S A R A W A K

ANNUAL REPORT OF THE MEDICAL DEPARTMENT FOR THE YEAR 1952

BY

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ANNUAL REPORT

MEDICAL DEPARTMENT, SARAWAK - 1952.

GENERAL:

The medical services of Sarawak, in comparison with those of neighbouring territories, are characterised by their widespread geographical extent with very poor communications between the various parts.

2. There are Government hospitals in charge of doctors at Kuching, Simanggang and Sibu, and the Oil Company (Sarawak Oilfields Ltd.,) has a large and well staffed hospital at Miri. In other places there are small static dispensaries, 24 in number, in charge of Hospital Assistants (locally trained male nurses) and there are also 16 travelling dispensary boats operating on the rivers.

3. Other medical establishments worthy of note are a leprosarium for about 450 patients just outside Kuching, a large out-patient department in the town and a maternity and child welfare centre close by.

4. Mental patients are cared for in special wards adjoining the General Hospital, Kuching.

GENERAL HOSPITAL, KUCHING:

5. The General Hospital, Kuching is a modern hospital of about 300 beds housed about two miles out of the town. It deals with the usual run of medical, surgical and maternity cases without the benefit of specialist advice or skill.

6. Mental wards for about 100 patients adjoin this Hospital, and are attended by the same medical staff. Their state is exceedingly unsatisfactory, amounting virtually to little more than a place of detention for lunatics. Plans were well advanced at the close of the year for the construction of a modern mental hospital of about 250 beds to serve the three territories of British North Borneo, Brunei and Sarawak. This building will be placed at a very pleasant location near the sea in Brunei, and will be administered from Sarawak. It is to be hoped that expert and other staff will become available to run this new hospital, but at the time of writing none has been engaged.

7. There is a dental department at the Kuching Hospital in charge of a qualified dental officer who was away on leave for most of the year. His duties were performed in his absence by an adequately competent understudy.

8. There is a suite of air-conditioned operating theatres, and the usual x-ray and other ancillary departments, so that below the specialist level all forms of medical and surgical diagnosis and treatment can be performed.

9. There is a good general pathological and chemical laboratory in charge of a skilled technician locally trained who was away in England for further training during the year. His assistant carried on with success during his absence and effectively coped with a wide variety of pathological, bacteriological, analytical and medico-legal work.

/10. There

10. There are also adequate facilities for the training of nursing staff, comprising lecture rooms and practical workrooms well equipped with modern aids. The Sister Tutor left on completion of contract in May, and her successor did not arrive until January, 1953 but tuition did not cease in the interval.

GENERAL HOSPITAL, SIMANGGANG:

11. A new ward was opened at Simanggang in June, bringing the total number of beds up to about 40. This is too few to be an economical unit for one doctor, and proposals were studied during the year for expansion to over a hundred. There is, however, obviously a limit to the sort of treatment one doctor can provide single handed, although it is amazing what can be achieved by the right man.

LAU KING HOWE HOSPITAL, SIBU.

12. There is a general hospital of about 130 beds at Sibu named after the Chinese philanthropist whose generosity enabled it to have its beginnings. It was staffed by two doctors and a Sister, as well as locally trained personnel, and performed all the functions of a country general hospital including major operative surgery and maternity work.

13. The medical officer in charge went on home leave towards the end of the year and a replacement was not available, but the good work continued through the tirelessness and loyalty of the remaining doctor and his devoted staff.

14. A new Out Patient Department was graciously opened in October by Her Royal Highness the Duchess of Kent. This department is exceedingly busy, and deals with as many as 8,000 patients in a month. They can obviously not all be seen by one doctor who has many other things to do, but a very senior and competent locally trained assistant efficiently managed this work under supervision.

15. Sibu is a growing town, behind it is an enormous developing hinterland drained by the Rejang River, and we must anticipate very great expansion of our hospital facilities there in the years ahead. Sketch building plans for development to about 350 beds in gradual stages in future years are in course of preparation at the time of writing.

MIRI HOSPITAL FACILITIES:

16. The Oil Company at Miri has a magnificent hospital wonderfully staffed and equipped, and very expensive to maintain. This puts the Government in a quandary. We cannot very well offer patently inferior hospital facilities alongside the perfect ones the Company offers, nor can we compete with them in quality. Government patients during 1952 were sent to the Company hospital, and paid for on a per diem basis at Company rates. A Government hospital building was completed about two miles away, but it proved impossible to staff it and negotiations were started with the Company for them to run it with their existing medical staff.

/OUT PATIENT

OUT PATIENT FACILITIES, KUCHING:

17. Out patients at Kuching are seen in two establishments in the town, one housing the Women and Children's Centre and the other General Out-patients and special tuberculosis cases at a Chest Clinic. Both these buildings are quite unsatisfactory, but will very shortly cease functioning as explained under.

18. The Anti-Tuberculosis Association of Sarawak (A.T.A.S.) has raised over $150,000 by voluntary subscription, and has built a fine new chest clinic in Kuching to be called the Wee Kheng Chiang Clinic after the largest single benefactor ($50,000). This building is just ready for occupation at time of writing; it will be run by Government and is due for a formal opening ceremony by His Excellency the Governor on March 17th, 1953.

19. Plans were completed for the erection at Government expense of a new Health Centre in Kuching which will be built in 1953 at a cost of over a quarter of a million dollars. It will be a two-storey building housing general out-patient departments on the ground floor, and Maternity and Child Welfare and Dental Departments on the first floor.

OUT-STATION DISPENSARIES:

20. There are twenty-four small static dispensaries scattered over the countryside. A typical one is a small wooden house of about four rooms comprising a dispensary, an office and four to twelve beds for patients under treatment. It is in charge of a locally trained hospital assistant who generally does magnificent work considering his very limited educational background.

21. There are sixteen travelling dispensaries functioning on the rivers of Sarawak in out-board motored boats. No better picture of their work can be given than the following verbatim report from one of them:-

> "I have the honour to send you this travelling duty report of mine for your information, please.
>
> I left for Oya on the 17.10.52. Travelled in the Chinese launch. After approx. two hours' time, Oya station was reached. No doubt, that I interviewed the Officer-in-charge and put my valueless signature in the visiting book. Then I started my duty. Several kampongs were visited and several cases treated. An aged-blind-man was visited in his house in Kampong Oya. He was, of course, recommended free from examption tax. I could do nothing more than written down his name, address and etc., for future transmission, if required. A case of chronic arthritis was seen in patient's own house. He denied the history of V.D. and affirmed me that he had never run wild even though during his young days. Yes, so far so good, he was treated with sulpha-drugs and mist.pot.cit.alk. He was requested to keep me informed about his condition after the treatment. One of the daughters of the O.I.C. was also visited. She is having eczema. All the same, she was treated with sulpha-drugs.

/The

The lives of the kampong inhabitances are as usual. Some fishing and others farming. A poor kampong as far as wealth is concerned.

Kampong Penat was visited on 19.10.52. The Chinese bus is the only availity of transport. Half an hour to reach from Oya station. A blind man was also seen. He is so anxious to have his eyesights restored. I will send him to the D.M.O. for an operation. The Tua Kampong was interviewed. His information regarding the health of the natives was satisfactory. Several cases were treated and a few houses were called. A native woman who was treated by me during my previous visit. She had V.D. The man ran away from her during her illness and returned back to her after she was cured. What a foolish woman to accept him again and what a cruel man to forsake his wife during her illness! A boat hawker is seen hawking here. He is single. In no time he will possess a native wife either permanent or temporary. Nothing very special came through. So I returned back to Oya on the next day. Yes, no other chance of transport except the Chinese bus. Immediately after my arrival at Oya station, I intended to proceed rightaway to Kampong Mudan, but in vain, due to the incorrect time of the tide. Thus delayed me for another day in Oya which, I simply don't like if possible. On the 21.10.52. I headed for Kampong Mudan. Nature of transport, 'bicycle.' It took approx. one hour to reach from the bazaar of Oya station. This is the first occasion of my visit. And the first house in which I called was Haji Malim's, situated at the kuala. There are approx. 23. in.no. of houses and composed of more or less 100. person of both sexes, young and old. Several houses were called and 22. cases were treated. Nothing serious. They are the victims of malaria with anaemia. Worms among the childdren and a few skin diseases. The 'wakel T.K.' was visited. An old man suffering from hemiplegia. Nothing much could do for him, with the exception of sulpha-drugs treatment.

I spent half a day in the kampong. And I returned back to Oya then after a rest of half an hour returned back to Dalat. Dalat was reached at 4.30 p.m."

PUBLIC HEALTH:

22. Little of real value is known of the public health in the hinterland. Malaria is endemic. Helminthic infections are universal. Yaws abounds in some places and is a notable absentee in others. Fertility is low and infant mortality high. Much remains to be done and the whole area is a challenge to the ingenuity and energy of the medical administrator.

23. In the main centres of population, however, the picture is quite different. Malaria is completely controlled, yaws virtually non-existent and the population is increasing rapidly by natural reproduction. Water supplies are poor but rapidly improving, and generally the outlook for the near future is very bright.

24. It is certain that in the years ahead we are due for some notable surprises in the realm of rural public health. Towards the end of the year, for instance, we found reason to suppose that certain children of school age are nearly all infected with trachoma, a very startling discovery.

25. Towards the end of 1952 work was started in an attempt to raise the standard of rural midwifery. Three married ladies, all fully qualified nurses trained in the United Kingdom, were engaged, one at Kuching, one at Simanggang, and one at Sibu with the object of training midwives nominated and subsidised by local authorities. These girls after training and certification will return to their villages and carry on their profession under supervision. U.N.I.C.E.F. has promised assistance with this project which may well develop into a major factor influencing the public health of Sarawak. There is at present no Sarawak legislation controlling the practice of midwifery, but when sufficient of these rural midwives are available, it is proposed to limit by law the practice of midwifery for profit to persons licensed to practice. Licences will probably be of three grades (A) to trained nurses also qualified as midwives, (B) to girls of limited education who have undergone our course of intruction and obtained the certificate, and (C) to existing established midwives. Class (C) will, of course, die out in time.

WORLD HEALTH ORGANISATION ASSISTANCE:

26. W.H.O. assistance to Sarawak during 1952 comprised two major undertakings, and two others as described hereunder. Much of the finance of these projects and their equipment was provided by U.N.I.C.E.F., and the Sarawak Government gave matching contributions of approximately equal value by way of local staff, housing, transport, clerical assistance, materials, etc.

27. A W.H.O. team operated throughout the Colony testing for tuberculosis and inoculating with B.C.G. vaccine. The team consisted of one specialist doctor and a trained nurse, and they trained five local teams to continue the work after their departure. The whole Colony is expected to be covered by April, 1953.

28. A specialist malariologist made a rapid but thorough malarial survey of Sarawak assisted by local technicians, and selected an extensive site up the Baram River for a pilot control project by means of residual spray. If this experiment proves successful, and there is good reason to hope it will, there seems to be no reason why malaria should not be amenable to total control over the whole country, and this offers endless possibilities of such greatly improved health as to change the whole face of Sarawak. Our indigenous races are very fine people, but they are ill and inefficient. Experience elsewhere shows that to control malaria is greatly to decrease the incidence of most other diseases as well, is to increase the birth rate, decrease the death rate, raise the production of food crops and, in short, do all the good things Sarawak needs so much. We have no overpopulation problem here, the Agricultural Department estimates that even with the present primitive agricultural methods, Sarawak can support about four times its present population, and one may be forgiven for having very rosy dreams of the future when considering this malaria work.

29. A specialist ophthalmologist visited in December and travelled widely to accessible spots. He made the trachoma discovery mentioned above, and restored sight by means of surgical interference to thirty-nine blind persons. He left a valuable legacy of example and instruction to Government medical staff, and offered advice as to the future expansion of ophthalmological work in this country. This was a remarkable visit crowded into only three weeks.

30. A Health Educator arrived in December and had not been here long enough at the year end for any useful estimate to be made of the value of his work, although the writer begs leave to doubt whether Sarawak is yet sophisticated enough to benefit from this very new-fangled method of public health advancement.

THE FUTURE:

31. Medical Department progress in Sarawak seems hopelessly prevented by the impossibility of recruiting sufficient educated boys and girls to train as medical auxiliaries. The schools are simply not turning out sufficient potential candidates for appointment as nurses, dressers, and the like. It may be that we shall have to depend on quite a different type of worker in this Department. There seems to be no reason why uneducated youngsters could not be trained, as local midwives are now, to be health and medical agents of Government. The existence of such a cadre of personnel would solve another big problem too, to wit, the provision of some medical and health services, however elementary, to the remoter parts of the interior where strangers in custom and tongue are not welcome, and where in any case they would find it very difficult to live. Much remains to be done, and development will necessarily be slow, but we can be quite sure that great and unforeseen development there will be, and that the health future of Sarawak is going to be full of surprises.

APPENDIX I

SARAWAK MEDICAL DEPARTMENT.

QUALIFIED MEDICAL STAFF AT 31.12.52.

Name and Qualification	Appointment	Date of Appointment to present post	Date of Appointment to Service.	Remarks.
W. Glyn Evans, M.B., B.Ch.(Wales), B.Sc.(Wales), M.R.C.S.(Eng.), L.R.C.P.(London).	Director of Medical Services.	18.9.1952	1929	Transferred from Malaya.
L.J. Clapham, M.R.C.S.(Eng.), L.R.C.P. (Lond.), D.T.M.&H.(Liverpool), D.P.H., M.D. (Lond.).	Deputy Director of Medical Services	23.2.1950	29.3.1940	Transferred from Malaya.
E.H. Wallace, M.B., Ch.B.(Glasgow)	Medical Officer of Health, Kuching, and Public Health Officer, Kuching.	-	30.5.1948	-
J. Lomaz, M.B., Ch.B.(Polish School of Medicine, Univ. of Edinburgh).	Medical Officer in charge General Hospital, Kuching and Divisional Medical Officer, 1st Division.	9.2.1950	10.8.1949	Proceeded on leave in U.K. on 23.6.1952.
M.A. Rozalla, M.B. (Calcutta).	Divisional Medical Officer, 3rd Division and Medical Officer in charge, Lau King Howe Hospital, Sibu.	23.5.1952	16.12.1949	-
E.C. Dymond, M.R.C.S.(Eng.), L.R.C.P. (Lond.), D.P.H. (Lond.).	State Medical Officer, Brunei.	29.6.1951	1.5.1950	Seconded for duty in Brunei.

Name and Qualification	Appointment	Date of Appointment to present post.	Date of Application to Service.	Remarks
P.M. Philpott, M.R.C.S.(Eng.), L.R.C.P. (Lond.),M.B.,B.S.(Lond.),D (Obst).	Lady Medical Officer	11.1.1952	11.1.1952	-
P.P. Gopala Pillai, M.B.,B.S.(Madras)	Medical Officer, General Hospital, Kuching.	1.9.1952	15.10.1949	-
L. Feanny, M.D., C.M. (Dalhousie), L.M.S. Nova Scotia (Prov.Med. Board).	Acting Medical Officer in charge, General Hospital and Acting Divisional Medical Officer, 1st Division.	21.6.1952	30.4.1952.	
T.M. Kraszewski, M.B.,Ch.B.(Polish Medicine School, Edinburgh)	Medical Officer, General Hospital, Kuching	2.7.1952	30.5.1952	-
R.J.G. Hogg, M.B.,Ch.B. (Glasgow)	Divisional Medical Officer, 2nd Division, Simanggang.	29.8.1952	26.7.1952	-
D.H. Niblett, M.B. (Calcutta)	Acting Divisional Medical Officer, 3rd Division, and Acting Medical Officer in charge, Lau King Howe Hospital, Sibu	2.9.1952	1.8.1952	

APPENDIX II

ESTABLISHMENT

	Approved	Available at 31.12.52.
Director of Medical Services	1	1
Deputy Director of Medical Services.	1	1
Medical Officers	11	9
Lady Medical Officer	1	1
Dental Officers	2	1
Superintendent, Leper Settlement	1	-
Sanitary Superintendent	1	1
Matron, Grade I	1	1
Matron, Grade II	1	-
Sister Tutor	1	1
Health Sister	1	1
Nursing Sisters	9	5

SHIPPING STATISTICS - PORT OF KUCHING

1952

ARRIVALS

PORTS	TRIPS	TONNAGE	CRES	PASSENGERS
Singapore	179	73,153	6,135	8,429
Bangkok & Saigon	6	3,129	275	3
Hongkong	2	1,235	73	-
B.N.B. Labuan & Jesselton	30	17,708	1,348	395
Pulo Bukom	7	1,578	111	-
Pulo Sumbo	1	77	12	-
Pulo Midai	4	52	23	4
Pulo Serasan	4	56	22	11
Pulo Renau	1	13	6	-
Pulo Sedanan	1	19	5	-
Kuala Belait & Brunei	8	613	76	37
TOTAL	243	97,636	8,104	8,879

DEPARTURES

PORTS	TRIPS	TONNAGE	CREWS	PASSENGERS
Singapore	175	73,053	6,135	3,706
Bangkok & Saigon	6	3,129	275	-
Hongkong	2	1,235	73	-
B.N.B.Labuan & Jesselton	29	17,508	1,326	908
Pulo Bukom	7	1,578	111	-
Pulo Sumbo	1	77	12	-
Pulo Midai	4	52	23	-
Pulo Serasan	4	56	22	-
Pulo Renau	1	13	6	-
Pulo Sedanan	1	19	5	-
Kuala Belait & Brunei	5	350	40	85
TOTAL	235	97,070	8,028	4,699

APPENDIX IV

Chest Clinic Statistics for 1952

ATTENDANCES:

The attendances of the Chest Clinic for the year 1952 are as follows:-

Consultations	1879
Attendances for treatment ...	23193
Attendances for Tuberculin Testing	1537
Attendances for B.C.G. Vac. ...	275
Attendances for repeat T.T.	32
Total attendances	26916

TUBERCULIN TESTING AND B.C.G. VACCINATION:

No. of Tuberculin Test done	1,537	
No. of cases positive	858	(73%)
No. of cases negative	324	(27%)
No. of cases not read	354	(23%)
Total No. of contacts Tuberculin Tested	482	(37% of total T.T. done)
No. of contacts cases positive	227	(62%)
No. of contact cases negative	137	(38%)
Total No. of contact cases tested but not read	118	(26%)
Total No. of other cases tuberculin tested	828	
No. of positive	631	(77%)
No. of negative	197	(23%)
No. of cases not read	236	(28%)
Total No. of T.T. positive cases X-rayed	564	
No. of X-rayed positive cases	71	(13%)
No. of X-rayed positive cases of the contact cases	25	(11%)
No. of X-rayed positive cases of other Tuberculin positive cases	46	(13%)
Total No. of B.C.G. Vaccination given	275	
No. of cases not returning for retesting	233	
No. of cases converted	32	(76%)

X-RAYS AND DIAGNOSIS:

Total No. of X-ray taken during 1952	1,579	
No. of X-ray taken for control of treatment	619	
No. of X-ray taken for diagnosis	960	
No. of X-ray taken for tuberculin positive cases	564	
No of positive X-ray among tuberculin positive cases	71	(13%)
No. of X-ray taken for other cases on clinical suspicion without T.T.	396	
No. of positive cases	334	(84%)
Total No. of new cases detected in the year	405	
No. of cases detected found to be living within Municipality	269	
No. of cases detected found to be living elsewhere in Div. 1	79	
No. of cases detected found to be living elsewhere in the Colony	57	

TREATMENT:

No. of patients on Streptomycin & P.A.S.	95
No. of patients on Streptomycin alone	98
No. of patients on P.A.S.	10
No. of patients on Streptomycin & I.N.H.	10
No. of patients on I.N.H.	3
No. of patients on C.L.O. etc.	139

Towards the end of the year on the recommendation of Professor Heath and in accordance to the M.R.C. recommendation 68 cases were given streptomycin in conjunction with high doses of P.A.S. orally (16 gms daily).

No. of Streptomycin Injections Given Monthly.

January, 1952	.....	2,024
February "	.....	3,024
March "	.....	3,569
April "	.....	3,148
May "	.....	3,271
June "	.....	1,924
July "	.....	1,770
August "	.....	1,248
September "	.....	786
October "	.....	981
November "	.....	723
December "	.....	725

APPENDIX V

HOSPITAL BEDS

	Number and Catergory of Beds						Total	Remarks
	General	Obstetrics	Children	Tuberculosis	Infectious	Mental		
General Hospital, Kuching	179	20	26	52	6	-	283	
Mental Hospital, Kuching	-	-	-	-	-	100	100	This is in the same compound as the General Hospital.
Lau King Howe Hospital Sibu	61	16	12	20	18	10 for observation only	137	
Simanggang Hospital, Simanggang.	30	3	6	6	-	-	45	

GENERAL HOSPITAL

In-patients Returns - 1952.

Total number of admissions during the year 5,647

Total number of male patients admitted during the year..... 2,315

Total number of female patients admitted during the year... 3,332

Races

Chinese	3,810
Malay	571
Dayak, Land	562
Dayak, Sea	360
Indian	127
British	109
Eurasian	26
Javanese	14
Indonesian	14
Melanau	7
Kenyah	7
Dusun	5
American	4
Kayan	4
Arab	4
Irish	3
Murut	3
Bugis	3
Japanese	2
Kalabit	1
Bisayah	1
Polish	1
Spanish	1
Danish	1
Dutch	1
Scottish	1
Burmese	1
	5,647

Births

Total number of births for the year 1,121

Male 573

Female 548

Races

Chinese	990
Malay	52
Dayak, Land	37
Dayak, Sea	12
Indian	10
British	8
Sikh	6
Eurasian	3
Melanau	1
Australian	1
Javanese	1
Total	1,121

Deaths

Total number of deaths for the year 275

Male 161

Female 114

Races

Chinese	200
Dayak, Land	36
Dayak, Sea	16
Malay	15
Indian	4
Eurasian	1
British	1
Javanese	1
Bugis	1
Total	275

Domiciliary Midwifery

Total number of births for the year 191

Male 104

Female 87

Races

Chinese	132
Malay	53
Dayak	3
Indian	1
Eurasian	1
Sikh	1
Total	191

Morbidity & Mortality Figures for Period 1946 - 1952.

	1946		1947		1948		1949		1950		1951		1952	
Disease	Mb	Mt	Mb	Mt	Mb	Mt	Mb	Mt	Mb	Mt	Mb	Mt	Mb	Mt
Pulm. T.B.	151	51	179	44	205	52	265	53	287	47	246	39	181	25
T.B. Menin-gitis	-	-	-	-	-	-	9	9	9	4	12	6	25	11
Typhoid	14	3	14	3	19	3	29	3	35	6	31	5	11	2
Diphtheria	14	4	73	13	43	10	12	4	12	3	11	5	15	6
Tetanus	8	4	18	15	17	14	10	6	17	11	15	8	7	5
Malaria	569	8	461	14	212	8	157	7	139	3	100	-	80	2
Whooping Cough	3	-	-	-	2	-	4	-	-	-	-	-	-	-
Meningitis Pur	9	8	8	7	17	13	4	3	1	1	-	-	5	4
Ac. Polio	-	-	1	-	-	-	23	2	3	-	1	-	1	-
Avitaminosis	42	11	37	6	23	1	68	8	45	2	35	-	41	4
Anaemias	74	5	195	5	53	2	72	2	59	-	67	1	70	1
Ankylos-tomiasis	8	-	52	-	114	-	86	-	67	-	125	-	139	-
Gastric Ulcer	71	2	9	-	62	1	73	-	28	2	12	1	38	2
Duodenal Ulcer	19	1	18	2	14	2	10	1	7	1	2	-	27	-
Gastric Ca.	6	2	8	3	7	3	6	2	13	4	10	4	18	4
Esophageal Ca	3	4	-	2	3	-	-	-	-	-	2	1	5	-
Breast Ca.	1	-	3	1	4	-	6	3	7	2	5	-	6	1
Apendicitis	22	2	30	1	41	7	54	3	81	2	71	-	134	2
Ceriux Ca	2	-	-	-	8	-	5	1	11	1	25	4	10	-
Other Malignant	6	4	7	4	7	3	24	4	9	3	31	11	15	6

Comparative Table of Laboratory Work for the post war years.

Kuching General Hospital.

Type of Investigation performed.	1947	1948	1949	1950	1951	1952
Total number of Examinations done.	32,814	44,637	62,156	48,194	77,687	78,509
Bacteriological work	14,698	11,369	7,969	7,863	9,230	11,100
Parasitology	2,696	6,384	6,984	1,096	15,830	14,451
Blood smears for Malaria Parasites	9,335	11,948	7,864	6,194	9,210	7,451
Blood work excluding chemistry	8,059	9,644	13,866	17,255	23,854	25,733
Blood Grouping	93	197	218	196	193	606
Histology	20	25	20	28	?	79
Chemical Analysis	148	256	12,981	15,618	18,867	19,474
Medico-legal	37	49	84	110	141	214
Autopsies	14	5	7	14	17	4
Kahn Tests	2,680	4,290	3,182	4,385	4,409	4,677

Admissions, Births and Deaths for the post war years.

KUCHING GENERAL HOSPITAL

Year	Admissions		Deaths		Births	
	Inpatients	Outpatients	Total	per thousand	Total	per Bed per year
1946	4,638	33,000	286	61.8	537	29.8
1947	5,847	45,461	296	50.4	686	38.1
1948	5,510	66,027	337	61.1	722	40.1
1949	5,207	105,257	294	56.5	801	44.5
1950	5,143	73,506	256	49.9	842	46.7
1951	5,271	92,813	258	48.9	958	53.2
1952	5,647	117,820	275	48.6	1,121	62.2

LAU KING HOWE HOSPITAL, SIBU.

1952

Out-patients

Total number of new cases	-	19,172
" " " repetitions	-	35,868
" " treated	-	55,040

In-patients

Total number of admissions during the year	-	2,896
" " " male patients admitted during the year.		1,105
" " " female patients admitted during the year.		1,791

Operations

Numbers of major operations performed	-	208
" " minor " "	-	1,465

Births and Deaths

Total number of births during the year	-	504
" " " deaths " " "	-	103

APPENDIX VIII

LEPER SETTLEMENT STATISTIC

1952

1. No. of inmates in Settlement

Remaining in Settlement on 1.1.52	436
No. of inmates admitted during the year	66
No. of inmates discharged during the year	34
No. of deaths	7
No. of inmates on parole leave	2
No. of inmates absconded	6
Remaining in Settlement on 31.12.52	453

2. No. of inmates, admissions, discharges and deaths compared with previous year.

	1948	1949	1950	1951	1952
No. Patients at end of year	384	418	444	436	453
No. admissions	?	59	60	39	66
Discharged	?	Nil	13	34	34
Deaths	?	26	25	11	6

3. Racial Distribution

	Nos	Morbidity Rate
Chinese	189	1.3 per mille
Sea-Dayaks	189	0.99 " "
Malays	32	0.3 " "
Melanau	25	0.7 " "
Land-Dayaks	12	0.28 " "
Other Indigenous Races	12	
Other Races	2	

4. Morbidity Rate of Leprosy

Morbidity rate of the disease for the Colony is 0.83 per mille.

Morbidity rate of the disease for Brunei is 0.02 per mille.

5. Sex distribution according to Races.

	Male	Female	Total
All Dayaks	152	56	208
Chinese	150	36	186
Malay & Melanau	39	18	57
Other Nationalities	2	-	2
	343	110	453

Sex - ratio = 3 male : 1 female.

6. Admissions according to sex & race for the year.

	Male	Female	Total
All Dayaks	25	5	30
Chinese	30	4	34
Malay	-	-	-
Other Nationalities	2	-	2
	57	9	66

7. Discharges according to sex & race for the year.

	Male	Female	Total
All Dayaks	13	3	16
Chinese	15	3	18
Malay & Melanau	-	-	-
	28	6	34

APPENDIX IX

EXPENDITURE STATEMENT 1952.

Sub-head	Estimated 1952	Spent 1952	Expenditur 1951
Personal Emoluments	1,408,323.00	1,115,901.75	924,204.79
Other Charges, Annually Recurrent	1,364,088.00	1,319,865.63	1,079,200.95
Other Charges, Special Expenditure	80,300.00	60,173.27	40,112.12
	2,852,711.00	2,495,940.65	2,043,517.86

ATTENDANCES 1952.

Place	In-patients	Out-patients
General Hospital	5,647	
Out-patient Clinics	-	80,530
Sibu Hospital	2,896	55,040
Simanggang Hospital	961	20,071
Statistic Dispensaries	-	134,836
Maternity & Child Welfare Clinics	-	21,075
Travelling Dispensaries (River)	-	51,346
Travelling Dispensary (Road)	-	6,330
	9504	369,228