

THE MENTAL DISEASES HOSPITAL, SINGAPORE (1ST 100 YEARS) - PART IV

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ABSTRACT

This article (in four parts) traces the history of the first four Mental Hospitals built in Singapore, which were occupied in 1840, 1861, 1887 and 1928. The management of the patients is described; also their lives and deaths. Mention is also made of the doctors and others who looked after them.

Keywords: Tanjong Rambutan, Law, New Hospital

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This article has many quotations from primary sources. The author believes that this mode of presentation is more interesting than a rehash of the results of his research.

At the beginning of 1913, a Report was submitted to Government regarding increased accommodation for lunatics. One of the recommendations was the provision of accommodation in the Lunatic Asylum at Tanjong Rambutan, Perak, in the Federated Malay States for patients from the Colony. This proposal was accepted and arrangements were made to provide additional accommodation in the Federated Malay States Lunatic Asylum for about 200 of the incurable insane from the Colony and thus relieve the existing overcrowding.

Lunatics Transmission Ordinance and Accommodation at Tanjong Rambutan

The law had to be changed. On 22 August 1913, the Attorney-General moved the first reading of the Lunatics Transmission Bill. This Bill empowered the Governor to send any lunatic from any asylum in the Colony to any asylum in the Federated Malay States. In the Legislative Council, he explained that the accommodation of the Asylum at Sepoy Lines was inadequate and there was no room on the present site for an extension of the buildings. The alternatives therefore were erecting a completely new asylum on some other site in Singapore sufficient for the accommodation of all lunatics or sending some of them to the Federated Malay States Lunatic Asylum and keeping the rest in the present Asylum at Sepoy Lines.

The erection of a new asylum would cost a much larger sum than that which would be expended in increasing the number of wards at the Asylum in the Federated Malay States. Moreover, it was a distinct advantage in not having an asylum in one's midst. The presence of an asylum would reduce the value of land in the immediate vicinity of the asylum. About 230 lunatics, 200 men and about 30 women would be sent from Singapore.

At the second reading of the Bill on 5 September 1913, in answer to a question about lunatics who might have to appear in Court, the Principal Civil Medical Officer replied that "it is

not the purpose to send any and every lunatic to Tanjong Rambutan, and we should certainly not transfer any lunatic who has relatives or property in Singapore. The idea is to send only chronic cases of the coolie class who are not likely to be wanted by any court."

On 27 March 1914, the Bill had its third reading and became law. (Ordinance XXI of 1914).

In 1913, the number of male (209) and female (48) admissions were the highest on record. Of the 257 admissions, 144 males and 29 females came from Singapore, 40 males and 14 females came from Penang, 9 males and one female came from Province Wellesley, 15 males and 2 females came from Malacca; one male came from Perak and 2 females from Johore.

The daily average of patients in the Asylum was 455 as compared with 393 in 1912 and 358 in 1911.

The recovery rate was 41.63% for the males and 35.42% for females or 40.47% on the whole. Six male and three female patients were repatriated to India.

The death-rate was 14.29%, the lowest on record.

Dysentery was prevalent during the wet seasons. All the 70 cases which occurred were of the Acute Bacillary variety. Ankylostomiasis had become more noticeable than in previous years.

The number of abscondences was the highest since 1888. No fewer than 19 males and one female made good their escape. There was no doubt that because of the large number of patients and limited number of staff, escape was easy.

The daily average number of patients in the Asylum increased to 473 in 1914. The maximum number on any day was 508, the largest yet recorded.

The incidence of alcoholic insanity was also on the increase:

"The liquor ingested in acute cases was nearly invariably found to have been a local product 'Peh Chue Tau' obtained from rice. As such spirit costs about 25 cents per pint it must, owing to the duty on unadulterated alcohol, consist to a great extent of spirit which has been 'methylated' by the addition of alkaloidal bases, besides containing various of the higher alcohols and aldehydes invariably present in cheaply produced spirit. These impurities must undoubtedly account for the acute mental derangements met with so frequently in those of our admissions of alcoholic origin."

Venereal Disease was assigned as the cause of insanity in 16 admissions - 10 males and 6 females. Of the male admissions, one European and two "better class" Chinese were cases of General Paralysis of the Insane. Proof of previous Syphilis was obtained in a positive Wassermann reaction in each case.

Many of the admissions were still "wandering lunatics" and nothing was known of their antecedents.

The recovery rate fell to 37.44%. Recoveries were retarded

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by the all too limited space at the disposal of the Asylum, the general overcrowding, and by the fact that no additional outlet, such as the usual Asylum farm, was provided for the inmates who passed a large part of their time in comparative idleness. It was anticipated that relief would be given with the opening of the new wards at Tanjong Rambutan.

The death-rate rose again, 25.36%, the highest since 1910. As responsible causes, Dysentery, principally Amoebic, accounted for 32, Tuberculosis 30, while an outbreak of Cholera which occurred during April and May caused 23 deaths. Infection had doubtlessly been introduced, in spite of the segregation of all new admissions, through carriers as the disease was then prevalent in Singapore. None of the European or Eurasian patients was affected, while the female asylum at Pasir Panjang escaped entirely.

The lack of space for the proper isolation of Dysentery and Tuberculosis patients predisposed to the large incidence of, and mortality from, these diseases among the insane.

On 17 September 1914, the Governor in reply to a query by the Secretary of State regarding the state of the Medical Department, sent a despatch in which the Lunatic Asylum was also described:

“Lunatic Asylum, Sepoy Lines. This Asylum is somewhat old-fashioned and overcrowded. There are some 18 acres of ground and the usual work-sheds. The weaving of cloth is the main industry. There are some 340 male patients in residence of whom 12 are Europeans.

Lunatic Asylum, Pasir Panjang. With accommodation for 80 females and 80 males.

These two Asylums are staffed by a Medical Superintendent, one Assistant Surgeon, Steward, Clerk, Matron, 3 European male attendants and some 50 male and female native attendants. Three-quarters of the patients are hopeless Chronics and accommodation for some 200 of these is being built on to the Federated Malay States Asylum in Perak to relieve the overcrowding.”

The new wards at Tanjong Rambutan, Perak, to accommodate about 200 patients were in the course of erection, and expected to be ready in 1915.

Patients at Tanjong Rambutan

In 1915, 100 males and 37 females were transferred to wards built for the Colony at the Federated Malay States Central Asylum, Tanjong Rambutan, Perak. They were removed in two batches, the first consisting of 21 females on 13 November 1915, and the second consisting of 100 males and 16 females on 1 December 1915. (Another 66 males were scheduled to be transferred in early January 1916). These transfers completely relieved the congestion under which the Singapore Asylum had laboured for many years.

Many admissions were due to Syphilis, double the number admitted seven years previously. Eight of these were diagnosed as suffering from General Paralysis of the Insane, the majority being Chinese (see Dr Ellis' remarks above).

The recovery rate was 39.22%. The death-rate was an improvement, 21.31%. Had it not been for the large number of transfers to Tanjong Rambutan the death-rate would have been much better.

Both Dysentery and Tuberculosis had been prevalent and had taken heavy toll, 19 and 36 deaths respectively. Seven deaths occurred from Chronic Interstitial Nephritis and 5 from General Paralysis.

The average annual cost per patient had risen to \$144.10.

One of the work-sheds was converted into a dormitory and living room for dirty and troublesome first-class patients affording relief to the previously overcrowded European

Cottage.

The Bishop of Singapore took a keen interest in the spiritual welfare of the Christian patients, and held services and celebrated Holy Communion to those who desired it. These services were greatly appreciated by those present. The Roman Catholic priests also never failed to attend a call.

Clinical classes in Psychological Medicine were attended by the students of the King Edward VII Medical School in the months of June, July, August, October and November.

Dr Gilmore Ellis, the Principal Civil Medical Officer, died on 8 October 1917, after suffering a stroke following gall-bladder surgery. He had been due for retirement about 16 months earlier but had remained at his post on account of shortage of officers due to the war (World War I).

Statistics for 1917 - 1927 are summarised below (D = Dysentery; GPI = General Paralysis of the Insane; PTB = Pulmonary Tuberculosis):

	Recovery Rate %	Death Rate %	Chief Causes of Death (accounting for about 40%-70% of the deaths.)
1917	38.43	20.22	D, GPI, PTB.
1918	27.44	22.14	D, GPI, PTB.
1919	41.20	23.12	D, PTB, Cholera.
1920	23.41	18.77	(No records)
1921	27.86	17.22	(No records)
1922	37.07	16.30	D.
1923	29.85	18.94	D, GPI, PTB.
1924	36.31	19.72	D, GPI, PTB.
1925	(No records)		
1926	32.52	16.45	D, GPI, PTB.
1927	33.78	16.06	D, GPI, PTB.

Two hundred and sixty-one male patients and 56 females were admitted in 1918 (the highest on record), which together with the 305 males and 62 females remaining on 31 December 1917, made a total of 684 patients treated during the year.

Sixty-six males and 20 females were transferred to the Central Asylum at Tanjong Rambutan during 1918, making a total of 264 males and 75 females transferred there since 13 November 1915.

The recovery rate was 27.44%, and the death-rate was 22.14%. Dysentery which was very prevalent, accounted for 42 of the deaths, Tuberculosis for 13 and General Paralysis for 10. This high death-rate was, however, not confined to the Singapore Asylum. Of the 339 patients sent to Tanjong Rambutan since 13 November 1915, no fewer than 129 had died. Dysentery accounted for 57 of these deaths, Tuberculosis for 30 and 11 succumbed to Pneumonia.

Kitchen Garden.

A kitchen garden was started towards the close of 1917. (The original one had been destroyed to enlarge an airing court in 1896). Half an acre was experimented with and the land planted with vegetables and bananas. So successful was the experiment that more and more Government land was encroached upon until 1.5 acres were under cultivation. The garden began to produce in March 1918, and between then and the end of 1918, the Asylum was supplied with over 11,000 pounds of vegetables in addition to furnishing the staff and attendants with an ample daily supply of fresh vegetables. The garden had saved the diet vote of the Asylum \$275.

Asylum labour was utilised for the tillage of the garden. The services of the Head Attendant who took a keen interest in the garden were recognised by the Government and he was granted a monthly allowance of \$5 from 1 January 1919.

Dishonest practices were prevalent. The services of the Asylum Clerk and Interpreter were dispensed with for obtaining money on false pretences from friends of patients.

There were only 216 admissions in 1919, 101 fewer than 1918. Syphilis as a cause of the mental breakdown headed the list with 28, and alcoholic intemperance accounted for 17 admissions. Eight males and 2 females were General Paralytics, all were Asiatics - Chinese.

The recovery rate was 41.20%, the best since 1909 and compared favourably with the recovery rates of English Asylums. Thirty-six males were transferred to Tanjong Rambutan.

The death-rate was 23.12%. Dysentery, Tuberculosis and Cholera accounted for 25, 11 and 13 of the deaths respectively.

Cholera occurred towards the end of the year. It was introduced from Tan Tock Seng Hospital by an insane patient who had been under observation there. After four cases had occurred, and as it was impossible in the crowded condition of the Asylum to adequately segregate the sick, the occupants of the lower levels were transferred to St John's Island. One hundred and forty patients with the Dresser and the majority of the attendants were towed across to St John's by two lighters.

During their residence on St John's, 14 other cases of Cholera occurred; one of the victims, being an attendant, succumbed to the disease after a short illness.

Of the total treated, 19, 14 died. In addition to Cholera, 10 of the patients were attacked by a very virulent form of Bacillary Dysentery, and 5 died.

During their absence, the whole of the Asylum was disinfected with formalin, the walls scraped and lime-washed internally. No case of Cholera occurred amongst the patients occupying the higher levels of the Asylum after the 140 were transferred to St John's.

One hundred and two casualties were recorded, the injuries were mostly trivial, caused either by the patients themselves, or by other patients or by accident. The serious injuries were a case of peritonitis following ruptured intestine, the result of a kick in the abdomen, which proved fatal; fractures of the clavicle, ribs, thigh and leg. The case of fractured ribs died. A Coroner's inquest was held on every death occurring in the Asylum and on St John's Island. There was no death from suicide.

The kitchen garden continued to produce prolifically. From three acres of land the Asylum and the General Hospital patients received 25,743 pounds of various vegetables; and the prisoners received 1,000 pounds. This at contract rates saved the Government \$772.29 less cost of upkeep, viz, \$66. In addition, the staff, patients and attendants of the Pasir Panjang Asylum and Beri-Beri Hospital received 5,872 pounds of vegetables, 5,460 bananas, 45 giant papayas and 519 pounds of sugar cane.

The average maintenance cost per patient per year was \$135.96.

A new European Cottage was in the process of construction at Sepoy Lines and would meet a badly felt need.

However, it was a new Asylum that was really badly needed.

Law relating to Lunacy in 1920

On 27 October 1919, the Attorney-General moved the first reading of the Lunatic Asylums Bill in the Legislative Council.

This Bill amended the law relating to Lunatic Asylums contained in the Lunatic Asylums Act, an Indian Act of 1858. It also consolidated two Ordinances relating to the reception of lunatics from the Malay States (Ordinance X of 1889) and the transmission of lunatics to the Federated Malay States (Ordinance XXI of 1914). The Bill was based on the Indian Lunacy Act of 1912. Together with parts of the Civil Procedure

Code it would contain the law of the Colony relating to lunacy.

Under this Bill, apart from lunatics so found by inquiry in the Supreme Court and criminal lunatics, no person could be sent to an asylum without an Order made by a Magistrate after due inquiry. Reception Orders could only be made on petition by a relative or other person connected with the alleged lunatic or on application by the Police. The petition had to be supported by two independent Medical Certificates, one of which had to be by a Government doctor. In the case of a person found wandering at large who was dangerous or unfit to be at large or in the case of a lunatic who was not under proper care and control or was cruelly treated or neglected, the application of the Police supported by one Medical Certificate signed by a Government doctor would be adequate.

Among other matters, the Bill also dealt with the cost of maintenance of the lunatic, the signing of an "Urgent Order" for the reception of a lunatic in an asylum, and the estate of a lunatic.

It also provided for the appointment of Visitors, two of whom were required to visit the asylum at least once a month. Three Visitors had authority to discharge any person who was no longer a lunatic. Any lunatic could also be discharged if a relative or friend gave a bond to take proper care of him.

The second reading and the committee stage were on 19 December 1919.

The Bill was read a third time on 19 January 1920 and passed (Ordinance IV of 1920 - "An Ordinance to amend and consolidate the law relating to Lunatic Asylums").

A new European Cottage to accommodate four of the better class of European patients was completed. Quarters were also erected for two bachelor European attendants. There were already quarters for the two married European attendants.

Starting from 1922, the Wassermann Reaction was performed on all admissions. In that year, 63 of the 321 admissions to the Lunatic Asylum gave positive results (Wassermann introduced the complement fixation test for the diagnosis of Syphilis in 1910. By 1911, it was in use in Singapore.)

Dr Gibbs retired, and Dr E R Stone (Assistant Medical Superintendent, Tanjong Rambutan Asylum) was appointed Medical Superintendent of the Lunatic Asylum and Lecturer in Mental Diseases and Forensic Medicine in the College of Medicine. He assumed duty in April 1923. The other European staff of the Lunatic Asylum were the Matron and three European attendants.

In 1924, the recovery rate was 36.31% and the death-rate 19.72%. The chief causes of mortality were General Paralysis of the Insane, Tuberculosis and Bacillary Dysentery. Of the six males and one female discharged as "not improved", one European male was handed over to an escort for passage to Europe, and the remainder were handed over to the care of friends.

Legislative Council debate regarding new Mental Hospital

The question of building a new Mental Hospital was debated in the Legislative Council on 3 November 1924.

Mr Everitt stated that it was a matter of extreme urgency. He had been a Visitor to the Lunatic Asylum for many years, and conditions with regard to overcrowding and out-of-dateness had got from bad to worse. Moreover the Federated Malay States had decided in 1923 that in future they would not take any more lunatics from Singapore as the size of their Asylum had become unwieldy. He was glad to note that on the recommendation of the Select Committee, a vote of \$150,000 for a new Mental Hospital was in the Estimates. He urged that the new Mental Hospital be completed as soon as possible.

Part of his speech will be quoted to give a better picture: "What was the position at my last visit to the Asylum? The present Asylum at Sepoy Lines has accommodation for 230 patients. Sir, there were 415 in residence that day. Pasir Panjang Asylum, I believe, will hold comfortably, I stand to be corrected by the Medical Member, about 100; there are 170 or 180 there. In addition to these, there are 230 patients under the charge of the Federated Malay States and the position is that not only can they take no more, but they want us to take these particular patients back. It must, therefore, be obvious that in the present state, patients who are slightly mentally deficient, and who have every probability of recovering, cannot be properly segregated, cannot be separated from raving lunatics and have not the chances which humanity demands they should have of recovery in the shortest possible time. It is false economy not to provide for these people, because if you allow them and leave them to mix up with hopelessly raving maniacs who can never be cured, their chances of recovery are distinctly minimised, and the time which it takes to cure them is distinctly increased; and all the time they are there, they are a charge on this Colony. I believe, also, that I am right in saying that the numbers of admissions have increased yearly. I do not think, therefore, that there can be any doubt as to the extreme urgency of this question, and I would ask the Government, whatever it costs, to get on with that work with the greatest rapidity. ..."

Dr Gray, the Acting Principal Civil Medical Officer, said that he was in full agreement that a new Mental Hospital was urgently needed. The number of lunatics had increased yearly at an average of 40 for the past ten years, and in the last five years the average increase had gone up to 60, and urgent action was evidently necessary.

The Colonial Engineer then informed the House that plans were already prepared and that tenders would be invited early in 1925.

The construction of the new Mental Hospital was begun early in 1926, adjacent to the new Female Leper Camp at Trafalgar Estate.

On 1 November 1926, during the debate on the Estimates for 1927, Mr Song Ong Siang criticised the Government for the delay in building the new Mental Hospital. He said that it would be well on in 1929 before this much-needed institution would be completed. Although certain additional wards had been provided as a temporary makeshift in the old Asylum, the fact remained that the accommodation was hopelessly insufficient to cope with the inmates already housed there and with the new admissions of mentally diseased persons. He could not help feeling that the Medical Superintendent and the Medical staff had been carrying on their work of treating patients under severe handicaps and against great odds. He proposed,

"I would venture to ask if Government will seriously consider the advisability of expediting the completion of the female portion of the new Hospital at Trafalgar Estate, to which the female patients could be moved and where, in more favourable conditions, more of them would have a better chance of recovering than at Pasir Panjang, where they are at present huddled together. The buildings, then, at the Pasir Panjang Asylum could be used for accommodating a certain number of the male patients so that there would be a general improvement all round."

Mr Everitt supported Mr Song, and said he "would urge upon the Public Works Department, and upon the Government generally, that if any work has to be put back, it should not be the Mental Hospital, but rather that the Mental Hospital should

be favoured at the expense of other work not quite so urgent. There is no question that, with the increased population, there is also an increased population in our present asylum, and I am informed by the Medical Superintendent that the average increase is 60 per year, and that two years ago the accommodation was taxed to its utmost and was hopelessly overcrowded. So I do press that the strongest effort will be made at any rate to get one portion of the Mental Hospital ready for the reception of patients during the coming year ..."

The Principal Civil Medical Officer (Dr A L Hoops) stated that Government was entirely in agreement with the two Unofficial Members about the great urgency of finishing that work, and about the overcrowding that existed in the two institutions occupied by the lunatics. He had tried to diminish the overcrowding by using wards which were formerly allotted to Beri-Beri and blind patients at Pasir Panjang, to accommodate the yearly increase of admissions. He had discussed the problem with the Colonial Engineer and the Architect and they hoped to be able to finish sufficient of the new hospital before the end of next year to enable all female patients and the staff who were looking after them to be moved to Trafalgar, and thus free the present female asylum to accommodate some of the overflow from the male asylum until accommodation was ready for the males.

To make matters worse, the area of the garden belonging to the Lunatic Asylum was gradually reduced in 1927, the land being required for other purposes.

On 16 May 1927, the Principal Civil Medical Officer asked the Legislative Council to approve a special vote of \$25,000 for the equipment of the new Mental Hospital.

He gave as his reasons:

"The total amount needed to furnish and completely equip the new Mental Diseases Hospital at Trafalgar is \$110,000. When the building of this institution was commenced, and in fact until recently, it was not expected that any part of it could be occupied before the latter part of the year 1928, and it was not, therefore, intended to make provision for any of the furniture or equipment until that year. The Colonial Engineer and the Architect, however, are now of the opinion that the wards intended for the reception of females can be finished and made ready for occupation in October of this year. We shall be transferring nearly 250 female patients to this hospital. Honourable Members are aware that our present female asylum is obsolete and is overcrowded and that it is desirable to transfer its occupants to the new Mental Diseases Hospital at the earliest possible date."

The motion was agreed to. (But the hospital was not occupied until 1928 - see below)

And on 22 August 1927, there was a motion by the Colonial Engineer for a supplementary provision of \$500,000:

"Owing to the desirability of vacating the Mental Hospital at Sepoy Lines as soon as possible, work on the new Hospital at Trafalgar Estate has been expedited, with the result that out of a total vote of \$750,000, \$707,000 have been spent.

If this supplementary provision is voted, a portion of the new Hospital will be ready for occupation at the end of the year, the remainder by the middle of 1928.

The estimate for the new Hospital is \$2.5 millions, and after deducting the probable expenditure at the end of the year, the balance remaining to be voted in 1928 will be \$678,232."

The motion was agreed to.

In late 1927, the title "Medical Superintendent, Lunatic Asylum", was changed to "Medical Superintendent, Mental

Hospital”, and the post upgraded with a salary increase. The Medical Superintendent, Dr E R Stone, was promoted to this grade on 1 January 1928.

In January 1928, in anticipation of the extra work to be done, the Governor wrote to the Secretary of State to ask for a suitably qualified Nursing Sister for the new Mental Hospital. He said,

“The female portion of the Hospital will be ready in the middle of the year. 100 Straits Settlements patients now at Tanjong Rambutan will return, making a total of 250 female patients. At present, there is only one European nursing staff - the Matron.

The candidate must possess the Medico-Psychological Nursing Certificate and also the Certificate in General Nursing. She need not have the Certificate of the Central Midwives Board.”

The new Mental Diseases Hospital

The new Mental Diseases Hospital at Trafalgar was completed during the later half of 1928. During September and October 1928, all the mental patients and the staff were moved to it from the Sepoy Lines and Pasir Panjang Asylums. The Straits Settlements mental patients formerly boarded out at the Central Mental Hospital, Tanjong Rambutan, were transferred to the new Mental Hospital, the females in November 1928, and the males in December 1928.

(The wards of the disused Lunatic Asylum at Sepoy Lines were taken over by the General Hospital for the use of decrepits from 10 October 1928 until 25 September 1931, ie a period of approximately three years. Three hundred beds were available for these decrepits. During the year 1931, a number of empty beds became available at Tan Tock Seng Hospital owing to the decrease in the number of admissions, and these beds were used by the decrepits transferred from the old Lunatic Asylum, the last batch of whom were transferred on 25 September 1931, when the decrepit wards at the old Lunatic Asylum were closed down. Some of the wards were demolished to provide space for quarters for staff, and others rebuilt or altered to provide stores, garages and other buildings.)

Herewith the official description of the new Mental Hospital:

“On each side of the Administrative Block are the rooms accommodating 32 first class patients, male and female. There are 120 beds for lunatics, and 18 for staff in the infirmary, and there is room for 80 lunatics in the infectious diseases hospital where tubercular and dysentery cases are housed. The main wards consist of compact one-storied blocks, each of two wards, with a central corridor. The blocks are separated by fences, and accommodate a total of 900 males, second and third class.

On the female side there are three similar blocks accommodating 300 females.

Water is provided from the new Johore scheme, and there is a complete modern sanitary system. There is an electric light plant and kitchens with steam cooking arrangements. Houses for the Medical Superintendent, Assistant Medical Superintendent, the two members of the local Medical Service, the Matron, Sister, Probationers and Dressers are within easy distance of the Administration Block. There is also housing for some 150 subordinates.

The lunatics in residence at present number over 1,000, and are increasing at the rate of about 50 yearly.

The Mental Hospital is situated at Trafalgar in the midst of an area of some 200 acres which it is intended to farm with labour provided by the patients.”

There remained on 31 December 1927, 634 males and 146

females, and 185 males and 93 females were transferred back to the Singapore Mental Hospital from the Central Mental Hospital, Tanjong Rambutan. Together with the new admissions, 1347 patients were treated in 1928.

The recovery rate was 29.89% and the death-rate 19.56%. The chief causes of death were Dysentery, General Paralysis of the Insane and Pulmonary Tuberculosis; with Dysentery causing 41% of the total deaths. One suicide occurred during the year.

During the later half of 1928, a large number of patients were employed on work in the grounds of the new Mental Hospital, and gardening was commenced there.

On 22 February 1929, the Governor asked the Secretary of State to appoint an Assistant Medical Superintendent for the Hospital. He gave the qualifications required for the appointment:

“There is a large area of land at the Hospital and an officer is required with some taste for gardening and farming, who will help to make the patients interested in such pursuits and in outdoor work generally. Must have attended lectures at the Mental Hospital, Denmark Hill. Must possess the Diploma in Psychological Medicine (D.P.M.) and the Diploma in Tropical Medicine and Hygiene (D.T.M. & H.)”

In 1929, 8,256 yards of cotton cloth were woven by the male patients for use in the institution. 13,243 lbs of vegetables were grown for consumption by the patients. 300 fruit seedlings and a large number of ornamental trees and shrubs were planted in the grounds. Clearing and levelling had been done to a great extent. Gardening and other work outside the wards gave employment to a large number of patients. 5,453 coconuts were harvested, of which part were sold.

Dr D Russell was appointed Assistant Medical Superintendent on 29 November 1929, and left the service on 26 March 1931.

Dr B F Home was appointed Assistant Medical Superintendent on 30 October 1931.

Whilst a history of insane heredity was seldom obtained, there had been a previous attack of insanity in 10% of the 1931 admissions. Toxic causes and prolonged physical and mental stress accounted for many of the cases met with. A traumatic causation was uncommon.

Mental Disorders Ordinance 1934

An advance in the treatment of mentally disordered persons was registered during 1934 by the passage of the Mental Disorders Ordinance on 30 July (Ordinance XXXIII of 1934 - “An Ordinance to amend and consolidate the law to regulate proceedings in cases of mental disorder and to provide for the reception and detention of persons of unsound mind in mental hospitals”.) Hitherto all pauper lunatics had to be produced before a Magistrate before a Reception Order could be completed. The new Ordinance made provision for the admission and detention of mentally disordered persons in mental hospitals on the order of two Medical Officers without the intervention of a Magistrate, thus ensuring early care and treatment without undue formality. This Ordinance incorporated the provisions of the Civil Procedure Code relating to mental diseases and Ordinance No 8 (Lunatic Asylums).

An investigation into the incidence of Dysentery was instituted in 1934, and carriers searched for and treated. This was still in progress at the end of the year, and continued into the next year.

Four new wards, two for males and two for females were constructed and occupied during the year. Accommodation for an additional 200 patients was thus provided, and relieved

the overcrowding in the older wards. New kitchens were built.

In addition to the "industries" (weaving and gardening), as many male patients as possible were employed in the grounds of the hospital. More could have been employed if sufficient staff had been available for supervision.

Courses in Mental Diseases continued to be given at the Mental Hospital to students of the King Edward VII College of Medicine.

Dr E R Stone, the Medical Superintendent, proceeded on 8 months' leave in December 1934 prior to retirement, and Dr B F Home, the Assistant Medical Superintendent, assumed duty as Acting Medical Superintendent. Dr F D Gillespie succeeded Dr Home as Acting Assistant Medical Superintendent.

Dr B F Home was appointed Medical Superintendent on 21 August 1935. Dr F D Gillespie was transferred to Labuan on 1 August 1935, and Dr W R Logan was appointed Assistant Medical Superintendent of the Mental Hospital on 24 April 1936.

Reports on Mental Diseases

In 1937, there was a short official report on Mental Diseases. Parts relevant to Singapore and the Straits Settlements will be quoted:

"It is not generally realised that the governments in Malaya (Straits Settlements and the Malay States) have to carry a heavy burden on account of lunatics.

At the end of 1937, the patients in mental hospitals in Malaya were:

Straits Settlement (Singapore)	1,054
Federated Malay States (Tanjong Rambutan)	2,883
Johore	557
	4,494

The maintenance and care of this large number of mental patients is a very serious financial charge. The numbers are so very much higher than those in other Eastern countries that they call for further examination.

Malaya, with a population of 5.25 millions, maintains nearly 4,500 lunatics. In Madras Presidency, for example, with a population of 47 millions, the number of lunatics in institutions is under 2,000. When the patients in the mental hospitals are classified according to race, and the number per thousand of population is estimated, the following is the result:

(a) Federated Malay States ...

(b) Straits Settlements

	Population	No in Mental Hospital	Rate per 1000 of population
Chinese	852,083	1,063	1.25
Malays	301,852	244	0.81
Indians	150,778	221	1.47
Others	39,832	60	1.51
Total	1,344,545	1,588	1.18

(c) Johore ...

The first point to be noticed is that the incidence in Malays, in all three institutions, is about half that in the other races. Indians show almost the same incidence throughout. The rate for Chinese is higher in the Federated Malay States because of a lower death rate in Tanjong Rambutan, and possibly because of easier repatriation of Chinese from Singapore.

The movements of the immigrant population are therefore the major factor in determining the number of mental cases. Each flood of immigration brings in a proportion of potential lunatics, and they remain when the tide turns. The conditions under which estate and mine labourers live make it impossible for the harmless lunatic to remain at home. He is sent to hospital, and although cases of this type are discharged as soon as possible, they come back again because they have nowhere else to live."

In 1936, the Governor appointed a Committee to study the problem of accommodation for lepers and mental patients. Their Report was tabled at the Legislative Council meeting of 30 August 1937. Part of the Report on mental patients and the recommendations will be quoted:

"Kedah, Kelantan, Trengganu and Perlis are all agreed that they must rely upon outside institutions for the treatment and care of their mental patients.

Johore is self-contained as it has a new mental hospital nearing completion which will meet all its needs for many years to come. ...

The two principal existing institutions are in Singapore and Tanjong Rambutan, Perak, Federated Malay States. At the Singapore Mental Hospital there is accommodation for 1,000 males and 400 females, while on the 12 March 1937, there were 919 male and 482 female patients.

The Central Mental Hospital, Federated Malay States, Tanjong Rambutan provides accommodation for 1,797 males and 547 females. ...

There is thus overcrowding on the female side in Singapore and on both sides at Tanjong Rambutan.

At both these institutions the policy now is to discharge patients as soon as they are considered well and likely to keep well. Until recently, at any rate in Singapore, the tendency was to insist on too high a standard of fitness for discharge, but the new policy is reflected in the latest figures which demonstrate that discharges and death almost balance admissions. ...

... there are a number of mental defectives and epileptics who do not require the treatment and care afforded by a mental hospital. ... Unfortunately, however, there is nobody to receive them on their discharge and it is feared that their release would only result in their wandering at large until they are apprehended and brought back. There are in addition from 10 to 20 girl mental defectives of the Po Leung Kok Home who are accommodated in a special building in the Singapore Mental Hospital. ...

At the Singapore Mental Hospital, the main problem is the overcrowding in the female wards. As a solution ... to construct two additional female wards of 50 beds each of what may be termed the Tan Tock Seng Hospital type, ie inexpensive wards. ...

We recommend the construction of the inexpensive type of Tan Tock Seng Hospital wards which can be adapted for the purpose of an admission ward. We consider that two admission wards to house 50 patients each should suffice for Singapore. ... The idea underlying this is to separate acute cases from chronics for at least six months so that the former can be given special treatment and care and thus stand a better chance of cure in the early stages of their illness. ...

... We regard the first class wards at the Singapore Mental Hospital as inadequate and unsuitable and recommend that a new first class block should be built to house 12 males and 12 females. The existing wards could then be used for second class patients. ...

We recommend that Administrations which send their

patients to either of the mental hospitals should pay a per capita charge based on capital cost, upkeep and special expenditure, Head Office and maintenance charge. ...

Summary of Conclusions and Recommendations.

- (a) Johore has its own institution and Kedah, Kelantan, Trengganu and Perlis will rely upon the Colony and Federated Malay States institutions.
- (b) Overcrowding at the Singapore and Tanjong Rambutan Hospitals.
- (c) All new wards to be of the cheapest possible type.
- (d) Two additional female wards to accommodate 50 patients each for the Singapore Mental Hospital.
- (e) Two admission wards to accommodate 50 patients each for the Singapore Mental Hospital, and four for the Tanjong Rambutan Hospital.
- (f) A new first class block to accommodate 12 males and 12 females to be added to the Singapore Hospital.
- (g) A per capita charge to be made for patients from other Administrations."

In 1938 it was reiterated that the maintenance of so many mental patients was a serious burden to the Government and would be more serious as time advanced. A decrease could not be effected. The number of female patients was on the increase due to the increase in the female population.

The total number of patients treated in the new Mental Hospital each year from 1928 - 1939, the recovery rate, the death-rate and the chief causes of death will be shown in a table below (D = Dysentery, GPI - General Paralysis of the Insane, PTB = Pulmonary Tuberculosis, P = Pneumonia, E = Exhaustion from Acute Mania):

	Total Number	Recovery Rate %	Death Rate %	Chief Causes of Death (accounting for about 50 - 70% of the deaths)
1928	1347	29.89	19.56	D, GPI, PTB.
1929	>1347	33.33	12.40	D, GPI, PTB, P.
1930	1478	24.06	10.20	D, GPI, PTB, P, Malaria.
1931	1558	33.96	9.03	D, GPI, PTB, P.
1932	1688	34.10	10.77	D, GPI, PTB, P.
1933	1718	32.64	12.22	D, GPI, PTB, P.
1934	1782	34.51	8.25	D, GPI, PTB, P.
1935	1944	40.03	9.98	D, GPI, PTB, P.
1936	2016	44.10	10.85	D, GPI, PTB, E.
1937	2148	43.63	8.24	D, GPI, PTB, E.
1938	2199	49.06	7.04	D, GPI, PTB, E.
1939	2370	No record.	No record.	No record.

There are no records for 1940 and 1941.

War broke out in Europe in 1939 and Singapore as a British Colony was indirectly involved. By 1941, there were threats of war in the Far East. The Government by then was concentrating on the war effort and preparation for war.

Plans were made for converting the existing hospitals for the reception of war casualties in the event of war.

At the outbreak of war in December 1941, the inmates of the Mental Hospital at Yio Chu Kang Road were sent to St John's Island where they remained until the end of April 1942. The Medical Staff of that hospital were in charge of these inmates and were assisted by the staff of the Quarantine Station.

On the evening of 15 February 1942, Singapore capitulated. The General Hospital then discharged 1,100 military casualties to the military hospitals; 1,600 civilian casualties were sent to their homes; 888 civilian casualties were transferred to the Mental Hospital. (The mental patients were at St John's Island.) For the first year of the Japanese Occupation, Tan Tock Seng Hospital was used by the Japanese as their medical hospital, but about the middle of 1943, the civilian patients from the Mental Hospital were transferred there and Tan Tock Seng Hospital became a civil hospital. The Mental Hospital was used as a hospital for Japanese convalescents after the middle of 1943.

The war with Japan ended with Japan's surrender on 12 September 1945.

During the British Military Administration period (September 1945 to March 1946), the Mental Hospital was used partly by the Royal Air Force and partly for sick Japanese prisoners-of-war. There was no accommodation for mental cases as such.

The Mental Hospital was re-opened on 15 April 1946, but only three wards were then available for civil patients. By 31 December 1946, a total of 11 wards were available and up to this date 693 patients had been admitted (454 males and 239 females), of whom 217 were discharged, 90 died and 4 absconded. The average daily number of patients was 254.

Rehabilitation of Singapore began soon after the War was over. The Medical Department reviewed the medical needs of the community.

Mental patients however did not get any priority. There was in December 1946 accommodation for some 500 patients in the Mental Hospital, and it was realised that further progress would be slow owing to the very serious damage done during the Japanese Occupation. Mental cases could not be placed in adequately protected wards. That many more than the present numbers had to be accommodated as soon as possible was only too clear to those who were acquainted with the problem.

In the Medical Plan for Singapore, however, improvements to the Mental Hospital was scheduled to take place only during 1950 - 1952.

What happened after 1946 will be dealt with in the later history of the Mental Hospital.

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