

National Archives of Singapore

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

SILRA	Singapore Leprosy Relief Association
SS	Straits Settlements
MR	Medical Report
SMOHAR	Singapore Ministry of Health Annual Reports
SSAR	Straits Settlements Annual Reports
SSADR	Straits Settlements Annual Departmental Reports
FMS	Federated Malay States

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

Singapore Ministry of Health Annual Reports (SMOHAR) 1946-2000

Source	General Report	Leper Settlement in Singapore (Trafalgar)	Leprosy in Rural Areas	Leprosy in Schools
SMOHAR 19				
SMOHAR 1946 Report of the Ministry of Health, Singapore	--	Statistics on inmates.	--	Cases mostly of the early sort.
SMOHAR 1947	Medical Plan 1947 Overcrowding in Leper Hospital, some had to be transferred to Sungei Buloh. Recommendation for extension of the facilities. Budget allocated.	Do. Treatments. Physical appearance and morale of inmates poor due to the Japanese occupation. Problem also worsened by overcrowding. Lack of staff too as most people looked to commitments elsewhere.	--	--

		<p>Building of wards for acutely ill and training of nurses and hospital assistants, in some cases training educated inmates to perform such roles.</p> <p>Need to increased accommodation given the separation of Malaya and Singapore. Singapore's leper settlement no longer a holding area for patients who would be sent north.</p> <p>No new buildings established, only repairs.</p> <p>Need also for trained teachers for school.</p> <p>Formation of Leper Welfare Committee and its activities.</p>		
SMOHAR 1948	--	<p>Do.</p> <p>Establishment of new rate of pay for patients.</p> <p>Need to recruit new staff to perform urgent tasks, e.g. build new wards.</p> <p>Drastic need for reorganisation and rebuilding to prevent overcrowding – plans for an open-settlement layout. 60-semi detached quarters, with two inmates to a quarter.</p> <p>New nurses and hospital assistants being trained.</p> <p>Steady improvement to physical appearance and morale of patients.</p> <p>Difficulty of administering or testing new drugs because of staff shortage. Tests seem to suggest that younger, early case patients respond better.</p> <p>Transfer of patients to PJ – but this is likely to cease soon due to greater demand for accommodation on PJ. Singapore will have to accept return of its patients.</p> <p>Establishment of Singapore Leprosy Relief Association in</p>	--	--

		<p>1947. Instituted non-legal adoption of children of patients.</p> <p>Photos of patients.</p> <p>Conferment of medal for inmate by Governor for services during the Japanese occupation.</p>		
SMOHAR 1949	<p>Leprosy seen as acute problem in Singapore.</p> <p>Great increase in admissions and overcrowding.</p> <p>Many (over 300) had to be sent to the Federation.</p> <p>Treatments on trial and not possible to release those treated as cured.</p> <p>Real problem seen as rehabilitation of those cured – feeling that those cured (non-infectious) will continued to be feared by the general public.</p> <p>Medical Report: conclusion that accommodation is inadequate. Plans for expansion of accommodation and also of roads and other facilities.</p>	<p>Statistics on inmates and transfers to PJ.</p> <p>Administration and staff of settlement. Staff insufficient, which affects proper treatment of inmates. Need also for physiotherapist to prevent muscle wasting.</p> <p>Health care improved since end of the war in 1945.</p> <p>Treatments. Procurement of new equipment.</p> <p>Problem of overcrowding – 450 squeezed into accommodation for 240.</p> <p>Medical Plan provided for expansion of buildings.</p> <p>Number of admissions increased – blamed on the neglect during the Japanese occupation.</p> <p>Number discharged low due to advanced conditions at time of admission.</p> <p>Many inmates have little hope of normal life – strong stigma</p>	--	<p>Cases among pupils. Most early cases; advanced ones sent to leper settlement.</p>

		<p>against the disease among the public.</p> <p>Efforts made to reduce the impression that the settlement is a prison – gardening and poultry rearing encouraged, walls painted in attractive colour.</p> <p>Diet improved and important for long-term treatment. Treatment also requires a strong physique.</p> <p>However cooks are inmates who have no professional experience of cooking. Also no separate facilities for cooking.</p> <p>Procurement of a van, making the settlement independent of other hospitals (regarding transport).</p> <p>Classes: elementary English, occupational therapy (e.g. tailory, carpentry).</p> <p>Scout troop. Outside activities, e.g. sea trips.</p> <p>Inmates receive gifts from voluntary organisation, Leper Welfare Committee, formed 1947. Organised also Christmas Party.</p>		
SMOHAR 1950	<p>Leprosy seen as a serious postwar problem.</p> <p>Main problem identified as</p>	<p>Do.</p> <p>Completion of new quarters, contributing to improving in morale of patients.</p>	<p>High incidence.</p> <p>Possible explanation: success of treatment might have</p>	<p>Cases found and treatment.</p>

	<p>rehabilitation of discharged patients.</p> <p>New law to control leprosy, based on study by ER Koek.</p> <p>Work of SILRA.</p>	<p>Transfers to PJ continued.</p> <p>Treatment by injection and reaction.</p> <p>Problem of rehabilitation, especially in finding work. Many of left return to demand re-admission.</p> <p>Need for a long-range policy stated (current policy only compromise to present circumstances).</p> <p>Occupational therapy taught by specialist from the General Hospital to patients for part of the year.</p> <p>Farming done at the settlement and products sold to government at fixed price. Information on and quality of diet.</p> <p>Vocational training and education. Performance in school of a high standard comparable to elsewhere on the island.</p> <p>Illness seen to be more prevalent today, due partly to neglect during the Japanese occupation.</p>	<p>encouraged patients to seek admission & treatment.</p>	
SMOHAR 1951	<p>Work began in 1950 of the 1st stage of the accommodation expansion of the</p>	<p>Do. Discharge rate increased with the new drugs.</p>	<p>Do.</p> <p>Large numbers in the colony to</p>	<p>Only one case.</p>

	<p>settlement. Now 2nd stage.</p> <p>Accommodation improvised so far.</p> <p>Leper Committee's efforts: "adopted" leper children and gave them pocket money.</p> <p>Discussions to register the committee as a voluntary association for lepers.</p>	<p>Name of settlement officially changed to Trafalgar Home (name of previous rubber estate at the site).</p> <p>New semi-detached quarters also filled to overflowing. Medical Plan hence averted a potential crisis.</p> <p>Details of development of Trafalgar settlement, expected to be completed in 1952. Contains accommodation for both males and females. Includes a Roman Catholic chapel.</p> <p>Treatments used. Reports of liver damage as a side effect of one drug.</p> <p>Comment that leprosy is harder to cure in Singapore – less than 50% of Chinese inmates expected to be cured.</p> <p>Those discharged or under observation for infectious symptoms need to receive regular checks at government hospitals. Most do.</p> <p>Rehabilitation difficult for discharges. Particularly in resuming or finding employment.</p> <p>Occupational therapy and vocational training. Inmates paid some money for their work. Increasingly important with the increase in discharges.</p>	<p>treat: over 1,000.</p>	
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		<p>Scout and Guide troops.</p> <p>Education: shortage of teaching staff; duties undertaken temporarily by inmates who had no teaching experience. Like employment, education important given greater likely of discharge.</p> <p>Success of Christmas Party.</p> <p>More inmates employed in some capacity at the settlement, due partly to the expansion works. Some nurses promoted.</p> <p>Picture of settlement.</p>		
SMOHAR 1952	<p>Number of patients at 1,500. Although increase partly due to Japanese occupation, main reason has been encouraging sign that more lepers are coming forward; previously had been underground.</p> <p>This gives hope to the control of the disease in future.</p> <p>500 are now cured (non-infective) but have to remain in the settlement (have signs of the disease).</p>	<p>Do.</p> <p>Increase in inmate staff.</p> <p>Problem of low remuneration: ok for those with no dependents. But many with dependents abscond (absconding rate: 4.4%) when families in financial difficulty and cannot afford the treatment costs. Puts the family at risk of infection.</p> <p>Development works. Cinema projection room built.</p> <p>Occupational therapy began in 1952. Some success in instilling interest in work although not all inmates responded (lost interest due to the length of treatment).</p>	<p>Do.</p> <p>Lower number.</p> <p>Encouraging that patients are seeking admission – attributed to the positive effects of the general health drive.</p>	Treatments and number of cases.

		<p>Teaching provided by inmates.</p> <p>Trafalgar Home Welfare Committee: 2 representatives from Medical Department on the council.</p> <p>Failure to recruit an almoner. Social problem of leprosy: family seriously affected for a number of years if individual is deemed unable to work. This would have deterred other underground lepers from coming forward.</p> <p>1953, Social Welfare Department will increase relief rates to help the family of patients. Particularly if the wife is unable to work if the children are young.</p> <p>3 groups in settlement: severely, moderately or little handicapped by disease. First group cannot work or have no friends and receive allowance from SWD. Second a small wage, but large numbers who can work still without occupation.</p> <p>Occupational therapy therefore important but needs remuneration to sustain interest. E.g. building of sheltered workshop.</p> <p>Workshop could also provide aftercare and employment for those discharged (no longer capable of manual work).</p> <p>Work of Almoner: home visits and surveys.</p>		
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		<p>Review of leprosy patients in Singapore. Most only in home for 5 years (i.e. great increase in admissions). Increase in those ready for discharge with new treatment.</p> <p>Over 10% ready for discharge but unable to do so (public reaction).</p>		
SMOHAR 1953	<p>Slogan: "a community within a community and without bars".</p> <p>Belief that disease is relatively well-controlled. About one third non-infectious.</p> <p>Main problem administrative: overcrowding and stress it causes for the patients.</p> <p>Greater effort in securing the return of absconded patients, detection of new cases.</p>	<p>Increase in numbers of inmates has caused problems for administration and control of inmates.</p> <p>Meant more inmates roped in as staff.</p> <p>School at the settlement opened in Feb.</p> <p>Further extensions.</p> <p>Discussion of trends in the disease. Improvement in earlier diagnosis of the disease.</p> <p>High incidence of leprosy in Malaya: over .5%</p> <p>Larger number of inmates than previously thought desiring to prolong their stay and not to seek discharge.</p> <p>Tan Tock Seng Hospital Almoner going on regular intervals to the Home.</p>	Incidence still high.	Do.

		<p>Leprosy Board in charge of discharge of inmates.</p> <p>Difficulty of those who had been at the Home for a long time, especially if they were admitted as children: inexperienced in living outside.</p> <p>Due to spread of public education, some who had absconded previously had returned for treatment.</p> <p>Some inmates hidden by their families.</p> <p>Care of children born to leprosy parents. Some children brought to Home abandoned by relatives. Many have difficulty settling in normal schools.</p> <p>Difficult to discharge women: lost their husbands and friends, or in finding a job.</p> <p>Operation of outpatient clinic for non-infectious patients.</p> <p>Difficulty in maintaining interest in occupational therapy. Discussions to set up workshop for long-term residents. Also proposal for vocational training for children.</p> <p>Relief Association raising funds for welfare work.</p> <p>Social activities.</p>		
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		<p>Oct 1953, 6th International Leprosy Conference. Connection between leprosy and TB and medical tests.</p>		
SMOHAR 1954	<p>Proclamation that end of the leprosy problem within sight. Increase in number of inmates discharged and fall in number of admissions.</p> <p>Successful cures encouraging people to seek treatment voluntarily.</p>	<p>Do.</p> <p>Home on agricultural land and produces own vegetables and pork with some excess.</p> <p>Houses some 800 patients.</p> <p>Hope that discharges will equal admissions in 1957 or 1958.</p> <p>More early diagnosis now and number of long-standing cases found is falling. About 100 positive cases still at large.</p> <p>Work of Almoner in this regard commended. Almoner now a full-time position at the Home. Carried out interviews of patients for information on family.</p> <p>Some inmates refuse or unable to leave: blind or severely crippled.</p> <p>Graphs on trends.</p> <p>Shift of treatment by injection to oral therapy.</p>	Do.	Do.

		<p>Public still looks upon disease with fear.</p> <p>Problem of babies born to patients: not allowed to stay at the Home.</p> <p>Association provides money for discharges to settle down or set up small business.</p> <p>Establishment of contact clinic.</p> <p>Greater success with occupational therapy, due largely to system of remuneration started in the middle of the year.</p> <p>Opening of Rotary School.</p>		
SMOHAR 1955	<p>New accommodation completed, solving problem of overcrowding.</p> <p>Increase in non-infectious and early diagnosed cases and decrease in long term cases.</p>	<p>Do.</p> <p>Graphs on trends.</p> <p>Many patients upon admission not aware of the full implications of their admission.</p> <p>Difficulty in obtaining work for those discharged, e.g. opposition from employer or other employees.</p> <p>Great success for occupational therapy. Exhibition sale held, was successful.</p>	Do.	Do.

SMOHAR 1956	Increase in total number of patients seen to be encouraging sign of early diagnosis.	<p>Do. 950 patients.</p> <p>Charts on duration of disease.</p> <p>New remuneration scheme for inmate staff.</p> <p>Belief that leprosy particularly attacks people who have not experienced TB/TB vaccination.</p> <p>Experiment with new drug unsuccessful.</p> <p>Search for work for discharged patients still difficult and those without employment placed on welfare relief.</p> <p>Couple hood: likelihood of disease flaring up during pregnancy; such implications discussed with couples.</p> <p>Steady progress in occupational therapy.</p> <p>More children admitted to the Home, due to early diagnosis of the illness.</p>	Do. Encouraging sign of cases from rural areas becoming constant in last three years.	Do.
SMOHAR 1957	<p>Changes in number of staff – affected case-finding work.</p> <p>Number of new positive cases fell.</p>	<p>Do.</p> <p>Remuneration scheme worked well and 275 patients were employed. Remitted earnings to their homes. Morale of these patients high.</p>	Disease gradually brought under control.	Numbers falling.

	<p>First year where number of patients discharged greater than those of new positive cases.</p> <p>Increase in negative cases for preventive treatment.</p> <p>Large proportion of patients also affected by TB – suggests concurrent vulnerability to both diseases.</p>	<p>Development programme.</p> <p>Oral treatment satisfactory.</p> <p>Almoner's interviews helping with gaining patients' cooperation and reducing absconding.</p> <p>Lack of welfare funds for discharged patients remains a problem.</p> <p>Large proportion of discharged managed to find work immediately.</p> <p>Occupational therapy. Range of work in crafts limited to light materials and non-perishable items. Products sterilised before sale. Items made and sold.</p>		
SMOHAR 1958	--	<p>Do.</p> <p>Home managed on an "open village" scheme (chalets).</p> <p>55% of admitted cases in early stage of disease. Others in advanced condition do come for treatment.</p> <p>Non-infectious cases treated as outpatients.</p> <p>Occupational therapy. Patients paid for their abilities and by</p>	Continued decline in incidence.	Do.

		cost of materials. Home also runs a school training patients for tailoring etc.		
SMOHAR 1959	Firm measures taken in 2 nd part of the year against vice, gambling and secret society activities	<p>Do.</p> <p>300 patients employed as workers in the Home. Wages compare favorably with wages of workers in Singapore.</p> <p>Outpatients' attendances quite regular.</p> <p>Hardship caused by abolition of Sickness Allowance for outpatients – now relatives have no incentive to take them in.</p> <p>Lorong Buang Kok Government English School established.</p>	Do.	Do.
SMOHAR 1960	--	<p>Do.</p> <p>Home admits patients with positive skin smears; discharged if smears for 4 consecutive times are negative. Discharge decided by Leprosy Board.</p> <p>Outpatient skin clinic: Irrawaddy Skin Clinic.</p> <p>Home has gradually changed from segregation to therapeutic centre.</p> <p>Welfare for inmates dependent on charities.</p>	Do.	Do.

		<p>Students did well in the School.</p> <p>Occupation therapy: work done described as "cottage industry".</p>		
SMOHAR 1961	Disease being brought under control.	<p>Do.</p> <p>Almoner's work with rehabilitation of patient and care of their family.</p> <p>Allowance from Social Welfare Department for single patients.</p> <p>Children of patients separated from parents.</p> <p>Teaching at School right up to Senior Cambridge level.</p>	Do.	Do.
SMOHAR 1962	--	<p>Do.</p> <p>Increase in number of patients discharged – due to the use of anti-leprosy drugs.</p> <p>Occupational therapy helps patients pass the time and also provides some pocket money.</p> <p>Outpatients also allocated some form of work, e.g. rattan work and sewing.</p>	--	--

		<p>School: difficulty in retaining good teachers and teaching pupils of a wide age range.</p> <p>Realisation with family is harder if the patient has been permanently scarred and been away from family and work for a long while.</p> <p>Almoner's department assisted by donations of food from the US.</p> <p>SILRA's work in educating the patients – children schooled when young now training for commercial and professional careers.</p>		
SMOHAR 1963	--	<p>Do.</p> <p>Large part of land area of Home for squatters built by discharged patients.</p> <p>Number of patients and patients' bed-days have fallen satisfactorily.</p> <p>History of leprosy in Singapore: early treatment as paupers.</p> <p>First leper camp established in 1918 at McNair Road (males only).</p> <p>1926, 1930 camp for males and females at Trafalgar. Named Leper Settlement in 1930 and Trafalgar Home in 1950.</p>	--	--

		<p>Accommodation insufficient before the war.</p> <p>WHO leprosy expert at the Home for 3 months.</p> <p>Patient-Council established in 1962 of representatives of patients to assist in internal insecurity at the Home.</p>		
SMOHAR 1964	--	<p>Do.</p> <p>Recent years the Home has relaxed on conditions of discharge.</p> <p>Gradual increase in normal, healthy staff compared to patient staff.</p> <p>Recruited qualified physiotherapist – patients no longer have to be sent to the General Hospital.</p> <p>Record sales through occupational therapy, aided by voluntary help.</p> <p>Scheme instituted to train all new patients in a craft.</p> <p>Enlargement of facilities.</p> <p>Downward trend in number of patients treated.</p>	--	Statistics on leprosy in schools.

SMOHAR 1965	--	<p>Do.</p> <p>Publicity campaign launched in the year to cultivate awareness that leprosy is curable. E.g. through radio and television, talks at schools and university and working with voluntary organisations and community centres.</p> <p>Anti-Leprosy exhibition held, attracting 25,000 people.</p> <p>Talks on leprosy to public associations not only raised awareness of the illness but also funds.</p> <p>Occupational therapy: quality of produce good. Some promoted by Tourist Board and even exported overseas (Canada).</p> <p>Dental health: repair of dentures (some patients with deformities unable to handle their dentures with care).</p> <p>Social stigma of leprosy remains among the public.</p>	--	Do.
SMOHAR 1966	--	<p>Do.</p> <p>3rd stage of Leprosy Campaign carried out – targeted at school children. Good response from school children and staff.</p>	--	Do.

		<p>1st ever independent sale of work by occupational therapy department.</p> <p>Building works.</p> <p>Statistics show that leprosy is coming under control.</p> <p>Special skin clinic session begun at Irrawaddy Skin Clinic – heavy response.</p>		
SMOHAR 1967	--	<p>Do.</p> <p>Patient workers still the majority of staff.</p> <p>Skin survey in primary school – discovered a few cases of leprosy.</p> <p>School maintained high academic standard.</p> <p>Occupational therapy continues – Home still maintains contact with shops in town.</p> <p>Skin clinic encourages public to present themselves for treatment at early stage of disease.</p>	Statistics on leprosy.	Do.
SMOHAR 1968	Leprosy considered a minor infectious disease officially.	Statistics on admissions to Trafalgar Home.	--	--

SMOHAR 1969	<p>Rising cost of medial treatment throughout hospitals, leading to patients bearing a small amount of the cost of treatment in 1969.</p> <p>However leprosy patients exempted from scheme.</p>	<p>Do.</p> <p>More than half treated at skin clinic were leprosy cases.</p>	--	--
SMOHAR 1970	--	<p>Do.</p> <p>Skin clinic also serves as observation clinic for suspected cases of leprosy.</p> <p>Home for leprosy patients funded by SILRA opened in 1971, by President of Singapore.</p> <p>Pupil population in the school low because of declining numbers of leprosy patients among the young.</p>	--	--
SMOHAR 1971	--	<p>Do.</p> <p>Disease being brought under control.</p>	--	--
SMOHAR 1972	--	<p>Do.</p> <p>New cases requiring therapy few.</p> <p>Occupational therapy: patients not able to keep up with heavy</p>	--	--

		demand for products due to their physical handicaps.		
SMOHAR 1973				
SMOHAR 1974				
SMOHAR 1975	--	<p>Do.</p> <p>Number of inpatients reduced with better treatment and more discharge.</p> <p>Concept of multi-disciplinary treatment for patients.</p> <p>Occupational therapy to prevent deterioration of mental and physical ability and skills.</p> <p>Remunerative employment at the Home's Sheltered Workshop for those unable to find work outside.</p> <p>Skin clinic treats leprosy outpatients only in afternoon and other skin diseases in morning. Increase in number of new skin diseases.</p> <p>Photographs of "Combat Infectious Disease" exhibition.</p>	--	--
SMOHAR 1976	--	Do.	--	--
SMOHAR 1977	--	<p>Do.</p> <p>Fall in number of inpatients.</p>	--	--

		<p>Development of drug-resistance strain: need to use more expensive drugs.</p> <p>Leprosy Ordinance repealed with leprosy included in Infectious Diseases Act, 1976.</p> <p>New skin disease cases continued to increase.</p>		
SMOHAR 1978	--	<p>Do.</p> <p>Increase in new skin disease cases.</p>	--	--
SMOHAR 1979	--	<p>Trafalgar Hospital admits infectious cases of leprosy, including suffering from complications from leprosy or requiring corrective surgery.</p> <p>Statistics on admissions and cases treated.</p>	--	--
SMOHAR 1980	--	Do.	--	--
SMOHAR 1981	--	<p>Do.</p> <p>More patients discharged; half managed to find new jobs.</p> <p>Number of outpatients treated also declined.</p> <p>School for children closed in Nov; students sent to normal schools.</p>	--	--

SMOHAR 1982	--	Do. Decrease in inpatients.	--	--
SMOHAR 1983	--	Do. Home under administration of Woodbridge Hospital in 1983.	--	--
SMOHAR 1984	--	Do. Number of admissions and new cases.	--	--
SMOHAR 1985	--	Do.	--	--
SMOHAR 1986	--	Do. Last set of statistics of admissions to Trafalgar Hospital.	--	--
SMOHAR 1987	--	Do.	--	--
SMOHAR 1988	--	Do.	--	--
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SMOHAR 2000	--	Do.	--	--