

Annual report of the Sarawak Government Medical Department.

Contributors

Sarawak. Medical Department.

Publication/Creation

Kuching : G.P.O., [1950]

Persistent URL

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

License and attribution

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

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



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

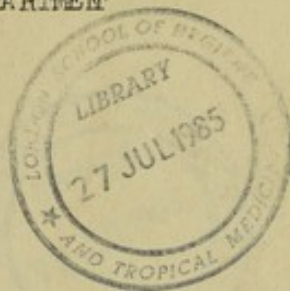
AC-2225

NOT TO BE TAKEN AWAY.

4 R

COLONY OF SARAWAK

ANNUAL REPORT
OF THE
MEDICAL AND HEALTH DEPARTMENT
FOR THE YEAR
1950



BY

JAMES M. LISTON
M.B., Ch.B., D.T.M. & H., D.P.H.
DIRECTOR OF MEDICAL SERVICES

WELLCOME INSTITUTE LIBRARY	
Coll.	welMOmec
Call	+
No.	Amrkp
	WA28
	.JM2
	S24

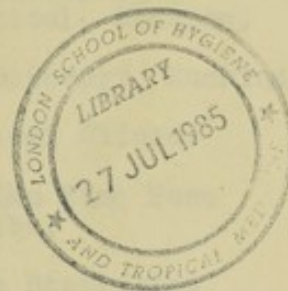
1950



22501296237

C O N T E N T S

	<u>PAGE</u>
I. INTRODUCTION	1
II. ADMINISTRATION	2
(a) Staff	2
(b) Training of Personnel	3
(i) Hospital Assistants and Nurses	3
(ii) Midwives	3
(iii) Health Inspectors	4
(iv) Health Visitors	4
(v) Laboratory Technicians	5
(vi) Dispensers	5
(c) Legislation	5
(d) New Buildings	5
(e) Finance	5
(f) Central Medical Store	6
III. VITAL STATISTICS	6
(a) Population	6
(i) Births	7
(ii) Stillbirths	7
(iii) Deaths	7
IV. GENERAL SANITATION	8
(a) Sewage Disposal	8
(b) Refuse Disposal	8
(c) Water Supplies	9
(d) Food	9
(e) Housing	10
V. COMMUNICABLE DISEASES	11
(a) Endemic Diseases	11
(i) Tuberculosis	11
(ii) Malaria	12
(iii) Leprosy	13
(iv) Poliomyelitis	13
(v) Yaws	14
(vi) Diphtheria	14
(vii) The Enteric Fevers	14
(viii) Dysentery and Diarrhoea	14
(ix) Helminthiasis	14
(x) Venereal Diseases	14
(b) Non-endemic Diseases	14
VI. PORT HEALTH ADMINISTRATION	15
VII. MALNUTRITION AND DEFICIENCY DISEASES	15
VIII. MATERNITY AND CHILD WELFARE SERVICES	16
IX. HOSPITALS, DISPENSARIES AND OTHER INSTITUTIONS CONCERNED WITH THE PUBLIC HEALTH	16
(i) General Hospital, Kuching (Including Mental Section)	17
(ii) The Central Dispensary, Kuching	18
(iii) The Dental Clinic, Kuching	18
(iv) Lau King Howe Hospital, Sibulau	19
(v) Simanggang Hospital	20
(vi) Outstation Dispensaries	20
(vii) The Travelling Dispensaries	20
(viii) The Leper Settlement	21
X. VOLUNTARY AGENCIES CONCERNED WITH THE PUBLIC HEALTH	22
(a) British Red Cross Society - Sarawak Branch	22
(b) The Sibulau Benevolent Society	22
(c) Missions	22
XI. METEOROLOGY	23



1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32



I.	INTRODUCTION	1
II.	ADMINISTRATION	11
	(a) Staff	
	(b) Training of Personnel	
	(i) Hospital Assistants and Nurses	
	(ii) Midwives	
	(iii) Health Inspectors	
	(iv) Health Visitors	
	(v) Laboratory Technicians	
	(vi) Dispensary	
	(vii) Vaccination	
	(viii) Sewage Disposal	
	(ix) Food	
	(x) Housing	
III.	VITAL STATISTICS	111
	(a) Population	
	(b) Births	
	(c) Stillbirths	
	(d) Deaths	
IV.	GENERAL SANITATION	119
	(a) Sewage Disposal	
	(b) Refuse Disposal	
	(c) Water Supplies	
	(d) Food	
	(e) Housing	
V.	COMMUNICABLE DISEASES	127
	(a) Endemic Diseases	
	(i) Tuberculosis	
	(ii) Malaria	
	(iii) Leprosy	
	(iv) Syphilis	
	(v) Typhoid	
	(vi) Cholera	
	(vii) Typhus	
	(viii) Dengue and Malaria	
	(ix) Epidemic Typhus	
	(x) Venereal Diseases	
	(b) Non-endemic Diseases	
VI.	PORT HEALTH ADMINISTRATION	137
VII.	MAINTENANCE AND PREVENTION OF DISEASES	143
VIII.	MALNUTRITION AND CHILD WELFARE SERVICES	149
IX.	HOSPITALS, DISPENSARIES AND OTHER INSTITUTIONS CONCERNED WITH THE PUBLIC HEALTH	155
	(i) General Hospital, Fukuoka (Including Mental Section)	
	(ii) The Central Dispensary, Fukuoka	
	(iii) The Central Clinic, Fukuoka	
	(iv) The King House Hospital, Sasebo	
	(v) Shimogama Hospital	
	(vi) Outpatient Dispensaries	
	(vii) The Fukuoka Dispensary	
	(viii) The Local Dispensary	
X.	CHARITABLE AND VOLUNTARY AGENCIES CONCERNED WITH THE PUBLIC HEALTH	161
	(a) British Red Cross Society - Fukuoka Branch	
	(b) The Blue Bird Voluntary Society	
	(c) Missions	
XI.	METEOROLOGY	167

APPENDICES

			<u>Page</u>
Appendix	I	Shipping Statistics - Port of Kuching.	i
Appendix	II	Maternity & Child Welfare Services, Kuching.	ii
Appendix	III	Hospital Beds available at 31st December, 1950.	iii
Appendix	IV	Admissions to General Hospital, Kuching.	iv - v
Appendix	V	Causes of Admissions to Kuching & Sibü Hospitals & Deaths	vi - viii
Appendix	VI	Surgical work performed at General Hospital, Kuching.	ix - xi
Appendix	VII	Work of the Laboratory, Kuching.	xii - xiii
Appendix	VIII	Work of the Dental Clinic.	xiv
Appendix	IX	Admissions to Lau King Howe Hospital, Sibü.	xv
Appendix	X	Leper Settlement Statistics	xvi - xvii
Appendix	XI	Meteorological Data	xviii -

APPENDICES

	Metabolic Data	XI	Appendix
xviii -			
xvi - xvii	Lower Extremity Statistics	X	Appendix
xv	Abandonment to San King Home Hospital, Sino.	IX	Appendix
xv	Work of the Dental Clinic	VIII	Appendix
xv - xvii	Work of the Laboratory, Kanchow	VII	Appendix
xv	General Hospital, Kanchow	VI	Appendix
xv - xvii	Surgical work performed at General Hospital, Kanchow	V	Appendix
xv - xvii	General Hospital, A. Kanchow	IV	Appendix
xv - xvii	General of Abandonment to San King Home Hospital, Sino.	III	Appendix
xv - xvii	Abandonment to General Hospital, Kanchow	II	Appendix
xv - xvii	Hospital, Sino. Statistics	I	Appendix
	Shipping Statistics - Part of Kanchow		
	Maternity & Child Welfare Service, Kanchow		

I. Introduction

The Colony of Sarawak, its shores washed by the China Sea, is a strip of territory from thirty to one hundred and sixty miles wide situated on the north coast of the Island of Borneo between, roughly, the 110th and 116th parallels of longitude east of Greenwich, and between 1° and 5° north latitude. It has a coastline of some 500 miles and in area is about 50,000 square miles, roughly the size of England and Wales. In the north and east, its boundaries march with those of the State of Brunei and the Colony of North Borneo, while to the east, south and west it shares a common boundary with the former Dutch Borneo, now part of the United States of Indonesia.

There is a wide, low-lying coastal plain which narrows towards the north of the territory. Through this plain wind innumerable rivers from their sources in the mountainous interior. These rivers are the main arteries of trade and, virtually, the only means of communication but they are not ideal for the purpose as rapids in the higher country of the interior and bars at the river mouths in certain cases render navigation hazardous and restrict usage. Nevertheless, fair sized vessels, up to about 2,000 tons, can ascend the Sarawak River as far as Kuching sixteen miles from the river mouth. The Rejang River, the largest and most important waterway in the Colony, can be used in its lower reaches by vessels of almost unlimited tonnage and by fair sized vessels as far as, and beyond, Sibul which is some sixty miles from the sea.

The estimated mid-year population in 1948 was 555,020 (Census 1947 - 546,385). There are three main population groups, namely, the Pagan Tribes, the Malays and the Chinese. The Pagan Tribes, which includes Ibans or Sea Dayaks, Land Dayaks, Muruts, Kayans, Kenyahs, Purans and many others, constitute about fifty per cent of the Colony's population. The other two groups, approximately equal, constitute the other fifty per cent.

The population density throughout the territory as a whole is only approximately eleven per square mile but large tracts of country are uninhabited and the population is almost entirely concentrated in small settlements, on the coast and along the rivers and, in the case of the Pagan Tribes, in "longhouses" on the banks of the upper reaches of the rivers. These longhouses are, in effect, villages under one roof and, in most instances, they are separated from each other by many miles. Roughly speaking the Malays and Melanos inhabit the coastal areas, the Chinese the towns and trading centres, the Dayaks the interior of the country.

Trade, wholesale and retail, is almost entirely in the hands of the Chinese. The Malays and Melanos are fisher folk and sago growers while the Dayaks engage in subsistence agriculture, and collect forest products for sale to the Chinese traders.

The country's most important export, to which its economy is closely linked, is rubber, which comes from small holdings, mainly owned by Chinese. There are only three large rubber estates in the country.

The three main towns are Kuching, the Capital, on the Sarawak River, Sibul on the Rejang River, and Miri, the centre of the oilfields, in the north. The 1947 Census gave the population of Kuching as 37,949, of Sibul 9,983, and of Miri as 10,051.

Communication between the main centres and elsewhere is by sea or river and there are very few roads. In the First Division, in the environs of Kuching, there is something less than one hundred miles of roads. The only other road of significance in the Colony runs from Miri to the Brunei border and on to Seria and Brunei Town.

I. Introduction

The Colony of Sarawak, its shores washed by the China Sea, is a strip of territory from thirty to one hundred and sixty miles wide situated on the north coast of the island of Borneo between 107° 15' and 110° 15' East longitude and 1° 30' and 4° 30' North latitude. It has a coastline of about 200 miles and an area of about 140,000 square miles, roughly the same as England and Wales. In the north and east the boundaries are with those of the States of Federal and the Colony of North Borneo, while to the west and south it is separated from the Malay Peninsula by the former Dutch Borneo, now part of the United Kingdom of the Netherlands.

There is a wide, low-lying coastal plain which extends towards the north of the territory. Through this plain with its fertile rivers flow their waters to the coast. The only large rivers are the main arteries of Sarawak and, naturally, the only means of communication but they are not ideal for the purpose of traffic in the higher country of the interior and have as a result routes in certain cases require a great deal of portage and carrying. Nevertheless, this strip of territory, up to about 2,000 feet high, the Sarawak River is for an inland river of great importance. The Sarawak River, the largest and most important waterway in the Colony, can be used in its lower reaches for vessels of almost unlimited tonnage and of late years vessels of 10,000 tons and upwards, ships which can carry more than 1,000 tons.

The estimated mid-year population in 1948 was 277,000. (Census 1947 - 246,385). There are three main population groups, namely, the Malay, the Chinese, and the Iban. The Malay, which includes those of the Malay, Iban, and other groups, forms the majority of the Colony's population. The other two groups, namely, the Chinese and the Iban, constitute the other 15% of the population.

The population density throughout the territory is a fairly low one, especially in the higher country. The population is concentrated in the coastal plain and along the rivers. In the case of the Sarawak River, the population is concentrated in the lower reaches of the river. The population density is affected by the nature of the soil and the climate. The soil is generally fertile and the climate is generally favourable. The population density is also affected by the nature of the land and the amount of land available for cultivation. The population density is also affected by the nature of the land and the amount of land available for cultivation.

The Sarawak River and its tributaries are the main arteries of the Colony. The Sarawak River and its tributaries are the main arteries of the Colony. The Sarawak River and its tributaries are the main arteries of the Colony. The Sarawak River and its tributaries are the main arteries of the Colony. The Sarawak River and its tributaries are the main arteries of the Colony.

The Colony's main population is concentrated in the coastal plain and along the rivers. The Colony's main population is concentrated in the coastal plain and along the rivers. The Colony's main population is concentrated in the coastal plain and along the rivers. The Colony's main population is concentrated in the coastal plain and along the rivers.

The Sarawak River and its tributaries are the main arteries of the Colony. The Sarawak River and its tributaries are the main arteries of the Colony. The Sarawak River and its tributaries are the main arteries of the Colony. The Sarawak River and its tributaries are the main arteries of the Colony.

Communication between the main centres of Sarawak is by air or river and there are very few roads. The main road is the Sarawak Road, which runs from Kuching to Jesselton. The Sarawak Road is the main road of Sarawak. The Sarawak Road is the main road of Sarawak. The Sarawak Road is the main road of Sarawak.

The climate is tropical but the heat is never extreme. Temperatures are uniform throughout the year and thermometer readings greatly exceeding 90°F. are rare. Humidity is high and renders the climate a trying one for Europeans. The average rainfall at Kuching is 160 inches. There is no clearly marked division into wet and dry seasons, rain falling throughout the year, but there is considerably more rain during the period of the North East monsoon from October to March.

II. Administration

(a) Staff

Medical staff establishment approved for the Department consists of a Director, a Deputy Director, nine medical officers and a lady medical officer. At the beginning of the year the Deputy's post was vacant as were two medical officer posts. Also a medical officer appointed late in 1949 had left the United Kingdom but had not yet arrived in the Colony. This officer arrived in January, a serving officer was promoted Deputy Director in February, and, in May, a further medical officer arrived from the United Kingdom. There thus remained two medical officer vacancies at the end of the year but there was good prospect of one of these posts being filled at an early date. In consequence, the position with regard to medical staff was reasonably good.

The position as regards senior nursing staff was satisfactory, the full establishment of Matron, Sister Tutor, Health Visitor and four nursing sisters being completed in January. However, one nursing sister was lost through illness in February, and from then till the end of the year no replacement was available although in December information was received that a recruit had been obtained and would arrive in the Colony early in 1951.

It should be noted that the Sarawak establishment includes provision for seconding a medical officer and a nursing sister to the neighbouring State of Brunei.

The Director and one Nursing Sister were granted overseas leave during the year.

Although the position with regard to expatriate staff was reasonably good, this could not be said about local personnel. The acute shortage of nurses and hospital assistants and the paucity of recruits to these branches was a serious matter indeed and was a constant worry. As in 1949, recruits were few and in fact, in the case of the nursing service numbered four, which did not suffice to meet wastage. The Department actually finished the year with two nurses fewer than it started. Recruitment of hospital assistants, while still not satisfactory, was slightly better and at the end of the year this branch showed an increase of nine.

The effect of this was that a ward of twenty three beds in the General Hospital, Kuching, had to be closed down and, in all hospitals, staff off-duty time had to be seriously curtailed. Thus was created a vicious circle of worsening working conditions rendering recruitment less likely. To meet the shortage of nurses various expedients, such as the use of trained midwives in maternity wards, were made use of and consideration was also given to the employment of assistant nurses as in the United Kingdom. In November, a scheme for the employment of assistant nurses was prepared and received Government approval. The scheme is to employ in the Kuching General Hospital in the first instance, girls of lower educational standard than required from recruits for the

/professional

The climate in the region has been in recent years
temperatures are uniform throughout the year and maximum
and minimum are 90° F. and 30° F. respectively. The average
rainfall is 150 inches. There is an average of 150
days in the year when the temperature is above 50° F.
and there is considerable snow during the winter of the year
but snow is not common in October to March.

II. Administration

Staff

Medical staff appointments are made by the
Director of the Hospital. The medical staff consists of
a few medical officers. At the beginning of the year
there were two medical officers. One of these
officers was appointed in 1917 and left the Hospital
in 1918. The other officer was appointed in 1919
and left the Hospital in 1920. The Director
has a further medical officer who arrived from the
United States in 1921. The medical officer who
left the Hospital in 1920 was replaced by one of
the staff there was good progress of the work
at an early date. In consequence, the position
of medical staff was reasonably good.

The position as regards medical staff is
very good. The full establishment of the
Hospital is 100. The present staff is 100.
The Director has been successful in
obtaining a replacement for the position
of medical officer in 1921.

It should be noted that the Director
has been successful in obtaining a
replacement for the position of
medical officer in 1921.

The Director and one of the medical
officers have been successful in
obtaining a replacement for the
position of medical officer in 1921.

Although the position as regards
the medical staff is very good,
the Director has been successful
in obtaining a replacement for
the position of medical officer
in 1921. The Director has been
successful in obtaining a
replacement for the position of
medical officer in 1921.

The effect of this was that a
replacement for the position of
medical officer was obtained in
1921. The Director has been
successful in obtaining a
replacement for the position of
medical officer in 1921.

professional nurse grade. The function of these girls will be to relieve the trained nurses by carrying out in the wards practical proceedings which are beyond the scope of the ward amah or servant and yet do not require to be carried out by highly trained personnel. Their training will be purely practical and there will be no written examinations. This group will not be required to live in the institution and it is anticipated that sufficient recruits will be forthcoming. At the end of the year the Secretary of State's approval was being sought to the expenditure involved.

Shortage of staff in all sections of the Department hindered expansion and development of services. Nevertheless, by straining resources, not unsatisfactory progress was made during the year. However, it is clear that resources are now strained to the utmost and without additional personnel further development will not be possible. All that can be hoped for is that it will be possible to maintain what has been achieved.

(b) Training of Personnel

(i) Hospital Assistants and Nurses

Training of these groups is only undertaken in the Kuching General Hospital as it is the only medical institution in the Colony which qualifies as a teaching hospital.

The numbers of hospital assistants and nurses who completed their training during the year were twelve and four respectively. At the close of the year twenty six probationary hospital assistants and nineteen probationary nurses were in training. With full time / a professional Sister Tutor available considerable progress was made and teaching standards materially improved. A promising small nursing school has been built up and excellently equipped with the help of very fine teaching apparatus provided by the United Nations Children's Emergency Fund. The special teaching accommodation consists of a lecture room and a practical teaching room both of which, in equipment, leave little to be desired.

Nevertheless, perfection has not been achieved and teaching in the wards has been sadly hampered because of shortage of staff.

Courses of lectures in midwifery and paediatric nursing for senior staff were conducted by the Midwife Tutor and the Paediatric Sister who have been provided for a period of fifteen months by the United Nations Children's Emergency Fund. In addition, for the greater part of the year four understudies, senior nurses, have been attached to each of these U.N.I.C.E.F. officers and have received extremely valuable training in their respective specialties. By the end of the year the U.N.I.C.E.F. officers felt that they had achieved their main objective and that their understudies were fully capable of running the Children's and Maternity Wards on their own.

(ii) Midwives

Six midwives were continuously in training throughout the year in the General Hospital, Kuching, and the Maternity and Child Welfare Clinics. Three completed their training in 1950 and received certificates.

In the past training was solely in the conduct of labour but, as circumstances have permitted, more and more emphasis has been placed on training in ante-natal supervision and post-natal care and at the end of the year, coincident with a decision, subject to funds being made available, to initiate a domiciliary

/midwifery

professional nurse grade. The number of these girls will be 100. The limited number of courses in the ward practical programme will be beyond the scope of the ward or laboratory and will be carried out by district training personnel. This training will be purely practical and there will be no written examinations. The instruction and the supervision will be furnished by the Secretary of State. At the end of the year the Secretary of State's approval was being sought to the expenditure involved.

Shortage of staff in all sections of the Department hindered expansion and development of services. Nevertheless, by utilizing resources not immediately available was made during the year. However, it is clear that resources are now strained to the utmost and without additional personnel further development will not be possible. All that can be hoped for is that it will be possible to maintain what has been achieved.

(b) Training of Personnel

(i) Hospital Assistants and Nurses

Training of these groups is only undertaken in the London General Hospital as it is the only medical institution in the City which qualifies as a teaching hospital.

The number of hospital assistants and nurses the hospital their training during the year were twelve and four respectively. At the close of the year twenty six preliminary hospital assistants and nineteen practical nurses were in training. With this year professional staff were available complete the programme was completed and teaching standards certainly improved. A programme of staff training school has been built up and excellently equipped with the help of very fine teaching apparatus provided by the United Kingdom Children's Hospital Fund. The special teaching accommodation consists of a lecture room and a practical teaching room both of which, in equipment, leave little to be desired.

Nevertheless, perfection has not been achieved and some progress in the wards has been made because of shortage of staff.

Courses of lectures in midwifery and paediatrics were for similar staff were conducted by the Midwife Tutor and the Paediatric Tutor who have been provided for a period of fifteen months by the United Kingdom Children's Hospital Fund. In addition, for the greater part of the year four midwives, and nurses, have been attached to each of these U.K.C.H.F. courses and have received extremely valuable training in their respective specialties. At the end of the year the U.K.C.H.F. midwives felt that they had achieved their main objective and that their training was fully capable of training the Children's and Paediatric wards on their own.

(ii) Midwives

Six midwives were employed in training throughout the year in the General Hospital, London. These midwives were employed in the General Hospital. These completed their training in 1950 and received certificates.

In the past training was solely in the context of labour and as circumstances have permitted, more and more emphasis has been placed on training in ante-natal supervision and post-natal care and at the end of the year, coincident with a decision subject to funds being available, in midwifery a department

midwifery service to relieve pressure on the limited number of obstetric beds in the hospital and for other reasons, it was proposed to increase the training period for midwives to two years. The object of this proposal was to enable sounder training to be given in ante-natal and post-natal care and to give trainees opportunity for experience in domiciliary work, namely, in the environment in which, after training, the majority of these women would work.

An obvious advantage of initiation of this scheme at present, is that, now, advantage can be taken, approval having been obtained from the U.N.I.C.E.F. organisation, of the presence of the U.N.I.C.E.F. Midwife Tutor to initiate the work and guide it in its early stages.

At the end of the year the scheme was under consideration of Government.

(iii) Health Inspectors

Five men were sent to Singapore in January to attend the course of training with a view to sitting the examination for the Certificate of the Royal Sanitary Institute. Of these, four were successful in the examination. The unsuccessful man will make a further attempt and three more men are ready to go to Singapore in 1951.

In 1948 there were three certificated health inspectors in the Colony. At the end of 1950 there were nine.

In the past year or two it had been hoped, with the assistance of the Sanitary Superintendent, to develop a syllabus of training which would satisfy the Royal Sanitary Institute and enable examinations for the Royal Sanitary Institute certificate to be held in Kuching. This hope has not yet been abandoned but discussion which the Director had with the Institute when he was in London suggests that it may be wiser to defer this project in the meantime.

(iv) Health Visitors

The development of the Health Visitor Service was seriously hindered by lack of personnel. Although the aim is to train suitable qualified nurses in health work, such could not be spared from the hospitals and even the less highly trained personnel, namely, trained midwives, it was decided to use as an expedient were not forthcoming in sufficient numbers. At the beginning of the year one trained nurse and two district midwives, as they are at present designated, were in training. By the end of the year the numbers had been increased to two trained nurses and four district midwives, small numbers in all conscience, but taking account of the shortage of nursing personnel, a real advance.

The intention is to give the trained nurses, who have completed four years general nursing and midwifery training, one year's public health training when, after passing a suitable examination they will be rated as health visitors. The district midwives who, in the past, had completed one year's midwifery training but, who in future will have two years' midwifery training, will have a further three months training in sick children's nursing and nine months training in public health nursing. On passing an appropriate examination they will be rated as assistant health visitors.

Ministry service to collect specimens of the limited number of
specimens in the hospital for their research, it was
proposed to increase the hospital service for minor to two years.
The object of this proposal was to enable minor specimens to be
taken in order to give the hospital a more complete picture
of the experience in collecting minor specimens, especially in the
field in which the majority of these specimens were
taken.

An obvious advantage of increasing the number of specimens
sent in that new specimens are being collected, having been
obtained from the U.S.I.C.R. organization of the presence of
the U.S.I.C.R. field to include the work and guide it in
the early stages.

At the end of the year the scheme was under consideration
of Government.

(iii) Health Inspector

Five men were sent to Singapore in January to attend the
course of training with a view to filling the vacancies for the
Inspector of the Health Inspectorate. Of these four were
successful in the examination. The unsuccessful man will have a
further attempt and three men are ready to go to Singapore
in 1951.

In 1948 there were three certified health inspectors
in the Colony. At the end of 1950 there were five.

In the past year or two it has been noted with the
assistance of the General Superintendent to develop a system
of training which will enable the Health Inspectorate and
enable examinations for the Health Inspectorate certificate to
be held in London. This has not yet been developed but
discussions with the Director and with the Inspector who was in
London suggest that it may be possible to defer this at least in the
near future.

(iv) Health Visitors

The development of the Health Visitor Service was serious
in 1948. It was noted that although the aim is to train
outside qualified nurses in health work such could not be carried
out in the Colony and even the highly trained personnel
mainly trained nurses. It was decided to use as an experiment
with the Government in addition to the present staff of
the year one trained nurse and two district nurses, as they are
at present designated, were to continue. By the end of the year
the number had been increased to two trained nurses and two
district nurses, eight nurses in all, including, but taking
account of the absence of nursing personnel, a total of seven.

The intention is to give the trained nurses, who have
completed two years general nursing and a health visitor course,
part of their health visitor training when they receive a certificate
which will be used as health visitors. The district nurses
and in the past had completed the two years training and
who in future will have two years training in health visitor work
and will be designated health visitors in each district. It is
further proposed to train health visitors in each district and
to provide health visitor training. It is proposed to train
health visitors who will be used as health visitors.

(v) Laboratory Technicians

At the present stage of development of the Medical Department the demand for such officers is small. No trainees completed their training during 1950 but, at the end of the year there were four probationers in training in the Kuching Laboratory.

(vi) Dispensers

What has been said about laboratory technicians applies equally to dispensers. During the year one probationer was in training.

(c) Legislation

No major public health legislation was enacted during the year.

(d) New Buildings

There was marked increase in building costs during 1950 and this had its effect on the Medical Department's substantial building programme, certain projects not being completed or, unfortunately, abandoned temporarily. Nevertheless, a fair amount of new building was achieved.

In Kuching General Hospital a number of minor improvements, although not all planned, including extension of the Lecture Room, were accomplished involving an expenditure of some \$12,000. In Simanggang, in pursuance of the policy of developing a small hospital, a building was erected providing accommodation for out-patients and a small laboratory. A mortuary, for which provision was made, could not be proceeded with but will be erected in 1951. In Sibul, a substantial building programme was planned including a new outpatient department, a mental ward, a tuberculosis ward and a new nurses' home. Of these only the mental ward was proceeded with and this was incomplete at the end of the year.

One new outstation dispensary with rest beds was provided and improvements effected in other dispensaries. Erection of one new dispensary in a very remote area was undertaken but was not completed.

(e) Finance

The estimated expenditure for 1950 on Medical and Health Services was \$1,517,510 which was the equivalent of 9.5% of the Colony's total estimated revenue. In fact, expenditure was less than estimated as there were many vacant establishment posts and personal emoluments were not fully taken up. Also the Colony's revenue was substantially greater than had been estimated and thus in the final analysis Medical Department expenditure accounted for a considerably lower percentage of revenue than had been anticipated. The expenditure for the year was as follows, the figures for the previous year are shown also for comparison:-

<u>Sub-head</u>	<u>Estimated 1950</u>	<u>Actual* 1950</u>	<u>Expenditure 1949</u>
Personal Emoluments	479,011	415,951	371,435.41
Annually Recurrent	982,494	968,575	722,516.24
Special Expenditure	56,005	81,519	67,798.89
	<u>1,517,510</u>	<u>1,466,046</u>	<u>1,161,750.54</u>

*These figures are not final but are the closest to actual expenditure available at the time of writing.

(v) Investment Expenditures

At the present time of development of the Medical Department the demand for such officers is small. No training is provided for such officers in the Army but at the end of the year there were four graduates in training in the Medical Laboratory.

(vi) Personnel

What has been done with respect to personnel expenditures is reported in the report on personnel. During the year no special measures were taken.

(c) Expenditures

No major public health activities were carried during the year.

(d) For Buildings

There was marked progress in building operations during 1950 and this had its effect on the Medical Department's expenditures. Building operations, certain projects not yet completed at year-end, were completed. Expenditures for building of new buildings was \$1,157,210.

In building General Hospital a number of minor alterations were made, although not all planned. Expenditures for the alterations were \$12,000. In connection with the building of the new hospital a building was erected providing additional space for the hospital and a small laboratory. A program for which provision was made but not proceeded with but will be started in 1951. In 1950 a substantial building program was planned including a new outpatient department, a mental ward, a tuberculosis ward and a new nurses' home. Of these only the mental ward was completed with expenditures of \$1,157,210 at the end of the year.

The new outpatient dispensary with rest beds was provided and improvements effected in other dispensaries. Expenditure of one new dispensary in a very remote area was undertaken but was not completed.

(e) Finance

The general expenditures for 1950 on health and hospital services was \$1,517,510 which was an increase of 3.2% over the total estimated for 1949. In 1949 expenditures were \$1,468,043. The increase was due to many more hospital admissions and more personnel expenditures were not fully taken up. Also the Colony's revenue was substantially greater than had been estimated and was included in the total general expenditures accounted for in the total general expenditures of revenue. The total general expenditures for the year was as follows, the figures for the previous year are shown also for comparison.

Expenditure	Actual* 1950	Estimated 1949	1949-50
General Expenditures	1,517,510	1,468,043	49,467
Special Expenditures	28,000	87,510	(59,510)
Capital Expenditures	1,157,210	1,157,210	0
Total Expenditures	1,545,510	1,555,763	(10,253)
Revenue	1,468,043	1,468,043	0
Deficit	77,467	87,720	(10,253)

* Some figures are not final but are the closest to actual expenditure available at the time of writing.

The table below shows annual expenditure on medical services since 1938, excluding the years of Japanese occupation.

<u>Year</u>	<u>Medical Department Expenditure</u>	<u>Percentage of Colony's Revenue</u>
	\$	
1938	300,160	7%
1939	299,333	6.3%
1940	366,118	4.9%
1946	430,608	7.7%
1947	970,258	7.8%
1948	989,531	6.3%
1949	1,161,750	7.9%
1950	1,466,046	5%

(f) Central Medical Store

The volume of work handled by this institution continues to increase with the growing activities of the Department. During the year it dealt with the requirements of three hospitals, twenty four outstation dispensaries and sixteen travelling dispensaries, and, in spite of great distances and difficult communications, kept these institutions well supplied. Greater efficiency was achieved by reorganisation and simplification of the storekeeping accounting and the store operated very satisfactorily. The supply position was reasonably good and a beginning was made in the building up of reserve supplies. Nevertheless, minor temporary shortages did occur from time to time necessitating certain local purchases. In the near future it is likely that additional storage accommodation will be necessary.

III. Vital Statistics

(a) Population

The last Census, the first comprehensive one to be carried out in Sarawak, was held on the night of 26th/27th November, 1947. At that time the population of the Colony was 546,385 made up of the following racial components:-

Europeans	691
Malay	97,469
Melano	35,560
Sea Dayak	190,326
Land Dayak	42,195
Other Indigenous	29,867
Chinese	145,158
Other Asiatic	5,119
	546,385
	=====

The Births and Deaths Registration Ordinance, 1948, came into operation on 1st August, 1949. This Ordinance provided for a more comprehensive system of registration than had been in force previously and thus population estimates at mid-year 1949 and 1950 have been calculated to indicate the effect of the new registration system.

The table below shows annual expenditure on medical services since 1938, including the year of Japanese occupation.

Year	Medical Department Expenditure	Personnel of Civilian Hospitals
1938	300,166	
1939	298,177	
1940	288,118	
1941	270,808	
1942	271,288	
1943	262,221	
1944	241,130	
1945	1,466,045	

(1) General Medical Staff

The volume of work handled by this institution continues to increase with the growing activities of the Government. The year is held with the requirements of three hospitals, twenty-four out-patient dispensaries and sixteen travelling dispensaries, and, in view of great distances and difficult communications, cost these institutions well supplied. Present efforts are directed to reorganization and simplification of the structure and the staffs operated very satisfactorily. The supply position was reasonably good and a certain amount of the building up of massive supplies. However, since September 1944, the Government has been increasing its expenditure on medical services. It is likely that additional expenditure will be necessary.

Medical Statistics

(a) Population

The first census, the first comprehensive one to be carried out in Taiwan, was held on the night of 25th November, 1947. At that time the population of the island was 2,755,000 and the following racial composition:

Formosans	281
Haiy	97,489
Melano	17,260
Sea Dyak	130,736
Land Dyak	42,195
Other Indonesians	22,287
Chinese	1,421,189
Other Asiatics	2,119
Total	2,755,000

The Births and Deaths Registration Ordinance, 1945, came into force on 1st January 1946. The Ordinance provided for a comprehensive system of registration which had been in force previously and this legislation came into effect in 1945 and 1946. It was an extension to include the status of the new registration system.

Race	Estimated Population at	
	30th June 1949	30th June 1950
European	841	1,012
Malay	98,997	101,055
Melano	35,797	36,098
Sea Dayak	190,345	190,977
Land Dayak	42,554	43,181
Other Indigenous	30,117	30,128
Chinese	151,230	154,490
Other Asiatic	5,139	5,256
	<u>555,020</u>	<u>562,197</u>
	=====	=====

This total figure represents an increase of approximately 2.89% on the Census population figure, and 1.11% over the previous year's figure.

(i) Births

The total number of births registered as having occurred during the twelve months ending 30th June, 1950, was 11,358, a very substantial increase in the figure of 6,838 for the previous twelve months. This is the effect of the new system of registration but even yet registration is incomplete as the following anomalous figures of the racial breakdown of the 1949/50 birth registration shows.

	Male	Female	Total
European (including Eurasian)	13	13	26
Chinese	2308	1827	4135
Malay	1353	1258	2611
Melano	395	346	741
Sea Dayak	1101	1014	2115
Land Dayak	525	601	1126
Other Asiatic	74	58	132
Other Indigenous	250	222	472
	<u>6019</u>	<u>5339</u>	<u>11358</u>
	=====	=====	=====

(ii) Stillbirths

This is the first year in which stillbirths have been recorded and they are shown below by races.

	Male	Female	Total
Chinese	25	25	50
Malay	25	23	48
Melano	12	7	19
Sea Dayak	26	16	42
Land Dayak	4	5	9
Other Indigenous	4	4	8
	<u>96</u>	<u>80</u>	<u>176</u>
	=====	=====	=====

It is certain that these figures are incomplete and that, especially in the more remote rural areas stillbirths are not being recorded.

From these figures the stillbirth rate is 15.5 per 1000 live births.

(iii) Deaths

The total number of deaths registered during the year ending 30th June, 1950, was 5,659. This figure was more than double that for the previous twelve months. The racial distribution of the deaths was as follows:-

	Male	Female	Total
European (including Eurasian)	3	1	4
Chinese	761	395	1156
Malay	817	727	1544
Melano	268	230	498
Sea Dayak	721	619	1340
Land Dayak	316	283	599
Other Asiatic	33	24	57
Other Indigenous	252	209	461
	<u>3171</u>	<u>2488</u>	<u>5659</u>

Estimated Population at 30th June 1950	Estimated Population at 30th June 1949	Race
1,012	841	European
101,022	98,927	Malay
25,022	22,177	Melano
190,277	190,242	See below
42,121	42,224	Land Dayak
30,222	30,117	Other Indigenous
124,422	121,220	Chinese
2,222	2,122	Other Asiatic
252,127	252,020	

This total figure represents an increase of approximately 2.8% on the Census population figure, and 1.1% over the previous year's figure.

(i) Births

The total number of births registered as having occurred during the twelve months ending 30th June 1950, was 11,222, a very substantial increase in the figure of 6,822 for the previous twelve months. This is the effect of the new system of registration but even yet registration is incomplete as the following comparison of figures of the racial breakdown of the 1949-50 with registration shows:

Total	Female	Male	Race
11,222	5,222	6,000	European (including Eurasian)
4,222	1,822	2,400	Chinese
2,222	1,022	1,200	Malay
1,222	522	700	Melano
1,222	522	700	See below
1,222	522	700	Land Dayak
1,222	522	700	Other Asiatic
1,222	522	700	Other Indigenous

(ii) Stillbirths

This is the first year in which stillbirths have been recorded and they are shown below by race.

Total	Female	Male	Race
122	62	60	Indigene
122	62	60	Malay
122	62	60	Melano
122	62	60	See below
122	62	60	Land Dayak
122	62	60	Other Indigenous

It is certain that these figures are incomplete and that especially in the more remote rural areas stillbirths are not being recorded. From these figures the stillbirth rate is 15.2 per 1000 live births.

(iii) Deaths

The total number of deaths registered during the year ending 30th June 1950 was 2,222. This figure was more than double that for the previous twelve months. The racial distribution of the deaths was as follows:-

Total	Female	Male	Race
2,222	1,022	1,200	European (including Eurasian)
1,222	522	700	Chinese
1,222	522	700	Malay
1,222	522	700	Melano
1,222	522	700	See below
1,222	522	700	Land Dayak
1,222	522	700	Other Asiatic
1,222	522	700	Other Indigenous

Virtually the only certified deaths were those occurring in the hospitals in Kuching, Sibü and Miri.

(iv) Infant Mortality

Deaths under 1 year registered during the twelve months ending 30th June, 1950, numbered 1112 as compared with 756 in the previous twelve months, an increase undoubtedly due to wider registration.

The infant mortality rate was 97.9 per 1000 live births as compared with 110.56 per 1000 live births in the previous twelve months.

The racial distribution of the infant deaths was as follows:-

	<u>Infant Deaths</u>	<u>Live Births</u>	<u>Infant Mortality Rate</u>
European	2	26	97.9
Chinese	183	4135	44.2
Malay	333	2611	127.1
Melano	137	741	184.9
Sea Dayak	212	2115	100.2
Land Dayak	130	1126	124.2
Other Asiatic	5	132	37.8
Other Indigenous	110	472	23.3
	<u>1112</u>	<u>11358</u>	<u>97.9</u>
	=====	=====	=====

IV. General Sanitation

(a) Sewage Disposal

With the exception of individual septic tank installations in premises in the better residential areas of Kuching, Sibü and Miri and in isolated premises in certain outstations, there are no water borne systems of sewage disposal in the Colony. In towns and trading centres, even in the densely populated bazaar areas, conservancy systems are in operation, usually the double bucket system but in some places, including Miri, the single bucket system. In general these work as well as their inherent disadvantages will permit but such systems can never be wholly satisfactory in urban areas. An additional difficulty experienced especially in the bazaar areas of Kuching is the absence of sanitary lanes at the back of the premises where the latrines are sited, and removal of buckets through shop premises is sometimes inevitable. In Kampong areas and less congested parts of the towns riparian or pit latrines are the rule.

In Kuching collection and disposal of night-soil is undertaken by the Municipality. The double bucket system functions and vehicles and plant are satisfactory and are efficiently maintained. The night-soil is treated in a series of three tanks sited on the river bank below the town, the effluent being discharged into the river. In Sibü and Miri the work is carried out by contractors and is, in consequence, not so satisfactory. Sewage disposal is nominally by direct discharge into the rivers at a suitable state of the tide but there is clear evidence that a large proportion of the night-soil is profitably disposed of to Chinese market gardeners for use as manure.

In the smaller stations and trading centres disposal may be by the bucket system, pit latrines, or riparian latrines, but there is little doubt that here, too, a large proportion of the night-soil is surreptitiously disposed of in cultivation.

In rural areas houses are frequently built on the edge of tidal creeks and streams, disposal of sewage is directly into the water and nuisance is minimised. The Dayak "longhouse", however, are usually on high ground away from the rivers and they are raised high above the ground. Night-soil drops through the floor to the space below the house and is effectively disposed of by the domestic pigs whose haunt this space is.

(b) Refuse Disposal

Kuching has an efficient mechanised refuse collection organisation operated by the Municipality. Practically all premises have refuse bins and wherever possible the service is a direct dustbin to lorry one. In some areas, inaccessible to the lorries,

virtually the only certified deaths were those occurring in the hospital in London, 31st and 32nd.

(iv) Infant Mortality

Deaths from 1 year registered during the twelve months ending the 30th June, 1950, numbered 1,000 and compared with 1,000 in the previous twelve months, an increase unaccountably due to winter registration.

The infant mortality rate was 47.1 per 1,000 live births as compared with 47.0 for 1949. The rate is the previous twelve months. The special distribution of the infant deaths was as follows:

Infant Deaths	Live Births	Infant Mortality Rate
1,000	2,123	47.1
1,000	2,123	47.0

Proposed
Deaths
Live Births
Infant Mortality Rate

IV. General Sanitation

(a) Sewage Disposal

With the exception of individual septic tank installations in private in the better residential areas of London, 31st and 32nd, all the houses in certain areas, 31st and 32nd, are connected to the sewerage system of London. In some areas, the water supply system is also connected to the sewerage system. In some areas, the water supply system is also connected to the sewerage system. In some areas, the water supply system is also connected to the sewerage system. In some areas, the water supply system is also connected to the sewerage system.

In London collection and disposal of refuse is undertaken by the Corporation of London. The refuse is collected by vehicles and taken to a refuse transfer station. The refuse is then transported to a refuse transfer station. The refuse is then transported to a refuse transfer station. The refuse is then transported to a refuse transfer station.

In the smaller estates and trading centres disposal may be by the householder, or by the Corporation of London. There is a large proportion of the refuse which is disposed of in this way.

In rural areas houses are frequently built on the edge of the village and the disposal of refuse is directly into the water supply system. The refuse is then transported to a refuse transfer station. The refuse is then transported to a refuse transfer station. The refuse is then transported to a refuse transfer station.

(b) Solid Refuse

London has an efficient system of refuse collection. The refuse is collected by vehicles and taken to a refuse transfer station. The refuse is then transported to a refuse transfer station. The refuse is then transported to a refuse transfer station.

double handling is necessary, the refuse being collected from the bins in baskets. Generally disposal is by controlled tipping but during the year composting of a proportion of the refuse was undertaken, the final product being disposed of to the Department of Agriculture and to private individuals.

In Sibü and Miri collection and disposal of refuse is again undertaken by contractors. It is reasonably well done but improvement can be expected when these municipalities do the work themselves.

In all other towns and townships simple refuse removal and disposal services operate and are in general satisfactory.

(c) Water Supplies

Efficient piped water supplies exist in Kuching and Sibü. Kuching's supply is gravitated from a controlled catchment area in a range of hills some eight miles to the west of the town. No treatment is undertaken but the water is of excellent quality. The quantity available is hardly sufficient for the needs of the growing town and an interrupted service only is available in some areas. During the drier periods of the year real shortage of water occurs. A new pipe line is at present being laid and it is expected that the completion of this work will see an improvement in the supply position. Nevertheless, an alternative water source to augment the present service will very soon become essential.

The Sibü water supply is drawn direct from the heavily polluted Rejang River, a short distance up river from the town. The water is stored and treated with alum and chlorine and the supply is adequate in quality and quantity.

In Miri water supplies are not entirely satisfactory. One small supply controlled by Government provides water to the Government residential area. Precipitation with alum is the only treatment given. The Sarawak Oilfields Limited has its own supply and from it provides a limited quantity of water to the bazaar. The supply is inadequate in quantity and an additional source of supply is very necessary.

Certain other small townships have piped supplies which are reasonably satisfactory. In rural areas the rivers provide the usual source of supply but in some places wells are utilised. These latter sources are almost invariably open to contamination and there is little doubt that they contribute materially to the high incidence of intestinal infection in rural areas.

(d) Food

In all towns and bazaars food premises operate under licence and are subject to inspection by Medical Department staff. In the three main towns qualified health inspectors are available and also in several of the smaller townships. Where no health inspector is available, supervision is exercised by the hospital assistant (dresser) in the station.

Methods of manufacture of food for sale, and conditions of storage and preparation for sale are too often primitive and the public health staff have an uphill fight, against the conservatism of the people, to achieve improvement. Nevertheless, their supervision and efforts are achieving some progress.

A major public health problem is presented by the food hawker. Their numbers are very great and the scope of their trade much larger than in many other countries, extending virtually to the preparation of full meals. Food handling methods are, in

double handling is necessary, the refuse being collected from the bins in baskets. Generally disposed of by controlled burning but during the year commencing 1931 the refuse was undertaken, the final product being disposed of to the Department of Agriculture and to private individuals.

In 1931 and 1932 collection and disposal of refuse is again undertaken by contractors. It is generally well done but improvement can be expected when these municipalities do the work themselves.

In all other towns and townships similar refuse removal and disposal services operate and are in general satisfactory.

(c) Water Supplies

Excellent piped water supplies exist in Kuching and Sibu. Kuching's supply is derived from a controlled catchment area in a range of hills some eight miles to the west of the town. The quantity available is hardly sufficient for the needs of the growing town and an interrupted service only is available in some areas. During the drier periods of the year level of water in the water course. A new pipe line is at present being laid and it is expected that the completion of this work will see an improvement in the supply position. Nevertheless, an alternative means of supply to augment the present service will very soon become available.

The Sibu water supply is drawn direct from the Kuching River, a short distance up river from the town. The water is stored and treated with alum and chlorine and the supply is adequate in quality and quantity.

In Miri water supplies are not entirely satisfactory. One small supply controlled by Government provides water to the Government residential area. This is supplemented with water from the treatment given by the Miri Municipal Council. The latter supply and from it provides a limited quantity of water to the town. The supply is inadequate in quantity and an alternative source of supply is very necessary.

Certain other small townships have piped supplies which are reasonably satisfactory. In rural areas the rivers provide the local source of supply but in some places wells are utilized. These latter sources are almost invariably open to contamination and there is little doubt that they contribute considerably to the high incidence of intestinal infection in rural areas.

(d) Food

In all towns and districts food premises operate under license and are subject to inspection by Medical Officers. In the three main towns detailed health inspections are carried out and also in several of the smaller townships. There is no special inspector in available, supervision is exercised by the District Assistant (General) in the station.

Methods of manufacture of food for sale, and conditions of storage and preparation for sale are the other subjects on which public health staff have an official right. Various measures are taken to the people, to achieve improvement. Various measures have been taken and efforts are being made to improve the situation.

A major public health problem is recognized in the Kuching district. Their numbers are very great and the scope of their trade such as their health in many other countries, extending virtually to the preparation of full meals. Food handling methods are in

general, crude. Efforts are made to control their numbers but, in the larger towns especially, these efforts are often vitiated by the unlicensed hawker.

In the towns the markets are under municipal control and are inspected by public health staff. Reasonable standards were maintained throughout the year.

There are very few cattle in the country and milk production is negligible. Imported powdered milk and condensed milk meet the needs of the people.

(e) Housing

The general shortage of housing throughout the Colony continued and the substantial amount of building which took place during the year in no way met this shortage. It is naturally in the towns that the problem is most acute and it is probably worse in Kuching than elsewhere. During the year an overcrowding survey was carried out by the Department in the Bazaar area of Kuching. This area consists of 83 acres, 30.5 acres of which are built over. There are 617 houses with an average of 11 persons per house, which is equivalent to a population density of 220 persons per acre. The survey revealed in this area overcrowding to the extent of one third of the population, i.e. that additional accommodation is required for some 2,227 persons in the Bazaar area alone. It is estimated that housing for some 3,500 persons is required in the Municipality as a whole. In terms of houses the estimated requirement is about 700, without making any allowance for natural expansion.

No surveys have as yet been carried out in other towns but there is little doubt that such investigation would reveal circumstances similar to those in Kuching.

The typical bazaar premises throughout the country is the "shop house" designed by the Chinese traders to meet their desire to live and trade in the same place. They are generally double storied, but may have three stories, and are erected in rows. The frontage is usually eighteen feet and the depth one hundred feet. In theory the ground floor accommodates the trading activity, almost invariably retail trade, and the upper story the living quarters access to which is through the shop, but kitchen, bathroom and latrine also are placed on the ground floor and domestic and trading activities are intermingled. The narrow frontage and relatively great depth of the premises render adequate lighting and ventilating by natural means extremely difficult. These circumstances added to the overcrowding which seems to be inevitably associated with these premises produce conditions inimical to good living and conducive to the spread of infection. In such an environment tuberculosis inevitably flourishes.

Much new building is required to rectify this very unsatisfactory state of affairs and it is clearly necessary that the present shop house design must not be perpetuated.

In rural areas housing problems are not so acute. The Malay kampong house built of temporary materials and raised some eight to ten feet above ground level is a more satisfactory structure from the point of view of healthy living than is the permanent bazaar shop house. They are well lit and ventilated, even in the most primitive examples.

In the interior among the Kayans and the Dayaks the term house has an unusual meaning. Here the "longhouse" is a communal one and, in effect, consists of a village of anything upwards of ten houses under one roof. It consists of a row of rooms, sometimes

as many as sixty or more, each occupied by a family, and a long wide enclosed verandah where all communal activities are undertaken and where the bachelors live. It is raised above the ground, sometimes twenty feet or more, and is often of massive construction. Lighting is usually defective and the interior of the house is gloomy. There are no latrines and night-soil and refuse, being discharged through the floor to the space below the house, are disposed of by the pigs.

It is natural to expect that infection would be a serious matter among peoples living in such circumstances. Exact information is still lacking but there are indications that this is the case and there is little doubt that tuberculosis infection introduced from the bazaar trading centres could establish itself and spread readily in such an environment. Investigation will probably reveal this to be the case.

V. Communicable Diseases

(a) Endemic Diseases

(i) Tuberculosis

Available information suggests that tuberculosis is the largest and most urgent problem confronting the Department. No general survey has been carried out in the Colony as a whole or even in any part of it. Nevertheless, such incomplete and inadequate figures as are available indicate that tuberculosis incidence is high generally and especially in urban areas.

The number of cases reported during the year was 1,222 and deaths attributed to this cause numbered 308. The corresponding figures for the previous year were 1,108 and 280. With very few exceptions the cases were of the pulmonary type.

Early in the year, owing to shortage of medical personnel, it was not possible to direct specific attention to this problem but a small start was made in May and, in December, plans were prepared to tackle the problem to the full extent of available resources. That greater progress was not made during the year was largely due to the medical officer concerned being incapacitated for a considerable period owing to an unfortunate accident whereby B.C.G. vaccine was introduced into his eye.

Some contact tracing and case finding was undertaken and B.C.G. vaccine was administered to a small number of persons. The figures of cases found are of interest. For example, the contacts of thirty-five notified cases in Kuching were sought out and examined. These numbered 270 and, amongst these twenty-three active cases of tuberculosis were found and thirty-seven other persons in this group showed old lesions of previous tubercular infection. Again, during a period of five months, 194 candidates for employment in Government Service were routinely examined. Twenty-five of these people were found to be suffering from active tuberculosis and a further sixty-four showed old lesions. Thirdly, Medical Department staff in Kuching, numbering 265 were examined. Eight persons were found to have active tuberculosis and thirty others showed old lesions.

Some degree of selection operates in all these groups but, nevertheless, the figures do indicate a relatively high incidence of the disease and that a serious problem exists.

as only one fifth of those each occupied by a family, and a large
who enclosed within walls all common activities and...
and share the facilities live. It is raised above the ground...
times twenty feet or more and is often of massive construction...
lighting is usually electric and the interior of the house is
bright. There are no latrines and night-soil and refuse, being
disposed through the floor to the open below the house, are
disposed of by the wind.

It is natural to expect that infection would be a serious
factor among people living in such circumstances. Great interest
is being taken in the fact that there are latrines that this is the
case and there is little doubt that tuberculous infection is
from the human excreta could establish itself and spread
result in such an environment. Investigation will probably
reveal this to be the case.

Communicable Diseases
(a) Tuberculosis

(1) Tuberculosis

Available information suggests that tuberculosis is the
largest and most serious health problem in the Department. In
general survey has been carried out in the Colony as a whole in
order to get a better picture of the disease and its incidence
and to determine the extent of the disease and its incidence
in the various districts. The results of the survey are being
examined and reported to the Government.

The number of cases reported during the year was 1,234 and
deaths attributed to this cause numbered 308. The current
figures for the previous year were 1,100 and 280. With this
exception the rates were of the following type.

Early in the year when the outbreak of cholera was
it was not possible to direct specific attention to the disease
and the health service was in fact in a state of confusion.
In general the disease is the result of a combination of
factors. This greater awareness was not seen during the year and
largely due to the fact that the health officer concerned being investigated
for a tuberculosis case owing to an unfortunate accident, thereby
the disease was introduced into the area.

Some contact tracing and case finding was undertaken and
B.O. 2. working was administered to a small number of patients.
The results of the survey are of interest. For example, the
disease is a highly contagious one and infection was spread out
and extended. The number of cases in the various districts
and the extent of transmission were found to be very uneven. The
period in the above shows the extent of previous epidemics.
In general, during a period of low incidence, the disease
is widespread in the community. Cases were reported in all
districts and a large number of people were found to be suffering from active
disease. The results of the survey show that the disease is highly
contagious and that the health service is being investigated for
the disease were found to have been introduced into the area and that
the disease was introduced into the area.

The degree of infection depends on all these factors
but the results of the survey indicate a relatively high
incidence of the disease and that a serious epidemic exists.

All Medical Department staff in Kuching were tuberculin tested and negative reactors were given B.C.G. vaccination. A similar procedure was carried out in a small number of contacts of notified cases. The figures of persons tuberculin tested and B.C.G. vaccinated up to the end of December were as follows:-

Number tuberculin tested	528
Number vaccinated with B.C.G.	167

The only special tuberculosis beds in the Colony were those in the General Hospital, Kuching, and numbered fifty. These were constantly filled and, in fact, in December, over twenty additional cases were being treated in general wards. Provision for a twenty bed tuberculosis ward at Sibu Hospital was made in the 1950 budget but the work had not been undertaken by the end of the year.

It was clearly necessary that the limited number of beds available be put to best use and that open cases should not be nursed in general wards. Thus a tuberculosis clinic service was started in a small way and it was just finding its feet as the year closed. Outpatient treatment and supervision has been started and also home supervision of suitable cases. The Health Officer, Kuching, is responsible for this service and he has the co-operation of all members of the Department whose activities touch the tuberculosis problem at any point.

Discussions have taken place regarding the enlistment of voluntary aid, and the formation of an anti-tuberculosis association is under consideration. Such an association could render assistance of a high order, and, as there is considerable public consciousness of the importance of this matter, there is reason to be optimistic about the early formation of an association.

Application for assistance has also been made to WHO/UNICEF. These agencies have been asked to provide a B.C.G. vaccination team of one doctor and one or two nurses for a period of 1 year to carry out survey and protective vaccination in Kuching, Sibu, Miri and Brunei. A request has also been made for equipment for mass radiography and other equipment for the Chest Clinic.

(ii) Malaria

Throughout the year no reports were received of unusually high incidence of this disease in any part of the Colony but, although there is evidence that there was less malaria than in the previous year, it undoubtedly continued to occasion a very considerable morbidity and a substantial mortality. The towns and trading centres remained practically free from infection while the rural areas exhibited their customary high endemicity. Exact information regarding the local vectors of the disease is still lacking but the malaria pattern suggests that the vectors are *A. leucosphyrus* and *A. umbrosus* as in other parts of Borneo. These species probably account for endemic malaria and, since the incrimination of *A. umbrosus* as a vector in 1949, it is probable that this species plays an important role in the periodic malaria epidemics in coastal areas, the last of which occurred late in 1946 and early 1947.

With the present resources of the Department little can be done to obtain the information about the disease so necessary for the organisation of rational control and it was hoped that the Borneo Malaria Research Unit, financed from Colonial Development and Welfare funds, would be able during the year to undertake investigational work in this Colony and fill in the malaria map of the country which is at present virtually blank. This was not, in fact, possible as the Unit was preoccupied elsewhere and it can only be hoped that 1951 will see some progress in this regard.

/During

During the year the total number of cases diagnosed as malaria at hospitals and dispensaries was 6,689, a substantial reduction on the comparable 1949 figure of 10,389. As in the past, the great majority of these cases were diagnosed on clinical grounds and consequently cannot be regarded as reflecting the true malaria picture. Nevertheless it would appear that there has been a marked reduction in the morbidity attributed to conditions having the clinical appearance of malaria.

General anti-mosquito measures continued in the towns as in previous years and certainly, in as much as they affected the breeding of *A. umbrosus*, played their part in maintaining the towns very nearly malaria free. Generally in rural areas no specific anti-malaria measures were undertaken other than the treatment of cases presenting themselves at the static and travelling dispensaries. However, in one rural district on the outskirts of Miri paludrine was issued as a prophylactic with, apparently, good effect.

(iii) Leprosy

The incidence of leprosy in the Colony during the year appeared to be unchanged from previous years, as judged by the number of admissions to the Leper Settlement. There were 66 admissions during 1950 as compared with 59 in 1949 and 67 in 1948. The Settlement population at the end of December was 444 as compared with 418 at the beginning of the year.

All suitable cases in the Settlement are treated with the sulphone drugs and results have been very encouraging. Clinical improvement has been very obvious in many cases and some persons who have undergone this treatment for more than two years are so greatly improved that the Medical Officer-in-Charge contemplates discharging, early in 1951, a considerable number of patients for treatment as outpatients. Only those persons will be discharged who are domiciled in the towns or within easy reach of the hospitals so that treatment can be continued and their future progress supervised.

This is a matter of some significance as the maintenance of 444 persons is a very great drain on departmental funds and, if the numbers to be maintained can be substantially reduced without endangering the public health, it will be a material relief to the Colony's budget.

(iv) Poliomyelitis

As mentioned in the report for 1949, during that year the Colony experienced its first recognised outbreak of poliomyelitis. At the end of 1949 case incidence had markedly declined in Kuching and the First Division but cases were continuing to occur in the vicinity of Sibü and in the Third Division generally. During 1950 a total of 28 cases was recorded. Case incidence declined as the year advanced, sixteen cases occurring in the first quarter, seven in the second, four in the third and one in the last quarter. One case occurred in each of the three main towns Kuching, Sibü, and Miri. All other cases came from rural areas, twenty-four of them from the Third Division. No deaths were recorded from poliomyelitis.

The epidemic can be said to have petered out some eleven months after it started and is succeeded by the occurrence of the odd sporadic case.

During the year the total number of cases diagnosed as malaria at hospitals and dispensaries was 1,000, a substantial reduction on the comparable 1942 figure of 1,200. As in the past the great majority of these cases were diagnosed as clinical malaria and consequently cannot be regarded as "borderline" or "atypical" malaria. Nevertheless it would appear that there has been a marked reduction in the mortality attributed to malaria having the clinical appearance of malaria.

General and specific measures continued in the form of in previous years and certainly, in so far as they affected the breeding of *A. gambiae*, played their part in maintaining the very low level of the disease. Generally in rural areas the treatment of malaria cases were undertaken other than the treatment of cases presenting themselves at the hospitals and receiving hospital care. However, in one rural district in the outskirts of Nairobi malaria was treated as a prophylactic with quinine.

(iii) Leishmaniasis

The incidence of leishmaniasis in the Colony during the year appeared to be unchanged from previous years as judged by the number of hospitalizations at the major dispensaries. There were 22 hospitalizations during 1950 as compared with 22 in 1949 and 27 in 1948. The Government dispensation at the end of December was 44 as compared with 48 at the beginning of the year.

All cutaneous cases in the Settlement are treated with the sulphur ointment and response has been very encouraging. Clinical leishmaniasis has been very common in many areas and has caused much discomfort. This treatment for some time has been the one generally favored that the Medical Officer-in-Charge has recommended. Only 12 cases were treated in 1950, 12 patients were discharged early in 1951, a considerable number of patients were treated at outstations. Only 12 cases were treated at outstations and the remainder in the town or within easy reach of the hospital so that treatment can be continued and their future progress supervised.

This is a matter of some significance as the incidence of the disease is a very great drain on hospital funds and it is hoped to be maintained on an essentially reduced level. Endeavouring the public health, it will be a material factor in the Colony's future.

(iv) Poliomyelitis

As mentioned in the report for 1949, during the year the Colony experienced the first recorded outbreak of poliomyelitis. At the end of 1949 cases had been reported from the districts of Nairobi and the first outbreak of cases was confined to the area in the vicinity of Nairobi and in the Nairobi Division. During 1950 a total of 25 cases was recorded. Cases were confined to the year advanced, stated cases occurring in the first quarter, seven in the second, four in the third and one in the last quarter. One case occurred in each of the three main towns Nairobi, Eldoret and Kisumu. All other cases were from rural areas, four of them from the Nairobi Division. No deaths were recorded from poliomyelitis.

The epidemic can be said to have passed and now appears to have ended and is succeeded by the occurrence of the sporadic cases.

(v) Yaws

This infection is common and widespread throughout the territory, although reports of hospital assistants working from the travelling dispensaries suggest that the incidence may be declining in certain areas. Some support is lent to this by the fact that only 7,592 cases were diagnosed during the year as compared with 15,370 cases in 1949.

(vi) Diphtheria

There was a further and considerable decline in the number of cases notified, 46 cases being recorded as compared with 82 in 1949 and 249 cases in 1948.

(vii) The Enteric Fevers

There was again a marked reduction in the number of cases of typhoid fever notified, there being only 76 cases as compared with 107 in 1949 and 153 in 1948. In Sibuluan, where for some years past case incidence has been higher than elsewhere in the Colony, there were substantially fewer cases. No epidemic occurred and the cases occurred sporadically. Four deaths were attributed to typhoid fever.

(viii) Dysentery and Diarrhoea

These terms continued to figure prominently in returns from hospitals and outstation dispensaries but there were no major outbreaks of dysentery during the year.

(ix) Helminthiasis

All over the Colony very large numbers of persons harbour intestinal worms, the commonest of which is ascaris. Ancylostomiasis is also common especially in areas where night-soil is used as fertiliser in agriculture.

(x) Venereal Diseases

These diseases occur throughout the country, in fairly low incidence in most rural areas and not particularly high incidence even in the towns. During the year 1,353 cases of gonorrhoea and 1,391 cases of syphilis were diagnosed at hospitals and dispensaries. The corresponding figures for the previous year were 839 and 1,883.

(b) Non-endemic Diseases

The Colony throughout the year remained free from the major pestilences, plague, smallpox, cholera and typhus. These diseases have not been recorded in the country for many years, at least twenty years in the case of plague and cholera, and there is no record of typhus even having occurred. This freedom is remarkable in view of the frequent occurrence of these diseases in neighbouring countries in communication with the Colony.

A considerable amount of vaccination against smallpox was carried out during the year in view of the occurrence of this infection in Pontianak, a town in the neighbouring West Borneo Province of the Indonesian Republic.

This infection is common and widespread throughout the territory although reports of hospital admissions working from the travelling dispensaries suggest that the incidence may be higher in certain areas. Some support is lent to this by the fact that only 7,502 cases were diagnosed during the year as compared with 15,370 cases in 1949.

(vi) Diphtheria

There was a further and considerable decline in the number of cases notified, 46 cases being reported as compared with 82 in 1949 and 249 cases in 1948.

(vii) The Bacterial Fevers

There was again a marked reduction in the number of cases of typhoid fever notified, there being only 10 cases as compared with 107 in 1949 and 177 in 1948. In 1948, there were 17 cases of typhoid fever and 10 cases of paratyphoid fever notified in the United Kingdom. There were substantially fewer cases. The epidemic occurred and the cases occurred sporadically. Four deaths were attributed to typhoid fever.

(viii) Dysentery and Shigellosis

These terms continued to figure prominently in reports from hospitals and travelling dispensaries but there were no major outbreaks of dysentery during the year.

(ix) Malaria

All over the Colony very large numbers of cases of malarial fever were notified during the year. The incidence of malarial fever is also shown especially in areas where night-soil is used as fertilizer in agriculture.

(x) Venereal Diseases

These diseases occur throughout the country, in fairly low incidence in most rural areas and a particularly high incidence even in the towns. During the year 1,355 cases of gonorrhoea and 1,321 cases of syphilis were diagnosed at hospitals and dispensaries. The corresponding figures for the previous year were 1,321 and 1,021.

(xi) Zoo-anthropic Diseases

The Colony throughout the year was free from the zoonotic diseases, anthrax, brucellosis, and rabies. These diseases have not been reported in the Colony for many years. The only cases of anthrax in the Colony were those reported in the case of a cow in the district of ... The disease is ... in view of the frequent occurrence of these diseases in neighbouring countries in contact with the Colony.

A considerable amount of vaccination against smallpox was carried out during the year in view of the occurrence of this disease in the neighbourhood of West Java. The vaccine was obtained from the Indonesian Republic.

VI. Port Health Administration

Port health administration is based upon the Quarantine Rules, 1932, which are inadequate in scope and not in accord with recent international conventions. The drafting of new and adequate port health regulations was train at the end of the year. Such are very necessary for Sarawak's increasing overseas trade and direct communication with eastern countries where the major pestilences are endemic necessitate greater vigilance and stricter control than in the past.

Three ports in the Colony, namely, Kuching, Sarikei and Miri are first ports of call for vessels from overseas. Health inspectors are stationed at each of these ports and formalities are conducted by them. However, in each case medical officers are available to deal with infection in ships should it be encountered.

In September the new airport at Kuching was formally opened. It is the only airport in the country, at present, at which aircraft from overseas make a first landing in the Colony. The airport has been designated a sanitary aerodrome and a local area. No proper regulations exist controlling the sanitary aspect of air communications but Port Health (Air Navigation) Regulations are being drafted.

The epidemiological intelligence services of the World Health Organisation were received regularly and were of great value. During the year quarantine measures were declared against Medan, Fukien, Pontianak, Bandjermasin and Jogjakarta.

No infected vessels entered the Colony's ports during the year.

Shipping statistics for the port of Kuching are set forth in Appendix I.

VII. Malnutrition and Deficiency Diseases

Deficiency diseases in severe form are not often encountered but nevertheless signs of undernourishment are not infrequent. Admissions to Kuching and Sibu Hospitals classified as "Avitaminosis and other Deficiency States" numbered 79 and there were three deaths. In certain areas, such as parts of the First Division, although there is no accurate measure of the degree of malnutrition, it is known that, at certain times of the year, food supplies are deficient and the people go short while waiting for the new harvest. In the towns too undernourishment is frequently observed in babies attending hospitals or infant welfare clinics, but the cause of this is less frequently due to want than it is to ignorance. The percentage of children attending the infant welfare centres in Kuching who were found to be underweight was 50%. It is of interest that this referred to children over 1 year of age. Children under 1 year were seldom recorded as being underweight.

Limited distribution of milk powder provided by the United Nations Children's Emergency Fund was undertaken by the welfare clinics in Kuching and through the British Red Cross Society in Kuching, Simanggang and Betong. Supplies were also distributed among certain Land Dayak groups in the First Division.

VI. Port Health Administration

Port health administration is vested upon the Government since 1925, which are conducted in accordance with recent international conventions. The health of new and returning port health regulations was revised at the end of the year. Such are very necessary for the health of the colony and direct communication with various countries where the port health is also necessary. Greater vigilance and vigilance is required than in the past.

Three ports in the Colony, namely, Kuching, Seremban and Miri are first ports of call for vessels from overseas. Health inspectors are stationed at each of these ports and facilities are provided by them. However, in each case medical officers are available to deal with infection in ships should it be necessary.

In September the new airport at Kuching was formally opened. It is the only airport in the country, at present, which aircraft from overseas make a first landing in the Colony. The airport has been equipped with a sanitary dispensary and a local area. No proper regulations exist controlling the sanitary aspect of air communication for Port Health (Air Navigation) Regulations are being drafted.

The epidemiological intelligence services of the World Health Organization were received regularly and were of great value. During the year quarantine measures were designed against cholera, typhoid, diphtheria, and tetanus.

No infected vessels entered the Colony's ports during the year. Shipping statistics for the port of Kuching are set forth in appendix I.

VII. Malnutrition and Deficiency Diseases

Deficiency diseases in severe form are not often encountered but nutritional signs of undernourishment are not infrequent. Attention to Kuching and Seremban is classified as "A" and other deficiency diseases, such as beriberi, are classified as "B". In certain areas, such as parts of the First Division, although there is no accurate measure of the extent of malnutrition, it is known that at certain times of the year, food supplies are deficient and the people go about with waiting for the next harvest. In the town of Seremban, malnutrition is frequently observed in babies attending hospitals or infant welfare centres, but the cause of this is less frequently due to want than it is to ignorance. The percentage of children attending the infant welfare centres in Kuching who were found to be underweight was 50%. It is of interest that this referred to children over 1 year of age. Children under 1 year were seldom recorded as being underweight.

Limited distribution of milk powder supplied by the United Nations Children's Emergency Fund was undertaken by the welfare clinics in Kuching and Seremban. Supplies were also distributed to certain local health groups in the First Division.

VIII. Maternity and Child Welfare Services

The performance of this service during 1950, in and around Kuching, indicates clearly that the benefits to be derived from ante-natal supervision are appreciated. The numbers dealt with at the clinics have been practically twice as many as in the previous year and the work is only limited by the staff available.

Three clinics were in operation, two in Kuching and one in a rural area fifteen miles from the capital. At the main clinic in Kuching, owing to the inadequate accommodation available, there was real overcrowding, working conditions were unsatisfactory and the work was seriously hampered.

The staff available for the work consisted of a Lady Medical Officer, a Health Sister, two trained nurses and five district midwives. The trained nurses and the district midwives on completion of their training will become health visitors and assistant health visitors.

There was a marked change in the nature of the infant welfare clinics. In the past they tended to be regarded as places to which to bring sick children. During the year few children were brought to the clinics only because they were ill. Mothers more and more tended to bring their children for weighing and to seek advice regarding diet, etc. It was thus possible to start proper health consultations at given intervals with the Lady Medical Officer for all children attending the clinics. Regular diphtheria immunisation at 6 months was commenced.

At the clinic at the 15th Mile there was excellent progress and the health education aspect was particularly stressed. It was more feasible to do this than in the towns as accommodation is more adequate and numbers manageable. Talks were given to the mothers by the nurses and simple demonstrations on cooking, particularly on the first solid food for infants, were given by a teacher lent by the Education Department. At this clinic the sick child is still commonly brought for treatment but already some of the more intelligent women have grasped the significance of regular supervision of their babies.

Figures of attendances at the clinics are shown in Appendix II.

IX. Hospitals, Dispensaries and Other Institutions concerned with the Public Health

Throughout the year Government operated three hospitals, twenty-four outstation dispensaries and seventeen travelling dispensaries, sixteen of which were river craft and one a road vehicle. With a very few exceptions all outstation dispensaries are provided with rest beds and inpatient treatment of a simple nature can be provided. The average number of beds is six and the maximum is twelve. Certain of the larger dispensaries, staffed by senior hospital assistants and more elaborately equipped are, in effect, miniature hospitals.

At Miri, the Sarawak Oilfields Limited operated its own hospital of 124 beds primarily for its employees and dependents, but, by arrangement with the Company its hospital facilities are made available to the public on repayment by Government. A similar arrangement with the Government of Brunei enables people of the Fifth Division of Sarawak to receive treatment in Brunei Hospital.

The performance of this service during 1950 in the ...
around ... indicates clearly that the benefits to be derived
from these ... are ... The number of ...
with ... have been ... twice as many as in the
previous year and the work is only limited by the available ...

... were in ... in ... and one
... from the ... At the ...
... were ... and
... were ...

... for the work consisted of a lady
... two trained nurses and the
... and the ... will become ...

... in the ... of the ...
... in the ... to be ...
... and ...
... to bring their ...
... of ...
... of ...

... and ...
... to be ...
... of ...
... of ...
... of ...

... of ...

II. Hospitals, Dispensaries and Other Institutions
connected with the Health Service

Throughout the year ...
... of which ...
... with ...
... of ...
... of ...

At ... the ...
... of ...
... of ...
... of ...

...

Appendix III lists the hospital beds available at 31st December, 1950, and also the number of dispensary rest beds.

The following table summarises outpatients and inpatients treated by the Department during the year. The corresponding figures for 1949 are shown for comparison.

	<u>Outpatients</u>						<u>Inpatients</u>	
	New	<u>1950</u> Rpt.	Total	New	<u>1949</u> Rpt.	Total	<u>1950</u>	<u>1949</u>
General Hospital, Kuching.	19,861	53,645	73,506	27,535	77,522	105,257	5064	5089
Sibu Hospital	12,958	11,334	24,292	17,802	12,030	29,832	3064	2550
Simanggang Hospital	15,722	3,353	19,075	13,990	2,641	16,631	698	621
Dispensaries	91,638	24,560	116,198	97,680	22,900	120,580	1163	858
Travelling Dispen- saries (River)	126,639	44,707	171,346	32,811	3,232	36,043	--	--
Travelling Dispen- saries (Road)	14,748	6,340	21,088	15,133	1,861	16,994	--	--
Itinerant Dressers	7,451	--	7,451	9,210	--	9,210	--	--
Grand Total	289,017	143,939	432,956	214,361	120,186	334,547	9,989	9,118

In addition, at the Sarawak Oilfields Limited Hospital, Miri, a total of 1,690 inpatients were treated and total outpatient attendances were 21,486. The corresponding figures for the previous year were 1,842 and 22,435. Admissions to the Brunei State Hospital from the Fifth Division numbered 37 as compared with 45 during the previous year.

Although outpatient attendances at the dispensaries and at two of the three Government hospitals were lower than in the previous year, the operation of fourteen additional travelling dispensaries during 1950 raised the level of attendances some thirty per cent above the 1949 figure. The fall in the number of inpatients treated at Kuching is, at least in part, accounted for by the closure of a ward in the General Hospital already referred to. At the other two Government hospitals there was a satisfactory increase in the numbers of inpatients and a substantial increase in the numbers admitted to the dispensary rest beds.

(i) General Hospital, Kuching (Including Mental Section).

This is the largest and most elaborate medical institution in the Colony and it finished the year with 277 general and special beds and 100 mental beds. It is the training centre for hospital assistants, nurses, midwives, etc. The volume of work undertaken remained considerable although there was a slight drop in the number of inpatients and a substantial reduction in the number of outpatient attendances. During the year the number of inpatients treated was 5,064 while total outpatient attendances numbered 73,506.

No further bed accommodation was provided during the year but a number of minor, but nevertheless important structural improvements were effected. These included a new Malay kitchen, a fuel store, ward pantries, etc. The lecture room was considerably enlarged and very adequately equipped. In the Children's Ward, two isolation cubicles were constructed and also a further cubicle to serve as a food preparation room. This was excellently equipped with refrigerator, milk steriliser, hot-plate, etc.

Appendix III lists the hospital beds available for fiscal year 1950, and also the number of discharges from these hospitals. The following table summarizes discharges and hospitalizations by the Department during the year. The corresponding figures for 1949 are shown for comparison.

HOSPITAL	1950		1949	
	New	Total	New	Total
Army Hospital, Khabarovsk	18,001	23,000	17,500	22,500
1 Hospital	12,000	17,000	11,500	16,500
2 Hospital	10,000	15,000	9,500	14,500
3 Hospital	8,000	12,000	7,500	11,500
4 Hospital	6,000	9,000	5,500	8,500
5 Hospital	4,000	6,000	3,500	5,500
6 Hospital	2,000	3,000	1,500	2,500
7 Hospital	1,000	1,500	800	1,200
8 Hospital	500	700	400	600
9 Hospital	300	400	200	300
10 Hospital	100	150	80	120
Total	58,001	77,000	56,000	74,000

In addition, on the General Office of the Ministry of Health, a total of 1,000 discharges were treated and total hospitalizations were 1,500. The corresponding figures for the previous year were 1,200 and 1,800. Discharges from the General Hospital from the 15th Division numbered 77 as compared with 85 during the previous year.

With this exception there was at the hospital and at the 15th Division 1,000 discharges were treated and total hospitalizations were 1,500. The corresponding figures for the previous year were 1,200 and 1,800. Discharges from the General Hospital from the 15th Division numbered 77 as compared with 85 during the previous year.

(1) General Hospital, Khabarovsk (continued)

The 15th Division and the General Hospital were established in the 1940s and it included the 15th General Hospital and General Hospital. In the 1940s, the 15th Division was established with 100 hospital beds. In the 1940s, the 15th Division was established with 100 hospital beds. In the 1940s, the 15th Division was established with 100 hospital beds.

The 15th Division and the General Hospital were established in the 1940s and it included the 15th General Hospital and General Hospital. In the 1940s, the 15th Division was established with 100 hospital beds. In the 1940s, the 15th Division was established with 100 hospital beds.

provided by the United Nations International Children's Emergency Fund. In addition the walls of the ward were tiled.

There was steady improvement in ward equipment and special equipment. Of the latter special mention may be made of the new operating table which, ordered in 1946, arrived during the year. Other noteworthy acquisitions were a diathermy apparatus and an electrocardiograph.

The new X-ray plant installed towards the end of 1949 functioned efficiently throughout the year and was a great asset.

As mentioned previously, staff shortage was very acute and, in July, it was found necessary to close Ward No. 5, thus reducing bed strength by 23. Even with this, staff was seriously over-worked and off duty time was totally inadequate. The seriousness of the situation can be measured by the fact that it was only possible to give probationer hospital assistants and nurses one day off duty per month.

The Mental Section, which is situated in the same compound as the General Hospital, is not satisfactory. Accommodation is neither suitable nor sufficient and treatment is, in consequence, very difficult. Nevertheless improvements were effected during the year, and a small measure of categorisation of patients was achieved.

In the Laboratory, also, there was steady improvement as additional equipment arrived and was installed. This institution, the only one of its kind in the Colony, is a satisfactory one and it functions not only as a medical laboratory but as a public analytical laboratory as well. When medical establishment allows of the allocation of a medical officer to the Laboratory its work and usefulness will be greatly increased.

Details of admissions to the General Hospital are shown in Appendix IV. Causes of admissions to Kuching and Sibu Hospitals and deaths are shown in Appendix V. Appendices VI and VII show the surgical and laboratory work carried out in Kuching.

(ii) The Central Dispensary, Kuching.

This is the Outpatient Department of the General Hospital although sited in the centre of the town one and a half miles distant from the hospital. At the beginning of the year the two sections, male and female, occupied the ground and first floors of a building the top floor of which was occupied by the Education Department. In addition the dispensary proper was housed in an adjoining building.

The accommodation available to the Department was shared by the outpatient department and the main Maternity and Child Welfare Clinic, and was totally inadequate as well as not being entirely suitable. This unsatisfactory situation deteriorated further during the year when the Department was forced to give up its accommodation on the first floor of the main building to provide additional office space for the Education Department. Work was carried on under considerable difficulty, especially as attendances were substantial, as reference to the foregoing table will show. The Maternity and Child Welfare sessions and, at the end of the year, Chest Clinic Sessions, added to the pressure on accommodation.

(iii) The Dental Clinic, Kuching.

Dental staff remained unchanged from 1949. It comprises one Dental Officer, one Government Dentist on contract, a dental

provided by the Federal Bureau of Investigation, Chicago, Illinois, in addition the walls of the ward were tiled. There was ready improvement in ward equipment and special equipment. Of the latter special attention may be made of the new operating table which, ordered in 1945, arrived during the year. Other noteworthy acquisitions were a fluoroscopic apparatus and an X-ray apparatus.

The new X-ray plant installed towards the end of 1949, furnished efficiently throughout the year and was a great asset. An important acquisition was a special X-ray apparatus which was installed in the ward. This apparatus was very useful in the diagnosis of various conditions. The apparatus was very reliable and the results were very accurate. The apparatus was very useful in the diagnosis of various conditions. The apparatus was very reliable and the results were very accurate.

The general hospital which is situated in the same grounds as the General Hospital is a satisfactory one. The hospital is well equipped and the services are of a high standard. The hospital is well equipped and the services are of a high standard. The hospital is well equipped and the services are of a high standard.

The hospital is well equipped and the services are of a high standard. The hospital is well equipped and the services are of a high standard. The hospital is well equipped and the services are of a high standard.

The hospital is well equipped and the services are of a high standard. The hospital is well equipped and the services are of a high standard. The hospital is well equipped and the services are of a high standard.

(ii) The General Hospital, Lucknow.

The General Hospital, Lucknow, is a well equipped hospital. The hospital is well equipped and the services are of a high standard. The hospital is well equipped and the services are of a high standard. The hospital is well equipped and the services are of a high standard.

The hospital is well equipped and the services are of a high standard. The hospital is well equipped and the services are of a high standard. The hospital is well equipped and the services are of a high standard.

(iii) The General Hospital, Lucknow.

The hospital is well equipped and the services are of a high standard. The hospital is well equipped and the services are of a high standard. The hospital is well equipped and the services are of a high standard.

mechanic and one hospital mandor. This team is accommodated in the General Hospital and has two dental surgeries and a workshop. The small department is well equipped, all apparatus indented for in 1949 having arrived during 1950. The new equipment includes a Watson Dental X-Ray Machine.

Treatment is provided for hospital patients, Government officers and their families, patients referred from the Central Dispensary, pregnant women referred by the Maternity and Child Welfare Clinics, and school children.

On three occasions during the year a dentist paid visits to outstations namely, to Simanggang, to Sibü and to Brunei when much useful work was accomplished. The purpose of the visit to Brunei, which was at the invitation of the Brunei Government, was to advise on dental matters generally, to check dental stores and equipment in Brunei Hospital, and to advise regarding equipment necessary to fit out a surgery and laboratory. During the visit opportunity was taken to inspect pupils at three Malay schools in the Seria and Kuala Belait area. Treatment was also given in Brunei to all who sought it.

The Government dental staff are still the only dentists in the Colony with qualifications registrable in Europe or America.

Details of the work carried out during the year by the dental staff are shown in Appendix VIII.

(iv) Lau King Howe Hospital, Sibü.

This institution with 101 general and special beds serves the largest administrative division in the Colony and it was very busy throughout the year.

A substantial building programme was planned for this institution and provision made in the 1950 budget. However, for various reasons, the greater part of the work was not undertaken. In fact the only capital works carried out were extension to the hospital kitchen, the erection of a mental observation ward which was incomplete at the end of the year, and the removal of the old sanitary accommodation inserted in the middle of the two main wards and erection of new sanitary annexes. Of the remaining works, planned, the new outpatient department has been deferred, but it is hoped that the nurses' home and tuberculosis ward will be erected in 1951.

During the year there was steady improvement in equipment and the X-ray plant from Kuching, which was replaced by a new apparatus, was installed.

Nursing standards, too, improved as the presence of a nursing sister posted to Sibü for the first time in December, 1949, made itself felt.

The Maternity Ward, completed in December, 1949, was a great asset. The number of confinements conducted in the ward during the year was 265, a great advance on the previous year when only five maternity beds were available, and confinements numbered 164.

There was a substantial decline in the number of outpatients total attendances during the year being 24,292 as compared with 29,832 in 1949. However, inpatients showed an increase from 8,260 in 1949 to 8,826 in 1950.

Details of admissions to this hospital are shown in Appendix IX.

...and one ... This year is ...
...and
... ..
... ..

Treatment is provided for ...
... ..
... ..

On three occasions during the year a dental visit
to
... ..
... ..
... ..
... ..
... ..

The Government dental staff are still the only dentists
in the Colony with qualifications comparable to Europe or America.
Details of the work carried out during the year by the
dental staff are shown in Appendix VIII.

(iv) San Jose Hospital, 1951

... ..
... ..

A substantial
... ..
... ..
... ..
... ..
... ..
... ..
... ..
... ..
... ..

During the year there was a steady improvement in equipment
and the X-ray
... ..

... ..
... ..

The
... ..
... ..
... ..

There was a substantial decline in the number of ...
... ..
... ..

Details of

(v) Simanggang Hospital

At the end of the year this institution had twenty-four general beds and was doing good work. Admissions numbered 698 and total outpatient attendances were 19,075 of which 15,722 were new cases. Its first year with a medical officer in charge was very promising and the area had better medical service than in any previous year. Minor alterations and additions were made during the year, the most important of which was the erection of a semi-permanent structure to serve as outpatient department and laboratory and the installation of tank and piping for a piped water supply. Further additions are necessary and provision has been made in 1951 Estimates to erect an additional ward to accommodate twenty beds, a small building for infectious cases and a mortuary.

(vi) Outstation Dispensaries

The number of dispensaries functioning during the year was twenty-four, the same as in 1949 now that the dispensary in Simanggang is classified as a hospital. Demands for additional dispensaries have been insistent but they have had to be resisted as staff was just not available to enable additional commitments of this nature to be accepted. One exception to this was made in the case of a very remote area the population of which is reported to be heavily infected with tuberculosis and is known to be declining to an alarming extent. Thus, although the manning of this dispensary will present real difficulties, its construction was proceeded with. It was not completed during 1950 but it will be in operation during 1951.

The policy of improving existing dispensaries was pursued and one new dispensary with bed accommodation was erected to replace an old, unsatisfactory and inadequate building.

As in past years supervision of the work of the outstation dressers has been less than ideal and it was only in the Third Division that reasonably frequent supervising visits were made by medical officers. In spite of this it can again be said that the hospital assistants did very good work which was, to judge from the requests for extension of this service, really appreciated by the people.

The figures quoted at the beginning of this section (page 16) show that there was a slight decline in the number of outpatient attendances at these institutions. This can probably be accounted for by the expansion of the travelling dispensary scheme making it no longer necessary for many patients to travel to static dispensaries. The nearly 100% increase in the number of inpatients treated is very satisfactory.

(vii) The Travelling Dispensaries

(C.D. & W. Scheme No. D.830)

This Colonial Development and Welfare scheme aimed to provide simple curative treatment to the most densely populated areas over as large an area of the Colony as possible. Treatment would be carried to the people in remote areas in travelling dispensaries which are native type perahus powered by outboard motors and manned by a hospital assistant, an attendant and a driver. During 1948 and 1949 two of these units were operated to gain experience with this new type of dispensary. In the meantime personnel to man the additional boats was being trained.

The full travelling dispensary scheme was in operation from 3rd January, 1950, when the fourteen additional boats commenced work. The year's performance of these units has been

/very

(v) Stannary Hospital

At the end of the year this hospital had twenty-four general beds and during the year... and total outpatient attendances were 12,077 of which 12,755 were new cases. The first year with a medical officer in charge was very promising and the work had better medical services than in any previous year. Minor alterations and additions were made during the year, the most important of which was the erection of a semi-detached structure to serve as an out-patient department and laboratory and the installation of tank hot water for a cold water supply. Another addition was necessary and provision has been made in 1951 to erect an additional ward to accommodate twenty beds, a small building for the office of the nurse and a surgery.

(vi) Outpatient Dispensary

The number of dispensaries throughout the year was twenty-four, the same as in 1950 but the Stannary dispensary is classified as a hospital. Dispensaries have been installed but they have had to be installed as staff was just not available to staff additional dispensaries at this rate to be accepted. One dispensary was installed in the case of a very remote area the hospital of which is reported to be heavily infested with mites and the work of the dispensary to an almost extent. One dispensary was installed in the case of a very remote area which will be installed in 1951 and it will be proceeded with. It was not completed until 1950 and it will be in operation until 1951.

The policy of providing extra dispensaries was pursued and one new dispensary with two beds was opened to replace an old dispensary and hospital building.

As in the past, the work of the dispensary has been done and it was only in the Stannary dispensary that there was a slight increase in the number of medical officers. In spite of this it was found that the hospital dispensary was very busy and it was found that the hospital dispensary was very busy and it was found that the hospital dispensary was very busy and it was found that the hospital dispensary was very busy.

The figures given at the end of the year show that there was a slight increase in the number of dispensaries throughout the year. This was due to the fact that the hospital dispensary was very busy and it was found that the hospital dispensary was very busy and it was found that the hospital dispensary was very busy.

(vii) The Travelling Dispensary

(D.O. & W. School No. 1, 1951)

This dispensary was established in 1951 and it was found that the hospital dispensary was very busy and it was found that the hospital dispensary was very busy and it was found that the hospital dispensary was very busy.

The full travelling dispensary which was in operation from 1st January, 1950, when the dispensary was established, has now been discontinued. The year's performance of the dispensary was very good.

very satisfactory and their regular penetration into areas previously untouched by medical services has been of great benefit. Reports from administrative officers have consistently recorded the popularity of the new service and public appreciation of it in the rivers served. The peoples of other rivers, not yet included in the scheme, have made frequent demands for visits from the boats and it has been difficult, sometimes, to convince them that frequent and regular visits are essential and that the usefulness of the boats would be largely lost if their itineraries were so extensive that visits to any particular place would be infrequent. As it is, itineraries are stretched to the limit and the service can only be profitably extended by the provision of additional units. It is planned to do this in 1953.

The maintaining of these units has been a not inconsiderable task and there have been many troubles. Mechanical defects have occurred with some frequency which is not surprising when one considers the hard and continuous work to which the engines are put. Nevertheless, as each boat is provided with a spare engine interruptions of schedules were not as significant as they might have been. There is little doubt, however, that as time goes on and engines begin to wear out troubles will increase. In fact, it is possible that major capital replacements will be necessary before the scheme has run its full course.

During 1949, total attendances at the two travelling dispensaries then operating numbered 36,045. Total attendances at the sixteen travelling dispensaries during 1950 were 164,778.

(viii) The Leper Settlement

This institution is situated thirteen miles from Kuching and is accessible by motor road.

The Settlement accommodated 444 persons at 31st December, approximately 6% more than at the end of 1949, and can be said to have run with reasonable smoothness throughout the year.

There were twenty-five deaths during the year and thirteen persons were discharged. Some twenty persons, in addition, have done so well under treatment that they are being considered for discharge early in 1951.

It had been planned to initiate in 1950 a programme of replacement of buildings many of which were dilapidated. However, for financial reasons and also as modern treatment appeared to hold out a prospect of reducing the numbers of persons whom it would be necessary to segregate, this was deferred and no permanent building works were undertaken. Instead, five small temporary barracks were erected with the use of Settlement labour to relieve the congestion caused by the increase in population. Repairs to buildings and bridges were also undertaken, on payment, by inmates.

Treatment of all cases which might benefit was continued with sulphetrone and results were encouraging. However, for the last three months of the year oral sulphetrone was replaced by injections of basic sulphone which is considered to be even more effective and is certainly cheaper. This treatment has had its effect not only on the course of the disease but also on the outlook of those infected. Although the age-old horror of the disease remains among those not infected, people are beginning to realise it may be curable. Sufferers are no longer hopeless of cure and look forward to the day when they may be able to return to a normal life. This attitude is clearly reflected in the morale of the inmates and the Settlement community is a much happier one than it was in the past. The people take a greater interest in Settlement welfare activities and are more inclined to do things for themselves. The Settlement working group of the

our satisfaction and their general expression have been
 previously mentioned by several persons in the past. It
 seems that maintenance of the service has consistently
 the possibility of the new service and public appreciation of it
 in the future. The service of other rivers has not
 included in the scheme, but some important demands for rights from
 the board and it has been difficult, according to conditions
 that program and we shall have to be essential and that the
 needs of the board would be largely lost if their interests were
 extensive that visits to any particular place would be important.
 As it is, interests are restricted to the limit and the service
 can only be practically extended by the provision of additional
 units. It is planned to do this in 1955.

The maintenance of these units has been a not insensi-
 ble task and there have been many troubles. Mechanical
 defects have occurred with some frequency which is not surprising
 when one considers the kind and conditions work to which the
 engines are put. Nevertheless, as each boat is provided with a
 spare engine, interruptions of service have not as a rule
 they might have been. There is little doubt, however, that as
 time goes on and engine parts wear and tear will increase,
 in fact, it is possible that some special requirements will be
 necessary before the scheme for the full scope.

During 1954 total expenditure of the two travelling
 dispensaries then operated amounted to \$445. Total expenditure
 on the sixteen travelling dispensaries during 1950 was \$44,745.

(viii) The Lower Dispensaries

This institution is situated upstream from Koobera
 and is generally by road 1955.

The settlement incorporated the persons at that time
 approximately 60 years ago at the end of 1850 and can be said to
 have been the result of a movement throughout the year.

There was a long-time health center during the year and this
 been various ways. Some twenty persons in addition
 have been on full-time treatment that has been considered
 for discharge during 1955.

The last year closed to service in 1950 a programme of
 replacement of buildings part of which was completed. Lower
 for financial reasons and also to modern treatment provided to
 built out a program of replacing the number of service units. It
 would be necessary to determine that was desired and to determine
 building work was undertaken. In fact, the work of
 building was carried out with the use of building funds to cover
 the expenditure caused by the increase in population. It was
 buildings and houses were also constructed on account of the

Treatment of all cases which might benefit was continued
 with confidence and results were satisfactory. However, for the
 last three months of the year and conditions was replaced by
 in service of the institution which is considered to be a
 effective and to be generally accepted. This program has been
 without success on the course of the disease but also on the
 side of the patient. Although the one-day program of the
 disease remains about those not infected, people are beginning to
 realize that it is not a disease. Patients are no longer
 and back forward and the day when they are able to return
 to normal life. The institution is financially sound in view
 of the income and the highest amount in 1955.
 Patients are then it was in the past. The people have a
 interest in the institution with confidence and are willing
 to do whatever is necessary. The institution would be

Red Cross Society was very active establishing a reading and recreation room and sports facilities. These activities were financed in large measure by the people themselves with only minimal material assistance from the local branch.

The Chinese inmates operated their own Chung Hwa Club. In the beginning this organisation endeavoured to exercise administrative authority over all Chinese in the Settlement, but, after some trouble, it has settled down to be a purely social organisation.

The Kuching Rotary Club and the Chinese Associations continued to take an interest in the Settlement and provided amenities and gifts to the inmates.

It can be said that during the year Settlement affairs progressed satisfactorily and that standards of care and medical treatment were maintained.

Figures of admissions, discharges, etc., are shown in Appendix X.

X. Voluntary Agencies concerned with the Public Health

(a) British Red Cross Society - Sarawak Branch

The Branch continued to be very active throughout the year and, by the formation of Divisions, extended its activities from Kuching to Simanggang, Betong and Miri.

The Ambulance service in Kuching and the First Division operated smoothly and was a valuable supplement to medical department activities. During the year 118 sick persons were transported from rural areas to the General Hospital and 70 convalescent patients from hospital to their homes. Stand-by duty at the Airport was continued and, in fact, extended so that now the Red Cross Ambulance operates on every day in the week.

The blood transfusion service continued to give valuable assistance to the General Hospital as did also the welfare groups. A working group was established in the Leper Settlement and did excellent work.

(b) The Sibü Benevolent Society

This organisation continued to do most useful work in caring for destitute aged and also chronic tuberculosis cases in their Home near Sibü and their Nursing Home in Sibü itself. Medical supervision of the Nursing Home, which accommodates some fifty chronic invalids, was undertaken by the Department's officers in Sibü. The Society is supported by public subscription and a monthly contribution from Government.

Arrangements were finalised during the year for the erection of a new building to house the Society's Nursing Home which at present occupies dilapidated and unsatisfactory buildings. The Society provided a plot of land about a mile and a half from Sibü Town and funds were provided by Government to erect the building. The work had commenced at the end of the year.

(c) Missions

There are still no medical missions in the Colony but simple outpatient treatment continued to be provided at several

and Gross Society was very active establishing a reading and
recreation room and sports facilities. These activities were
financed in large measure by the people themselves with only
minimal material assistance from the local branch.

The Chinese hospital operated their own Chinese New Year
in the past but in the past few years they have endeavored to exercise
administrative authority over all Chinese in the settlement, but
after some trouble, it has settled down to be a purely social
organization.

The Chinese Reading Club and the Chinese Associations
continued to take an interest in the settlement and provided
assistance and gifts to the hospital.

It can be said that during the year settlement affairs
progressed satisfactorily and that standards of care and medical
treatment were maintained.

Number of admissions, discharges, etc., are shown in
Appendix I.

X. Voluntary Services Connected with the Public Health

(a) British Red Cross Society - General Branch

The branch continued to be very active throughout the
year and by the formation of divisions, extended its activities
from London to Birmingham, Essex and Kent.

The ambulance service in London and the First Division
operated smoothly and was a valuable supplement to medical
department activities. During the year 118 sick persons were
transported from their homes to the General Hospital and 70 con-
valescent patients from hospital to their homes. Search-by-day at
the hospital was continued and, in fact, extended so that now the
Red Cross Ambulance operates on every day in the week.

The blood transfusion service continued to give valuable
assistance to the General Hospital and did also the welfare groups.
A working group was established in the latter settlement and did
excellent work.

(b) The First Aid Society

This organization continued to do most useful work in
order for patients and also chronic tuberculous cases in
their homes near 81st and 82nd Streets in the Island.
Medical supervision of the Welfare Home, which encompasses some
fifty chronic invalids, was undertaken by the Department's
officers in the settlement. The Society is supported by public subscription
and a monthly contribution from Government.

Arrangements were finalized during the year for the

mission stations and, at two, inpatients were cared for by nuns who are also qualified nurses.

XI. Meteorology

Meteorological records are maintained by the Department of Lands and Surveys. Available data for the year is detailed in Appendix XI.

... to present accounts of the ...
... and ...
... and ...
... the work had commenced at the end of the year.

(1) ...

... in the Colony ...
... to be provided at ...

SHIPPING STATISTICS - PORT OF KUCHING1950ARRIVALS

PORTS	TRIPS	TONNAGE	CREWS	PASSENGERS
Singapore	171	84,775	7640	2,917
Malacca	13	106	68	--
Pulo Bukom	11	2,930	191	--
Bangkok	8	4,313	301	--
British North Borneo	14	12,575	974	664
Natuna Islands	25	252	107	--
Brunei	3	242	141	--
Sambas	124	1,793	1216	--
Pontianak	1	308	29	--
Labuan	6	1,063	173	--
TOTAL	276	108,357	10,840	3,581

DEPARTURES

PORTS	TRIPS	TONNAGE	CREWS	PASSENGERS
Singapore	171	42,966	2082	1,716
Malacca	10	102	73	--
Pulo Bukom	9	2,591	150	--
Bangkok	1	607	28	--
British North Borneo	1	613	28	--
Natuna Islands	23	225	87	--
Brunei	8	465	53	--
Sambas	129	1,390	1236	--
Palembang	2	1,380	89	--
Labuan	6	1,302	176	--
TOTAL	360	51,641	4,002	1,716

SHIPPING STATISTICS - PORT OF KUALA LUMPUR

1950

ARRIVALS

PORTS	TWINS	TONNAGE	CREW	PASSENGERS
Singapore	171	67,175	1870	2,917
Malacca	13	108	68	--
Lilo Bujur	11	2,280	181	--
Penang	8	4,713	301	--
British North Borneo	14	12,575	974	88
Natural Islands	22	222	107	--
Sumat	7	212	141	--
Japan	124	1,783	1218	--
Other	1	301	28	--
Other	8	1,083	173	--
TOTAL	276	108,957	10,040	2,925

DEPARTURES

PORTS	TWINS	TONNAGE	CREW	PASSENGERS
Singapore	175	42,966	2082	1,718
Malacca	10	128	71	--
Lilo Bujur	9	2,281	150	--
Penang	1	607	28	--
British North Borneo	1	613	28	--
Natural Islands	21	222	87	--
Sumat	1	462	23	--
Japan	128	1,382	1,278	--
Other	1	1,280	23	--
Other	6	1,382	176	--
TOTAL	360	57,641	4,002	1,718

MATERNITY & CHILD WELFARE SERVICES, KUCHING.Infant Attendances during 1950.

	<u>Main Centre</u>	<u>Kampong Clinic.</u>	<u>15th Mile Clinic.</u>
Number of cases entered in File	1,726	153	299
Total number of Attendances	6,846	661	1,275
Malays	448	661	--
Chinese	5,987	--	110
Dayaks	161	--	1,148
Others	250	--	17

Number of Home Visits paid to Infants

Total number of visits	2,325
Newly born	--
First visits	868
Repeat visits	1,457
Malays	684
Chinese	1,514
Dayaks	37
Others	88

Ante-natal Attendances during 1950.

	<u>Main Centre</u>	<u>Kampong Clinic.</u>	<u>15th Mile Clinic.</u>
Number of Ante-Natal Cases entered in File	1,181	59	141
Total number of Ante-Natal Attendances	5,869	337	445
Malays	316	337	--
Chinese	5,221	--	374
Dayaks	170	--	67
Others	162	--	4
Number of Ante-Natal Cases known to have delivered	820	54	79
Normal	724	53	77
Abortion	15	--	--
Stillbirths	8	1	1
Other complications	11	--	1
Deliveries unverified	152	--	--
Number of Ante-Natal Cases in File at end of 1950	483	25	64
Number of Ante-Natal Cases referred to Medical Officer	1,506	--	--
Number of Home Visits to Ante-Natal Cases	399	--	--

MATERNITY & CHILD WELFARE SERVICES, KUNMING

Infant Attendance during 1950

Infant Centres	Female Infants	Male Infants	Total
1,750	1,750	1,750	3,500
3,848	3,848	3,848	7,696
448	448	448	896
2,987	2,987	2,987	5,974
151	151	151	302
280	280	280	560
			1,148
			110
			200

Number by cases covered in file
Total number of attendances
Malays
Chinese
Dai
Others

Number of Home Visits made to Infants

Total number of visits	Female	Male
2,322	2,322	2,322
608	608	608
1,432	1,432	1,432
684	684	684
31	31	31
28	28	28

Lowly born
First visit
Subsequent visits
Malays
Chinese
Dai
Others

Ante-natal Attendance during 1950

Female Cases	Male Cases	Total
1,181	1,181	2,362
2,869	2,869	5,738
316	316	632
2,121	2,121	4,242
170	170	340
282	282	564
24	24	48
724	724	1,448
12	12	24
8	8	16
11	11	22
122	122	244
482	482	964
1,206	1,206	2,412
122	122	244

Number of Ante-natal Cases entered in file
Total number of Ante-natal Attendances
Malays
Chinese
Dai
Others
Number of Ante-natal Cases known to have delivered
Normal
Abortion
Stillborn
Other complications
Delivered unspecified
Number of Ante-natal Cases in file as of 31st Dec 1950
Number of Ante-natal Cases referred to Maternity Centres
Number of Home Visits to Ante-natal Cases

Hospital Beds at 31st December, 1950

Name and Location of Hospitals.	Number and Category of Beds							Remarks
	General	Obstetric	Children	Tuberculosis	Infectious	Mental	Total	
General Hospital, Kuching.	169	19	26	50	--	16	280	One ward of 23 beds was closed in July.
Mental Hospital, Kuching.	--	--	--	--	--	100	100	This is in the same compound as General Hospital.
Lau King Howe Hospital, Sibuan 3rd Division.	54	16	--	--	21	10	101	
Simanggang Hospital, 2nd Division.	24	--	--	--	--	--	24	

1121

Observations on the ...

Date	Time	Observations					Remarks
		
...
...
...
...

By to draw ...

off to ...

...

...

...

...

GENERAL HOSPITAL, KUCHING.1950IN-PATIENTS

Total number of admissions during the year	5,143
Total number of male patients admitted during the year	2,415
Total number of female patients admitted during the year	2,728

NATIONALITIES

American	...	...	1
Arabian	...	...	1
Australian	...	...	1
Batak	...	...	4
Bisayah	...	...	2
Chinese	...	...	3,275
Ceylonese	...	...	2
Dayak, Land	...	...	649
Dayak, Sea	...	...	367
Eurasian	...	...	15
European	...	...	107
Indian	...	...	146
Javanese	...	...	40
Kayan	...	...	6
Kelabit	...	...	6
Kenyah	...	...	11
Landak	...	...	1
Malay	...	...	498
Melano	...	...	6
Murut	...	...	3
Philipino	...	...	1
Punan	...	...	1
		<u>TOTAL</u>	<u>5,143</u> =====

BIRTHS

Total number of births for the year	842		
Male	...	...	432
Female	...	...	410

NATIONALITIES

Chinese	...	...	774
Dayak, Land	...	...	9
Dayak, Sea	...	...	7
Eurasian	...	...	3
European	...	...	8
Indian	...	...	18
Javanese	...	...	1
Malay	...	...	21
Menadonese	...	...	1
		<u>TOTAL</u>	<u>842</u> =====

/Deaths

GENERAL HOSPITAL, KUALA LUMPUR

1950

IN-PATIENTS

Total number of admissions during the year
 Total number of male patients admitted during the year
 Total number of female patients admitted during the year

2,143
 2,412
 2,758

NATIONALITIES

NATIONALITY	Male	Female	Total
American	1	1	2
African	1	1	2
Australian	1	1	2
Batak	1	1	2
Bhaya	1	1	2
Chinese	1	1	2
Devonians	1	1	2
Dutch, Java	1	1	2
Dutch, Sumatra	1	1	2
European	1	1	2
Indian	1	1	2
Javanese	1	1	2
Kayan	1	1	2
Kelabit	1	1	2
Kentia	1	1	2
Malay	1	1	2
Maleno	1	1	2
Portuguese	1	1	2
Sumatran	1	1	2
Tamil	1	1	2
Thamian	1	1	2
TOTAL	2,412	2,143	4,555

BIRTHS

Total number of births for the year
 Male
 Female

642
 432
 210

NATIONALITIES

NATIONALITY	Male	Female
Chinese	1	1
Dutch, Java	1	1
Dutch, Sumatra	1	1
European	1	1
Indian	1	1
Javanese	1	1
Kayan	1	1
Kelabit	1	1
Kentia	1	1
Malay	1	1
Maleno	1	1
Portuguese	1	1
Sumatran	1	1
Tamil	1	1
Thamian	1	1

DEATHS

Total number of deaths for the year			256
Male	...	...	167
Female	...	...	89

NATIONALITIES

Chinese	...	...	199
Dayak, Land	...	...	28
Dayak, Sea	...	...	9
Eurasian	...	...	1
European	...	...	1
Indian	...	...	5
Javanese	...	...	4
Landak	...	...	1
Malay	...	...	8
		TOTAL	<u>256</u> =====

1877

Jan	...	...	...
Feb	...	...	...
Mar	...	...	...
Apr	...	...	...
May	...	...	...
Jun	...	...	...
Jul	...	...	...
Aug	...	...	...
Sep	...	...	...
Oct	...	...	...
Nov	...	...	...
Dec	...	...	...

1878

Jan	...	...	...
Feb	...	...	...
Mar	...	...	...
Apr	...	...	...
May	...	...	...
Jun	...	...	...
Jul	...	...	...
Aug	...	...	...
Sep	...	...	...
Oct	...	...	...
Nov	...	...	...
Dec	...	...	...

1879

Jan	...	...	...
Feb	...	...	...
Mar	...	...	...
Apr	...	...	...
May	...	...	...
Jun	...	...	...
Jul	...	...	...
Aug	...	...	...
Sep	...	...	...
Oct	...	...	...
Nov	...	...	...
Dec	...	...	...

1880

1881

Inpatient Returns from General Hospital, Kuching, and
Lau King Howe Hospital, Sibul - 1950

	<u>Diseases treated</u>	<u>Cases</u>	<u>Deaths</u>
A 1	Tuberculosis of respiratory system	405	51
A 2	Tuberculosis of meninges and central nervous system	11	5
A 3	Tuberculosis of intestines, peritoneum and mesenteric glands	15	2
A 4	Tuberculosis of bones and joints	25	--
A 5	Tuberculosis, all other forms	32	--
A 6	Congenital syphilis	20	--
A 7	Early syphilis	8	--
A 8	Tabes dorsalis	--	--
A 9	General paralysis of insane	11	--
A 10	All other syphilis	84	1
A 11	Gonococcal infection	61	--
A 12	Typhoid fever	63	9
A 13	Paratyphoid fever and other Salmonella infections	12	1
A 14	Cholera	--	--
A 15	Brucellosis (undulant fever)	--	--
A 16	Dysentery, all forms	109	4
A 17	Scarlet fever	--	--
A 18	Streptococcal sore throat	43	--
A 19	Erysipelas	4	1
A 20	Septicaemia and pyaemia	2	1
A 21	Diphtheria	37	4
A 22	Whooping cough	27	--
A 23	Meningococcal infections	3	1
A 24	Plague	--	--
A 25	Leprosy	63	--
A 26	Tetanus	23	14
A 27	Anthrax	--	--
A 28	Acute poliomyelitis	29	2
A 29	Acute infectious encephalitis	4	1
A 30	Late effects of acute poliomyelitis and acute infectious encephalitis	--	--
A 31	Smallpox	--	--
A 32	Measles	2	--
A 33	Yellow fever	--	--
A 34	Infectious hepatitis	45	1
A 35	Rabies	--	--
A 36	Typhus and other rickettsial diseases	--	--
A 37	Malaria	269	7
A 38	Schistosomiasis	--	--
A 39	Hydated disease	3	--
A 40	Filariasis	18	--
A 41	Ankylostomiasis	170	--
A 42	Other diseases due to helminths	231	--
A 43	All other diseases classified as infective and parasitic	180	1
A 44	Malignant neoplasm of buccal cavity and pharynx	4	--
A 45	Malignant neoplasm of oesophagus	--	--
A 46	Malignant neoplasm of stomach	22	8
A 47	Malignant neoplasm of intestine, except rectum	5	--
A 48	Malignant neoplasm of rectum	3	--
A 49	Malignant neoplasm of larynx	--	--
A 50	Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary	4	--
A 51	Malignant neoplasm of breast	9	--
A 52	Malignant neoplasm of cervix uteri	26	1
A 53	Malignant neoplasm of other and unspecified parts of uterus	15	--
A 54	Malignant neoplasm of prostate	1	1
A 55	Malignant neoplasm of skin	2	1
A 56	Malignant neoplasm of bone and connective tissue	4	--
A 57	Malignant neoplasm of all other and unspecified sites	30	7

International Statistical Classification of Diseases and Related Health Problems - 10th Edition

Code	Description	Code	Description
001	Cholera	002	Bacillary dysentery
003	Shigellosis	004	Amoebiasis
005	Other infectious gastroenteritis	006	Paratyphoid fever and other salmonellosis
007	Typhoid fever	008	Paratyphoid fever
009	Other salmonellosis	010	Other bacterial gastroenteritis
011	Shigellosis	012	Amoebiasis
013	Other infectious gastroenteritis	014	Paratyphoid fever and other salmonellosis
015	Typhoid fever	016	Paratyphoid fever
017	Other salmonellosis	018	Other bacterial gastroenteritis
019	Shigellosis	020	Amoebiasis
021	Other infectious gastroenteritis	022	Paratyphoid fever and other salmonellosis
023	Typhoid fever	024	Paratyphoid fever
025	Other salmonellosis	026	Other bacterial gastroenteritis
027	Shigellosis	028	Amoebiasis
029	Other infectious gastroenteritis	030	Paratyphoid fever and other salmonellosis
031	Typhoid fever	032	Paratyphoid fever
033	Other salmonellosis	034	Other bacterial gastroenteritis
035	Shigellosis	036	Amoebiasis
037	Other infectious gastroenteritis	038	Paratyphoid fever and other salmonellosis
039	Typhoid fever	040	Paratyphoid fever
041	Other salmonellosis	042	Other bacterial gastroenteritis
043	Shigellosis	044	Amoebiasis
045	Other infectious gastroenteritis	046	Paratyphoid fever and other salmonellosis
047	Typhoid fever	048	Paratyphoid fever
049	Other salmonellosis	050	Other bacterial gastroenteritis
051	Shigellosis	052	Amoebiasis
053	Other infectious gastroenteritis	054	Paratyphoid fever and other salmonellosis
055	Typhoid fever	056	Paratyphoid fever
057	Other salmonellosis	058	Other bacterial gastroenteritis
059	Shigellosis	060	Amoebiasis
061	Other infectious gastroenteritis	062	Paratyphoid fever and other salmonellosis
063	Typhoid fever	064	Paratyphoid fever
065	Other salmonellosis	066	Other bacterial gastroenteritis
067	Shigellosis	068	Amoebiasis
069	Other infectious gastroenteritis	070	Paratyphoid fever and other salmonellosis
071	Typhoid fever	072	Paratyphoid fever
073	Other salmonellosis	074	Other bacterial gastroenteritis
075	Shigellosis	076	Amoebiasis
077	Other infectious gastroenteritis	078	Paratyphoid fever and other salmonellosis
079	Typhoid fever	080	Paratyphoid fever
081	Other salmonellosis	082	Other bacterial gastroenteritis
083	Shigellosis	084	Amoebiasis
085	Other infectious gastroenteritis	086	Paratyphoid fever and other salmonellosis
087	Typhoid fever	088	Paratyphoid fever
089	Other salmonellosis	090	Other bacterial gastroenteritis
091	Shigellosis	092	Amoebiasis
093	Other infectious gastroenteritis	094	Paratyphoid fever and other salmonellosis
095	Typhoid fever	096	Paratyphoid fever
097	Other salmonellosis	098	Other bacterial gastroenteritis
099	Shigellosis	100	Amoebiasis

VII			Cases	Deaths
A 58	Leukaemia and aleukaemia		7	3
A 59	Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system		18	1
A 60	Benign neoplasms and neoplasms of unspecified nature		104	2
A 61	Nontoxic goiter		18	1
A 62	Thyrotoxicosis with or without goiter		9	--
A 63	Diabetes mellitus		13	1
A 64	Avitaminosis and other deficiency states		79	3
A 65	Anaemias		80	2
A 66	Allergic disorders, all other endocrine, metabolic and blood diseases		93	2
A 67	Psychoses		113	10
A 68	Psychoneuroses and disorders of personality		75	1
A 69	Mental deficiency		6	--
A 70	Vascular lesions affecting central nervous system		25	9
A 71	Nonmeningococcal meningitis		11	2
A 72	Multiple sclerosis		3	--
A 73	Epilepsy		6	--
A 74	Inflammatory diseases of eye		107	--
A 75	Cataract		45	--
A 76	Glaucoma		12	--
A 77	Otitis media and mastoiditis		18	--
A 78	All other diseases of the nervous system and sense organs		144	4
A 79	Rheumatic fever		6	--
A 80	Chronic rheumatic heart disease		11	3
A 81	Arteriosclerotic and degenerative heart disease		37	6
A 82	Other diseases of heart		63	23
A 83	Hypertension with heart disease		7	2
A 84	Hypertension without mention of heart		8	--
A 85	Diseases of arteries		9	--
A 86	Other diseases of circulatory system		82	--
A 87	Acute upper respiratory infections		91	--
A 88	Influenza		36	--
A 89	Lobar pneumonia		54	9
A 90	Bronchopneumonia		105	52
A 91	Primary atypical, other and unspecified pneumonia		3	1
A 92	Acute bronchitis		61	--
A 93	Bronchitis, chronic and unqualified		116	2
A 94	Hypertrophy of tonsils and adenoids		3	--
A 95	Empyema and abscess of lung		3	--
A 96	Pleurisy		17	--
A 97	All other respiratory diseases		61	1
A 98	Diseases of teeth and supporting structures		32	--
A 99	Ulcer of stomach		105	4
A 100	Ulcer of duodenum		17	1
A 101	Gastritis and duodenitis		51	--
A 102	Appendicitis		129	5
A 103	Intestinal obstruction and hernia		48	4
A 104	Gastro-enteritis and colitis, except diarrhoea of the newborn		210	37
A 105	Cirrhosis of liver		10	1
A 106	Cholelithiasis and cholecystitis		18	2
A 107	Other diseases of digestive system		124	9
A 108	Acute nephritis		21	--
A 109	Chronic, other and unspecified nephritis		40	4
A 110	Infections of kidney		11	--
A 111	Calculi of urinary system		18	--
A 112	Hyperplasia of prostate		2	--
A 113	Diseases of breast		12	--
A 114	Other diseases of genito-urinary system		296	1
A 115	Sepsis of pregnancy, childbirth and the puerperium		9	1
A 116	Toxaemia of pregnancy and the puerperium		12	--
A 117	Haemorrhage of pregnancy and childbirth		10	3
A 118	Abortion without mention of sepsis or toxaemia		48	--
A 119	Abortion with sepsis		3	--
A 120	Other complications of pregnancy, childbirth and the puerperium		245	7

<u>Diseases treated</u>		<u>Cases</u>	<u>Deaths</u>
A 121	Infections of skin and subcutaneous tissue	452	3
A 122	Arthritis and spondylitis	22	--
A 123	Muscular rheumatism and rheumatism, unspecified	33	--
A 124	Osteomyelitis and periostitis	35	--
A 125	Ankylosis and acquired musculoskeletal deformities	6	--
A 126	All other diseases of skin and musculoskeletal system	85	2
A 127	Spina bifida and meningocele	--	--
A 128	Congenital malformations of circulatory system	2	--
A 129	All other congenital malformations	23	2
A 130	Birth injuries	1	--
A 131	Postnatal asphyxia and stelectasis	1	1
A 132	Infections of the newborn	8	1
A 133	Haemolytic disease of newborn	--	--
A 134	All other defined diseases of early infancy	3	--
A 135	Ill-defined diseases peculiar to early infancy, and immaturity unqualified	11	1
A 136	Senility without mention of psychosis	6	--
A 137	Ill-defined and unknown causes of morbidity and mortality	89	4

"E" Code. Alternative classification of Accidents, Poisonings, and Violence (external cause).

AE138	Motor vehicle accidents	1	--
AE139	Other transport accidents	7	--
AE140	Accidental poisoning	3	1
AE141	Accidental falls	62	1
AE142	Accident caused by machinery	6	--
AE143	Accident caused by fire and explosion of combustible material	15	--
AE144	Accident caused by hot substance, corrosive liquid, steam and radiation	17	--
AE145	Accident caused by firearm	5	1
AE146	Accidental drowning and submersion	--	--
AE147	All other accidental causes	147	--
AE148	Suicide and self-inflicted injury	7	2
AE149	Homicide and injury purposely inflicted by other persons (not in war)	23	--
AE150	Injury resulting from operations of war	--	--

"N" Code. Alternative classification of Accidents, Poisonings, and Violence (nature of injury).

AN138	Fracture of skull	4	1
AN139	Fracture of spine and trunk	13	1
AN140	Fracture of limbs	74	--
AN141	Dislocation without fracture	7	--
AN142	Sprains and strains of joints and adjacent muscles	10	--
AN143	Head injury (excluding fracture)	20	2
AN144	Internal injury of chest, abdomen and pelvis	3	1
AN145	Laceration and open wounds	211	--
AN146	Superficial injury, contusion and crushing with intact skin surface	50	--
AN147	Effects of foreign body entering through orifice	13	--
AN148	Burns	31	--
AN149	Effects of poisons	17	1
AN150	All other and unspecified effects of external causes	8	--

Normal Delivery	837	
Pregnancy (Ante-natal)	98	
Lodger	67	
For investigations	79	
Mental observation	20	
Vaccination Quarantine	1	

Vertical text on the left side, likely a list of names or dates, possibly serving as a table of contents or index.

Main body of text, appearing to be a list of items or a detailed index, with some items appearing to be bleed-through from the reverse side of the page.

Vertical text on the right side, likely a list of names or dates, possibly serving as a table of contents or index.

GENERAL HOSPITAL, KUCHING.1950OPERATIONS PERFORMED

Major operations	273
Minor operations	<u>1380</u>
Total	<u>1653</u>

<u>Operations</u>	<u>No. of Operations</u>	<u>Chinese</u>	<u>Dayak</u>	<u>Malay</u>	<u>Others</u>
Incision abscess	218	146	39	23	10
Aspiration abscess	7	6	--	--	1
Aspiration T.B. abscess and instillation P.A.S.	1	--	1	--	--
Aspiration joint	3	3	--	--	--
Wound suture	216	116	32	45	23
Evacuation haematoma breast	1	--	1	--	--
Evacuation haematoma scalp	2	2	--	--	--
Skin grafting	9	4	5	--	--
Nail avulsion	12	6	1	2	3
Excision subcutaneous cyst	34	16	8	8	2
Excision subcutaneous tumours	28	7	17	3	1
Excision branchial cyst	1	--	1	--	--
Excision cervical glands	4	3	1	--	--
Cautery papilloma	1	1	--	--	--
Biopsy skin	12	6	6	--	--
Excision ganglion	3	3	--	--	--
Plastic operation web fingers	1	1	--	--	--
Lobuloplasty	4	2	2	--	--
Dental extration under G.A.	2	2	--	--	--
Incision carbuncle	3	3	--	--	--
Exploratory puncture swelling	2	1	--	--	1
Ligature bleeding cord	1	1	--	--	--
Exploratory incision	7	2	2	2	1
Incision and drainage breast abscess	7	5	1	1	--
Plastic operation entropion	2	2	--	--	--
Cautery naevus	2	2	--	--	--
Exploration sinus	1	--	--	--	1
Excision keloid ankylosed knee	1	--	1	--	--
Excision naevus	2	2	--	--	--
Excision skin tumours	11	7	1	--	3
Excision parotid cyst	1	--	1	--	--
Exploratory puncture chest	6	5	1	--	--
Reduction simple fracture and splinting or P.O.P.	88	39	22	15	12
Reduction compound fracture and toileting	8	8	--	--	--
Reduction dislocation	8	3	2	2	1
Open reduction dislocation	1	--	1	--	--
Manipulation joint	11	4	5	1	1
Manipulation joint and application P.O.P.	2	--	--	2	--
Application of P.O.P. various types	11	9	--	2	--
Application elastoplast sprained limb	2	1	--	--	1
Insertion Steinmann's pin	1	--	1	--	--
Osteotomy and insertion Steinmann's pin	1	--	1	--	--
Amputation digits	3	3	--	--	--
Amputation leg	2	2	--	--	--
Excision protruding bone	1	1	--	--	--

Operations	x				
	No. of Operations	Chinese	Dayak	Malay	Others
Sequestrectomy	5	2	3	--	--
Mastoidectomy	1	1	--	--	--
Excision patella	1	1	--	--	--
Appendicectomy	42	29	4	1	8
Appendicectomy and drainage	5	4	--	1	--
Drainage appendicular abscess	4	4	--	--	--
Gastro-enterostomy	1	--	1	--	--
Drainage general peritonitis	3	1	2	--	--
Drainage pelvic haematoma	1	--	1	--	--
Laparotomy	20	14	3	2	1
Releasing abdominal adhesion and appendicectomy	1	1	--	--	--
Releasing abdominal adhesion and drainage	1	--	1	--	--
Partial gastrectomy	1	1	--	--	--
Reducing volvulus and enterostomy	1	--	1	--	--
Intestinal resection and anastomosis	2	1	1	--	--
Reducing intestinal intussusception	4	2	--	--	2
Repair perforated gastric ulcer	2	2	--	--	--
Simple release intestinal obstruction	1	--	--	--	1
Colostomy	1	--	1	--	--
Incision and repair imperforate anus	5	4	--	--	1
Ileostomy	1	1	--	--	--
Repair wounded stomach	1	--	1	--	--
Herniorrhaphy inguinal	17	4	6	3	4
Herniorrhaphy and hydrocele operation	1	1	--	--	--
Operation cure of hydrocele	7	5	1	--	1
Cholecystectomy	1	--	--	--	1
Drainage ischio-rectal abscess	4	4	--	--	--
Repair perforated gall bladder and drainage	1	1	--	--	--
Herniorrhaphy strangulated	1	--	1	--	--
Perineal resection growth rectum	1	--	1	--	--
Removal bullet abdominal cavity	1	--	1	--	--
Haemorrhoidectomy	36	28	1	1	6
Omentopexy	2	1	1	--	--
Excision tags anus	5	3	--	--	2
Excision fistula-in-ano	3	3	--	--	--
Dilatation and curettage uterus	56	44	5	3	4
Dilatation and curettage and cautery cervix	2	1	--	1	--
Dilatation and curettage and removal of cervical polypus	1	--	--	--	1
Ligature varicose vein vagina	1	1	--	--	--
Ovariectomy and appendicectomy	1	--	--	--	1
Ventrosuspension and appendicectomy	1	--	1	--	--
Oophorectomy	1	1	--	--	--
Caesarean section lower segment	7	7	--	--	--
Caesarean section and sterilization	7	7	--	--	--
Sterilization	21	19	1	--	1
Salpingectomy and appendicectomy	2	1	1	--	--
Splenectomy and sterilization	1	1	--	--	--
Ruptured tubal pregnancy and sterilization	2	1	--	--	1
Perineorrhaphy and sterilization	1	--	--	--	1
Ruptured tubal pregnancy	7	6	1	--	--

Operations

Quantities

Days

Months

Years

8

Year	Month	Days	Quantities	Operations
1911	Jan	31	1	General
1911	Feb	28	1	General
1911	Mar	31	1	General
1911	Apr	30	1	General
1911	May	31	1	General
1911	Jun	30	1	General
1911	Jul	31	1	General
1911	Aug	31	1	General
1911	Sep	30	1	General
1911	Oct	31	1	General
1911	Nov	30	1	General
1911	Dec	31	1	General
1912	Jan	31	1	General
1912	Feb	28	1	General
1912	Mar	31	1	General
1912	Apr	30	1	General
1912	May	31	1	General
1912	Jun	30	1	General
1912	Jul	31	1	General
1912	Aug	31	1	General
1912	Sep	30	1	General
1912	Oct	31	1	General
1912	Nov	30	1	General
1912	Dec	31	1	General
1913	Jan	31	1	General
1913	Feb	28	1	General
1913	Mar	31	1	General
1913	Apr	30	1	General
1913	May	31	1	General
1913	Jun	30	1	General
1913	Jul	31	1	General
1913	Aug	31	1	General
1913	Sep	30	1	General
1913	Oct	31	1	General
1913	Nov	30	1	General
1913	Dec	31	1	General
1914	Jan	31	1	General
1914	Feb	28	1	General
1914	Mar	31	1	General
1914	Apr	30	1	General
1914	May	31	1	General
1914	Jun	30	1	General
1914	Jul	31	1	General
1914	Aug	31	1	General
1914	Sep	30	1	General
1914	Oct	31	1	General
1914	Nov	30	1	General
1914	Dec	31	1	General
1915	Jan	31	1	General
1915	Feb	28	1	General
1915	Mar	31	1	General
1915	Apr	30	1	General
1915	May	31	1	General
1915	Jun	30	1	General
1915	Jul	31	1	General
1915	Aug	31	1	General
1915	Sep	30	1	General
1915	Oct	31	1	General
1915	Nov	30	1	General
1915	Dec	31	1	General

Operations	No. of				
	Operations	Chinese	Dayak	Malay	Others
Removal hydatidiform mole	3	2	1	--	--
Sub-total hysterectomy	9	5	3	1	--
Total hysterectomy	1	1	--	--	--
Evacuation haematoma vulva	3	2	1	--	--
Repair of cervix	3	3	--	--	--
Sterilization colpoperineorrhaphy	1	1	--	--	--
Plastic operation obstructing membrane vagina	1	1	--	--	--
Excision cervical polypus	1	1	--	--	--
Decapitation	1	--	1	--	--
Cautery of cervix	1	1	--	--	--
P.V. examination & E.U.A.	12	12	--	--	--
Sub-total hysterectomy and salpingectomy	1	1	--	--	--
Ant. and post. colporrhaphy	1	--	1	--	--
Amputation cervix	1	--	1	--	--
Ovarian cystectomy	6	2	4	--	--
Anteversio uterus and insertion pessary	4	4	--	--	--
Radical mastectomy	2	--	1	--	1
Circumscision	96	8	5	79	4
Urethral dilatation with Bongies	23	9	7	--	7
Supra pubic lithotomy	1	--	1	--	--
Supra pubic cystostomy	1	1	--	--	--
Tapping of hydrocele	2	1	--	1	--
Tapping of spermatocele	1	--	1	--	--
Cautery of papilloma and circumscision	1	1	--	--	--
Orchidectomy	1	--	1	--	--
Removal urethral calculus	1	--	1	--	--
Hemithyroidectomy	11	--	11	--	--
Enucleation thyroid cyst	3	1	2	--	--
Tracheotomy	2	2	--	--	--
Lumbar puncture	80	70	6	3	1
Nasal examination	5	5	--	--	--
Repair harelip	10	6	4	--	--
Aspiration of chest	11	5	4	2	--
Abdominal tapping	48	40	8	--	--
Blood transfusion	28	20	2	5	1
Excision Meibomian cyst	4	3	1	--	--
Excision nasal polypus	18	9	9	--	--
Secondary suture wound	9	4	2	1	2
Removal of F.B. subcutaneous tissue	31	16	3	7	5
Proctoscopy	30	21	3	--	6
Enucleation eye	1	1	--	--	--
Excision pterygium	18	11	4	3	--
Repair incisional hernia	1	--	--	--	1
Cleaning of burns under G.A.	9	3	1	4	1
Cataract extraction	12	7	4	--	1
Laryngoscopy	9	5	--	2	2
Splenic puncture	1	--	1	--	--
Removal of F.B. eye	3	3	--	--	--
Sigmoidoscopy	1	--	--	--	1
Cystoscopy	2	1	--	--	1
Removal F.B. ear	3	1	1	1	--
Removal F.B. nose	4	2	--	--	2
Examination P.R. under G.A.	1	--	1	--	--
Drainage Brodies abscess	1	--	1	--	--
Iridectomy	2	2	--	--	--
Tonsillectomy and curettage adenoid	1	1	--	--	--
Ophthalmoscopy	1	--	1	--	--
Aural examination under G.A.	1	1	--	--	--
Phrenic crush	2	1	--	1	--
Sternum puncture	1	1	--	--	--
Inducing artificial pneumothorax	5	5	--	--	--
Refillings	59	55	--	4	--

RECORD OF WORK CARRIED OUT IN THE LABORATORY, KUCHING, DURING 1950.

BACTERIOLOGY

	<u>No.</u>	<u>No. Positive</u>
Swabs cultured for <i>C. diphtheria</i>	1,192	49
Smears examined for <i>M. tuberculosis</i>	4,896	1,984
Guinea pig inoculation for tuberculosis	23	14
Smears examined for <i>M. leprae</i>	482	256
Blood cultures on suspected cases of Enteric Fever	148	8
Stools cultured for enteric organisms	62	9
Urines cultured for enteric organisms	31	1
Stools cultured for dysentery organisms	42	8
Smears examined for <i>N. gonorrhoea</i>	832	196
Cerebro-spinal fluids examined:-		
<i>D. pneumoniae</i>		2
Meningococci		3
<i>M. tuberculosis</i>		2
<i>H. influenzae</i>		1
Conjunctival smears examined:-	378	
Koch-Weeks bacillus		96
Morax-Axenfeld bacillus		24
Xerosis bacillus		42
<i>N. gonorrhoea</i>		6
Urines cultured	86	28
Dark ground examination	10	3
Water analyses	78	--
Food examination	3	--
Vaccines manufactured:-		
Cholera vaccine ...	82,960 c.c.	
Typhoid/paratyphoid vaccine ...	86,300 c.c.	
Autogenous vaccine prepared ...	4	
Cultured media prepared (28 types) ...	286 litres	

PARASITOLOGY

	<u>No.</u>	<u>No. Positive</u>
<u>Stool Examination:-</u>	1,096	
(a) <i>Entamoeba histolytica</i>		128
(b) <i>Entamoeba histolytica</i> cysts		8
(c) <i>Entamoeba coli</i>		4
(d) <i>Lamblia intestinalis</i>		48
(e) <i>Blastocystis hominis</i>		52
(f) <i>Ascaris lumbricoides</i>		3,846
(g) <i>Ankylostoma duodenale</i>		1,028
(h) <i>Oxyuris vermicularis</i>		28
(i) <i>Trichocephalus dispar</i>		1,864
(j) <i>Hymenolepis nana</i>		5
<u>Blood Examination:-</u>	6,194	
(a) Subtertian malaria		189
(b) Benign tertian malaria		124
(c) Quartan malaria		82
(d) Mixed infections (S.T. & B.T.)		2
(e) Mixed infections (B.T. & Q.)		1
(f) <i>Microfilaria</i>		28

PATHOLOGY

	<u>No.</u>	<u>No. Positive</u>
Specimens sectioned	28	8
(a) Epithiloma		1
(b) Carcinoma		2
(c) Fibroma		1
(d) Sarcoma		4
Pregnancy tests (Friedman's)	42	28

CHEMISTRY

Water examination	...	82	
Milk examination	...	8	
Arrack examination	...	28	
Biochemical examination (quantitative)		384	
Biochemical examination (qualitative)		14,960	
Rubber coagulants	...	128	samples
Soil examination	...	8	samples

BLOOD WORK

Bloods examined by Kahn's reaction		4,368	894
C.S.F. " " " "		17	8
Bloods " " Widal "		164	45
" " " Weil-Felix Reaction		164	--
Blood typings carried out		196	
Leucocyte enumerations		1,684	
Differential leucocyte enumerations		1,236	
Erythrocyte enumerations		4,130	
Haemoglobin estimation		3,986	
Blood films for abnormal cells		36	
Reticulocyte enumerations		2	
Bleeding time estimation		4	
Clotting time estimation		3	
Blood sedimentation rate estimation		1,265	

MEDICO-LEGAL WORK

Toxicological examinations	62
Blood stain examination	29
Seminal stain examination	3
Miscellaneous	2
Autopsies (police cases)	14

No. Positive	No.	Examination
8	28	Conductance readings
1		(a) Conductance
0		(b) Conductance
1		(c) Conductance
2		(d) Conductance
28	28	Prognosis tests (Prognosis)

No.	Examination
81	Water examination
82	Milk examination
83	Air test examination
84	Biochemical examination (Protein)
85	Biochemical examination (Lipids)
86	Protein examination
87	Self examination

No.	Examination
88	Blood examined by Ritt's reaction
89	" " " "
90	" " " "
91	" " " "
92	" " " "
93	" " " "
94	" " " "
95	" " " "
96	" " " "
97	" " " "
98	" " " "
99	" " " "
100	" " " "

No.	Examination
101	Protein examination
102	Blood examination
103	Urea examination
104	Glucose examination
105	Protein examination

GENERAL HOSPITAL, KUCHINGDENTAL DEPARTMENTSUMMARY OF WORK 1950

Patients	Fillings	Extractions	Dentures	Repairs	Scales	X-Rays
Official (including Government Officers & Families, Hospital patients etc.)	639	2,616	64	9	105	96
Non-Official (including paying patients)	95	80	7	9	8	42
T O T A L	734	2,696	71	18	113	138

47.

RECORDS SECTION

RECORDS SECTION

RECORDS SECTION

RECORDS SECTION

DATE	TIME	DESCRIPTION	INITIALS	PAGE NO.	TOTAL PAGES	REMARKS
1941	10:30	RECORDS SECTION	[initials]	10	10	[blank]
1941	11:00	RECORDS SECTION	[initials]	10	10	[blank]
1941	11:30	RECORDS SECTION	[initials]	10	10	[blank]

LAU KING HOWE HOSPITAL, SIBU.1950

Total number of patients remaining from last year		82
" " " admissions during the year		3,064
" " " discharges " " "		2,866
" " " absconded " " "		34
" " " deaths " " "		121
" " " patients transferred to Kuching		3
" " " " " " Nursing Home, SibU.		1
" " " discharges against Medical Advice		2
" " " " " at own request		1
" " " lepers sent to Kuching		14
" " " lunatics " " "		17
" " " patients remaining at the end of the year		87

CLASSIFICATION OF ADMISSIONS

	<u>Males</u>	<u>Females</u>	<u>Children</u>	<u>Total</u>	
Natives	381	183	56	620	
Others	861	974	609	2,444	3,064

CLASSIFICATION OF DISCHARGES & DEATHS

Discharges		2,866
Absconded cases		34
Deaths		121
Transferred to Kuching Hospital		3
" " Nursing Home, SibU		1
" " Kuching Leper Settlement		14
" " Kuching Mental Hospital		17
Discharges at own request		1
" " against Medical Advice		2
Total number of births during the year		265
" " " major operations performed during the year		351
" " " minor " " "		1,987
" " " others (e.g. P.V. Aspirations etc.)		446

OUT-PATIENTS RETURNS FOR THE YEAR 1950.

Total number of new cases treated during the year		12,958
" " " repetitions during the year		11,334
Grand total		24,292
Daily average		66.55

TABLE NO. 1

1918

Vertical text on the left margin, possibly a page number or reference.

Total number of patients treated during the year	1,000
Admitted during the year	800
Discharged	750
Deaths	50
Returned to hospital	100
Discharged against medical advice	200
At the request of the patient	150
Returned to hospital	50
Deaths	50
Patients remaining at the end of the year	200

CLASSIFICATION OF PATIENTS

Others	200	100	100	100
Others	200	100	100	100

CLASSIFICATION OF PATIENTS BY SEX

Vertical text on the left margin, possibly a page number or reference.

Discharged	750
Admitted during the year	800
Deaths	50
Returned to hospital	100
Discharged against medical advice	200
At the request of the patient	150
Returned to hospital	50
Deaths	50
Patients remaining at the end of the year	200
Discharged	750
Admitted during the year	800
Deaths	50
Returned to hospital	100
Discharged against medical advice	200
At the request of the patient	150
Returned to hospital	50
Deaths	50
Patients remaining at the end of the year	200

DISCHARGE STATUS OF PATIENTS

Vertical text on the left margin, possibly a page number or reference.

Total number of new cases treated during the year	800
Discharged during the year	750
Deaths	50
Returned to hospital	100
Discharged against medical advice	200
At the request of the patient	150
Returned to hospital	50
Deaths	50
Patients remaining at the end of the year	200

LEPER SETTLEMENT

1 9 5 0

Total number of inmates beginning on 31.12.49	418
New admission during the year	60
Re-admission during the year	6
Died during the year	25
Parole leave during the year	5
Returned from parole leave during the year	4
Absconded during the year	2
Returned from absconding during the year	1
Discharges during the year	13
Number of birth during the year	5
Number of newly born baby transferred to General Hospital during the year	5
Remaining on 31.12.50	<u>444</u> =====

Remaining on 31.12.50

<u>Nationalities</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Chinese	145	35	180
Dayaks	149	57	206
Malays	42	15	57
Indian	1	--	1
<hr/>			
Total	337	107	444
=====			

Patients admitted during the year

<u>Nationalities</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Chinese	20	7	27
Dayaks	27	6	33
Malays	4	2	6
<hr/>			
Total	51	15	66
=====			

Death during the year

<u>Nationalities</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Chinese	6	1	7
Dayaks	11	3	14
Malays	4	--	4
<hr/>			
Total	21	4	25
=====			

Cause of Death

Senility	2
Septicaemia	3
Pulmonary Tuberculosis	14
Enteritis	1
P.P. Embolism	1
Chronic Nephritis	1
Asphyxia due to hanging	1
Avitaminosis	1
Cardiac Failue	1
Total	<u>25</u> =====

/Discharges

Discharges during the year

Nationalities	Males	Females	Total
Chinese	1	1	2
Japanese	1	1	2
Malays	1	1	2
Total	3	3	6



Patients to hospital

Nationalities	Males	Females	Total
Chinese	1	1	2
Japanese	1	1	2
Malays	1	1	2
Total	3	3	6

Patients admitted from:

Source	No. of Patients
1st Division	10
2nd Division	10
3rd Division	10
4th Division	10
5th Division	10
6th Division	10
7th Division	10
8th Division	10
9th Division	10
10th Division	10
Total	100