

THE STUDENT HEALTH SERVICE, UNIVERSITY OF MALAYA

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This resumé of work done at the Student Health Clinic at the University of Malaya in Kuala Lumpur is to show the problems encountered in running a Health Service for University students.

Arts	870
Science	384
Engineering	252
Agriculture	96
Medicine	40
Education	35

The service caters for all students, resident and non-resident and for non-academic staff who draw a salary of less than \$300/-month. Members of the academic staff make occasional use of it.

According to sex:—

	Men	Women
Arts	552	318
Science	303	81
Engineering	252	—
Agriculture	91	5
Medicine	35	5
Education	11	24
	1,244	433

During the session 1963 – 1964 there were approximately 1,700 students. This number, when broken up into the numbers in each faculty, consists of:—

According to the chief racial groups there were in the various faculties:—

	Malay		Chinese		Indian		"Others"	
	Male	Female	Male	Female	Male	Female	Male	Female
Arts	236	69	208	183	95	63	13	3
Science	14	1	238	62	46	19	4	—
Engineering	2	—	220	—	27	—	3	—
Agriculture	11	1	71	4	9	—	—	—
Medicine	8	—	24	4	3	—	—	1
Education	4	6	4	12	2	6	1	—
	275	77	765	265	182	88	21	4
	352		1030		270		25	

"Others" include Eurasians and Europeans.

In 1963/64 there were 4,436 visits to the Clinic. Of these 4,055 were from the students, 248 from the non-academic staff, 133 from the

academic staff members and their families.

The student visits according to the Faculties were as follows:—

Arts	1,455	i.e. per student	1.7	visits.
Science	999	— do —	2.6	..
Engineering	1,032	— do —	4.0	..
Agriculture	457	— do —	4.8	..
Medicine	62	— do —	1.5	..
Education	50	— do —	1.4	..

Of the 4,055 visits:—

Respiratory ailments accounted for	1,778	visits
Gastro Intestinal	— do —	338 ..
Skin	— do —	335 ..
Psychiatric	— do —	228 ..
Skeletal	— do —	176 ..
Accidents, mostly minor	— do —	129 ..
Eye ailments	— do —	81 ..
Ear	— do —	50 ..
Nervous system	— do —	10 ..
Genito urinary	— do —	20 ..

The remaining visits were for the various immunisations against tetanus, polio, or nothing abnormal was found. A brief note on each group follows:—

Respiratory Infections

Of the 1,778 ailments relating to the respiratory tract, 1,681 were for upper respiratory tract infections characterised by at least two of the following — could sore throat, fever and cough. Throat swabs were usually negative for ordinary bacteria and the clinical picture was that of a virus infection. If the patient exhibited high fever, muscular pains and sore throat, swabs were taken, inoculated into broth, packed in ice and despatched with 10 cc of serum to the Virus Research Officer at the I.M.R. for examination to detect influenza virus. From one of these specimens a variant of Influenza A. virus was isolated which is being studied at the Walter Reed Institute in the U.S.A.

The Student Health Centre thus serves to alert the Health Authorities to any outbreak of influenza by newer strains of the influenza virus.

Upper respiratory tract infections with a similar clinical picture can be caused by many viruses. Cross immunity to these do not exist and if a few different strains are introduced into the campus at the beginning of the term, the infections due to these can spread and persist throughout the University community. Hence the large number of upper respiratory infections in the student population. Twelve episodes of Bronchial asthma and two cases of pneumonia were also treated.

T. B.

The Xrays of eight students who applied for admission showed shadows due to healed or early tuberculosis. Their sputums were all negative and they were admitted. They registered with the Chest Clinic, K.L. and were supervised by the Chest Clinic Authorities regarding treatment and re Xraying.

The Mass Xray Unit visited the Campus during the First Term. One thousand students submitted themselves for Xray, no positive cases were detected among them. Of the students who did not Xray themselves, two were later found to have developed T.B. and had to have treatment.

Gastro Intestinal System

Duodenal Ulcers	...	...	...	...	7
Dyspepsias characterised by transient epigastric pain and nausea					78
Abdominal Colics	...	...	...	...	55
Irritable Colon	...	...	...	...	24
Food poisoning, staphylococcal	...	...	...	...	28
Haemorrhoids	...	...	...	...	44
Infestations consisting of					39
a) Ascaris	...	...	...	...	12
b) Ankylostoma duodenale	...	...	...	...	7
c) Trichuris Trichiura	...	...	...	...	17
d) Strongyloides stercoralis	...	...	...	...	2
Aphthous ulcers	...	...	...	...	16
Fissure-in-ano	...	...	...	...	1
Acute appendicitis	...	...	...	...	2
Infective Hepatitis	...	...	...	...	2

The methods of treatment adopted might be of interest:—

Peptic ulcer: Pain responded in most cases to antacids, tranquillisers, anti cholinergics and stilboestrol in small doses. Two cases required admission, one for severe pain and one for melaena. Dyspepsias responded to a combination of antacids, anti-cholinergics and tranquillisers.

Colics: Anticholinergics and tranquillisers.

Staphylococcal Food Poisoning: Anticholinergics and codeine phosphate.

Haemorrhoids: If there was no response to liquid paraffin and suppositories — they were injected with phenol in almond oil.

Aphthous ulcers: Prednisolone tablets 5 mgm were allowed to dissolve in contact with the ulcers.

Ascaris & Hookworm: Bephenium.

Trichuris, strongyloidiasis: Dithiazanine.

Skin Ailments

Infections like pustules, abscesses, carbuncles	116
Dermatitis, allergic and contact ...	111
Seborrhoea capitis	33
Seborrhoeic dermatitis of face ...	2
Tinea pedis and cruris	57
Urticaria	51
Tinea versicolor	13

Other conditions treated included herpes simplex, ichthyosis, leucoderma, phthirus pubis infestation, hyperhidrosis of palms and soles, acne, warts (planter and palmar), lichen simplex. Many students worried about excessive falling hair and their prospects of going bald. One case of Hydradenitis suppurativa defied all forms of treatment including Xray.

The following methods of treatment were employed:—

Urticaria: Attempts to find the offending food or inhalant usually failed. Antihistamines were used, but if excessive drowsiness was complained of, small doses of steroids, i.e., prednisolone 15–20 mgm daily for 1–2 days rapidly relieved the urticaria without interfering with the students' attendance at lectures.

Dermatitis: Calamine lotion, topical steroid ointment, e.g., fluocinolone acetonide.

Tinea pedis & Cruris: Castellani's paint, tineafex ointment, powder. Griseovin F.P. tablets — depending on the acuteness of the lesion.

Tinea versicolor: Sulphur and Salicylic ointment.

Acne: Restriction of excess fats, carbohydrates, Sulphur and resorcinol paste or Sulphur containing lotion to face. In cystic infected cases, tetracyclines.

Leucoderma: Meladine paint for small patches.

Plantar warts: Podophyllin 20% in Tr. Benzoin Co. applications.

Palmar warts: If long standing — cauterisation.

Psychiatric and Psychomatic Complaints

There were 288 visits with complaints belonging to this group.

According to the faculties:—

Arts	114
Science	57
Engineering	40
Agriculture	17

This means that 1 in every 7.5 students in the Arts Faculty, 1 in every 6.8 students in the Science Faculty, 1 in every 6.5 students in the Engineering Faculty reported with some psychiatric or psychomatic complaint. The sex ratio was overwhelmingly male. Only 1 in 23 was a female.

Approaching this problem in another way, 275 consecutive students who visited the clinic were asked whether they had any problems relating to their family, money, studies, girl friends, health. Thirty-seven had — giving again a ratio of 1:7.4 The largest group (13) was about their studies, they felt they were not up to the mark, or they had insufficient time for their studies or they were repeating and were worried as to whether they would pass their examination this time. The next group (9) were worried about their health, the third group were worried about their insufficient financial resources.

Analysing the former group of 238 students; three patients all Chinese, two men and

one woman were schizophrenic and withdrew from the University for further psychiatric treatment. Seventy four were overt cases of anxiety depression. One hundred and sixty seven complained of one or more of the following — insomnia, weakness, tiredness, lethargy, apathy, blackouts, "dizzy spells" — which were really somatic manifestations of anxiety or depression.

Anxiety and depression are common in this age group whether in the University or not. Many experience "identity crises" during which they are trying to formulate their own standards, and to be more or less independent of the ways of life they learned from their parents. This period of ideological confusion is characterised by anxiety, the intensity of which depends on how strict the individual upbringing has been and how strongly he is revolting against it. In most cases it is felt as a vague feeling of dissatisfaction which can manifest itself as weakness, lethargy, apathy, "dizzy spells," etc. The individual does not like to feel vaguely anxious, but gets some measure of relief by focussing this free floating anxiety onto minor physical ailments or deformities, attaching to these a quite unjustified significance.

In many, this sort of attachment is a safety valve and it is better for the students' mental health to tolerate it for some time, letting the student talk about his present trouble and other problems till he satisfactorily finds his own identity himself. Conversion to a strong religious faith or to a political ideology is a satisfactory temporary solution. Such strong religious or political movements do not exist in this University. Many students, as will be shown later, prefer to follow no religion or belong to some religion only in name. Political societies do not exist. Other societies, i.e., Literary-Dramatic Society, Christian Fellowships, Music Society, various Language societies exist, the membership in these is insignificant compared to the number of students in the University. Most students when they enter the University cut down their extra curricular activities and interests and devote all their attention to their studies. Out of 275 consecutive students questioned, only 70 said they had some recreation in the form of games. Those who did not do so claimed

that their studies left them no time for such activities. The consequent boredom results in a multitude of complaints, outstanding among which are tiredness and lack of energy in otherwise physically normal individuals.

Three main factors therefore account for this large group of psychiatric complaints.

1. Worry about performance in their studies, the existence of financial problems, real or imagined ill health, or less commonly upset about a girl friend who has not written or whose loyalty is in doubt.
2. The existence of an "identity crisis" in most students of this age.
3. The lack of interest in extracurricular activities, and the lack of participation in sports.

The following brief notes on a few selected cases will illustrate the types that are encountered at the Clinic: —

1. Male, 20, complaining of feeling feverish daily for the last 3 years. No clinical abnormality found in this shy, inhibited student. Later paranoid symptoms directed against other fellow students led to a diagnosis of schizophrenia and he was referred for specialist psychiatric treatment.
2. Male, 21, with difficulty in sleeping for the last 3 months. On questioning admitted being upset about girl friend in a foreign country who had found new friends.
3. Male, 20, with pain inside and round the Rt. eye — diagnosed as migrainous neuralgia — relieved when he could visit his girl friend in Penang.
4. Male, 26, felt feverish, cold and so tired that he had not attended lectures for about two weeks. In a hypnotic trance he visualised the face of one of his lecturers staring at him. It turned out that he had not submitted his thesis to this particular lecturer. Aware of the nature of his symptoms he felt better and resumed his studies.
5. Male, 24, panic attacks with palpitations. As a child had been over-protected by his mother in the absence of his father. Had

been told by astrologer that this was a dangerous period for him. This had coincided with his reading in the Readers Digest about heart attacks. Reassurance in a hypnotic trance, and tranquillisers controlled his panic attacks adequately enough for him to sit through his examination.

6. Female, 20, writers cramp and attacks of dyspnoea — Parents strongly disapproved of her boy friend who belonged to a different religion — Improved with explanation and reassurance.
7. Male, 20, complains of excessive tiredness. No physical abnormality but admitted complete lack of interest in the subject he was offering.
8. Female, 21, complained of fever, insomnia, afraid of being alone in the night — Her brother had been involved in an accident in which one other had died, though the brother was safe.

Preexamination & Examination Strain.

The month preceding the examination is a period of strain to many students who complain of nervousness, severe enough to impair their studies and to prevent their sleeping soundly. In all cases judicious use of small doses of tranquilisers during the day and hypnotics at night helped them to tide over a difficult period.

However during the examination, the strain became abnormally severe in 10 students and took the following forms:—

1. Male, Arts, 2nd yr. — Collapsed in the Examination Hall in middle of his paper, claiming that his "mind was a blank," said that he had slept only 2-3 hours every night for the preceding two weeks. Was advised to rest for a couple of days with sedatives at night and resume his examination — but failed badly even in his subsequent papers and was asked to leave the University.
2. Male, Arts, 1st yr. walked out of the Examination Hall halfway through the paper claiming, that due to emotional upset arising out of a quarrel with his

roommate, he could no longer proceed with the examination. Persuaded to resume his examination with Drinamyl 1 tablet to help him.

Subsequently passed his examination.

3. Female, Arts, 1st yr. walked out agitated in the middle of her paper — Claimed that the tension was too great. Despite persuasion refused to continue with her paper — Having done well in the other papers she was allowed to sit for the missed papers when she would sit for her next examination.
4. Male, Agriculture, 1st yr. walked out at the beginning of his paper claiming that his mind was a blank — Persuaded to resume the examination.
5. Male, Science, Final yr. Nausea, vomiting feverish during the examination, severe enough to warrant a diagnosis of gastritis. But had a similar episode during the previous year's examination at which a diagnosis of gastritis had been made and the patient was admitted to the General Hospital. This time a firm line was adopted and with the aid of largactil and drinamyl went through with his examination and was successful.
6. Male, Science, 2nd yr. walked out in the middle of his paper as he felt he could not concentrate any more and was feeling very drowsy — Claimed he had had no sleep for the previous 2-3 nights and was virtually falling asleep on my table — Was allowed to have a few hours sleep and resume his examination in the afternoon. He was subsequently allowed to sit for the supplementary examination in the paper he had not completed.
7. Male, Agriculture, 2nd yr. collapsed after a morning paper and lay on his bed with eyes closed and arms and legs twitching. When I saw him, it was clear that the movements were hysterical and he was persuaded to open his eyes. Promptly he reached for his notes and was trying to read through them before the afternoon paper. He failed in 3 out of 4 subjects, but was allowed to sit for a supplementary examination in them.

8. Male, Final yr. Science felt too nervous to enter the examination hall. With some persuasion and Amphetamine he plucked up enough courage and went in. Immediately after the paper he was carried into the clinic and collapsed on the examination couch, claiming he was exhausted. A weekend followed this paper during which he was sedated but I was called again into the examination hall on Monday morning as the student was feeling faint. With 5 mgm of Dexedrine he rallied round and completed his examination and was successful in it.
9. Arts, 1st yr. Male developed severe occipital headache following the first day's paper. Was admitted to the General Hospital the same evening as a case of suspected subarachnoid haemorrhage. No abnormality was found and he was discharged.
10. Female, Arts, Final yr. Developed vomiting, prostration immediately before and during the examination. With largactil, drinamyl and reassurance she was able to complete her examination and pass it.

Treatment

Anxiety and depression were treated by interviews, where the students' personal and family history and their home situation were gone into and an effort made to trace the source of their symptoms. If the anxiety was due to transient stresses, small doses of Librium 5-10 mgm tds or Trilafon 2-4 mg tds helped to tide the student over this brief period. Similar attacks of depression responded to Drinamyl in small doses of 5 mg B.D. Other drugs like the Monoamine oxidase inhibitors like Nardil or the imipramine compound Tofranil take about ten days to show any results and moreover their value in neurotic depression is disputed. Amphetamine for a brief period brought relief and put them in a better mood during which they were able to see their problems in a different light. Once the drug is withdrawn, usually in about a week's time, their problems had usually been resolved.

In the treatment of more chronic states of this kind one takes into account the

existence of mild chronic anxiety in students of this age group due to the so called identity crisis which the student has to resolve himself. Repeated interviews, relaxation under hypnosis, reassurance that this mood will eventually lift, and tranquillisers in small doses usually helped to tide the student over such difficult periods.

Students with lethargy and apathy were encouraged to take part in extracurricular activities and in games, in order to overcome the boredom which in many cases was the underlying cause of their symptoms. Sometimes the mild depression which lay behind these lethargic states was treated.

A brief trial was made of the drug Euvitol which was claimed to bring about alertness without the side effects of euphoria and anorexia associated with the amphetamines. Despite the absence of controlled trials and without any objective means of measuring the degree of alertness, one got the impression that this was a useful drug in these lethargic states. But it is only a symptomatic treatment and even a drug that promotes alertness without euphoria is likely to carry the risk of addiction.

Accidents

Accidents accounted for 129 visits to the Clinic. Most of them were minor, caused by falls off bicycles, scooters or motor-cycles. One student died in a motor car accident. Three were admitted to the General Hospital with:—

- (a) lacerated wound of the face in a scooter accident
- (b) with fracture of the left tibia and fibula in a motor cycle accident
- (c) with a crush injury of the hand, also in a motor cycle accident.

All injuries reporting at the Clinic are given a course of immunisation against Tetanus with adsorbed tetanus toxoid. In fact this immunisation is recommended for all students as a prophylactic measure. Only in exceptional cases where the wound is badly contaminated is antitetanus serum given.

Two fractures of the clavicle also occurred. Separate mention is made of some injuries met with in sport.

Rugger:

1. Fracture of nasal bones — No treatment as Xray showed no displacement of the fragments.
2. Haematoma of the Rt. Auricle — Treated by repeated aspiration.
3. Two cases of Haemarthrosis of the Rt. knee — Treated at the Orthopaedic Clinic G. H. by immobilisation of the knee and subsequent exercises. Neither of these cases recovered to the extent that they could participate in Rugger again.
4. Fracture of clavicle.
5. & 6. Partial tears of medial and lateral ligaments of the ankle joint. Treated by strapping in inversion or eversion and procaine and hydrocortisone injections.
7. Chronic pain in ankle joint in a regular Rugger player — No tears of ligaments, no swelling of joint. Probably osteoarthritic in nature.

Hockey

1. Fracture of clavicle following fall — Fractured in the same place again when the student resumed hockey after the first fracture had healed.
2. Partial tear of medial ligament of ankle.

Football

1. Partial tear of Rt. quadriceps due to a misplaced kick.
2. Rupture of the Rt. supraspinatus in a goal keeper who dived to save a goal. Required operative suture of the ruptured muscle.

Badminton

Backward movement with racket broke the spectacles and left glass splinters in the eye. Eye wash removed all splinters except one in the cornea which was left alone on the advice of an ophthalmologist.

Cricket

Fracture of the head of the 4th Rt. metacarpal with subluxation of metacarpal-phalangeal joint while attempting to hold a catch.

The Skeletal System accounted for 170 visits:—

One case of rheumatoid arthritis, 4 cases of traumatic hydrarthrosis of the knee joints, one dislocation of shoulder, and prolapsed discs in four were the important cases encountered.

The rheumatoid arthritis was treated with intraarticular steroid and systemic gold injections. The hydrarthroses were strapped, the dislocated shoulder had to be reduced in the hospital by open surgery. Manipulation was tried in the prolapsed discs with dramatic relief of pain in one. The others responded to rest.

The remaining cases were muscular sprains sustained at sports accidents or were due to bad posture.

Massage, analgesics, muscle relaxants and ultra sonic therapy was the treatment adopted.

Fevers

Three cases of Rubella

One case of mumps

Four cases of malaria

occurred. The cases of malaria were all relapses of previously incompletely treated *P. vivax* infection. With chloroquine and primaquine radical cure was achieved in all.

Endocrine System

One case of thyrotoxicosis was kept euthyroid on neomercazole for 2 years till she completed successfully her examination.

Genito Urinary System

Twelve cases of pyelonephritis and six cases of renal colic — with Xray evidence of ureteric calculus in four occurred.

One case of Nephrotic syndrome, probably due to Type II nephritis, was maintained albumen free on 10 mgm prednisolone daily for 2 years. He passed his Final Examination with First class Honours.

Two cases of gonorrhoea showed the usual dramatic response to penicillin. One case of suspected syphilis with a history of contact and a positive Khan test was treated with 1.2 mega units of penicillin daily for 10 days.

Cardiovascular System

One case of Mitral incompetence with failure was refused admission.

Two cases of Atrial Septal defect, one case of pulmonary artery stenosis were managed uneventfully.

Two cases of hypertension occurred, one was a boy, extensively investigated in Singapore with the aetiology still in doubt, left the University to carry on with his studies in the U.K., the other a girl with mild hypertension is being investigated in hospital to discover the aetiology of the hypertension.

Eye

Conjunctivitis	47	} were treated
Styes	37	
Corneal ulcer	1	

Ear, Nose,

Otitis Externa	23	} were treated
Otitis media	9	
Wax in ears	18	
Allergic rhinitis	80	

The treatment of allergic rhinitis is complicated by the side effects of drowsiness produced by the antihistamines which interfered with the attendance of students at lectures.

Nervous System

Five cases of herpes zoster, five cases of migraine, two with migrainous neuralgia were seen.

Surgery

Minor surgery like removal of sebaceous cysts, ingrowing toe nails, injection of haemorrhoids, was also carried out.

During the period of this survey a few studies were carried out on the heights, weights, the haemoglobin levels, the peak flow rates, smoking and drinking habits and some of the mental attitudes of the students:—

1. Height and Weight

The numbers examined and the racial groups were as follows:—

	Male	Female
Chinese	900	225
Malay	261	69
Indian	151	84

The preponderance of the Chinese is due to their being the predominant group in the University. The vast majority of the students fell into the age group 20–24.

	Male	Female
Chinese	70	30
Malay	14	5
Indian	21	5

were in the age group 16–19.

	Male	Female
Chinese	25	2
Malay	22	6
Indian	8	2

were in the 25–34 group.

The height and weight therefore corresponded to the age group 20–24.

The mean heights and weights of the different age groups with the corresponding weights for the same age group and heights as given in the Preludin Calculator are as follows:—

Male	Range	Mean
Chinese	5'.0" – 6'.0"	5'.6" – 5'.7"
Indian	5'.2" – 6'.4"	5'.7" – 5'.8"
Malay	5'.1" – 5'.8"	5'.4" – 5'.5"

Female	Range	Mean
Chinese	4'. 9" – 5'.6"	5'.0" – 5'.2"
Indian	4'.11" – 5'.4"	5'.1" – 5'.1½"
Malay	4'.10" – 5'.2"	5'.½" – 5'.1"

Male	Weights	Corresponding weight for the same height and age group in U.K.
Chinese	111–120 lbs.	134–137 lbs.
Indian	116–120 "	137–141 "
Malay	111–120 "	127–131 "

Male	Weights	Corresponding weight for the same height and age group in U.K.
Chinese	85–105 lbs.	106–112 lbs.
Indian	96–105 "	109–110 "
Malay	95–105 "	107–109 "

2. Though underweight the Haemoglobin levels of the students were satisfactory. Haemoglobin estimation was carried out on a total of 215 students. The mean Haemoglobin level of the men ranged from 14–15 G % and that of women 12.5–13.5 G. The lower level in women is to be expected because of menstruation.
3. In view of the frequent complaints of slight fever by the students and the temperature reading not exceeding the accepted normal of 98.4 — the temperatures in 197 men, whose complaints were mostly of a psychosomatic nature were taken — The mean temperature was found to be 98 with a range from 97.6 to 98.6. The temperatures in women were not investigated because of its variation with the menstrual cycle.
4. While reviewing the medical examination forms sent in by the students it was noted that a high proportion of them had to wear glasses because of myopia — This defect was noted to have a higher incidence in the Chinese group and the figures for each racial group worked out as follows:—

486 out of 820 Chinese men or	1:1.7
185 out of 279 Chinese women or	1:1.5
119 out of 284 Malay men or	1:2.4
21 out of 73 Malay women or	1:3.5
92 out of 229 Indian men or	1:2.5
34 out of 95 Indian women or	1:2.8

While this is a pointer, no racial bias can be considered as proved till the incidence of this defect in the general population has been investigated. Whatever may be the racial bias of this defect, I am informed by a leading ophthalmologist in this country, that myopic children, because of their defect, tend to be more interested in reading and thus to be more likely to be studious and to enter the University, than a non myopic student — The incidence of this defect will therefore be higher among University students than among the rest of the population.

The peak flow rate is a measure of the ventilatory capacity of the individual and is estimated by expiring at maximum strength into a Peak Flow Meter, after a maximal

inspiration. This factor was estimated in 163 men and 28 women and an attempt was made to discover if any relationship existed between the Peak Flow Rate and smoking.

The Peak Flow rate varies with the age and height. All the students fell into the age group 20–35 and the mean rates according to height were as follows:—

Male:

Height	P.F.R. Range
5.3 – 5.5½	500 – 550 L/mt
5.6 – 5.8½	500 – 550 L/mt
5.9 & over	500 – 550 L/mt

No variation with height was noticed but the range was within normal limits — In this group there were only 35 students who smoked more than 5 cigarettes a day and in this small group no correlation between smoking and ventilatory capacity was discovered.

Female 28 students.

For the height range of 5'0"–5'2" the P.F.R. ranges were as follows:—

250 – 300 L/mt	8 students
310 – 350 "	3 "
360 – 400 "	7 "
410 – 450 "	4 "

An average of 300 L/mt is low for this age group but the number examined is too small for any general conclusions to be drawn.

A questionnaire devised to obtain information about the students' attitude to religion, their smoking and drinking habits, the parents' occupation and any financial help they may be having to help them in their studies, was answered by 414 students, mostly new entrants, whose composition was:—

	Male	Female
Chinese	205	72
Malay	54	9
Indian	43	20

Some did not answer all the questions asked.

The information obtained was as follows:—

Chinese Males — Chief Racial subdivision.

Females —

Hokkien	...	...	84	Hokkien	...	...	31
Cantonese	...	...	56	Cantonese	...	...	25
Teochew	...	...	21	Hakka	...	...	10
Hakka	...	...	29	Teochew	...	...	3
Hailam	...	...	12				

The other information in tabulated form is as follows:—

Religion:	Buddhist		Christian		Sikhs		Muslims		Hindus		No Religion	Total
	Nominal	Active	Nominal	Active	Nominal	Active	Nominal	Active	Nominal	Active		
Chinese Male	72	2	31	32	—	—	—	—	—	—	79	216
Chinese Female	20	5	9	14	—	—	—	—	—	—	24	72
Malay Male	—	—	—	—	—	—	22	32	—	—	—	54
Malay Female	—	—	—	—	—	—	3	6	—	—	—	9
Indian Male	—	—	4	5	6	4	14	3	8	1	—	43
Indian Female	—	—	1	5	—	—	3	—	7	4	—	20
Total	92	7	45	54	6	4	42	41	15	5	103	414

It is to be noted that 200 out of the 414 belonged to some religion in name only and an additional 103 did not claim even this nominal allegiance to any religion.

Fathers' Occupations

	Businessman	Teacher	Civil-servant	Doctor	Engineer	Clerk	Skilled Worker	Unskilled Worker	Pensioner	Politician
Chinese Male	77	21	17	2	1	14	14	3	9	—
Chinese Female	32	4	11	—	—	2	5	1	—	—
Malay Male	6	5	18	1	—	1	1	6	3	1
Malay Female	—	1	4	—	—	—	—	—	1	1
Indian Male	4	3	12	—	—	2	2	4	3	—
Indian Female	1	2	2	2	2	1	1	—	2	—
Total	120	36	64	5	3	20	23	14	18	2

It is to be noted that in the group that answered this question, in 220 out of the 305, the father was a businessman, civil servant or teacher.

Smoking

	0 cigarettes / day				Total
	0-5	5-10	10-20		
Chinese Male	134	53	7	5	199
Chinese Female	72	-	-	-	72
Malay Male	24	17	4	7	52
Malay Female	9	-	-	-	9
Indian Male	27	15	1	1	44
Indian Female	20	-	-	-	20
Total	286	85	12	13	396

Alcohol

	No drinks		Occasional drink	
Chinese Male	115		90	
Chinese Female	71		1	
Malay Male	35		15	
Malay Female	9		1	
Indian Male	29		15	
Indian Female	20		-	
Total	279		122	

There were, as to be expected, no heavy drinkers.

Financial Help

	State Help		Federal Help		Firm		Univer- sity		Other		No outside held	
Chinese Male	9	15	2	3	3							175
Chinese Female	-	7										64
Malay Male	11	35										3
Malay Female	-	6										2
Indian Male	4	4							4			26
Indian Female	-	2										18
Total	24	69	2	3	7							288

Marriage Choice

	Own race only		Any race	
Chinese Male	102		57	
Chinese Female	40		6	
Malay Male	30		16	
Malay Female	4		3	
Indian Male	18		20	
Indian Female	11		5	
Total	205		107	

Immunisation

Immunisations against Tetanus and Poliomyelitis are offered to all students. Anticholera inoculation was given to students, staff and their families twice in 1963 each time about 2,000 being inoculated.

Health Education

Notice boards of the Student Health Service are erected at prominent places in the University and information about immunisation against tetanus and poliomyelitis is displayed. The harmful effects of smoking cigarettes and posters advertising this fact are also to be found on these boards. Posters obtained from the Royal Society for the Prevention of Accidents illustrating the mouth to mouth method of Artificial Respiration have been put up at prominent spots on the Campus.

Summary:—

The problems encountered in running a Student Health Service for about 2,000 University students are discussed. The relative frequency of illnesses in the various systems and methods of treatment employed are noted.

The mean heights, weights, the haemoglobin values, the basal temperatures, the peak flow rates for various groups have been worked out.

Some answers obtained through a questionnaire issued to students are tabulated.