

Index Guide to Sources on the History of Leprosy in Malaya and Singapore

FMAR	Federation of Malaya Annual Report
FMSAR	Federated Malay States Annual Report
FMSGG	Federated Malay States Government Gazette
KL	Kuala Lumpur (Selangor)
MR	Medical Report
PJ	Pulau Jerejak (Penang)
PP	Pulau Pangkor (Perak)
SB	Sungei Buloh (Selangor)

NB. "Do": information reported in previous years. Typically only new information is entered.

Federated Malay States Annual Report (FMSAR), 1928-1938

The FMSAR series contains a general annual report of the FMS, separate reports for the four states, and a more detailed medical report for the FMS.

FMSAR 1928-31 are partially obtained from FMSGG.

Source	Sungei Buloh Leper Settlement (Selangor)	Kuala Lumpur, Pulau Pangkor * Pulau Jerejak (from 1936) Leper Settlements
FMSAR 1928 From FMSGG Jul- Dec 1928 Official Report & Gazette of the	--	No. of cases at various settlements. Nationalities. General Increasing number of patients coming forward for voluntary admission and treatment. Large proportion of lepers consequently at early stage of the disease.

Federated
Malay States

Some confusion over diagnosis over the lesions of syphilis and leprosy.

No discharges in the year because of fear that non-infective cases will relapse.

Treatment essentially with Tai Foong Chee (Chinese drug). Seen as convenient treatment for the large number of patients. Results apparently useful in arresting or improving the condition.

On leprosy reaction and its treatment.

No epidemics at the settlement compared to previous years.

Education of children. Recreational activities and sports. Many inmates train for sports and standard of performance high.

Celebration of festivals, e.g. Lunar New Year by the Chinese.

Notes on philosophy of segregation and need to have the inmate feel that he is being welcomed into a community of fellow-sufferers. Otherwise the segregation is a form of life imprisonment. Method of modified segregation in other countries where patients have their freedom considered unsuitable for Malaya. Need for good treatment, personal awareness, recreation, cleanliness and good food.

Public education: distribution of leprosy pamphlets.

KL

Now a Federal Institution and will be accept patients from all the 4 FMS (Selangor, Perak, Negri Sembilan & Pahang).

Treatment and care achieved success. Settlement overcrowded and plans made to open the settlement at SB (being erected).

		<p>Lepers from Perak are still accommodated at PJ, Penang.</p> <p>PP</p> <p>Settlement for Malay patients. Treatment with Chinese drugs not successful because of lack of sympathy from patients.</p> <p>Taiping leper wards: hope to transfer the cases shortly to KL so that Taiping will only be a receiving centre.</p>
FMSAR 1929	--	No. of cases at various settlements.
FMSAR 1930	<p>Increase in number of cases.</p> <p>Opening of SB settlement: considered a landmark for leprosy in Malaya. Hope for increased economic and social opportunities not available at the old KL settlement.</p> <p>No breakthrough in treatment for most of patients due to the system of voluntary treatment.</p> <p>Pig-rearing popular.</p> <p>Films screened at the settlement.</p>	Do.
From FMSGG Jul-Dec 1928		
FMSAR 1931	<p>Number of cases.</p> <p>Release of non-infective cases.</p> <p>Number of people coming voluntarily for treatment is encouraging.</p> <p>Importance of the Sungei Buloh settlement (opened in 1930) in Selangor.</p> <p>Volume II (detailed medical report) not in library.</p>	Do. Treatment.
FMSAR 1932	<p>Do.</p> <p>Medical staff of all grades reduced due to the Great Depression.</p> <p>Compulsory segregation by law after Leprosy Enactment was passed in 1926. Settlement about 15 miles from Kuala Lumpur (capital of FMS). Opium addicts segregated within town limits of KL (access to opium?). Cases from the Chinese community. Marked</p>	<p>Do.</p> <p>Leper Asylum, Kuala Lumpur.</p> <p>Reopened in 1931 for opium addicts and incurable cases. Under the control of Medical Superintendent of SB. Majority of inmates have no wish for treatment.</p>

	<p>fear of the disease among the public which helped in tracing the disease.</p> <p>Cases all of Chinese and Indians. Most might have carried the disease with them to Malaya.</p> <p>Improved conditions of treatment and segregation at SB has led to more early stage admissions and release of more non-infective cases.</p> <p>Not effective treatment as yet without segregation.</p> <p>Federal Leper Settlement, Sungei Buloh.</p> <p>Location, accommodation and layout of settlement. Statistics of patients by nationality, admissions, deaths, abscondments, discharge. Treatments used. Preference for use of Chinese drugs (to Chinese and since it is not through injection). Treatments improved during the year in a number of ways. Research & laboratory work. Lowering of the death rate. Subscriptions to the Lepers' Aid Fund reduced by the Depression. More voluntary treatment. Social life: sports and other activities organised and economic activities (vegetable planting etc).</p> <p>Leprosy hospitals grouped together in the report with mental hospitals.</p>	<p>Leper settlement for Malays, Pulau Pangkor Laut (Perak).</p> <p>Statistics on inmates and treatment.</p>
FMSAR 1933	<p>Do.</p> <p>Pressing need for more accommodation with greater demands for admission and treatment. Situation considered an "embarrassment" to the government.</p> <p>Improvement in treatment, evidenced by increasing numbers of those cured and discharged.</p> <p>All other forms of treatment given up for intramuscular and intradermal injections of Siamese ethyl esters (seen as the best methods of treatment).</p> <p>Intradermal treatment remains popular although it is painful.</p> <p>Tai Foong Chee mainly for advanced cases but popular with them – being the least painful treatment. Manages to slow down the disease in some cases although unable to arrest its development.</p>	<p>Do.</p> <p>KL asylum used only for advanced and incurable cases. Patients enjoy less freedom but amenities are provided and discipline and morale are good.</p> <p>Almost entirely Chinese patients.</p> <p>PP</p> <p>Statistics. Malay patients.</p>

	<p>Deaths among patients due to septic conditions high.</p> <p>Experimental work.</p> <p>Staff reduced (or posts closed) due to the Depression and retrenchment in the Medical Department.</p>	
FMSAR 1934	<p>Do.</p> <p>Absorbed the Decrepit Settlement (decrepits evacuated) to provide more accommodation.</p> <p>Good number of cases discharged. However warning that number of advanced cases will accumulate at the settlement in future as number of mild admissions drop. This will also reduce the number of discharges in future.</p> <p>More Indians proportionally discharged than Chinese – Indians apparently have a milder form of the disease.</p> <p>Remarkable fall in death rate over the last 4 years (despite the Depression).</p> <p>Morale of patients good but much of their interest centres around the treatment and which overshadows other forms of recreation.</p> <p>Treatment continues to be satisfactory. But effort made during the year to improve the treatment by varying the dosage or combining with other drugs. Conclusion that leprosy was not a static disease.</p> <p>Tai Foong Chee an old established remedy in which the patients have faith.</p>	Do.

	<p>Transfer of Malay patients from PP: separate settlement erected for them. Mosque being built for them.</p>	
FMSAR 1935	<p>Do.</p> <p>Settlement now full despite use of decrepit wards. Alarming increase in patients. About 1 in 5,000. Financial burden for the government to support these lepers in the next 10 years worrying.</p> <p>70% of patients born in China and India. Average stay 10 years.</p> <p>Intensive treatment has no effect in reducing number of patients.</p> <p>Large number of non-infective patients cannot be discharged because they have difficulty finding a job outside (due to scars) or getting a relative to maintain them. Discharge criteria made stricter.</p> <p>Some discharged patients readmitted due to relapse of illness.</p> <p>Increase in number of patients who absconded. Many because they were impatient and did not wait for the official sanction to leave. Some left temporarily to take care of private affairs.</p> <p>Morale at settlement very good.</p> <p>Decrease in death rate.</p> <p>Treatments used. Effort to customise treatment hampered by large number of patients and inadequate staff. Results in routine treatment.</p>	<p>Do.</p> <p>KL: diminishing number of opium addicts. No new additions since 1931.</p>

	<p>Use of Dettol in experimental work.</p> <p>Problem of work for able-bodied patients; not all working with poultry and vegetables. Increasing work on carpentry and tailoring.</p>	
FMSAR 1936	<p>Do.</p> <p>Low numbers of patients discharged, being the "burned out" (scarred) cases.</p> <p>Many new admissions were moderate or advanced cases.</p> <p>Intensive treatment along modern lines continued.</p>	<p>Do.</p> <p>PJ: housing of all boys under 18 together successful; given their own recreation and facilities.</p>
FMSAR 1937	<p>Do.</p> <p>Increase in number of lepers.</p> <p>Medical Report missing.</p>	
FMSAR 1938	<p>Do.</p> <p>Increase in number of lepers.</p> <p>Medical Report missing.</p>	

Federation of Malaya Annual Report (FMAR), 1946-1959

Source	Annual Report	Leper Settlement at Sungei Buloh (Selangor)	Leper Settlement at Pulau Jerejak
<p>MR, FMAR 1946</p> <p>Official Report of the Federation of Malaya</p>	<p>--</p>	<p>Number of patients at the settlement.</p> <p>Settlement continued functioning (with great difficulty) during the Japanese Occupation.</p> <p>Management remained behind when the British withdrew and ran the settlement until the Japanese interned them in 1943.</p> <p>Large numbers of patients at the settlement died or drifted away during the occupation.</p> <p>Many have returned after the war but the numbers may be offset by the reduction of immigrants from China.</p> <p>Drugs used for treatment. Treatment gave disappointing results.</p> <p>Very little research done due to shortage of staff. Focus instead to improve health of patients affected by the occupation (this was more successful).</p> <p>Renewal of anti-malarial works.</p> <p>Area around settlement experienced much anti-Japanese activity.</p>	<p>--</p>

		After the war, minor strife continued for a while but good order has returned since.	
MR, FMAR 1947	--	<p>Do.</p> <p>3 leper settlements in Malaya: Sungei Buloh in Selangor (the largest), Pulau Jerejak, Penang (part of Malaya now after Penang and Malacca joined the Federation, formed in 1948), and leper hospital in Malacca (smallest).</p> <p>Treatment results very encouraging.</p> <p>Welfare work at the settlement. Morale of patients very high; many involved in activities at the settlement.</p> <p>Short strike at the settlement solved by increasing pay to patients who work at the settlement.</p>	--
MR, FMAR 1948	--	<p>Do.</p> <p>Number of patients at the settlement declined.</p> <p>Free legal aid for patients.</p>	--
MR, FMAR 1949	Do.	<p>Do.</p> <p>Description of Sungei Buloh settlement: location, accommodation, marriage and children.</p>	--
	Difficulty of getting discharged patients accepted back into the community (still known as lepers to their former friends).		

	<p>Effectiveness of sulphone preparations.</p> <p>Belief that fear of disease will fade.</p> <p>Compulsory segregation still in force but most patients now come voluntarily for admission and treatment.</p>		
MR, FMAR 1950	<p>Do.</p> <p>Incidence of leprosy remains the same as past few years.</p> <p>Belief that most lepers in Malaya are under treatment.</p>	Do.	--
MR, FMAR 1951	<p>Do.</p> <p>More effective drugs have encouraged more patients to come forward for treatment voluntarily.</p>	<p>Do.</p> <p>Considerable communist activity in vicinity which affected the routine of the settlement. Background: Emergency started in 1948.</p>	<p>Description of settlement and activities organised.</p> <p>Marriage and children born to patients.</p> <p>Local discipline excellent.</p>
MR, FMAR 1952			
MR, FMAR 1953	--	<p>Do.</p> <p>Marriage at the settlement. Infants born to patients kept at uninfected part of the settlement until adopted by</p>	<p>Do.</p> <p>Rehabilitation scheme at Jawi New Village – first of its kind, for discharged patients.</p>

		<p>foster parents or by social welfare organisations.</p> <p>Improvement in political situation contributed to more peaceful environment in the year.</p> <p>Children who have left school are employed part-time at the settlement and paid.</p>	<p>Background: "New Villages" are creations of the British in fight against the communist insurgents. Residents are former Chinese squatters quartered in more secure areas under British surveillance.</p> <p>Scheme a success: residents of the village accept the discharged patients living among them.</p> <p>Financial assistance for scheme provided by Red Cross and Social Welfare Department.</p>
MR, FMAR 1954	--	<p>Do.</p> <p>Despite success of treatment, numbers have not fallen.</p> <p>General health of patients good.</p> <p>Considerable number of decrepit patients permanently unable to make a living outside because of deformities. Their increase in numbers in the settlement may block admission and treatment of acute cases.</p> <p>Need for new accommodation.</p> <p>After-care of discharged patients an increasing problem. Employment is found before discharge or the patient is taken under the care of Social Welfare Department.</p>	<p>Do.</p> <p>No visitors allowed except by permit although non-infectious cases may be allowed to visit their relatives.</p>

		<p>Men more easily placed and women.</p> <p>Travers School obtained good results.</p> <p>Good work at the workshop and farm.</p> <p>Discipline good despite the efforts of professional malcontents.</p> <p>Abscension popular due to the high price of rubber (opportunity for employment) prevailing during the Korean War.</p>	
MR, FMAR 1955	--	<p>Do.</p> <p>Small clique of troublemakers has caused plenty of "nuisance" through agitation in the year. Caused strife among the patients.</p> <p>However the Patients' Council has persuaded the patients towards cooperation.</p> <p>Malays do not use the settlement generally, although the disease does exist among them. Need for nation-wide survey.</p> <p>Discharged patients referred to home clinic for follow up treatment.</p> <p>Focus of treatment now on paralysis, mutilation, complications and deformity, to help patients return to a normal life and earn a living.</p>	--

		<p>Shortage of medical staff.</p> <p>Welfare and part-time employment at the settlement.</p> <p>Suggestion to form a Leprosy Relief Association in Malaya but response has been poor.</p>	
MR, FMAR 1956	--	<p>Do.</p> <p>Strike by inmate staff brought work at the settlement to a standstill in the early part of the year.</p> <p>Issue over increase in wages (examined by the Government prior to the strike).</p> <p>Settlement guards did well and remained on duty during the strike.</p> <p>New tuberculosis ward opened.</p> <p>Good work in orthopedics.</p> <p>Increased enrolment at Travers School. Children who left school apprenticed to various traders.</p>	--
MR, FMAR 1957	--	<p>Do.</p> <p>Graph on number of patients.</p>	--

		<p>Good work done in occupational therapy.</p> <p>Settlement guards continue to perform well. 3 serious crimes reported to the police.</p>	
MR, FMAR 1958	--	<p>Do.</p> <p>Settlement continues to draw much publicity abroad and receive large numbers of foreign visitors.</p> <p>Settlement received illegal Indonesian patients who sought treatment.</p> <p>Physiotherapy affected by retirement of the part-time therapist.</p> <p>Sales from occupational therapy.</p> <p>Photographic Department an important addition to the X-Ray Department.</p> <p>Patients' Council an elected body working under the Medical Superintendent, looking after the welfare and recreation of the patients.</p>	--
MR, FMAR 1959	--	<p>Do.</p> <p>Patients' Council active in the year.</p>	--