Med. J. Malaysia Vol. XXXII No. 3, March, 1978

A HISTORY OF PSYCHIATRY IN PENINSULAR MALAYSIA, 1830 – 1975

by *T. H. Woon*
M.B., B.S.(Bom.), M.D.(Malaya)
Corresp. Member, Amer. Psychiat. Assoc.
Associate Professor and Acting Head
Department of Psychological Medicine
Faculty of Medicine
University of Malaya
Kuala Lumpur, 22-11.

INTRODUCTION:

The British settled on the island of Penang in 1786; incooperated Province Wellesley to Penang in 1800, founded Singapore in 1819 and took over Malacca from the Dutch in 1824. By 1929, Penang had a lunatic asylum with 25 inmates, consisting of 13 Indian convicts, 11 Chinese and a Portuguese lunatic (Ward and Grants, 1830). In 1830, Penang was reduced to the status of a Residency. Together with Malacca and Singapore, it became directly dependent upon British India. The Straits Settlements Act, 1866, constituted the four settlements of Singapore, Malacca, Penang and Labuan (in Sabah now) as a Crown Colony (Bastin and Winks, 1966).

Malay folk medicine with Malay magic (Skeat, 1967), Malay poisons and charm cures (Gimletter, 1929) incorporated the Malay world view, including the concept of natural and supernatural causation of mental illness (Muhammad Taib, 1972). The bomohs (Malay medicine man), mainly part-time practitioners, may be consulted for common misfortunes or ailments. The healing rituals showed some early Hindu and Islamic cultural influences. Herbs may be used. Later, Chinese and Indian folk medicine and folk rituals or spirit-mediumship (Shaw, 1973) contributed to the evolving social-medical tradition.

THE FIRST PHASE, 1874-1910

From 1874, following the role of the British as advisers to the four states which later formed the Federated Malay States (on 1 July 1896) efforts were initially directed at making the environment safer through public health measures (Strahan, 1948). By 1895, except for Pahang, in each of the other three states, there was a lunatic asylum situated in a major tin mining town. In Kuala Lumpur, of the 130 patients, (112 males and 18 females), nearly all were Chinese. Melancholia was the most prevalent diagnosis. 68 of them were discharged as cured while 21 died. "The accommodation for lunatics in Selangor is both insufficient and unsuitable and many have been sent for treatment to the Colonial Asylum in Singapore" (Selangor, 1896). In Taiping, of the 145 patients (including 104 new cases), 29 died from a sudden attack of diarrhoea (Perak, 1896). In Seremban, all lunatics were removed to the General Hospital, where a portion of one of the main wards was divided off for them. 13 cases were treated, of which 3 were discharged as cured, one absconded (but was recaptured); 3 died and 6 remained under treatment at the end of the year (Negri Sembilan, 1896).

In 1898, the old goal near the pauper hospital, Kuala Lumpur (the current General Hospital) was converted into a lunatic asylum (Milne, 1948). "The building which is used as a lunatic asylum leaves much to be desired in form and in situation. It was constructed 17 years ago when the town was still in comparative infancy and was intended to be used as a prison. Having been vacated by the convicts on the completion of the Pudu Prison, it has since been used as purpose to which it is now applied. But its form renders it unsuitable for the intelligent treatment of lunatics, its capacity is inadequate in view of the number of patients now sent in from other states, and having in consequence of the growth of the settlement being surrounded on all sides by the houses of the European officers, it is

far more in evidence than is pleasing or desirable. A new building in a more remote situation will soon be a necessity. (Selangor, 1903).

In 1905, an epidemic of beri-beri broke out in the Kuala Lumpur Lunatic Asylum. Out of 219 patients, 194 persons were affected, of whom 27 died. A district surgeon showed that the eating of uncured (Siamese) rice was related to the occurrence of beri-beri while there was no occurrence of beri-beri among another group of patients who were eating cured (Indian) rice. The only difference between cured rice and the uncured variety was that the former was boiled and dried before being milled. (Fletcher, 1907). The death rate at the Lunatic Asylum, Kuala Lumpur in 1907 was 22.22% – of the total of 270 patients treated, 60 died. (Selangor, 1908).

THE SECOND PHASE, 1911-1945

The remote situation finally chosen was Tanjong Rambutan (T.R.), Perak. The Federal Lunatic Asylum was scheduled to receive lunatics not only from the Federated and Unfederated States, but also the Straits Settlements of Penang, Malacca and for a period, Singapore. On 7 November 1911, the officials at the Lunatic Asylum, Kuala Lumpur sent all their certified lunatics to T.R. (Selangor, 1912).

With a new dumping place, little effort was made to treat lunatics in the asylum nearer their community, e.g. 128 lunatics were passed through the Lunatic Asylum, Kuala Lumpur and transferred to T.R. during 1917 when certified. Only 26 lunatics were directly discharged from Kuala Lumpur in that year. (Selangor, 1918). This attitude and practice plus further immigration probably accounted for the rapid increase of not only beds but actual patients in Tanjong Rambutan.

Within the first three years of its function, the number of patients at the end of the year exceeded the total number of beds. In 1912, there were 280 beds but 359 patients (Perak, 1913), and in 1913 there were only 493 beds for 520 patients (Perak, 1914). By 1928, there were 2,211 patients at the Federal Lunatic Asylum, Tanjong Rambutan, renamed the Central Mental Hospital. That year was the first time that the patient population showed a decrease compared with the previous year – due to the transfer of 189 Singapore patients to the new Singapore Mental Hospital. (Perak, 1929).

Confusional insanity primary dementia (dementia praecox) and melancholia headed the diagnosis list. The following were then common "causes" of mental illness: syphillis, gastro-intestinal system infestation (namely, ankylostomiasis), cardio-vascular degeneration, alcohol and haemopoietic system. The rise in syphillis is due to a certain extent, to a much careful examination and a greater use being made of the Government laboratory, but the rise of alcohol is just the more or less steady rise it has maintained for some years ... Against this, I would point to the three cases of drugs, none of them opium, but all hashish." (Samuels, 1929). An earlier Report of the Commission appointed to enquire into certain matters affecting the health of estates in the Federated Malay States (1925) had recommended that while toddy might be sold openly, restriction should be placed on alcohol. The open sale of opium then contributed to the revenues of the Government.

Among the staff at Central Mental Hospital in 1928 were: 1 medical superintendent, 1 assistant medical superintendent, 4 European male and 4 European female attendants, 1 senior assistant physician, 1 assistant physician, and a second assistant physician. There were two nurses, one matron, one work mistress, one steward, one storekeeper, one inspector and one assistant inspector for numerous attendants (Perak, 1929).

An important part of the milieu then was the farm attached to the Asylum. Vegetables and padi were planted. In 1916, there was a piggery and the dairy yielded 7,739 pints of fresh milk. Games, such as cards, dominoes, draughs were encouraged and supplied (Perak, 1917). By 1938: The farms as usual provided all the pork, fruit and vegetables required for the patients and occupational therapy was extended, a large number of useful articles being made from waste material and condemned clothing." (Perak, 1939).

The recovery rate in 1919 was 37.41% and the death rate 19.29% (Perak, 1920). In 1938, 1,264 patients were admitted. A total of 781 were discharged – of which 312 were classified as "recovered", 365 as "relieved" and 104 as "unimproved". The number of deaths was 275, giving a death rate of 6.68% (Perak, 1939).

In 1937, Madras Presidency, with a population of 47 million, the number of lunatics in institutions was under 2,000. Malaya, with a population of $5\frac{1}{4}$ million people, maintained nearly 4,500 lunatics. There were 1,054 lunatics in Singapore, 2,883 in Tanjong Rambutan who came from the Federated Malay States and the 557 lunatics in Johore. In all these three mental institutions in Malaya, the incidence among the Malays (0.81, 0.85 and 0.59 per 1,000 population respectively) was about half that in the other races. Indians showed almost the

same incidence throughout (1.47, 1.58 and 1.57 per 1,000 population respectively). MacGregor (1938) attributed the higher rate for Chinese in the Federated States (1.53 per 1,000 population) than Singapore (1.25 per 1,000 population) to a lower death rate in T.R. and possibly because of easy repatriation of Chinese from Singapore. The rate for Chinese in Johore was 1.15 per 1,000 population.

The significantly larger proportions of southern Indians being hospitalized in Malaya when compared to Indians in Madras and the differences in the race of the Malaysian patients probably reflected the stress on the migrants and how the absence of kinship contributed to their hospitalization.

At the Central Mental Hospital, Tanjong Rambutan, the population had increased steadily to 3,154 patients at the end of 1941. Officially, between 1 January 1942 to 30 September 1945, 5386 patients were treated in the Central Mental Hospital. 3850 deaths were officially recorded, presumably from dysentery or beri-beri. All the British staff, and a few local staff in the hospital had left before the arrival of the Japanese Military Administration. Among the patients were 996 psychiatric patients transferred by the Japanese Military Administration from Sabang Island, near Sumatra in January 1943 and 600 patients transferred from the Woodbridge Mental Hospital, Singapore in November 1944 (Woon, 1971).

THE THIRD PHASE, 1946-1975

With the return of the British Administration, rapid social and political changes continued. After the formation of the Federation of Malaya (Persekutuan Tanah Melayu) in 1 February 1948, the Emergency was declared on 12 July 1948. Between 1946-1950, the annual population of Central Mental Hospital, Tanjong Rambutan increased by about 600 annually – from 448 in 1946 to 2,750 in 1950 (Hospital Bahagia, 1974). The Tampoi Mental Hospital was opened in 1952. The Mental Disorders Ordinance, 1952 defined the certification of patients for observation or treatment. Some patients were temporarily confined to mental cells in district or general hospitals before transfer to one of the two mental hospitals.

Tampoi Mental Hospital, served the states of Kelantan, Trengganu, Pahang, Malacca, Negri Sembilan and Johore. By 1957, there were 1,200 patients at Tampoi. Central Mental Hospital served for the catchment area of Perlis, Kedah, Penang and Province Wellesley, Perak, Selangor and Raub District in Pahang. The overcrowding condition in Tanjong Rambutan had existed since 1951, when the total number of inpatients had exceeded the bed capacity of 3,000 in the hospital (Hospital Bahagia, 1974). Two mental health consultants who were sponsored by the World Health Organization, Dr. S. Mackeith (1954) and Miss I. Marwick (1956) reported on the grossly inadequate treatment of mental patients and the unsatisfactory psychiatric nursing training and practices respectively.

A commission was authorised to enquire into the conduct and administration of the Central Mental Hospital since 1st June 1955 and to make recommendations to the High Commissioner concerning such conduct and administration. At the end of their enquiry in 1957, the number of inpatients was 3,900. The number of doctors (including the Medical Superintendent) in the Hospital was still the same as in 1928, namely 5! The Medical Superintendent, being the only qualified psychiatrist then, was the only expert witness who was frequently called to give evidence in the Courts in all parts of the Country. This necessitated too frequent absences from the hospital where he was responsible for both the clinical and administrative functions. The Commissioners compared the over-crowded A-wards for third class patients to the cattle-sheds in veterinary station – except for the low wooden sleeping platforms on which the patients live. "In the A-wards, 900 patients sit about with absolutely nothing to do, with no hope of any improvement in their condition because no one has time to treat or even to examine them, and with no recreation or amusement of any sort to occupy them." (Central Mental Hospital, Tanjong Rambutan, 1957). The Commission felt that if the monthly visits of the Board of Visitors were to have any value at all, they should be genuine inspections and that the Visitors should be requested to make arrangements to spend the whole day at the hospital if necessary. Numerous recommendations had been implemented since the Report. A recommendation that had been unable to implement till today related to the building of two more 2,000 bed mental hospitals in the Peninsular Malaysia.

On 31st August 1957, Malaya attained her independence. Health became the responsibility of the Federal Government. Recognizing that rural health services were neglected earlier, intensive efforts were directed towards rural health services (Abdul Majid, 1974). The first outpatient clinic in a general hospital at Ipoh was for discharged psychiatric patients from Tanjong Rambutan in 1958. A psychiatric unit with inpatient and outpatient services was started in the General Hospital, Penang in 1959.

On 31st July 1960, the Emergency ended. The Faculty of Medicine, University of Malaya and the University Hospital were established during the

Second Malaya Plan (1961-1965). For the first time in a Malaysian medical school, a Department of Psychological Medicine was established. Psychiatry became an important part of the undergraduate medical education (Tan and Wagner, 1971). A psychiatric unit in the University Hospital setting, with facilities for child and adult psychiatric services encouraged not only early diagnosis but also management near the community. In the Central Mental Hospital, between 1958 and 1974, 201 psychiatric Assistant Nurses have been trained. Between 1971 and 1974, 90 Junior Hospital Assistants were trained at Tanjong Rambutan and Tampoi (Haq, 1975).

The highest population of 4,922 patients was recorded in 1969 for T.R. In 1971, significant changes took place. The hospital was renamed *Hospital Bahagia,* Ulu Kinta while the Tampoi Mental Hospital was renamed *Hospital Permai,* Tampoi. With effect from 16 December 1971, the post of Medical Superintendent was replaced by that of Director of the Hospital. A new post of Senior Administrative Officer was created while the old post of Hospital Secretary was abolished. With no psychiatric social worker, a lone Social Welfare Officer seconded from the Social Welfare Ministry tried desperately to cope with requests for his service (Hospital Bahagia, 1972). Further progress occurred on 1st November 1972 with the establishment of a third unit, under Dr. E.B. McGregor. This unit was responsible for (a) the reorganization of rehabilitation services and (b) the organization and running of teaching programmes in Hospital Bahagia (1974).

The Director, Dr. Edward Tan, commented on the 1,347 patients in 1972 and the 1,494 patients in 1973 with first admission to the *Hospital Bahagia.* "There is an approximately 2:1, male: female ratio. The largest number of admissions are in the 21-30 age group. Malay and Chinese admissions are about equal, an interesting feature when the resident hospital population has a 1:2 Malay: Chinese ratio. Indian patients have a disproportionately high rate of first admissions compared to the resident population ratio of 1:2 for Indian: Malay." In 1973, the rate of admission per 1,000 population was 0.26, 0.29 and 0.46 for Malay, Chinese and Indian respectively (Hospital Bahagia, 1974). Compared with the incidence of psychiatric inpatients in Malaya for the three ethnic groups, about forty years ago (MacGregor, 1938), the relatively lower rate of admissions for the Chinese and Indian population is probably due to the fact that the migrant nature of those populations had given way to a permanent resident type of population. With industrialization and urbanisation, a new public health and social problem, drug addiction had appeared among all the ethnic groups (Tan, 1973; Im and Mahadevan, 1976).

Decentralization of psychiatric services has been suggested by a W.H.O. Consultant, Dr. Cunningham Dax (1962, 1969) and had been incorporated in the programmes of the Ministry of Health under the Second Malaysia Plan (Abdul Majid, 1974, Haq, 1975). There was a shortage of staff to provide adequate services. Attempts towards the local training of staff resulted in the initiation of the Master of Psychological Medicine course at the University of Malaya in 1973 and the post-basic psychiatric nursing programmes at the School of Nursing, General Hospital, Kuala Lumpur in 1975.

The Ministry of Social Welfare (through their children and family services) and the Ministry of Education (through their Guidance and Counselling Service) had begun to play important roles in preventive psychiatry. Public voluntary organizations had begun to cater for the needs of communities which were not adequately served by the existing Government services – e.g. the Selangor Association for Mental Retarded Children, the Perak Mental Health Society (a pioneer in a Psychiatric Day Care Centre) and the Befrienders, Kuala Lumpur with their telephone facilities for people in crisis.

In 1975, the Family Practitioner, a journal of the College of General Practitioners, Malaysia, published five articles on the theme of Psychiatry. It's editorial reiterated that psychiatric illness was among the commoner causes of consultation in general practice. It advocated close cooperation between the general practitioners and psychiatrists for the further improvement of psychiatric care in the country (Lee, 1975).

A DEVELOPMENT AND SOCIOLOGICAL VIEW OF PSYCHIATRY, 1830-1975

The events during the three chronological phases may be viewed developmentally as phases which merged imperceptibly into the next phase. In the background was the indigenous folk medicine and healing rituals. The First Phase was a record of the small lunatic asylums in the three mining towns of Kuala Lumpur, Taiping and Seremban. The Second Phase which merged into the Third Phase, was a history of the evolution of institutional, custodial psychiatry. The new asylum was soon overcrowded. It became the death-house during the Japanese occupation and in the 1950's, its third class, chronic wards were like cattle-sheds. Active reorganization and rehabilitation took place in early 1970's. The Third Phase also witnessed the beginning of general hospital and community psy-

chiatry, the development of training for all categories of staff in the government hospitals and University of Malaya. Voluntary organization began to participate in different aspects of mental health.

Lunatic asylum was initially the responsibility of the Medical Department. Psychiatry and mental health had begun to be accepted as the joint service, responsibility and effort of the various Government Ministries, University of Malaya and general public, by the experts and laymen, for the individuals and families with mental illness or in crises.

SUMMARY

Folk medicine, including Malay, Chinese and Indian healing rituals, formed the background of psychiatry in Peninsular Malaysia. Small lunatic asylums in Penang and the three main mining towns preceded the opening of the Federal Lunatic Asylum at Tanjong Rambutan, 1911. The population of the Asylum soon increased faster than the number of beds provided. This trend recurred after 1951 inspite of the opening of Tampoi Mental Hospital in 1952. Active reorganization and rehabilitation took place at the Central Mental Hospital, Tanjong Rambutan, renamed Hospital Bahagia. Ulu Kinta, in the early 1970's. There was a beginning of increased activities in the various aspects of training, general hospital and community psychiatry and participation by other government ministries, University of Malaya and public, voluntary organizations.

ACKNOWLEDGEMENTS

The author would like to thank the University of Malaya and the National Archives, Malaysia for access to the materials referred to, the University of Malaya for the opportunity to write this article and Miss Suseela Ponniah for repeated typing of this manuscript.

REFERENCES

Abdul Majid bin Ismail (1974), Our Health Services in the Seventies, Mimeographed Copy, Kuala Lumpur, Ministry of Health, Malaysia.

Bastin, J. and Winks, R.W. (1966), Malaysia, Selected Historical Readings, First Edition, Kuala Lumpur: Oxford University Press.

Central Mental Hospital, Tanjong Rambutan (1957), Report of the Commissions appointed by the High Commissioner in Council to enquire into the Conduct and Administration, Kuala Lumpur: Government Printer.

Dax, E.C. (1962), Survey on Mental Services, Assignment Report, Regional Office for the Western Pacific, World Health Organization, Malaya, 28 WPR/302/62.

Dax, E.C. (1969), Mental Health Advisory Services, Assignment Report, Regional Office for the Western Pacific, World Health Organization, Malaysia, 0065, WPR/58/69.

Federated Malay States (1925), Report of the Commission appointed to enquire into certain matters affecting the Health of Estates, 1924.

Fletcher, W. (1907), Rice and Beri-Beri; Report on an Experiment Conducted at the Kuala Lumpur Lunatic Asylum.

Gimlette, J.D. (1929), Malay Poisons and Charm Cures, London: J & A Churchill.

Haq, S.M. (1975), Past and Present Trends in the Development of Psychiatric Services in Peninsular Malaysia. *The Family Practitioner,* **2**: 4–9.

Hospital Bahagia (1972), Annual Report, 1971.

Hospital Bahagia (1974), Annual Report, 1972–1973.

Im, L.H. and Mahadevan, M. (1976), Treatment and Rehabilitation of Drug Dependence in Malaysia, Paper presented at the 25th Iranian Medical Congress on Addiction.

Lee, B.S. (1975), The General Practitioner in Psychiatric Care, *The Family Practitioner,* **2**: 27–29.

MacGregor, R.B. (1938), Annual Reports of the Medical Departments, Straits Settlements and the Federated Malay States, Singapore: Government Printing Office.

Mackeith, S. (1954), Report on Mental Health Services, Federation of Malaya, World Health Organization.

Marwick, I. (1956), Report of Visit of World Health Organization, Nursing Consultant, Federation of Malaya, World Health Organization.

Milne, J.C. (1948), A Brief Review of Fifty Years of Medical History in Selangor, Federation of Malaya, *Med. J. Malaya,* **2**: 161–173.

Muhammad Taib bin Osman (1974), The Bomoh and the Practice of Malay Medicine, Paper presented at the first Neuro-Psychiatric Foundation Seminar, Kuala Lumpur.

Negeri Sembilan (1896), Annual Report 1895, In Protected Malay States Reports, 1895.

Perak (1896), Annual Report 1895 in Protected Malay States Reports 1895.

Perak (1913), Administrative Report 1912 in Federated Malay States Annual Departmental Reports, 1912.

Perak (1914), Administrative Report 1913 in Federated Malay States Annual Departmental Reports, 1913.

Perak (1917), Administrative Report 1916 in Federated Malay States Annual Departmental Reports 1916.

Perak (1920), Administrative Report 1919 in Federated Malay States Annual Departmental Reports 1919.

Perak (1929), Administrative Report 1928 in Federated Malay States Annual Departmental Reports 1928.

Perak (1939), Administrative Report 1938 in Federated Malay States Annual Departmental Reports, 1938.

Samuels, W.F. (1929), Central Mental Hospital, 1928 in Federated Malay States Annual Report 1928, Vol. 2.

Selangor (1896), Annual Report 1895 in Protected Malay States Reports, 1895.

Selangor (1903), Administrative Report 1902 in Federated Malay States Annual Departmental Reports, 1902.

Selangor (1908), Administrative Report 1907 in Federated Malay States Annual Departmental Reports, 1907.

Selangor (1912), Administrative Report 1911 in Federated Malay States Annual Departmental Reports, 1911.

Selangor (1918), Administrative Report 1917 in Federated Malay States Annual Departmental Reports, 1917.

Shaw, W. (1973), Miscellaneous Notes on Malaysian Magic and Aspects of Spirit-Mediumship in Peninsular Malaysia, *Federation Museums Journal,* **28** (new series) Kuala Lumpur, Museum Department.

Skeat, W.W. (1967), Malay Magic being an Introduction to the Folklore and Popular Religion of the Malay Peninsular, Second Edition. New York: Dover Publications.

Strahan, J.H. (1948), Reflection on the Course of Preventive Medicine in Malaya, *Med. J. Malaya,* **2**: 212–238.

Tan, E. (1973), A Preliminary Survey of Drug Dependence in the State of Penang, West Malaysia, *Med. J. Malaysia*, **28:** 23–28.

Tan, E.S. and Wagner, N.N. (1971), Psychiatry in Malaysia in Wagner and Tan (Eds.), Psychological Problems and Treatment in Malaysia, First Edition, Kuala Lumpur: University of Malaya Press, pp 1–13.

Ward, T.M. and Grant, J.P. (1830), Official Papers on the Medical Statistics and Topography of Malacca and Prince of Wales' Island and on the Prevailing Diseases of this Tenasserim Coast, Section I, pp 6–7, quoted by Purcell, V. (1967). The Chinese in Malaya. Reprint of First Edition. London: Oxford University Press, p 64.

Woon, T.H. (1971), Central Mental Hospital, Tanjong Rambutan, 1939–1947 in Wagner, N.N. and Tan, E.S. (Eds.), Psychological Problems and Treatment in Malaysia, First Edition, Kuala Lumpur: University of Malaya Press, pp 31–40.