

## HISTORICAL VIGNETTE

# BEFORE AND AFTER SYONAN-TO WE LEFT AND RETURNED TO GENERAL HOSPITAL 1941-1946

LS da Silva

This is a narrative written by me after having been exhorted into doing so by a colleague, Dr E.G. Leonard, who thought that I should place on record happenings during that period.

Events are not in chronological sequence but events happened more than forty years ago and the recording should be excusable.

After my graduation from the King Edward VII, College of Medicine, Singapore in 1927, I joined the Government Medical Services Assistant Pathologist under Dr J.C. Tull. In 1929 I was transferred to Penang where I worked under Drs J.A. Cowan and H.O. Hopkins till May 1936 when I was retransferred to Singapore on Dr J.C. Tull's retirement. Dr J.A. Cowan took over from him as Senior Pathologist. On Dr J.A. Cowan's decease in 1933, Dr H.O. Hopkins succeeded him. I was then promoted Acting Bacteriologist. In 1940 Dr. R.A. Cumming filled the post of Bacteriologist and I reverted to that of Assistant Pathologist.

During the seven years I was in Penang (1929-1939) I came to know Dr Johishiro Ando, the brother of Dr Kozo Ando of Singapore. They had both graduated from the King Edward VII College of Medicine in 1911 and 1913 respectively.

In mid 1941 Dr Kozo Ando who was a private practitioner in Middle Road, Singapore, approached me in the Pathology Laboratory, General Hospital and asked me whether he could carry out certain blood tests in the laboratory. I approached Dr Hopkins about it and as Dr Hopkins said he had no objections, Dr Ando started to work in the laboratory. The blood tests carried out by him were "Blood Grouping" tests which as one knows are connected with Blood Transfusions. In October 1941 Dr Kozo Ando ceased coming to the laboratory — of this I shall recount later.

On 8th December 1941, the first bombs were dropped on Singapore by the Japanese and war started out in the East. Dr R.A. Cumming, who had been in the R.A.F. (Medical) prior to joining the Singapore Medical Service was mobilised and had to leave to join the R.A.F. Medical Corp. Then followed the recurring disasters which finally ended with the surrender of Singapore to the Japanese on 15.2.42 by General Percival to General Yamashita.

Before the fall of Singapore I had decided to evacuate my wife, Emma and daughter, Anita, as I feared for their safety. On instructions, I was informed that I had to assemble at Clifford Pier on the 6th February at 8 p.m. From there, the column of cars proceeded

**Department of Pathology  
Singapore General Hospital**

LS da Silva, OBE, LMS, MD, Dip Bact,  
FRC(Path)  
Retired Senior Pathologist

Present address: 15 Jalan Jelita, Singapore  
1027

) at less than a snail's pace towards Jardine Steps. We reached Jardine Steps just before midnight. The ship they were to board was the FR (Felix Roussell). On reaching the wharf we found to our dismay that the ship was already moving away. Fortunately there was a rush behind us and it was seen that several army personnel had arrived. They hailed the ship and the ship came back alongside the wharf. Almost beside us where we were standing was an open sliding door leading to an engine hold. I managed to push my wife and daughter through the open space and they scrambled over pipes etc into the room. The ship by this time had started to move away from Jardine Wharf. All the proceedings from Clifford Pier to the Wharf were done in total darkness — not only was it a dark night but all cars moved with just 'blackout' lights showing. No news of the progress of the ship were received for a few days. On or about 11th February, Professor J S English at a meeting in General Hospital informed those attending that he had received information that the Felix Roussell had run the Gauntlet and was now said to be safe in the Indian Ocean.

Meantime i.e. from 6th February the bombardment of various parts of Singapore continued unabated. My younger brother Rene and his family were staying in Serangoon and as the Japanese were advancing I advised them to move down to my home in Tan Tock Seng Hospital as there was plenty of room, my wife and daughter having evacuated. My brother and family moved into my home. Besides him, I eventually took in his father-in-law (Mr Anderson) and brother-in-law (Earnest Anderson) and family and Mr Eugene Chavin, a French Chef, and my brother-in-law Albert. Over the weekend (8th February) shelling grew in intensity and Tan Tock Seng came under fire. As it became too dangerous to be around, I decided to move all the occupants in the house to the Pathology Laboratory in General Hospital. This was done through the kind assistance of my boss, Dr H O Hopkins. On settling in the laboratory, I noticed that water from taps was running low and that the toilets were not functioning satisfactorily. I started the staff digging holes in the enclosed grass plot beside the lab and filled some large tanks with tap water to serve in emergency for drinking purposes. Mr E Chavin had brought with us a paraffin stove and with the food supplies brought with us all seemed to go as well as possible.

There was very little to do in the laboratory as far as medical examinations were concerned, so I went over to the casualty room to attend and assist with the casualties that arrived.

On 8th February I had to go into town at the request of my boss, Dr H O Hopkins to collect salaries etc for the staff. On the steps of Fullerton Building I met my eldest brother, Claude, who told me that he was leaving that day for South Africa. The collection of the salaries was made at the Treasury. After I collected the salaries I was proceeding along the passage in the Treasury, when I saw a gentleman having difficulty opening a door — this was the door of the Treasury vault and the gentleman was Mr Pepper of the Treasury. I asked him what was wrong and he told me that his personal assistant, an Indian gentleman, had been wounded by shrapnel and was in the General Hospital in the house of Dr K K Vellasamy and that he had the keys of the vault. I introduced myself to him and told him that I was returning to G H. He asked me to get the keys from his assistant and to hand the keys to the Saint John's Ambulance Brigade stationed there with specific instructions to bring the keys to him. On my return to G H I located the gentleman in Dr Vellasamy's house and obtained the keys and as in-

structed by Mr Pepper left them in the charge of Mr H O Hoskins, Secretary, General Hospital, who was also the officer i/c of the Saint John's Ambulance Brigade. All done. I went back to the laboratory. Then came the fateful surrender of Singapore to the Japanese on 15th February 1942.

The Japanese moved into G H on the morning of 16th February. At about 10 am that day a squad of Japanese soldiers marched into the laboratory and ordered me to follow them. They brought me to the G H matron's office and there I saw Mr Pepper seated in front of a Japanese military officer. The latter asked me if I knew Mr Pepper. I said I knew him. He then told me that Mr Pepper had informed him that he had asked me to obtain the Treasury vault keys and to send them to him and that the keys had not been delivered to him. I then explained that I had delivered the keys as requested to the Saint John's Brigade (Mr Hoskins), but did not know what further had happened. The Japanese officer promptly said to me 'go and get the keys' — I give you 10 minutes'. I left the room in a complete daze. At that time (17th February) most of the people and staff of G H had left the premises and the Saint John's Brigade had been disbanded. The first person I met as I went down the stairs was Dr W Rasanayagam an old colleague of mine. I told him what had happened and he just shook his head. My dilemma continued but Providence was on my side. The next person I met in the passage way of G H was Hoskins himself. I explained to him what had happened and he said that he remembered handing them to the ambulance brigade, but as the keys had not been delivered to Mr Pepper they might probably have been brought back to the Control room. He said he had the key to the safe in the control room and would look for them there. He went along and it was my good fortune that he found the keys there. He gave me the keys and I promptly went up — all this in the space of just a few minutes. On giving them to the military officer, he very sarcastically complimented me on my efficiency and promptness. 'Hells, Bells' — I wonder what would have happened to both Pepper and myself had I failed to produce the keys.

On the 10th February, I had to go into town to meet my sister-in-law, Adrianna Knudsen (nee Reutens). She informed me that she had decided to evacuate. She left Singapore by the SS Vyner Brooke, a fateful voyage because the vessel was bombed and strafed near Pulau Pinang (an island of the Rho Group). A large number of the passengers lost their lives including my sister-in-law. I understand from survivors that she had been wounded seriously by shrapnel and went down with the ship which carried many Australian nurses and local evacuees.

My sister, Aurea, evacuated with the Medical Auxiliary Service by the S S Kuala on the 13th. She was an officer in the MAS. The ship was also bombed and strafed. My sister was able to swim ashore at Pom Pom Island. Also ashore was a school friend of hers (Miss Pattara) who stayed in St Michael's Road. The latter's sister was wounded and her mother was with her. As there was no food available, my sister and Miss Pattara volunteered to go over the hill in the rear to obtain some food. They went off to the other side of the island and we are told that another ship came that way and picked them up. Unfortunately, this ship must have been bombed and sunk, as no trace of the ship, passengers etc became available. The wounded Pattara girl and her mother besides others were picked up by another ship and they finally arrived in Bombay, India. It was in Bombay that my wife and daughter obtained the story of the fate of my sister, Aurea, from

them.

On 16th February following my return to the laboratory after I had returned the keys for the Treasury vault we were informed that all occupants of General Hospital were to move out of the premises in 48 hours and we were to proceed to Woodbridge Hospital. We were given instructions not to take anything like laboratory equipment etc with us. There was real chaos in General Hospital — more than 800 patients including casualties etc had to be moved by ambulances to Woodbridge. Fortunately, cases of sardines and bags of rice were loaded on the lorries and brought to Woodbridge Hospital. I managed to have my brother-in-law, Albert, transferred to Woodbridge Hospital.

At the time of the order for the evacuation of General Hospital there were still many Europeans (staff and others). All of them were ordered to congregate at the Padang in front of the Supreme Court and they were marched to Changi. Amongst them were Mr Anderson (the father of my sister-in-law) and her brother, Earnest and Mr Eugene Chavin (the Chef who had stayed with me).

I packed my Ford Car with as much rice and tins of food and made my way to Woodbridge Hospital. We were given 48 hours to evacuate General Hospital and its precincts and on orders proceeded to the Woodbridge Hospital. The latter was partly in occupation by the Japanese army forces. The bungalows at Woodbridge Hospital had all become vacant so a few of the doctors (local staff) occupied one of them. All the patients approximately 700-800 in number brought from General Hospital were placed in the empty rooms and wards of the hospital. Most of the nursing staff who accompanied the patients also placed themselves as best they could in the available space in empty wards and rooms. The condition of the hospital was absolutely deplorable. There was no tap water available as bombing had disrupted the water supply. Sewerage was not in a workable state and the question of food for all in the hospital was a difficult and pressing problem. It was fortunate that the ambulances that had conveyed the patients etc had been loaded with cases of skipper's sardines and sacks of rice. The problem then arose as to how cooking of the rice etc was to be done as the Japanese had occupied the hospital kitchens. We were not allowed to use them. Furthermore no firewood or gas was available. It was fortunate that the Woodbridge staff had dug air raid shelters and had roofed them with the trunks of coconut trees. Then came the laborious task or chopping them up for firewood. Eventually, cooking was possible over open air fires and at last some cooked rice became available. For the first few days the ration per head was about half a cupfull of rice and one skipper sardine as nothing else was available. For water it was fortunate that a stream at the back of the hospital provided a supply which had to be carried in buckets. The hospital and nursing staff, St John ambulance brigade members and others of various organisations, who had evacuated to the hospital for protection did magnificent work in the cooking and care of the sick and wounded.

The medical staff consisted of Dr W A Balbatchet, Dr C E Smith, Dr W Rasanayagam, Dr B Chew, Dr Lai En Foo, Dr Sarban Singh, Dr A T S Chong, Dr Wong Kin Yip, Dr Yeoh Bok Choon, Dr Loh Guan Lye, Dr K Sivam, Dr Au Kee Hock, Dr Tay Teck Eng, Dr Lim Eng Bee, Dr Lourdenadin, Dr G Haridas and others.

The nursing staff consisted of Mrs Benjamin, Miss Quintal, Miss Gonzales, Miss Ira de Cruz, Mrs Pennefather and her sister Miss de Cruz, Miss Lim

Kwee Neo, Miss Lim Poh Lan and her sister Miss Lim Poh Chan, Miss Ti Tsiu Tee, Miss Louise Chew, Maggie Liew, the Ng sisters, Chit Moi, and Ang Mun, Miss D Yong and her sister and the Miss Neighbours, the Hanam sisters and others.

Dr W A Balhetchet was made Medical Superintendent and Mrs Benjamin the matron-in-charge. Dr Devadason continued as Medical Superintendant. The office affairs were placed in charge of Mr Yeoh Koon Guan who had been chief clerk to the Director of Services, Singapore.

Rev Adams and Bill Urquart were frequent visitors

Under great difficulties re food and medicine and care of the sick and injured, it was amazing that there were very few deaths amongst the patients for quite a few weeks after we occupied the hospital. Bill Urquart did yeoman service as undertaker.

Shortly after, Mr A D Williamson, eye specialist of G H was allowed to join the staff to care for the eye cases.

A week or so after the fall of Singapore, the Japanese made a round of Singaporeans whom they thought had some association with the British. These included many of the Chinese volunteers, local volunteers and others.

These were taken in groups to the Changi beaches and other sites where they were said to have been made to dig ditches into which they were tossed after they had been shot. Amongst these were my youngest brother Oscar and my nephew, Fred Martens.

It must be remembered that when we were made to evacuate all the patients from General Hospital, there was very little in the way of medical equipment, drugs and chemicals. Some of these were smuggled out beneath blankets and in the trolleys carrying the patients. As a result of all the lack, the first few weeks in Woodbridge Hospital were very difficult indeed. After a few weeks, we were allowed by the Japanese authorities to go into the town to commandeer anything we considered useful from dispensaries. With this commandeering a small stock of drugs and chemicals and hospital equipment was built up. In the meantime, my colleague Dr Clarence Smith and I managed to take an ambulance to the Pathology Laboratory at G H and here were able to sneak out a refrigerator, a microscope and a small amount of stains and small glass apparatus. With this little stock I started a small laboratory in Woodbridge Hospital, in one of the side rooms. Beside the small laboratory, Mr Lim Eng Bee was also able to gradually build up a small dental clinic.

In the early days of the laboratory, Dr Bowyer, CMO of G H approached me and asked me to help filling one of the wards in the hospital for housing the sick from Changi Prisons — which was the camp to which a large number of the European population had been made to occupy. Dr Bowyer and I managed to carry all the metal beds and filled the ward. This ward was called the 'Green Ward'.

Contact between the hospital and the civilian prisoners of war in the Changi Prison Camp was made principally through Mrs Elizabeth Choy and her husband who ran a small store in Woodbridge Hospital. In this way some contact and information passed from the one to the other.

Food was scarce and there was little in the way of fresh supplies. Dr Williamson had a dog, named 'Bojo' — Boj for short. One night Boj, in looking for food, went up to somebody's window and as a result the occupant must have thrown hot water or something of that nature which fell on to Boj's head. This resulted in very extensive ulceration on top of his skull. It

became so bad that Dr Williamson approached me for something to put an end to Boj's suffering. The only poison available was Arsenic — so we prepared a piece of meat and laid on it a thick layer of the arsenic. Boj took the meal of meat and arsenic. Two days later Dr Williamson came to tell me that Boj was still alive and to crown everything the ulcer was healing and shortly after healed completely. It goes to say — 'one never knows'.

About a month after our occupying Woodbridge, Dr W R Rasanayagam was called by the Japanese to investigate fever cases in the Flower Road area which was a camp occupied by Japanese army personnel. He diagnosed the fever as being due to malaria and asked me if I could help. I had brought some Methylene Blue lab tablets from the laboratory at G H and managed to prepare a modified Field's stain and was able to get satisfactory results in the staining of the blood films which he produced. In this way the diagnosis of malaria was confirmed. Lieutenant Sinabori, who was in charge of the contingent in the area was very pleased with the result of the examinations and the treatment meted out by Dr Rasanayagam. He was so pleased that he asked Dr Rasanayagam how he could show his gratitude. At that time, transport to and from the hospital and the town was negligible because of the distance between the two and the lack of transport. This was pointed out to him and he immediately arranged for a Traction Company Bus to bring those wishing to go into town on Saturdays — a facility which was greatly appreciated although the privilege did not last long.

I still had possession of my Ford Car and one day had to go into town to purchase some clothing. With me were Dr T J Danaraj and Dr Winston Moreira. On our way back the car was stopped by the Japanese sentry on duty at the junction of Upper Serangoon Road and Yio Chu Kang. All doctors wore arm bands which were inscribed in Japanese that we were doctors from the Miyako Byoin, the Japanese name for the hospital. The sentry asked us who we were. We pointed to the arm bands but without much ado he promptly got hold of Dr Danaraj by the neck and pushed his head under the dash board and then told us to get off. We certainly did not take much time to scam back to the hospital.

Transport at the time was quite difficult and every opportunity was taken to cadge a lift to town to purchase clothing and other necessities. On one occasion, Dr W A Rasanayagam obtained the use of Dr G Haridas's motor car. We went down and stopped on the way at Mr Basapa's house on a hill opposite the Bidadiri Cemetery. Here I met a cousin of mine, Mrs Bertha Basapa. As I had nothing special to purchase in the town, Dr Rasanayagam left me there and proceeded on his way. Time passed very quickly and before long it was nearly 1.00 pm and I became quite worried as to what might have happened to Dr Rasanayagam knowing that the Japanese military were commandeering vehicles. Eventually Dr Rasanayagam arrived on foot having had to walk it from town as the Japanese had commandeered the car when it was parked on the road. As a result both of us had to trudge all the way back to Miyako Byoin (the Japanese name of Woodbridge Hospital).

Shortly after, I had another experience of commandeering. The Japanese had gone to St Michael's Road and seen my sister Aurea's car which was parked at her residence there. I was told that the car had been towed away to Kallang Airport together with several other cars. I was informed that if I went there, it would be possible for me to get it back for her. With

this understanding I proceeded to the Kallang Airport. On the way to the control room I had to pass several sentries whom I had to bow to and explained that I was looking for the car. I finally arrived at the control room and was met by a sergeant who spoke a few words of English. He very kindly brought me around some of the Hangars where quite a number of cars had been parked. As the look around produced no good result he brought me back to the control room. At that time a car drove up with a flag flying on the bonnet, bearing a Japanese officer. He descended and walked into the Control room and barked at the Sergeant and asked what I was doing there. I explained as best I could and was surprised when he said to me in good English. Doctor, this is not the place to come for your car. You can get your car most probably in a car park at Joo Chiat, but I don't advise you to go there — its under the authority of the military Kempetai. I think you better go back to the hospital quickly. I leave it to you to imagine the speed with which I got back to Miyako.

A month after the occupation of Singapore by the Japanese I had to go into town and when I was walking on the pavement in front of the Municipal building a car drove up beside me. It bore a flag flying on the bonnet. An officer came out of the car and approached me. I was absolutely amazed when he looked at me and addressed me in a friendly manner. He was Dr Kozo Ando. He told me that he had been appointed as officer i/c of the Civilian Medical Service and would do all he could to help the local population and medical staff. These words of his were proven in the assistance which he gave us in Woodbridge and Tan Tock Seng Hospital. He did not forget his association with the King Edward College medicine and his friends and colleagues in Singapore.

The sick from Changi continued to be treated in the Green ward which had been placed under the charge of Dr Clarence Smith. It furthermore was an excellent means of communicating with the civilian prisoners in the Charge prisons.

About a couple of months after the transfer, the first incident with the Japanese took place. Mrs Benjamin (the Matron) was one day taken away by the Japanese Military police for questioning. She was kept away for a few days but returned and said she had not been maltreated. She said she had been made to sit upright in a chair in the billiard room of the YMCA but as there was nothing against her in the political sphere she was released. The medical staff continued to do good work in spite of shortages in all sections in the medical, surgical, dental and laboratory fields.

In May or thereabouts another incident occurred. Two military police arrived at the Woodbridge Hospital and enquired after me and ordered me to accompany them for an interview. I was brought to Fullerton Building and into the presence of a Japanese officer in civilian clothing. He was very polite and asked me to sit down and then started cross-examining me as to my identity, occupation etc and then produced a telegram and asked me to tell him what I thought of it. It was a telegram from Tokio and sent from Cremona. It requested information as to the whereabouts of my eldest brother Claude H Da Silva. I had met my brother on the stairs of the Fullerton Building the day he left Singapore on or about 11th February. He had told me that he was leaving Singapore for South Africa and would meet his family who had left by ship a few days before. I was in a fix trying to associate Cremona with my brother and then on further thought I realised that Cremona must be an Italian town. My brother Claude had married a Swiss lady (Miss Nellie Mark) and she had a sister whom I had heard had married an Italian

army officer. In piecing things together, I said I thought the relatives in Italy were making enquiries about my brother and his family. I was unable to help the Japanese officer any further. I, however, did not divulge that I knew that he had been seen in Jakarta by one of my colleagues (Dr S H Aljunied). This, however, might have caused trouble as I knew that my brother had been prewar a Municipal Councillor and had made many utterances in Council which were anti Japanese. The Japanese officer then discharged me after thanking me in fluent English and he actually had me sent back to the hospital in his car with a civilian escort. My colleagues who thought originally that I had gone for good were greatly relieved with my return intact.

In the early months of the occupation, several of the doctors including Drs Haridas, Danaraj, Moreira, Tay Teck Eng, and others left Woodbridge Hospital to join Kandang Kerbau Hospital or to go to the Federation to work there. I remember Khoo Oon Teik joining me for work in the laboratory before he left for Penang. In later years he was appointed a Professor of Medicine in the University of Singapore.

Time passed on but the routine of the hospital proceeded slowly and steadily under the difficulties which existed all along. Woodbridge Hospital became the hospital for the general public. The Green Ward for the sick internees of Changi had its supply of patients. It was here I met Sister McIvor, a sister from General Hospital.

After the war Miss McIvor became a supervisor in the Blood Transfusion Service. During all this period constant touch and passage of information was kept up mainly through Mrs Elizabeth Choy and her husband whose supply store in the hospital premises proved very valuable as a blind.

A couple of months after the inauguration of the bus service initiated by the Japanese officer Lieutenant Sunabori, the facility was stopped much to the regret of all at Woodbridge.

The successes of the Japanese and their advances in the East Asiatic and Pacific regions continued unabated with the fall and surrender of Java, the Philippines and numerous other small islands. They ruled both land and the sea in those areas. To add to the dispondency even amounting to despair, very often, the allies were suffering heavy losses both on land and sea. The Germans had conquered and occupied Holland, Belgium, France and Italy and had landed in Africa and were advancing towards Egypt. In November 1940 they had been stopped at the boundary with Egypt at El Alamain by the British army under General Mongommery.

Dr Clarence Smith, my colleague and room mate, was a married man and his wife, an English lady (Barbara Allen) had been interned by the Japanese. He was very worried at the time and much afraid that if the Germans were victorious in Egypt, they would probably be able to join up with the Japanese in the Indian Ocean which would have meant they would practically have conquered the world, which would have meant the end of all the internees etc. He asked me what I thought of that. At that moment i.e. in early November 1942, I declared that I was sure that the Germans would be defeated at El Alamain and that they would be pushed back out of Africa, that then the allies would land in Sicily, followed by landings in Italy and then again by landings in France and that the war would end in the favour of the allies on May 7th or 8th 1945. Call it what you may, some say it is a case of ESP (Extra Sensory Perception), but there is someone above who must have guided me into making the declaration. As time moved on, the declaration was

proved correct. The Armistice was declared on 7th may 1945 and arms were laid down on 8th May.

In any case Dr Clarence Smith was greatly relieved by what I had said and seemed not as worried as he was before.

In early November 1942 there was talk about Woodbridge Hospital, being far out from the town for the convenience of the public, being transferred to the old Tan Tock Seng Hospital. This was at the instigation and advice of Dr Kozo Ando, who was keeping his promise that he would do all he could in his capacity of officer in charge (Civil Medical Section). On 23rd November, the whole hospital staff left for Tan Tock Seng Hospital, leaving behind the mental patients under the care of Dr Devadasan. At Tan Tock Seng, I was allotted the previous ward which housed an X-ray room and a section filled with working benches for the laboratory.

The transfer of Woodbridge Hospital to Tan Tock Seng Hospital proved a solace to the Singapore public because of proximity to the town and the availability of its medical services.

The medical staff was increased by the recruitment of Drs Hannah Tan, Wee Phek Neo, H Stubbs, Dr Ong Swee Law and Ho Boon Liat.

The medical personnel continued to do yeoman service and it was proved beyond doubt that even with the lack of so called supervision and the European Senior Officers of the prewar period, the work proceeded most satisfactorily and efficiently. It must not be forgotten that all the work done was performed with a short supply of drugs, dressings and medical equipment. The staff of Tan Tock Seng Hospital (Renamed Hakuai Room) by the Japanese was:-

Superintendent and Chief Medical Officer	: Dr W A Balhetchet
Surgical staff	: Dr W A Balhetchet Dr ATS Chong
Anaesthetist	: Dr Lai En Foo
Ophthalmology	: Dr A D Williamson Dr Wong Kin Yip Dr Yeoh Bok Choon
Dental Section	: Mr Lim Eng Bee and another dentist
Out Patients	: Dr Hannah Tan Dr Wee Phek Neo
Various Medical Units	: Dr C E Smith Dr B Chew Dr Sarban Singh Dr Loh Guan Lye Dr Lai En Foo Dr Ho Boon Liat Dr H C Stubbs Dr Ong Swee Law
Pathology	: Dr L S Da Silva Dr K Sivam
Matron	: Mrs Benjamin
Senior Nurses	: Miss Qintal,
Neighbour sisters,	Gonzales, Lim Poh Lan, Lim Poh Chan, Lim Quee Neo, Ti Tsui Ti, Wong Chit Moi and her sister, Louise Chew, Ira de Souza, D Choy, the Hannan sisters and many others.
Pharmacist	: Mr Lazaroo assisted by Mr Baptist The general staff consisted of many others
Laboratory staff	: Fook Choon, Norman Balhetchet and Maschouff

A Japanese male superintendent and some Japanese nurses were attached. They gave little assistance but

fortunately no interference.

The security of Tan Tock Seng Hospital in the nights was safeguarded by an ingenious method introduced by the Japanese called 'Jikedan'.

The Jikedan method consisted of splitting most of the younger male members of the staff into groups of three or four. Each group was required to patrol the grounds from 7 pm to 7 am for sessions of 2-3 hours each. In this way outsiders and intruders could be checked and this provided a great deal of security for the staff (consisting to a large extent of female nurses).

The popularity of Hakuai Byoin grew and patients were plentiful and work proceeded very satisfactorily, with very little interference by the Japanese authorities. Medical supplies were our ever increasing problem because of inavailability and short supply.

The early part of 1943 was uneventful except for one interesting case. This was Mr Ando (Junior). He was a pilot in the Japanese Air Force and was the son of Dr K Ando who was in charge of the Civil Medical Service. His son developed appendicitis and he chose to have him admitted into Hakuai Byoin (Tan Tock Seng Hospital) rather than into the Japanese Military Hospital which had taken over the General Hospital at Sepoy Lines. Mr Ando was operated on successfully by Dr W A Balhetchet.

We continued to be in touch with Mr and Mrs Elizabeth Choy in the interests of the civilian prisoners of war who had been transferred from Changi to a large camp in Sime Road. Some of the doctors from Sime Road Camp used to visit the Hakuai Byoin for possible supplies of medicine. In this way contact was made with them and sometimes money and information were passed on. Contact on occasion was made in the laboratory. In mid 1943 they arrived for so called medical check etc of some Indian national army personnel who were guards in the camps. On their arrival at the laboratory, word was immediately sent out to Mr and Mrs Choy. They supplied Dr C E Smith with a packet containing money. This was a difficult thing to dispose of with the guards in close and constant attendance. In the side-room attached to the laboratory was a couch which we used for diathermy on hospital patients. One of the guards was having a backache so he was persuaded that the diathermy would help him. The other guard who had some chest trouble was told he had to have an X-ray of the chest. This had to be done in the room next to the laboratory, so the doctors went into the X-ray room — the guard had the X-ray done and while this was going on, the parcel was safely passed on to Dr J W Winchester. All went well.

Not long after came the dreadful 10th October 1943. Just before this, a few ships in the Harbour had been blown up by mines (limpet) which had been attached by commandoes. The Japanese authorities were greatly angered by this and blamed this on the civilian prisoners of war as instigators of the plan. As a result of this several civilians were rounded up and put to torture and imprisonment. Two doctors from the prisoner of war camp were taken in by the Secret Police (Kempetai) — they were Dr Bowyer and Dr Stanley. Both were tortured and placed in cells at the Kempetai. Dr Bowyer eventually developed dysentery and passed away. Dr Stanley was tortured and when brought in for further interrogation jumped out of a window and died as a result.

As a remembrance to these two doctors and Dr C V Norris, the different blocks in the hospital were named as follows:-

Clock Tower Block — Bowyer Block

Centre Block — Stanley Block  
Lower Block — Norris Block

It was on or about this time that there was an exodus of quite a large number of Eurasians and some others from Singapore to Bahau and Endau. I understand this was brought about mainly through the co-operation and sponsoring of Mr Shinozaki of the Civil administration and Mr Francis Hoshimi. The latter, I knew very well, as we had both been boarders at the same time in the St Joseph's Institution. Furthermore he had married Miss Muriel de Souza, a relative of mine. Speaking of Bahau, where most of the Eurasians, who evacuated went, the following names should be mentioned — Mr E G Wheatley, MR FAC Oehlers, Dr JB Van Cvylenberg, Lulu de Souza and others, besides quite a number of sisters from the Convents of Singapore. In the course of time, Dr W A Balhetchet of Hakuai Byoin (Tan Tock Seng Hospital) arranged periodic trips by doctors on the medical staff of the hospital, to Bahau for the purpose of bringing some medical supplies and they invariably brought back supplies of food e.g. tapioca, various beans and some others which were in short supply and proved always welcome.

At the time of the disastrous 10th October (tenth of the tenth) as it was called, Mr Roy Smith, the elder brother of Dr Clarence Smith of the T.T.S.H. was taken by the Kempetai for interrogation. He had been on parole (i.e. he was allowed freedom of movement but had to be in his residence by 6 pm or thereabouts). As a paroled man, he always had to have a badge on his shirt indicating that he was on parole. He was tortured and placed in a cell by the Kempetai but was released after a few months. He came to T.T.S.H. to our house when he was released and was in a sorry state — with sores in many places; very debilitated and weak. He, however, picked up after his release.

News of the war from late 1943 and on to 1944 were very depressing with all the successes by the Japanese in the East and in the Pacific. The only glimpse of hope that we had in Singapore was the success of Montgomery's army at El Alamein and the gradual push into Libya and the sieges of Tobruk and Benghazi. For quite a while the further successes of the Japanese in the Pacific Islands were grossly depressing and it was not until mid 1944 that the American and Australian forces were beginning to make their presence felt in the air, land and sea battles.

Meanwhile in Singapore, the privations and lack of supplies of food and medicines continued to increase. Money became scarce and cost of food astronomical. I remember the time, when my salary in 'Banana notes as the Japanese currency' in circulation, could buy only less than a kati (600 gms) of pork. We were fortunate in the group of doctors sharing our house in 17 Akyab Road. We pooled together our resources and weathered the storm successfully. We had a couple of Hainanese servants, a cook and houseboy, who were very loyal and helpful. The cook persuaded us to purchase a pigling which we housed in an enclosure under the bathroom window so that it obtained a daily bath without any trouble. The cook would ration us the meat to keep us going.

In late 1943 Dr W A Balhetchet approached me and asked me if there was anything I could produce to help him with surgical operations as he had completely run out of ether and chloroform. I had collected for my histology work several bottles of commercial chloroform which in itself contains various ingredients which might easily have been highly harmful to human beings. I spoke to him about this deleterious

bombers flew over Singapore. The Japanese here opened fire on them but with no effect. Fortunately, General Itagaki was finally persuaded by the authorities in Tokio to lay down arms.

Lord Louis Mountbatten and Pandit Nehru visited a building in front of the St Joseph's Institution (Bras Basah Road) to meet part of the peoples of Singapore. I am happy to say I had the privilege of shaking hands with both of them. Later they went to the Adelphi Hotel balcony to wave to the crowds which had gathered there to welcome them.

After the dropping of the atomic bomb on Nagasaki, my colleague and room-mate Dr Clarence Smith developed a chill after some rejoicing on hearing the news from the underground that it was true. He had, for some time, even previous to the war in the east, some evidence of bronchiectasis for which he had practised postural evacuation with good results. The chill which he developed brought about a bad setback. As stated previously, the problem of medical supplies in Singapore was at an absolute minimum and so his condition deteriorated rapidly. Dr Benjamin Chew who was looking after him medically was able to lay hands on some injections of sulphonamides but this proved fruitless and his condition became critical. Then came the surrender of the Japanese. Dr Chew told me then that there was nothing further that he could do for Dr Smith. We were absolutely in a quandry as there was practically nothing we could do with what we had in Tan Tock Seng. It so happened then that we were informed by the underground that the American Air Force had dropped some medical supplies over the Sime Road Prison Camp. I then suggested to Dr Chew that we could possibly contact those in the camp to get any medication from them. Dr Chew said the position of Dr Smith was absolutely urgent — so I decided to speak to Dr W A Balhetchet (Chief Medical Officer at Tan Tock Seng) to let me have an ambulance to enable me to get to the camp. Being aware of Dr Smith's critical condition, he let me have one of the ambulances but he advised me to be careful as the camp was a protected area with 'no entry' signs and dangerous for entry. I was very closely attached to Dr Smith having been students together at College and having graduated and worked together for many years. I set out in the ambulance, driving it myself very slowly as I had never driven anything more than a motor-car previously. I arrived safely at the Sime Road entrance to the camp and was stopped by the sentry. He told me that I could not enter the camp without permission. He, however, looked at me very strangely and then he said to me "Dr da Silva, what are you doing here?" I was astonished — he was an Indian boy who had joined the Indian National Army and recognized me because he had played hockey with and against me when I was in Penang several years before the incident. He told me to park the ambulance and to wait there. I explained to him the urgent purpose of my visit was to obtain medical supplies. He went into the camp and obtained the permission required and I was allowed to enter the camp. The first doctor I met when I went in was Dr Baeza of the Health department and he directed me to Dr G V Allen (Principal of the College of Medicine). On hearing my report of Dr Smith's condition he immediately brought me to the main hut which housed a number of the Senior Staff of the Medical Department (Dr R B Macgregor, Mr B M Johns, Dr R B Wallace, Dr Ho Hopkins, Dr J V Landor and others). I explained the purpose of my visit and they confirmed that they had just received from the Japanese a few packs of so called medical supplies which had been dropped by the Americans but had not opened them as

yet. They then slit open one of the bags and pulled out some boxes marked "penicillin". The box also contained descriptions of the drug and methods of use. One must remember that penicillin — the wonder drug was discovered a few years previously but had only been manufactured and used during the war with considerable success. We in Singapore had not heard of it. Dr Wallace read the literature concerning the antibiotic and he turned round to me and said he knew nothing about the drug but the script was very encouraging and he thought it would be in order to use it. He then gave me a supply of the injections for a few days. He added that he was not allowed out of the camp but as soon as permission was granted he would come out and see Dr Smith. He did this as soon as he could and that was in three days. Meanwhile I returned to Tan Tock Seng Hospital safely and Dr Chew was able to start treatment on Dr Smith. I think this was most probably the first case treated with Penicillin in Singapore. Dr Smith's condition improved very quickly under the care of Dr Chew and the splendid nursing which Matron Benjamin and the hospital nurses provided. Dr Smith's condition was still quite serious though greatly improved. Dr Wallace so arranged it that he was brought into Sime Road camp as a patient for evacuation to India and the United Kingdom. He left us in Tan Tock Seng and went into Sime Road Camp and was later evacuated from Singapore with many from the camp in a hospital ship. He was brought to India for further treatment and then sent to UK and returned very well indeed to Singapore a few months after.

In my early pages I had said that shortly after the entry and the surrender of Singapore the Japanese took away a large number of the local population including many volunteers and shot them on the beaches of Changi. Amongst those taken was my youngest brother Oscar. A few months later I was informed by one of my friends that he had seen Oscar with other prisoners of war working in some rubber estate near Changi. I kept this in mind and when the Japanese surrendered to Lord Louis Mountbatten in September 1945 I made it a point to go to the Red Cross that had an office in Robinson Road to enquire whether they had a list of the prisoners of war who were said to be in the Kranji Camp. They reported they had been given a list of all those said to be alive and at present in the Kranji Camp. They showed it to me and at the top of the list of prisoners said to be alive in the camp was the name of my brother 'O.G. da Silva'. I was overjoyed and on my return to the hospital I made a beeline for my sister-in-law who was staying in Makepeace Road and informed her that her husband was alive and that she would be allowed to go to the camp to see him the next day. She made sure and present herself the next day at the camp but to her dismay and sorrow she was informed that my brother's name was not on their list of survivors. This was certainly a terrible blow to her — such are the ravages of war and the regrettable aftermath which goes with it.

Whilst I was in the camp in the process of obtaining the medical supplies I had the happy opportunity of seeing my younger brother Rene, his wife Dorothy and two sons (Malcolm and Theo — the latter a baby in arms). Their release from the detention camp took place as previously predicted in the first week of September.

Now came thoughts and plans for rehabilitation and return to General Hospital.

The three main hospitals (Tan Tock Seng, Kandang Kerbau and Middleton) continued to work efficiently with the same staff as that during the Japanese occupation.

effect on human beings but as we had no choice in the matter, we thought we would have to take a chance. We took the chance and Providence must have been on our side because the cases operated on, showed no evidence of toxicity and were alive to our great satisfaction and relief.

At this time, the Japanese were bringing in large numbers of Indonesian labourers from Sumatra and Java for construction works. These labourers had been lured to Singapore with the salary of \$2/- a day which in British Currency was reasonable pay. This, however, turned out to be Japanese' banana money, with the result these poor Indonesian labourers starved to death. Their earnings could not even purchase them a decent meal of rice and vegetables. They were housed in rows of low attap sheds mainly in the old Farrer Road Park off Race Course. Casualties amongst them were very heavy and their corpses were brought to Tan Tock Seng Mortuary in vans which were driven by Mr V C Westerhout and Mr Percy Penefather besides others. The coroner at the time was an old colleague of mine Dr Abdul Samat.

I fully remember Dr Sarban Singh coming back to the quarters one evening and saying to us 'What do you think I saw to-day?' As I was leaving the ward I had the odour of hair burning. I turned around and looked. There was an Indonesian labourer (a patient in his ward) tending a fire. I asked him what he was doing and he said he had just killed a rat and was cooking it over the fire for his dinner. Such was the state of things at the time.

As I have stated medical and food supplies were indeed in a precarious state. Dr Chan Ah Kow approached me one day and produced a little Calcium Gluconate powder and asked me if I could help him and produce Calcium Gluconate injections for his tuberculosis patients. I tried it out and the product was successful. With this success, we introduced the calcium gluconate injections, used principally by Dr Benjamin Chew with great success for his tuberculosis patients in T.T.S.H. Another case of 'no venture — no gain'.

Next, Dr Balhetchet's supply of chloroform from me had dwindled considerably and he asked me if I would help and produce sterile spinal anaesthetic (procaine). The products he produced as far as we knew did contain impurities. Again we were forced from necessity to experiment with this sterile anaesthetic for spinal injections. Again Providence must have been on our side as the patients given the spinal anaesthetic for operations on them seemed none the worse for it. Another 'no venture — no gain'.

The 10th of the 10th October 1943 and all the tragedy in the population of Singapore was however remembered by most of us later as it seemed to herald the turn of the tide for both the Germans and the Japanese.

On the African continent towards the end of 1943 after the British army under General Montgomery stopped the progress of the German at El Alamein began the progress and success of the allied forces in North Africa. The gradual successes in the battles of Tobruk, Benghazi and the repeated failures of the Rommel forces were glorious fillips to the morale of us in Singapore. This at least tended to assuage the depressions we were forced into by the increased inflation and difficulties in food supplies. The position in the hospital as far as medical and other supplies was increasingly deplorable. Medicines were absolutely at a low ebb and most difficult to obtain. Surgical dressings and gauze were at a minimum, wounds had often to be covered and strapped on with just paper. In spite

of all this we survived. The Germans were eventually driven out of Libya and Tunisia and then came the landings in Malta and then in mid 1944 the landings in Italy.

The Japanese, no better, were suffering their repeatedly recurring defeats in the Pacific at Guadalcanal, West Irian and Papua New Guinea. The sea battles in the Pacific were ominous writings on the wall for them. These followed by the landings in Leyte Island (Philippines) and huge losses in the sea battles and later the Iwojima crises gave us the great hope of brightness on the horizon.

Then in May 1944 came the successful landings of the allied forces on the Burgundy Beaches of Northern France and the gradual and successful advances towards Paris. Success followed success until January 1945 when the German General Rustead staged the 'push' in Belgium and nearly pushed back the allied forces to the English Channel, which would have been another Dunkirk. This, however, was not to be — the allies rallied and repulsed the German forces and very quickly regained the initiative.

At this time there was — an event which I will never forget. A colleague of mine Dr Benjamin Chew approached me and said: "Leo, you said in November 1942 that the war would be over in May 7th or 8th 1945, do you still say it will be so?"

In spite of the German's success at the time I said: "Yes, you can take any other dates but I still stick to May 7th and 8th".

There was a small wager with Japanese currency (almost valueless) and I was most happy to say I won my wager. Call it what you like — some say it was just a coincidence, others extrasensory perception but there is no doubt about it — There is a divine Providence who guides and directs us for our good. The war in Europe did end on 7th May 1945 (armistice) and arms were laid down on 8th May 1945 — so both dates were correct.

The Japanese as stated were faring no better. The allies had landed in Leyte (Philippines) and were quickly making their advances across the country towards Manila.

In March 1945 the Japanese authorities in Singapore were apparently getting the jitters, because they ordered all those in Singapore who were on parole (mostly Singaporean with European background) who carried parole badges on their person and were on curfew, to be rounded up and sent to the Sime Road Camp for the period of the war. My younger brother, Rene, and his family (his father-in-law was a Scotsman and he had been interned in the Sime Road Camp) were rounded up and taken away to the camp. Before going they asked me how long I thought they would be there. Without thinking, I told them they would be out in the first week of September. This turned out to be so — another instance of divination or ESP following the Nagasaki and Hiroshima catastrophies.

The successes of the British and Indian armies continued in Burma and there was a rumour in Singapore that Lord Louis Mountbatten would be launching an offensive in Malaysia and Singapore. The Japanese surrender in August prevented this invasion.

In early September both Lord Louis Mountbatten and Mr Pandit Nehru came to Singapore for the surrender of the Japanese. Before this took place Singapore had a scare because General Itagaki (Japanese General in charge in Singapore) had said he would not surrender and would fight to the bitter end. This might have been so because three days after the Japanese surrender in Japan, some American



Middleton Hospital had Dr E S Monteiro as Superintendent and Kandang Kerbau was staffed by Dr G Haridas, Dr K Vellasamy, Dr B H Sheares (later President of Singapore) Dr A C Sinha, Dr Au Kee Hock, Mr Tay Teck Sng of the dentistry department and Dr T Balasingham (Pathology) with Matron Dora Dawson leading the nursing section.

With the exodus to UK of all the European medical staff who had been interned, there was, one may say, no so called supervision but it was proved beyond doubt that the local medical personnel were well able to carry on with success.

The British army took over the administration on entry into Singapore and took over the medical department.

The General Hospital at Outram Road became the British Military Hospital. The other three Civilian hospitals continued to be with the same personnel as during the war — the only change was the overall supervision by the new Chief Medical officer Brigadier J M Vickers. The medical laboratories in the various hospitals came under my direct supervision as medical officer in charge of laboratories with headquarters at Kandang Kerbau.

The staff in the main laboratory was as follows:-

Dr L S da Silve, M O i/c  
Dr K Sivam  
Dr Chee Chin Hai

Laboratory Technicians:-

Mr Chua Chor Kai  
Mr Cheah Hong Huat  
Mr Cheah Hong Cheang  
Mr Johari  
Mr Ong Soon Lim (from G H)  
Mr Manikam (from Bacteriology — College of Medicine) and others.

Medical supplies were still at a minimum but were gradually added to and helped considerably.

In October 1945 Mr R Walkingshaw (Surgeon — now Colonel Walkingshaw) arrived. He had, prewar, been attached to the General Hospital and was known to most of the Senior Staff. He saw that privations had been the order of the day with all of us in Singapore and he told me he would like to help us. He asked me to look after stocks of goods which he said he could obtain from the NAAFI Military. Stocks were of chocolates, cigarettes, biscuits, drinks etc most of which could not have been thought of during the Japanese occupation. I gladly accepted the responsibility and started a little store in the Kandang Kerbau Hospital and saw to it that each and everyone of the hospital staff had his or her equal ration of every item. This proved a great success with the hospital staff as all the items were sold with the minimum of profit e.g. 1/4 cent extra for a cigarette, 1 cent extra for a chocolate bar etc. Unfortunately the supplies from Naafi were discontinued after 3 months. A profit of more than \$1000/- was left over and the committee decided to give it to the nurses for their quarters.

My family (i.e. my wife Emma and daughter Anita) had evacuated from Singapore in February 1942 by the Felix Roussel). They arrived at Bombay after 22 days at sea and then had to be kept in the harbour there whilst preparations were being made ashore for the reception and stay of the evacuees. Their voyage aboard was uneventful but as we can imagine at the time, there was much anxiety and perturbation. The evacuees were initially housed in various large buildings, my family being housed at Cutch Castle.

With the termination of the war in September 1945

there was the question of repatriation to Singapore but this could not be effected till January 1946. During the war practically no communication could be made per post between us in Singapore and those in India. The Indian National Army very kindly forwarded a postcard from me to be sent to my family but I was later informed of its non receipt. Other letters posted through the Sime Road internees I understand were received by relatives in India. Eventually with renewal of postal services I had information of their possible return aboard the Indrapoera which sailed safely into harbour in mid January 1946, with as one can imagine great joy for them and for me after the four years of separation. It was certainly a welcome relief that all were well.

In November 1945 I was elected President of the Alumni Association of the King Edward VII College of Medicine (association of graduates of the College). One of the first tasks set was an attempt to bring about the Unification of the Medical Services. It must be remembered that prior to the war there were two categories of medical officers in the Colonial Service (Straits and Malaysian) — the senior service consisting of European officers on a higher scale of salary, initially recruited as Medical Officers and the lower scale of medical officers termed Assistant Medical Officers on a much lower scale of salaries.

In December 1945 the Alumni, realising the possible continued discrimination in the medical service sent a letter to the Secretary of State for the Colonies pointing out the discrimination and asked for a Unification of the Medical Services in Straits Settlements and Malaya without distinction of Race. The sub-committee in Singapore consisted of Dr LS da Silva, Dr BR Sreenivasam and Dr Mootatamby.

There were a great fear that resignations would take place and this did follow.

In March 1946 Dr A Smart, Medical Adviser to the Colonial office, London, was in Malaya and Singapore on an official visit and he saw and said that the local staff had exhibited a high standard of efficiency throughout Singapore and Malaya. They had been tested and not found wanting; this was seen to be so by the British doctors who had been interned and who had appreciated all the good work done. Dr A Smart agreed that we were justified in petitioning for the unification of the Medical Services. This principle of a unified service in which local medical graduates would be able to take their place on equal terms with those of Britain was accepted. As far as I can recollect Mr CC Tan and Sir Lim Han Ho besides the press took up the cudgels on behalf of the alumni and helped in fostering the acceptance of the Scheme.

The acceptance of the Unification of the services was a very important step in the advancement of the Public Services in Singapore and Malaya. Previously comparatively few local personnel had been sent overseas for higher studies but after the unification had been implemented more and more medical personnel were sent for higher studies and on their return to Singapore were posted to Senior posts. This opened the door for other members of the Public Services (e.g. lawyers, engineers, accountants etc.) to obtain the same privileges and be promoted.

The general civilian public including the professionals are unaware of the good work put up by the local medical professional service and the labour put up by the service to place the local professionals on a parity with the Europeans and should be greatly beholden to the Alumni for the precious efforts put up by them.

At the end of May, Brigadier (Dr) JM Vickers was informed by the British Military that they would be leaving the General Hospital and returning it to the Civilian Public. I then took the opportunity of going to General Hospital to inspect the old premises of the Pathology Department. There I had the opportunity of meeting Colonel (Dr) Stuart Harris who very kindly showed me the latest methods of filtration by membranes for sterilisation purposes. He later became Professor of Micro-biology (University of Birmingham) and was responsible for his research work on the Influenza Virus.

It was not till the first week of June 1946 that we gradually moved into the General Hospital. Things were still very difficult because all types of supplies (drugs, chemicals, glassware, apparatus etc) were still difficult to obtain and it was always the case of awaiting shipment of stock.

Shortly after we were installed in the old premises of the laboratory, I met Mrs T W Ong on the road behind the Dental Clinic at General Hospital. She had come into Singapore as a member of the St John's Ambulance Brigade with Lord Louis Mountbatten's forces. She asked me if it would be possible to help her and Mrs Gardner (another member of the brigade) to start a blood transfusion service. I invited her to the laboratory to talk it over but told her about all the difficulties which would beset us because of shortage of

equipment etc. Nevertheless, we got the service started. I was joined shortly after by Dr A Cumming who was in the Pathology Laboratory before the war and had been interned in Siam with other members of the British army — he being a medical officer in the Air force. Both he and I were the first medical staff attached to the blood transfusion, with the assistance of a few voluntary workers, one of whom was my daughter Anita, besides Mrs Dove, Miss Anthony and others who were recruited e.g. Miss Kum Har, Mr Pon-nampulan and others. The service struggled but succeeded. In overcoming the difficulty which is attached to the problem of obtaining donors for blood transfusion. We were helped greatly by stalwarts in Major General Cox and Mrs Cox for recruiting donors from the army personnel and our local and responsible citizens such as Mr Lee Kong Cheang, Mr Yap Pheng Gek and others in the early days.

And so ended the days of sorrow and heartrending experiences which went with the Japanese occupation and we looked forward to the silver lining which we hoped would follow the cloud.

I must apologise to many members of the various staff who assisted me during the occupation, for not mentioning their names in this account of my memories of that period.

I have to thank Dr Moses Yu for kindly assisting in getting this published by the Alumni and the Singapore Medical Association.