

## **Annual report of the Sarawak Government Medical Department.**

### **Contributors**

Sarawak. Medical Department.

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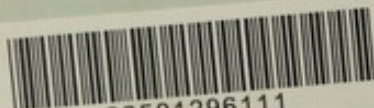
ANNUAL REPORT  
OF THE  
MEDICAL DEPARTMENT  
FOR THE YEAR  
1953  
BY



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.

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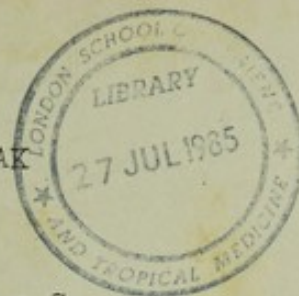


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MEDICAL DEPARTMENT - SARAWAK

ANNUAL REPORT 1953



The Government Medical Services of Sarawak have to be spread very thinly over a country the size of England and Wales, and a population of about 600,000. Although every effort is made to render available to the widely dispersed rural population what medical services we have, it is inevitable that the more highly developed forms of both preventive and therapeutic medicine must be concentrated in the urban centres of population.

The principal big town, the capital of Sarawak and the seat of Central Government is Kuching, in the First Division, with a population of about 40,000 people. Medical Services in Kuching are reasonably good, both on the public health and the hospital side. There is a general hospital of about 300 beds, which deals with all forms of medical, surgical and obstetrical work, although, like most hospitals in all parts of the world it is not big enough generally to cope with all the demands made on it.

This is especially true in the case of gynaecological, and obstetrical work, which has expanded enormously in recent years. This increase in women and childrens work during the year necessitated the opening of additional clinics in Kuching, one in a kampong across the river, and another in the eastern section of the town. Government approval was also given for the provision of funds for building yet another clinic just outside Kuching. In addition to this, the rural maternity and child welfare work centred upon Kuching also expanded enormously, and a small clinic in an improvised shelter was begun at Tarat about 40 miles out.

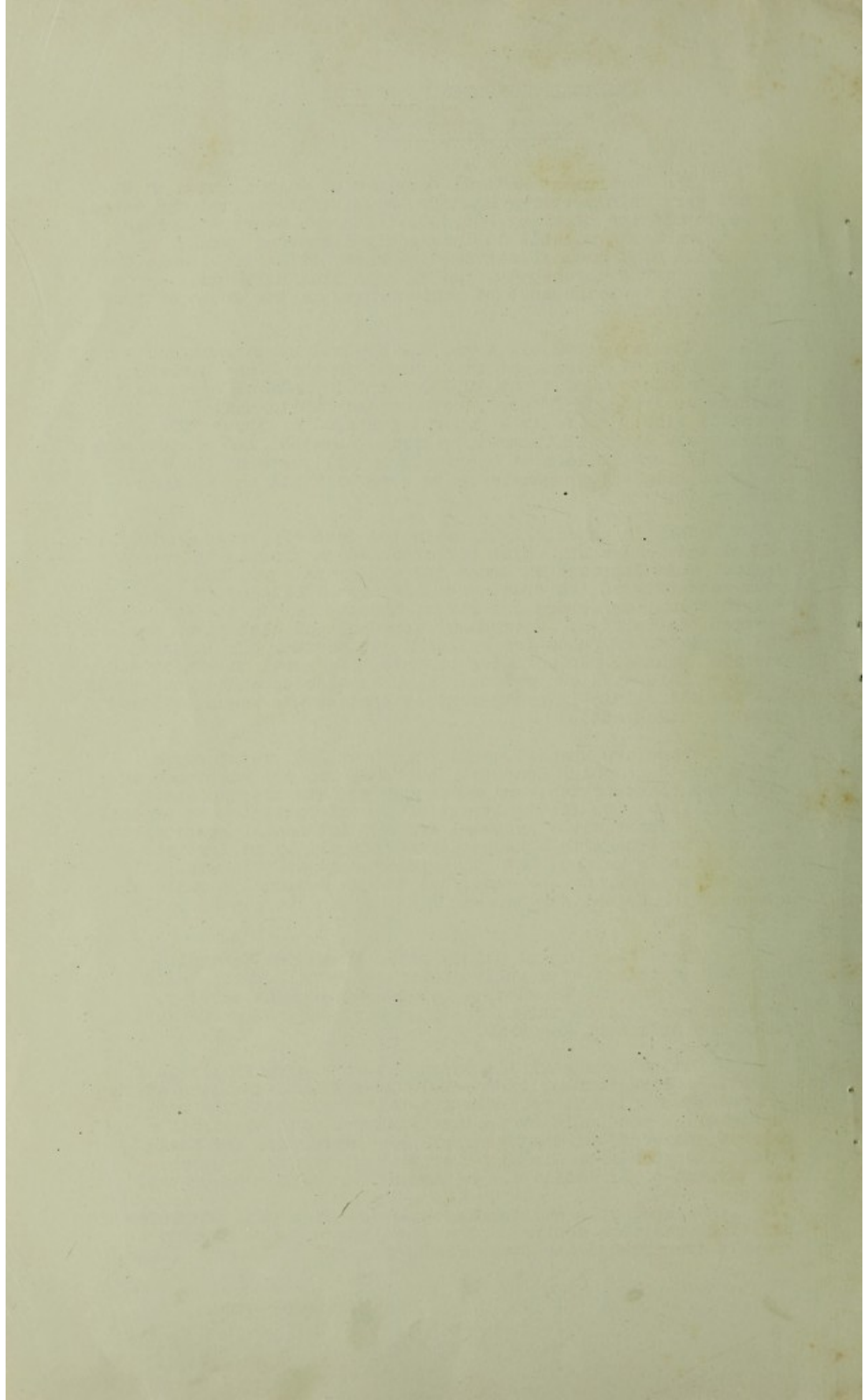
There are special wards for about 200 mental cases adjoining the Kuching hospital, but they are old fashioned in style and construction, and modern up to date accommodation and facilities for the treatment of mental patients are urgently required. There was a proposal for a joint mental hospital to be built in Brunei to take patients from all three British Territories in Borneo, but for various reasons this proposal was abandoned during the year, and it was decided to build a new mental hospital for Sarawak alone at a site conveniently near Kuching.

There is a Dental Clinic attached to the General Hospital in charge of a fully qualified Dental Officer with two assistants, one of whom, a Sarawak Government Scholar, obtained his qualifications in Singapore, and commenced duties about the middle of the year.

Out-patient work in Kuching is done principally in four places. A large number of special out-patients are seen at the General Hospital, Tuberculosis out-patients attend the new Clinic which was built by the Anti-Tuberculosis Association of Sarawak, named after the principal benefactor Mr. Wee Kheng Chiang and opened by His Excellency the Governor in March. It has amongst other facilities equipment for mass radiography.

General male and female out-patients attend adjoining buildings near the centre of the town, where there is also a grossly overcrowded and overworked Women and Childrens Clinic,

/for perinatal work.





for perinatal work. A new building, a Health Centre for out-patients was going up fast towards the end of the year, and will probably be ready for occupation about the middle of 1954. On the ground floor it will take male and female general out-patients in separate wings, and on the first floor, one side will be devoted to dental work and the other to perinatal out-patients. A feature of the year has been a great increase in numbers of in-patients and out-patients especially the latter with an emphasis on Women and Children's work.

At the General Hospital there is a small but efficient laboratory in the charge of a technician who has received some training in the United Kingdom. It deals with chemical and medico-legal analyses, as well as the usual medical and clinical work.

On a very pleasant site about 13 miles out of Kuching there is a Leprosarium of the village type, which houses about 450 patients. The administration of this settlement was strengthened in February by the arrival of an experienced Leper Superintendent. Under his guidance great progress was made during the year in the organisation of the settlement along democratic lines with committees for the three principal communities, Chinese, Malays and Dyaks. Some new buildings were erected and old ones renovated. In common with the experience elsewhere our principal problem was the rehabilitation of patients fit for discharge from the settlement. We were much encouraged by a special interest taken in the Settlement work by His Excellency the Governor.

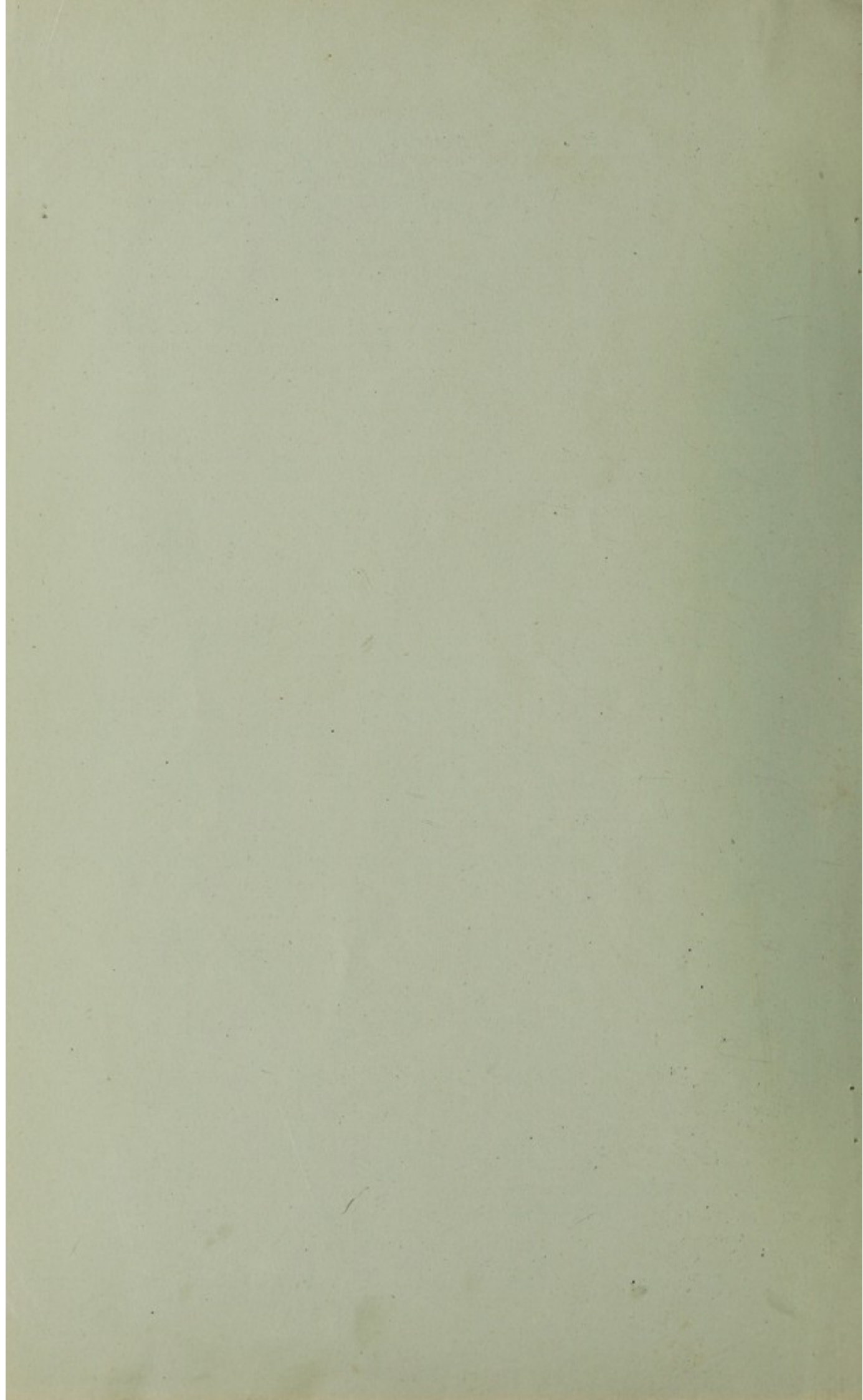
The Medical Services in Sibu are not yet as good as those in Kuching, but Sibu is a rapidly developing town, and we have plans for the expansion of the hospital there as well as a general improvement in the Public Health facilities. During the year under review minor alterations were made to the hospital to provide some private ward accommodation.

The new out-patient Department which was opened by Her Royal Highness the Duchess of Kent as recently as October 1952, is already too small for the volume of work which is passing through it and it is hoped to construct an extension in the near future.

Medical Services in Simanggang are not as highly developed. There is a small hospital of 40 beds with only one doctor, who also has to supervise the whole of the 2nd Division. We have plans for the expansion of the Simanggang hospital to over 100 beds as funds for building permit, as it is thought that 40 beds form an uneconomical unit for one doctor.

In Miri the position is complicated by the presence of a rich Oil Company which has its own hospital run on a scale and with numbers of senior staff greater than Government would ordinarily provide. A small Government hospital had been built in the year 1952, but staffing difficulties and our desire not to compete with the Oil Company in quality of service provided prevented this hospital being opened until December, when agreement was reached with the Oil Company that the Government hospital would be used for patients suffering from tuberculosis and would be entirely managed by the Company's medical staff on payment by the Government of an agreed figure annually. The first patients under this arrangement were accepted into the Government hospital on December 15th.

/In addition





In addition to the hospitals at the four main centres of population, Government also maintained 24 fixed, and 16 travelling dispensaries in various parts of the country. A typical fixed dispensary is a small wooden building of about four rooms in charge of a locally trained hospital assistant, it deals with a large number of out-patients suffering from all the commoner diseases, and it also has rest beds for up to about 10 patients, who may use them overnight, or for longer periods according to circumstances. Patients attending such a static dispensary must often travel for a day or more from their homes. A typical travelling dispensary is a locally built open boat about 35 feet long and having a kajang or attap awning, it is powered by an outboard motor and sets out from its base on a river journey lasting about one week, during which it calls at very many stopping places and provides simple treatments for all the commoner diseases. The regular work of these travelling dispensaries was much hampered during the year by mechanical troubles with boats and engines, and by the necessity for frequent deviation from any regular schedule of travelling.

It is hoped that the appointment of a fully qualified European male nurse towards the end of the year, whose duty it will be to supervise these travelling dispensaries will do much to improve their efficiency. It is considered that in spite of their many shortcomings they are an important and valuable arm of the Medical Department taking the advantages of modern medicine to some of the most out-of-the-way places in Sarawak.

One of the greatest problems in organizing medical services in a country like Sarawak is to provide some type of medical attention to the most inaccessible places, and with this end in view two young men from the Kelabit Plateau were recruited during the year, and by arrangement with the Brunei Branch of the British Red Cross Society which bore the entire cost they are being trained at the Oil Company's hospital in Kuala Belait. When their training is completed they will be engaged by the Sarawak Government and will return to their own country to practise what they have been taught. There is already one such trained man living and working in one of the most inaccessible parts of this country, and it is hoped that these other two will further the good work, but since such a person must work almost entirely unsupervised a great deal must depend on the calibre of the man himself, and the success of one such is no guarantee that others will be as good.

The programme for the training of rural midwives which was started towards the end of 1952 suffered a setback at Simanggang when the lady who was employed for this work had to return to the United Kingdom, but it proceeded very well in Kuching and Sibuluan, where by the end of the year there were altogether 35 pupil rural midwives in training, of these only 23 were paid by the government and the rest were subsidised by their own communities.

In the writer's opinion by far the most important and significant work of the Medical Department during the year 1953, was the work of the Anti-Malarial Team under the control of Dr. Julian de Zulueta, of the World Health Organization. After preliminary surveys and investigations covering the whole country this team moved to Marudi on the River Baram early in the year and there commenced an experimental pilot project to show whether under conditions peculiar to this part of Borneo malaria could be controlled by residual

/spraying.





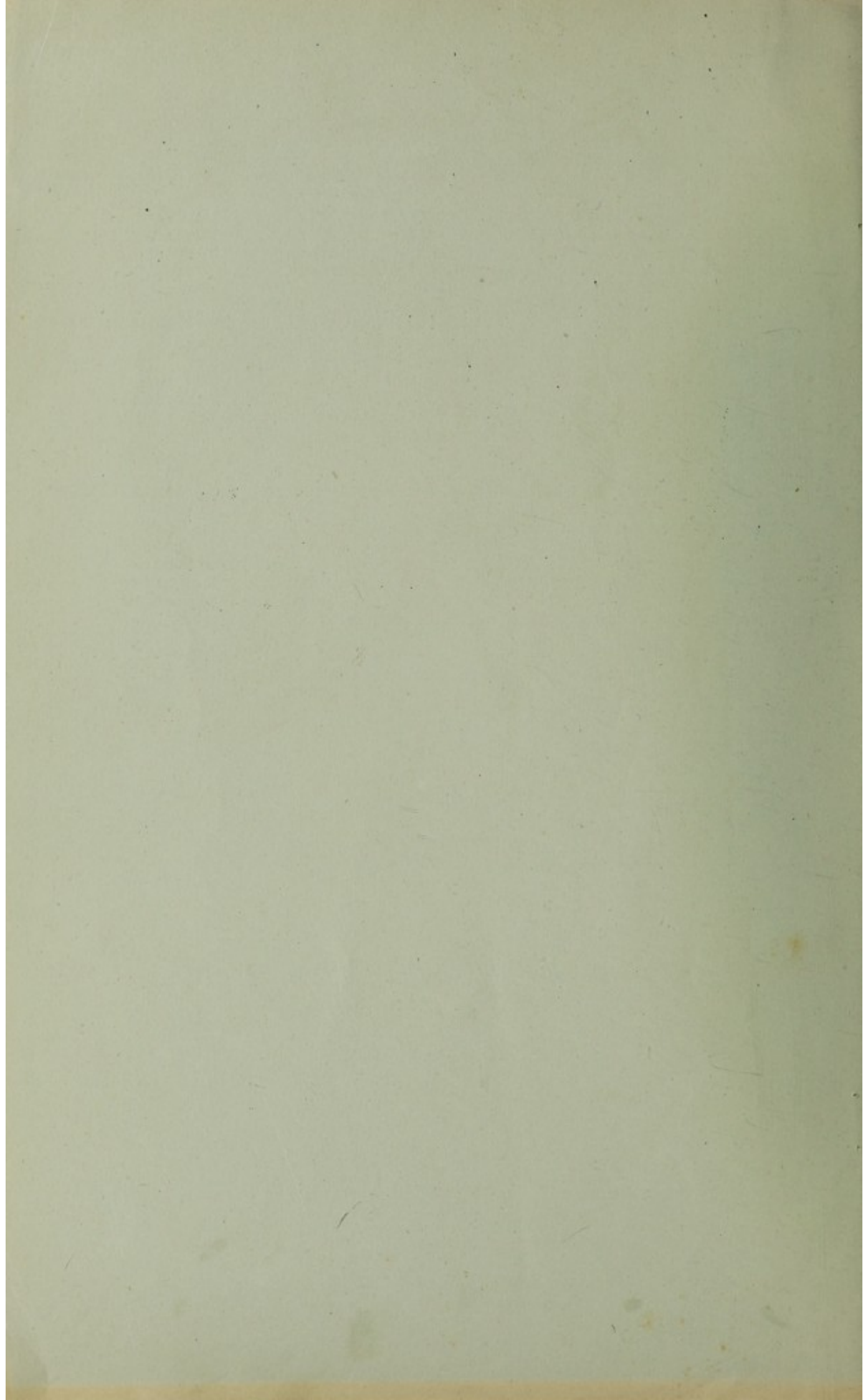
spraying. From the epidemiological point of view there are two kinds of malaria in Sarawak. There is the epidemic malaria of the coastal plains caused by the brackish water mosquito, *Anopheles sundaicus* which is well known in Malaya and which is known to be amenable to control by residual spray. The other is endemic malaria of the inland districts caused by a vector peculiar to Borneo, *Anopheles leucosphyrus* which was the subject of this experiment the result of which was in some doubt for two particular reasons.

The first is the known habit of *leucosphyrus* not to rest on the walls of houses, and the second is the fact that most of the indigenous population of this part of Borneo spend a fair proportion of the year sleeping outside of houses at padi farms. The work was assisted during the year by a visit of two months from Mr. D.H. Colless, Entomologist, of the University of Malaya, who elucidated certain technical details with regard to the taxonomy of *leucosphyrus*. This work will be published elsewhere.

Although we must wait about another year for scientifically conclusive results to be obtained from this pilot experiment it began to appear almost certain by the end of the year that residual spraying on the Baram River did indeed control malaria. This is a finding of paramount importance for Sarawak, and if the final results bear out this tentative finding it is proposed to seek financial provision sufficient to control malaria by this means throughout the whole of Sarawak.

Other assistance which was received from W.H.O. during the year was the visit of a specialist hospital architect who made for us sketch drawings for the expansion of the hospitals at Sibuan and Simanggang and for a possible new rural hospital of about 50 beds.





## Qualified Medical Staff as at 31.12.53.

Name and Qualifications	Appointment	Date of Appointment to present post.	Date of Appointment to the Service.	Remarks
V. Glyn Evans, M.B., Ch.B., (Wales), B.Sc., M.R.C.S. (Eng.), I.R.C.P. (Lond.)	Director of Medical Services	18.9.1952	9.8.1952	Transferred from Malaya.
J. Lomas, M.B., Ch.B. (Edin. University) D.A. (Ireland), F.F.A.R.C.S.	Medical Officer- in-Charge, General Hospital	9.2.1950	10.8.1949	On leave in U.K.
I.A. Rozalla, M.B. (Calcutta)	Medical Officer	-	16.12.1949	Seconded to Brunel
P.P. Gopala Pillai, M.B., B.S. (Madras)	Medical Officer- in-Charge, Leper Settlement & A.F.A.S. Clinic.	-	15.10.1949	Locally appointed.
J. Feanny, M.D., C.M. (Dalhousie) I.M.S. Nova Scotia (Prov. Med. Board)	Acting Medical Officer-in-charge General Hospital.	21.6.1952	30.4.1952	
J.M. Kraszewski, M.B., Ch.B. (Edin.)	Medical Officer	30.5.1952	30.5.1952	
R.F.G. Hogg, M.B., Ch.B.	Divisional Medical Officer, 2nd Division, and Medical Officer-in-Charge Simanggang Hospital	1.9.1952	26.7.1952	
J.H. Miblett, M.B.	Divisional Medical Officer, 3rd Division and Medical Officer-in-Charge, Tan King Howe Hospital, Sibiu.	1.9.1952	1.8.1952	



Name and Qualifications	Appointments	Date of Appointment	Date of Discharge	Remarks
M. H. Hoffert, M.D. Director of the Division of Medical Services (Medical)	Director of the Division of Medical Services (Medical)	1.9.1923	1.9.1923	Reassigned to General Hospital
W. C. Hesse, M.D., Ch.B. Director of the Division of Medical Services (Medical)	Director of the Division of Medical Services (Medical)	1.9.1923	1.9.1923	Reassigned to General Hospital
M. Krasnowski, M.D., Ch.B. (Edin.) Director of the Division of Medical Services (Medical)	Director of the Division of Medical Services (Medical)	20.2.1923	20.2.1923	Reassigned to General Hospital
J. H. G. Jones, M.D., Ch.B. (Edin.) Director of the Division of Medical Services (Medical)	Director of the Division of Medical Services (Medical)	21.9.1923	20.4.1923	Reassigned to General Hospital
F. E. Gwynne, M.D., B.S. Director of the Division of Medical Services (Medical)	Director of the Division of Medical Services (Medical)	12.10.1923	12.10.1923	Reassigned to General Hospital
L. J. Hecolita, M.D. (Colombia) Director of the Division of Medical Services (Medical)	Director of the Division of Medical Services (Medical)	12.11.1923	12.11.1923	Reassigned to General Hospital
J. V. (Irish), M.D., Ch.B. (Edin.) Director of the Division of Medical Services (Medical)	Director of the Division of Medical Services (Medical)	2.1.1923	10.9.1923	Reassigned to General Hospital
J. G. (Irish), M.D., Ch.B. (Edin.) Director of the Division of Medical Services (Medical)	Director of the Division of Medical Services (Medical)	15.9.1923	2.9.1923	Reassigned to General Hospital

Qualified Medical Staff on 31.12.23

APPENDIX I

Name and Qualifications	Appointment	Date of Appointment to present post.	Date of Appointment to the Service.	Remarks
A.H. Wallace, M.B., Ch.B. (Glasgow)	Medical Officer	1.10.1952	30.5.1948	Seconded to Brunei State Medical Off
J.C. Graham-Stewart, M.R.C.S., L.R.C.P.	Medical Officer, Tan King Howe Hospital, Sibru	28.4.1953	2.4.1953	
P.I. Philpott, M.R.C.S., L.R.C.P. (Lond.), M.B., B.S. (Lond.), D. (Obst.) 3.C.O.G.	Lady Medical Officer-in-Charge, Maternity & Child Welfare Clinic.	11.1.1952	11.1.1952	
W.W. Marcus, B.D.S., D.D.S.	Dental Officer	17.7.1949	17.7.1949	
Leeh Yan Nee, B.D.S. (Singapore)	Dental Officer	1.8.1953	1.8.1953	Locally appointed

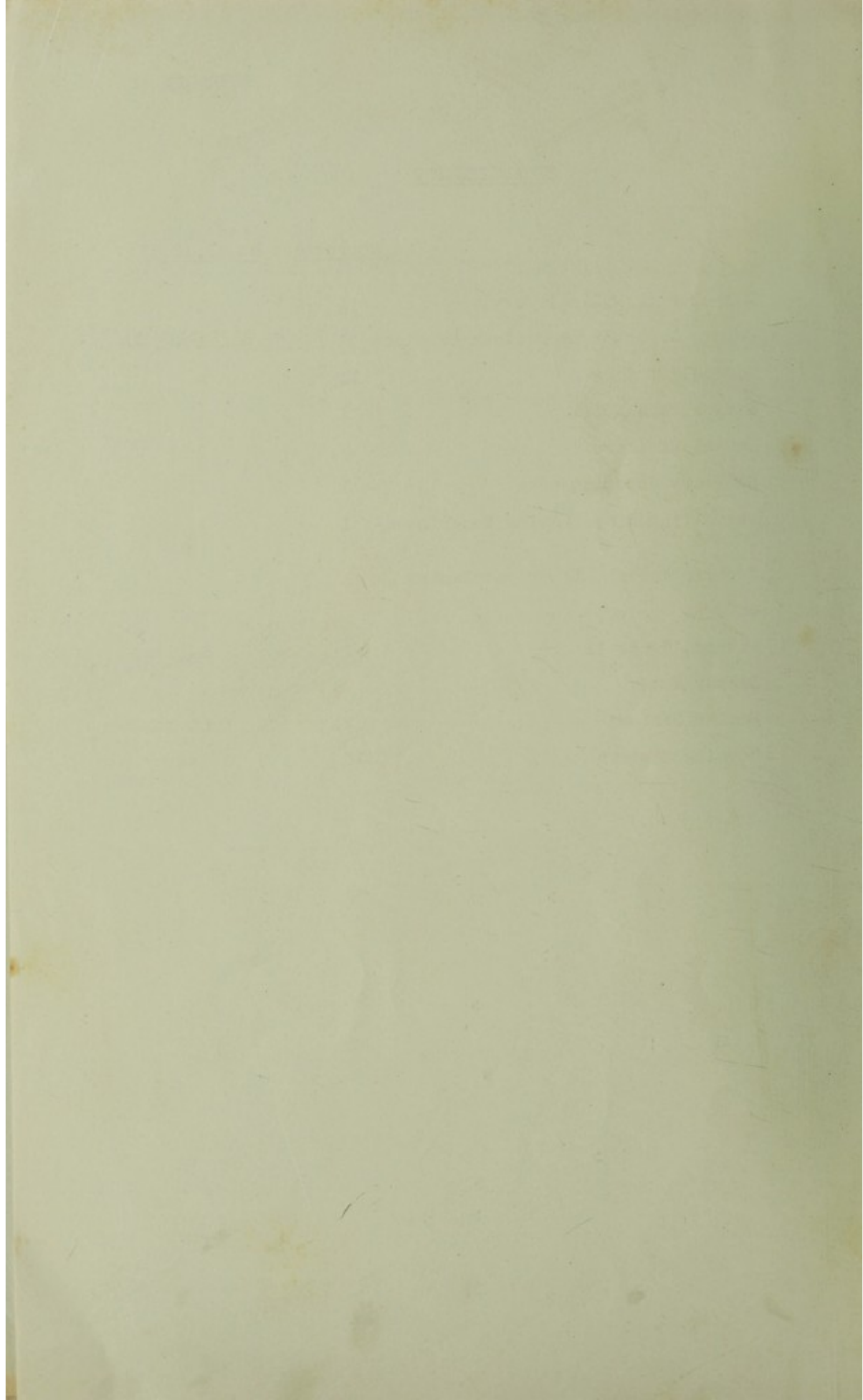




ESTABLISHMENT

	<u>Approved</u>	<u>Available at 31.12.53</u>
Director of Medical Services	1	1
Deputy Director of Medical Services	1	1 (up to 17.11.53)
Medical Officers	11	9
Lady Medical Officer	1	1
Dental Officers	3	2
Sanitary Superintendent	1	1
Travelling Dispensaries Superinten- dent	1	1
Superintendent, Leper Settlement	1	1
Matron, Grade I	1	1
Matron, Grade II	1	1 (for Brunei)
Sister Tutor	1	1
Health Sisters	2	2 (one for Brunei)
Nursing Sisters	10	9 (two for Brunei)





SHIPPING STATISTICS - PORT OF KUCHING

1953

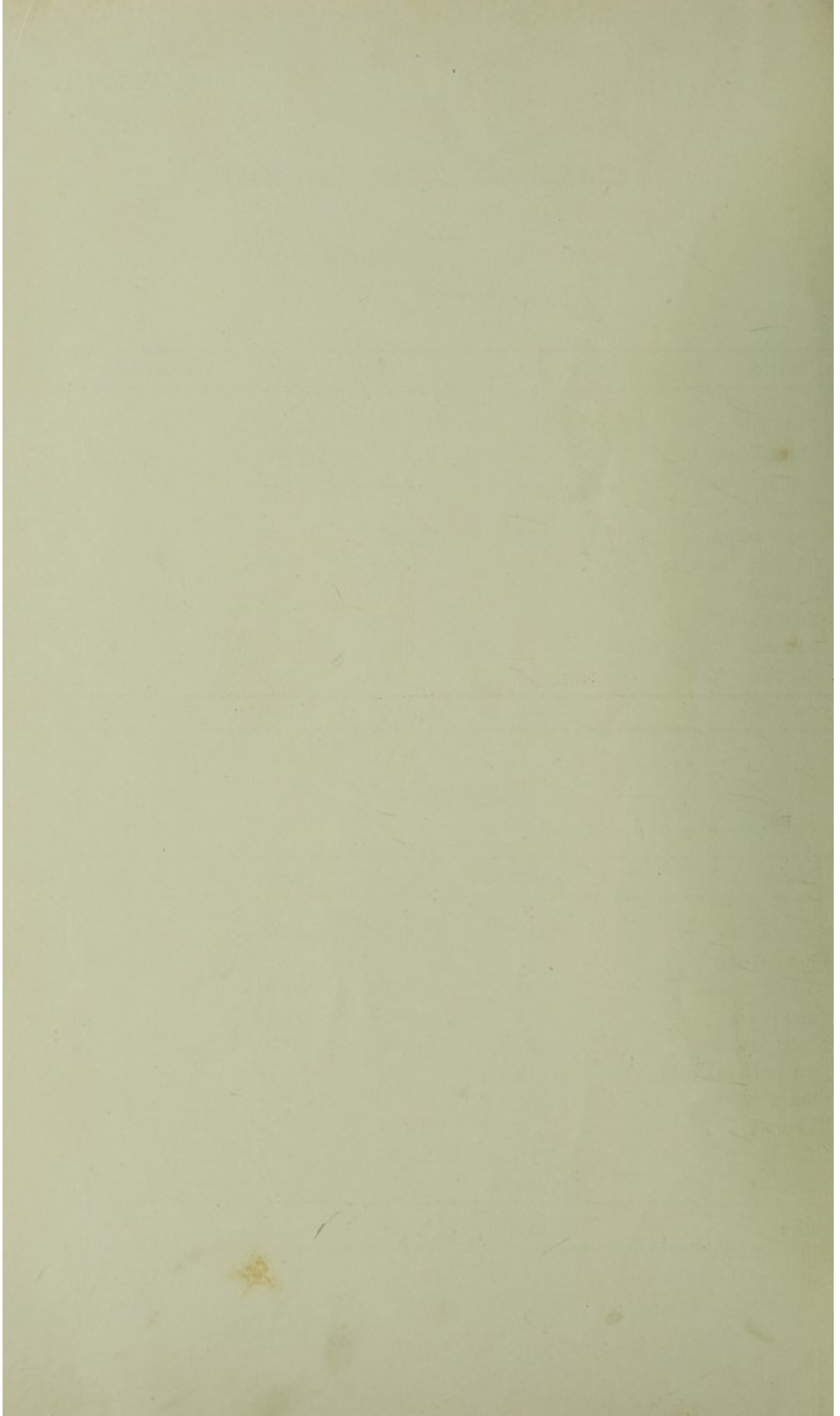
ARRIVALS

<u>PORTS</u>	<u>TRIPS</u>	<u>TONNAGE</u>	<u>CREW</u>	<u>PASSENGERS</u>
Singapore	149	73,707	5,768	3,366
Hong Kong	8	4,389	288	12
North Borneo	11	8,973	672	197
Bali	1	201	34	-
Pulo Bukon	37	4,212	517	-
Nutuna Islands	15	94	60	7
Bangkok	5	2,895	248	-
Brunei	4	322	58	-
Labuan	7	1,655	192	-
Sambas	13	16	29	-
<b>Total</b>	<b>250</b>	<b>96,964</b>	<b>7,868</b>	<b>3,582</b>

DEPARTURES

<u>PORT</u>	<u>TRIPS</u>	<u>TONNAGE</u>	<u>CREW</u>	<u>PASSENGERS</u>
Singapore	114	52,488	4,665	-
Hong Kong				
North Borneo	12	13,631	914	-
Bali	1	201	34	-
Pulo Bukon	37	4,517	520	-
Nutuna Islands	15	104	75	-
Bangkok				
Brunei	3	193	44	-
Labuan	16	3,959	431	-
Sambas	14	16	39	-
<b>Total</b>	<b>212</b>	<b>22,709</b>	<b>6,722</b>	





## CHEST CLINIC STATISTICS FOR 1953

I. ATTENDANCES:

The following are figures of attendances of the Chest Clinic for the year 1953.

New Attendances for investigation	...	3,914
Number of consultation	...	2,169
Total Attendances for repeat treatment		18,172
Attendances for miniature X-ray	...	3,366
Total Attendances for X-ray (Large Films)		1,608
Attendances for Tuberculin Test	...	<u>126</u>

Total Attendances for the year 29,355

II.	Number of T.B. cases detected through Miniature X-ray	237 (8.5%)
	" " " " " " " " other sources	146
	" " " " " " " " referred by General Hospital for treatment	<u>51</u>

Total number of new T.B. cases during the year 434 (12.36%)

III. TUBERCULIN TESTING AND BCG VACCINATION:-

Total number of Tuberculin Test Done	126
" " " cases turn out to be Positive	55
" " " " " " " " Negative	61

Cases of Negative were being given BCG vaccinations.

IV. X-RAY AND DIAGNOSIS.

Total number of X-ray (Large Films) taken during 1953	1,608
" " " " " taken for diagnosis	892
" " " " " " control of treatment	716

V.	Number of New Cases found to be living within the Municipality	...	272
	Number of New Cases found to be living elsewhere in the 1st Division	...	120
	Number of New Cases found to be living elsewhere in the Colony.	...	<u>38</u>
	Total Number of New Cases Diagnosed at Chest Clinic		<u>430</u>

VI.	No. of New Patients on Inj. Strept. and P.A.S.	37
	" " " " " " " " I.N.H.	86
	" " " " " P.A.S. and Inj. Calc	15
	" " " " " I.N.H. " " "	141
	" " " " " Inj. Strept. I.N.H. & P.A.S.	21
	" " " " " I.N.H. and P.A.S.	5
	" " " " " C.L.O. etc.	78
	" " " " " Doubtful cases on C.L.O.	<u>57</u>

Total number of cases recommended for treatment 490





VII. ~~No. Patients discharged for being cured or arrested~~ 272  
improving 236

VIII. No. of Streptomycin Injection given month by month.

1953

January	.....	.....	779
February	.....	.....	638
March	.....	.....	521
April	.....	.....	429
May	.....	.....	350
June	.....	.....	348
July	.....	.....	490
August	.....	.....	779
September	.....	.....	835
October	.....	.....	1,128
November	.....	.....	1,067
December	.....	.....	886

IX.

RACIAL CLASSIFICATION.

(Attendances for investigation)

Chinese	.....	.....	3,135
Malays	.....	.....	523
Land Dayak	.....	.....	78
Sea Dayak	.....	.....	48
Indians	.....	.....	27
Europeans	.....	.....	5
Eurasians	.....	.....	26
Melanos	.....	.....	15
Kelabits	.....	.....	11
Kayans	.....	.....	4
Kenyas	.....	.....	-
Batak	.....	.....	1
Indonesians	.....	.....	4
Philippines	.....	.....	4
Australian	.....	.....	1
Arab	.....	.....	1
Burmese	.....	.....	11
Sikh	.....	.....	16
Total			<u>3,914</u>

X.

RACIAL CLASSIFICATION

(Positive cases only)

Chinese	.....	278	(7.27%)
Malays	.....	92	(17.59%)
Indians	.....	3	(11.1%)
Land Dayak	.....	31	(39.74%)
Sea Dayak	.....	22	(45.83%)
Indonesian	.....	3	(.75%)
Kayan	.....	1	(.25%)
Arab	.....	1	(100%)
Australian	.....	1	(100%)
Philippino	.....	1	(.25%)

N.B. The above percentages of positive cases are based on the attendances coming to the Clinic for investigation.





HOSPITAL BEDS

	Number and Category 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, Sibuan	70	16	15	24	4	6	135		
Simanggang Hospital, Simanggang	23	3	12	16	-	-	54		



100

100

Date	Description	Debit	Credit	Balance
1860	To Balance		100	100
1861	By Cash	50		150
1862	To Cash	25		175
1863	By Cash	25		200
1864	To Cash	50		250
1865	By Cash	50		300
1866	To Cash	50		350
1867	By Cash	50		400
1868	To Cash	50		450
1869	By Cash	50		500

100

100

GENERAL HOSPITAL

In-patients Returns - 1953.

The admissions for the year numbered 6,324 an increase of 677. The Statistical break down of the figures shows that the majority of the patients were Chinese:

Races.

Chinese .....	4,197
Malay .....	663
Land Dayak .....	556
Sea Dayak .....	604
Indian .....	107
British .....	100
Eurasian .....	31
Javanese .....	-
Indonesian .....	16
Melanau .....	12
Kenyah .....	8
Dusun .....	2
American .....	-
Kayan .....	3
Arab .....	1
Irish .....	-
Murut .....	1
Bujis .....	-
Japanese .....	5
Kalabit .....	4
Bisayah .....	2
Polish .....	-
Spanish .....	-
Danish .....	-
Dutch .....	3
Scottish .....	-
Burmese .....	-
Australian .....	4
Ceylonese .....	2
Singalese .....	1
Batak .....	1
French .....	1
	<hr/>
	6,324
	=====

Births

Total number of births for the year .....	1,275
Male .....	680
Female .....	595

Deaths

Total number of deaths for the year .....	267
Male .....	175
Female .....	92

Domiciliary Midwifery

Total number of births for the year .....	333
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GENERAL HOSPITAL

In-patient Returns - 1933

The admissions for the year numbered 5,321 an increase of 87. The statistical break down of the figures shows that the majority of the patients were Chinese:

Races

Chinese	4,197
Malay	1,023
Land Dayak	729
Sea Dayak	604
Indian	107
British	100
Portuguese	51
Javanese	45
Indonesian	45
Belawan	15
Kenyah	10
Dusun	2
American	1
Kayan	1
Arab	1
Irish	1
Portuguese	1
Malay	1
Indonesian	1
Polish	1
Spanish	1
English	1
Irish	1
Scottish	1
German	1
Australian	1
Ceylonese	1
Siamese	1
Other	1
French	1

5,321

Sexes

Total number of births for the year	1,575
Male	680
Female	895

Religion

Total number of deaths for the year	257
Male	175
Female	82

Religious Adherents

Total number of deaths for the year	257
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Table of Laboratory Work for the year 1953.Kuching General Hospital.

Total number of Examinations done.				81,399
Bacteriological Work	...	...		12,129
Parasitology	...	...	...	15,186
Blood Films for Malaria Parasites	...			7,747
Blood Work excluding Chemistry	...			24,197
Blood Grouping	...	...	...	837
Histology	...	...	...	98
Chemical Analysis	...	...	...	14,487
Medico-Legal	...	...	...	933
Autopsies	...	...	...	8
Kahn Tests	...	...	...	5,777

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LEPER SETTLEMENT STATISTIC

1953.

1. No. of inmates in Settlement

Remaining in Settlement on 1.1.53	461
No. of patients admitted during the year	62
No. of patients discharged during the year	59
No. of deaths during the year	11
No. of births during the year	7
No. of inmates on parole leave during the year	6
No. of inmates absconded during the year	2
No. of inmates in Settlement on 31.12.54	449

2. Racial Classification

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Sea Dayaks	131	52	183
Land Dayaks	15	1	16
Kayans	9	1	10
Chinese	153	32	185
Malays	38	16	54
Javanese	<u>1</u>	<u>—</u>	<u>1</u>
	<u>347</u>	<u>102</u>	<u>449</u>

3. Admissions:

<u>MALAYS</u>				<u>CHINESE</u>				<u>DAYAKS</u>			
<u>Adults</u>		<u>Children</u>		<u>Adults</u>		<u>Children</u>		<u>Adults</u>		<u>Children</u>	
<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>
3	-	2	1	21	2	1	-	21	4	4	3





LEPER SETTLEMENT STATISTIC

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<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>
3	-	2	1	21	2	1	-	21	4	4	3





DIVISIONAL CLASSIFICATION

	<u>MALAYS</u>		<u>CHINESE</u>		<u>DAYAKS</u>		<u>TOTAL</u>
	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>	
First Division	1	-	6	-	3	2	12
Second Division	1	-	1	-	2	-	4
Third Division	3	3	12	-	8	3	29
Fourth Division	2	-	4	1	6	-	13
Fifth Division	-	-	-	-	3	1	4
	<u>7</u>	<u>3</u>	<u>23</u>	<u>1</u>	<u>22</u>	<u>6</u>	<u>62</u>

DISCHARGES (Symptom free)

<u>MALAYS</u>				<u>CHINESE</u>				<u>DAYAKS</u>			
<u>Adults</u>		<u>Children</u>		<u>Adults</u>		<u>Children</u>		<u>Adults</u>		<u>Children</u>	
<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>
6	2	1	-	13	4	2	-	17	14	-	-

DIVISIONAL CLASSIFICATION

	<u>MALAYS</u>		<u>CHINESE</u>		<u>DAYAKS</u>		<u>TOTAL</u>
	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>	
First Division	-	-	5	1	-	1	7
Second Division	1	1	-	-	6	3	11
Third Division	4	1	10	3	6	7	31
Fourth Division	1	-	-	-	5	3	9
Fifth Division	-	-	-	-	-	-	-
Brunei	1	-	-	-	-	-	1
	<u>7</u>	<u>2</u>	<u>15</u>	<u>4</u>	<u>17</u>	<u>14</u>	<u>59</u>



ATTENDANCES 1953

Place	In-patients	Out-patients
General Hospital	6,324	86,967
Out-patient Clinics	-	54,228
Sibu Hospital	2,471	112,821
Simanggang Hospital	992	23,398
Static Dispensaries	-	176,106
Maternity & Child Welfare Clinics	-	25,599
Travelling Dispensaries	-	58,842

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EXPENDITURE STATEMENT 1953

<u>Sub-head</u>	<u>Estimated 1953</u>	<u>Spent 1953</u>	<u>Expenditure 1952</u>
Personal Emoluments	1,466,534.00	1,289,509.75	1,115,901.75
Other charges, Annually Recurrent	1,502,328.00	1,467,905.05	1,319,865.63
Other charges, Special Expenditure	142,935.00	107,086.45	60,173.27
	<u>3,111,797.00</u>	<u>2,864,501.25</u>	<u>2,495,940.65</u>



