

Annual report of the Sarawak Government Medical Department.

Contributors

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SARAWAK



MEDICAL AND HEALTH DEPARTMENT

ANNUAL REPORT

1962

Price: \$1.50





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Medical and Health Department,
Kuching,
Sarawak,
Borneo.

Sir,

I have the honour to submit for the information of His Excellency the Governor, and for transmission to the Right Honourable the Secretary of State, Part I of the Annual Report for 1962, of the Medical and Health Department of Sarawak.

I have the honour to be,
Sir,
Your obedient servant,

D. A. BAIRD,
Director of Medical Services

THE HONOURABLE THE CHIEF SECRETARY,
KUCHING.

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Medical and Health Department,
Kuala Lumpur,
Singapore.
Honour.

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MEDICAL AND HEALTH DEPARTMENT

ANNUAL REPORT 1962

PART I

I. BACKGROUND INFORMATION

Sarawak occupies an area of about 47,500 square miles on the northwest coast of the island of Borneo. It lies between latitude $0^{\circ} 50'$ and 5° North, and longitudes $109^{\circ} 36'$ and $115^{\circ} 40'$ East and the territory occupies slightly less than a sixth of the island, which is the third largest in the world.

2. The climate is tropical, with a heavy rainfall, a uniform temperature and a high humidity. From early October until the middle of February, the north-east monsoon brings heavy rainfall, especially in the coastal belt. The rainfall averages between 150 and 180 inches in most areas, and the mean annual rainfall at Kuching is 158 inches. There is, however, normally a daily mean of three to seven hours of sunshine, depending on the season. On the whole, the climate is a pleasant and equable one, in spite of the tropical situation of the country. It is never cold, and although it can get fairly hot in the day-time the heat is never oppressive and the nights are generally cool. The temperature is uniform, varying between the mean maximum of 87.9°F and a mean minimum temperature of 72.5°F in 1959.

3. The total population at the census held in June, 1960 was 744,529. This showed an increase of 198,144 over the figure obtained at the previous census in 1947, i.e. an average annual increase of 15,242, during the thirteen years. Of the total population, 375,846 were males, and 368,683 females. Sea Dayaks, with a population of 237,741, still form the largest single racial group, followed by the Chinese with 229,154, the Malays with 129,300, the Land Dayaks with 57,619 and the Melanaus with 44,661. Other indigenous races, totalled 37,931 and there were 1,631 Europeans. Since 1947, there has been a percentage increase of 57.9 in the case of the Chinese population, compared with a percentage increase of only 24.9 for the Sea Dayaks, 36.6 for Land Dayaks, 32.7 for Malays and 25.6 for Melanaus.

4. Malays, Kedayans and many Melanaus profess the Muslim faith. There are a number of Christian Missions at work in Sarawak — Anglican, Roman Catholic, Methodist, Evangelical and Seventh Day Adventist. There are also small communities of Hindus, Buddhists and Bahais. The 1960 census revealed that there were 174,123 persons professing the Muslim faith, 117,755 professing Christians and 452,651 of the other religious beliefs.

5. Sarawak is divided into five Divisions for administrative purposes and each Division is in turn divided into Districts, under the charge of a District Officer. The 1960 census showed that the population of five Divisions was as follows:—

First Division	247,954
Second Division	109,422
Third Division	261,487
Fourth Division	96,666
Fifth Division	29,000

The Annual Report on the Registration of Births and Deaths for the year 1961, showed that, at the end of 1961, the estimated figures for the five divisions, corrected for births and deaths, but excluding immigration and emigration, were as follows:—

First Division	258,800
Second Division	111,917
Third Division	268,857
Fourth Division	99,621
Fifth Division	29,839
	769,034

Including the balance of immigrants over emigrants, the total population, as estimated on 31st December, 1961 was 769,526. At the end of June, 1962, the total estimated population was 776,990. The control of local affairs is largely in the hands of elected District Councils, which in turn elect representatives to the Divisional Advisory Council, under the chairmanship of the Resident. Divisional Councils nominate members to sit on the Legislative Body, called Council Negri, and this body in turn elects members to Supreme Council over which the Governor presides. The capital of Sarawak is Kuching, which is also the administrative headquarters of the First Division. Headquarters of the Second, Third, Fourth and Fifth Divisions are Simanggang, Sibul, Miri and Limbang, respectively.

6. Of the total estimated area of 47,500 square miles about three-quarters is still covered by primary rain forest, and the remainder is mainly used for settled and shifting cultivation (six per cent and eighteen per cent respectively). Although Sarawak is basically an agricultural country, the soil is generally poor and shallow, some being extremely acid in reaction, and over much of the accessible part of the country the inherent poverty of the soil has been accentuated by wasteful practices associated with the cultivation of dry padi. The shifting cultivation of hill padi, normally practised, results in reduced fertility unless the ground is allowed to be fallow for fifteen years or so, after each crop.

7. The main cash crops are rubber, pepper, sago and coconuts, and a considerable proportion of the general revenue of Sarawak is derived from the export duty levied on rubber and pepper. There are also large and important forest reserves, and timber production ranks after agriculture as the most important economic activity carried on in Sarawak. The principal minerals known to occur in Sarawak are bauxite, now the main mineral export, oil which has been produced from the Miri oilfields for fifty-one years, but is now decreasing in quantity, gold in small quantities, and coal. The last named is known to occur in payable quantities, but so far, lack of communications has discouraged exploitation. The new road from Kuching to Simanggang passes within reasonable distance of one known field, and this may encourage its development.

8. The staple diet of the population is rice, but the actual production of wet padi in Sarawak is inadequate for its needs, and approximately half of the country's requirements are imported, mainly from Siam. Other food crops such as tapioca, maize, yams and sweet potatoes are used in rural areas, to supplement rice. A noticeable feature of the agricultural economy is the small number of livestock, and the almost entire absence of mixed farming. The few small herds of cattle which exist are mainly confined to the sandy coastal area, though buffaloes

are reasonably plentiful in the Fifth Division. The only classes of livestock kept in significant numbers are pigs and poultry.

9. Sarawak is a relatively healthy country by tropical standards. Bilharziasis, yellow fever, typhus, plague and relapsing fever are not encountered, nor has there been a case of smallpox for many years. The same could have been said about cholera, but for the outbreaks of "El Tor" para-cholera, which occurred during 1961 and 1962. Due to the poor standard of environment sanitation, however, dysentery and the enteric diseases continued to occur in distressingly large numbers. Leprosy is prevalent also, and endemic goitre occurs in the interior.

10. The policy of the Government in the field of public health, as enunciated in 1960, is as follows:—

"Believing that good health is one of the most important assets of any community, it is the policy of Government to promote the health of all the people of Sarawak in so far as its financial resources will permit. This will be achieved by:

(a) protecting the community against the common communicable diseases, by free protective vaccination and inoculation, and by such other methods as may be available from time to time;

(b) educating the public in matters concerning the preservation of health and the avoidance of disease;

(c) encouraging the establishment of maternal and child health services as a means of maintaining the health of mothers and children;

(d) advising district councils in their effort to improve the sanitary and living conditions of the people;

(e) maintaining hospital and dispensary services for the effective treatment of the sick and injured;

(f) providing a dental service complementary to the private practitioner service, with particular emphasis on the care of children."

11. More and more emphasis is being placed, each year, on the preventive aspects of the work of the department. Mass health campaigns, such as the Malaria Eradication project, the Tuberculosis Control scheme, and the campaign against yaws, which was successfully completed in 1956, are already having a marked effect on the general health of the population.

12. In the field of curative medicine, hospital and dispensary facilities throughout the country have steadily improved over the past five years. There are now four main general hospitals situated at Kuching, Sibu, Simanggang and Miri and a small divisional hospital at Limbang in the Fifth Division. During the year a new forty-bed district hospital at Sarikei in the Third Division was brought into use, with a medical officer in charge. In addition to these Government institutions there is a forty-six bed general hospital at Kapit, run by the Methodist Mission, and there are small mission hospitals, dealing almost exclusively with maternity cases, at Kanowit, Sarikei, Mukah, Long San and Serian. Other institutions run by the Government Medical Department are the Rajah Charles Brooke Memorial Hospital for patients suffering from leprosy, situated at the Thirteenth Mile, on the Kuching-Penrissen Road, and the Sarawak Mental Hospital, seven miles from Kuching. In all there are 1,780 beds in Government hospitals and 115 in non-Government hospitals making a total of 1,895 beds available for the

population of 769,526. In addition there are 219 restbeds attached to the thirty static dispensaries run by the Medical Department.

13. There were eighteen private medical practitioners registered in Sarawak at the end of the year, in addition to the thirty government doctors and specialists, six Shell Oilfields doctors, three Mission doctors and one Peace Corps doctor.

14. There were four Government dental officers and 145 private dentists registered during 1962, but of the latter only six, including two employed by the Shell Oilfields Limited possessed degrees or diplomas scheduled under the Dentists Registration Ordinance, the others being registered under a special provision of the Ordinance.

15. Outside Government Service, there was only one qualified pharmacist in Sarawak, attached to the Methodist Mission hospital at Kapit. Eighty-three annual licences to sell poisons on a restricted basis were, however, issued to business concerns during the year.

16. The number of midwives registered under the Midwives Ordinance was 440 of which 168 were in Central and 103 in Local Government employment.

17. It was decided, during the year that as from the first of January, 1963 all *ulu* dressers, at present in local authority service will be taken over by Government in implementation of its declared policy that all curative services will be a central government responsibility. The number to be taken over is twenty-one, making a total of *ulu* dressers in government employment after 1st January, 1963, of fifty-one.

18. Government's total estimated recurrent expenditure for 1962 was \$68,616,336.00 of which \$7,161,561.00 was allocated to Health Services, representing approximately 10.4 per cent of total budget. This compares with 10.2 per cent in 1961, 11.1 per cent in 1960 and 10.9 per cent in 1959. In addition the sum of \$1,738,738.00 was provided in the Development Estimates for work on development projects during the year. This included \$805,000.00 for the Malaria Eradication Project, \$195,298.00 for the Tuberculosis Control Scheme, \$144,000.00 for the completion of the New Central Medical Stores, and \$154,886.00 for the first phase of the New Kuching General Hospital. There was also a sum of \$298,000.00 provided for items of Capital Expenditure and \$50,000.00 for minor improvements to hospitals and dispensaries.

II. GENERAL REVIEW

19. There has been no major event to report during 1962, comparable with the El Tor cholera outbreak which occurred during 1961. From October 19th, 1961 until 15th November, 1962, no further case of the disease was reported in Sarawak. During November and December, 1962, however, an outbreak of El Tor cholera occurred in the upper Serian District of the First Division, close to the border with Kalimantan. The outbreak was confined to *kampongs* situated on the upper reaches of two tributaries of the Sadong river with the exception of an isolated case which occurred in a downriver *kampung*. In all there were sixteen confirmed cases including three deaths. The last confirmed case occurred on the 10th December. Vaccinations were carried out in all affected areas, the total number done being 15,228. Strict measures were taken to prevent the spread of the disease, the origin of which is ascribed to an unconfirmed report of an outbreak across the border, in Indonesian Borneo.

20. In the absence of any major epidemics of infectious disease, it has been possible to concentrate the efforts of the Department on the two major health schemes being undertaken at present, namely the Malaria Eradication Project, and the Tuberculosis Control Scheme. Steady progress has been made with both during the year, and fuller details are given later in the section dealing with endemic and epidemic diseases.

21. At the end of the fourth year of the 1959—1963 Development Plan, several of the schemes have already been completed, and others are due to finish next year. Completed schemes include the Sarawak Mental Hospital, the new Sarikei and Simanggang Hospitals, the Sibu Hospital extension scheme, and the new Central Medical Stores and Manufacturing Laboratories. The improvements to the Rajah Charles Brooke Memorial Hospital have been completed with the exception of the water storage dam, the construction of which is due to start very shortly. New dispensaries were completed during the year at Daro in the Third Division, and at Bekenu, in the Fourth Division. A dispensary at Belaga (Third Division) is under construction and tenders for dispensaries for Muara Tuang (First Division) and Pusa (Second Division) have been called for.

22. Further improvements to Kuching Hospital, following the transfer of the Central Medical Stores to its new buildings at Tanah Puteh, were started towards the end of the year and will be completed early in 1963. It will then be possible to transfer the general and medical administration sections of the hospital, and the nurses training school, to the converted Stores building, leaving extra ward accommodation available in the main hospital building.

23. Considerable progress was made during the year, in the planning of the new Kuching General Hospital. Following a visit to Australia in August, by the Director of Public Works, final arrangements were made for a firm of Australian hospital architects to be appointed under Colombo Plan auspices to plan and design the new hospital. The Australian Government made a Colombo Plan grant of \$175,000.00 towards the cost of this work. Three members of the firm arrived in Kuching in September and spent over two months investigating the problem, and preparing a draft narrative and preliminary plans. They are now engaged in preparing sketch plans and working drawings in Australia, and it is hoped that subject to the availability of funds, construction of Phase I of the hospital should begin about the end of 1963 or early in 1964.

24. In anticipation of the extra 200 beds planned in the first phase of the new hospital, a new wing to the Nurses Home is being built, to accommodate an extra thirty student nurses. This is due to be completed in March, 1963 before the start of the new Preliminary Training School course.

25. As stated in paragraph 57 of the 1961 Annual Report a new Rural Health Improvement Pilot Scheme was drawn up and submitted to Government at the end of 1961. This obtained the approval of Supreme Council in May. The scheme envisages the recruitment, in batches, of hand-picked men from *ulu* areas of Sarawak where agricultural extension workers have already operated or are operating, for training in rural health work including simple environmental sanitation. After completion of their training, each "Health Overseer" will be posted to an area covering about four average size longhouses or an average size *kampung*, to help to improve the general health and hygiene of the people. It was hoped to start the first course of training before the end of the year, but unavoidable delays in the building of a training centre at Tarat, adjoining the Agriculture Department's Extension Training Centre rendered this

impossible, and the pilot scheme will start at the beginning of 1963. If it proves a success, it is hoped to extend the scheme to other parts of the country, and later to integrate it with other Local Government activities in the field of Public Health.

26. At the request of Government, proposals for a new Medical and Health Development plan, to cover the period 1964 to 1968 were prepared during the year. This will be given further consideration in 1963.

III. STAFF

27. The senior staff of the department as at the 31st December, 1962 was as follows:—

<i>Designation</i>	<i>Establishment</i>	<i>Actual</i>	<i>Remarks</i>
Director of Medical Services ...	1	1	
Deputy Director of Medical Services	1	1	
Assistant Director of Medical Services	1	1	
Ophthalmologist	1	—	
Medical Specialist	1	—	
Surgeons	3	3	Kuching, Sibü & Miri
Specialist-Alienist	1	1	
Senior Medical Officers	3	21	
Medical Officers	22		
Dental Officers	5	3	
Superintendents	9	8	{ 1 R.C.B.M. Hospital 2 S.M. Hospital 2 Health Superintendents 1 T.D. Superintendent 1 Med. Stores Supt. 1 Lab. Superintendent
Radiographer	1	1	
Principal Matron	1	1	
Matrons (Grade II)	3	2	
Sister Tutors	2	2	
Health Sisters	4	3	
Almoner	1	1	
Nursing Sisters	23	21	2 on temporary month-to-month terms.
Administrative Assistants	3	3	
Pharmacist	1	—	

28. 1962 has again been a difficult year, as far as the filling of specialist and medical officers posts is concerned. At the beginning of the year there were vacancies for an Ophthalmologist, a Medical Specialist and six medical officers. At the end of the year the two specialist vacancies remained unfilled but an Ophthalmologist has been selected and is due to arrive in the middle of January. In spite of the recruitment of four new medical officers, there were still five vacancies, two of which have been filled by medical officers recruited on a temporary basis. One local medical officer who returned to Sarawak after completion of his training in Singapore, on a Government Scholarship, in 1961, resigned during the year, a second failed to return to fill a vacancy held open for him, and a third, who was trained in Australia under Colombo Plan auspices also failed to return as expected.

29. At the end of the year all vacancies on the establishment of matrons, nursing sisters, health sisters and tutors had been filled with the exception of one health sister already selected but not due to arrive until February, 1963, and two nursing sisters, one already selected and due to arrive in February also. Three vacancies on the establishment were filled by nursing sisters locally recruited on a month-to-month basis.

30. The Assistant Director of Medical Services represented the Government of Sarawak at the Thirteenth Session of the World Health Organisation Regional Committee for the Western Pacific Region, held in Manila from September 20th to 25th and thereafter attended the Fourth Asian Malaria Conference from the 27th September to 3rd October. He also visited Taiwan to study malaria eradication in March, and attended a conference on cholera in Manila, in April. The Medical Officer-in-Charge of the First Division participated in a Seminar on Rural Health Services, held in Taiwan from November 21st to December 5th, by the World Health Organisation, and a Health Superintendent represented Sarawak at another seminar, held in Manila in October on Food Sanitation.

IV. VISITORS

31. The following distinguished visitors from overseas paid visits to Sarawak during the year either to give expert advice, or to inspect various aspects of the work of the department:—

Dr. W. W. Yung	—	WHO Area Representative, Epidemiological Station, Singapore.
Sir John Martin	—	Permanent Under-Secretary at the Colonial Office.
Mr. W. I. J. Wallace	—	Head of the Far Eastern Department Colonial Office.
Dr. W. L. Barton, M.B.E.	—	Government Liaison Officer to the Malaria Eradication Project in Zanzibar.
Dr. Oscar Felsenfeld	—	WHO Consultant, c/o Army Attache, American Embassy, Bangkok.
Professor C. Y. Chow	—	Regional Entomologist, WPRO, Manila.
Sir Dugald Baird	—	Prof. of Midwifery and Gynaecology, Aberdeen University, Scotland.
Sir Harry Wunderley	—	Colombo Plan Adviser on Tuberculosis.
M. A. Vaidyanathan	—	Deputy Regional Representative, United Nations Technical Assistance Board, Kuala Lumpur.
Dr. J. D. MacGregor	—	Chief Medical Officer and Director of Malaria Service, British Solomon Islands Protectorate.
Dr. Ling Ding Seng	—	Director of the National Malaria Service, Federation of Malaya.
Professor Ritchie Calder, C.B.E.	—	British Writer, on behalf of United Nations Agencies.

Mr. Jack Ling	—	Public Information Officer, UNICEF Regional Office, Bangkok.
Mr. S. Matsui	—	Director of the Colombo Plan Bureau.
Professor E. E. Rich	—	Master of St. Catherine's College, Cambridge.
Prof. Vere Hamsworth	—	Professor of Naval and Imperial History, University of Cambridge.
Mr. Lance Joseph	—	Third Secretary, Australian Commission, Singapore.
Dr. J. A. B. Nicholson, M.B.E.	—	Acting Director of Medical Services, North Borneo.
Dr. H. A. P. C. Oomen	—	Professor of Medical Nutrition, Royal Tropical Institute and University, Amsterdam.
Dr. J. M. Liston, C.M.G.	—	Chief Medical Officer to the Ministry of Technical Co-operation.
Dr. S. R. Sayampanathan	—	of the Ministry of Health, Singapore.
Dr. F. B. Rice	—	Chief Dental Health Officer of the WHO Headquarters in Geneva.
Professor N. A. Milone	—	WHO Consultant.
Dr. M. Postiglione	—	Senior Regional Malaria Adviser, WPRO, Manila.
Mr. F. E. L. Carter, C.B.E.	—	Deputy Director General of the Overseas Audit Service.
Mr. S. Polak	—	Area Representative, UNICEF, Bangkok.
Mr. Allan R. Tompson	}	Representative of Messrs. Leighton Irwin and Co. Pty. Ltd., Australia, Architects.
Mr. Eric D. Lyon		
Mr. Rod Le Rossignol		
Dr. F. F. Lorang	—	Anaesthetist from Australia.

V. TRAINING

(a) Overseas

32. During the year nine members of staff returned to duty, having completed the following training courses overseas:—

<i>Course</i>	<i>Number</i>	<i>Where taken</i>
Dentistry	1	Singapore
Post-graduate Medical (D. Path. & D. Ophth.)	2	United Kingdom
Dental Nursing	1	New Zealand
General Nursing	1 (Male)	United Kingdom
Health Inspection	3	Singapore
Leprosy — Operative techniques	1	India

33. In addition there were a further thirty-three Government sponsored students and eleven serving officers undergoing training in medical or para-medical subjects at the end of the year as shown in the following table, making a total of forty-four in all:—

<i>Course</i>	<i>United Kingdom</i>	<i>Malaya or Singapore</i>	<i>Colombo Plan Countries</i>	<i>Total</i>
Medicine	1	2	17	20
Dentistry	—	2	1	3
Pharmacy	—	—	1	1
Dental Nursing	—	—	8	8
General Nursing	4	—	1	5
Mental Nursing	1	—	—	1
Physiotherapy	—	—	1	1
Dental Mechanic	—	1	—	1
Social Welfare	—	—	2	2
Leprosy — physiotherapy	—	—	1	1
Radiography	—	—	1	1
				44

34. As in previous years, valuable help in the training of personnel of all kinds has been received from Colombo Plan countries, and in particular from Canada, New Zealand and Australia. Canada has already granted scholarships in Medicine to sixteen students and a further four have been chosen to go there very shortly. New Zealand is training four girls in dental nursing each year for the school dental service, and Australia is providing short courses in radiography, mental nursing, dispensing and operating theatre techniques in addition to degree courses in medicine and dentistry. Further offers of help under the Colombo Plan have recently been received from neighbouring territories such as Singapore and Malaya and this increasing assistance from countries in which conditions closely approximate to those pertaining in Sarawak, is particularly welcome. As a result of these offers, scholarships have been awarded to students to study dentistry, public health, dental mechanics and social welfare, in either Singapore or Malaya, and it is also hoped next year to send nurses for public health nursing training.

35. During the year two Colombo Plan scholarships were granted by India to a medical officer and a senior hospital assistant, for study courses at the Christian Medical College and Hospital, Vellore, South India. The former studied the operative treatment of leprosy patients suffering from deformities, and the latter preventive physiotherapy. It is planned to send another hospital assistant in 1963, for training in theatre technique, and post-operative ward care.

36. World Health Organisation fellowships were awarded, during the year to a medical officer to take part in a training course in the epidemiology and control of tuberculosis in Prague, and to an entomological technician to attend a training course in entomology, conducted by a W.H.O. Entomologist and members of the national staff of the North Borneo Malaria Eradication Project.

(b) Local

37. The departmental training of nurses and hospital assistants was fully maintained throughout the year. Twenty-six nurses and four hospital assistants passed their final qualifying examination in Kuching General Hospital, in 1962, and there were forty-six student nurses in training at the end of the year. In addition one student nurse and one student hospital assistant passed their final qualifying examination, and there were nine student nurses and hospital assistants in training at the Sarawak Mental Hospital. As reported in the 1961 Annual Report, no further male nurses are being recruited at present, except for the Mental Hospital. The eleven hospital assistants who were sent for special training in the diagnosis, treatment and prevention of the common diseases of the country, finished their course of training in August and ten of them were successful in the final qualifying examination. The eleventh will resit after a further six months training in Miri General Hospital. After their examination, the eleven hospital assistants received a two months' training in the diagnosis and treatment of leprosy, in the new B.L.R.A. training centre at the R.C.B.M. Hospital. During this period they also received some training in the control and treatment of patients suffering from mental diseases, given by the Specialist-Alienist, Sarawak Mental Hospital. They have all now been posted to outstation dispensaries.

38. The Divisional Medical Officer, Fourth Division, who supervised the training of these hospital assistants completed a "Handbook of Diagnosis and Treatment for Hospital Assistants" which has now been published in cyclostyled book form and distributed to all static and travelling dispensaries in the country. It will be the standard book of treatment for all hospital assistants in future, and the "Standard list of Drugs" mentioned later in paragraph 49 is based on this handbook.

39. Further courses of training for hospital assistants, in the nature of refresher courses for those already working in rural dispensaries, are planned for 1963.

40. The local training of X-ray technicians, laboratory technicians and dispensers, also continued at the General Hospital, Kuching, and in the Central Medical Stores, and Central Laboratory. Three dispensers passed their final qualifying examination. There were fourteen student laboratory technicians, three student dispensers and one student X-ray technician in training at the end of the year.

41. Following an informal meeting between the Medical Officer-in-Charge of the Central Laboratory, and the Secretary of the Institute of Medical Laboratory Technology in London early in 1962, a formal request was made for recognition of the Central Laboratory as a training centre for the purposes of the intermediate examination of the Institute. The Committee of the Institute gave its approval in July, and has also offered to try and arrange for their representative to visit Kuching during a forthcoming trip to Hong Kong where the intermediate examination is held each year. It is hoped to send selected members of the laboratory staff to Hong Kong to sit for this examination in future years, and perhaps later to send one or two of them to the United Kingdom for the final examination leading to the full A.I.M.L.T. diploma.

42. The "Home Help" scheme outlined in paragraph 32 of the 1961 Annual Report, continued during the year, and there were encouraging reports of the success of the scheme from several districts. The Travelling Dispensary Superintendent continued to train new "Home Helps" in remote areas thought to need

some kind of medical help, and also to supervise the work of those previously trained. By the end of the year, there were 261 of these voluntary workers scattered throughout the five divisions, that is an increase of 143 over the figure at the end of 1961. For financial reasons, and also due to lack of supervisory staff, the training of further "Home Helps" had to be curtailed towards the end of the year.

43. The training of entomological assistants and microscopists for the Sarawak Malaria Eradication Project continued under the direction of the World Health Organisation advisers, and the supervision of the senior Government staff attached to the Project. As already mentioned above, one entomological technician attended a special training course in entomology in North Borneo thus enabling him to give simple practical training to his subordinate staff.

44. The local training of midwives, in the Midwifery training school in Kuching, continued, and the first midwives trained according to the new two-year syllabus described in paragraph 34 of the 1961 Annual Report, qualified during the year. Sixteen trained nurses successfully completed their extra years' midwifery training to become fully-trained nurse-midwives, and a further sixteen girls qualified as trained midwives, after the full two years course of training. Fifty-one midwives, of whom seventeen are trained nurses, were in training in December.

45. In view of the fact that the help of hospital assistants in charge of rural dispensaries is often called upon, in emergencies by district midwives, a new scheme was started during the year to give hospital assistants some obstetrical experience. Five men in the Kuching General Hospital were first given a course of instruction, and this proved so successful that the syllabus has now been commended to other divisional hospitals.

46. In connection with the extension of the Tuberculosis Control Scheme to the Third Division, thirteen assistant health visitors recruited in Sibul completed their training in Kuching. One student radiographer, also recruited in Sibul, was given a course of training in Kuching by the Colombo Plan Radiographer.

VI. DEPARTMENTAL AND DIVISIONAL ORGANISATION

47. Appendices I, II and III show in the form of charts, the Departmental, Sectional, and Divisional Organisation of the Medical and Health Department.

48. Each Division now has a Divisional Medical Officer-in-Charge, but the full divisional staff as shown in Appendix III, is not yet available in all the Divisions. There are, for instance, only three health sisters available at present, one in each of the First, Third and Fourth Divisions, and the Maternal and Child Health Clinics in the Second and Fifth Divisions are supervised by the Health Sisters in the First and Fourth Divisions respectively. The "Rural Services Supervisors" shown on the same chart will be of senior hospital assistant status and provision has been made in the 1963 estimates for three such posts. These men will be responsible to the Divisional Medical Officer under whom they serve for the supervision of all static and travelling dispensaries, *ulu* dressers and home-helps.

49. During the year a Divisional Medical Officers' conference was held in Kuching, on May 22nd and 23rd. Matters of departmental policy were discussed

and standard lists of drugs and equipment for use in static dispensaries, in hospitals, and by *ulu* dressers and other medical auxiliaries were finally approved. These lists have been published in a cyclostyled book which has been distributed to all concerned.

VII. PREVENTIVE AND SOCIAL MEDICINE

50. Work was completed on the drafting of a comprehensive new Public Health Bill, which was taken through its various stages in Council Negri in December. It will come into effect on the 1st January, 1963. The new Ordinance deals with administration, notification, prevention and suppression of disease, the suppression and destruction of disease-bearing insects, water supplies, food and drugs, nuisances, offensive trades, sanitation and buildings, hospitals, maternity homes, nursing homes, health centres and mortuaries, and burials and exhumations. There is also a considerable volume of subsidiary legislation covering a large number of other public health subjects. The object of this Ordinance is to make better provision in the law relating to public health in Sarawak and to consolidate and bring up to date the existing law and to set it out in one piece of legislation.

51. In the First Division, the pit latrine project which was described in paragraph 57 of the 1961 Annual Report, under the heading of "Dysentery and Enteric Fever", made considerable progress during 1962, and achieved great success in certain areas. Over 450 latrines were constructed by the local people with advice and assistance from government. Aqua-privies were also installed in a large number of houses in Bau, Serian and Simunjan in the First Division. Both the Kuching Municipal Council and the Kuching Rural District Council held campaigns to clean up the town and rural *kampongs* during the year, and a similar campaign was held in Bau. The more immediate results were good, and similar schemes are being encouraged elsewhere.

52. Free protective inoculation against diphtheria, tetanus and whooping cough, is available in all Maternal and Child Health Clinics and free vaccination against smallpox is available generally at all government medical centres. Cholera vaccination is only free when undertaken as a specific health measure in the face of an outbreak such as occurred in November and December. There have been rather many sporadic cases of diphtheria reported, and inoculation campaigns have been carried out in certain areas of the country, especially in the First Division.

Health Education

53. Increased emphasis was placed on the public health and preventive aspects of their work, during the training of hospital assistants and midwives. The house-to-house visiting by the assistant health visitors attached to the Tuberculosis Control Scheme in Kuching, and latterly, in Sibu, has afforded an opportunity for the general principles of health education to be spread more widely, in addition to the more specialised advice given about tuberculosis. The small outbreak of cholera in the First Division in November and December also provided the department with an opportunity of stressing, once again, the dangers of poor environmental sanitation, and the need for cleanliness in the home and its surroundings, in the streets and markets and in all public eating places. As in previous years, lectures have been given by members of the department to scholars, student teachers, administrative cadet officers and clerical staff taking courses in the

civil service training centre, while visiting public health experts have been invited to give press and radio interviews, during their visits. Posters and pamphlets for distribution have been prepared by the Divisional Medical Officer, First Division, and will be printed early in 1963. In collaboration with the Information Office, two "Wall Newspapers" were prepared during the year, on tuberculosis and the "home help" scheme, and these were widely distributed to longhouses where they are displayed for all the community to see.

54. The Junior Chamber of Commerce in Kuching held a very successful Trade Fair, in July, lasting two weeks. The department had a stall at the Fair, organised by the Divisional Medical Officer, First Division. Thousands of people from all over the country visited the Fair, and great interest was shown in the exhibition of models, posters, and other health education material. The Department was awarded second prize, in the competition for the best exhibit by a Government Department.

School Medical Service

55. There is as yet no separate school medical service, providing regular medical examinations of school children. But, with the co-operation of the Education Department it has been possible to ensure that more attention is given to the teaching of simple rules of hygiene to school children. The draft of a new publication, prepared by the Education Department, entitled "Health Education for Borneo Schools" was submitted for approval by the Medical Department. It is intended as a guide for teachers in the upper primary school classes. A new proposed science syllabus for junior secondary schools was also referred by the Education Department for comment. Returns of heights and weights of children in various schools have been supplied regularly as suggested by the World Health Organisation Regional Adviser on Nutrition. A report on these entitled "Heights and Weights of School children in Sarawak" is presently being studied. In certain schools where adequate supervision is available, supplies of U.N.I.C.E.F. dried Skimmed milk have been provided as a supplement to the diet of the pupils. Vitamin A and D capsules have also been requested from U.N.I.C.E.F., for distribution to these schools. The Divisional Medical Officer, First Division, carried out a medical inspection, in May, of all pupils at the Dragon School, a government secondary school twenty-four miles from Kuching. This included Mantoux testing to determine the tuberculosis state in rural school children.

Maternal and Child Health Services

56. The maternal and child health services, which are mainly the responsibility of local authorities, have continued to expand. As at 31st December there were 448 trained midwives on the register, of whom 168 were in Central and 103 in Local Government employment. The first of the Local Authority midwives to complete the new two years' syllabus, returned to their own areas towards the end of the year. The increase in the length of the course has allowed time for them to be given a more general training in the public health aspects of their work, in addition to fitting them better for their more specialised duties as district midwives in charge of rural Maternal and Child Health Clinics. A Government health sister was posted to Miri, for the first time, in October, and will supervise the Maternal and Child Health services in both the Fourth and Fifth Divisions. There are now three health sisters supervising this work in all five divisions. In addition the Sibu Urban District Council now has its own fully-trained health sister—a local girl who has recently returned from New Zealand where under Colombo Plan

auspices she obtained her health visitor certificate. This will allow the Government health sister in Sibu to give her undivided attention to her divisional duties in future. In Kuching, the clinics are still run by Central government staff, but the arrival of the Kuching Municipal Council Medical Officer of Health early in 1963, will make it possible for the Council to take over these services. Three new local authority clinics, in Simanggang, Miri and Limbang are due to open shortly, and U.N.I.C.E.F. has been asked to supply the necessary equipment for the new clinic buildings. Staff to run them have already been trained, or are in the course of training at the midwifery training centre in Kuching.

Dental Health

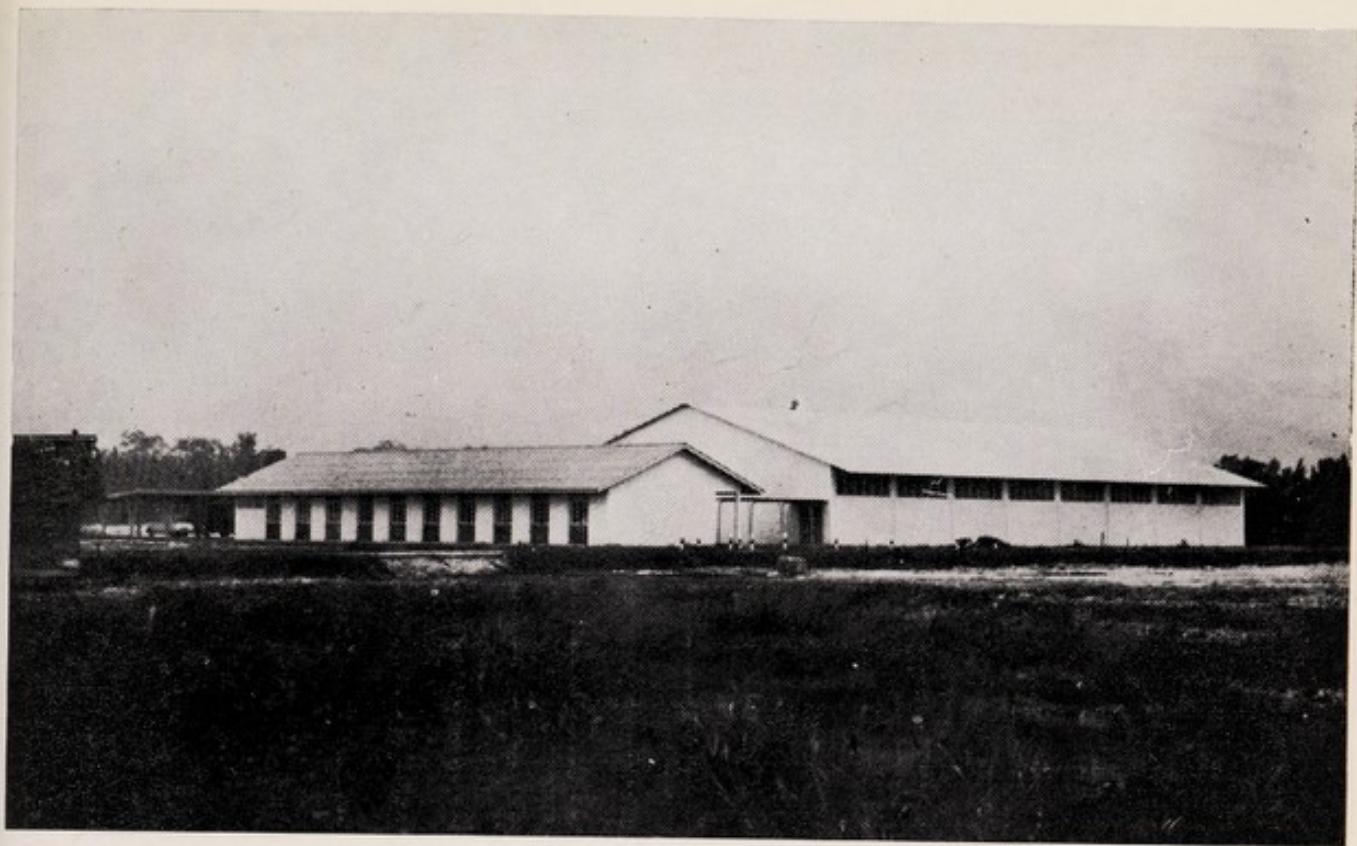
57. The present establishment of dental officers is four. During the year one retired from the service and his place was taken by a local girl who had just completed her training in Singapore, under a Government Scholarship. During the latter half of the year, one of the four officers was on leave, and as a result it became necessary to close the Miri clinic temporarily. Visits were paid to Miri on three occasions however by dental officers from Kuching, and Simanggang was also visited three times. At both these centres static equipment is available for the use of the visiting dentist. At the beginning of the year there were two dental nurses in Kuching and one in Sibu, but the Sibu girl resigned in March, on marriage. Another dental nurse returned from training in New Zealand under Colombo Plan auspices in May. Four more girls left in September for New Zealand to start their two years training, and four more are due to go in 1963. The Superintending Dental Officer gave several lectures on dental health during the year, to teachers in the Teachers Training College at Batu Lintang. He also paid visits to three large schools in the Kuching area, in an attempt to assess the dental requirement of school children in an urban area.

58. Work on the fluoridation of water supplies in Sarawak continues. By the end of the year Simanggang, Serian, Marudi, Sarikei and Binatang water supplies were all being treated at a level of 0.7 parts per million. The Chief Dental Officer to the World Health Organisation, Geneva, Dr. F. B. Rice, paid a visit to Sarawak in November and saw the fluoridation plants at Serian and Simanggang in operation. The Fluoridation Advisory Committee, of which the Superintending Dental Officer is a member, held regular meetings to review progress and to assess the results already obtained. Detailed figures of the work done by the Dental Services during 1962 will be published in Part II of this report later in the year.

Mental Health

59. The new Mental Health Ordinance, passed by Council Negri in November, 1961, came into effect on the 1st January, 1962. Some amendments and additions to the Regulations were made during the year.

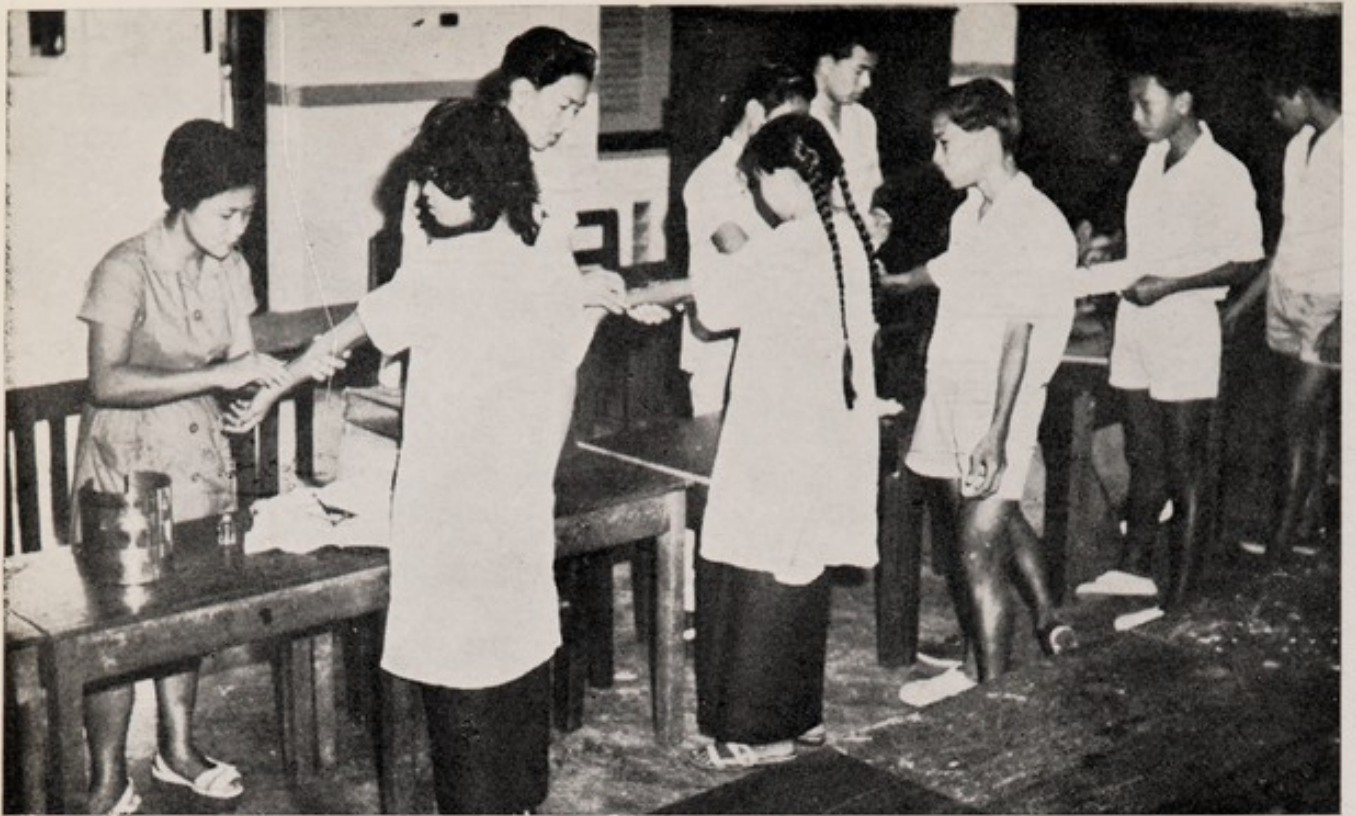
60. The trend towards the acceptance by more and more inpatients of voluntary treatment, has continued. There has also been a steady increase in the number of patients treated at outpatient psychiatric clinics rather than as inpatients in the Sarawak Mental Hospital. The Sibu outpatient service has now been running for a full year, where clinics have been held by senior staff from the Sarawak Mental Hospital, every twelve to fourteen days. As a result, there has been a considerable reduction in the number of patients requiring admission to hospital. During 1962 it was agreed to supply all static dispensaries with psychotropic drugs used for the follow-up treatment of patients discharged from hospital. By this



The New Central Medical Stores and Manufacturing Laboratories, at Tanah Puteh, Kuching.
(See paragraph 131).



A Sarawak Malaria Eradication Project worker spraying a longhouse. (See paragraph 61).



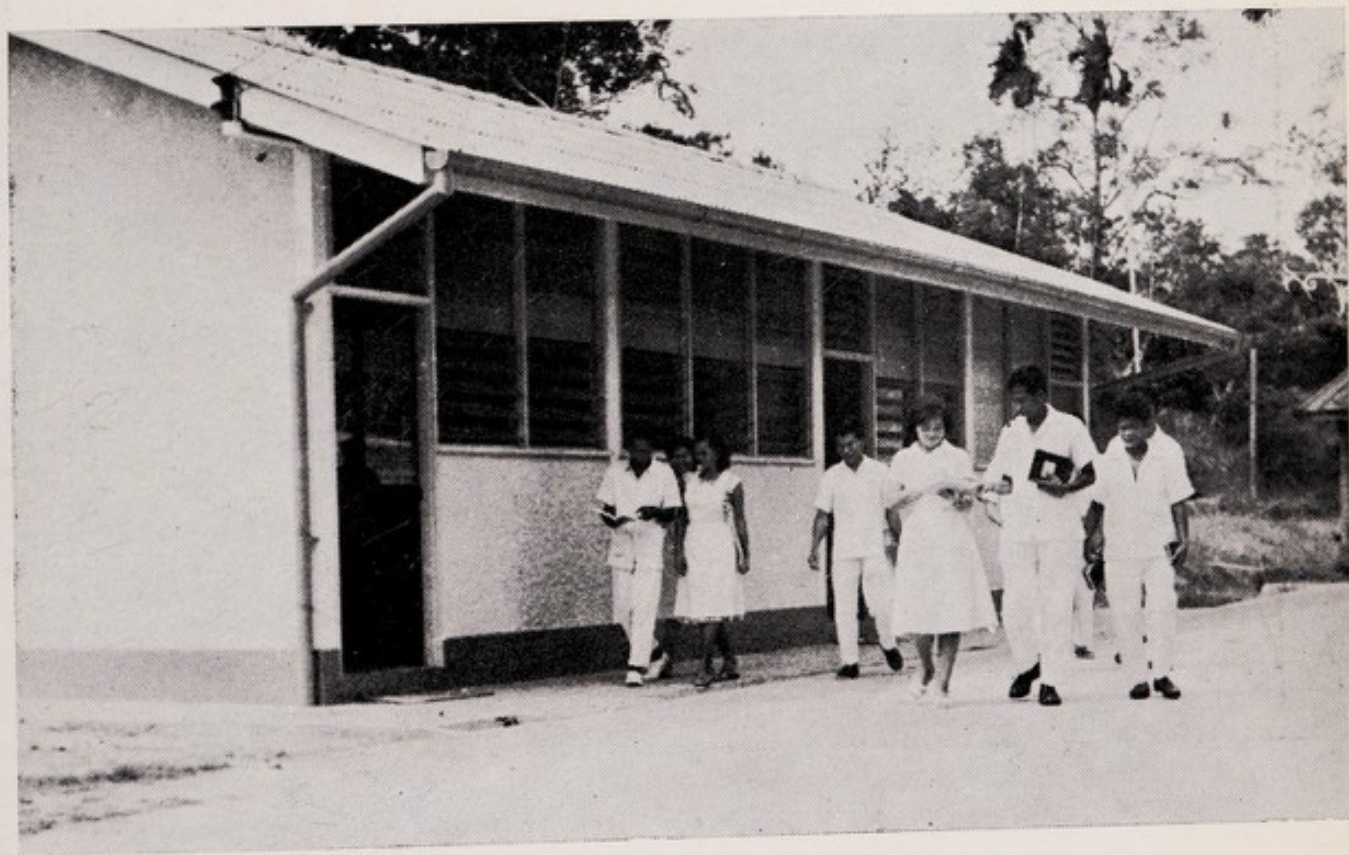
Mantoux testing of school children in a Malay School by staff of the Tuberculosis Control Project. (See paragraph 65).



An Assistant Health Visitor (Tuberculosis) explains the drug regime to a patient, during a domiciliary visit. (See paragraph 67).



Above, the students hostel, and below, the classroom at the Rajah Charles Brooke Memorial Hospital, built with funds donated by the British Leprosy Relief Association.
(See paragraph 108).





The official opening ceremony of the new Dispensary at Bekenu, Fourth Division.
(See paragraph 98).



The new garden at the Sarawak Mental Hospital. (See paragraph 103).

means it is hoped to reduce the re-admission and relapse rate. Hospital Assistants attending refresher courses are now being given instruction in the follow-up care of mental patients. A more detailed account of the work done in the Sarawak Mental Hospital will be found in the section on Special Hospitals. Figures of admissions and discharges and other statistics will appear in Part II of this report to be published later.

VIII. EPIDEMIC AND ENDEMIC DISEASES

(a) Malaria

61. The Sarawak Malaria Eradication Project proceeded according to plan. In what are now called the "border areas" supporting approximately one-fifth of the population of Sarawak it has not yet been possible to interrupt transmission. This is due largely to the absence of eradication measures in Kalimantan.

62. The rest of the country containing four-fifths of the population is in consolidation and is well covered by active and passive case detection. Every effort was made to increase the passive case detection system with a view to future reduction in the number of active case detection units when areas are placed in the maintenance phase. Investigation and the radical treatment of all cases was carried out in all consolidation phase, and in most attack phase, areas.

63. In January, 1963, the Revised Plan of Operations covering the period 1961-63 was signed by the World Health Organisation, and the Sarawak Government. An advance from M.E.S.A. funds to cover local costs was requested and received towards the end of the year. The Project received continued assistance from a W.H.O. Advisory Team consisting of a Malariologist, Entomologist, and Sanitarian.

64. The project will be described in greater technical detail, together with relevant statistics, in Part II of this report.

(b) Tuberculosis

65. The Tuberculosis Control Project made considerable progress. Activities continued in the Kuching Municipal Council area, where all schools, and five of the nine municipal wards were covered before the end of the year.

66. In October, staff of the Project moved to Sibu to start activities there. They had been recruited from the Third Division in 1961, and received their training in Kuching in preparation for their eventual transfer back to Sibu. At the same time peri-urban communities living across river from Kuching were visited by Project staff, and approximately 1,700 pupils, were Mantoux tested.

67. Mass miniature radiography continued in Kuching and was started in Sibu. Sputum examinations were carried out in appropriate cases and treatment with INH or PAS and INH instituted when considered necessary. Assistant health visitors made frequent home visits to check on defaulters. Alterations were carried out to the A.T.A.S. Chest Clinic to improve record keeping, filing and sputum collection. This has speeded up the flow of patients through the clinic.

68. Colombo Plan assistance continued during the year. The Colombo Plan nursing sister and the radiographer continued with the training of Kuching and

Sibu staff. Supplies of tuberculin, vaccine, films, and drugs arrived on schedule, from Colombo Plan sources.

69. The project is described in greater technical detail including relevant statistics, in Part II of this report.

(c) Leprosy

70. There have been two major advances in the field of leprosy treatment during 1962. Firstly, two members of the staff, a medical officer and a senior hospital assistant, have received specialised training in the Christian College and Hospital, Vellore, South India, as a result of which surgical treatment started during the year, in the small theatre at the Rajah Charles Brooke Memorial Hospital the equipment for which was generously provided by the British Leprosy Relief Association. The Association also provided tools to equip a workshop where artificial limbs and special footwear for patients can now be made. The services of the physiotherapist, jointly sponsored by the British Red Cross Society and the British Leprosy Relief Association, have been of great benefit to crippled patients, and over a hundred patients regularly attend twice weekly sessions for massage and exercises.

71. The second major advance has been in the field of training of hospital assistants, destined for posting to rural dispensaries throughout the country. As reported in the 1961 Annual Report, the British Leprosy Relief Association made a generous grant of £5,734 towards the building of a training centre and hostel, at the R.C.B.M. Hospital. This centre was completed during the year, and the first batch of trainee hospital assistants took up residence in September, for a two months course of training in the diagnosis and treatment of leprosy. This course was most successful, and it is planned to hold further courses of a similar nature, in 1963. Fuller details of the work done in the R.C.B.M. Hospital will be found in the section on Special Hospitals and statistics will appear in Part II of this report.

(d) Endemic Goitre

72. Although the Third Division is now adequately provided with iodised salt, prepared at the salt-iodisation plant in Sibu, it has unfortunately not been found possible to install a similar plant in Kuching to cover the First and Second Divisions, as planned. This has been due to the difficulty of finding suitable accommodation for the plant, and to inadequate information regarding the importation and subsequent distribution of salt, after its arrival in Kuching. Detailed information has now been collected and the problem is being given further study.

(e) Dysentery and Enteric Fever

73. Inpatient returns for 1961, showed that dysentery was the second most common condition treated in the wards of the four main hospitals, and typhoid fever, including paratyphoid, took eighth place. Outpatient statistics for the same year showed that the commonest group of conditions seen was that relating to diseases affecting the digestive system including worm diseases, diarrhoea, enteritis and dysentery. No less than 110,168 cases belonging to this group were treated out of a total of 440,854. Of this number, 30,000 were cases of diarrhoea and enteritis. During 1962, the same picture has emerged and the relevant statistics will appear in Part II of this report. After tuberculosis, enteritis is the most pressing public health problem in Sarawak. The new Rural Health Improvement

Scheme, already described in paragraph 25 of this report, is being launched in an effort to improve environmental sanitation in rural areas, and so reduce the incidence of these intestinal diseases, which are due mainly to poor or in many cases non-existent sanitary facilities and polluted water supplies. The fact that typhoid fever has not assumed epidemic proportions in spite of the frequency of its occurrence, is presumably due to the fact that there are no community water supplies in the *ulu*, while in towns and bazaars where piped supplies are available, the water is fully treated.

(f) Trachoma

74. In the absence of an ophthalmologist during the year it was not possible to consider further plans for the control of this disease. News of the appointment of an ophthalmologist was received, towards the end of the year, and it is hoped that he will arrive in Sarawak early in 1963. The Divisional Medical Officer, First Division, reports that, in addition to trachoma and conjunctivitis there appears to be quite a degree of Keratomalacia which may be a contributing factor. The distribution of U.N.I.C.E.F. "Vitamin capsules" should help to prevent this.

(g) Quarantinable diseases

75. An account of the outbreak of cholera in the First Division has already been given in Chapter II, General Review. No cases of smallpox, plague, yellow fever, louse-borne typhus or louse-borne relapsing fever occurred during the year.

IX. HOSPITALS AND DISPENSARIES

(a) General Hospitals

76. The new Sarikei Hospital containing forty beds completed in March was not fully commissioned until November. The opening of this new hospital should to some extent relieve the pressure on the Lau King Howe Hospital, Sibul, especially in the fields of traumatic surgery and abnormal midwifery. With the opening of the new network of roads leading to Sarikei, this hospital will later serve the Saratok area of the Second Division, and some areas in the Third Division which, in the past, looked to Sibul for hospital treatment.

77. Alterations to the General Hospital, Kuching, led to an increase in the total number of beds available, from 342 to 369. The distribution of beds in the six Government hospitals, as at 31st December, 1962, was as follows:—

Hospital	General	Obstetrics	T.B.	Infections	Mental	Total
1. Kuching General Hospital	234	49	76*	10	—	369
2. Lau King Howe Hospital, Sibul	171	32	48	19	10	280
3. Simanggang General Hospital	65	4	36	—	—	105
4. Miri General Hospital	77	10	61	—	—	148
5. Limbang Hospital	12	—	—	—	—	12
6. Sarikei Hospital	40	—	—	—	—	40
	599	95	221	29	10	954

* Including twenty beds in an annexe seven miles from Kuching.

78. To this total can be added 129 beds in mission hospitals, the majority of which are for obstetrics. The largest of these hospitals is a general hospital of forty-six beds, situated at Kapit, in the Third Division and run by the Methodist Mission. It contains X-ray and operating theatre facilities and has two doctors, a dentist and a pharmacist on its staff. The other mission hospitals are run by the Roman Catholic Mission at:—

Serian	—	First Division	—	12 beds
Sarikei	—	Third Division	—	10 beds
Mukah	—	Third Division	—	5 beds
Kanowit	—	Third Division	—	40 beds
Long San	—	Fourth Division	—	16 beds
				129

79. There is therefore a total of 1,083 general beds in the country or one bed per 687 of the population, excluding the special beds for the treatment of leprosy and mental disorders. This compares with one bed per 724 of the population in 1961.

General Hospital, Kuching

80. This hospital serves Kuching and district, the whole of the First Division and that part of the Second Division which has easier access to Kuching than to Simanggang. With the opening of the new Sarikei Hospital, however, it is expected that most of these Second Division patients will eventually be treated there, rather than in Kuching Hospital. During 1962, alterations to the hospital have increased the total number of available beds from 342 to 369, and there will be a further increase in 1963 when the building previously occupied by the Central Medical Stores Section, is converted into offices and training accommodation for nurses and midwives, thus releasing extra ward space in the hospital itself. Maintenance and re-decoration of the hospital buildings by the Public Works Department, has been regularly done throughout the year, and there has been a general improvement in the facilities in wards and other departments.

81. The addition to the staff of the physiotherapist sponsored jointly by the British Red Cross Society and the British Leprosy Relief Association, has been most valuable and welcome. Her services are shared by the General Hospital and the Rajah Charles Brooke Memorial Hospital, to the great advantage of both.

82. The facilities at the Tuberculosis annexe at seventh mile, have been considerably improved during the year. The buildings have been re-painted, both inside and out, ceilings have been fitted in all the rooms making them much cooler, and glass louvred windows have been installed. A cook has been employed to cook for those patients not able to fend for themselves, thus increasing the usefulness of this unit.

83. The Health Centre, which deals with all outpatients in Kuching with the exception of senior Government officers and their families, treated large numbers of patients though hampered at times by a shortage of staff and frequent changes in personnel.

84. Due to difficulties in recruiting Specialists and Medical officers, the staff of the hospital and health centre has been below strength all year. The shortage of locally trained nursing staff is steadily improving each year as the

Training School turns out more trained nurses. In anticipation of an intake of about thirty additional student nurses early in 1963, work has started on an extension to the Nurses Home.

The Lau King Howe Hospital, Sibü

85. The main effort during the year was directed towards the better employment of available space and the improvement of the services provided within the existing resources of the hospital. The main improvement was the reorganisation of the outpatient department with the institution of special clinics for diabetic, cardiac and medical cases. The hospital office was moved from the outpatient department and the space made available was converted into a chest clinic. By moving the miniature X-ray unit from the west to the east wing of the department it was possible to group all the tuberculosis services in the east wing and the majority of the outpatient services in the west wing. It is planned later to move the dental clinic to new premises and utilise the space for special clinic consulting rooms, so that eventually all general outpatient services, including laboratory facilities will be grouped together in the west wing of the department. The conversion of the old miniature X-ray room to a card record room has resulted in an improvement in the flow of patients through the outpatient department, and an extra consulting room for preliminary screening of patients by hospital assistants or nurses, has helped also in this direction. A medical officer is now available on an almost full-time basis for this department, as a result of an improvement in the medical staff situation in the hospital.

86. To improve the space available for nursing and isolating sick children, the childrens' ward was transposed with the female medical ward. This has proved a successful move. A reception room for admission has been set up near the hospital entrance and has resulted in the smoothing out of a number of minor difficulties. The room is staffed by a trained hospital assistant from 6 a.m. to 9 p.m. and he is in addition responsible for the preliminary work involved in the examination of recruits for Government service.

87. Other improvements to the hospital include the completion of the filling of the hospital compound and its drainage, the installation of a new R/3 X-ray set in the main X-ray room of a new 70 mm. Odelca camera unit for mass miniature radiography in the chest clinic, better drying facilities in the laundry and the provision of a light paging system for the medical staff. Plans were prepared for the addition to the obstetric wards of a reception and labour unit, but lack of funds has postponed further consideration of this meantime.

88. The staff situation in the hospital improved during the year by the addition of one medical officer and one nursing sister.

Simanggang General Hospital

89. There have been a few minor improvements made to the hospital during the year, including the completion of the re-tiling of floors and bathrooms and the repainting of all the buildings, air-conditioning of the laboratory and dispensary store, and the installation of venetian blinds in the wards. A quarter to accommodate two nursing sisters was completed and occupied in March.

90. The completion of the Kuching to Simanggang trunk road has made access to Simanggang much easier, and has opened up large areas of the First and Second Divisions, previously very isolated. As a result the work done in the hospital has increased appreciably during 1962. Inpatient returns for the first nine months of the year exceeded the total admissions for the whole of 1961. Fuller details will be included in Part II of this report.

Miri General Hospital

91. Alterations to the children's ward of the hospital, and the conversion of the old teaching block, to a ward, helped to improve the general over-crowding arising from the increase in admissions. The Tuberculosis section of the hospital, with sixty beds underwent no major alterations during the year. The steady increase in work in the hospital, described in paragraph 83 of the 1961 Annual Report, continued during 1962.

92. During the latter part of the year, the Divisional Medical Officer has done clinical work in the hospital when not involved in divisional administrative duties. Having obtained the Diploma in Ophthalmology during his leave, he has been able to take over the ophthalmological work in the Fourth Division, and so compensate to some extent for the lack of a Specialist Ophthalmologist.

93. The first training course for hospital assistants, was completed in August, and ten of the eleven students successfully passed the final qualifying examination.

Government Hospital, Limbang

94. Work in the small hospital has steadily increased since the posting of a medical officer to the Fifth Division in August, 1961. During 1962 a Mobilix X-ray machine was installed and numerous minor works completed, such as the provision of an incinerator, bicycle and laundry sheds, extra furniture and medical equipment. The provision of radiological facilities for the examination of cases of tuberculosis has led to the establishment of a large and well-attended chest clinic at the hospital, to which cases are referred from the static and travelling dispensaries in the division, and by the staff of the Borneo Evangelical Mission in Lawas. The staff of the hospital was increased by the addition of a clerk and an additional assistant nurse.

Government Hospital, Sarikei

95. As already mentioned in paragraph 76 of this chapter, this forty-bed district hospital came fully into operation in November. Prior to the opening of the wards, the nursing sister in charge conducted a training course for assistant nurses. During the two months of its operation, it was increasingly evident that full use would be made of the facilities available by the population in Sarikei and the surrounding areas.

(b) Static and Travelling Dispensaries

96. There were thirty static dispensaries and ten travelling dispensaries in operation throughout Sarawak at the end of the year. This compares with thirty static and twelve travelling dispensaries on January 1st. Bekenu dispensary opened during the year, adding one to the list of static dispensaries, but in March, Sarikei dispensary became the outpatient department of the new hospital there, so the total remains the same. The new Daro dispensary was still under construction at the end of the year. Belaga dispensary was replaced by a new building and the new dispensary buildings at Marudi were completed. The sites of new dispensaries at Muara Tuang in the First Division and Pusa in the Second Division were chosen, though work has not yet started on the buildings.

97. Due to the replacement of the travelling dispensaries by static dispensaries at Simunjan and Bekenu, the number of travelling dispensaries has dropped from twelve to ten. However, a certain amount of travelling is still done, on a limited scale, by the hospital assistants at both places, as is the case at some other

dispensaries in the country for example Lawas, and Sundar. The only travelling road dispensary, which is based on Kuching and is under the control of the Divisional Medical Officer, First Division, extended the scope of its activities, following the appointment of a full-time hospital assistant to run it. It now pays weekly visits to *kampongs* and bazaar on the Matang, Penrissen and Simanggang roads reaching as far as Abok in the Second Division.

98. The enthusiasm with which new medical facilities are welcomed by local people, can be gauged by the following account of the official opening of the new Bekenu Dispensary, a photograph of which appears in the centre of this report.

"People of all races in Subis District gathered at Bekenu on the 6th of July to witness the official opening of the new dispensary. Many people had come considerable distances from both upriver and downriver Sibuti and from Niah. The ceremony was held at 5 p.m., and was preceded by the firing of Chinese crackers. Speeches were made by the Sarawak Administrative Officer, Bekenu; the Chairman of the Subis District Council; Tua Kampong Sabeng; Penghulu Mancha; and Sim Kheng Hong, Kapitan China, Bekenu. All the speakers expressed the extreme pleasure of the people in the district for having at last a static dispensary of their own, and their great satisfaction at having such a fine building. The Divisional Medical Officer, Fourth Division, in his speech stressed that the completion of Bekenu Dispensary was another step forward in the fulfilment of Government's policy to improve services to people living in rural areas, and mentioned the Sarawak Malaria Eradication Project, the new training course for hospital assistants and the training of home helps as other examples of the ways in which Government was trying to improve the lot of rural dwellers. He then cut the ribbon across the entrance with a pair of gilt scissors presented by Mr. Sim Kheng Bok, Bekenu. Following the ceremony a party was held in the dispensary, through the generosity of numerous businessmen in the Bekenu area. Coloured lights decorated the dispensary for the ceremony, through the kindness of the Kapitan China, Bekenu."

99. The number of restbeds in static dispensaries is now 217 as shown below:—

<i>First Division</i>	<i>No. of Restbeds</i>
1. Bau Dispensary	4
2. Lundu Dispensary	4
3. Serian Dispensary	5
4. Tebakang Dispensary	4
5. Nonok Dispensary	3
6. Simunjan Dispensary	5
<i>Second Division</i>	
7. Lubok Antu Dispensary	4
8. Engkilili Dispensary	5
9. Lingga Dispensary	7
10. Sebuyau Dispensary	7
11. Betong Dispensary	15
12. Spaoh Dispensary	8
13. Debak Dispensary	0
14. Saratok Dispensary	6
15. Kabong Dispensary	10

<i>Third Division</i>		<i>No. of Restbeds</i>
16.	Binatang Dispensary	12
17.	Matu Dispensary	6
18.	Dalat Dispensary	6
19.	Mukah Dispensary	8
20.	Balingian Dispensary	6
21.	Kanowit Dispensary	10
22.	Julau Dispensary	14
23.	Song Dispensary	8
24.	Kapit Dispensary	4
25.	Belaga Dispensary	8
<i>Fourth Division</i>		
26.	Marudi Dispensary	10
27.	Bintulu Dispensary	14
28.	Bekenu Dispensary	10
<i>Fifth Division</i>		
29.	Lawas Dispensary	10
30.	Sundar Dispensary	4
Total		217

The decrease of two restbeds compared with 1961 is due to the deletion of Sarikei Dispensary with twelve beds, replaced by the forty-bed hospital, and offset by the addition of the ten restbeds in Bekenu Dispensary.

100. There are fifty-one *ulu* dressers throughout the country, distributed as follows:—

	<i>Number</i>	<i>Employed by</i>
First Division	7	6 Local Authority 1 Community Development
Second Division	9	All Government
Third Division	5	2 Government 3 Local Authority
Fourth Division	26	24 Government 2 Local Authority
Fifth Division	4	All Government
Total	51	

As already reported in paragraph 17 of Chapter I of this report, all the non-government *ulu* dressers are being absorbed into the Government establishment on January 1st, 1963, and will thereafter come under the direct supervision of Divisional Medical Officers and their supervisory staff.

X. SPECIAL HOSPITALS

(a) Sarawak Mental Hospital

101. The Psychiatric Specialist reports that in mental health work the most serious hindrance to a better appreciation of the patients troubles, is the language difficulty. There are so many different languages and dialects spoken that no staff member is able to cover more than a small number of patients for a detailed study of the individual. At the best, vocabularies are limited, and this makes group activities and communication between patients very difficult. Contact with patients, through such media as, occupational therapy and the patients' social club, are therefore very important, and constantly being reviewed and improved. The language difficulty is one reason, for outpatient treatment rather than hospitalisation, being preferred wherever possible. This allows the patients' family to play their part in the therapeutic care of the patient, with whom they can maintain contact. For the same reason, a small number of day patients have been treated at the hospital, as in previous years.

102. The senior staff position remained the same as in previous years namely one Psychiatric Specialist and two Superintendents, one in charge of administration and the other of nursing. A local hospital assistant who returned from New Zealand two years ago having obtained his R.M.N. certificate, is due for promotion to the post of male charge nurse, on the nursing sisters salary scale, at the beginning of 1963. A second hospital assistant has been awarded a government scholarship to study mental nursing in the United Kingdom. Two nurses passed their final qualifying examination during the year and nine probationer nurses entered the second year of their training course.

103. With the co-operation of staff of the Department of Agriculture, a soils survey was made of hospital land behind the hospital buildings, with a view to extending the outdoor activities of male patients. The land has now been cleared, vegetables and fruit trees planted, and the possibility of poultry-keeping explored. Four courses of training for hospital staff were held, each lasting two to four weeks on the practical aspects of vegetable and fruit growing, poultry-keeping and fish ponds. Further courses on the same subjects are planned for other hospital assistants during 1963.

104. The Psychiatric Specialist contributed an eighty-page article entitled "Folk Psychiatry in Sarawak with a Tentative System of Psychiatry" to an anthology of folk psychiatry edited by Dr. A. Kiev of the British Institute of Psychiatry. In the preparation of this he was assisted by a Dayak hospital assistant who holds the R.M.N. qualification, and by Museum and Education Department staff.

105. The hospital took part in the Trade Fair organised by the Kuching Chapter of the Sarawak Junior Chamber of Commerce, and a wide variety of goods which had been made by patients in the occupational therapy department of the hospital were displayed and sold at the stall. A weaving loom, operated by a patient was also on display. The proceeds went to the patients' welfare fund.

106. During the year, an increased number of visitors, including district councillors from outlying districts, sports delegations, students and teachers, visited the hospital and were shown round. This is an encouraging trend, and is welcomed by the hospital staff.

(b) The Rajah Charles Brooke Memorial Hospital

107. The treatment of all patients suffering from leprosy in Sarawak, Brunei and North Borneo is carried out at the Rajah Charles Brooke Memorial Hospital at 13th Mile, Penrissen Road near Kuching which can accommodate 400 patients, or more if required. The medical care of the patients is supervised by the Medical Officer-in-Charge of the Kuching General Hospital, while a colleague with special training in surgical rehabilitation is responsible for the operative work. The hospital is run by a lay superintendent and a small staff of hospital assistants. The Physiotherapist attached to the General Hospital, also visits the R.C.B.M. Hospital twice weekly, and holds massage and exercise sessions for those in need of preventive and post operative physiotherapy. There has been a marked improvement in many of them, and they all enjoy her visits. An attendant at the hospital spent three months in the Sungei Buloh Leprosarium, Malaya, on a course of training in the making and fitting of artificial limbs, and special footwear, and is now in charge of the workshop, equipped by a grant from the British Empire Leprosy Association. This new venture is proving a great success, in the prevention of foot ulceration. An article describing the making of the original artificial limbs earlier in the year, written by the superintendent was published in the October edition of the Leprosy Review.

108. The two buildings designed for the accommodation and training of hospital assistants, and built and equipped with a grant provided by B.L.R.A. were completed in June. The first course of training was conducted from September to November. The eleven hospital assistants attending the course, received practical training in prevention, diagnosis, treatment, the ward care of patients, and dispensary work. All new patients, all patients suffering from reactions, and those about to be discharged were examined by the students. Lectures were given by the hospital staff, and clinical demonstrations by the Medical Officer-in-Charge. These young men were presented with their hospital assistants' certificates by Dr. J. M. Liston, C.M.G., Chief Medical Officer to the Department of Technical Co-operation, and formerly Director of Medical Services in Sarawak during his official visit to the hospital in October. They have now been posted to rural dispensaries where the follow-up treatment of discharged patients, and the detection of new cases, will be part of their duties. The discharge of smear-negative patients and their treatment on an outpatient basis was started for the first time during the year. This has been well received by the patients as it enables them to return home earlier, and so attend to their domestic affairs. As more and more hospital assistants are brought in for refresher courses, this new trend will expand, and should result in others in need of treatment coming along at an earlier stage in the disease.

109. Other buildings completed during the year including a new pump-house in which two new water pumps have been installed. Work has started on two new staff quarters, due to be completed early in 1963, and on alterations to the sanitary blocks attached to the hospital wards. A new generating set, to supply amongst other things additional electric power for the operating theatre, has been ordered and is due for installation early in 1963.

110. In addition to the work done by patients in the workshops, gardens, the school, and the treatment centre, some also work in the hospital wards as attendants. These patients received training from the hospital assistants, and now help in the routine work in the wards.

111. Under the direction of the Warden, the school continues its work amongst the children. There are complications due to the varying ages and

standards of education, but all pupils derive considerable benefit from the classes held. Art and handicrafts play a big part in the school curriculum, and the services of a teacher from the Batu Lintang Training College to assist in teaching these subjects, are greatly appreciated. For the first time, one of the young patients sat and passed the Sarawak Junior Certificate examination, under the supervision of Red Cross voluntary workers. He is very anxious to become a teacher, and has been given every help and encouragement by a tutor from the Batu Lintang Training College.

112. Several visits were paid to the hospital by guest parties of entertainers from Sarawak and Malaya, and these were enjoyed by the patients and by the large number of non-patients from round about who now turn up whenever a concert is scheduled in the hospital. As in former years, regular help was received from the Kuching Division of the British Red Cross Society, and voluntary helpers paid fortnightly visits to distribute gifts and reading material, and generally to help and encourage the patients. The Salvation Army Girls Home continued to give invaluable help by looking after babies born to patients in the hospital. Clergy of different denominations visited regularly, and gifts were received from various sources including the Chinese Chamber of Commerce, the Turtle Board Trust, the Social Welfare Council, the Muslim Welfare Association and the Anglican Youth Association.

XI. SPECIALISED SERVICES

(a) Ophthalmic Services

113. Another year has passed without the services of an Ophthalmic Specialist, though word was received towards the end of the year that a suitable applicant had been appointed, to fill the vacant post. A medical officer returned from study leave in the United Kingdom, however, having obtained the Diploma in Ophthalmology, and his services in this direction have been available to a limited extent, in the Fourth Division. It was not found possible for the Military Authorities in Singapore to release their ophthalmologist for visits to Sarawak as in 1961, due to pressure of work.

114. In the Health Centre, Kuching, the eye clinic continued its routine work, under the Senior Hospital Assistant, trained originally by the late Dr. Wallace. Statistics of the work performed will be included in Part II of the report.

(b) Dental Services

115. A brief report of the activities of this section has already been given in Chapter VII. Dental health statistics will be included in Part II of the report.

(c) Pathological Laboratory Services

116. The process of unification of all pathological laboratory services in Sarawak, which commenced during 1960 under the direction of the Medical Officer-in-Charge of the Central Laboratory was virtually completed during 1962. Nearly all the techniques employed in the various laboratories have now been standardised. When the older members of the technical staff have had the benefit of refresher courses, a levelling of standards throughout the laboratories should result.

117. In November the first of three annual visits was paid by a team of research workers from the Medical Research Council in London, to study encephalitis in Sarawak. This research programme is being jointly financed by the Medical Research Council and the Sarawak Government. The team consisting of three doctors is accommodated in the building at 7th Mile, previously occupied by the First Division S.M.E.P. Unit. The Medical Officer-in-Charge of the Central Laboratory has been working in close co-operation with the team during their two months visit. Further visits are planned during 1963 and 1964 to collect additional material and examine further patients.

118. Histopathological work previously referred to the Institute for Medical Research in Kuala Lumpur, is now carried out in the Central Laboratory, Kuching, which also serves as a reference centre for all problems encountered in divisional laboratories and for many special investigations which cannot be performed in them. The Central Laboratory in addition, has continued to function, as the training centre for all technical staff, and as the clinical pathological laboratory for the Kuching General Hospital and its subsidiary units.

119. A new laboratory was opened in Sarikei Hospital during the year, and a trained technician was posted to it.

120. The day-to-day bench training of student technicians has been the responsibility of the four sectional heads in the Central Laboratory, under the overall supervision of the Medical Officer-in-Charge. There were fifteen pupil technicians, seven in their final year of training (one being trained for Sibuan Urban District Council Maternal and Child Health Clinic) four in their second year and four in their first year. As reported in Chapter V, Training, paragraph 41, recognition was given by the Institute of Medical Laboratory Technology, to the Central Laboratory as a training centre for the Intermediate examination for Associateship of the Institute. It is hoped in the future to send selected staff with the necessary qualifications to sit this examination.

121. The Medical Officer-in-Charge paid a visit to Jesselton, at the request of the Director of Medical Services, North Borneo, to advise on ways of developing the laboratory service. It has been agreed to make facilities available in Kuching to train some of their technical staff, as part of the programme of co-operation between the Medical departments of the two territories.

122. A small extension was added to the Central Laboratory building enabling the entire Blood Transfusion Service to come under the direct supervision of the Medical Officer-in-Charge. The Kuching Division of the Red Cross Society continues to be responsible for the organisation of the blood donor panel, but all the technical work connected with the collection, typing and storing of the blood is carried out by the government laboratory staff. This has generally improved the storage and handling of donor blood and the easier management of the Bank with a great reduction in the wastage of valuable blood. The standard of serological work in connection with blood transfusions has also been improved, thanks to the help received from the staff of the Medical Research Council Blood Group Reference Laboratory who performed genotyping of staff members.

123. The Central Syringe Service in the Kuching General Hospital which is run by the laboratory, was expanded in August, exactly two years after its inception as a pilot scheme, to cover the whole hospital.

124. In the divisional laboratory attached to the Lau King Howe Hospital, Sibuan, the allocation of an additional room has made a marked difference to the

running of the laboratory, but accommodation is still inadequate. It is hoped later to obtain further accommodation in the outpatient section, as already mentioned in paragraph 85 of this report, and to move the Blood Bank into closer proximity with the laboratory as has been done in Kuching.

(d) X-ray Services

125. There are now X-ray units attached to the hospitals in Kuching, Simanggang, Sibü, Sarikei, Miri and Limbang, in the Chest Clinics in Kuching and Sibü, and in the Health Centre, Kuching. A new R/3 X-ray set was installed in the main X-ray room of the Lau King Howe Hospital, Sibü, and the old double twin set has been sent to Singapore for overhaul before being installed in Sarikei Hospital where at present, only a Mobilix unit is available. A new 70 mm. Odelca mass miniature radiography unit has also been installed in the chest clinic in Sibü, replacing the old 35 mm. set. In the Health Centre, Kuching, alterations have been made to allow an X-ray room with small dark room attached, to be made available for the Mobilix machine, previously housed in the adjacent Chest Clinic. This will enable outpatient X-ray work to be done on the spot, in future.

126. One member of the staff attended a nine months course in practical radiography at Melbourne, Australia, and is due to return to Kuching early in 1963.

(e) Physiotherapy Services

127. The arrival of an experienced physiotherapist from the United Kingdom, sponsored jointly by the British Red Cross Society and the British Leprosy Relief Association, has been of great help to the General Hospital, and Rajah Charles Brooke Hospital, Kuching. In addition to the practical work she is doing amongst patients, she is also helping to establish and organise a physiotherapy department in the General Hospital, and to advise on the ordering of new equipment, for the physiotherapy section of the new Kuching General Hospital.

(f) & (g) Surgical and Obstetrical Services

128. Details of the work done by these specialised services will be included in Part II of the report.

(h) Maternal and Child Health Services

129. There has been steady progress in the field of maternal and child health, and posting of a health sister to the Fourth and Fifth Divisions is a welcome development. It is hoped that the maternal and child health services in Kuching will be taken over by the Kuching Municipal Council following the arrival of their new Medical Officer of Health, early in 1963. In Sibü, the Sibü Urban District Council Clinic and the domiciliary work in the council area, have now been completely taken over by Council staff, following the return from New Zealand of a staff who was successful in obtaining her health visitors' certificate, under a Colombo Plan scholarship. The part-time services of the government health sister have now been withdrawn, and she will in future devote her full-time services to the supervision of divisional maternal and child health and other health activities such as the Tuberculosis Control Project, in the Third Division.

130. Plans are in hand for the setting up of new local authority clinics in Simanggang, Miri and Limbang. Staff are in training in Kuching, and U.N.I.C.E.F. has been asked to provide the necessary equipment.

(i) Medical Stores Services

131. The main event of the year was, of course, the completion and occupation of the new Central Medical Store buildings at Tanah Puteh, in October. The storage facilities, and the productive capacity of the manufacturing laboratories have been greatly improved as a result. A new 27 punch rotary tableting machine, a double-conical dry mixer, a bottle washing machine and other modern equipment were installed and have made this new section one of the most modern in the South East Asia region.

132. The post of pharmacist remained vacant throughout the year. The new post of Senior Storekeeper created in 1962 to replace the post of Chief Dispenser, was filled, and this has relieved the superintendent to some extent. A trained dispenser was promoted to the rank of senior dispenser, and three student dispensers passed their final qualifying examination and were promoted to trained dispensers, during the year. Three new student dispensers were recruited and commenced training.

133. The Central Medical Store continued to handle stores for the whole country, except in respect of supplies consigned direct to Sibu by the Crown Agents. Due to excessive heat from the sun, it was necessary during the year to air-condition the Store at Simanggang Hospital.

XII. VOLUNTARY ORGANISATIONS

134. The Social Welfare Council has continued to act as the central welfare agency to which Government funds for welfare work are paid over for distribution to various charitable organisations in Sarawak.

135. The Sarawak Branch of the British Red Cross Society has continued its work of relief for the victims of fires and other disasters, the training of first-aid workers, the organisation of blood transfusion services in Kuching, Miri and Simanggang and the running of a transit hostel in Kuching for patients and their relatives and friends, from distant places, who require some place to stay for a day or two, when visiting Kuching for medical attention. The Red Cross physiotherapist, jointly sponsored by B.L.R.A. has been of great help to the spastic and crippled children attending the classes held at Red Cross Headquarters.

136. The Anti-Tuberculosis Society of Sarawak (A.T.A.S.) has maintained its interest in the anti-tuberculosis project in Kuching and voluntary workers have assisted in various ways such as counting and packaging P.A.S. and I.N.H. tablets. An honorary almoner has investigated all cases requiring food parcels or other assistance. Funds were provided for a reception counter at the new chest clinic attached to the Lau King Howe Hospital, Sibu. The two tuberculosis longhouses at Marudi and Bintulu in Fourth Division maintained by the Miri branch of A.T.A.S. have continued to provide accommodation for patients on routine treatment.

137. The Sarawak Society for the Blind, commenced the building of its training centre early in November, and a few weeks later the foundation stone was laid by His Excellency the Governor. Present at the ceremony were Mr. and Mrs. Babonau, senior executive officers of the Royal Commonwealth Society for the Blind, now in Borneo to assist in blind training and rehabilitation work. The Babonaus will visit Sarawak in 1963, when the centre has been completed, to organise the first training courses there.

138. The Salvation Army has continued its invaluable work in maintaining homes for boys and girls requiring care and attention and for the aged. Children born to parents with leprosy, in the Rajah Charles Brooke Memorial Hospital, have also been looked after in the Girls Home.

139. The Sibü Benevolent Society maintains a Nursing Home in Sibü and an old peoples home "McCarthy Lodge" at Salim on the Rejang river. The former is for aged men and chronic cases of tuberculosis. A medical officer from the hospital in Sibü, visits it periodically. The caretaker has been trained as a "home help". The latter accommodates old people of both sexes. A sub-committee of the Benevolent Society looks after the blood donor panel, as there is no branch of the Red Cross Society in Sibü.

Other Voluntary Agencies

140. In Miri, a home for aged paupers is run by a voluntary relief committee. In Kuching, a Home for the Aged is maintained by the Sarawak Social Welfare Council. It is situated twelve miles from Kuching on the Simanggang Road, and accommodates 130 old people. There is a new hospital ward for thirty patients which is run with the help of Roman Catholic nuns and is visited regularly by the Divisional Medical Officer, First Division.

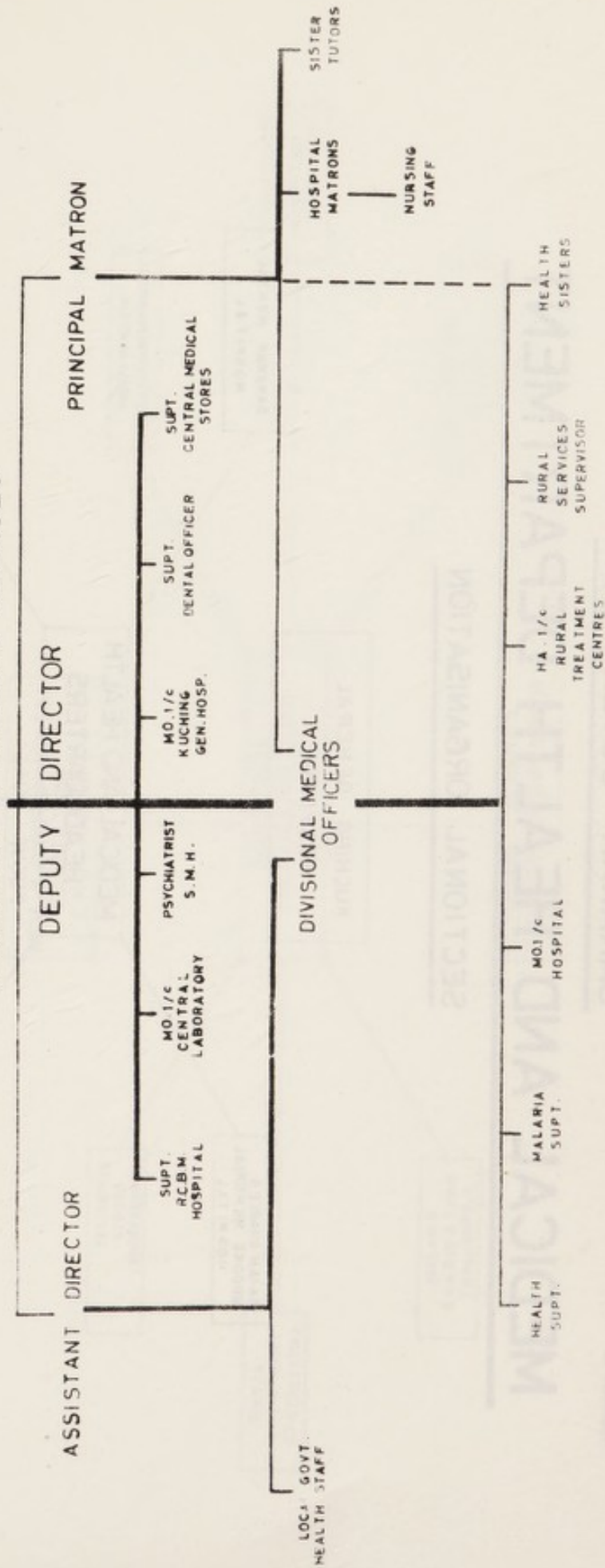
141. Other organisations such as the Chambers of Commerce, the various Chinese, Dayak and Malay Associations, the Corona Society and Church organisations have given voluntary assistance in different ways to hospitals and other medical institutions.

Kuching, 4th January, 1963.

SARAWAK GOVERNMENT

MEDICAL AND HEALTH DEPARTMENT

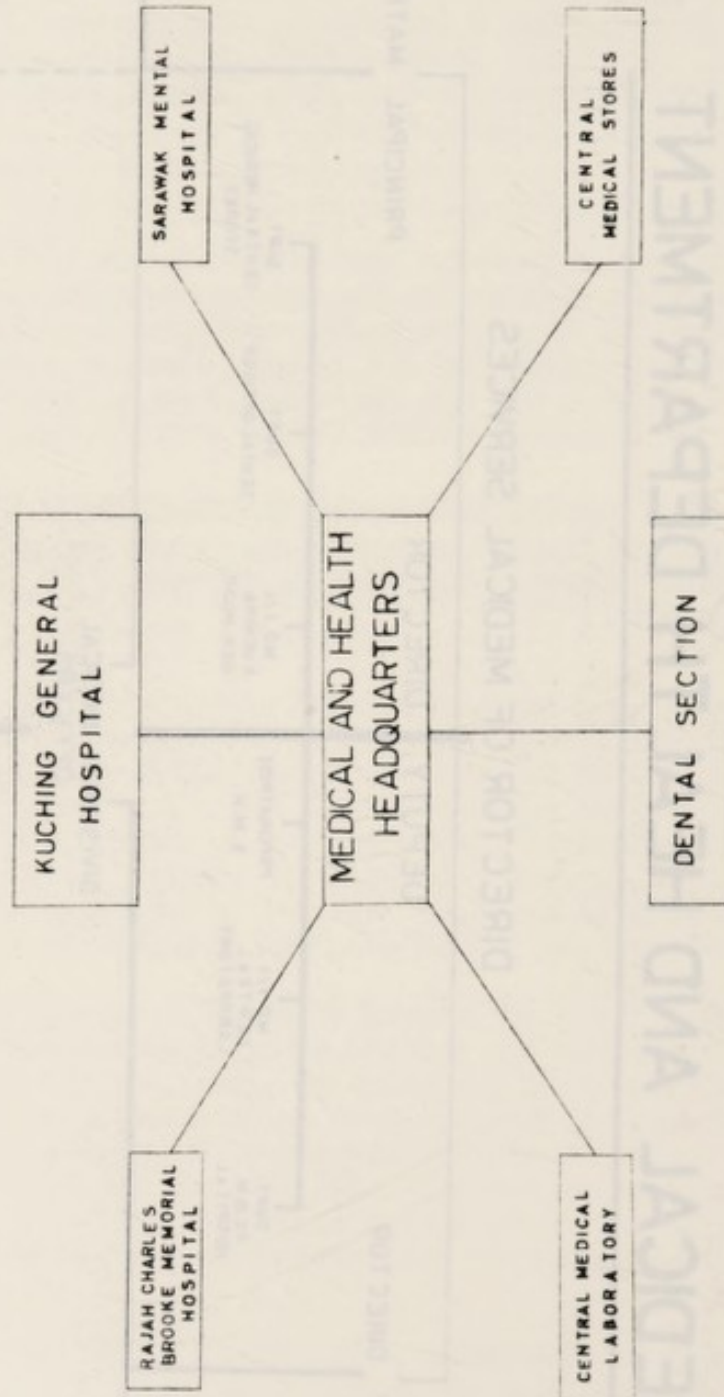
DIRECTOR OF MEDICAL SERVICES



SARAWAK GOVERNMENT

MEDICAL AND HEALTH DEPARTMENT

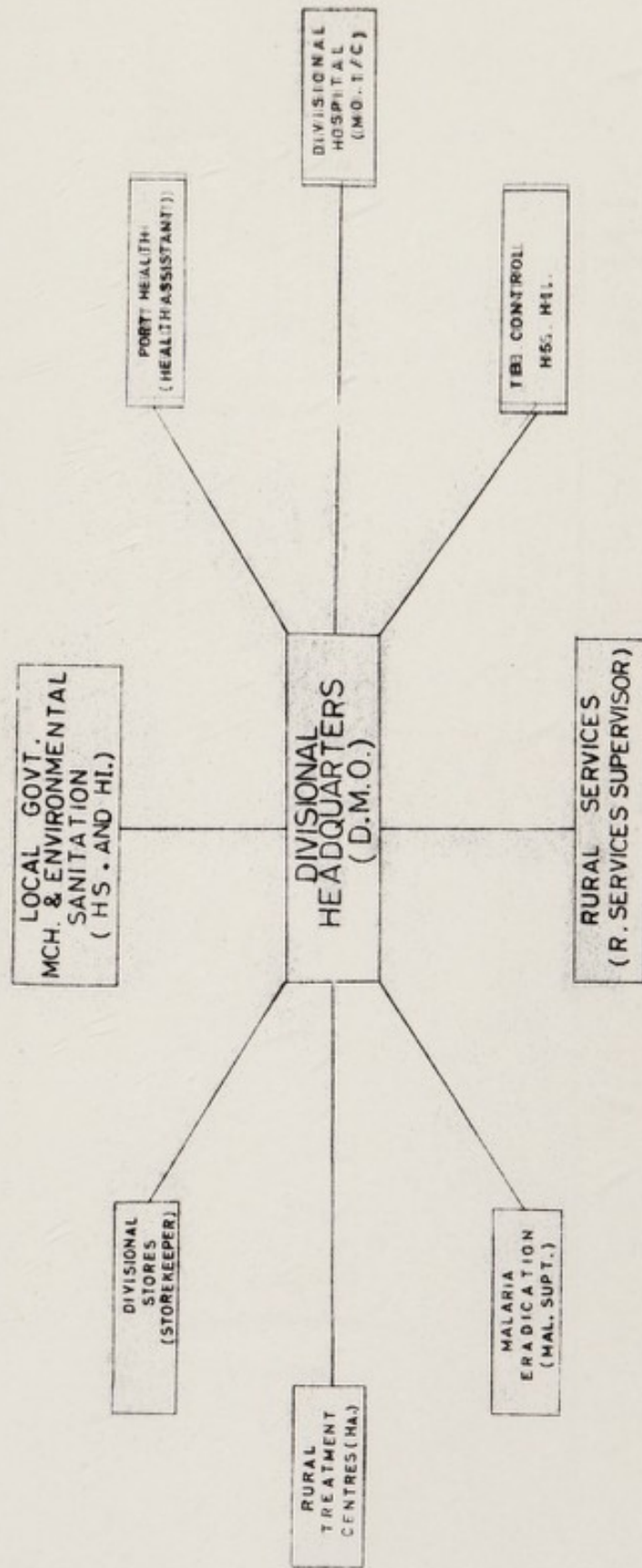
SECTIONAL ORGANISATION



SARAWAK GOVERNMENT

MEDICAL AND HEALTH DEPARTMENT

DIVISIONAL ORGANISATION



SARAWAK GOVERNMENT

MEDICAL AND HEALTH DEPARTMENT

SECTIONAL ORGANISATION



МЕДИЦИНСКОЕ И ОТЕЧНОЕ ДЕПАРТАМЕНТ

САРАВАК ПРАВИТЕЛЬСТВО