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Whither Singapore Psychiatry? How the Mental Hospital Survived the Japanese Occupation and the Post-War Years (Part 2)

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After the Japanese surrendered in September 1945, the British Military Administration immediately took over. The female section of the hospital became the Royal Airforce Hospital while the male section was converted into the Japanese Prisoners-of-War Hospital. From March 1946, the Japanese and British troops were gradually evacuated from the hospital and it was then that the hospital resumed its original function to house 440 mental patients. The first task then was one of rapid improvisation to restore the hospital which was left in a dilapidated state by the war. The spirit of self-awakening dawned on the staff and buildings were repaired and painted, and the hospital grounds and garden cleaned and tidied. It was difficult times like these that led the mental health workers to find their sense of resilience:

"Steady progress has been made in the rehabilitation of the Mental Hospital which has been restored to the extent of accommodating 900 patients. Buildings were repaired, painted and made habitable; boilers and steam cockers were overhauled; sanitary installations which had suffered particular neglect, were put in working order and much time and effort was devoted to the cleaning and tidying of the hospital grounds and garden. The number of patients under treatment increased steadily throughout the year and, as an aftermath of the Japanese Occupation, this may be expected to continue for some time to come. There were 669 patients remaining in hospital at 31 December 1947."[1]

Dr James Browne was appointed assistant medical superintendent at the end of 1947 and assumed duty in April 1948, becoming medical superintendent in 1950 for 7 years. From his own recollection of the many events which occurred in the ten years of his tenure, Dr Browne wrote:

"Upgrading and re-organising of the wards continued. Many of the bars, fence and other impediments to freedom were removed and the wards evolved into three categories. Some wards were never locked, some were only locked at night and some were always locked .... In 1956, new ward blocks were built to the left of the main building. They were intended as treatment blocks for the physically ill as well as psychiatric patients under intensive psychological, psychiatric and physical treatment. In the new treatment blocks, the sexes were mixed for all purposes except night accommodation, toilet facilities and actual treatment. The nursing staff was also mixed in these units. This was initiated with some trepidation but the sexes, races, religions, colours and cultures were all mixed amicably and there were no repercussions from the government, press, public or relatives. Many of the patients were already wearing their own clothes and parole in and out of hospital was frequent".[2]

During his term, Dr Browne introduced many changes and improvements to the hospital, including the need for a psychological service. He was credited to have introduced a number of physical treatment for schizophrenia, which included electroconvulsive therapy (ECT) in 1947 and insulin coma therapy in 1948, taking early advantages of these new discoveries[2].

"Electro-shock therapy was used more extensively especially in the schizophrenias. It was used in cases of schizophrenia, who were awaiting admission to the insulin units, which are unable to cope with all the patients requiring treatment. This has meant a considerable delay in producing recovery in the beginning of treatment in some cases. The therapy was useful in producing recovery in those cases of atypical depression presenting with a schizophrenic-like picture, and in some of those suffering from acute schizophrenia."[3]

Insulin coma therapy was first introduced in the world in 1933 by Manfred Sakel after his observation that schizophrenic patients who went into coma appeared to have less severe psychiatric symptoms after coma. Insulin was used to induce a comatose state lasting 15 to 60 minutes. This form of treatment was most effective during the first 18 months of illness and chronic cases were notorious for poor response to insulin shock[4]. The risk of death, the intellectual impairment and the subsequent introduction of antipsychotic drugs led to the abandonment of this treatment.

"The insulin units continued to work at full pressure throughout the year and a total of some 145

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patients have passed through them. The treatment is basically the same as in other centres although there are minor differences. Research into liver function in insulin treatment of schizophrenia has continued in co-operation with a physician of the General Hospital. It is hoped to throw some light into the problem of post-hypoglycaemic coma and delayed awakenings."[3]

Physical methods of treatment were not new to Singapore. In 1931, the malarial treatment for general paralysis was introduced; in 1936, insulin shock was first used in a small way, and in 1939, shock treatment by cardiazol was begun. The war and the Japanese Occupation delayed the introduction of electric shock therapy until 1947, when the equipment was obtained from England[5].

The standard of nursing in the Mental Hospital had been a subject of concern:

"Apart from a small trained staff, reliance has always been placed in the past on selected hospital attendants whose skill and knowledge is far from what one would desire in this respect. Until satisfactory nursing recruitment has been established for acute medical and surgical disease, it is impossible to draft more fully trained nursing personnel to the non-acute hospitals."[1]

"The system in operation for many years has been a very small trained staff with primary reliance on selected hospital servant attendants. The skill and knowledge of these is very far from what one would desire in this respect and modern standards of administration and treatment demand an adequate and competent qualified staff of nurses, both male and female. While it is impossible to attain this requirement at the moment owing to shortages in this kind of personnel in every direction and in the accommodation required, attention has been given to the possibility of introducing a grade of mental aide – intermediate between the senior hospital servant and the qualified hospital assistant."[4]

"The system in operation for so many years whereby reliance is placed on a very small trained staff and many hospital attendants is completely out of date. Progress in this respect cannot be rapid, however, in view of the nursing shortage which exists. Attendants are to be placed on a special 'warders' scale, however, in view of the increased and important duties involved, and the trained staff is to be steadily increased as accommodation becomes available under the Medical Plan."[6]

The first comprehensive review on suicide in Singapore was by Murphy (1954) who undertook a statistical and sociological analysis of data from 1925, concentrating mainly on the periods 1930 – 1932, 1946 – 1948 and 1950 – 1952[7]. He found a steady increase in suicide rates since 1948 especially among females and explained this in terms of the communist insurgency and the Sino-Japanese War. As most of these females were Chinese in origin, he postulated that they might have experienced a combination of guilt and anxiety during both periods: guilt for their own relative ease while their men-folk fought, and anxiety at being helpless in the face of the situations. Murphy also found a very low suicide rate in Malays as opposed to the Indians, with Chinese falling in between. The main causative factors of suicide were disability, diseases like tuberculosis, mental subnormality, opium addiction and shame at being poor. The low rate of suicide in the Malay community is because the Islamic religion of the Malays forbids suicide.

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