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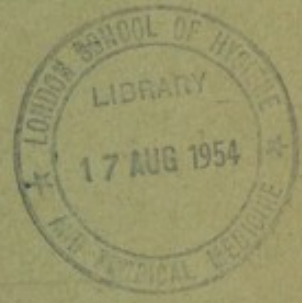
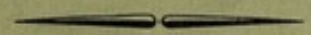
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COLONY OF NORTH BORNEO



# MEDICAL DEPARTMENT ANNUAL REPORT 1952 and 1953



*By*  
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MEDICAL DEPARTMENT

ANNUAL REPORTS -  
1952 & 1953.

For various reasons the Annual Report for the year 1952 was delayed, and it was not possible to publish it at the usual time.

The Annual Reports for the years 1952 and 1953 are now therefore published simultaneously.

MEDICAL DEPARTMENT

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ANNUAL REPORT OF THE MEDICAL DEPARTMENT,  
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PART I

STAFF AND ADMINISTRATION

1. The Senior Medical Staff consists of a Director, a Deputy Director of Medical Services and 12 Medical Officers, one of whom is assigned to Health Officer duties. The Director went on accelerated leave in October on medical grounds. The Deputy Director became Acting Director. Sanction was obtained to post two Medical Officers as Health Officers in 1953, one to the West Coast and Interior and one to the East Coast. The establishment of Medical Officers was filled for the first time since the war. Two Medical Officers obtained post-graduate diplomas, one D.P.H. and one D.T.M. & H., while a third Medical Officer is at present in the United Kingdom studying for Diploma in Otolaryngology. A Surgeon and a Dental Officer arrived in the Colony early in the year.
2. Senior Nursing Staff. A Colony Matron was appointed and arrived in September on transfer from the Bahamas. There are six Nursing Sisters on the establishment. During the year one Sister retired, one Sister was transferred to another Colony and two Sisters married. At the end of the year, therefore, only two Sisters were on duty in the Colony. However, two new Sisters were appointed and are due to arrive in early 1953. One Health Visitor was stationed at Keningau.
3. The Medical Accountant-Storekeeper at the conclusion of his contract and leave in the United Kingdom returned to the Colony to work under a revised set of terms in which he became responsible for all the Departmental accounts in addition to his former store-keeping duties.
4. Nurses, Midwives and Dressers. The main training centre was Jesselton. The UNICEF teaching team left the Colony and was replaced by two W.H.O. Sister-tutors towards the end of the year. Two Nurses and 8 Dressers sat for examinations and of these all but two dressers passed. Of 140 probationer and trained dressers on the establishment, 31 posts were vacant. It is proposed to fill these vacancies with probationer nurses. Two posts for staff nurses in the establishment of 7 were vacant. two Three Hospital Midwives and Village Midwives passed their examinations.
5. During the year it was possible to arrange for most of the very considerable outstanding leave due to Junior Staff, to be taken. There was a heavy back-log dating from the immediate post-war years.
6. Health Staff. The approved estimates for 1952 provided for 3 Sanitary Inspectors, 6 Junior Health Inspectors, 15 Village Health Inspectors and 3 Anti-Malaria Assistants. Recruitment difficulties were responsible for the actual personnel employed being 1, 2, 10 and 3 respectively. A teaching programme was laid down and the training of a Junior Health Inspectorate commenced.
7. For a comparative table of the Department's Staff for the years 1947 - 1952, see Appendix 'D'.
8. The number of Private Practitioners registered to practise in the Colony is as follows:-

Jesselton	-	6
Sandakan	-	7
Tawau	-	1
Lahad Datu	-	1
Ranau	-	1
Beaufort	-	1
Lawas (Lumadan Estate)	-	1
		<u>18</u>



9. Legislation. Only two Laws directly affecting the Medical Department were passed during 1952. They were:-

- (a) The Agricultural and Industrial Poisons Ordinance 1952 (Ord. No.21 of 1952).
- (b) The Quarantine Ordinance No.8 of 1930. The Quarantine (Surra Control) Rules 1952 (S.84). Prohibition of Importation of Dogs and Cats (S.108).

10. Revenue and Expenditure for the year were as follows:-

Revenue		\$114,605.33
Personal Emoluments	-	\$894,444.53
Other Charges	-	602,415.05
Special Expenditure	-	74,708.78
Total	-	\$1,571,568.36
Expenditure (Colony Funds)		- \$1,571,568.36

In addition to the above, payments made under C.D. & W. Schemes, mostly consisting of Capital Expenditure incurred in building programmes, totalled \$1,010,602.

11. Medical Stores and Equipment. In 1951 the general hospital equipment throughout the Colony was in urgent need of replacement. Nearly all of it had been derived in 1945 from the British Military Administration stores and had come to the end of its useful life. In addition it was felt that the new Hospital at Sandakan merited furnishings commensurate with its quality and modern design; accordingly indents were drawn up and costed at some \$288,000. It was agreed that half this amount would be a proper charge against a C.D. & W. Scheme and that the remainder should be found from Colony Funds. These indents were lodged with the Crown Agents early in the year and by December supplies were beginning to come forward in bulk.

12. In addition to this general equipment, orders were placed for a Watson "double-twin" X-ray set as well as for comparatively minor but much needed items such as an electrocardiograph, infra-red lamps and anaesthetic and diathermy machines.

13. A motor van constructed especially for service as a travelling dispensary was purchased and delivered.

14. With the appointment of a dentist to the establishment it became necessary to make provision for a complete dental surgery and orders were placed early in the year for this purpose.

15. Gratitude is once again expressed to UNICEF for the provision of certain equipment, including everything necessary for a first class seriological laboratory and a further supply of penicillin both of which formed part of an anti-yaws campaign. UNICEF also donated the stores required for the furnishing of the Maternity and Children's Wards in the principal hospitals of the Colony.

16. The full establishment of Medical Officers and the arrival of a Surgeon and a Dentist created a need for more life-saving drugs and antibiotics; accordingly very close attention was paid to the preparation and costing of the 1953 indents.

## PART II

### PUBLIC HEALTH

1. General. The system of recording morbidity and mortality among hospital patients, according to the Intermediate List of the International Statistical Classification, 1948, was again followed. Separate returns were kept for those stations which were supervised by a doctor and those which were not.

2. At the seven stations at which a resident medical officer was in charge a total of 72,722 out-patients were treated, of which 42,106 were first attendances. In the same group there were 8,136 admissions to Hospital. An analysis of these cases is to be found at Appendix A.

3. At stations where there was no resident doctor during the period under review there was recorded a total of 161,176 out-patient cases, of which 111,219 were new cases. In this group 2,280 patients entered hospital.

4. There was thus a grand total of 233,898 out-patients and 10,416 in-patients treated during the year. This compares with 218,677 out-patients and 9,590 in-patients in 1951. Moreover, a proportionately higher number of those treated came under the attention of a doctor than in the previous year.

Table I.

1951			
	Un-Supervised Stations	Supervised Stations	Total
Out-patients New Cases	101,801	30,351	132,152
Out-patients Repeat Cases	66,471	20,054	86,525
Total Out-patients	168,272	50,405	218,677
Admitted to Hospital	3,533	6,057	9,590

1952			
	Un-Supervised Stations	Supervised Stations	Total
Out-patients New Cases	111,219	42,106	153,325
Out-patients Repeat Cases	49,957	30,616	80,573
Total Out-patients	161,176	72,722	233,898
Admitted to Hospital	2,280	8,136	10,416

Table II.

1952			
Racial Classification of Patients seen at 'Supervised' Stations			
	Out-patients		In-patients
	New Cases	Repeated Cases	New Cases admitted during the year
Natives	16,947	10,498	3,206
Chinese	20,797	16,730	3,807
Others	4,362	3,388	1,123
Total	42,106	30,616	8,136

Table III.

1952			
Racial Classification of Patients seen at 'Supervised' Stations			
	Out-patients		In-patients
	New Cases	Repeated Cases	New Cases admitted during the year
Natives	88,065	35,997	1,784
Chinese	19,122	10,517	347
Others	4,032	3,443	149
Total	111,219	49,957	2,280

About one-quarter of the cases in Table III were attended by travelling dressers.

PREVALENT COMMUNICABLE DISEASES

5. Malaria. The number of cases reported approximated closely to the 1951 totals. These were 28,019 Out-patients and 1,289 In-patients recorded as suffering from Malaria as compared with corresponding figures in 1951 of 30,000 and 1,195 respectively. Malignant Tertian Malaria appears to be diagnosed by all concerned more often than the Vivax Malaria. However, only a small fraction of all diagnosis of this disease is confirmed as belonging to a specified class the bulk being registered under "other and unspecified forms of malaria".

6. Pulmonary Tuberculosis. It is unwise to draw conclusions on the figures of morbidity and mortality in any one year; but those for this disease give some cause for relief; it would appear at least that there may now be some prospect of the alarming upward curve of morbidity and mortality being arrested.

/Table IV. ....

Table IV.

Pulmonary Tuberculosis

Year	First Attendance	Admissions	Deaths in Hospital
1951	151	381	91
1952	153	316	52

7. The totals in the above table are for the "Medical Officer" plus the other stations and it should be noted that the bulk of the decrease recorded has taken place at stations where there is a doctor and where one would expect the disease to be diagnosed more often. There are indications that the incidence of the disease among the Chinese section of the population is very much higher than among the native peoples, and that in the case of both Chinese and natives the male death rate is considerably greater than the female.

8. Dysentery and Bowel Disease. There was a marked increase in the incidence of bowel disease during the year; 4,254 First Attendances and 459 Admissions to Hospital were recorded (2,892 and 402 respectively in 1951). In addition, there were 25 deaths in hospital ascribable to this cause (18 in 1951). If these are added to these figures, 9,000 out-patient first attendances and 258 admissions due to Helminth infestation, some idea is given of the amount of preventable illness which is occurring and which is directly related to poor sanitation.

9. It is surprising that there is so little typhoid and paratyphoid recorded. There were 7 admissions to Hospitals and 24 deaths due to para-typhoid.

10. Acute Respiratory Infections. Pneumonia (all types), influenza and bronchitis. The figures for this group of disease show no marked trend. There were more first attendances (10,502: 7,995 in 1951) but fewer admissions to Hospital (645:914 in 1951) and fewer deaths in Hospital (44:46 in 1951).

11. Venereal Disease. This disease, once common in North Borneo, is now of relatively rare occurrence. The very small incidence reported in 1951 appears to have decreased still further; and again this occurs in a year when because of the increase in senior staff there must have been improved diagnosis. The following table is of interest:-

Table V.

Venereal Disease

	1951		1952	
	1st Attendances	Admissions to Hospital	1st Attendances	Admissions to Hospital
Gonorrhoea	148	113	91	36
Early Syphilis	32	20	4	4

12. Yaws. This disease, which was widespread immediately after the war appears to have withdrawn to certain isolated "pockets" in the more rural areas.

/Table VI. ....

Table VI.

Y a w s

Year	1st Attendances	Admitted to Hospital
1951	7,209	196
1952	6,674	155

13. Chronic Ulcer of the Skin. This condition remains one of the most common treated by outstation dressers. There were 16,992 first attendances, of which the bulk occurred at "unsupervised" stations (cf. 16,641 First Attendances in 1951).

14. The Major Epidemic Diseases. There were no cases of the diseases which fall under this heading. During the year a vaccination campaign was undertaken and special attention was paid to the coastal towns and to the labour forces of estates. Altogether 54,045 vaccinations were performed.

15. Leprosy. Sulphetrone and parent-sulphone continue to give excellent results at the Leprosy Hospital at Berhala. Today one never sees, as formerly, large numbers of multiple sores. The absence of sores and the knowledge that every year a number of patients are discharged as cured has done much to raise the morale of sufferers from this disease.

16. Table VII.

Comparative Table of Registered Deaths

	1947	1948	1949	1950	1951	1952
Tuberculosis (all forms)	286	445	400	479	548	393
Dysentery and Diarrhoea	194	237	251	337	297	386
Malaria (all forms)	556	574	649	765	778	784
Pneumonia (all forms)	680	811	642	679	720	731
Senility	250	312	308	416	448	430
Total Registered Deaths from all Causes	5,126	4,552	4,717	4,126	4,503	4,530

17. Nutrition. It is very difficult to find a suitable yardstick by which to measure the nutritional state of the Colony. Year by year returns of frank deficiency disease are erratic, showing no trends and as a result few conclusions can be drawn.

18. There are individual groups in the population who by their habits, prejudices or laziness expose themselves to the likelihood of sub-clinical deficiency disease, for example some indigenous tribes convert good carbohydrate to alcohol which is consumed till a sodden drunkenness descends upon men, women and even their infants. Taken by an large, however, North Borneo, being predominantly rural and with no land-hunger, probably has less malnutrition than many

/other .....

other populations of comparable size.

19. Towards the end of the year preliminary steps were taken to lay down dietary scales for all Government Institutions and this work will be continued during 1953.

20. A pilot scheme for the supply of locally-produced soya bean milk to mothers and children was started in the Hospitals and Health Clinics.

21. Health Centres. The new Jesselton Health Centre was almost completed by the end of the year. Part of it will be used as a laboratory to serve Jesselton Hospital and for the undertaking of the more complicated investigations from other Hospitals, until such time as the new Jesselton Hospital is built.

22. In the last quarter of the year the foundations of a second Health Centre were laid in Sandakan Town.

23. Maternity & Child Welfare Work. The greater part of the work done in the health centres consists of giving advice and pre and post-natal treatment to the mother, to the pre-school child and to infants. Where there is no special building for the purpose, either the hospital is used or a building is borrowed. At Sandakan the local Branch of the British Red Cross Society has not only provided a temporary building, but also a full-time trained European helper as well. At another station a temporary headquarters of the St. John Ambulance is staffed by members of the Medical Department who are assisted by voluntary workers.

24. At Keningau a number of native girls are being trained as village midwives by a full-time Health Visitor. In addition to her work at the hospital, the Health Visitor travels extensively visiting the people in their villages and holding clinics.

25. During the year 7,425 women and 16,086 children attended at the Colony's health centres and clinics. 2,182 visits were made to patients in their homes.

26. Of the 11,486 recorded births, only 835 occurred in Hospital. It is satisfactory to note that whereas last year there were 504 "births without complication" in the Colony's Hospitals this year the figure had risen to 734.

27. Environmental Sanitation. Elsewhere in this report it has been shown that while there should be no complacency, the general situation with regard to communicable disease is fairly stable with a tendency towards improvement. The notable exception occurs in the group of diseases contracted by consuming contaminated food and water. Deaths from diarrhoea and dysentery were higher than at any time since the war, and this is a reflection on the inadequacy of the present water supplies and night soil disposal arrangements.

28. Water supplies and sewage disposal continue to be a problem in all the major and most of the minor towns and with the limited health and public works staffs available, little progress could be made with planning or construction during the year. However, to offset the shortage of water at Jesselton which occurs during dry weather, a supplementary scheme involving pumping from a stream to the service reservoir with chlorination and filtration, was under construction and should be ready early in 1953. Plans were also being prepared for a piped supply of water to Tawau to replace the present system whereby water is drawn from a river liable to pollution. The problem generally has been laid before the World Health Organisation whose Regional Adviser will visit the Colony early in 1953. The urgency of the problems to be solved cannot be over-estimated.

/29. It is .....

29. It is now generally accepted that the old narrow, dark and relatively airless shophouse of 80'x 20' is a predisposing cause of respiratory disease, and more especially pulmonary tuberculosis. The dimensions of new shophouses will be either 30'x 40' or 30'x 50'. At Jesselton the first block of permanent new shophouses was completed during the year. In the town areas the housing shortage is still acute, but the erection in 1952 of 54 quarters for senior and 154 quarters for junior officers, has considerably eased the situation in the case of Government Servants. The plans of all urban buildings are passed by a Medical Officer of Health before they are approved by the Local Authority.

30. Port Health Work. Each of the coastal towns presents its own special problems in relation to the possible introduction of one of the major diseases from outside. Medical Officers have been painstaking in their efforts to ensure supervision of ships and particularly of small vessels from the neighbouring territories. To counter the risk of smallpox being brought in by craft calling at unauthorised landing places, and intensive vaccination campaign was carried out in the coastal areas.

31. Malaria Control. It is interesting to note that although eighteen months have elapsed since the discontinuance of what was admittedly incomplete residual house-spraying in certain urban areas, there has been no resultant increase in malaria.

32. During the year greater attention was paid to permanent anti-malaria measures, and the established routine of larvae control was maintained.

33. The Malaria Research Unit after many years of useful investigation was finally wound up in June 1952.

34. In some areas malaria incidence has decreased and it is thought that this is due to systematic use of paludrine which is readily available as a free issue to groups such as schools and estate labourers.

### PART III

#### VITAL STATISTICS

1. The estimated population on 30th September, 1952, was 348,404.
2. Births. For the whole year there were 11,486 (5,927 males; 5,559 females) representing an increase of 1,033 over last year's figure of 10,453.
3. Birth Rate. 34.1 per mille.
4. Deaths. There were 4,530 deaths during the year (2,505 males and 2,025 females), as compared with 4,503 deaths in 1951.
5. Death Rate. 13.4 per mille.
6. Infant Mortality Rate and Neo-natal Mortality Rate. There were a total of 1,109 deaths among infants under 1 year and 415 of these occurred in the first month of life. This gives (corrected) infant and neo-natal mortality rates of 96.1 and 34.7 respectively.
7. Maternal Mortality. As recorded in previous reports it is considered that the registration of still-births is so incomplete as to render any calculation of the maternal mortality rate valueless.

8. Prior to March, 1951, when a new Registration of Births and Deaths Ordinance came into operation, births and deaths had been registered under an Ordinance of 1884 which provided for approximately 24 Registrars and Deputies only over an area of 29,184 square miles with very poor communications. Reports made at first hand from towns and villages near to a Registrar were fairly accurate, but from the remoter districts reports were brought by a Native Chief or Headman when visiting District Headquarters, which might be at infrequent intervals so that accuracy was extremely doubtful and could not be properly checked.
9. The new Ordinance provides for the appointment of Native Chiefs, School-masters and other suitably literate persons as Assistant Registrars in a ratio of one such officer to approximately 2,000 of the population. Forms are distributed to village headmen, who are instructed to take a form to the nearest Assistant Registrar promptly when a birth or death occurs. The new Ordinance has proved in operation to be a considerable improvement on the old. However, the difficulties of remote, scattered villages, poor communications, ignorance and illiteracy cannot be overcome in a day. Causes of death are still unavoidably entered, in the majority of up-country cases, by unqualified persons. In urban areas registration returns are more accurate on account of the greater proportion of educated persons to be found there. The relative ease of registration and the preponderance of Chinese who now have a keen appreciation of the legal value of birth and death certificates are also contributory factors. It is again necessary to emphasise that figures should be treated with reserve, the following being of sufficient accuracy, however, to indicate trends:-

Table VIII.

	1947	1948	1949	1950	1951	1952
Total Recorded Births	6,630	6,716	8,145	9,241	10,453	11,486
Birth Rate	19.6	19.6	23.3	26.4	31.2	31.00
Total Recorded Deaths	5,126	4,552	4,717	4,126	4,503	4,530
Death Rate	15.1	13.3	12.3	11.8	13.3	13.4
Total Infant Deaths	-	868	835	1,006	1,087	1,109
Infant Mortality Rate	-	136.0	105.5	108.9	107.8	96.1
					(Corrected)	(Corrected)

10. In his review of the results of the 1951 Census, the Superintendent of Census has revealed two facts of considerable significance, first that the Murut people, an inland hill tribe which number some 20,000 odd souls, is in danger of extinction, and secondly, that the Chinese people are more rapidly increasing than are the indigenous peoples. The relative increase is so great that if present trends are maintained the Chinese who now represent about 22% of the total population will have surpassed in



numbers the indigenous native by the end of the century.

11. It is probable that in both cases a high infant mortality among natives is a major cause to which is added in the case of the Muruts a real infertility. It is hoped that these two problems will be the subjects of active research in 1953.

PART IV.

HOSPITALS AND DISPENSARIES

1. In pursuance of a policy laid down in the previous year by which the number of hospital beds in the Colony was to be greatly reduced and related more realistically to the number of patients requiring hospital treatment and to the available staff, specific allocations were decided upon, and indents for domestic and technical equipment placed with the Crown Agents were based on these allocations. The number of beds in the Colony's hospitals are as shown below:-

General Hospitals. At Jesselton and Sandakan  
(100 beds each).

Cottage Hospitals. Tawau (45 beds); Kudat (32 beds);  
Beaufort (32 beds); Keningau  
(32 beds) and Labuan (32 beds).

There is a Mental Hospital (100 beds) and a Leprosy Hospital (75 beds) at Sandakan.

2. Considerable progress was made in the rebuilding programme. In September Her Royal Highness the Duchess of Kent visited Sandakan where, having graciously consented to the new hospital bearing her name, she formally opened the building which it is expected will be ready for occupation early in 1953.

3. Work began on a new Cottage Hospital at Kudat; additions and minor repairs were made to the Cottage Hospitals at Beaufort, Labuan and Tawau. It now remains to build new hospitals at Jesselton and Keningau.

4. At Jesselton a suitable site has been selected and the plans are ready. The Government is now considering how the building of a new modern hospital should be financed. Plans have also been prepared for a group of buildings to replace the rapidly deteriorating Keningau Hospital.

5. Dispensaries are widely scattered over the Colony and are usually dependent for supplies and overall supervision on the Medical Officer of the nearest hospital. Dispensaries are situated at the following places:-

Kota Belud	-	20	beds
Tambunan	-	10	"
Pensiangan	-	10	"
Tenom	-	10	"
Prison (Jesselton)	-	10	"
Papar	-	10	"
Semporna	-	5	"
Ranau	-	5	"
Lahad Datu	-	10	"
Sipitang	-	5	"
Kuala Penyu	-	5	"

/The following ....

The following stations have dispensaries with no beds:-

Bandau, Tandik, Weston, Mempakul, Tuaran,  
Beluran, Trusan, Tongod and Lamag, Tenghilan,  
Tulid, Bundu Tuhan and Sepulot.

The work performed at these institutions is summarised in Part II of this Report.

6. During the year two experimental travelling dispensaries were set up; a launch on the Kinabatangan and a motor van dispensary on the principal roads leading from Jesselton.
7. The River Dispensary presents problems of maintenance and administration which have not yet been solved and it will be a matter for further trial to see whether it will become a feasible project.
8. The Mobile Dispensary at Jesselton, however, has been an unqualified success. In the seven months which have elapsed since its inauguration, it has dealt with 8,829 patients, almost all of whom were new cases. In addition the dresser performed 3,417 vaccinations. The work is carried out in accordance with a regular schedule.
9. The Mental Hospital at Sandakan is in urgent need of replacement, but the difficulty of staffing the proposed inter-territorial Mental Hospital in Brunei has caused some concern to the Governments of all three territories. It is therefore proposed that the several medical authorities will review the situation in the near future before proceeding with the preparation of detailed plans.
10. At the close of the year there were 87 patients (Males 62; Females 25) in the Mental Hospital. There were 38 admissions, 8 deaths and 12 patients were discharged as cured.
11. The Leprosy Hospital at Berhala Island near Sandakan has fallen into a sad state of disrepair, and it will be a matter for early consideration as to whether or not it should be rebuilt there or removed to the mainland where better supervision can be given. 13 patients were admitted to the settlement during the year, 8 were discharged as cured and 2 died. There were 59 patients as on 31st December, of whom 42 were men and 17 women.
12. Hospital Visiting Committees. Monthly visits were made to all but the smaller dispensaries.

#### PART V.

#### TRAINING

1. In the past all branches of the Medical Department have been greatly hampered by lack of trained and trainable Junior Service Officers.
2. In the immediate post-war years, it was not practicable to start a training scheme, both on account of lack of teachers and also of pupils. The medical officers, the only teachers available, were too busy treating the many persons in urgent need of attention, to have time for other duties; while because of the hiatus of the war years were insufficient potential recruits with the requisite standard of education.
3. Later, when a teaching team was provided by UNICEF,

/shortage .....

shortage of junior staff prevented full advantage from being taken of its services. In the absence of replacements, medical staff at/out-stations could not be withdrawn for training.

4. By 1952 conditions had sufficiently improved to enable a start to be made on tackling the problem, which had grown in urgency. Not only were new hospitals being built in the towns which would require skilled staff, but the need to expand the medical service among the predominantly native population of the rural areas had become increasingly apparent.

5. During the year the UNICEF team of sister-tutors, which had accomplished much in difficult circumstances, was replaced by a team from the World Health Organisation. The senior establishment of medical officers was brought to full strength and a Colony Matron was appointed to assist in the building up of an adequate nursing service. At the end of the year there was promise that the senior nursing sister vacancies would soon be filled.

6. These various factors played their part during the year in the detailed planning of a vigorous campaign to put the training of nurses and dressers on a lasting basis. This has been done, but not without some ruthless cutting and pruning. Several outstation dispensaries had to be closed and the staff at others reduced. However, all concerned have co-operated, realising that no real expansion of the services can come about until the existing situation is consolidated. A target date of 2½ to 3 years has been set for this purpose.

7. No less important has been the creation of a Junior Health Inspectorate and the planning for its training.

8. Health Inspectors are normally expected to possess the Certificate of the Royal Sanitary Institute, but the nearest training school for that diploma requires that the recruit should possess the Senior Cambridge Certificate before he is accepted. There appeared to be small chance of the Colony being able to furnish twelve young men so qualified, and accordingly plans were made for a local course comprising three years of theoretical and practical study, which it is hoped will turn out a very useful technician. This course will commence early in 1953.

## PART VI.

### MISCELLANEOUS SERVICES

1. Laboratory Service. At present there is no competent clinical pathological laboratory in the Colony. Nearly all such work performed is that which is normally undertaken in the side rooms of a modern hospital ward.

2. Water analysis, which is particularly important in planning the Colony's water supplies, has to be undertaken in Singapore.

3. In due course, however, the excellent equipment presented by UNICEF for a serological laboratory will leave little to be ordered when the competent technician at present being recruited under the Colombo Plan, arrives. It is hoped that this officer will train local personnel and so enable the building up of a sound Central Laboratory staff for the Colony and ensure that lesser procedures are carried out in a reliable manner in the various hospitals. It is expected that the internal air service, soon to commence, will be used extensively to convey specimens

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to the Central Laboratory for examination and report.

4. Dental Service. During the year a dental officer arrived in the Colony and set up a surgery in the building of the first class ward at the Jesselton Hospital. This officer, the only properly qualified dentist in North Borneo, is fully occupied with dental work, but is nevertheless endeavouring to build up a team which it is hoped may eventually form the nucleus of a Colony dental service. A senior dresser has been sent to Penang for a six months course and it is proposed to recruit a dental mechanic in 1953.

5. The Dental Officer visited all the principal towns of the Colony where his services were greatly appreciated, and a record of the work done is shown in Appendix C of the report.

6. Surgery. The long-vacant post of Surgeon was filled during the year, and this officer visited all the principal towns of the Colony performing deliberate surgery. The greater part of his time is spent at Jesselton.

7. A total of 289 major operations were performed, 45% of which were abdominal.

8. It was difficult to maintain a competent theatre team or to provide sufficient hospital beds to meet his requirements.

9. Efforts have been made by the surgeon to organise a blood donor "bank", but local response has not been encouraging.

to the Central Laboratory for examining and reporting on the results of the work done during the year 1934.

The first part of the report is devoted to the description of the work done during the year 1934. This work was done in the Central Laboratory and in the various research institutes of the Academy of Sciences of the USSR.

The second part of the report is devoted to the description of the work done during the year 1934 in the various research institutes of the Academy of Sciences of the USSR.

The third part of the report is devoted to the description of the work done during the year 1934 in the various research institutes of the Academy of Sciences of the USSR.

The fourth part of the report is devoted to the description of the work done during the year 1934 in the various research institutes of the Academy of Sciences of the USSR.

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The ninth part of the report is devoted to the description of the work done during the year 1934 in the various research institutes of the Academy of Sciences of the USSR.

The tenth part of the report is devoted to the description of the work done during the year 1934 in the various research institutes of the Academy of Sciences of the USSR.

The eleventh part of the report is devoted to the description of the work done during the year 1934 in the various research institutes of the Academy of Sciences of the USSR.

The twelfth part of the report is devoted to the description of the work done during the year 1934 in the various research institutes of the Academy of Sciences of the USSR.

The thirteenth part of the report is devoted to the description of the work done during the year 1934 in the various research institutes of the Academy of Sciences of the USSR.

The fourteenth part of the report is devoted to the description of the work done during the year 1934 in the various research institutes of the Academy of Sciences of the USSR.

The fifteenth part of the report is devoted to the description of the work done during the year 1934 in the various research institutes of the Academy of Sciences of the USSR.

The sixteenth part of the report is devoted to the description of the work done during the year 1934 in the various research institutes of the Academy of Sciences of the USSR.

The seventeenth part of the report is devoted to the description of the work done during the year 1934 in the various research institutes of the Academy of Sciences of the USSR.

APPENDIX A.

GOVERNMENT HOSPITALS SUPERVISED BY A DOCTOR.

RETURN OF MORBIDITY & MORTALITY FOR THE YEAR, 1952

CLASSIFIED IN ACCORDANCE WITH (A MODIFICATION OF)  
THE INTERMEDIATE LIST OF THE INTERNATIONAL  
STATISTICAL CLASSIFICATION, 1948.

Intermediate List Number	Detailed List Numbers	CAUSE GROUPS.	Out-patient list Attendances.	In-patient Admitted	Died in Hospital	Deaths Registered as occurring in the Colony for 1952.
A 1	001 - 008	Tuberculosis of Respiratory System	43	234	46	527
A 2	010	Tuberculosis of meninges and Central nervous system	-	2	1	2
A 3	011	Tuberculosis of intestines, peritoneum & mesenteric glands	-	2	1	1
A 4	012, 013	Tuberculosis of bones and joints	2	19	1	6
A 5	014 - 019	Tuberculosis, all other forms	6	25	3	41
A 6	020	Congenital Syphilis	-	1	-	-
A 7	021	Early syphilis (Primary & Secondary)	2	3	-	-
A 8	024	Tabes dorsalis	-	-	-	-
A 9	025	General paralysis of insane	-	1	-	-
A 10	022, 023)	All other Syphilis	10	12	-	3
	026 - 029)					
A 11	030 - 035	Gonococcal infections: (1) Acute	21	20	-	-
		(2) Other	15	7	-	-
A 12	040	Typhoid Fever	-	7	4	5
A 13	041, 042	Paratyphoid Fever and other Salmonella infections	-	-	-	-
A 14	043	Cholera	-	-	-	-
A 15	044	Brucellosis (undulant Fever)	-	-	-	-
A 16(a)	045	Bacillary Dysentery	13	22	-	-
(b)	046	Amoebiasis	165	117	5	21
(c)	047, 048	Other unspecified forms of Dysentery	287	25	2	110
A 17	050	Scarlet Fever	-	1	-	-
A 18	051	Streptococcal sore throat	185	3	-	-
A 19	052	Erysipelas	13	1	-	-
A 20	053	Septicaemia and Praemia	1	12	4	19
A 21	055	Diphtheria	-	3	3	6
A 22	056	Whooping Cough	73	1	-	-
A 23	057	Meningococcal infections	-	3	1	1
A 24	058	Plague	-	-	-	-
A 25	060	Leprosy	1	12	-	6
A 26	061	Tetanus	-	9	4	7
A 27	062	Anthrax	-	-	-	-
A 28	080	Acute Poliomyelitis	-	1	1	-
A 29	082	Acute infectious encephalitis	-	-	-	-
A 30	081, 083	Late effects of acute Poliomyelitis & acute infectious encephalitis	1	-	-	1
A 31	084	Small-pox	-	-	-	-
A 32	085	Measles	47	48	-	4
A 33	091	Yellow Fever	-	-	-	-
A 34	092	Infectious hepatitis	2	10	1	8
A 35	094	Rabies	-	-	-	-
A 36(a)	100	Louse-borne epidemic typhus	-	-	-	-
(b)	101	Flea-borne endemic typhus (murine)	-	-	-	-
(c)	104	Tick-borne epidemic typhus	-	-	-	-
(d)	105	Mite-borne typhus	-	-	-	-
(e)	102 - 103)	Other and unspecified typhus	-	-	-	1
	106 - 108)					
A 37(a)	110	Vivax Malaria (benign tertian)	222	148	-	9
(b)	111	Malariae Malaria (Quartan)	-	1	-	3
(c)	112	Falciparum Malaria (Malignant tertian)	262	237	9	48

/(d) ..

Intermediate List Number.	Detailed List Numbers.	CAUSE GROUPS.	Out-patient 1st Attendances	In-patient Admitted.	Died in Hospital	Deaths Registered as occurring in the Colony for 1952.
	(d) 115	Blackwater Fever	-	4	-	-
	(e) 113, 114)	Other and unspecified forms of Malaria	3,477	513	26	747
A 38(a)	116, 117)	Schistosomiasis vesical (S. haematobium)	-	-	-	-
	123.0	Schistosomiasis intestinal (S. mansoni)	-	-	-	-
	(b) 123.1	Other & unspecified schistosomiasis	-	-	-	-
A 39	(c) 123.3	Hydatid Disease	-	-	-	-
A 40	(a) 125	Onchocerciasis	-	-	-	-
	(b) 127	Loiasis	-	-	-	-
	(c) 129	Filariasis (bancrofti)	1	1	-	-
	(d) 126	Other filariasis	-	-	-	-
A 41	129	Ankylostomiasis	316	53	-	1
A 42(a)	126	Tapeworm (infestation) and other cestode infestations	-	-	-	-
	(b) 130.0	Ascariasis	1,210	131	-	1
	(c) 130.3	Guinea worm (dracunculosis)	-	-	-	-
	(d) 124, 128	Other disease due to helminths	896	17	-	4
	130.1, 130.2					
A 43	(a) 037	Lymphogranuloma venereum	-	-	-	-
	(b) 038	Granuloma inguinale, venereal	-	1	-	-
	(c) 039	Other & unspecified venereal diseases	1	1	-	-
	(d) 049	Food poisoning infection and intoxication	1	6	-	2
	(e) 071	Relapsing Fever	-	-	-	-
	(f) 072	Leptospirosis icterohaemorrhagica (Weil's Disease)	1	-	-	-
	(g) 073	Yaws	1,292	74	-	1
	(h) 087	Chicken-pox	30	22	-	3
	(i) 090	Dengue	2	1	-	-
	(j) 095	Trachoma	2	1	-	-
	(k) 096.7	Sandfly Fever	-	-	-	-
	(l) 120	Leishmaniasis gambiensis	-	-	-	-
	(m) 121(a)	Trypanosomiasis gambiensis	-	-	-	-
	(b)	Trypanosomiasis rhodesiensis	-	-	-	-
	(c)	Other and unspecified trypanosomiasis	-	-	-	-
	(n) 131	Dermatophytosis (Kurap, etc.)	1,082	48	-	-
	(o) 135	Scabies	387	5	-	-
	(p) 036, 054, 059, 063, 064, 070, 074, 086, 088, 089, 093, 096.1-096.6, 096.8, 096.9, 122, 132 - 134, 136 - 138)	All other diseases	253	57	-	10
	140 - 148	Classified as infective and parasitic	-	-	-	-
A 44	140 - 148	Malignant neoplasm of buccal cavity and pharynx	-	1	-	-
A 45	150	Malignant neoplasm of stomach	2	23	10	15
A 46	151	Malignant neoplasm of intestine, except rectum	-	8	3	3
A 47	152, 153	Malignant neoplasm of rectum	-	-	-	-
A 48	154	Malignant neoplasm of larynx	-	1	1	2
A 49	161	Malignant neoplasm of trachea and of bronchus and lung not specified as secondary.	-	5	3	5
A 50	162, 163					

Infermeries	List Number	Detailed List Numbers.	CAUSE GROUPS.	Out-patient list Attendances	In-patient Admitted	Died in Hospital	Deaths Registered as occurring in the Colony for 1950
A 51		170	Malignant neoplasm of breast	3	3	-	4
A 52		171	Malignant neoplasm of cervix of uteri	-	9	-	1
A 53		172 - 174	Malignant neoplasm of other and unspecified parts of uterus	-	10	-	3
A 54		177	Malignant neoplasm of prostate	-	-	-	-
A 55		190, 191	Malignant neoplasm of skin	1	2	-	-
A 56		196, 197	Malignant neoplasm of bone and connective tissue	-	1	-	-
		155 - 160)	Malignant neoplasm of all	-	32	11	13
		164, 165)					
		175, 176)					
		178 - 181)					
		192 - 195)					
		198, 199)	Other and unspecified sites	-	-	-	-
A 58		204	Leukaemia and aleukaemia	-	-	-	1
A 59		200 - 203, 205	Lymphosarcoma and other neoplasms & haematopoietic System	1	9	1	1
A 60		210 - 239	Benign neoplasms and neoplasms of unspecified nature	12	30	3	-
A 61		250, 251	Nontoxic goitre	19	13	1	3
A 62		252	Thyrotoxicosis with or without goitre	-	6	2	-
A 63		260	Diabetes Mellitus	15	10	-	-
A 64 (a)		280	Beri-beri	28	21	1	41
(b)		281	Pellagra	1	2	-	-
(c)		282	Scurvy	2	1	-	-
(d)		283 - 286	Other deficiency states	154	29	4	18
A 65 (a)		290	Pernicious and other hyperchromic Anaemias	2	3	-	-
(b)		291	Iron deficiency anaemias (hypochromic)	441	30	1	-
(c)		292, 293	Other specified & unspecified anaemias	882	79	2	18
A 66 (a)		241	Asthma	466	118	9	36
(b)		240	All other allergic disorders				
		242 - 245)	endocrine,	48	7	-	-
		253, 254)	metabolic and blood diseases	-	-	-	-
		270 - 277)					
		287 - 289)					
		294 - 299)					
		300 - 309					
A 67		300 - 309	Psychoses	-	21	-	4
A 68		310 - 324)	Psychoneuroses and disorders personality	3	16	-	-
A 69		325	Mental deficiency	4	47	-	-
A 70		330 - 334	Vascular lesions affecting central nervous system	-	7	2	10
A 71		340	Non-meningococcal Meningitis	1	-	-	2
A 72		345	Multiple sclerosis	-	-	-	-
A 73		353	Epilepsy	16	8	1	8
A 74		370 - 379	Inflammatory diseases of eye	810	103	-	-
A 75		385	Cataract	17	25	-	-
A 76		387	Glaucoma	-	1	-	-
A 77 (a)		390	Otitis externa	407	9	-	-
(b)		391 - 393	Otitis media and mastoiditis	254	34	-	1
(c)		394	Other inflammatory disease of ear	219	12	-	-
A 78 (a)		380 - 384)	All other diseases and conditions of eye	680	157	1	-
		386, 388)					
		389					
(b)		341, 344)	All other diseases of the nervous system and sense organs	338	89	4	4
		350 - 352)					
		354 - 357)					
		360 - 369)					
		395 - 398)					

/A 79....



Intermediate List Number	Detailed List Numbers.	CAUSE GROUPS.	Out-patient list Attendances	In-patient Admitted	Died in Hospital	Deaths Registered as occurring in the Colony for 1952.
A 79	400 - 402	Rheumatic Fever	2	-	-	-
A 80	410 - 416	Chronic rheumatic heart disease	-	2	1	49
A 81	420 - 422	Arteriosclerotic and degenerative heart disease	4	4	3	-
A 82	430 - 434	Other diseases of heart	19	31	6	-
A 83	440 - 443	Hypertension with heart disease	2	4	1	-
A 84	444 - 447	Hypertension without mention of heart	9	6	-	-
A 85	450 - 456	Diseases of arteries	-	-	-	-
A 86	460 - 468	Other diseases of circulatory system	52	32	3	4
A 87	470 - 475	Acute upper respiratory infections	681	18	-	-
A 88	480 - 483	Influenza	1,730	60	-	127
A 89	490	Lobar pneumonia	14	90	9	22
A 90	491	Bronchopneumonia	30	168	22	162
A 91	492, 493	Primary a typical, other and unspecified pneumonia	20	34	6	547
A 92	500	Acute bronchitis	2,224	219	-	4
A 93	501, 502	Bronchitis, chronic & unqualified	1,217	98	-	31
A 94	510	Hypertrophy of tonsils & adenoids	208	89	-	-
A 95	518, 521	Empyema and abscess of lung	-	4	-	5
A 96	519	Pleurisy	7	21	-	9
A 97(a)	523	Pneumoconiosis	27	3	-	-
(b)	511-517)					
	520-522)	All other respiratory diseases	1,168	45	1	-
	524-527)					
A 98(a)	530	Dental Caries	583	6	-	-
A 99(b)	531 - 535	All other diseases of teeth and supporting structures	243	29	-	-
	540	Ulcer of stomach	-	16	2	2
A100	541	Ulcer of duodenum	3	18	1	3
A 101	543	Gastritis and duodenitis	415	59	2	13
A 102	550 - 553	Appendicitis	13	83	4	2
A 103	560, 561)	Intestinal obstruction and hernia	7	69	4	1
	570)					
A104(a)	571.0	Gastro-enteritis and colitis between 4 weeks and 2 years	388	53	10	175
(b)	571.1	Gastro-enteritis and colitis, ages 2 years and over	589	100	2	55
(c)	572	Chronic enteritis & ulcerative colitis	46	6	-	2
A 105	581	Cirrhosis of liver	1	16	8	35
A 106	584, 585	Cholelithiasis and cholecystitis	3	11	3	-
A 107	536 - 539)					
	542, 544)					
	545)	Other diseases of digestive system	1,585	228	5	6
	573 - 580)					
	582, 583)					
	586, 587)					
A 108	590	Acute nephritis	31	26	3	48
A 109	591 - 594	Chronic, other and unspecified nephritis	14	27	-	39
A 110	600	Infections of kidney	69	22	-	4
A 111	602, 604	Calculi of urinary system	2	4	-	1
A 112	610	Hyperplasia of prostate	-	2	-	-
A 113	620, 621	Diseases of breast	26	13	1	-
All4(a)	613	Hydrocele	4	5	-	-
(b)	634	Disorders of menstruation	132	22	-	-
(c)	601, 603)					
	605 - 609)	All other diseases of the				
	611, 612, 614	Genito-urinary system.	139	166	5	1
	-617, 622-633,					
	635-637.					

Intermediate List Number	Detailed List Numbers.	CAUSE GROUPS.	Out-patient list Attendances.	In-patient Admitted	Died in Hospital.	Deaths Registered as occurring in the Colony for 1952.
A 115	640 - 641) 681, 682) 684	Spsis of pregnancy, childbirth and the puerperium	-	9	1	3
A 116	642, 652) 685, 686)	Toxaemias of pregnancy and the puerperium	1	23	2	2
A 117	643, 664) 670 - 672)	Haemorrhage of pregnancy & Childbirth	3	17	1	12
A 118	650	Abortion without mention of sepsis or toxæmia	15	76	-	6
A 119	651	Abortion with sepsis	-	12	1	-
A 120(a)	645 - 649) 673 - 680) 683	Other complications of pregnancy, childbirth and the puerperium	-	95	9	29
(b)	687 - 689) 660	Delivery without complications	9	669	-	-
A 121	690 - 698	Infections of skin and subcutaneous tissue	1,635	445	2	-
A 122	720 - 725	Arthritis and spondylitis	148	28	-	-
A 123	726, 727	Muscular rheumatism and rheumatism unspecified	684	40	-	-
A 124	730	Osteomyelitis and periostitis	1	24	-	-
A 125	737 ) 745 - 749)	Ankylosis and acquired musculo-skeletal deformities	-	3	-	-
A 126(a)	715	Chronic ulcer of skin (including tropical ulcer)	2,774	118	-	4
(b)	700 - 714) 716	All other diseases of skin	1,642	156	-	-
(c)	731 - 736) 738 - 744)	All other diseases of musculo-skeletal system	3	7	-	-
A 127	751	Spina bifida and meningocele	1	-	-	-
A 128	754	Congenital malformations of circulatory system	2	1	1	1
A 129	750, 752) 753	All other congenital malformations	3	10	1	-
A 130	755 - 759) 760, 761	Births injuries	-	1	1	-
A 131	762	Post-natal asphyxia and atelectasis	-	2	2	20
A 132(a)	764	Diarrhoea of newborn (under 4 weeks)	23	-	-	35
(b)	765	Ophthalmia neonatorum	1	1	-	-
(c)	763 ) 766 - 768)	Other infections of newborn	1	2	1	-
A 133	770	Haemolytic disease of new-born	-	2	1	-
A 134	769 ) 771, 772)	All other defined diseases of early infancy	-	2	1	420
A 135	773, 776	Ill-defined diseases peculiar to early infancy, & immaturity unqualified	-	4	-	-
A 136	794	Senility without mention of psychosis	93	18	3	430
A 137(a)	788.8	Pyrexia of unknown origin	337	56	1	38
(b)	793	Observation, without need for further medical care	769	317	-	-
(c)	780-787) 788.1- 788.7 ) 789.9 ) 789 - 792) 795	All other ill-defined Causes of morbidity	3,414	422	2	169
C/F to E. & N. Codes .....			38,424	7,394	304	4,307

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146	146	Septicemia and pyrexia...	146-147
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148	148	Septicemia and pyrexia...	148-149
149	149	Septicemia and pyrexia...	149-150
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300	300	Septicemia and pyrexia...	300-301

"E" CODE. ALTERNATIVE CLASSIFICATION OF ACCIDENTS,  
POISONINGS, AND VIOLENCE (EXTERNAL CAUSE).

mediate List Number.	Detailed List Numbers.	CAUSE GROUPS.	Out-patient 1st Attendances.	In-patient Admitted	Died in Hospital	Deaths Registered as occurring in the Colony
		B/F	38,424	7,394	304	4,307
AE 138	E810-E835	Motor vehicle accidents	20	34	3	3
AE 139	E800-E802 E840-E866)	Other transport accidents	233	35	2	1
AE 140	E870-E895	Accidental poisoning	16	7	1	4
AE 141	E900-E904	Accidental falls	810	184	2	2
AE 142	E912	Accident cause by machinery	80	27	-	1
AE 143	E916	Accident caused by fire and explosion of combustible material	21	8	-	5
AE 144	E917, E918	Accident caused by hot substance corrosive liquid, steam and radiation	202	41	-	-
AE 145	E919	Accident caused by firearm	-	7	1	6
AE 146	E929	Accidental drowning & submersion	-	2	-	38
AE 147	(a) E920	Foreign body entering eye and adnexa	62	9	-	-
	(b) E923	Foreign body entering other orifice	53	11	1	-
	(c) E927	Accidents caused by bites and stings of venomous animals and insects	150	29	-	2
	(d) E928	Other accidents caused by animals	26	6	-	-
	(e) E910, E911 E913-E915 E921-E922 E924-E926 E930-E965)	All other accidental causes	1,971	325	4	48
AE 148	E970-E979	Suicide and Self-inflicted injury	-	-	-	4
AE 149	E980-E985,	Homicide and Injury purposely inflicted by other persons (not in war)	38	17	-	-
AE 150	E990-E999	Injury resulting from operations of war.	-	-	-	-
T O T A L -			42,106	8,136	318	4,421

"N" CODE. ALTERNATIVE CLASSIFICATION OF ACCIDENTS,  
POISONINGS, AND VIOLENCE (NATURE OF INJURY)

Intermediate List Number.	Detailed List Numbers.	CAUSE GROUPS.	Out-patient list Attendances.	In-patient Admitted.	Died in Hospital.	Deaths Registered as occurring in the Colony
		B/F	38,424	7,394	304	4,307
AN 138	N800-N804	Fracture of skull	-	19	6	15
AN 139	N805-N809	Fracture of spine and trunk	4	20	1	5
AN 140	N810-N829	Fracture of limbs	39	103	1	-
AN 141	N830-N839	Dislocation without Fracture	20	18	-	1
AN 142	N840-N848	Sprains and strains of joints and adjacent muscle	574	30	-	-
AN 143	N850-N856	Head injury (excluding fracture)	67	25	-	-
AN 144	N860-N869	Internal injury of chest, abdomen, and pelvis	-	13	2	5
AN 145	N870-N908	Laceration and open wounds	1,080	302	-	7
AN 146	N910-N929	Superficial injury, contusion and crushing with intact skin surface	1,374	134	-	-
AN 147	N930-N936	Effects of foreign body entering through orifice	98	13	1	-
AN 148	N940-N949	Burns	232	47	-	2
AN 149	N960-N979	Effects of Poisons	31	9	1	-
AN 150	N950-N959) N980-N999)	All other and unspecified effects of external causes	291	23	-	77
T O T A L -			42,106	8,136	318	4,421

APPENDIX B.

PATIENTS REGISTERED IN ANNEX A AS CLASSIFIED BY RACE.

R A C E	Out-patients.		In-patients.
	New Cases	Repeat Cases	New Cases admitted during year.
Natives	16,947	10,498	3,206
Chinese	20,797	16,730	3,807
Others	4,362	3,388	1,123
TOTAL	42,106	30,616	8,136

APPENDIX C.

REPORT ON DENTAL SERVICE.

Record of Treatments.					
Attendances	Fillings	Extraction	Operations	Operations	General Anaesthetics.
2,224	497	1,081	605	32	104

APPENDIX B

PATIENTS REGISTERED IN DENVER AS BEING CLASSIFIED BY RACE

REPORT ON DENVER (MICHIGAN) DENTAL SERVICE

Year	Total	White	Negro	Other	New Cases - Report	
					White	Negro
1937	16,947	10,488	2,806			
1938	20,797	16,730	3,807			
1939	23,302	17,388	4,123			
1940	28,100	20,616	5,138			
1941	28,100	20,616	5,138			
1942	28,100	20,616	5,138			
1943	28,100	20,616	5,138			
1944	28,100	20,616	5,138			
1945	28,100	20,616	5,138			
1946	28,100	20,616	5,138			
1947	28,100	20,616	5,138			
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1971	28,100	20,616	5,138			
1972	28,100	20,616	5,138			
1973	28,100	20,616	5,138			
1974	28,100	20,616	5,138			
1975	28,100	20,616	5,138			
1976	28,100	20,616	5,138			
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1987	28,100	20,616	5,138			
1988	28,100	20,616	5,138			
1989	28,100	20,616	5,138			
1990	28,100	20,616	5,138			
1991	28,100	20,616	5,138			
1992	28,100	20,616	5,138			
1993	28,100	20,616	5,138			
1994	28,100	20,616	5,138			
1995	28,100	20,616	5,138			
1996	28,100	20,616	5,138			
1997	28,100	20,616	5,138			
1998	28,100	20,616	5,138			
1999	28,100	20,616	5,138			
2000	28,100	20,616	5,138			

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3. Malaria Control
4. Tuberculosis
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6. General Sanitation and Preventative Measures.
7. Nutrition

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PART I  
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PART IV  
SUMMARY OF REPORTS FROM MAJOR HOSPITALS AND DISPENSARIES

## PUBLIC HEALTH.

### 1. GENERAL HEALTH.

On the whole the health of the population during the year 1953 was good. No epidemics of major infectious diseases were reported. The most important diseases causing chronic ill-health and diminished economic efficiency are - malaria, tuberculosis and intestinal complaints, including worm infestations. Although the control of these diseases is still far from complete, there are no reasons for supposing that their incidence has increased; in fact it may be safely assumed that there has been, on the whole, an improvement. There is evidence of an increasing public awareness of the effects of these diseases, notably in the case of tuberculosis. With improving sanitation consequent upon the rebuilding of many of the larger population centres throughout the Colony, it is reasonable to expect improvements in the public health. The year has been one of steady development in this sphere of medical and health services.

### 2. VITAL STATISTICS.

During 1953 the printed report of the census held in 1951 became available and will be of the greatest value in statistical assessment of the health of the various races of the Colony.

The Census Report calls attention to the striking difference in the survival rate of Chinese children compared with those of other communities. It is remarked that for maternal ages up to 29, almost 93% of Chinese children survive, whereas for natives in general a comparable figure is 70% and for Muruts in particular, only 50%. Even allowing for mis-statements it is clear that the infantile mortality rate amongst natives must be very high as compared/

compared with the urban Chinese communities. These facts constitute a challenge to the health services which cannot be ignored. One of the first steps which has been taken is to establish a first class training school for nurses and midwives with a view to improved services to the rural areas.

The standards of accuracy of registration of births and deaths continue to improve, but still leave much to be desired, particularly among the less literate sections of the population. For this reason statistics relating to such matters as maternal and infant mortality and morbidity from various causes are not reliable.

In the larger centres and where certification is made by a medical practitioner the figures are naturally a great deal more accurate. Unfortunately the rural and less literate people are those who stand most in need of medical assistance and public health measures.

The population decline among the Muruts, for example, is causing concern and, with a view to investigating the cause for this and suggesting a remedy, the Government has under consideration an investigation to be undertaken in conjunction with the University of Malaya.

Figures showing the births and deaths registered in 1953 and the past five years are given below. -

Year	1947	1948	1949	1950	1951	1952	*1953
Births	6,630	6,716	8,037	9,064	10,435	11,486	10,956
Deaths	5,136	4,552	4,298	4,320	4,503	4,530	4,247
Excess of births over deaths	1,494	2,164	3,739	4,744	5,950	6,956	6,682

\* For the period 1st October 1952 to 30th September 1953.

### 3. MALARIA CONTROL

Routine measures, namely permanent anti-malarial works for drainage, oiling and spraying with insecticides continued. A W.H.O. sponsored Pilot Scheme for the eradication of malaria is in progress in the neighbouring Colony of Sarawak. This project aims at the eradication of malaria by the spraying of dwelling houses with modern insecticides. Since it is probable that the vector of malaria (A.leucosphyrus) is the same in both countries, the encouraging results so far obtained in Sarawak make it likely that similar methods may be successfully employed in North Borneo. Malaria is not a serious problem in built up areas and townships, but it is a serious source of chronic ill-health and sometimes a cause of death in rural areas and on estates.

During 1953 a visit was paid by the Malaria Advisor of the W.H.O. Western Pacific Region. Based on his advice and the results of the W.H.O. Pilot Project in Sarawak, it is probable that a scheme to reduce substantially, if not to eradicate malaria, will be formulated in the near future.

### 4. TUBERCULOSIS

Pulmonary Tuberculosis is one of the most serious single causes of mortality and morbidity in the Colony today. Increased attendances have been recorded at all hospitals and clinics, but this is more likely to be due to increased public awareness of the disease and to the availability of modern drugs for its treatment than to a real increase in the incidence of tuberculosis. During the year the North Borneo Anti-Tuberculosis Association (NOBATA) was formed and has received a great deal of popular support. It works in close co-operation/

co-operation with the Government Medical Department. New designs of "shophouse" for the new towns and townships have been approved. These designs avoid the old style of a long, dark, narrow and ill ventilated building, and should be an important factor in the prevention of the spread of tuberculosis. The modern methods of treatment are proving successful, and this combined with the preventive activities of the Public Health Department should make a material contribution to the reduction of this disease. Plans are now being drawn up for the provision of buildings over and above the provision made in general hospitals, in which tuberculosis patients can be housed, fed and treated.

Valuable advice and exchange of information was received during the year from the tuberculosis advisor to W.H.O. Western Pacific Region.

#### 5. INTESTINAL DISORDERS.

As in all tropical countries where standards of hygiene and sanitation have been low, bowel infections form a high proportion of the diseases encountered. However, improved sanitation both as regards disposal of night-soil and refuse and improved water supplies will substantially reduce the number of bowel diseases in the urban areas. The rural community still rely on unprotected wells and polluted rivers and streams as sources of water, whilst the disposal of excreta in most rural areas is unsatisfactory.

#### 6. GENERAL SANITATION AND PREVENTIVE MEASURES.

The ordinary work of the Public Health Department continued during 1953, and will be greatly helped by the establishment, approved in 1953, of a training school for Health Inspectors. Twelve candidates/

candidates began training during the year on a syllabus equivalent to that of the Royal Sanitary Institute in Singapore. Early in 1954 a qualified teacher is to be made available through the generous assistance of the Colombo Plan. Towards the end of 1953 the World Health Organisation provided a consultant Sanitary Engineer to look into and advise the Public Works and Medical Department on environmental sanitation, with particular reference to water supplies and sewage disposal.

Schools have been frequently inspected and advice given in general sanitation. A number of school children have benefited from the inspections and treatment given by the Dental Surgeon.

#### 7. NUTRITION.

Starvation as such is almost unknown in the Colony, but many of the rural population fail to take advantage of the fruits and vegetables which they grow, or which are readily available to them, as a result cases of avitaminosis are met with here and there. The remedy lies in proper education, particularly that of the housewife. To this end advice and diet supplements are made available at the Health Centres throughout the Colony. It is hoped that through the assistance of UNICEF these diet supplements can be considerably increased.

HOSPITALS AND DISPENSARIES.

1. GOVERNMENT HOSPITALS AND DISPENSARIES. (Appendix A)

During the year 10,933 in-patients were treated as compared with 10,369 in the previous year. Outpatients, of whom some 15,000 were treated by travelling dressers, numbered 271,715 as compared with 229,981 in 1952. These figures reflect no decline in the general health of the populace but are the direct consequence of improved facilities and a bigger staff of doctors.

One of the most important features of 1953 was the opening for use of the Duchess of Kent Hospital at Sandakan. This fine modern building is one of 100 beds, with a large outpatients department connected to it. It is well equipped to treat medical, surgical and maternity cases and has full diagnostic X-ray facilities.

New Health Centres were completed and opened both in Jesselton and Sandakan. These Health Centres serve mothers and children. Ante and post-natal clinics are regularly held as well as infant welfare clinics. The local branch of the British Red Cross Society has been of the greatest assistance at both of these centres.

The main Colony pathological laboratory is temporarily situated at the Jesselton Health Centre.

A new Cottage Hospital of 32 beds was completed at Kudat during the year, and a new dispensary with 10 rest beds was built at Papar.

Site preparation for the new Jesselton Hospital was well advanced by the end of 1953 and foundations for the nurses quarters have been prepared. This hospital which will be of modern design, is to accommodate 125 patients in a two storey building. Provision has been made in the drawings and the structure will be especially strengthened for the addition of a third storey should this prove necessary.

Plans for an inter-territorial mental hospital to serve North Borneo, Brunei and Sarawak had unfortunately to be abandoned. It will thus prove necessary to rebuild the existing mental hospital at Sandakan, which is not well suited to its purpose. The average number of patients treated in the Mental Hospital during the year was 100.

## 2. LEPER SETTLEMENT.

The Leper Settlement which is situated on Berhala Island in Sandakan Harbour has held an average of 50 patients throughout the year. The inmates have greatly benefited from the introduction of modern methods of treatment, and occupy themselves in fishing, boat building and agriculture. A voluntary welfare committee is very active in providing comforts and occupational diversions for the inmates. An average of only 4 new lepers are admitted each year, so that it may be assumed that leprosy is not a serious problem.

The present buildings in the leper settlement are of temporary construction and are scheduled for replacement. The opportunity will be taken to rebuild the whole settlement at a better site on the island, which is more spacious and will give better facilities for agricultural pursuits.

## 3. TRAVELLING DISPENSARIES.

The River Dispensary Launch operating on the East Coast and a Motor Ambulance Dispensary operating from Jesselton continued to give good service to the public.



4. ESTATE HOSPITALS AND DISPENSARIES.

The Labour Ordinance provide for employers of labour being required to furnish hospitals and medical supervision for their employees. Many of the larger estates and companies have dispensaries or small hospitals, and during the year there were 33 places of employment at which such medical facilities were provided.

PART III

A D M I N I S T R A T I O N .

1. STAFF

The Department is administered by a Director and a Deputy Director of Medical Services, with a Colony Matron and a Medical Accountant Store Keeper in Headquarters at Jesselton. During the year an establishment of 12 medical officers was maintained, in addition to the Colony Surgeon and Dental Surgeon. Teaching was supplemented by W.H.O. Sister Tutors. At the end of the year a W.H.O. Tutor was stationed in Sandakan and the school fully equipped and prepared to start nursing training for male and female nurses in January 1954. A W.H.O. Public Health Sister Tutor was stationed in Jesselton. Teaching has been further supplemented by the valuable work done in this respect by a laboratory technician made available under the Colombo Plan. In addition 12 probationary health inspectors have been recruited and teaching begun.

In April the Colony received a visit from Dr. Wilson Rae, C.M.G., Deputy Chief Medical Officer of the Colonial Office, whose experience and advice was greatly appreciated. Dr. I.C. Fang, Regional Director of the Western Pacific Office of W.H.O. also visited the Colony in October.

The visit of a W.H.O. Specialist Ophthalmic Surgeon for a short period in 1952 served to call attention still more forcibly to the need for services in regard to eye diseases in general and the prevention of blindness in particular. Approval was sought and obtained in 1953 for the appointment of a Specialist Ophthalmic Surgeon to serve the three Borneo Territories of North Borneo, Brunei and Sarawak. An officer on the Sarawak Establishment was selected and has been granted a W.H.O. Scholarship in ophthalmology which he will undertake in 1954.

A table showing the medical and health staff of the Colony, including mission and private doctors appears at Appendix B.

## 2. EXPENDITURE.

The estimated expenditure on medical services from Colony funds in 1953 including personal emoluments, amounted to \$2,025,017. This figure refers to Medical Department expenditure only, and does not include sums spent in the towns on such municipal conservancy measures as scavenging, removal of night-soil and inspection by Sanitary Board officials within the Sanitary Board areas. Neither does it include capital expenditure on new buildings nor the generous aid which the Colony continued to receive during the year under Colonial Development and Welfare Schemes, and from the United Nations International Childrens' Emergency Fund, the World Health Organisation and the Colombo Plan.

## 3. ASSISTANCE FROM VOLUNTARY ORGANISATIONS.

During the year valuable practical assistance continued to be received from the North Borneo Branches of the British Red Cross Society and the St. John Ambulance Association. The Services of a whole time Red Cross worker were much appreciated, particularly by those sections of the urban and rural communities to which she was able to give assistance.

PART IV  
SUMMARY OF REPORTS FROM MAJOR HOSPITALS  
AND DISTRICTS.  
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1. JESSELTON.

The Jesselton Hospital, normally of 100 beds, contained for the greater part of the year far more than this number, which is accounted for by the presence of many tuberculosis patients. At the end of the year there was an average of between 80 and 90 tuberculosis patients under treatment in the hospital. Some of the buildings are becoming very dilapidated, as they are of temporary construction, pending building of the new Jesselton Hospital.

During the year some improvements were made in the number of Junior Staff available, many of these being new trainees. Additional out-patient facilities were provided during the year, so that emergencies, accidents and other admissions could be expeditiously dealt with throughout the 24 hours. Diets were reviewed and improved and better provision has been made for 2nd Class diet scales and the provision of a Mohammedan cook, both of which arrangements will come into force during 1954.

Other improvements which were brought about consist of improved lighting and increased number of telephone lines; improved hospital visiting hours and additions to the space available for the Dental Department. It was found necessary to arrange for almost continuous repairs to buildings, throughout the year.

During the year hospital accommodation was made available at the Kapayan Police Barracks at present giving accommodation for 15 patients and 3 isolation cases. From June to August a few cases of beri-beri made their appearance amongst men who were fed in the Police Mess. After investigation the rice was fortified by additional vitamins and no further cases have occurred since.

2. SANDAKAN.

The main event during the year was the opening of the Duchess of Kent Hospital on the 7th September. The new Health Centre was completed in October. The shortage of junior staff affecting all hospitals throughout the Colony was equally felt in Sandakan, but with the School of Nursing being opened on the 1st January 1954, it is hoped that this defect will be to some extent remedied.

The Medical Officer reports that occasional cases of malaria originate in the town area, but that ample supplies of prophylactic drugs are available. As regards tuberculosis, the same situation prevails as is so common in the other towns.

Occasionally very bad cases of malnutrition, particularly in children, are brought in from the Interior. It appears that ignorance rather than lack of food is the cause.

3. KUDAT.

The new Cottage Hospital at Kudat was completed and occupied on the 1st September. For the last three months of the year it proved entirely satisfactory and adequate for the present needs of the district. The staff is complete and they are comfortably housed in new quarters. The Medical Officer reports that the general health of the district was good, save for a fairly wide-spread epidemic of influenza in mild form, during the early months of the year. On this epidemic was super-imposed an outbreak of whooping cough complicated by pneumonia, particularly among native children. Diseases caused by helminths were very common.

Sanitation in Kudat is very primitive, latrines being situated over the sea, and the water being mainly driven from shallow wells.

still births, infant deaths and maternal deaths have shown a gratifying decline in the last year.

#### 4. LABUAN

The Medical Officer, Labuan reports that the general picture during 1953 was that of a population of fair economic status living in a naturally healthy area, under conditions of poor environmental sanitation. In the middle of the year there was a mild epidemic of mumps. The most important diseases were Malaria and Tuberculosis. However satisfactory control of Malaria transmission was maintained.

Increased travel by dressers resulted in an improved service to the public, and now nearly all areas of Labuan Island are visited once weekly. Towards the end of the year the building of a new operating theatre and a new Administrative block began.

#### 5. BEAUFORT.

The most important advance during the year 1953, in the Beaufort district was the improvement in hospital buildings. At Papar, which is in the Beaufort Medical District, the old temporary hospital buildings were removed and a new hospital and dispensary with 10 beds was constructed. Two new dressers' quarters were also completed. The Medical Officer reports that additional beds, mattresses, hospital linen and items of ward and theatre equipment supplied to the hospitals at Beaufort and Papar have greatly improved the medical facilities and comfort of the patients, compared with previous years. 12 tuberculosis beds in the Beaufort Hospital were constantly occupied throughout the year and modern methods of treatment were widely employed. From the point of view of the Public Health the lack of a good pipe water supply renders the situation potentially dangerous.

6. KENINGAU.

The Keningau Hospital is in a rather dilapidated condition and plans have been made for its re-building during 1954. In the same way small outstation hospitals in the Interior District are scheduled for reconstruction. Nevertheless improvements have been made in the supply of beds, cots, mattresses, linen and other stores. During the year three new dispensaries and one sick rest house were opened namely at Dalit, where a sick rest house was opened in January; Kerokot dispensary was re-opened in August, and the population of Apin Apin built a dispensary and dresser's quarters to replace the old dispensary (which was closed down in 1951). The dispensaries at Dalit and Apin Apin were enthusiastically welcomed by the local population who had, under their Headman, made very considerable contributions to the buildings. As in former years extensive travelling and the holding of regular clinics continued. The village midwifery service continued as in former years to offer a full midwifery service to most of the accessible places in the district. As regards the public health, the Medical Officer reports that there were appreciable numbers of cases of whooping cough during the middle of the year, and that there was a mild outbreak of influenza early in the year. There were no cases of poliomyelitis or measles. Malaria seems particularly prevalent in the Keningau district and cerebral and fulminating forms of malaria were more common during 1953 than in previous years. In no part of the district does the intensity of infection fall below what is commonly regarded as hyperendemic. Prophylactic drugs have not to date been an unqualified success in this district.

There has been a substantial decrease in the cases of yaws. The number of patients admitted with pulmonary tuberculosis gradually increased during the year, but the Medical Officer remarks that in his opinion this reflects no increase in the incidence of the disease but only the fact, remarked on above, that patients enter hospital for treatment when they realise that effective drugs are available. As in other small towns throughout the Colony, provision for a satisfactory water supply and adequate sewage disposal still leaves a good deal to be desired.

7. TAWAU.

The Medical Officer in charge reports that the year 1953 was a busy and progressive one for this district not only as regards increases in out-patients and in-patients, but also in public health. The main event of the year was a disastrous fire, in which over half the shop area was destroyed, rendering 1,300 people homeless. Immediate steps were taken to control the water supply, to clear away rubbish and remaining organic matter, intensive anti-malaria measures coupled with widespread vaccination and inoculation against typhoid fever. The nearness of Tawau to neighbouring territories renders it particularly vulnerable to the introduction of smallpox and other diseases. There is also a considerable amount of shipping using the Port.

During the year the health of the district was mainly good, although malaria is endemic in outlying districts, and intestinal diseases occur during the long droughts to which this area is exposed.

APPENDIX A.

Name & Location of Hospital.	Number and Category of Beds			Total
	General	Isolation	Infectious	
	- 15 -			
<p>Considerable structural alterations have been made to the Tawau Hospital, including new buildings for the Nurses' Home, for the First Class Ward and for the X-ray Plant, in addition to improvements to existing buildings.</p> <p>Owing to the destruction caused by the fire, water supplies, housing and sanitation are in a transitional stage and the situation requires very careful supervision.</p>				
Isolation	30	-	2	32
First Class	16	4	-	20
Second Class	30	2	-	32
Third Class	10	-	-	10
Surgeons	5	-	-	5
Special	5	-	-	5
Treatment	10	-	-	10
Isolation	2	-	-	2
Special	2	-	-	2
Isolation	10	-	-	10
				665

APPENDIX B.

STAFF INCLUDING PRIVATE DOCTORS.

	Government	Missions	Private
Independent Physicians	15	1	16
Nursing Sisters	7	3	1
Staff Nurses	12	-	-
Trained Nurses	19	-	-
Probationer Nurses	20	-	-
Government Hospital Assistants	9	-	-
Trained Dressers	77	-	52
Probationer Dressers	30	-	-
Certified Midwives	35	3	42
Health Inspectors Grade I.	2	-	-
Probationary Health Inspectors	11	-	-





APPENDIX A

Name & Location of Hospital.	Number and Category of Beds			Total	
	General	Obste- trics	Tuber- culosis		Infectious
Jesselton	101	10	90	1	202
Sandakan (Duchess of Kent) Mental Hospital	73	14	20	6	113
Tawau	100	-	-	-	100
Papar	35	4	6	-	45
Kudat	10	-	-	-	10
Beaufort	30	2	-	-	32
Keningau	32	-	-	-	32
Kota Belud	30	-	-	2	32
Labuan	16	4	-	-	20
Lahad Datu	30	2	-	-	32
Semporna	10	-	-	-	10
Ranau	5	-	-	-	5
Tambunan	5	-	-	-	5
Kuala Penyu	10	-	-	-	10
Sipitang	2	-	-	-	2
Tenom	5	-	-	-	5
	10	-	-	-	10
					<u>665</u>

APPENDIX B.

STAFF INCLUDING PRIVATE DOCTORS.

	Government	Missions	Private
Registered Physicians	15	1	16
Nursing Sisters	7	3	1
Staff Nurses	12	-	-
Trained Nurses	19	-	-
Probationer Nurses	24	-	-
Government Hospital Assistants	9	-	-
Trained Dressers	77	-	52
Probationer Dressers	38	-	-
Certified Midwives	35	3	42
Health Inspectors Grade I.	2	-	-
Probationary Health Inspectors	11	-	-

ANNEX A

Total	Number and Category of Beds			General	Location of Hospital.
	Intensives	Other	Out-patient		
205	1	30	10	101	London
113	6	20	14	73	Bankers (Duchess of Kent) Mental Hospital
100	-	-	-	100	
45	-	5	4	35	Lawn
10	-	-	-	10	Leam
35	-	-	2	30	Leam
35	-	-	-	35	Leam
35	2	-	-	30	Leam
20	-	-	4	16	Leam
35	-	-	2	30	Leam
10	-	-	-	10	Leam
5	-	-	-	5	Leam
5	-	-	-	5	Leam
10	-	-	-	10	Leam
5	-	-	-	5	Leam
5	-	-	-	5	Leam
10	-	-	-	10	Leam

ANNEX B  
STAFF LISTING PRIVATE HOSPITALS

Government	Missions	Private
15	1	10
7	6	1
15	-	-
15	-	-
25	-	-
5	-	-
17	-	32
38	-	-
35	3	45
2	-	-
11	-	-

APPENDIX C.

RETURNS FROM 7 GOVERNMENT HOSPITALS AT WHICH A  
MEDICAL OFFICER IS IN CHARGE.

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RETURN OF MORBIDITY AND MORTALITY FOR THE YEAR 1953.

1. Racial Classification:

	Out-patients		In-patients
	New Cases	Repeat Cases	New Cases Admitted during year
Natives	18,670	14,998	3,319
Chinese	21,311	22,010	3,805
Others	5,498	6,084	1,123
T O T A L	45,479	43,092	8,247

2. Patients seen at Ante-natal Clinics and not recorded in above or detailed Classification of disease.

(1) New Cases - 1,995

(2) Repeat Cases- 1,170

3. Travelling Clinics:

New Cases seen - 15,100

4. Operations:

(1) Major - 446

(2) Minor - 2,065

5. Vaccinations: - 25,738

MINERAL OFFICES IN CHARGE

STATE OF MONTANA AND TERRITORIES

I. Social Classification

Category	Report Cases	Other Cases	Total
Native	18,670	11,725	30,395
Chinese	21,211	15,010	36,221
Others	2,125	5,250	7,375
<b>Total</b>	<b>41,996</b>	<b>22,085</b>	<b>64,081</b>

Patients seen at State Hospital and other hospitals in above or detailed classification of disease.

- (1) New Cases - 1,995
- (2) Report Cases - 1,110

Traveling Clinics

New Cases seen - 15,100

Operational

- (1) New Cases - 2,000
- (2) Report Cases - 1,000

Vaccinations

25,775

Intermediate List Number	Detailed List Numbers.	CAUSE GROUPS.	Out-patient list Attendances	In-patient Admitted.	Died in Hospital
A 1	001 - 008	<u>Tuberculosis of Respiratory System</u>	106	254	28
A 2	010	<u>Tuberculosis of meninges and central nervous system</u>	-	3	-
A 3	011	<u>Tuberculosis of intestines, peritoneum and mesenteric glands</u>	-	4	-
A 4	012, 013	<u>Tuberculosis of bones and joints</u>	1	14	-
A 5	014 - 019	<u>Tuberculosis, all other forms</u>	93	125	8
A 6	020	<u>Congenital Syphilis</u>	-	-	-
A 7	021	<u>Early syphilis (Primary and Secondary)</u>	9	4	-
A 8	024	<u>Tabes dorsalis</u>	-	-	-
A 9	025	<u>General paralysis of insance</u>	-	-	-
A 10	022, 023) 026 - 029)	<u>All other Syphilis</u>	-	7	-
A 11	030 - 035	<u>Gonococcal infections:</u> (1) Acute (2) Other	1 38 8	5 9 6	- - -
A 12	040	<u>Typhoid Fever</u>	-	4	2
A 13	041, 042	<u>Paratyphoid Fever and other Salmonella infections</u>	-	-	-
A 14	043	<u>Cholera</u>	-	-	-
A 15	044	<u>Brucellosis (undulant Fever)</u>	-	-	-
A 16(a)	045	<u>Bacillary Dysentery</u>	9	15	-
(b)	046	<u>Amoebiasis</u>	207	149	7
(c)	047, 048	<u>Other unspecified forms of Dysentery</u>	372	60	2
A 17	050	<u>Scarlet Fever</u>	-	-	-
A 18	051	<u>Streptococcal sore throat</u>	73	1	-
A 19	052	<u>Erysipelas</u>	34	4	-
A 20	053	<u>Septicaemia and Praemia</u>	-	6	2
A 21	055	<u>Diphtheria</u>	-	5	3
A 22	056	<u>Whooping Cough</u>	515	6	-
A 23	057	<u>Meningococcal infections</u>	-	1	-
A 24	058	<u>Plague</u>	-	-	-
A 25	060	<u>Leprosy</u>	3	8	-
A 26	061	<u>Tetanus</u>	-	13	10
A 27	062	<u>Anthrax</u>	-	-	-
A 28	080	<u>Acute Poliomyelitis</u>	2	3	-
A 29	082	<u>Acute infectious encephalitis</u>	-	-	-
A 30	081, 083	<u>Late effects of acute Poliomyelitis and acute infectious encephalitis</u>	1	1	-
A 31	084	<u>Small-pox</u>	-	-	-
A 32	085	<u>Measles</u>	13	12	-
A 33	091	<u>Yellow Fever</u>	-	-	-
A 34	092	<u>Infectious hepatitis</u>	5	9	-
A 35	094	<u>Rabies</u>	1	-	-
A 36(a)	100	<u>Louse-borne epidemic typhus</u>	-	-	-
(b)	101	<u>Fleas-borne endemic typhus (murine)</u>	-	-	-
(c)	104	<u>Tick-borne epidemic typhus</u>	-	-	-
(d)	105	<u>Mite-borne typhus</u>	-	-	-
(e)	102 - 103) 106 - 108)	<u>Other and unspecified typhus</u>	4	1	-
A 37(a)	110	<u>Vivax Malaria (benign tertian)</u>	236	186	7
(b)	111	<u>Malariae Malaria Quartan)</u>	19	3	-
(c)	112	<u>Falciparum Malaria (Malignant tertian)</u>	349	286	9
(d)	115	<u>Blackwater Fever</u>	-	4	-
(e)	113, 114) 116, 117)	<u>Other and unspecified forms of Malaria</u>	4,581	323	10

Intermediate List Number	Detailed List Numbers.	CAUSE GROUPS.	Out-patient list Attendances	In-patient Admitted	Died in Hospital
A 38 (a)	123.0	Schistosomiasis vesical ( <i>S. haematobium</i> )	-	-	-
(b)	123.1	Schistosomiasis intestinal ( <i>S. mansoni</i> )	-	-	-
(c)	123.3	Other and unspecified schistosomiasis	-	-	-
A 39	125	Hydatid Disease	-	-	-
A 40 (a)	127	Onchocerciasis	-	-	-
(b)		Loiasis	-	-	-
(c)		Filariasis ( <i>bancrofti</i> )	-	-	-
(d)		Other filariasis	5	-	-
A 41	129	<u>Ankylostomiasis</u>	448	43	-
A 42 (a)	126	<u>Tapeworm (infection) and other cestode infestations</u>	4	-	-
(b)	130.0	<u>Ascariasis</u>	998	114	-
(c)	130.3	Guinea worm ( <i>dracunculosis</i> )	-	-	-
(d)	124, 128, 130.1, 130.2	Other diseases due to helminths	614	14	-
A 43 (a)	037	Lymphogranuloma venereum	-	2	-
(b)	038	Granuloma inguinale, venereal	-	-	-
(c)	039	Other and unspecified venereal diseases	1	2	-
(d)	049	<u>Food poisoning infection and intoxication</u>	-	2	-
(e)	071	Relapsing Fever	-	-	-
(f)	072	Leptospirosis icterohaemorrhagica ( <i>Weil's Disease</i> )	-	-	-
(g)	073	<u>Yaws</u>	997	46	-
(h)	087	<u>Chicken-pox</u>	19	17	-
(i)	090	<u>Dengue</u>	-	-	-
(j)	095	<u>Trachoma</u>	-	-	-
(k)	096.7	<u>Sandfly Fever</u>	-	-	-
(l)	120	Leishmaniasis	-	-	-
(m)	121 (a)	Trypanosomiasis gambiense	-	-	-
(b)		Trypanosomiasis rhodesiense	-	-	-
(c)		Other and unspecified trypanosomiasis	-	-	-
(n)	131	<u>Dermatophytosis (Kurap, etc)</u>	1,179	79	-
(o)	135	<u>Scabies</u>	615	10	-
(p)	036, 054, 059, 063, 064, 070, 074, 086, 088, 089, 093, 096.1-096.6, 096.8, 096.9, 122, 132-134, 136-138.)	All other diseases	292	101	-
A 44	140 - 148)	Malignant neoplasm of buccal cavity pharynx	-	-	-
A 45	150	Malignant neoplasm of stomach	-	11	3
A 46	151	Malignant neoplasm of intestine, except rectum	1	6	2
A 47	152, 153	Malignant neoplasm of rectum	3	28	-
A 48	154	Malignant neoplasm of larynx	-	3	-
A 49	161	Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary.	-	2	-
A 50	162, 163	Malignant neoplasm of breast	-	7	1
A 51	170	Malignant neoplasm of cervix uteri	2	20	3
A 52	171	Malignant neoplasm of other and unspecified parts of uterus	1	18	-
A 53	172 - 174				

Intermediate List Number	Detailed List Numbers.	CAUSE GROUPS.	Out-patient let Attendances	In-patient Admitted	Died in Hospital
A 54	177	Malignant neoplasm of prostate	-	2	1
A 55	190, 191	Malignant neoplasm of skin	26	4	-
A 56	196, 197	Malignant neoplasm of bone and connective tissue	21	6	4
A 57	155-160)	<u>Malignant neoplasm of all</u>			
	164,165)				
	175,176)				
	178-181)				
	192-195)	<u>Other and unspecified sites</u>	1	19	3
	198,199)				
A 58	204	Leukaemia and aleukaemia	-	-	-
A 59	200 - 203,	Lymphosarcoma and other neoplasms and haematopoietic System	1	2	-
	205				
A 60	210-239	<u>Benign neoplasms and neoplasms of unspecified nature</u>	65	15	2
A 61	250, 251	<u>Nontoxic goitre</u>	9	6	-
A 62	252	Thyrotoxicosis with or without goitre	-	6	1
A 63	260	<u>Diabetes Mellitus</u>	1	13	1
A 64 (a)	280	<u>Beri-beri</u>	43	12	-
	(b) 281	<u>Pellagra</u>	1	3	-
	(c) 282	<u>Scurvy</u>	-	-	-
	(d) 283-286	<u>Other dificiency states</u>	122	25	-
A 65 (a)	290	<u>Pernicious and other hyperchromic anaemias</u>	34	3	-
	(b) 291	<u>Iron deficiency anaemias (hypochromic)</u>	800	51	1
	(c) 292, 293	<u>Other specified and unspecified anaemias</u>	1,172	79	3
A 66 (a)	241	<u>Asthma</u>	435	78	2
	(b) 240	<u>All other allergic disorders</u>	32	17	-
	242-245)	<u>Endocrine, metabolic and blood diseases</u>			
	253,245)				
	270-277)				
	287-289)				
	294-299)				
A 67	300-309	Psychoses	-	36	5
A 68	310 - 324)	Psychoneuroses and disorders personality	9	17	-
	326 )				
A 69	325	Mental deficiency	20	80	1
A 70	300-334	Vascular lesions affecting central nervous system	2	10	4
A 71	340	Non-meningococcal Meningitis	-	9	3
A 72	345	Multiple sclerosis	-	3	-
A 73	353	<u>Epilepsy</u>	13	12	-
A 74	370-379	<u>Inflammatory diseases of eye</u>	833	58	-
A 75	385	<u>Cataract</u>	16	8	-
A 76	387	<u>Glaucoma</u>	1	-	-
A 77 (a)	390	<u>Otitis externa</u>	555	15	-
	(b) 391-393	<u>Otitis media and mastoiditis</u>	268	17	-
	(c) 394	<u>Other inflammatory disease of ear</u>	511	98	-
A 78 (a)	380-384	<u>All other diseases and conditions of eye</u>	100	27	-
	386, 388)				
	389				
	(b) 341, 344)	<u>All other diseases of the nervous system and sense organs</u>	249	51	4
	350 - 352)				
	354 - 357)				
	360 - 369)				
	395 - 398)				
A 79	400-402	Rheumatic Fever	-	4	-



Intermediate List Number	Detailed List Numbers	CAUSE GROUPS.	Out-patient list Attendances	In-patient Admitted	Died in Hospital
A 80	410-416	Chronic rheumatic heart disease	-	6	1
A 81	420-422	Arteriosclerotic and degenerative heart disease	2	7	3
A 82	430-434	<u>Other diseases of heart</u>	11	40	11
A 83	440-443	Hypertension with heart disease	1	2	1
A 84	444-447	Hypertension without mention of heart	4	17	2
A 85	450-456	Diseases of arteries	4	10	2
A 86	460-468	Other diseases of circulatory system	64	36	3
A 87	470-475	<u>Acute upper respiratory infections</u>	995	34	-
A 88	480-483	<u>Influenza</u>	3,553	109	1
A 89	490	Lobar pneumonia	17	103	7
A 90	491	Bronchopneumonia	29	122	21
A 91	492, 493	Primary a typical, other and <u>unspecified pneumonia</u>	121	73	2
A 92	500	<u>Acute bronchitis</u>	2,273	199	-
A 93	501, 502	<u>Bronchitis, chronic and unqualified</u>	1,297	185	1
A 94	510	<u>Hypertrophy of tonsils &amp; adenoids</u>	382	112	-
A 95	518, 521	<u>Empyema and abscess of lung</u>	5	6	1
A 96	519	<u>Pleurisy</u>	7	15	-
A 97 (a)	523	<u>Pneumoconiosis</u>	-	3	3
(b)	511-517)				
	520-522)	All other respiratory diseases	560	43	-
	524-527)				
A 98 (a)	530	<u>Dental Caries</u>	1,111	11	-
(b)	531-535	All other diseases of teeth and supporting structures	180	21	-
	540)	Ulcer of stomach	11	15	-
A 100	541)	Ulcer of duodenum			
A 101	543	<u>Gastritis and duodenitis</u>	624	53	1
A 102	550-553	<u>Appendicitis</u>	29	67	-
A 103	560, 561)	Intestinal obstruction and <u>hernia</u>	10	54	1
	570 )				
A 104 (a)	571.0	<u>Gastro-enteritis and colitis between 4 weeks and 2 years</u>	238	41	9
(b)	571.1	<u>Gastro-enteritis and colitis, ages 2 years and over.</u>	643	109	2
(c)	572	Chronic enteritis & ulcerative colitis	46	18	-
A 105	581	Cirrhosis of liver	3	14	3
A 106	584, 585	Cholelithiasis and cholecystitis	30	9	-
A 107	536-539)				
	542, 544)				
	545 )	Other diseases of digestive system	1,550	81	3
	573-580)				
	582, 583)				
	586, 587)				
A 108	590	<u>Acute nephritis</u>	17	30	1
A 109	591-594	Chronic, other and unspecified nephritis	6	22	6
A 110	600	<u>Infections of Kidney</u>	41	16	1
A 111	602, 604	Calculi of urinary system	2	13	-
A 112	610	Hyperplasia of prostate	-	2	1
A 113	620, 621	Diseases of breast	15	19	-
A 114 (a)	613	<u>Hydrocele</u>	3	8	-
(b)	634	<u>Disorders of menstruation</u>	139	35	-
(c)	601, 603)				
	605-609)	All other diseases of the	180	109	5
	611, 612)				
	614-617)	Genito-urinary system			
	622-633)				
	635-637)				

Intermediate List Number	Detailed List Numbers	CAUSE GROUPS.	Out-patient list Attendances	In-patient Admitted	Died in Hospital
A 115	640-641) 681,682) 684	<u>Sepsis of pregnancy, childbirth and the puerperium</u>	-	11	1
A 116	642,652) 685,686)	<u>Toxaemias of pregnancy and the puerperium</u>	-	30	1
A 117	643,664) 670-672)	<u>Haemorrhage of pregnancy &amp; Childbirth</u>	3	16	2
A 118	650	<u>Abortion without mention of sepsis or toxæmia</u>	8	94	-
A 119	651	<u>Abortion with sepsis</u>	-	12	1
A 120(a)	645-649) 673-680) 683	<u>Other complications of pregnancy, Childbirth and the puerperium</u>	153	106	7
(b)	687-689) 660	<u>Delivery without complications</u>	12	910	-
A 121	690-698	<u>Infections of skin and subcutaneous tissue</u>	1,854	240	-
A 122	720-725	<u>Arthritis and spondylitis</u>	93	48	-
A 123	726,727	<u>Muscular rheumatism and rheumatism unspecified</u>	852	28	-
A 124	730	<u>Osteomyelitis and periostitis</u>	7	17	-
A 125	737 )	<u>Ankylosis and acquired musculo-skeletal deformities</u>	1	4	-
A 126(a)	745-749) 715	<u>Chronic ulcer of skin (including tropical ulcer)</u>	2,450	148	-
(b)	700-714) 716	<u>All other diseases of skin</u>	1,788	229	-
(c)	731-736) 738-744	<u>All other diseases of musculo-skeletal system</u>	1	12	-
A 127	751	<u>Spina bifida and meningocele</u>	-	-	-
A 128	754	<u>Congenital malformations of circulatory system</u>	-	2	1
A 129	750,752) 753 ) 755-759)	<u>All other congenital malformations</u>	-	9	-
A 130	760,761	<u>Birth injuries</u>	-	2	1
A 131	762	<u>Post-natal asphyxia and atelectasis</u>	-	1	-
A 132(a)	764	<u>Diarrhoea of newborn (under 4 weeks)</u>	4	2	-
(b)	765	<u>Ophthalmia neonatorum</u>	3	-	-
(c)	763, ) 766-768)	<u>Other infections of newborn</u>	-	-	-
A 133	770	<u>Haemolytic disease of new-born</u>	-	-	-
A 134	769	<u>All other defined diseases of early infancy</u>	1	6	1
A 135	771,772) 773,776	<u>Ill-defined diseases peculiar to early infancy, and immaturity unqualified</u>	-	4	2
A 136	794	<u>Senility without mention of psychosis</u>	31	31	-
A 137(a)	788.8	<u>Pyrexia of unknown origin</u>	866	92	8
(b)	793	<u>Observation, without need for medical care</u>	719	334	-
(c)	780-787) 788.1- ) 788.7 ) 789.9 ) 789-792) 795	<u>All other ill-defined causes of morbidity</u>	1,369	300	5

"E" CODE. ALTERNATIVE CLASSIFICATION OF ACCIDENTS,  
POISONINGS, AND VIOLENCE (EXTERNAL CAUSE).

Intermediate List Number	Detailed List Numbers	CAUSE GROUPS.	Out-patient list Attendance	In-patient Admitted	Died in Hospital
AE 138	E810-E835	<u>Motor vehicle accidents</u>	30	28	1
AE 139	E800-E802) E840-E866)	<u>Other transport accidents</u>	104	31	-
AE 140	E870-E895	<u>Accidental poisoning</u>	64	7	-
AE 141	E900-E904	<u>Accidental falls</u>	647	170	-
AE 142	E912	<u>Accident caused by machinery</u>	161	11	-
AE 143	E916	<u>Accident caused by fire and explosion of combustible material</u>	18	15	2
AE 144	E917, E918	<u>Accident caused by hot substance corrosive liquid, steam and radiation</u>	136	39	-
AE 145	E919	<u>Accident caused by firearm</u>	-	7	-
AE 146	E929	<u>Accidental drowning &amp; submersion</u>			
AE 147	(a) E920	<u>Foreign body entering eye and adnexa</u>	58	7	-
	(b) E923	<u>Foreign body entering other orifice</u>	39	4	-
	(c) E927	<u>Accidents caused by bites and stings of venomous animals and insects</u>	135	38	-
	(d) E928	<u>Other accidents caused by animals</u>	214	30	-
	(e) E910, E911) E913-E915) E921-E922) E924-E926) E930-E965)	All other accidental causes	1,963	390	4
AE 148	E970-E979	Suicide and self-inflicted injury	113	33	4
AE 149	E980-E985	<u>Homicide and injury purposely inflicted by other persons (not in war)</u>	18	8	1
AE 150	E990-E999	<u>Injury resulting from operations of war</u>	-	-	-
		Malarial suppressive	162	-	-
		Accompanying patient	-	29	-
T O T A L -			45,479	8,247	267

"N" CODE. ALTERNATIVE CLASSIFICATION OF ACCIDENTS,  
POISONINGS, AND VIOLENCE (NATURE OR INJURY).

Intermediate List Number.	Detailed List Numbers	CAUSE GROUPS.	Out-patient 1st Attendances	In-patient Admitted	Died in Hospital
AN 138	N800-N804	<u>Fracture of skull</u>	-	16	3
AN 139	N805-N809	<u>Fracture of spine and trunk</u>	2	35	-
AN 140	N810-N829	<u>Fracture of limbs</u>	27	126	-
AN 141	N830-N839	<u>Dislocation without Fracture</u>	8	9	-
AN 142	N840-N848	<u>Sprains and strains of joints and adjacent muscle</u>	533	36	-
AN 143	N850-N856	<u>Head injury (excluding fracture)</u>	35	26	-
AN 144	N860-N869	<u>Internal injury of chest, abdomen, and pelvis</u>	-	9	2
AN 145	N870-N908	<u>Laceration and open wounds</u>	1,250	311	2
AN 146	N910-N929	<u>Superficial injury, contusion and crushing with intact skin surface</u>	1,351	121	2
AN 147	N930-N936	<u>Effects of foreign body entering through orifice</u>	81	12	-
AN 148	N940-N949	<u>Burns</u>	165	54	2
AN 149	N960-N979	<u>Effects of Poisons</u>	11	2	-
AN 150	N950-N959) N980-N999)	<u>All other and unspecified effects of external causes</u>	151	34	1
T O T A L -			3,614	791	12

THE LEGISLATIVE COMMITTEE ON CRIMINAL JUSTICE  
 POISONING AND VIOLENCE (HOUSE OF REPRESENTATIVES)

Case No.	Year	County	Offense	Disposition
100	1900	Alameda	POISONING	Convicted
101	1900	Alameda	POISONING	Convicted
102	1900	Alameda	POISONING	Convicted
103	1900	Alameda	POISONING	Convicted
104	1900	Alameda	POISONING	Convicted
105	1900	Alameda	POISONING	Convicted
106	1900	Alameda	POISONING	Convicted
107	1900	Alameda	POISONING	Convicted
108	1900	Alameda	POISONING	Convicted
109	1900	Alameda	POISONING	Convicted
110	1900	Alameda	POISONING	Convicted
111	1900	Alameda	POISONING	Convicted
112	1900	Alameda	POISONING	Convicted
113	1900	Alameda	POISONING	Convicted
114	1900	Alameda	POISONING	Convicted
115	1900	Alameda	POISONING	Convicted
116	1900	Alameda	POISONING	Convicted
117	1900	Alameda	POISONING	Convicted
118	1900	Alameda	POISONING	Convicted
119	1900	Alameda	POISONING	Convicted
120	1900	Alameda	POISONING	Convicted
121	1900	Alameda	POISONING	Convicted
122	1900	Alameda	POISONING	Convicted
123	1900	Alameda	POISONING	Convicted
124	1900	Alameda	POISONING	Convicted
125	1900	Alameda	POISONING	Convicted
126	1900	Alameda	POISONING	Convicted
127	1900	Alameda	POISONING	Convicted
128	1900	Alameda	POISONING	Convicted
129	1900	Alameda	POISONING	Convicted
130	1900	Alameda	POISONING	Convicted
131	1900	Alameda	POISONING	Convicted
132	1900	Alameda	POISONING	Convicted
133	1900	Alameda	POISONING	Convicted
134	1900	Alameda	POISONING	Convicted
135	1900	Alameda	POISONING	Convicted
136	1900	Alameda	POISONING	Convicted
137	1900	Alameda	POISONING	Convicted
138	1900	Alameda	POISONING	Convicted
139	1900	Alameda	POISONING	Convicted
140	1900	Alameda	POISONING	Convicted
141	1900	Alameda	POISONING	Convicted
142	1900	Alameda	POISONING	Convicted
143	1900	Alameda	POISONING	Convicted
144	1900	Alameda	POISONING	Convicted
145	1900	Alameda	POISONING	Convicted
146	1900	Alameda	POISONING	Convicted
147	1900	Alameda	POISONING	Convicted
148	1900	Alameda	POISONING	Convicted
149	1900	Alameda	POISONING	Convicted
150	1900	Alameda	POISONING	Convicted

APPENDIX D.

RETURN FROM OUT-STATION DISPENSARIES.

(Either with or without Rest-Bed).  
-----

	Out-patients		In-patients
	New Cases	Repeat Cases	New Cases admitted
Natives	102,294	42,354	2,214
Chinese	20,236	11,173	291
Others	3,186	3,901	181
TOTAL	125,716	57,428	2,686

APPENDIX 2

LETTER FROM OUT-STATION TO BANGKOK

(Sheet with or without Serial-Book)

Category	How Gross	Net Gross	How Gross
Native	102,334	42,334	2,211
Chinese	20,730	11,177	503
Others	2,180	2,201	181
<b>Total</b>	<b>125,244</b>	<b>55,712</b>	<b>2,895</b>

S T A T I O N S	Out-Patients			In-Patients		Ante-Natal		Travelling Operations		
	New Cases	Repeat Cases	New Cases Admitted	Died in Hospital	New Cases	Repeat Cases	New Cases Seen	Major	Minor	Vaccination
1. Kapayan	2,417	7,145	287	-	-	-	-	-	86	3
2. Tuaron	7,011	3,254	-	-	147	195	-	-	66	240
3. Tenghilan	5,506	1,901	-	-	-	-	-	-	-	40
4. Papar	4,842	7,757	319	6	43	-	681	-	49	988
5. Kuala Penyu	4,187	682	18	-	-	-	305	-	4	225
6. Sipitang	10,213	3,125	106	3	6	1	2,585	-	85	262
7. Tenom	8,199	4,583	273	10	-	-	923	2	85	2,283
8. Penampang	7,950	2,471	298	-	-	-	3,718	-	33	250
9. Tambunan	4,607	951	378	7	-	-	5,374	-	26	21
10. Tulid	1,354	1,379	66	-	-	-	1,563	-	52	-
11. Bandau	4,190	419	-	-	-	-	1,255	-	-	306
12. Tandik	2,756	421	-	-	-	-	1,328	-	-	627
13. Kota Belud	18,250	1,885	489	4	83	219	4,048	-	35	1,477
14. Bundu Tuhan	1,937	174	19	-	-	-	752	-	5	-
15. Ranau	4,933	4,485	122	5	-	-	1,193	2	64	120
16. Beluran	2,401	852	22	-	-	-	2,267	-	19	2,170
17. Iamas	391	158	-	-	-	-	1,288	-	2	214
18. Trusan	2,322	159	-	-	-	-	981	-	11	1,127
19. Tongod	1,571	274	-	-	-	-	1,723	-	7	611
20. Lahad Datu	2,553	4,313	184	10	-	-	401	-	78	1,114
21. Semporna	5,630	5,738	104	1	-	-	254	-	62	285
22. Mempakul	1,911	727	-	-	-	-	971	-	28	374
23. Sepulut	2,400	2,932	1	-	-	-	534	-	6	-
24. Jesselton Mobile Dispensary	16,372	1,198	-	-	-	-	16,372	-	-	694
25. Mengatal	1,813	445	-	-	-	-	-	-	37	13
T O T A L	125,716	57,428	2,686	46	279	415	48,408	4	840	13,444





APPENDIX E.

DENTAL DEPARTMENT (REPORT FOR 1953).  
-----

The first full period of 12 months, for which the Dental Service has been in operation, began in April, 1952. Owing to the large number of potential patients, the service is primarily a casualty Dental Service, providing for the immediate treatment of those in urgent need. It was however possible during the year to inspect a large number of school children, and follow this up with routine treatment.

The Dental Surgery was by the end of 1953 almost completely equipped. The Laboratory is not completely equipped, but considerations of space make it unlikely that a fully equipped laboratory can be brought into use until the new Dental Department in the Jesselton Hospital is available for occupation.

RECORDS OF INSPECTION AND TREATMENT

Attendances	-	2,909
Teeth Filled	-	394
Temporary teeth extracted	-	1,186
Permanent teeth extracted	-	1,605
Other Operations	-	363
General Anaesthetics given	-	257
Partial Dentures	-	61
Full Dentures	-	31
Repairs to Dentures	-	11
X-Ray	-	47

VISITS TO OTHER STATIONS:

During the year visits were paid to Keningau, Papar, Sandakan, Kota Belud, Tawau and Kudat. In all these places a majority of School children were inspected and treatment offered.

TRAINING:

The training of subordinate additional staff on a limited scale proceeded throughout the year.

APPENDIX B

DENTAL TREATMENT (REPORT FOR 1933)

The first full period of 12 months for which the Dental Service has been in operation began in April, 1931. During the year the number of potential patients, the service is primarily a family dental service, providing for the immediate treatment of the patient as needed. It was however possible during the year to spot a large number of school children, and follow this up with their treatment.

The Dental Surgery was by the end of 1933 almost completely equipped. The laboratory is not completely equipped, but considerable work has been done to make it self-sufficient and a fully equipped laboratory has been brought into use with the new Dental Department in the Eastern Hospital in available for occupation.

RECORDS OF LABORATORY AND TREATMENT

2,302	Attendance
304	Tooth filled
1,156	Temporary teeth extracted
1,205	Permanent teeth extracted
303	Other operations
287	General anaesthesia given
0	Partial dentures
2	Full dentures
12	Repairs to dentures
0	Other
	<u>TOTAL TO OTHER DEPARTMENTS</u>

During the year visits were paid to Kensington, Farnham, and other dental clinics. In all these places a category of school children were inspected and treatment offered.

TREATMENT

The working of subcommittee appointed in a limited scale proceeded throughout the year.



APPENDIX B.

PATIENTS REGISTERED IN ANNEX A AS CLASSIFIED BY RACE.

---

	Out-patients.		In-patients.
	New Cases	Repeat Cases	New Cases admitted during month.
Natives	11,099	6,459	2,317
Chinese	16,164	11,183	2,989
Others	3,088	2,412	751
Total	30,351	20,054	6,057

APPENDIX F.

MAJOR SURGICAL OPERATIONS

PERFORMED DURING THE YEAR 1953 BY THE COLONY SURGEON

AT JESSELTON HOSPITAL.

Abdominal	.....	60
Gynaecological	.....	35
Rectal	.....	34
Herniai	.....	28
Orthopaedic	.....	22
Plastic	.....	15
Genito-Urinary	.....	14
Neck	.....	12
Others	.....	5
		<hr/>
TOTAL	.....	225
		=====

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GENERAL INFORMATION

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1.2. Scope of the Study

1.3. Methodology

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1.7. References

1.8. Acknowledgments

1.9. Appendix

1.10. Summary

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T O T A L

STAFF (APPENDIX G).

	1947		1948		1949		1950		1951		1952		1953	
	Estab-lish-ment	Ac-tu-al	Estab-lish-ment	Ac-tu-al	Estab-lish-ment	Ac-tu-al	Estab-lish-ment	Ac-tu-al	Estab-lish-ment	Ac-tu-al	Estab-lish-ment	Ac-tu-al	Estab-lish-ment	Ac-tu-al
<b>A. SENIOR OFFICERS</b>														
Director of Medical Service	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Deputy Director of Medical Services	-	-	1	1	1	1	1	1	1	1	1	1	1	1
Surgeon	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Officers	9	6	9	7	11	7	11	9	11	11	11	11	11	11
Health Officer	1	-	1	1	1	1	1	1	1	1	1	1	1	1
Dentist	-	-	-	-	1	1	1	1	1	1	1	1	1	1
Health Visitor	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Accountant/Store-keeper	-	-	-	-	1	1	1	1	1	1	1	1	1	1
<b>B. SENIOR NURSING STAFF</b>														
Colonel Matron	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing Sisters	2	2	6	5	6	6	5	1	6	5	6	3	6	6
<b>C. JUNIOR NURSING STAFF</b>														
Dressers - Special Grade	10	9	10	9	9	9	9	10	9	10	9	10	9	9
Staff Nurses	2	1	2	1	2	2	3	1	4	3	5	7	12	12
Dressers & Nurses	126	106	129	125	119	10	120	9	114	15	140	110	30	198
Midwives	8	5	8	5	6	6	8	12	3	9	12	7	12	3
<b>D. HEALTH STAFF</b>														
Health Inspector	-	-	-	-	-	-	-	-	3	6	3	1	2	3
Special Grade	-	-	-	-	-	-	-	-	6	1	6	1	5	12
Health Inspector	-	-	-	-	-	-	-	-	1	1	1	1	1	1
Vaccinators	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Rat Catcher	2	1	2	2	2	1	1	1	3	1	3	1	3	3





	1947			1948			1949			1950			1951			1952			1953		
	Estab- lish- ment	Ac- tu- al	Vac- an- cies	Estab- lish- ment	Ac- tu- al	Vac- an- cies	Estab- lish- ment	Ac- tu- al	Vac- an- cies	Estab- lish- ment	Ac- tu- al	Vac- an- cies	Estab- lish- ment	Ac- tu- al	Vac- an- cies	Estab- lish- ment	Ac- tu- al	Vac- an- cies	Estab- lish- ment	Ac- tu- al	Vac- an- cies
Village Health Inspectors	15	15	-	15	15	-	15	15	-	15	15	-	15	14	1	15	14	1	10	10	-
Anti-Mosquito Asciatants	4	4	-	4	4	-	3	3	-	3	3	-	3	3	-	3	3	-	3	3	-
<b>E. MATERNITY &amp; CHILD WELFARE</b>																					
Staff Village Midwives	-	-	-	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1
Village Midwives	15	1	14	25	10	15	29	10	19	29	18	11	29	24	5	29	20	9	29	16	13
<b>F. MISCELLANEOUS JUNIOR STAFF</b>																					
Laboratory Assistant	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Dental Mechanic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-
Attendants & Servants	157	157	-	157	151	6	159	157	2	159	157	2	169	156	13	169	162	7	169	169	-
Mandore	10	8	2	10	8	2	10	8	2	10	8	2	10	8	2	10	8	2	7	7	7
Messengers	-	-	-	6	6	-	6	6	-	6	6	-	6	6	-	6	6	-	6	6	-
Watchmen	4	4	-	4	4	-	6	4	2	6	4	2	6	6	-	7	6	1	7	6	1
Cooke at Hostels	1	-	1	1	1	-	3	3	-	3	2	1	3	3	-	3	3	-	3	3	-
Amchs at Hostels	2	-	2	2	2	-	3	3	-	3	2	1	3	3	-	3	3	-	3	3	-



