Annual report of the Sarawak Government Medical Department.

Contributors

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SARAWAK

ANNUAL REPORT
OF THE
MEDICAL DEPARTMENT
FOR THE YEAR
1954

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE
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27 JUL 1965

BY

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DIRECTOR OF MEDICAL SERVICES.

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ANNUAL REPORT FOR 1954

OF THE MEDICAL DEPARTMENT.

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A hospital of 500 beds in the United Kingdom is staffed with 100 doctors, 450 nurses, 130 other skilled workers, 375 domestics and large numbers of other staff. The hospital of about that size in Kuching has 3 doctors and the numbers of other staff are small in proportion. We still have a very long way to go indeed before the medical services in Sarawak reach a satisfactory state of efficiency, but very considerable steps were taken in the right direction in 1954.

Most of the advances achieved during this year were what might be called extra-mural, that is to say outside the principal hospitals in the State, and perhaps the most notable of these advances was the opening in Kuching of a large new Health Centre which is to treat four kinds of patients. On the ground floor on one side, general female out-patient, and the other side general male out-patients, on the 1st floor on one side perinatal patients, and on the other side dental patients. This new Health Centre was opened in August and at the end of the year was treating upwards of 500 out-patients daily. The building itself is of modern functional design and eminently suitable for the purpose, but detailed finish was disappointing, and money has been provided to improve it. The principal difficulty here, as elsewhere in the department is the provision of adequate trained staff, but it did prove possible by the operation of a roster system to arrange that there was always at least one doctor in attendance.

The main problem in the mind of a medical administrator in Sarawak is to maintain the proper balance between the urban and the rural medical services. It is essential that as good a central hospital service as possible should be provided, and we cannot avoid the necessity to provide in the main towns treatment at specialist or near specialist level for surgical emergencies and similar cases, but at the same time the fact has to be recognised that one doctor working in a wild country district can undoubtedly save many more lives than one doctor working in a hospital in a big town. Attempts have been made therefore through the year to strengthen the rural services and one of the means adopted has been to recruit young people from the most distant parts of the country and bring them in to Kuching for some elementary training in the care of the sick, and in public health. It is now a common sight to see long-haired up country youths working in hospital in Kuching, and it is particularly pleasing to see three up-country girls, their long ears heavily laden with ear rings, who are now learning in Kuching to be midwives.

The two Travelling Superintendents, one medical and one health who I believe are unique in colonial territories, have been a very great success, and their work throughout the year has done a great deal towards this strengthening of our rural services. They spend all their time travelling about, principally in remote areas, otherwise untouched by Western medicine, and we are quite satisfied from independent reports that their work is of very great value. Sometimes they travel together, but generally that has proved not to be the ideal way, for the people clamour for treatment and tend to spurn the hygienist. It looks as though the ideal will be for the health man to travel first, and following his report on the incidence of disease in any particular area, the treatments can follow later.

Along one river, the Tinjar, with a population of about 3,000 where the incidence of yaws was found to be very high, we conducted a mass penicillin campaign, and successfully injected every man, woman and child in the area 1.2 million units of Procaine Aluminium Monostearate (reduced doses for children). Under Sarawak conditions where communications are difficult and travelling is slow and tedious, it is better in regions where we know the incidence of yaws to be very high to inject every person without exception. The more scientific way of carefully examining everybody first, including blood tests, would only result in many cases being missed, whereas if with careful preparation every soul in a longhouse is lined up and injected we know with reasonable certainty that we have eradicated yaws from that community. Some authorities would say that such treatment would also eradicate gonorrhea and syphilis; the truth with regard to these two diseases is probably that a mass penicillin treatment will reduce incidence in a community almost to vanishing point if not quite eradicate them.

Another mass penicillin campaign conducted later in the year in another part of Sarawak, a fairly isolated community of about 7,000 people, must unfortunately be considered to have been in some measure a failure. For various reasons which need not be gone into here, only about half the people received the treatment, and it may therefore be supposed that within quite a short time yaws will be as prevalent there as ever.

For the treatment of yaws the arsenicals were quite superseded by penicillin during 1954.

Another rural disease which has been causing us some concern since the realization in 1953 that it was widespread in Sarawak is trachoma, and an experimental campaign was conducted during the month of October in a Dayak longhouse near Bintulu with a population of about 450 people for the mass treatment of this disease, 1% aureomycin ointment in one-ounce collapsible tubes was used. Our agents lived in the longhouse for a month and twice a day each inhabitant of this house had aureomycin instilled into his conjunctival sac; acute cases of conjunctivitis of all forms of course responded to this treatment, and as was expected, chronic cases with scarring, entropion etc., showed little or no improvement. No conclusion could be reached as to the total effectiveness of this mass treatment, and the only thing we learned by the campaign was that it was indeed possible as an exercise in administration to organise such a campaign.

The big medical news of the year was undoubtedly the successful conclusion of the WHO-assisted pilot anti-malaria project on the Baram River. Now after two years of residual spraying of all houses on this river we are satisfied that malaria propagated by Anopheles leucosphyrus under Sarawak conditions can indeed be completely controlled by residual spraying. This is/notable conclusion, in neighbouring territories the results of attempted control of malaria by residual spraying have been equivocal, but here we are now satisfied with this method, Leucosphyrus is known to be an inefficient carrier although it is our principal vector, and it may be that this inefficiency is the cause of the happy results we have found here. Control of leucosphyrus which is a jungle breeder and which can travel up to two miles in search of blood would be impossible by anti-larval measures, and, in fact, clearing or similar larval control work would possibly

result in the introduction of more efficient and hence more dangerous vectors. We are so satisfied with the results of the Baram experiment that money has now been provided to extend control by residual spray over the whole country, and we hope that by 1960 malaria in its present widespread endemic form will be a thing of the past in Sarawak. It is most likely that the chronic ill-health, infertility and even poverty of most of our rural people is in the final event caused by malaria, and when malaria is controlled the whole face of Sarawak may take on a new appearance. In this as in all other activities of the Medical Department our chief handicap is shortage of trained staff, and we were particularly upset towards the latter part of the year by ill health amongst the few trained personnel who are available.

Statistics of numbers treated by the various branches of the Medical Department during the year are not yet available at the time of writing, but there is no doubt that they will, with few exceptions, show a very considerable increase indeed over the numbers receiving attention in previous years, and this is particularly so in the case of attendances at Maternity and Child Welfare Clinics, where the numbers will be about doubled from previous years. Many new clinics have been opened and attendances at old clinics has been vastly increased. It is a very heartening sign and makes one optimistic for the future of our medical services that the most ignorant and unsophisticated mothers should clamour for our advice.

A brief description of a typical clinic will illustrate this point. At Tarat about 40 miles from Kuching a new clinic has been opened in a disused building belonging to the Agricultural Department. Trained staff go there very Friday afternoon and about 150 mothers, either pregnant or with their babies or sometimes both, attend there regularly. Some of them walk for a whole day over jungle tracks to meet the Health Sister, and it is indeed very pleasing to see the fat healthy babies and not a dummy or a feeding bottle amongst the whole lot of them.

The widwives training programme has gone on very well, girls with very little education are recruited from all parts of the country including the extreme hinterland and brought to Kuching or Sibu for training for a year or more in the elementary principles of midwifery. After training they will return to their own districts and practise what they have been taught. Some of these girls are paid during their training period by the Government some by the local authority of the area from which they come, some by private arrangement by groups of interested persons in their area, and some by combinations of the other methods. There is as yet no legislation for the registration of midwives in Sarawak, but with the rapid development of the midwife training programme, the time is approaching when legislation will be necessary, and we already have it in draft form. It will provide for the regulation of the practising of midwifery and penalties for unregistered practice. Persons already practising midwifery habitually and for profit will be eligible for registration even without formal training subject to certain safeguards, but no new midwives will be permitted except with recognised training and appropriate certificates.

Our child health programme has been very considerably assisted during the year by UNICEF which has provided considerable quantities of powdered skimmed milk for distributions as well as certain diet supplements such as vitamin capsules, and equipment to help in our midwife and nurse training schemes. Government result in the introduction of more efficient and hence more dangerous vectors. We are so satisfied with the results of the [illegible] experiment that money has now been provided to spread control by residual spray over the whole country, and we hope that by 1960 malaria in its present widespread endemic form will be a thing of the past in Uganda. It is more likely that the chronic ill-health, infertility and even [illegible] of most of our rural people is in the final event caused by malaria, and when malaria is controlled the whole tone of Uganda may take on a new appearance. In this as in all other activities of the Medical Department our chief handicap is shortage of trained staff, and we were particularly upset towards the latter part of the year by ill health amongst the few trained personnel who are available.

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A brief description of a typical clinic will illustrate this point. At [illegible] about 40 miles from [illegible] a new clinic has been opened in a disused building belonging to the Agricultural Department. [illegible] there were [illegible] and about 150 mothers, either pregnant or with their babies on their back, attend there regularly. Many of them walk for a whole day over [illegible] to meet the Health Sister, and it is indeed very pleasing to see the [illegible] mother who has not a doubt or a feeding bottle in sight for whole lot of them.

The midwives training programme has gone on very well, girls with very little education are coming in from all parts of the country including the extreme north-east and brought to [illegible] or [illegible] for training for a year or more in the elementary principles of midwifery. After training they will return to their own districts and practise what they have been taught. Some of these girls are paid during their training period by the Government, some by the local authority of the area from which they come, some by private arrangement by groups of interested persons in their area, and some by combinations of the other methods. There is as yet no legislation for the registration of midwives in [illegible], but with the rapid development of the midwife training programme, the time is approaching when legislation will be necessary, and we already have it in draft form. It will provide for the registration of the profession of midwifery and penalties for unauthorised practice. [illegible] midwifery [illegible] and for profit will be [illegible] without formal training [illegible], but in the meantime will be permitted [illegible] training and appropriate certificates.

Our child health programme has been very considerably assisted during the year by UNICEF which has provided considerable quantities of powdered skimmed milk for distribution, as well as certain diet supplements such as Vitamin capsules, and equipment to help in our midwife and nurse training schools. [illegible] has supplied in addition large quantities of evaporated whole milk and these free issues help not only directly by adding to the diets of mothers and children, but also indirectly as a bait to attract them to our clinics.

Training of junior staff is one of our biggest problems since there are not enough educated boys and girls as yet leaving schools in Sarawak to provide sufficient recruits for the Medical Department, but notable advances have been made during 1954 and we have two complete training schools for nurses (male and female) now in operation, one at Kuching and one at Sibu. At the year end there were a total of 84 pupils in these training schools under instruction.

One of the reasons why the training of new staff is assuming such importance in Sarawak is the plan we have for the expansion during the next 5 years of our Medical Services. This plan provides amongst other things for considerable expansion of the hospitals at Sibu and Simanggang and the provision of new hospitals of a cottage type at Sarikei and Bintulu. These as well as the proposed increases in the numbers of fixed and travelling dispensaries will all require trained staff so that our training programme must be pushed as hard as possible. Considerable reliance is also being placed on the training of under-educated young men and women from the most distant parts of Sarawak as has been mentioned above.

A new building for the Medical Department which is being given first priority is the new Mental Hospital. The present mental accommodation at the rear of the General Hospital, Kuching, is mediaeval although quite a lot of minor work to improve it is going on at the time of writing. We must have a modern Mental Hospital and draft plans for this have already been approved, unless there are unexpected difficulties there is every reason to suppose that this new hospital will be ready for occupation before the middle of 1956, it will be situated about 7 miles out of Kuching, and will provide accommodation for about 200 patients with all the most modern facilities for treatment. Attempts are now being made to recruit from overseas specialist staff for this institution, for a fine new building will be a complete white elephant unless the experts become available to run it.

Another institution which deserves special mention for the year 1954 is the Leper Settlement, 13 miles from Kuching. A big building programme was undertaken successfully during the year, and will continue during 1955 so that all the patients will be housed in new bright clean and airy barrack-type houses.

The most marked change in the Leper Settlement during the year however, has been less tangible and that is a complete change of atmosphere amongst the inmates who are now no longer prisoners but simply patients as in any other hospital gradually progressing towards a cure. This happy state of affairs has been brought about largely by the use of modern treatments, but other factors have also played a large part. More than 100 patients were discharged to their own homes during the year, and the return of such a large number of ex-lepers to the community in itself presented a special problem which was overcome by making a grand ceremonial affair of the leaving of the settlement by each batch of patients. Twice during the year there was a grand ceremony like a speech day at school, we had a concert and speeches. His Excellency the Governor himself presented finely printed leaving certificates and the publicity attending these ceremonies completely overcame the reluctance of the people in the villages to receive back the cured patients.

Publicity for the Department and health education generally was considerably assisted during the year by Radio Sarawak, which broadcast regularly in vernacular languages from its opening twice weekly health talks, provided by the Medical Department. It is difficult in a country like this to assess what notice is taken of such broadcasts, but we have good reason to suppose that the health talks have been well received. In one country area where a Development Officer had for more than a year been trying to persuade the people that beri-beri was caused by eating over polished rice, they took no notice of him until one day they heard the same advice on the radio when they came to him in surprise and said "Tuan you were right all the time, the radio says so."

APPENDIX I.

QUALIFIED MEDICAL STAFF AS AT 31.12.54.

Name and Qualifications	Appointment	Date of Appointment to present Post.	Date of Appointment to the Service.	REMARKS
W. Glyn Evans, M.B., B.Ch., B.Sc.(Wales), M.R.C.S.(Eng.), L.R.C.P. (Lond.)	Director of Medical Services.	18.9.1952	9.8.1952	Transferred from Malaya.
E.C. Vardy, M.B.E., M.D.,M.B.,B.S. (Durham)	Deputy Director of Medical Services.	6.5.1954	10.7.1931	Seconded to Brunei as State Medical Officer
E.H. Wallace, M.B.,Ch.B.(Glasgow)	Medical Officer	1.10.1952	30.5.1948	on leave in U.K.
L.Feanny, M.D.,C.M.(Dalhousie),L.M.S. Nova Scotia (Prov.Med. Board).	Medical Officer in Charge, General Hospital.	21.6.1952	30.4.1952	on leave in Jamiaca.
J. Lomaz, M.B.,Ch.B.(Edin.University) D.A.(Ireland), F.F.A.R.C.S.	Medical Officer, General Hospital.	9.2.1950	10.8.1949	Transferred to Malaya
M.A. Rozalla, M.B. (Calcutta)	Medical Officer	-	16.10.1949	Seconded to Brunei
P.P. Gopala Pillai, M.B.,B.S.(Madras)	Medical Officer in Charge, A.T.A.S. Clinic.	-	15.10.1949	Locally appointed
T.M. Kraszewski, M.B.,Ch.B.(Edin.)	Medical Officer	31.5.1952	30.5.1952	
R.J.G. Hogg, M.B.,Ch.B.	Divisional Medical Officer, 2nd Division 29.8.52 - 27.2.54. Medical Officer attached to WHO Anti-Malarial Team	1.9.1952	26.7.1952	

Name and Qualifications	Appointment	Date of Appointment to present Post	Date of Appointment to the Service.	REMARKS.
D.H. Niblett, M.B.	Divisional Medical Officer, 3rd Division and Medical Officer in charge, Lau King Howe Hospital, 12.12.52 - 29.10.54.	1.9.1952	1.8.1952	Left the Country
J.C. Graham-Stewart, M.R.C.S.,L.R.C.P.	Divisional Medical Officer, 2nd Division, and Medical Officer in charge, Simanggang Hospital from 27.2.54.	28.4.1953	2.4.1953	
P.M. Philpott, M.R.C.S.,L.R.C.P.(Lond. M.B., B.S.(Lond.),D.(Obst.) R.C.O.G.	Lady Medical Officer in charge, Maternity & Child Welfare Clinic.	11.1.1952	11.1.1952	
Elsie Wong Tshook Hea, M.B.,B.S.(Malaya)	Lady Medical Officer	10.2.1954	10.2.1954	
T.M.G. Jacques, M.B.,B.S.(Malaya)	Medical Officer	11.2.1954	11.2.1954	
Chong Chun Hian, M.B.,B.S.(Malaya)	Medical Officer	22.6.1954	22.6.1954	
J.A. Menon, M.B.,B.S.(Lond.) M.R.C.S., L.R.C.P.	Medical Officer	26.10.1954	23.6.1954	
H.W.W. Harcus, B.D.S., D.D.S.	Dental Officer	17.7.1949	17.7.1949	

ESTABLISHMENT - SENIOR STAFF

	Approved	Available at 31.12.54.
Director of Medical Services	1	1
Deputy Director of Medical Services.	2	1
Medical Officers	12	11
Lady Medical Officers	2	2
Dental Officers	3	2
Sanitary Superintendent	1	1
Travelling Dispensaries Superintendent	1	1
Superintendent, Leper Settlement	1	1
Superintendent, Mental Hospital	1	-
Pharmaceutical Chemist	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	10 (two for Brunei)

* * *

APPENDIX III

SHIPPING STATISTICS - PORT OF KUCHING

1954

ARRIVALS

PORTS	TRIPS	TONNAGE	CREW	PASSENGERS
Singapore	202	86,275	9,007	3,355
Labuan	11	1,714	254	2
North Borneo	7	8,654	545	40
Brunei	2	260	124	-
Hong Kong via Manila	13	9,701	854	24
Hong Kong	3	2,064	147	8
Bangkok	11	4,879	560	-
Pulo Bukom	57	6,463	381	-
Sambas	4	4[1]	10	-
Pontianak	8	32	15	-
Pulo Serasan	12	64	39	2
Kuala Belait	1	196	12	-
Permangkat	-	-	-	-
Total	331	120,306	12,448	3,431

DEPARTURES

PORT	TRIPS	TONNAGE	CREW	PASSENGERS
Singapore	187	86,061	9,008	-
Labuan	10	3,676	315	-
North Borneo	13	14,086	987	-
Brunei	5	903	107	-
Hong Kong via Manila	-	-	-	-
Hong Kong	12	8,868	987	-
Bangkok	-	-	-	-
Pulo Bukom	51	5,600	707	-
Sambas	4	311[1]	40	-
Pontianak	5	1,545	140	-
Pulo Serasan	6	28	25	-
Kuala Belait	1	196	12	-
Permangkat	1	308	32	-
Total	295	121,082[1]	12,129	-

KUCHING AIRPORT RETURNS

ARRIVAL

PORTS	TRIPS	CREW	PASSENGERS
Singapore	327	1,004	1,636
Labuan & North Borneo.	293	889	762
Seria	1	2	-
Manila	1	7	-
Total	622	1,902	2,398

DEPARTURES

PORTS	TRIPS	CREW	PASSENGERS
Singapore	321	971	1,605
Labuan & North Borneo	291	880	713
Jakarta	1	7	-
Total	613	1,858	2,318

STATISTICAL RETURNS OF A.T.A.S. CLINIC FOR THE YEAR 1954

1. ATTENDANCES

The following are figures of attendances of the ATAS Clinic for the year 1954.

New attendances for investigation	4,190
Number of consultation	2,674
Total attendances for repeating medicine	20,368
Total attendances for repeat Inj. Streptomycin .	14,833
Total attendances for miniature X-ray chest	3,710
Total attendances for repeat min. X-ray chest ..	68
Total attendances for X-ray Large Films	2,408
Total attendances for P.P. induction	35
Total attendances for P.P. refills	1,888
Total attendances for A.P. refills	82
Total attendances for the year	50,256

2.

Number of T.B. cases detected through miniature X-ray	256 (6.9%)
Number of T.B. cases detected through other sources .	129
Number of T.B. cases referred by General Hospital ..	83
Total number of new cases found during the year ...	468

3.

Number of X-ray large film taken for diagnosis ...	1,018
Number of X-ray large film taken for control of treatment. ...	1,390
Total number of X-ray Large Film taken for the year	2,408

4.

Number of cases found to be living within the Municipality. ...	232
Number of cases found to be living within the elsewhere in the 1st Division. ...	125
Number of cases found to be living within the elsewhere in the Colony. ...	28
Total number of cases treated during the year	285 (9.1%)

5.

Number of new patients on Inj. Strept., Tab.I.N.H.& P.A.S.	58
Number of new patients on Inj. Strept. & Tab. P.A.S. ...	47
Number of new patients on Inj. Strept., P.A.S. & Tab. I.N.H.....	95
Number of new patients on tab. I.N.H. & P.A.S. Tonic......	48
Number of new patients on tab. I.N.H. & Routine Tonic ..	69
Number of new patients on Inj. Strept & Routine Tonic ..	2
Number of new patients on Inj. Calc & Routine tonics ...	40
Number of new patients on TRoutine Tonics alone	26
Number of doubtful cases on routine tonics	135.
Total number of cases recommended for treatment	520

6.

Number of patients discharged for being cured or arrested	119
Number of patients show some resolution	193
Number of patients I.S.Q.	340
Number of patients getting worst	49

7. NUMBER OF STREPTOMYCIN INJECTION GIVEN MONTHLY

January	1954	....	902
February	"	....	768
March	"	....	1,471
April	"	....	942
May	"	....	1,495
June	"	....	951
July	"	....	1,403
August	"	....	1,298
September	"	....	1,388
October	"	....	1,530
November	"	....	1,470
December	"	....	1,215

8. RACIAL CLASSIFICATION

Chinese	....	3,267
Malay	....	643
Land Dayak	....	106
Sea Dayak	....	87
Indian	....	74
European	....	5
Eurasian	....	3
Dusun	....	1
Kelabit	....	1
Kayan	....	2
Melanau	....	1
	Total	4,190

9. RACIAL CLASSIFICATION FOR POSITIVE CASES ONLY

Chinese	....	283	(8.66%)
Malays	....	62	(9.64%)
Indians	....	4	(5.4%)
Land Dayak	....	26	(24.52%)
Sea Dayak	....	9	(10.34%)
Melanau	....	1	(100%)
	Total	385	

APPENDIX V.

HOSPITAL BEDS

1954.

Name and Location of Hospital	Number and Category of Beds					
	General	Obstetrics	Tuberculosis	Infectious	Mental	
General Hospital, Kuching	163	33	42	28	-	
Mental Hospital, Kuching	-	-	-	-	123	This is in the same compound as the General Hospital.
Lau King Howe Hospital, Sibu	84	16	24	4	6	
Simanggang Hospital, Simanggang.	37	2	20	-	-	

APPENDIX VI.

GENERAL HOSPITAL

In-patients Returns - 1954.

The total number of admissions for the year was 7,035, and as usual Chinese topped the list. The below list shows the number of different races admitted to hospital during the year.

Races.

Chinese	4,481
Malay	803
Land Dayak	789
Sea Dayak	601
Indians	134
European	128
Eurasian	27
Javanese	15
Indonesian	1
Melanau	20
Kenyah	6
Dusun	-
American	-
Kayan	11
Arab	3
Murut	3
Bugis	-
Japanese	-
Kalabit	3
Bisayah	-
Burmese	2
Australian	5
Ceylonese	-
Singalese	-
Phillipino	3

Births

Total number of births for the year	1,492
Male	930
Female	1,062

Deaths

Total number of deaths for the year	351
Male	223
Female	128

Domiciliary Midwifery

Total number of births for the year	509

Table of Laboratory Work dfor the year 1954.
Kuching General Hospital.

Total number of Examinations done	50,053
Bacteriological Work	14,273
Parasitology (including 986 Blood Films for Malaria Parasites) ...	11,284
Blood Work excluding Chemistry	6,188
Blood Grouping	1,042
Histology	72
Chemical Analysis	10,792
Medico-Legal	540
Kahn Tests	5,862

* * *

APPENDIX VII.

LEPER SETTLEMENT STATISTICS.

1954.

Number on the roll at 1st January, 1954	449
Admitted during the year	69
Returned from Parole leave	6
Discharged - symptom Free Parole Leave	113
Died during the year	12
Absconded during the year	1
Number on the roll at 31.12.54.	398

RACIAL CLASSIFICATION

	Adults		Children				
	Male	Fem	Male	Fem.	Male	Fem	Total
Sea Dayak	102	37	11	6	113	43	156
Land Dayak	15	2	-	-	15	2	17
Kayans	14	4	1	1	15	5	20
Chinese	119	19	5	3	124	22	146
Malay	36	15	2	1	38	16	54
Melanau	4	-	-	-	4	-	4
Javanese	1	-	-	-	1	-	1
Total	291	77	19	11	310	88	398

ADMISSIONS

Sea Dayak	16	4	6	2	22	6	28
Land Dayak	3	-	-	-	3	-	3
Kayans	7	4	1	1	8	5	13
Chinese	14	1	-	2	14	3	17
Malay	4	1	-	-	4	1	5
Melanau	3	-	-	-	3	-	3
Javanese	-	-	-	-	-	-	-
Total	47	10	7	5	54	15	69

DIVISIONAL CLASSIFICATION OF NEW ADMISSIONS

	1st	2nd	3rd	4th	5th	Brunei	Total
Sea Dayak	1	6	10	11	-	-	28
Land Dayak	3	-	-	-	-	-	3
Kayans	-	-	-	13	-	-	13
Chinese	6	1	6	3	-	1	17
Malay	1	-	2	2	-	-	5
Melanau	-	-	3	-	-	-	3
Javanese	-	-	-	-	-	-	-
Total	11	7	21	29	-	1	69

AGED GROUPS OF NEW PATIENTS.

	-/10	10/20	20/30	30/40	40/50	50/60	60/70	70/+	Total
Sea Dayak	4	4	7	8	-	1	4	-	28
Land Dayak	-	-	-	-	-	-	2	1	3
Kayans	-	2	2	4	4	1	-	-	13
Chinese	2	-	5	1	4	2	1	2	17
Malay	1	-	2	-	2	-	-	-	5
Melanau	-	-	3	-	-	-	-	-	3
Total	7	6	19	13	10	4	7	3	69

TYPES - NEW ADMISSIONS

	Lepromatous			Neural			Leprom & Neural	Tuberculoid	Total
	I	II	III	I	II	III			
Sea Dayak	9	1	1	7	1	1	2	6	28
Land Dayak	1	1	-	1	-	-	-	-	3
Kayans	3	1	-	2	1	-	1	5	13
Chinese	6	5	1	1	2	-	-	2	17
Malay	1	-	-	-	1	-	1	2	5
Melanau	-	1	2	-	-	-	-	-	3
Total	20	9	4	11	5	1	4	15	69

RACIAL CLASSIFICATION OF DISCHARGED PATIENTS

	Adults		Children				
	Male	Fem	Male	Fem	Male	Fem	Total
Sea Dayak	39	14			39	14	53
Land Dayak	2	-	-	-	2	-	2
Kayans	2	-	-	-	2	-	2
Chinese	39	7	3	3	42	10	52
Malay	3	1			3	1	4
Melanau	-	-	-	-	-	-	-
Javanese	-	-	-	-	-	-	-
Total	85	22	3	3	88	25	113

CLASSIFICATION OF PATIENTS DISCHARGED TO VARIOUS DIVISIONS

	First	Second	Third	Fourth	Fifth	Brunei	Total
Sea Dayak	-	13	35	5	-	-	53
Land Dayak	2	-	-	-	-	-	2
Kayans	-	-	-	2	-	-	2
Chinese	21	2	22	5	-	2	52
Malay	-	1	3	-	-	-	4
Total	23	16	60	12		2	113

RECORD OF DEATHS DURING THE YEAR ENDING 31.12.54.

	Male	Female	Total
Sea Dayak	2	-	2
Land Dayak	1	-	1
Kayans	3	1	4
Chinese	3	1	4
Malay	-	1	1
Total	9	3	12

RECORD OF BIRTHS DURING THE YEAR ENDING 31.12.54

Sea Dayak	1	-	1
Kayans	1	-	1
Chinese	2	1	3
Malay	-	1	1
Total	4	2	6

ATTENDANCES 1954.

Places	In-patients	Out-patients
General Hospital	7,035	-
Out-patient Clinics	-	72,434
Sibu Hospital	3,396	96,638
Simanggang Hospital	913	24,580
Static Dispensaries	-	163,186
Travelling Dispensaries	-	89,886
Maternity & Child Welfare Clinics	-	48,135

EXPENDITURE STATEMENT 1954.

Sub-head	Estimated 1954	Spent 1954	Expenditure 1953.
Personal Emoluments	1,702,664.00	1,519,486.14	1,289,509.75
Other charges, Annually Recurrent	1,854,936.00	1,651,410.01	1,467,905.05
Other charges, Special Expenditure	94,729.00	48,630.57	107,086.45
Total	3,652,329.00	3,219,526.72	2,864,501.25

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