
AN142	N840-N848	Sprains and strains of joints and adjacent muscles ...	105	88	—	—	—	—	—	—
AN143	N850-N854	Intracranial injury (excluding skull fracture) ...	8,221	841	170	46	170	103	—	273
AN144	N860-N869	Internal injury of chest, abdomen and pelvis ...	158	40	62	17	146	76	—	222
AN145	N870-N907	Laceration and open wound ...	10,604	1,634	43	3	32	17	—	49
AN146	N910-N929	Superficial injury, contusion and crushing with intact skin surface	1,473	979	—	—	1	1	—	2
AN147	N930-N939	Foreign body entering through orifice ...	2,028	243	—	—	6	2	—	8
AN148	N940-N949	Burn ...	1,990	606	16	5	45	31	—	76
AN149	N960-N989	Adverse effects of chemical substances ...	2,568	247	41	3	52	57	—	109
AN150	N950-N959 N990-N999	} All other and unspecified effects of external causes ...	527	277	22	11	409	192	—	601
TOTAL ...			34,382	6,935	484	120	1,146	619	—	1,765

TABLE 51
EXPENDITURE ON HOSPITALS
1971-72 AND 1972-73

Unit	1971-72					1972-73				
	No. of beds	No. of in-patient admissions	Total Expenditure	Expenditure per bed	Expenditure per in-patient	No. of beds	No. of in-patient admissions	Total Expenditure†	Expenditure per bed	Expenditure per in-patient
			\$	\$	\$			\$	\$	\$
Castle Peak Hospital (Psychiatric Service) ...	1,242*	3,834	21,794,676	17,548	5,684	1,242*	4,103	25,713,309	20,703	6,266
Kowloon Hospital (Tuberculosis and Convalescent)...	678	7,759	15,768,432	23,257	2,032	1,043	10,492	25,408,094	24,360	2,421
Lai Chi Kok Hospital (Infectious and Convalescent)‡...	492	6,409	7,512,173	15,268	1,172	492	7,023	8,020,370	16,301	1,142
Queen Elizabeth Hospital (Acute and General) ...	1,596	88,764	61,870,920	38,766	697	1,596§	102,699	80,264,100	50,291	782
Queen Mary Hospital (Acute, General and Teaching) ...	1,128	36,793	46,960,861	41,631	1,276	1,144	42,989	57,975,000	50,677	1,349
Tsan Yuk Hospital (Maternity and Teaching) ...	301	8,093	5,656,187	18,791	698	300	10,749	7,550,901	25,169	702

* Additional temporary beds were provided which resulted in an average bed occupancy rate for 1971-72 and 1972-73 of 42% and 48% respectively over the official number of beds in the hospital. The expenditure per bed per annum calculated on this basis reduces therefore to \$11,838 (1971-72) and \$13,385 (1972-73).

† The total expenditure per institution is inclusive of all ancillary and out-patient services, but does not include overhead expenses.

‡ The expenditure does not include the additional posts for the new Lai Chi Kok Hospital.

§ The number of functional beds was 1,904 and the expenditure per functional bed per annum reduces to \$42,156.

TABLE 52

WORK OF THE QUEEN MARY HOSPITAL 1971 AND 1972

	1971	1972
Total number of In-patients Discharged ...	34,767	40,891
Total number of Deaths	1,992	2,062
Total number of In-patients Treated	36,759	42,953
Total Attendances at Casualty	48,402	54,207
Total Out-patient Attendances at Specialist Clinics	19,873	23,482
Total number of Operations (Excluding Minor Operations)	14,612	15,161
Average Length of Stay (in days)	9.4	8.4
Mortality (% of total In-patients Treated) ...	5.4	4.8

TABLE 53

WORK OF THE QUEEN ELIZABETH HOSPITAL 1971 AND 1972

	1971	1972
Total number of In-patients Discharged ...	85,420	99,182
Total number of Deaths	3,247	3,549
Total number of In-patients Treated	88,667	102,731
Total Attendances at Casualty	176,385	192,618
Total Out-patient Attendances at Specialist Clinics	285,717	308,417
Operations:		
Casualty Department	20,486	20,348
Operating Theatre Suites	21,619	23,055
Specialist Clinics	2,754	2,936
Total	44,859	46,339
Average Length of Stay (in days)	6.5	5.9
Mortality (% of total In-patients Treated) ...	3.7	3.5

TABLE 54
WORK OF QUEEN ELIZABETH HOSPITAL CASUALTY 1972

A. TRAUMATIC CASES

Causes	First Attendance		Admissions	
	Cases	%	Cases	%
Assault	7,955	14.5	3,221	14.3
Traffic	8,831	16.1	3,611	16.0
Industrial	19,286	35.3	8,100	35.9
Domestic	13,096	24.0	5,520	24.5
Animal Bite	1,991	3.6	754	3.4
Sport	1,016	1.9	378	1.7
Others	2,521	4.6	948	4.2
Total	54,696	100.0	22,532	100.0

Traumatic attendances as a percentage of total attendances at Casualty = 28.4%

Traumatic admissions as a percentage of total admissions from Casualty = 28.7%

B. NON-TRAUMATIC CASES

Cause	First Attendance		Admissions	
	Cases	%	Cases	%
Infectious	6,983	5.1	2,166	3.9
Tuberculosis	7,773	5.6	3,041	5.4
Medical	34,511	25.0	13,782	24.6
Surgical	27,311	19.8	10,460	18.7
Obstetrical	1,955	1.4	1,642	2.9
Gynaecology	6,164	4.5	4,347	7.8
Paediatric	31,774	23.0	12,745	22.8
Psychiatric	1,711	1.3	—	—
Others	19,740	14.3	7,779	13.9
Total	137,922	100.0	55,962	100.0

Non-traumatic attendances as a percentage of total attendances at Casualty = 71.6%

Non-traumatic admissions as a percentage of total admissions from Casualty = 71.3%

TABLE 55

WORK OF THE TANG SHIU KIN HOSPITAL 1971 AND 1972

	1971	1972
Total number of In-patients Discharged	4,603	4,773
Total number of Deaths	29	18
Total number of In-patients Treated	4,632	4,791
Total Attendances at Casualty	64,129	74,362
Total General Out-patient Attendances (Including Casualty Attendances)	126,773	133,647
Total number of Operations	8,784	8,774
Average Length of Stay (in days)	3.3	3.0
Mortality (% of total In-patients Treated)	0.6	0.4

TABLE 56

WORK OF TSAN YUK HOSPITAL 1971 AND 1972

	1971	1972
Total Admissions:		
Special Care Babies	849	2,557
Maternity	8,092	8,192
Total infants born	5,985	6,374
Stillbirth rate (per 1,000 total births)	7.85	8.55
Neo-natal Mortality rate (per 1,000 livebirths)	9.94	9.73
Maternity Mortality rate (per 1,000 total births)	—	0.31
Percentage of Operative Deliveries	28.34	28.63
Ante-natal Clinic Attendances:		
New	5,010	5,705
Total	33,165	31,614
Post-natal Clinic Attendances:		
New	3,387	3,694
Total	3,801	3,947

TABLE 57

WORK OF CASTLE PEAK HOSPITAL 1972

	Male	Female	Total
Patients in hospital on 1st January, 1972 ...	1,140	658	1,798
Patients admitted:			
First admissions	913	667	1,580
Re-admissions	1,474	1,049	2,523
Total admissions	2,387	1,716	4,103
Patients discharged	2,338	1,661	3,999
Deaths	38	40	78
Total discharges	2,376	1,701	4,077
Patients remaining on 31st December, 1972...	1,223	719	1,942

TABLE 58

WORKS OF DAY HOSPITALS AND PSYCHIATRIC CENTRES 1972

PSYCHIATRIC DAY PATIENTS AT PSYCHIATRIC CENTRES

		Hong Kong Psy. Centre	Yau Ma Tei Psy. Centre	Kowloon Hospital Psy. Unit
Patients attending on 1.1.72	M	17	34	5
	F	20	14	2
	T	37	48	7
Admissions	M	37	218	14
	F	37	116	10
	T	74	334	24
Total Treated... ..	M	54	252	19
	F	57	130	12
	T	111	382	31
Discharges	M	42	218	18
	F	40	117	12
	T	82	335	30
Patients attending on 31.12.72	M	12	34	1
	F	17	13	—
	T	29	47	1

TABLE 58—Contd.

OUT-PATIENT ATTENDANCES AT PSYCHIATRIC CENTRES

	New	Repeated	Total
Hong Kong Psychiatric Centre	720	26,040	26,760
Kowloon Hospital Psychiatric Unit... ..	891	7,106	7,997
Queen Elizabeth Hospital, Psychiatric Clinic	100	1,240	1,340
Tsuen Wan Psychiatric Clinic	62	2,428	2,490
Yau Ma Tei Psychiatric Centre	1,083	52,365	53,448
Violet Peel Psychiatric Sunday Clinic ...	—	2,004	2,004
Yau Ma Tei J.C.C., Psychiatric Sunday Clinic	—	3,507	3,507
TOTAL	2,856	94,690	97,546

TABLE 59

WORK OF KOWLOON HOSPITAL, PSYCHIATRIC UNIT

	Male	Female	Total
Patients in hospital on 1st January 1972 ...	8	7	15
Patients admitted:			
First admissions	176	205	381
Re-admissions	25	47	72
Total admissions	201	252	453
Patients discharged	190	244	434
Deaths	1	—	1
Total discharges	191	244	435
Patients remaining on 31st December, 1972...	18	17	35

TABLE 60

TOTAL OUT-PATIENT ATTENDANCES AT GOVERNMENT AND GOVERNMENT-ASSISTED HOSPITALS AND CLINICS, 1972

	General Clinics		Special Clinics										TOTAL	
	General	Casualty	*Gen-eral	Child Health	Ante-Natal	Post-Natal	Eye	E.N.T.	T.B.	Psy.	Leprosy	Social Hygiene		Derma-tology
HONG KONG														
Government Institutions ...	1,410,258	135,887	405,818	340,200	64,651	6,943	74,307	16,214	425,856	28,764	7,210	98,694	19,344	3,034,146
Government-assisted Institutions:														
Alice Ho Miu Ling Nethersole Hospital ...	69,160	7,552	69,777	2,896	28,129	2,790	609	658	—	—	—	—	—	181,571
Duchess of Kent Children's Orthop. Hospital and Convalescent Home ...	—	—	2,983	—	—	—	—	—	—	—	—	—	—	2,983
Grantham Hospital ...	—	—	—	—	—	—	—	—	17,688	—	—	—	—	17,688
Ruttonjee Sanatorium ...	50,225	8,783	10,393	—	4,656	362	4,109	3,135	1,938	—	—	—	—	83,601
Tung Wah Hospital ...	20,484	—	2,888	—	2,635	185	1,086	1,430	584	—	—	—	—	29,292
Tung Wah Eastern Hospital ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL (Hong Kong) ...	1,550,127	152,222	491,859	343,096	100,071	10,280	80,111	21,437	446,066	28,764	7,210	98,694	19,344	3,349,281
KOWLOON														
Government Institutions ...	1,837,807	205,292	668,695	579,804	102,260	13,309	156,208	28,943	836,609	66,292	16,938	79,729	20,301	4,612,187
Government-assisted Institutions:														
Caritas Medical Centre ...	64,037	—	49,460	2,474	21,019	1,626	3,601	4,460	13,827	—	—	3,470	99,937	263,911
H.K. Buddhist Hospital ...	30,988	—	3,261	—	—	—	223	844	—	—	—	—	382	35,698
Kwong Wah Hospital ...	144,207	98,390	76,370	—	84,971	7,712	3,748	8,334	—	—	—	—	—	423,732
Our Lady of Maryknoll Hospital ...	36,341	—	27,400	6,448	16,524	1,845	783	552	1,070	—	—	—	33	90,996
TOTAL (Kowloon) ...	2,113,380	303,682	825,186	588,726	224,774	24,492	164,563	43,133	851,506	66,292	16,938	83,199	120,653	5,426,524
NEW TERRITORIES														
Government Institutions ...	1,005,394	54,551	576,061	165,504	66,090	1,108	22,459	3,759	187,744	2,508	811	11,638	104	2,097,731
Government-assisted Institutions:														
Fanling Hospital ...	26,036	—	20,127	—	—	—	42	93	526	—	—	—	101	46,925
Haven of Hope T.B. Sanatorium ...	60,480	1,387	923	—	4,719	163	—	—	4,837	—	—	—	—	4,837
Po Oi Hospital ...	19,910	472	—	664	493	220	—	—	—	—	—	—	—	67,672
Rennie's Mill Church Clinic ...	—	—	—	—	—	—	—	—	—	—	—	—	—	21,759
TOTAL (New Territories) ...	1,111,820	56,410	597,111	166,168	71,302	1,491	22,501	3,852	193,107	2,508	811	11,638	205	2,238,924
TOTAL (GOVERNMENT INSTITUTIONS) ...	4,253,459	395,730	1,650,574	1,085,508	233,001	21,360	252,974	48,916	1,450,209	97,564	24,959	190,061	39,749	9,744,064
TOTAL (GOVT-ASSISTED INST.) ...	521,868	116,584	263,582	12,482	163,146	14,903	14,201	19,506	40,470	—	—	3,470	100,453	1,270,665
GRAND TOTAL (Colony) ...	4,775,327	512,314	1,914,156	1,097,990	396,147	36,263	267,175	68,422	1,490,679	97,564	24,959	193,531	140,202	11,014,729

* Including Attendances in Physiotherapy and Occupational-therapy clinics.

TABLE 61

TOTAL OUT-PATIENT ATTENDANCES AT NEW TERRITORIES CLINICS 1972

Dispensaries	No. of cases seen by doctors at General Out-patient clinics	No. of injections	No. of dressings	No. of Casualty cases	Total attendances at Specialist Clinics	No. of maternity cases treated
Castle Peak Clinics ...	30,220	14,287	7,925	710	18,896	680
Chee Hong Floating Clinic ...	6,227	480	212	139	—	—
Chee Wan Floating Clinic ...	8,394	294	235	105	—	—
Helicopter Medical Service ...	1,581	—	—	—	—	—
Ho Tung Dispensary ...	1,839	1,683	1,486	—	1,410	132
Kam Tin Clinic ...	4,026	1,966	748	—	4,280	138
Lady Trench Polyclinic (Day) ...	88,589	73,391	42,827	55,513	40,730	—
Lady Trench Polyclinic (Evening) ...	37,776	6,533	1,089	—	—	—
Maurine Grantham M.C.H. Centre ...	—	—	—	—	70,915	2,218
North Kwai Chung Polyclinic ...	66,490	7,937	6,887	165	—	—
North Lamma Clinic ...	2,879	53	659	2	1,879	254
Peng Chau Clinic ...	6,179	1,008	586	199	2,385	46
Sai Kung Clinic ...	37,919	13,013	3,300	452	9,399	312
Sai Kung Travelling Clinic ...	4,366	—	—	—	—	—
Sha Tau Kok Clinic ...	6,465	1,074	1,103	—	2,743	—
Sha Tin Clinic ...	22,874	10,441	7,334	615	11,662	392
Shek Wu Hui J.C.C. ...	54,094	32,207	21,081	7,208	36,713	1,342
Shek Wu Hui Travelling Dispensary ...	2,095	259	196	—	—	—
Silver Mine Bay Dispensary ...	6,031	2,451	1,888	308	2,151	93
Tai O Dispensary ...	19,544	27,659	2,022	2,664	2,642	150
Tai O Travelling Dispensary ...	230	13	—	—	—	—
Tai Po J.C.C. ...	31,028	12,277	13,351	4,289	24,325	1,005
Tai Po Travelling Clinic ...	1,649	—	—	—	—	—
Yuen Long Dispensary ...	52,582	31,082	16,949	6,771	46,096	1,572
Yuen Long Travelling Dispensary ...	1,023	—	—	—	—	—
TOTAL ...	494,100	238,108	129,878	79,140	276,226	8,334

TABLE 62

WORK OF RADIOLOGICAL BRANCH 1972

Centres							Examinations
<i>Hong Kong Island</i>							
1.	H.M. Prison Victoria	...	...	...	...	...	8,880
2.	Mobile Mass Radiography Unit No. 1	...	...	...	...	...	28,948
3.	Queen Mary Hospital	...	...	...	...	...	98,899
4.	Sai Ying Pun Chest Clinic	...	...	...	...	...	19,068
5.	Sai Ying Pun Polyclinic	...	...	...	...	...	31,022
6.	Shau Kei Wan Chest Clinic	...	...	...	...	...	15,220
7.	Tang Shiu Kin Hospital	...	...	...	...	...	34,000
8.	Tang Shiu Kin X-ray Survey Centre	...	...	...	...	...	35,650
9.	Tsan Yuk Hospital	...	...	...	...	...	7,855
10.	Tung Wah Hospital	...	...	...	...	...	412
11.	Sandy Bay Convalescent Hospital	...	...	...	...	...	90
12.	Tung Wah Eastern Hospital	...	...	...	...	...	69
13.	Wan Chai Chest Clinic	...	...	...	...	...	30,041
Total							310,154
<i>Kowloon and New Territories</i>							
1.	Castle Peak Hospital	...	...	...	...	...	6,269
2.	Kowloon Chest Clinic	...	...	...	...	...	59,292
3.	Kowloon Hospital	...	...	...	...	...	21,443
4.	Kwai Chung Chest Clinic	...	...	...	...	...	2,489
5.	Lai Chi Kok Hospital	...	...	...	...	...	1,377
6.	Medical Examination Board	...	...	...	...	...	23,244
7.	Mobile Mass Radiography Unit No. 2	...	...	...	...	...	33,404
8.	Mobile Mass Radiography Unit No. 3	...	...	...	...	...	24,511
9.	Pok Oi Hospital	...	...	...	...	...	2,647
10.	Queen Elizabeth Hospital	...	...	...	...	...	195,440
11.	Shek Kip Mei Chest Clinic	...	...	...	...	...	37,097
12.	Yau Ma Tei Chest Clinic	...	...	...	...	...	26,264
13.	Yau Ma Tei X-ray Survey Centre	...	...	...	...	...	33,135
Total							466,612
Grand Total (Whole Colony)							776,766

TABLE 63

RADIOTHERAPEUTIC DIVISION

A. <i>Radiotherapy</i>								1972
New Patients seen	...	...	...	...	...	...	...	3,256
New Patients with malignant disease seen	...	...	...	...	...	...	...	1,988
New Patients with non-malignant disease seen	...	...	...	...	...	...	...	1,212
New Patients with disease remained undiagnosed	...	...	...	...	...	...	...	56
Total Patients with malignant disease treated	...	...	...	...	...	...	...	2,349
New Patients treated	...	...	...	...	...	...	...	1,775
Old Patients treated	...	...	...	...	...	...	...	574
Patients with non-malignant disease treated	...	...	...	...	...	...	...	408
B. <i>Radiation Treatments Given</i>								
1. Supervoltage X-ray and Gamma-ray Therapy	...	...	...	...	...	...	...	64,127
2. Orthovoltage X-ray and Gamma-ray Therapy	...	...	...	...	...	...	...	15,691
3. Superficial X-ray therapy	...	...	...	...	...	...	...	418
4. Radium or radiocobalt applications	...	...	...	...	...	...	...	313
5. Radio-gold (^{198}Au) application	...	...	...	...	...	...	...	4
6. Radio-strontium (^{90}Sr) application (Skin Plaques, eye-shells)	...	...	...	...	...	...	...	—
7. Radio-phosphorus (^{32}p) therapy (Internal Administration)	...	...	...	...	...	...	...	1
8. Radio-iodine (^{131}I) Therapy	...	...	...	...	...	...	...	385
C. <i>Radio-isotope Tracer Studies</i>								
1. Radio-iodine (^{131}I})	...	...	...	...	...	...	...	3,535
(i) Thyroid function tests	...	...	...	...	...	...	...	(1,490)
(ii) Trisorb only	...	...	...	...	...	...	...	(1,980)
(iii) Topographical Survey	...	...	...	...	...	...	...	( 65)
2. Strontium—85	...	...	...	...	...	...	...	—
3. Strontium—87m	...	...	...	...	...	...	...	—
4. Technetium—99m	...	...	...	...	...	...	...	—
5. Indium—113m	...	...	...	...	...	...	...	1,029
6. Others	...	...	...	...	...	...	...	284
(i) I^{131} (Scan only)	...	...	...	...	...	...	...	( 246)
(ii) I^{131} (body scan)	...	...	...	...	...	...	...	( 32)
(iii) p^{32}	...	...	...	...	...	...	...	( 1)
(iv) Sr^{85}	...	...	...	...	...	...	...	( 5)

TABLE 64

WORK OF THE OPHTHALMIC SERVICE 1971 AND 1972

	1971	1972
New Out-patient attendances	95,894	81,571
Total Out-patient attendances	260,142	252,967
Operations performed	2,630	2,709
Operations classed as sight-restoring (included in above)	1,424	1,927
Home visits by Health Visitors	1,587	1,862

TABLE 65

ANALYSIS OF MAJOR CAUSES OF BLINDNESS 1971 AND 1972
(Expressed as percentage of blind cases)

Causes	1971	1972
Keratomalacia	3.5	—
Senile cataracts	45.2	39.7
Trachoma	6.5	6.2
Glaucoma	13.7	15.6
Injuries (all types)	1.3	2.7
Syphilis	—	1.3
Congenital defects	3.5	4.0
N.S.O.A./Uveitis	11.0	20.1
Degenerative diseases	11.4	9.4
Neoplasms	2.6	0.5
Meningitis	1.3	0.5

ANALYSIS OF MAJOR CAUSES OF BLINDNESS IN CHILDREN UNDER
15 YEARS OF AGE
(percentage of blind cases)

Causes	1971*	1972†
Keratomalacia	9	—
Congenital defects	73	41
N.S.O.A./Uveitis	0	59
Neoplasms	18	—

* Total Cases: 11.

† Total Cases- 17.

TABLE 66

WORK OF THE EAR-NOSE-THROAT SERVICE

	1971	1972
New out-patient attendances	14,931	15,238
Total out-patient attendances	47,768	48,852
Total inpatients admitted	2,663	2,810
Operations performed	1,970	1,930

TABLE 67

PHARMACEUTICAL SERVICES

BULK PHARMACEUTICAL CENTRES

Store and Bulk Manufacture

Central Medical Store (supplying Hong Kong and other islands)

Kowloon Medical Store (supplying Kowloon and the New Territories)

Sterile Preparation Centres

Queen Mary Hospital

Queen Elizabeth Hospital

	Cost of Drugs and Dressings		Cost of Instruments, Medical and Surgical Equipment	
	1971	1972	1971	1972
	\$	\$	\$	\$
Queen Mary Hospital ...	4,584,362.58	4,901,432.62	798,795.78	1,115,387.94
Queen Elizabeth Hospital ...	5,119,371.16	4,676,382.24	635,563.65	623,026.99
Sai Ying Pun J.C.C....	1,364,376.45	1,463,437.19	5,917.32	12,771.18
Violet Peel Polyclinic ...	617,117.31	678,871.66	2,159.96	2,225.47
Q.E.H. Specialist Clinic ...	1,552,902.07	1,494,915.70	—	400.74
Other Hospitals and Clinics...	8,874,364.91	9,346,821.21	2,028,390.18	1,467,525.15
Total Cost	22,112,494.48	22,561,860.62	3,470,826.89	3,221,337.47

PHARMACEUTICAL CONTROL 1971 AND 1972

	1971	1972
Wholesale Poisons Licences issued	506	457
Authorized Seller Licences issued	56	59
Listed Seller Licences issued	1,482	1,621
Dangerous Drugs Licences issued	71	75
Antibiotics Permits issued	237	213
Licences for movement of Dangerous Drugs	230	212
Premises inspected	4,531	4,503
Prosecutions	132	107

TABLE 68

WORK OF PHYSIOTHERAPY SERVICE 1972

Centres	Number of Attendances	
	Patients Treated	Total Attendances
Queen Elizabeth Hospital	17,774	147,730
Queen Mary Hospital	9,523	65,040
Kowloon Hospital	6,385	96,214
Lai Chi Kok Hospital	2,780	48,938
Kowloon Rehabilitation Centre	6,898	50,349
Wanchai Polyclinic	5,073	50,411
Tang Shiu Kin Hospital	386	3,028
Sandy Bay Hospital	947	18,971
David Trench Rehab. Centre	2,882	34,601
Kwun Tong W.R.C.	270	1,616
Sai Ying Pun Hospital	32	256
Total	52,950	517,154

TABLE 69

WORK OF OCCUPATIONAL THERAPY SERVICE 1972

Centres	Patients Treated	Total Attendances
Castle Peak Hospital	7,038	575,790
David Trench Rehab. Centre	331	6,142
Hong Kong Psychiatric Centre... ..	110	12,743
Kowloon Hospital	768	26,615
Kowloon Hospital, West Wing	458	16,452
Kowloon Jockey Club Rehabilitation Centre	958	20,098
Lai Chi Kok Hospital	384	10,097
Queen Elizabeth Hospital	1,084	18,751
Queen Mary Hospital	2,611	27,067
Wan Chai Polyclinic	419	7,530
Yau Ma Tei Jockey Club Polyclinic	368	18,379
Total (Colony)	14,529	739,664

TABLE 70

WORK OF PROSTHETIC-ORTHOTIC SERVICE 1972

Type of Patients	No. of Patients Treated	Total Attendances
Patients requiring Spinal Braces	67	268
Patients requiring Hand and Arm Splints	22	88
Patients requiring Leg Braces	535	2,675
Patients requiring Foot Appliances and Shoe Corrections	1,167	3,501
Upper Extremity Amputee	52	260
Lower Extremity Amputee	111	555
Patients requiring repairs	340	680
Patients called for checking	1,696	1,696
Total	3,990	9,723

TABLE 71

WORK OF MEDICAL EXAMINATION BOARD 1971 AND 1972

	Government Appointments		Auxiliary Defence Units		Miscellaneous		Total	
	1971	1972	1971	1972	1971	1972	1971	1972
New examinations ...	9,783	10,292	2,784	3,261	851	845	13,418	14,398
Re-examinations ...	6,624	7,150	1,850	1,700	—	—	8,474	8,850
Annual Total ...	16,407	17,442	4,634	4,961	851	845	21,892	23,248

TABLE 72

UNFITNESS OF CANDIDATES BY CAUSES 1971 AND 1972

Causes	1971	1972
Pulmonary Tuberculosis	145	121
Other Chest Lesions	15	12
Disease of the Endocrine System	4	9
Disease of the eye	1	5
Disease of the Circulatory System	18	53
Disease of the Alimentary System	1	5
Disease of the Skeletal System	2	4
Disease of the Genito-urinary System	3	8
Miscellaneous	23	31
Total	212	248

TABLE 73

MEDICAL CLINICS REGISTRATION

Number of clinics fully registered at 31st March, 1973	78
Number of clinics registered with exemption at 31st March, 1973	344
Number of clinics in respect of which registration was refused during 1972-73	0
Number of clinics in respect of which registration was cancelled during 1972-73	0

GOVERNMENT MEDICAL SUBVENTIONS TO VOLUNTARY INSTITUTIONS FROM 1968-69 TO 1972-73
(FIGURES IN BRACKETS REPRESENT ADDITIONAL SUBVENTIONS FOR CAPITAL PURPOSES)

Institutions	1968-69	1969-70	1970-71	1971-72	1972-73
	\$	\$	\$	\$	\$
Alice Ho Miu Ling Nethersole Hospital	2,991,400	3,481,400	3,799,880 (130,200)	5,484,613	8,582,584
British Empire Leprosy Relief Association	727	727	727	—	—
Bureau of Hygiene and Tropical Diseases	1,455	3,636	3,636	3,636	3,636
Caritas Medical Centre	2,568,802	3,429,306	3,700,000	4,440,000	5,495,940
Cheshire Home	—	—	—	49,000	51,200
Family Planning Association of Hong Kong	500,000	740,000	740,000	814,000	1,400,000
Fanling Hospital	—	—	—	373,300	432,167
Grantham Hospital	4,992,782	5,468,125	5,693,138	8,634,384	8,828,485
Haven of Hope Tuberculosis Sanatorium	880,000 (150,000)	1,080,000	1,080,000 (26,626)	1,382,400 (93,156)	1,944,000 (196,006)
Hong Kong Anti-Cancer Society	543,962	558,850	656,000	680,000	873,539
Hong Kong Anti-Tuberculosis and Thoracic Diseases Association	2,021,360	2,363,400	2,300,000 (157,800)	2,640,000 (45,564)	3,700,000 (82,652)
Hong Kong Council of Social Service	(116,200)	—	—	—	—
Hong Kong Red Cross Blood Bank	267,700	273,200	280,000 (38,400)	366,100	685,600 (33,000)
John F. Kennedy Centre	212,800	400,000	400,000	450,000	464,500
Princess Alexandra Residential School	—	29,400	31,800	37,000	41,200
Tsz Wan Shan School	—	500	6,900	8,500	11,100
Leprosy Mission, Hong Kong Auxiliary	775,000 (800)	820,000	800,000	840,000	925,000
Hong Kong Buddhist Hospital	1,455	1,454	250,026 1,454	946,700 1,454	1,580,897 1,455
London School of Hygiene and Tropical Medicine	—	—	—	(71,050)	—
Nam Long Cancer Hospital Extension	830,922	870,375	1,050,000	1,600,000	2,006,082
Our Lady of Maryknoll Hospital	1,056,000	1,100,000	1,000,000	1,300,000	1,500,000
Pok Oi Hospital	—	—	(23,506)	(69,663)	(639,090)
Rennie's Mill Church Clinic	18,000	18,000	24,000	—	—
St. John Ambulance Brigade	80,000	80,000	45,000	45,000	44,864
Society for the Aid and Rehabilitation of Drug Addicts	1,431,800	2,565,800	2,869,726	4,689,150	5,458,400
Society for the Relief of Disabled Children	584,000	830,807	1,215,858 (26,659)	(27,330)	1,677,569
The Hong Kong Society for Rehabilitation	600,000	(32,483)	(11,902)	(149,389)	(99,146)
Tung Wah and Associated Hospitals	29,161,060	29,641,998 (186,442)	34,891,431 (442,811)	41,864,775 (510,411)	52,255,214 (216,119)
Tung Wah Sandy Bay Convalescent Hospital	(74,369)	—	(17,976)	(518,920)	(733,712)
Tung Wah Hospital (Centenary Block)	—	—	—	—	(439,822)
Tung Wah Eastern Hospital (Conversion)	—	—	—	(1,605,085)	(6,544,545)
United Christian Hospital	—	—	—	—	—
University of Hong Kong	913,750	1,150,000	—	—	—
Wong Tai Sin Infirmary, Phase II and III	(1,099,447)	(1,340,726)	(189,837)	(5,603)	(862,779)
Yan Chai Hospital	—	—	—	—	—
Total	50,432,975 (1,440,816)	55,606,978 (1,562,352)	61,494,576 (1,065,717)	78,520,012 (3,103,191)	98,704,432 (10,272,687)

TABLE 75

WORK OF THE GRANTHAM HOSPITAL 1972

Total Admissions	...	...	...	...	...	...	...	...	2,529
Total Discharges	...	...	...	...	...	...	...	...	2,351
Tuberculosis Cases	...	...	...	...	...	...	...	...	1,029
Non-tuberculosis Cases	...	...	...	...	...	...	...	...	1,322
Deaths	...	...	...	...	...	...	...	...	227
Surgery-operations performed:									
Lung	...	...	...	...	...	...	...	...	99
'Open' heart	...	...	...	...	...	...	...	...	132
'Closed' heart	...	...	...	...	...	...	...	...	33
Orthopaedic	...	...	...	...	...	...	...	...	42
Other	...	...	...	...	...	...	...	...	97

TABLE 76

WORK OF RUTTONJEE SANATORIUM 1968-72

Admissions	1968	1969	1970	1971	1972
Adults through Government Clinics	716	496	646	566	665
Children (pulmonary through Government Clinics)	11	7	5	5	5
Children (Orthopaedic)	19	14	7	6	6
Children (Miscellaneous)	40	33	52	56	54
Other admissions and re-admissions	715	839	867	861	860
Total	1,501	1,389	1,577	1,494	1,590

TABLE 77

ADMISSIONS TO LEPROSARIUM 1972

	Adults		Children	Total
	Male	Female		
New Admissions	46	8	1	55
Re-Admissions	16	6	1	23
Total Admissions	62	14	2	78

TABLE 78

BUILDING PROGRAMME

I. BUILDINGS OR EXTENSIONS TO EXISTING BUILDINGS COMPLETED

(1) Government

- (i) Institute of Immunology—A new institute at Pok Fu Lam for the production of vaccines and their evaluation. Completed in June 1972.
- (ii) South Kwai Chung Polyclinic, Stage I—A standard urban clinic with maternity home and with a Chest Clinic and Chest X-Ray Section. Opened in October 1972.
- (iii) Queen Mary Hospital, Reprovisioning of the Mortuary, Virus Laboratory and Clinical Pathology Services—A project to provide additional and improved facilities for the teaching of an increased intake of medical students and to provide further facilities for in-patients in the expanded hospital. Completed towards the middle of the year.
- (iv) Medical Department Laundry, Shau Kei Wan—A laundry on Hong Kong Island to deal with laundry items from medical institutions on the Island. Completed in September/November 1972.
- (v) New Clinical Building, Queen Mary Hospital—A project to provide further facilities for the clinical teaching of an increased intake of medical students. Completed in August 1972.
- (vi) Victoria Public Mortuary—Reprovisioning. Opened on 18th December, 1972.

(2) Government-assisted

- (i) Redevelopment of Tung Wah Eastern Hospital—A programme of alteration to convert the hospital into an acute and sub-acute hospital.

II. PROJECTS UNDER CONSTRUCTION

(1) Government

- (i) Princess Margaret Hospital—A new general, geriatric and infectious diseases hospital of some 1,320 beds. Superstructure work 75% complete. Expected completion date is January 1974.
- (ii) St. John Hospital, Cheung Chau—Out-patients clinic and major alterations. Expected completion date is July 1973.
- (iii) New Lai Chi Kok General and Mental Hospitals Combined Staff Quarters—A project to provide quarters for staff of the Princess Margaret Hospital and the New Mental Hospital Lai Chi Kok. Expected completion date is 1974.
- (iv) Health Office and Staff Quarters, Cheung Sha. Expected completion date is early 1973.
- (v) Tsz Wan Shan Standard Urban Clinic and Maternity Home—A standard urban clinic with general out-patient and maternal and child health services. Expected completion date is mid-1973.
- (vi) Sha Tau Kok Clinic—Reprovisioning. Expected completion date is November 1973.

TABLE 78—*Contd.*

(2) Government-assisted

- (i) United Christian Hospital, Kwun Tong—A 555-bed acute general hospital with casualty and emergency services and out-patient departments. Expected completion date is mid-1973.
- (ii) Yan Chai Hospital, Tsuen Wan—A 100-bed sub-acute general hospital with out-patient department. Expected completion date is early 1973.
- (iii) Centenary Block, Tung Wah Hospital—A 12-storey building to provide 424 beds, new out-patient department, casualty department and quarters for hospital staff. Expected completion date is 1974.

III. PROJECTS ON WHICH DETAILED PLANNING HAS COMMENCED

(1) Government

- (i) Kowloon East Polyclinic.
- (ii) New Mental Hospital, Lai Chi Kok.
- (iii) Queen Mary Hospital—Additional Staff Quarters.
- (iv) South Kwai Chung Jockey Club Polyclinic Stage II.
- (v) Castle Peak Hospital—Additions and Improvements.
- (vi) Specialist Clinic—Hong Kong Island East.
- (vii) Club House for Staff, Castle Peak Hospital.
- (viii) Queen Elizabeth Hospital—Expansion to Nurses Quarters' Kitchen.
- (ix) Midwife Training School, Queen Elizabeth Hospital.
- (x) Standard Clinic and Maternity Home at Lam Tin/Lei Yue Mun.
- (xi) Standard Clinic at Ngau Tau Kok.
- (xii) Medical Department Laundry, Kowloon.
- (xiii) Milk Kitchen, Tsan Yuk Hospital.
- (xiv) Pupil Nursing Auxiliaries Training School and Quarters, and Quarters for Nursing Auxiliaries, Registered Nurses, Kowloon Hospital.
- (xv) Kowloon Public Mortuary—Additional Mortuary Facilities.
- (xvi) Arran Street Eye Clinic—Additional Floor.

TABLE 79

NURSES IN TRAINING AT 31ST MARCH, 1973

Government School of Nursing (Male and Female)	...	...	...	...	...	...	...	...	837
Tung Wah Group of Hospitals	...	...	...	...	...	...	...	...	447
Alice Ho Miu Ling Nethersole Hospital	...	...	...	...	...	...	...	...	321
Hong Kong Sanatorium and Hospital	...	...	...	...	...	...	...	...	183
Caritas Medical Centre	...	...	...	...	...	...	...	...	148
Total	...	...	...	...	...	...	...	...	<u>1,936</u>

TABLE 80

OVERSEAS COURSES OF INSTRUCTION 1972-73

BY PLACE OF STUDY

Staff	U.K.	North America	Australia	S.E. Asia	Others	Total
Medical	18	1	—	4	3	26
Dental	2	—	—	3	1	6
Nursing	31	—	3	—	—	34
Medical Social Work	—	1	—	—	—	1
Health Auxiliary	1	—	—	—	—	1
Physiotherapist	1	—	—	—	—	1
Medical Laboratory Technician ...	3	—	—	—	—	3
Medical Technologist/Senior	2	—	—	—	—	2
Prosthetist	—	—	—	—	1	1
Laboratory Assistant	2	—	—	—	—	2
Hospital Secretary	1	—	—	—	—	1
Dispenser	—	—	3	—	—	3
Pharmacist	1	—	—	—	—	1
Total	62	2	6	7	5	82

BY SOURCE OF FUNDS

Staff	Courses of Study	Government	W.H.O.	Own Expenses	Others	Total
Medical	M.R.C. Psych.	1	—	—	—	1
	D.P.H.	—	1	—	2	3
	M.R.C.P.	3	—	—	2	5
	D.M.R.D.	—	—	1	—	1
	D.M.R.T.	1	—	—	—	1
	F.F.R. (D)	1	—	—	—	1
	M.R.C.O.G.	2	—	2	—	4
	M.R.C. Path.	1	—	—	—	1
	D.I.H.	1	—	—	—	1
	L.M.C.C.	—	—	1	—	1
	Others	3	4	—	—	7

TABLE 80—Contd.

BY SOURCE OF FUNDS—Contd.

Staff	Courses of Study	Government	W.H.O.	Own Expenses	Others	Total
Dental	Prosthetic Dentistry Course	1	—	—	—	1
	Dental Nursing	—	2	—	—	2
	Dental Health Tutoring Course	—	1	—	—	1
	First Regional Workshop on Dental Health Services	—	1	—	—	1
	Course in Aluminox Vacuum Fired Porcelain Crowns and Bridges	1	—	—	—	1
Nursing	Paediatric Nursing Course	—	—	7	—	7
	Sister Tutor's Diploma Course... ..	1	—	—	—	1
	Techniques in Venereology	—	1	—	—	1
	Nursing Administration (Public Health) Course	1	—	—	—	1
	Psychiatric Nursing	—	—	14	—	14
	Dietitian's Diploma Course	2	—	—	—	2
	Cardio-Thoracic Paediatric Nursing	—	—	1	—	1
	C.S.S.D.	1	—	—	—	1
	Renal Dialysis	—	—	2	—	2
	Diploma in Nursing Education	2	—	—	—	2
Visits to U.K. Hospitals/Organizations	1	—	—	—	1	
Nursing in Plastic Surgery and Burns	—	1	—	—	1	
Medical Social Worker	Master Degree in Social Work Course...	—	—	—	1	1
Laboratory Assistant	B.Sc. (Hon.) Course in Chemistry followed by M.Sc. Course	2	—	—	—	2
Physiotherapist	Training on Treatment of Cerebral Palsy.	1	—	—	—	1
Medical Laboratory Technician	A.I.M.L.T.	3	—	—	—	3
Medical Technologist	Overseas Medical Laboratory Technician Tutor's Course	—	—	—	1	1
Senior Medical Technologist	Biological Standardization Course	—	1	—	—	1
Prosthetist	Prosthetic Training	1	—	—	—	1
Hospital Secretary	Diploma Course in Hospital Administration	—	—	—	1	1
Dispenser	Degree Courses in Pharmacy	3	—	—	—	3
Health Auxiliary	T.U.C. Summer Courses	—	—	—	1	1
Pharmacist	Quality Control of Drugs	—	1	—	—	1
	TOTAL	33	13	28	8	82

TABLE 81

DEPARTMENTAL TRAINING 1972-73

(Position at 31st March, 1973)

	Appoint- ment	Resigna- tion	Strength at 31.3.73	Passed
Student Dispenser	16	1	63	11
Student Laboratory Assistant ...	7	1	28	18
Student Medical Laboratory Technician	16	5	50	8
Student Physiotherapist	—	2	28	10
Student Prosthetist	1	1	6	—
Student Radiographer:				
Diagnostic	10	—	26	7
Therapeutic	5	1	10	1
Medical Social Worker (In-training)	7	7	17	15
Student Health Auxiliary (Male and Female)	14	1	18	8
Student Health Visitor	—	—	—	—
1 year Midwifery Training for Registered Nurses... ..	94	4	89	79
Student Midwife undergoing 2 year Training at Tsan Yuk Hospital ...	18	3	76	32
Student Nurse (Male and Female)...	292	37	741	156
Student Nurse (Psy): (Male and Female)	28	6	96	7
Pupil Nursing Auxiliary: (Male and Female)	119	15	192	55
Pupil Nursing Auxiliary (Psy): (Male and Female)	13	7	19	16

TABLE 82

ATTENDANCE AT CONFERENCES ETC. OVERSEAS

Appointment	Conferences etc. attended	Place
Senior Industrial Health Officer	12th World Congress International Society for Rehabilitation of the Disabled	Sydney
Chemist	6th International Meeting of Forensic Sciences	Edinburgh
Principal Medical and Health Officer	W.H.O. Regional Committee Meeting 23rd Session	Guam
Specialist (Medical)	5th Asian Pacific Congress of Cardiology	Singapore
Deputy Director of Medical and Health Services	} International Planned Parenthood Federation Western Pacific Regional Seminar on 'Family Planning and Maternal and Child Health'	Seoul
Principal Medical and Health Officer		
3 Senior Medical and Health Officers... ..		
Specialist (Dental)	15th World Congress of the International Dental Federation	Mexico
Government Pathologist	Second Regional Seminar on Health Laboratory Services	Manila
Physicist	First Regional Seminar on Radiation Health	Manila

TABLE 83

OVERSEAS VISITORS

GENERAL

14.4.72	Dr. E. B. PEDERSEN, Senior Medical Officer of the New South Wales Police Force
18.5.72	Miss Sandra J. McCLAIN, Director of the Speech Pathology Service at the Long Beach General Hospital in Long Beach, California, U.S.A.
23.5.72	Mr. R. H. LEWIS and Mr. E. OGDEN, Members of Parliament
9.6.72 & 20.6.72	Mr. R. B. CROWSON, Assistant Head of Hong Kong Department, Foreign and Commonwealth Office
July, 72	Dr. Frederick P. LI of the Public Health Service, U.S.A.
10.7.72-14.7.72	Mrs. L. M. PETTIT, Mr. and Mrs. Martin SPRING from Johannesburg
1.8.72-26.8.72	Mr. Jerry OLSHAN, medical student from Philadelphia
7.8.72-11.8.72	Mr. A. R. G. PROSSER, C.M.G., M.B.E., Adviser on Social Development, Overseas Development Administration, Foreign and Commonwealth Office, U.K.
9.9.72-14.9.72	Mr. J. C. St. GEORGE, Superintendent, Central Sterile Supply Department, St. Pancras Hospital, London
13.9.72	Mr. A. D. DODDS-PARKER, Mr. A. G. F. HALL-DAVIS and Mr. A. D. WALDER, Members of Parliament
22.9.72-24.9.72	Dr. P. W. DILL-RUSSELL, Chief Medical Adviser, Overseas Development Administration
23.10.72	Mr. Andrew STUART, Head of Hong Kong Department, Foreign and Commonwealth Office
9.11.72-10.11.72	Dr. Kenneth EASTON, Chairman of Road Accident After Care Scheme, Yorkshire
29.11.72	Mr. Ron BOXALL, Principal Information Office of the Hong Kong Government London Office
11.1.73	The Right Honourable Edmund DELL, Member of Parliament
18.1.73	Mr. J. Y. THIRLWELL, Consultant—consultancy for pollution aspects of Shell refinery proposals in Lamma Island
23.2.73	Mr. A. M. J. WRIGHT, C.M.G., Administrative Commissioner for the Government of Hong Kong in London

TABLE 83—*Contd.*

20.3.73	The Joint League of Red Cross Societies/World Meteorological Organization/Economic Commission for Asia and the Far East Disaster Prevention and Community Preparedness Mission
29.3.73–31.3.73	Professor Mamoru SAITO of the Institute of Medical Science, The University of Tokyo, Japan

W.H.O. AND U.N.I.C.E.F.

Consultant and Administrative

April, 72	Dr. W. LAURIE, W.H.O. Consultant for the preparation of the Directory of Medical and Allied Laboratories in countries of the Western Pacific
12.4.72	Dr. Milan KUBIN, W.H.O. Consultant on bacteriology
2.5.72–9.5.72	Dr. R. SANSONNENS, W.H.O. Regional Adviser on health laboratory services
22.5.72–25.5.72	Dr. Pedro N. MAYUGA, W.H.O. Adviser on family planning
26.6.72–1.7.72	Dr. Y. WATANABE, W.H.O. Consultant on the production and control of cholera vaccine
3.8.72–5.8.72	Miss Fernanda ALVES-DINIZ and Miss Madeleine LENOIR, W.H.O. Nursing Officers
12.8.72	Mr. M. V. S. RAO, Regional Adviser on economic and social statistics, ECAFE
29.8.72–31.8.72	Four officials of The Ghana National Family Planning Programme
18.9.72–22.9.72	Dr. H. M. C. POORTMAN, W.H.O. Short-term Consultant on maternal and child health/family planning
4.10.72–10.10.72	Miss Geneviene W. STOUT, W.H.O. Short-term Consultant on venereal disease laboratory services
11.12.72	Dr. L. R. VERSTUYFT, W.H.O. Representative for Malaysia, Singapore and Brunei
26.1.73	Dr. T. SHIGEMATSU, W.H.O. Medical Officer
8.3.73–10.3.73	Dr. W. C. COCKBURN, Chief Medical Officer of the Virology Unit of W.H.O. Headquarters

Fellowship

10.4.72–21.4.72	Dr. T. R. ANAND of India. Fellowship in medical care and hospital administration
15.4.72–21.4.72	Mr. TAM Chiew Lam of Singapore. Fellowship in port health

TABLE 83—*Contd.*

12.6.72–30.6.72	Dr. Somsong KANCHANAHUTA of Thailand. Fellowship in narcotics addiction.
21.6.72–23.6.72	Dr. Ananda JAYATILAKA of Ceylon. Fellowship in medical education
3.7.72–14.7.72	Dr. Bhaskar MAHANTI of India. Fellowship in maternal and child health/family planning
10.7.72–14.7.72	Mr. John O'DRISCOLL of New Zealand. Fellowship in environmental health
17.7.72–21.7.72	Dr. Consuelo VILLAROSA of Philippines. Fellowship in maternal and child health
21.8.72–25.8.72	Miss Rebecca MAURICIO of Philippines. Fellowship in public health nursing
21.8.72–25.8.72	Dr. P. G. DHAR of India. Fellowship in maternal and child health/family planning
28.8.72–15.9.72	Dr. Andreas LOUHENAPESSY of Indonesia. Fellowship in venereal disease control
4.9.72–15.9.72	Mrs. YOUNG HI Lee Kim of Korea. Fellowship in maternal and child health
11.9.72–15.9.72	Dr. Brij M. ABROL of India. Fellowship in otolaryngology
2.10.72–6.10.72	Mr. KOID Kee Loon of Malaysia. Fellowship in port health work
2.10.72–13.10.72	Dr. S. G. K. CANAGARETNA of Ceylon. Fellowship in port health and public health
27.11.72–5.12.72	Dr. Robert G. NEWMAN of U.S.A. Fellowship in drug addiction treatment, prevention and data systems
30.11.72–6.12.72	Dr. A. T. M. El CHARABLI of Egypt, Dr. N. D. JOSHI of Nepal, Dr. K. XAYAVONG of Laos, Dr. F. V. AMBAS of Philippines, Dr. N. BRODIT of Philippines and Dr. LE Ba Tung of Vietnam. Fellowships in tuberculosis control
18.12.72–22.12.72	Dr. J. C. SACHDEV of India. Fellowship in medical education
2.1.73–5.1.73	Dr. T. N. SRINIVASAN of India. Fellowship in leprosy control
17.1.73–26.1.73	Dr. Dal-Sup SHIM of Korea. Fellowship in Venereal disease control
12.2.73–23.2.73	Dr. H. V. SAKHRIE of India. Fellowship in leprosy control
12.3.73–23.3.73	Mrs. Joyce FUNG Yong Siang of Singapore. Fellowship in rehabilitation of leprosy patients

TABLE 84

PUBLICATION

BY MEMBER OF THE MEDICAL AND HEALTH DEPARTMENT

Title of Article	Publication	Author
'A study in Hong Kong to evaluate the role of pre-treatment susceptability tests in the selection of regimens of chemotherapy for pulmonary tuberculosis'	American Review of Respiratory Diseases 1972 Vol. 106, 1	W. G. L. ALLAN, Specialist i/c (T.B. and Chest Service), one of the co-writers
'Direct B.C.G. For School Children In Hong Kong'	The Bulletin of the Society of medical officers of Health, Hong Kong 1972, Vol. 4, 9	W. G. L. ALLAN, Specialist i/c (T.B. and Chest Service) S.S. LEONG, Senior Medical and Health Officer
'Hong Kong Policy Study for sensitivity testing (a) the main results'	Bulletin of International Union Against Tuberculosis, Vol. 47, 3	W. G. L. ALLAN, Specialist i/c, (T.B. and Chest Service)
'Further study of Strontium selenite and selenite F broths for the isolation of salmonella typhi'	J. Clin. Path., 1972 25, 966-969	C. R. FORREST, Specialist (Infectious Disease), one of the co-writers
'Further Notes on the Incidence of Leprosy in Hong Kong Children Living with a Lepromatous Parent'	International Journal of Leprosy, Vol. 39, No. 3, 745, Jul-Sept. 1971	WONG Kwok-on, Specialist (Social Hygiene), One of the Co-writers
'A 14-day treatment of typhoid carriers in Hong Kong with trimethoprim-sulphamethoxazole'	Medical Journal of Australia, 1:386, 1973	Anthony C. H. CHAN, Senior Medical and Health Officer. C. R. FORREST, Specialist (Infectious Disease). M. J. ROBERTSON, Senior Medical and Health Officer
'Clinical Trial of Benzocetamine Versus Chlordiazepoxide in Anxiety Neurosis'	Journal of Clinical Pharmacology, Vol. 13: 48-53	W. H. LO, Specialist (Psychiatry) T. LO, Medical and Health Officer
'A Note on a follow-up study of childhood Neurosis and Behavior Disorder'	Journal of Child Psychology and Psychiatry, Vol. 14: 147-150	W. H. LO, Specialist (Psychiatry)

TABLE 84—*Contd.*

Title of Article	Publication	Author
'Social Work and Psychogeriatrics'	Hong Kong Journal of Mental Health, Vol. 2: 23-26	W. H. LO, Specialist (Psychiatry)
'Fractures of the Zygoma'	Asian journal of Medicine, Vol. 8 No. 5, May 1972	Eric FUNG Hang, Senior Dental Officer
'Dental Services in Hong Kong'	An account of a visit to New Zealand by dental delegates from countries in the South East Asian and Pacific regions for the purpose of attending the 1972 Biennial Conference of the New Zealand Dental Association (Inc.) and also participating in the Pre—and Post-Conference field study tours	Eric FUNG Hang, Senior Dental Officer
'Dentistry in Hong Kong'	The Scientific and Educational Bulletin of the International College of Dentists	J. H. YAP, Specialist (Dental)
'Weardenburg's Syndrome in a Chinese Family'	Asian Journal of Medicine, Vol. 8, Number 10, October 1972	Denis CHUNG Tai-wing, Medical and Health
'Lead Poisoning' (Editorial)	Journal of the Society of Medical Officers of Health Hong Kong, Vol. 4, No. 1, 1972	P. K. WONG, Senior Medical and Health Officer
'Herb-pills and Lead Poisoning'	Journal of the Society of Medical Officers of Health Hong Kong. Vol. 4, No. 1, 1972	S. Y. CHAN, Medical and Health Officer
'Environmental Noise' (Editorial)	Journal of the Society of medical Officers of Health Hong Kong, Vol. 4, No. 2, 1972	P. K. WONG, Senior Medical and Health Officer

TABLE 84—*Contd.*

Title of Article	Publication	Author
'Malaria Survey at Tai Po District, N.T. 1971'	Journal of the Society of Medical Officers of Health Hong Kong, Vol. 4, No. 2, 1972	C. C. CHIU, Medical and Health Officer, R. A. PERRY, Principal Medical and Health Officer, S. C. NG, Medical and Health Officer, C. Y. SAM, Senior Medical and Health Officer C. H. JAMES, Medical and Health Officer
'Rehabilitation' (Editorial)	Journal of the Society of Medical Officers of Health Hong Kong. Vol. 4, No. 3, 1972	P. K. WONG, Senior Medical and Health Officer
'Report On the First International Seminar on Rehabilitation Medicine'	Journal of the Society of Medical Officers of Health Hong Kong. Vol. 4, No. 3, 1972	P. K. WONG, Senior Medical and Health Officer
'Technique Clinic-Begg Stage III—A suggestion'	Journal of Clinical Orthodontics, September 1972, Vol. 6, No. 9	Gordon CHAN Kam-hung, Senior Dental Officer
'Technique Clinic—An aid in retention'	Journal of Clinical Orthodontics, December, 1972, Vol. 6, No. 12	Gordon CHAN Kam-hung, Senior Dental Officer
'Nasopharyngeal Carcinoma II, Ultrastructure of Normal Mucosa, Tumour Biopsies, and Subsequent Epithelial Growth In Vitro'	Journal of the National Cancer Institute, Vol. 48: 73-86, 1972	H. C. Ho, Senior Specialist (Radiology) i/c, One of the Co-writers
'Hospital Volunteer Service for Castle Peak Hospital'	H.K. Journal of Mental Health, July 1972, Vol. 1, No. 2	Judy, C. W. CHAN, Medical Social Worker I
'Why do we help the Mentally Subnormal'	H.K. Journal of Mental Health, July 1972, Vol. 1, No. 2	Paul K. W. CHEUNG, Medical Social Worker II

TABLE 86

LIST OF DONATIONS RECEIVED FOR THE YEAR ENDED
31ST MARCH, 1973

Samaritan Fund:

The Royal Hong Kong Jockey Club	...	...	\$ 41,690.00	
Sir Robert Ho Tung Charitable Fund	...	...	—
Li Po Chun Charitable Trust Fund	...	...	2,000.00	
Others	...	...	2,487.09	\$ 46,177.09

Christmas Fund:

The Royal Hong Kong Jockey Club	...	...	\$ 10,610.00	
Others	...	...	9,180.00	19,790.00

Miscellaneous:

Patients' donations to Neuro-surgical Unit, Queen Elizabeth Hospital	...	...	\$ 6,600.00	
Patients' donations to Physiotherapy Unit	...	...	100.00	
Milk Kitchen, Tsan Yuk Hospital	...	...	159,000.00	
The Royal Hong Kong Jockey Club: Additional donation for the construction of Siu Lam Hospital	...	...	854,000.00	1,019,700.00
				<u>\$1,085,667.09</u>





Printed by the Government Printer

Code No.: 0344873

Price: \$25.00