

Amok – From the Writings of Sir Frank Swettenham

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Amok is an exclusively male disorder and occurs more often in rural community. There is sometimes a prodromal period of brooding before the homicidal outburst but there is usually no previous feeling of hostility towards the victims. The attack endangers the life of the *peng-amok* who is often killed by the villagers or police⁽¹⁾.

Sir Frank Swettenham, one of the most respected British Residents in nineteenth century Malaya, spent many years studying the culture and language of the people. As the British Resident in 1885, he wrote with equanimity a portrait of the Malays in his book, *Malay Sketches*⁽²⁾. He chronicled a case of amok, which provided insight into the psychopathology of the phenomenon.

'Just before sunset on the evening of the 11th February, 1891, a Malay named Imam Mamat (that is Mamat the priest) came quietly into the house of his brother-in-law at Pasir Garam on the Perak River, carrying a spear and a *golok*, ie. a sharp, pointed cutting knife.'

'The Imam went up to his brother-in-law, took his hand and asked for pardon. He then approached his own wife and similarly asked her pardon, immediately stabbing her fatally in the abdomen with the *golok*. She fell, and her brother, rushing to assist her, received a mortal wound in the heart...

'Having secured two more spears which he found in the house, the murderer now gave chase to a woman and her three little children and made short work of them. A tiny girl of four years old and a boy of seven were killed, while the third child received two wounds in the back; a spear thrust disposed of the mother - all this within one hundred yards of the house.

'Imam Mamat was a man of over forty years of age, of good repute with his neighbours, and I never heard any cause suggested why this quiet, elderly man of devotional habits should suddenly without apparent reason, develop the most inhuman instincts and brutally murder a number of men, women and children, his nearest relatives and friends.'

There are attempts to distinguish between two types of amok; the first, as Swettenham wrote, 'is applied to the onslaught of a body of men in war time, or where plunder is the object and murder the means to arrive at it'; and the second 'is more commonly used to describe the action of an individual who suddenly and without apparent cause, seizes a weapon and strikes out blindly, killing and wounding all who come in his way, regardless of age or sex,

whether they are friends, strangers, or his own nearest relatives'.

In another book, the *Real Malay*⁽³⁾, Swettenham discussed the ultimate fate of this murderous frenzy. 'Whatever his family history, the man is, at this stage, a homicidal maniac, dealing death and seeking it. In this country he is regarded as an unusually dangerous beast, and his fellows so treat him. As a rule he is not taken alive...' Even for those arrested, the sentence was death. This was the judgement passed on a *peng-amok* named Sunan in Penang by the judge, Sir William Norris⁽⁴⁾, in 1849:

'I can scarcely call it a painful duty, for the blood of your innocent victims cries aloud for vengeance and both justice and humanity would be shocked were you permitted to escape the infamy of a public execution. It is enough for us to know that you, like all other murderers, had not the fear of God before your eyes, and that you acted out of malice aforethought and by the instigation of the devil himself, who was a murderer from the beginning.'

'The sentence of the Court therefore is that you, Sunan, be remanded to the place from whence you came, and that on the morning of Wednesday next you be drawn from thence on a hurdle to the place of execution, and there hanged by the neck until you are dead. Your body will then be handed over to the surgeons for dissection, and your friends for decent interment, will be cast into the sea, thrown into a ditch, or scattered on the earth at the discretion of the sheriff. And may God Almighty have mercy on your miserable soul!'

In the case of Sunan however, Swettenham commented that '... it appeared that he was greatly afflicted by the recent loss of his wife and child. A person with whom he had lived said, "He often said he could not work, as he was afflicted by the loss of his child. I think he went out of his mind; he did not smoke or drink - I think he was mad." In the trial Sunan declared he did not know what he was about, and persisted in this at the place of execution'. It seems from this description that Sunan was in acute grief reaction. His aggressive outburst was certainly an uncommon manifestation of severe depression.

Swettenham also remarked, 'But there must be, in any Malay State, a certain number of people who, if they were carefully watched and examined by capable medical men, would no doubt be accounted lunatics and put under restraint. It is therefore easy to understand that if a Malay shows signs of mental

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derangement, and the relatives realise their meaning, if there is also a family history pointing to hereditary insanity, it is extremely unlikely that anything will be said or done to lead to an inquiry by any European. The disease, therefore, has time to develop until, on a day, some straw turns the scale, and a madman, armed, irresponsible, reckless, and hungry to kill, is let loose on the community.'

He further wrote that 'in any western country, their symptoms would have induced their relatives to put them under professional control for their own and the public safety...' He was of the opinion that amok was due mainly to mental illness. 'I believe that about sixty per cent of the Malays who *meng-amok* are mentally diseased, usually from inherited causes. Of the rest, what happens is this: some serious trouble overtakes a man serious to him that is. He is insulted by a man, jealous of, scorned or rejected by, a woman – and the times are out of joint. He broods over his trouble and says, "I shan't be able to put up with this, I must *meng-amok*". He thinks this is the only dignified way of getting out of his trouble, the only course sanctioned by ancient custom.'

Certainly the historical records of amok have helped to clarify misconception which often emanates due to our lack of personal experience with such cases. The consensus of opinions in most cases cited in the

records appeared to be that the *peng-amok* was suffering from *sakit-hati*, which is the Malay equivalent of depression.

Swettenham concluded that with better accessibility of the mental health services, people with mental disorders would be detected and treated early, and these tragedies would be averted. 'With hospitals, lunatic asylums, and a certain familiarity with European methods of treatment, the signs of insanity are better understood, and those who show them are put under restraint before they do serious damage'. Today, amok is a rare phenomenon in Malaya and Singapore – this may be due to the expansion and improvement in mental health services.

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