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Report of Visits to Singapore and Djakarta, December 1960, by Dr. R. H. Follis

On leaving Bangkok December 8, I proceeded to Singapore where the 9th and 10th were spent visiting the medical school. I met with Dr. T. J. Danaraj, the Dean of the University of Malaya Medical School in Singapore. He is Professor of Medicine and much interested in nutrition. They have asked WHO to help them in obtaining a professor to fill a new chair of nutrition. This is a new department. We discussed at some length the requisites for a professor of nutrition and the sort of program which might be developed in the medical school. At the present time the only person in this medical school interested in nutrition is Dr. Danaraj's wife. The second day was spent at the medical school with Dr. Ivan Polunin of the Department of Social Medicine (Public Health). Dr. Polunin had done an excellent survey of goiter in Malaya some years ago and I was anxious to discuss some of our findings in Thailand with him and to obtain his views concerning prophylactic measures. Dr. Polunin took me on a trip through the country, since he was searching for the ideal Singapore farm which could be utilized on a television program for BBC. Singapore is now, of course, separate from Malaya and is called a free city. This means it has its own government but is under the military protection of the United Kingdom and the latter takes care of diplomatic relations. Since there is now a University of Malaya in Kuala Lumpur, next year the University of Malaya in Singapore will become the University of Singapore.

Arrived in Djakarta on December 11 (Sunday) and the next two days were spent at the medical school. Here I met the Director of the Institute of Nutrition, Dr. Dradjat. The Institute consists of three rooms in the Eijkman Institute building; the latter is devoted to Public Health. The facilities of the Nutrition Institute are poor. There is a great deal of enthusiasm, however, with particular emphasis on the training of nutritionists and dietitians.

A most interesting day was spent in visiting two schools outside of Djakarta. The first is at Pasar Minggu where graduates from high school are given a three-year course in practical nutrition. They live at the school, raise their own vegetables and other foodstuffs, cook the meals themselves and are virtually self-sufficient. The second school at Bogor is for nutritionists and advanced dieticians. Here courses in chemistry, biology and anatomy, pathology, and some clinical aspects of nutrition are presented and again a great deal on the practical aspects of the subject. Graduates from these schools go to all parts of Indonesia. In my experience these two schools are unique; I know of no such approach in this or other countries. Dr. Dradjat has only recently become the Director of the Nutritional Institute having formally been the assistant to Dr. Poorwo who has now become Professor of Nutrition, a newly created department in the Medical School. At the present time he is touring various areas to try to evolve a program for his department. Dr. Dradjat knew very little about the ICNND operations. He had not seen the ICNND Manual for Nutrition Surveys although one was in the library at the school at Bogor. He was most interested to hear of our experiences in Vietnam and Thailand. I believe that with a little stimulation he might be interested in setting the wheels in motion for a nutrition survey in Indonesia.

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I talked with the professor of pediatrics, Dr. Te Peksiang and met Dr. Sie Boen Lian who had worked with Dr. Oomen several years ago on xerophthalmia. Dr. Sie Boen Lian is now not associated with the medical school but is in private practice. He told me he saw at least 10 cases of xerophthalmia each month. Apparently just as many are seen in the Department of Ophthalmology as well. Thus xerophthalmia is still present in Indonesia and represents an extremely interesting subject to study. They have virtually no data on the vitamin A concentration of serum in relation to any lesions. It is quite clear that the lesions are due to vitamin A deficiency since they respond so beautifully to therapy.

Another interesting problem in Indonesia in contrast to what we have experienced in other countries of Southeast Asia is the presence of protein deficiency in a rice eating area. Indonesia differs from Vietnam and Thailand in that rice must be imported and per capita consumption of it is less in Indonesia.