



*Dr. Viswalingam as a young
doctor*

PIONEER PREVENTIVE
SOCIAL MEDICINE
IN
BRITISH MALAYA

by

A. Viswalingam, O.B.E.

1977

PRINTED BY
DIMBLEBY PRINTERS LIMITED
14 KING STREET, RICHMOND, SURREY

10
926.177
VIS

144831

CR1 3

111 104 111 114 111 114

11 NOV 1980
Perpustakaan Negara

TO THE HONOURED MEMORY
OF
HON. TAN JIAK KIM

*The great Philanthropist, who in September 1904,
successfully petitioned the Singapore Government
for the establishment of the Medical School.*



Foreword

by

SIR JOHN WILSON, C.B.E.

President,

International Agency for the Prevention of Blindness

Often, whilst visiting Colombo, I have spent pleasant hours with Dr. Viswalingam in his quiet room listening, over an elegant tea with cucumber sandwiches, to his reminiscences of life in the medical services of Malaysia and Southern Asia.

It was a fascinating story of people and places, with the inevitable frustrations, rigidities and scuffles of interdepartmental bureaucracy, and always against a background of the impressive achievement of a handful of dedicated professionals who, with inadequate resources, equipment and drugs, dealt with the desperate realities of public health in a tropical environment. They tackled, with superb confidence, individual maladies, which would nowadays be the prerogative of a specialist team, and with public pestilences which would now engage international resources.

This book tells that story, and reveals a personality of a remarkable man. His specialism, and the tradition which he has passed on to his talented daughter, is ophthalmology. He was one of the first to see that discipline in terms, not just of individual clinical practice, but of mass treatment amongst rural populations and the grafting of a specialised technology on to the structure of basic health services.

Dr. Viswalingam founded one of the first national organisations for the prevention of blindness. At numerous international conferences he was a pioneer advocate of what is now called public health ophthalmology, and always that advocacy was a convincing blend of humane concern and professional discipline.

He has lived to see social medicine and environmental health become one of the main concerns of international policy and to see the prevention of blindness adopted as a major priority of the World Health Organisation. In the course of his long life, he has received many honours, including his recent election as an Honorary Life Member of the International Agency for the Prevention of Blindness; a distinction granted only to outstanding pioneers in the international science and practice of ophthalmic care.



Preface

The greater part of this autobiography was written in the cloisters of the Christian Brothers of the De La Salle Order at the St. John's School in Kuala Lumpur between 1942 and 1946 when my family and I had been given shelter by the Christian Brothers during the Japanese occupation of Malaya. The agents of the Kempetei – the Japanese Gestapo – were constantly watching the gates of the school which were close to my living quarters, and our lives were in jeopardy. That was the most disquieting period of my life.

In the circumstances, I felt that I should leave behind a record of my service during the three decades and a half from 1913 to 1948 under the Government of the Federated Malay States. To this account, written during the Japanese occupation, was later added in the post-war years, the second chapter of this book, "Childhood in Jaffna", and the last chapter dealing with "Retirement in Ceylon" and my continued pre-occupation in the sphere of preventive Social Medicine from 1948 to 1975.

This autobiography as it stands is chiefly concerned with the contributions I made towards the spread of Western Medicine, specially amongst the indigenous inhabitants, the Malays, and generally among the mixed population of Chinese and Indians and several other races who were engaged in various pursuits of trade and commerce and the principal industries of tin mining and rubber planting.

Incidentally, the autobiography also records the ups and downs of my career in the Medical Services because of what a great Under Secretary for the Colonies at Whitehall, Sir Drummond Shiels, euphemistically termed as "professional jealousy" but what was in fact the colour bar.

In looking back at the third of a century which I spent in the Government Medical Services of Malaya, I would have preferred to forget the unpleasant side and to set down only those memories which it was a pleasure to recall. Such were (1) my recognition of Pellagra, for the first time in South East Asia, and almost at the beginning of my career in the early days at Taiping; (2) my efforts, a little later as Health Officer at Kuala Kangsar to tackle the problems arising from the primitive public hygiene of those days, which were described ten years later as being twenty-five years ahead of my time in Malaya by the eminent public health authority, Dr. (later Sir) P. S. Selwyn Clarke who had been appointed to make recommendations on the reorganisation of the Public Health Services in Malaya; (3) my initiating in Kuala Kangsar, the first mass campaign for the eradication of Yaws, the campaign which eventually spread throughout the Malay States, Straits Settlements, Java, Ceylon and other countries; (4) my friendship with the Sultan of Perak, which began when I was his personal physician and continued throughout his life; (5) the gradual change in the attitude of the Malays towards Western Medicine; (6) my specialising in ophthalmology and the creation of the Eye Department in Kuala Lumpur which became the consultant centre for the whole of Malaya; and (7) on retirement from the Malayan Medical Service, devoting almost the whole of my active life in the cause of Social Medicine through contributions I had made in the world medical press on

nutritional disorders such as Pellagra and Keratomalacia, prevention of blindness and tuberculosis, and organising institutions to promote health in its widest sense.

It would have been egoistic in the extreme to leave behind a record of personal frustrations and disappointments suffered in Government service of the Federated Malay States, of grievances over promotions and long-forgotten salary scales and specialist's posts if I did not believe that from a historical point of view this aspect of my story may now have taken on a wider significance illustrating the conditions then obtained for Asian officers in the Junior Medical Service, and in particular, the colour bar against Asian (then termed Asiatic) and Eurasian officers, who had been recruited locally.

In other words, those who had obtained their professional qualifications at the King Edward VII College of Medicine in Singapore were barred from promotion beyond a certain point, and given a junior or subordinate status in the Medical Department. In theory, a ladder for promotion of selected officers of the "Junior Service" to the Malayan Medical Service, had existed since 1920 but in practice, no one up to the Second World War, was ever so promoted, all the senior and Specialist posts in the Federated Malay States being reserved for European (British European) officers.

In Singapore, the Crown Colony of the Straits Settlements, a more liberal attitude began to be evidenced in the Medical Administration in the decade before the war, and a few officers of the Junior Service (the preference of the British head of the department being in fact for Eurasians rather than Chinese or Indians) were promoted to the Malayan Medical Service.

It should be remembered that the Medical Department, both in the Malay States and the Colony, was for many years the only branch of the Government establishment for which non-European officers with professional qualifications could be locally recruited. Apart from the College of Medicine in Singapore, there was no other institution at which it was possible to obtain professional degrees or diplomas of any kind in the Straits Settlements or the Malay States. This state of affairs lasted until Raffles College was opened in Singapore in 1920, when diploma courses for students intending to enter the Education Department became available together with one or two other courses. The Medical Department during the greater part of my career was the only one in which the European officers might face the possibility of competition from locally recruited officers with recognised professional qualifications and in which there was both a junior and senior service, strictly divided at the professional level.

The European officers of the Medical Department and all other Government Departments were recruited in Great Britain and appointed by the Secretary of State for the Colonies, but many of them had served in other colonies and protectorates of the British Empire before they came to Malaya. Some of those transferred from Africa brought their own peculiar colour prejudices with them. On the other side of the picture, however, I am happy to record the help and sympathy I received from

some of the senior officers of the Medical Department with whom I was associated, and also from British officers of the Malayan Civil Service, the administrative service.

I venture to think that these experiences of mine in the former Federated Malay States will throw some light on Government Service during the Colonial period, on a discreditable aspect of it – in so far as colour prejudice is always discreditable especially when its existence was not officially denied. Nothing could have been more shocking than the attitude of those British Officials in Kuala Lumpur in the Twenties, who drew a line between East and West in Western Scientific Medicine, in so far as post-graduate study overseas was concerned, and of those officials who prevented an Asian Surgeon who was sent to Vienna and Great Britain on study leave for his specialist qualification in Eye, Ear, Nose and Throat diseases, from continuing practice in Ear, Nose and Throat skills in the Government hospitals of Kuala Lumpur, because the British Surgeon in the same hospital suddenly took a fancy to practice Ear, Nose and Throat surgery. However, I have no wish to dilate on the radical discrimination of long ago and have mentioned it only for historical record.

It is my hope that the reminiscences of my experiences may be of interest to other members of my profession, particularly those in independent Malaya now called Peninsular Malaysia and the Republic of Singapore, and may perhaps even claim a modest place in Malaysian medical history.

A. VISWALINGAM

*26 Ward Place
Colombo 7
Sri Lanka*



"We should feel a just pride in a profession almost totally emancipated from the bondage of error and prejudice. Distinctions of race, nationality, colour and creed are unknown within the temple of Aesculapius.

"Nationalism has been the great curse of humanity. In no other shape had the demon of ignorance assumed more hideous proportions, to no other obsession man yields himself more readily. A vice of the blood, it runs riot in the race in spite of the principles of religion and the practice of democracy.

"Nor is there any hope of change. The pulpit is dumb, the press fans the flame, literature panders to it, and the people love to have it so. There is room, plenty of room, for proper pride of birth. What is wrong is the cursed spirit of intolerance conceived in distrust and bred in ignorance that makes the mental attitude always antagonistic. The race is subordinated to the nation, the higher claims of human brotherhood are forgotten.

"The open mind, the free spirit of science, the ready acceptance of the best from any and every source, the brotherly feeling which should characterise members of the oldest, most beneficent and universal guild that the race has evolved in its upward progress - these should neutralise the opposite tendencies."

SIR WILLIAM OSLER (1849-1919)



Contents

	<i>page</i>
1 OF ANCIENT LINEAGE	1
2 MEDICAL SCHOOL COMES INTO BEING	4
3 EARLY DAYS IN PERAK	8
4 PELLAGRA: A MEDICAL "FIRST"	10
5 FIRST GLIMPSE OF PREVENTIVE SOCIAL MEDICINE	14
6 THE ERADICATION OF YAWS	22
7 TRANSFER TO NEGRI SEMBILAN	30
8 ON DIET AND DISEASE AMONGST LABOURERS	32
9 TRANSFER TO THE FEDERAL CAPITAL	34
10 STUDY LEAVE (GO EAST NOT WEST)	35
11 CREATING THE EYE DEPARTMENT	37
12 AHEAD IN THE COLONY	39
13 FOR STUDY LEAVE IN EUROPE	41
14 STUDIES IN VIENNA	45
15 REFORMS IN THE FEDERAL GOVERNMENT	47
16 THE 1937 SCHEME	50
17 CEYLON TAMILS WAR EFFORT	52
18 A SPIRITUAL TASK FULFILLED	53
19 THE JAPANESE OCCUPATION	54
20 THE BRITISH COME BACK	62
21 ASHES IN THE MOUTH	64
22 A UNIFIED MEDICAL SERVICE	65
23 AN OLD-TIMER LOOKS BACK	67
24 RETIREMENT IN CEYLON	74
POSTSCRIPT – SOME REFLECTIONS ON BRITISH COLONIALISM IN MALAYA	77
APPENDIX I – REFLECTIONS IN DARK DAYS	80



CHAPTER I

OF ANCIENT LINEAGE

I was born on January 10, 1890, into a Velala family of ancient lineage residing in the village of Urelu, five miles inland from the northern shores of the island of Ceylon, and half-way on the road between the Palaly airport and the town of Jaffna.

How far back in the history of Ceylon the origins of its Tamil population go is illustrated in the name of our own village, for there is a reference to it in the Bharatha Puranam written during the Pallava Nagar period, approximately 2,500 to 1,500 B.C.

Bharatha Puranam, in Chapter 6, Section 2 relates an incident while Rama was crossing over the island after having rescued Sita from captivity at the hands of Ravana, finding Sita and his party suffering from thirst for lack of drinking water, Rama thrust his mighty arrow into the earth at a spot, in the wild countryside of craggy rocks and shrubs, whereupon a fountain gushed up now called Nilavaray.

This fountain or spring, which is known to this day by that name, is in the neighbourhood of our village. The name of our village Urelu is made up of two words, Ur meaning district and Elu meaning ancient name of a village of a settled community.

Archaeological researches in Mesopotamia, Sumeria and Babylon have brought to light a common origin of culture and civilisation, which was most probably from the Tamil country of Southern India. Almost 40 per cent of pictorial writings or seals expressive of the so-called proto-Dravidian peoples' thoughts are found to be of Tamilian root or proto-types.

The names of places between the twin rivers Euphrates and Tigris and the findings of archaeology in Sumeria and Babylon, and in Sind and Adhichanallur in Tamilnad, would seem to suggest origins of peoples, culture and civilisation probably dating from the lithic and later ferric periods in South India, whence this culture spread northwards to Sind and thence to Mesopotamia.

Elam is the Tamil name for Ceylon. The word Ur is commonly used throughout the Tamil country as prefix and suffix for village names.

The Naga images and Naga worship I saw as a boy, very close to our home, would serve to support the fact of Pallava Nagar influence over Ceylon during that period of the history of Ceylon.

The family tree begins with Ilankai Nayaga Mudaliyar, who was connected with the early kingdom of Jaffna. My father's grandfather and great-grandfather were hereditary headmen (Udaiyar) in Urumperai, their native village, adjacent to my mother's village on the south side.

My mother, Theivanaipillai, daughter of Vinasithamby Kasippillai, is descended from Rasavarothayar Kanagaratnam Mudaliyar, who was honoured by Koolankai Arya Chakravarthy, of the latter-day Tamil kingdom, with which he was actively associated. Five generations back

he built temples not only in his native village, Urelu, but also in the adjoining villages, Urumparai and Anunkai, and made liberal donations in lands for their maintenance. My mother's grandfather and great-grandfather on the maternal side were hereditary headmen in their village of Varuthalaivilan in Mylidy district.

CHILDHOOD IN JAFFNA

I am the oldest of my parents' seven children. As my father was engaged in business up-country, in cinnamon, cinchona, tea, etc., I was brought up by my grand-parents, who were of the orthodox Saiva tradition. I have many memories of the great interest they took in my upbringing during the greater part of my childhood, and of their constant affection and care.

When I was five years old I was admitted to a Tamil school managed by a Christian Mission in our village. I studied there until I completed the fifth standard in Tamil, and left in my tenth year to be admitted to an English school. My father taught me the English alphabet and got me admitted to the English school conducted by a Christian Mission at Kopay.

Soon afterwards, however, my grandfather expressed a preference for education at a Hindu school, and so I was transferred to the Canderodia English Institute, later known as the Iskanda Varodaya College in Jaffna, where I continued my studies until I completed the Cambridge classes, the highest standard then existing in the school.

In this institute, a period of an hour every day was set apart for the study of Saiva literature in Tamil. But my feet had already been set along this path. What little I know of the ethics of our people, I owe to my grand-parents and my father, and what I know of the Saiva religion, I owe to the influence of my mother, who from the earliest years of my childhood called me to join her dawn devotions to Siva, the All-Highest. Looking back, I see now that my childhood instruction in religion shaped my thoughts on God as a divine Spirit, before the belief that images in temples were symbolic of the same Spirit was inculcated into me.

Living with my grandparents, I got to know something of the farmer's life. My grandfather had what were then known as Kudimakkal, which is perhaps best translated as servitors, since that implies an association with the family that was more than that of mere employees. As "servitors" now has an archaic flavour in English, so for our purpose the Kudimakkal may be termed labourers employed by the farmers, but constituting different social classes and performing different traditional functions.

The Tamil social fabric is built on what are called sects based on occupations, each self-contained in its social life. In the western world they are wrongly termed castes.

The duties assigned to the Kudimakkal on my grandfather's property included not only routine work on the land, but also various traditional social functions. This was vividly impressed on my youthful mind when I witnessed the harvest ceremony.

The grain, first heaped up in our compound and later freed of chaff on the treading floor, was gathered into a large mound in the centre of an arena around which were seated the traditional representatives of the

eighteen sects of the community: the temple priest, the conch blower, the carpenter, the iron-smith, the barber, the tom-tom beater, the washerman, and so on.

Into this arena my grandmother, a woman of great personality and dignity, would walk solemnly with a special measuring dish kept apart for this purpose, fill it with grain and hand it to her husband, a benevolent patriarch, the head of the family. My grandfather would then hand the apportioned grain to those seated around, beginning with the temple priest and so down the line, each person receiving a share appropriate to his status and service.

This done, the remainder of the grain would be kept stored in a huge basket mounted on a raised platform in the centre of one of the principal rooms of the house, to serve as a store to feed the inmates, poor relations and itinerant priests and ascetics, etc., until the next season's crops were reaped.

This ceremony of distributing the produce of their fields by both husband and wife, the head of the family and the mistress of the household, co-partners in all that pertained to their married life, demonstrated the concept of the Tamil people that the two become one along life's way.

Another memory of my boyhood is of New Year's Day, when our near relatives, neighbours and the Kudimakkal would call on my grandparents to pay their respects. Some of the very close relations would bow at their feet, and my grandparents would bless them by laying their hands on their heads. I have not seen this since the demise of my grandparents. The rural economy of Jaffna is undergoing changes, and no doubt is becoming more individualised that it was in those days.

Another custom then prevalent, and observed among my family and close relations was the maintenance of a sect of retainers known as Govias. These people, who were settled in the near neighbourhood, worked in our household. On special occasions such as marriages or funeral obsequies they cooked and served the food, and it was their function to hold a canopy of white over the heads of members of our family on auspicious occasions of religious rites.

The remembrance of having experienced this ancient custom at my own marriage came back vividly when I witnessed the Pancha Prasada ceremony at Kuala Kangsar, Perak, when my old friend Sultan Iskandar Shah of Perak, was married. That is one of many reminders that Tamil traders, seamen and priests reached the Malay Peninsula before the dawn of recorded history. The imprints of the influence of the ancient Tamil culture are to be found to this day, especially in the court ritual of Malay royalty.

My grandfather would wake up at about 4 a.m. to assemble the farm hands and direct them to their respective jobs for the day, such as irrigation and preparation of sites for planting. At dawn I would accompany him to the fields and take part in planting and watering seedlings before leaving for school.

This knowledge gathered early in life would appear to have implanted an innate aptitude, which later in my professional life helped me in fashioning, shaping and preparing sites for grafting, as it were, in the practice of surgery, in which I was engaged throughout my career, during the first ten years in general surgery, and during the later 40 years in ophthalmic surgery, including plastic surgery.

CHAPTER 2

MEDICAL SCHOOL COMES INTO BEING

In my seventeenth year of age having completed my secondary education in Ceylon, in a spirit of adventure I sought my parents' consent to visit Singapore.

My father had cherished the wish that I should take up law as a profession. In this he was influenced by the fact that my cranium resembled that of a famous Indian luminary called Rudra, who was occasionally brought to Ceylon to fight legal battles of importance in the courts. Nevertheless, he consented to my request.

I left for Singapore in May 1907. Soon after my arrival there, I came to know of the newly opened School of Medicine and of chances for youths like me to take up medicine as a profession. I decided to stay and take up studies to compete for admission and the scholarship offered for the five years of study to qualify for the Diploma.

It may be helpful to understand the beginning of scientific medicine in Malaya if I explain how, early in the present century, the medical school came to be established in Singapore.

In September 1904, Mr. Tan Jiak Kim, a leading member of the Chinese community, petitioned the Government of the Straits Settlements in Singapore, on behalf of the Chinese and other communities in the Colony of Singapore for the establishment of a medical school.

The Government expressed willingness to accede to the request provided the petitioners were willing to pay for the initial cost of building and equipment for the school and raise an Endowment Fund of \$60,000, for the payment of scholarships, five scholarships each, for students of native origin, the Straits Settlements and the Federal Malay States, in addition paying for the staff and upkeep of the medical school.

Mr. Tan Jiak Kim managed to collect subscriptions far in excess of the requirements. A Bill constituting the necessary Council was soon introduced and the school had become an accomplished fact.

As stipulated by the Legislative Council, the Medical School was established in 1906, occupying the new building built on the grounds adjoining the General Hospital and the Mental Asylum.

It was named the Straits and FMS Medical School. Dr. C. D. Freer, M.D. who was then in the Colonial Medical Service in Singapore was appointed Principal.

There were two courses of studies, planned to supply the need for medical practitioners to serve the people at large, both in the Straits Settlements and the Federated Malay States, and also to supply graduates to man the Government medical departments.

A five-year course was planned to train qualified students for the Diploma of L.M.S. to practise medicine and surgery. The other was a course of studies for two years to train Hospital Assistants to fill the para-medical service in the Medical Department, and also to supply qualified dispensers and pharmacists. I decided to take up the study of

medicine as my career and in 1909 I sat for a competitive examination held by the Director of Education, Straits Settlements, to select applicants for the scholarships offered by the Government of the Straits Settlements and the Federated Malay States.

I was one of the successful candidates, and was awarded a scholarship of \$15 per month, available for five years. Because I felt reluctant to seek support from home, I applied for the supplementary assistance offered by the Federated Malay States Government, through the Principal of the school, to be taken on as an aided student. This brought me an additional \$15 per month in the first year, with an increase of \$5 per annum up to \$45 per month. In return for this assistance I undertook to serve the F.M.S. Government for ten years, on a salary which was £25 less per annum than was paid to those not under such an agreement.

In my second year I was appointed demonstrator in Anatomy. This entitled me to a special allowance of \$15 per month, a welcome addition to my subsistence allowance, as, unlike the other students, I had neither relations nor friends then in Singapore or up country in Malaya.

In the second professional examination I won the first prize in Anatomy, and my demonstratorship continued till I reached the final year, when the morning session in the dissecting-room had to be given up because I had to devote all available time to clinical work in the hospitals.

In the third professional examination I won the Dr. Lim Boon Keng Prize, for Materia Medica; and in the final year examination for the Diploma, the Gold Medal in Medicine.

However, during my course of studies at the Medical College, I was able to find some time for other activities. In my second year I was elected Honorary Secretary to the Medical Students' Recreation Club, a position I held for three years.

During the five years of studies the only other activity I pursued outside my medical studies was to become a founder-member of the Singapore Ceylon Tamils' Association, of which I was a member of the committee of management, and later honorary secretary.

During my term of office the valuable site on which the Association building now stands, almost next door to the Cathay Building, was donated by the late Dr. J. M. Handy, M.D. then a leading practitioner in medicine, who had his surgery and dispensary in Hill Street, Singapore.

The gift was brought about by Mr. H. M. Hoisington, President of the Ceylon Tamils Association and one of the leaders of the Ceylon Tamil community. He was a great figure in the field of education as Principal of the Anglo-Chinese School. He moulded the career of hundreds of pupils of all nationalities who passed through his hands. Many of them took to professions of Law, Medicine and Education, becoming prominent figures in their individual fields. My constant association with Mr. Hoisington as Secretary of the Ceylon Tamil Association served to build up a close friendship which lasted to his last day.

HARD BUT HAPPY YEARS

Those student days were perhaps the happiest of my life. I had then the privilege of coming into close contact with some of the best minds of the medical profession in the Colony, and with men of letters and broad sympathies of all nationalities outside the profession.

Out of my batch of 23 students, I had the distinction of being the only one who passed all the examinations in the first instance, and to have been one of only six who obtained the diploma within the prescribed period of five years.

My fellow students at a farewell dinner referred to what they called my "disciplined life" at college. What they meant to convey was that every hour had its appointed duty.

I did most of my school work in the early morning hours, 3 to 6 a.m. Not one single subject was allowed to occupy my thoughts predominantly to the exclusion of others. Each had its due share proportionate to its nature and importance, and each day's work was done that *very day*. Each appointment was kept punctually, and thus life and mind became systematised and disciplined without effort.

But all this would not have been possible but for those high ideals and principles which were observed by my parents and grandparents in their everyday life, and unconsciously absorbed by me from my childhood upwards.

Thus my moral education followed on lines laid down by the traditions and principles of my forebears and it was my constant endeavour to preserve, if not to add to, this noble heritage. For I remember it has been said, "He will serve humanity best who, firmly rooted in the faith of his own people, develops his moral and intellectual gifts to their highest significance, thus overstepping his own national boundaries and serving all mankind."

Plato refers to "that education in virtue from youth upwards, which enables a man eagerly to pursue the ideal perfection," the three lessons of which are: (a) "to learn to consume one's own smoke, (b) to remember that one is here, not to get all he can out of life for his own self, but to try to make the lives of others happier, and (c) that the law of higher life is only fulfilled by love, i.e., charity."

It may be pertinent at this stage to set down the names of some of the great men of the profession who gave of their best to the then infant institution, The King Edward VII Medical School.

Dr. G. D. Freer was the first Principal. He was also lecturer in Anatomy. He nursed the infant assiduously, attending to all requirements for its growth. On his retirement, Dr. G. A. Finlayson, the Government Pathologist, acted as Principal until Dr. Robert Donald Keith, a younger brother of Sir Arthur Keith, took over as Principal of the School. Dr. Keith was also Lecturer in Physiology and also our devoted teacher in Clinical Medicine, inspiring into us the best traditions of the Hutchinson era in Clinical Medicine at the bedside of the patient. He also created the Pathological Museum, personally sectioning and mounting all the specimens with detailed explanatory notes. The museum was later named after him. To this massive contribution he gave all his energies to bring up the school to reach maturity. He was happy when he went on furlough to have cabled the good news of the recognition of the school by the General Medical Council.

In a letter Dr. R. D. Keith wrote to me sometime later, he referred to the recognition as some satisfaction to him for his labours and was looking forward to get back to his post. Unfortunately he was smitten by an illness

to which he succumbed, and the school sustained an irreparable loss. Fortunately his place was filled shortly afterwards by Dr. C. H. MacAlister, a very able administrator, who helped the school to grow to college status.

There were also other devoted teachers who helped the school to grow from infancy. Dr. F. C. Dent, D.Sc. (London), the Government Analyst, shaped our minds on scientific lines at the outset of our career. He was our teacher in Physics and Chemistry; we could not have had a better one. In Dr. David Galloway, F.R.C.P. (Edinburgh) we had an ideal lecturer in medicine, who gave to us the fruits of his rich experience and knowledge. Then again we had in Mr. H. N. Ridley, the famous Director of the Botanical Gardens in Singapore, an ideal Lecturer to teach us Botany. Later on, the school was fortunate to have had Dr. Argyll Campbell, an excellent teacher to inspire into his students the spark of scientific knowledge.

To these great men and other teachers one can never be sufficiently grateful for the influence, example and kind encouragement.

Perhaps it may not be appropriate to record here, that I took the initiative to establish on behalf of all those who were students of Dr. R. D. Keith, a scholarship in his name to perpetuate his memory, and raised a considerable sum of money, but on hearing of Mrs. Keith's limited resources for the education of their children, we remitted the funds to Mrs. Keith.

The King Edward VII Medical School was later destined to become one of the two foundation colleges of the University of Singapore, the other being Raffles College.

Sir John Anderson, K.C.M.G., the Governor of the Straits Settlements and the High Commissioner of Federated Malay States presided over the function of the awarding of Diplomas to the first graduates of the school. The distribution of prizes took place by happy chance at the end of my second year of studies in December 1910, when I was awarded the first prize in all the three subjects, i.e. Osteology, Physics and Chemistry won in my first year, and first prize in Anatomy in the second year.

The first batch of Licentiates were students who came from the Chinese, Indian, Ceylonese and Eurasian communities. Almost all of them later became prominent in the practice of their profession.

Dr. Chen Su Lan was the foremost amongst them, and remained the acknowledged elder and leader of the Medical College graduates in the profession to the last day of his life. During college days we took a liking towards each other which, as time passed, developed into lasting friendship till Dr. Chen Su Lan died in 1969. He left his mark on the practice of his profession and the social life of the community in Singapore, indentifying himself especially with the problems of opium smoking and tuberculosis, which were closely linked.

Amongst my batch I had lasting personal friendship with Dr. Lim Chwee Leong, who lived in Tanjong Katong with his parents in our student days. After graduation he settled down in practice in Penang, where he was a leader of his community. Several of his children became prominent in the public life of Malaya, especially Dr. Lim Chong Eu, who became Chief Minister of Penang, one of the constituent States of Malaysia.

CHAPTER 3

EARLY DAYS IN PERAK

I graduated in August 1913, and in September I went to Kuala Lumpur and reported for duty to the Principal Medical Officer of the Federated Malay States, Dr. Charles Lane Sansom.

The service I was joining was the junior medical service, staffed entirely by Asians. The senior service, the Malayan Medical Service (as it was later called), was a European preserve, with all senior administrative and specialist posts reserved for British medical officers, and of course with a much higher salary scale and other privileges.

I was asked to report to the Senior Medical Officer, Perak, Dr. S.C.G. Fox, at Taiping.

He appointed me to be Assistant Surgeon at the District Hospital, Tapah. This district was notorious for Malaria, and before long I contracted malignant Malaria, which troubled me often in spite of active treatment. In fact I got rid of it only in 1917.

But just four months after I was transferred to Ipoh. Dr. Fox, the State Medical Officer, while on a visit to Ipoh asked me then to proceed on transfer to Taiping, his headquarters, and the then State capital of Perak.

The reason for my transfer was that the District Hospital, Taiping, which served also as a training ground for hospital assistants and nurses for the State of Perak, was in need of an officer who could maintain discipline.

Accordingly on August 1, 1914, I reported for duty at the District Hospital, Taiping. There were then two medical institutions at Taiping. The General Hospital had about 100 beds of first and second class wards, and a maternity section of 25 to 30 beds, with the Senior Medical Officer in charge assisted by a European matron, four European sisters and half a dozen nurses.

There was also the District Hospital of about 300 beds, with a staff consisting of the Medical Officer, Larut, the Medical Officer Taiping – both European officers and an assistant surgeon (out-patient) and assistant surgeon (in-patient) – the latter's duties corresponding to House Physician and House Surgeon in one – and 30 hospital assistants and nurses. Three of these were locally recruited Europeans of the nursemaid type. The others were Eurasians, Chinese, Indians and Ceylonese.

From my very first round in the wards I saw evidence of some laxity and dilatoriness in the discharge of duties arising from petty jealousies and quarrels amongst the staff, especially the nurses and junior dressers.

It did not take me long to set this right, to get the staff to know what their duties were, how they should be carried out, and what was expected of them as members of the staff of a big central hospital.

Very soon an atmosphere of goodwill, harmony and understanding prevailed amongst the staff and in their relations with their patients and superior officers.

Three days after I arrived in Taiping the First World War broke out in Europe. The British doctor who was the Medical Officer, Taiping, left for England to join the forces, and I was assigned to "cover" his duties in addition to my own. For this I was paid an allowance of \$40 per month until I left Taiping for Kuala Kangsar in January 1919.

The Medical Officer, Larut, had charge of the district and also the Taiping Gaol Hospital, and could not afford to give his whole time to hospital work. Thus, almost all the clinical work and a fair proportion of surgical operative work fell on me.

CHAPTER 4

PELLAGRA: A MEDICAL "FIRST"

My interest was not confined to mere routine. My intellect was ever alert and my faculties of observation ever watchful for anything new.

In 1917 I recognised and reported the first case of pellagra in Malaya. This was published as an original contribution in the *Journal of Tropical Medicine and Hygiene*, London (Page 351, April 16, 1917).

On the suggestion of Sir James Cantle, the then Editor of the *Journal*, to investigate why pellagra should be met with solely amongst the Chinese, a detailed study of the disease in all its aspects was made and a full report was published in the *Journal of Tropical Medicine and Hygiene* (August 1, 1918).

When I recorded the first case of pellagra, Dr. R. Cox, then Medical Officer, Larut, kindly looked up references for me in the Senior Medical Officer's Library. He was happy to find, as he said, that my notes in almost all details fitted with the description given by Professor Castellani.

Dr. R. Dowden, who succeeded Dr. Cox, was good enough to record in his annual report for 1917-1918:

"Mr. A. Viswalingam was senior assistant surgeon, and to him belongs the honour of having described pellagra for the first time in this country. I cannot speak too highly of his capabilities in Tropical Medicine and Surgery."

It may be pertinent to record here the further significance of my recognition of pellagra for the first time in Malaya in 1917-18, for it served to call the attention of the medical profession in the wake of another nutritional disorder named Beri-Beri, then prevalent on a significant scale in Malaya and East Indies.

Pellagra was then prevalent in the southern United States, South America, southern Europe and also along the Mediterranean coast in the Middle East. Dr. Coldberger in 1915 reported that there were at least 13,148 new cases in the U.S.A.

An Editorial note in the *Lancet* (page 1019, May 8, 1919) had the following comment under the heading "Pellagra and Diet:"

"Dr. A. D. Bigland, in his paper on the pellagra out-break among Ottoman prisoners of war in Egypt . . . suggests that food deficiency may predispose to its development and that some unknown toxin determined the occurrence of pellagra."
"Viswalingam (*Journ. Tro. Med. Hyg.* 1920 page 46) observing that on the Malay Peninsula, pellagra attacked the Chinese only, expressed the opinion that faulty diet in itself could not cause pellagra, and that some super-added factor, probably a toxin was required . . ."

The opportunity to further elucidate my above contention came to me when I was attached to the Institute of Medical Research in Kuala Lumpur in 1921-22.

While assisting Dr. W. Fletcher, the then acting Director, in research on malaria and dysentery, I was able to watch the progress of patients in the wards of the district hospital.

While I was thus engaged, I came across a few cases of pellagra and I took the opportunity to investigate further my contention that besides a deficiency of some essential element in the diet there was some added factor – probably a condition of auto-intoxication conducive to the development of pellagra.

I had three such patients, all Chinese, to whom I prescribed vitamin B complex as advised by Dr. A. T. Stanton, the then Director. Impressive improvement in the progress of the disease was observed in all the patients. But one patient showed signs of deterioration, which I diagnosed as some toxic absorption from his guts.

This was confirmed by exploratory abdominal surgery, which revealed several coils of intestine bound to one another and to the abdominal wall. The fibrinous adhesions were severed, auto-toxaemia abolished, and recovery from surgery was smooth.

Following this, there was marvellous improvement in the skin condition and the gastro-intestinal disorder, an increase in weight and a cheerfulness in the patient, who requested to be sent back to his home in China, which was done. A final summary of my researches on Pellagra carried out at the Institute of Medical Research was presented at the Sessions of the Far Eastern Association of Tropical Medicine held in Tokyo in 1925 under the title "Pellagra in the Malay States."

In March 1929, I summarised my investigations on pellagra in an address entitled "Food and Disease in Malaya," "With observations on pellagra and keratomalacia," delivered at the annual sessions of the British Medical Association (Malayan Branch). The meeting was presided over by Dr. C. Wilson, who had recently come from Africa to assume duties as Principal Medical Officer, Malay States.

The paper received high commendation from the chair and the audience, comprised mostly of Government Medical Officers in the hospitals and in private practice – almost all Europeans.

Later, when I visited Europe for post-graduate studies in 1930 and called on Sir Andrew Balfour, the then Director of the London School of Tropical Medicine and Hygiene, he graciously referred to my work in Malaya and complimented me especially on my publications in the Malayan Medical Journal relating to nutritional disorders.

Yet the prominence given to the occurrence of Pellagra in Malaya and my success in calling the attention of the profession to its importance as a nutritional deficiency disease in Malaya and the complimentary references it received in the medical press in the United States of America, the United Kingdom, Malaya and Japan were glossed over by W. A. Field of the Editorial Committee of the "Fifty Years of Medical Research 1900-1950" writing under Nutrition and other Aspects 1914-1949 in the words "that within a few years Pellagra, Xerophthalmia and burning feet were recognised by the Government and Estate Doctors and ascribed to food deficiency." Need one say, this is yet another instance of Professional jealousy so feelingly expressed by Sir Drummond Shiels on another occasion.

No greater compliment could have been paid to the work done upon Pellagra in Malaya by myself than the fact it called forth the long letter dated 5 June, 1920, from Dr. James Goldberger, the greatest authority on Pellagra in the United States of America, commenting on the Editorial note on "Pellagra and Diet" in the issues of the *Lancet* dated 8 May, 1920, page 1019.

THE INFLUENZA EPIDEMIC OF 1918

About the last quarter of the year 1918 a huge wave of influenza in epidemic form broke out in the Larut district, as it did throughout Malaya.

After having been on furlough to my home in Ceylon for the first time since taking up service in the Federated Malay States, I had just returned to Taiping with my wife.

The Medical Officer, Larut, Dr. Holdbrooke, had to go on relief duty to another district, and my junior, Dr. T. Kanagaratnam, who acted for me during my absence on leave, had contacted the disease and succumbed to it.

Thus I had to shoulder the work of the district single-handed and deal with the epidemic. The Senior Medical Officer gave me every facility to meet the situation.

We erected additional temporary wards, and the Malay States Guides – a regiment of regular troops then stationed at Taiping – loaned some of their large tents to accommodate the hundreds of victims that crowded the hospitals.

Those affected were not the weak or destitute, but the able-bodied, well-nourished men who formed the bulk of the labouring classes.

The mortality was high, and in spite of extreme pressure of work I availed myself of the opportunity to hold post-mortem examinations and to study thoroughly the morbid changes more fully.

After the epidemic had abated, out of the large amount of data available I made a report on the epidemic embodying special features from the clinical and pathological aspects.

MY FIVE YEARS IN TAIPING

It will be seen that those five years in Taiping gave me splendid opportunities to enhance my knowledge in all branches of medicine, including preventive medicine.

On not a few occasions when epidemics such as smallpox, broke out in the Larut district I was ordered to go out and report, and if the outbreak was on a scale which we could handle, we dealt with it without calling on the assistance of the Health Department.

I had laid a broad foundation on which to build the future. Having realised the possibilities of the profession, I had become a pluralist without getting entangled in the meshes of any narrow specialisation.

Furthermore, my ambition was aglow. I wished to go abroad and gain further experience. The opportunity came in 1917 when I got myself registered in the Colonial list of the General Medical Council of Great Britain.

The Council Secretary, in reply to my enquiries, advised me that I would be offered the rank of second Lieutenant either in the British Army or the Royal Navy, and forwarded application forms, if I desired active service in the war.

I went to Dr. Fox, my Senior Medical Officer, who promptly turned down my request, saying that I was performing the duties of Medical Officer, Taiping – normally a post reserved for a senior, that is, a European officer – in addition to my own, he could not find another to take over from me. I had no choice but to carry on.

SOCIAL SERVICE

In 1915 when the affairs of the Ceylon Association, Taiping were in an unsatisfactory state, I was elected president, although I was only 25 years old. Again in 1917-1918 when the affairs of the association became critical owing to the inefficiency of the managing committee, I was again elected president.

During my term of office, I made important improvements and reorganised the institution, effecting much needed changes in its constitution to make it a living body exercising a healthy influence on its members.

In the same year I gave expression to a belief that the faith of a people is the pivot on which all other activities are hinged, and that to the extent that it was kept alive, progress and growth kept apace.

My observations on the life of our people – the Ceylon Tamil community – during the few years I had been in the Malay States convinced me of the correctness of this conviction. I organised what I called, for want of a better name, the Young Men's Hindu Association of Taiping, becoming its founder and president.

We obtained from the Government a beautiful and commodious site very close to the railway station, and laid plans for building a temple, reading room and library and a school for Tamil children. I am greatly indebted to the Perak State Government and the members of my community for all their assistance and kindly cooperation in those days. It is gratifying to find that to this day the Taiping Association has remained a living factor in the socio-religious life of our community in Perak.

CHAPTER 5

FIRST GLIMPSE OF PREVENTIVE SOCIAL MEDICINE

IN CHARGE OF KUALA KANGSAR

In January 1919, Dr. Fox selected me from the junior service to fill the post of Medical Officer at Kuala Kangsar (the capital of the Sultan of Perak), made vacant by the departure of Dr. B. Bridges, Medical Officer, Grade 1, who was going on furlough.

This was a departure from the hitherto accepted policy of the F.M.S. Medical Department – i.e., the Medical Officer of a district was always a European Officer of the Malayan Medical Service, the senior service.

My arrival in Kuala Kangsar coincided with the enthronement of Raja Alang Iskandar Shah as Sultan of the State of Perak.

My duties in Kuala Kangsar were many. Except for the women's hospital, which was in charge of a British woman doctor known as a Lady Medical Officer, I had charge of the districts of Kuala Kangsar and Upper Perak, together with the District Hospital and the Malay Hospital.

In the out-stations I had also the supervision of a small hospital in Lenggong and another in Grik. I was in addition Health Officer for the Sanitary Board, Kuala Kangsar.

The Medical Officer, Kuala Kangsar, had an assistant surgeon as part of the medical staff attached to the hospital. But on Dr. Bridges leaving the district, the assistant surgeon was also transferred elsewhere, so I was designated Assistant Surgeon in Charge, Kuala Kangsar, and given a charge allowance of \$80 per month.

The fact that I was responsible in the district, for the preventive and curative aspects of the science and art I practised appealed to me. The opportunity to give expression to my conception of my calling, to initiate, organise and to execute, had come.

Neither the extent of my duties nor the handicap I was placed under, by being deprived of an assistant, daunted me. The more I saw of the possibilities for expansion and for expression of my capabilities, the more I welcomed the opportunity. It was up to me to rise to it, and I knew that I had that in me to rise to the fullest and highest. So I plunged myself into the duties before me with zeal and enthusiasm.

My first task was to reorganise the work in the hospitals on efficient lines. The care and comfort of the patients, prompt and speedy attention by the staff, and the arrangements for surgical work were all brought to as near perfection as was possible.

Strange as it may seem, almost from the very first day of my appointment a good deal of major surgery fell to me. A week before leaving Taiping Dr. Fox had sent me to Kuala Kangsar to perform a couple of urgent major operations, as the Medical Officer was away and Dr. P. Almad had asked for help.

We had a record number of rare cases – gastro-jejunoscopy, splenectomy, nephrectomy, external urethrotomy, cephalic and thoracic surgery, operations for liver abscess, inguinal hernia, wiring for compound comminuted fractures of the femur, amputations, etc.

Dr. Fox came down whenever possible and lent me a hand by taking charge of the anaesthetics. Such cooperation and esprit de corps from the State Medical Officer, raised him higher in the estimation of the staff and the patients. He was truly a sportsman.

Having improved the in-patient work of the hospitals, I turned my attention to the out-patient department, and took measures to give relief to people in the outlying villages of the district by getting the travelling dispensary to function more efficiently.

Hitherto the practice had been to send a dresser, i.e., a Hospital Assistant, of second or first grade in a pony-drawn gharry with a box of medicines in concentrated solution (in order not to make the stock too cumbersome to carry about), and to visit the villages on certain days of the week in rotation.

This officer, on reaching the village, would sit down on the five-foot-way of a shop house or under the shade of a convenient tree, and, getting the patients to fetch water, he compounded his medicines and delivered them to the patients according to their requirements.

This was how the travelling dispensary worked throughout the country, and it appeared to me to be wholly unsatisfactory and perfunctory.

I recommended to the State Government the acquisition of rooms in each village to be used as a dispensary, thus affording privacy to examine patients and facilities for compounding drugs, and for dressing cases. Besides the very knowledge of the existence of such premises would serve to assure the inhabitants of the certainty and regularity of the Hospital Assistant's visit.

Dr. Fox readily approved my proposal, and I procured, at a small rental, rooms in the villages of Padang-Rengas, Salak, Lobok Nlerbau and Ulu Kenas. At Sungel-Siput I found an abandoned public bath, which I had altered into decent rooms for a dispensary.

Not content with the slow and tedious mode of conveyance then in use, I advocated more expeditious means of transport. This, later in the year, took the form of a motor ambulance and made the travelling dispensary more popular. Attendance in the villages mentioned increased to several thousands.

REFORMS IN PREVENTIVE MEDICINE

Having dealt with these developments that were effective on the curative side, I must now refer to the preventive side.

One of the duties of the Medical Officer, Kuala Kangsar, was that of Health Officer, Sanitary Board. Local authorities in the towns of the Federated Malay States in those days were known as Sanitary Boards. They had some unofficial members appointed from the various ethnic group by the State Government. There were, of course, no elections. I took charge as Medical Officer in January 1920, but it was not until September that the Chairman of the Sanitary Board informed me that as Acting Medical Officer, Kuala Kangsar, I was also Health Officer and it was my duty to attend the meetings of the Board.

Shortly before that, Mr. (later Sir) George Maxwell, one of the ablest and finest officers of the Malayan Civil Service, had become the new British Resident of Perak, and his first act was to pay a courtesy visit to the Sultan in his palace at Kuala Kangsar.

On the British Resident being received by the Sultan and his chiefs, His Highness expressed a desire to visit the Malay Hospital; and, acting on the impulse of the moment as it were, the Sultan, the British Resident, the District Officer and the whole retinue of Malay Chiefs made a surprise visit to the Malay Hospital. The last car that passed my house on its way to the Hospital picked me up, and I was thus able to take the distinguished visitors round the wards in the hospital.

It was characteristic of Mr. Maxwell as an administrator to remember a face he had seen only once, and equally to remember official papers even on medical matters, that might have caught his all-perceiving eyes. When Mr. Maxwell was acting British Resident, Perak on a previous occasion, at his request I had once gone to the Residency at Taiping on a professional visit. He had also read a brief account on Pellagra submitted by me to the State Medical Officer, Perak, along with the annual report for the year 1917-1918, and which Dr. Fox had appended to his report to the State Government.

On this occasion Mr. Maxwell very kindly referred to his having read my report on Pellagra. He had that great quality, among other things, of putting one at one's ease.

On completing the visit to the Malay Hospital, Mr. Maxwell suggested to the Sultan that the party might as well visit the District Hospital, this being on their way back to town. In the course of conversation that ensued, he remarked that he noticed a lot of flies in Kuala Kangsar, and enquired who was the Health Officer. The District Officer informed him that I was that officer "for the time being".

Mr. Maxwell remarked, "He cannot be expected to do everything", but added that he would like an investigation into the breeding places of flies. Next morning I entered on my duties as Health Officer. I made a detailed survey of the sanitary conditions of the town, submitted a series of reports, described what I saw, and made far-reaching recommendations.

The British Resident pursued the matter further and, while paying another visit to Kuala Kangsar, asked for a copy of my report from the Chairman, Sanitary Board. The Secretary to the Resident, Mr. C. M. H. Cochrane - who also, like his chief, became Chief Secretary to the F.M.S. Government - described the report as "a grave indictment against Sanitary Board methods".

The British Resident observed it was "a scandalous state of affairs" and a special meeting of the Sanitary Board should be convened to consider the report and to take appropriate measures.

AN IDEAL TOWN FOR FLIES

It must be said in fairness to those concerned that the chaotic state of affairs which existed in public hygiene then, and the dilatory manner in which preventive work was carried out, were not peculiar to Kuala Kangsar. It was similar throughout the country, except in the larger towns.

The Executive Officers – usually officers of the F.M.S. Civil Service – were often laymen without much expert assistance on the spot to guide them. The local Medical Officer was more concerned with the curative aspect of his profession, and could ill afford to give much time or energy, even if he had the interest and inclination, to attend to sanitary work. In the circumstances, credit must be given to those officers for whatever was done.

The Sanitary Inspectors were not trained, and did not possess the necessary technical knowledge. The Perak Health Department had a Health Officer with overall responsibilities in the State who was resident in Ipoh. Later, there was one for Perak North and another for Perak South. This Officer at Ipoh was more of an adviser to the Sanitary Board than an administrative head.

The collection and disposal of town refuse in Kuala Kangsar was very unsatisfactory. There were erected at convenient spots one or two dumps for each street or for each section of the town. These were enclosures about 4 ft. by 3 ft. by 3ft., with brick walls, cement floors and open tops.

They were built at ground level, and there was no cemented area round about in which the overflow might fall when the capacity of the dumps was taxed.

The refuse was not removed daily, but once in three days or so. All imaginable refuse found its way into these receptacles, and with the contents exposed to sun and rain, the cement bottom broke and being often not kept in repair, much of the content was spilled on the ground.

All necessary conditions for the development and growth of larvae of domestic flies were thus ideally provided. Any low lying land in or close to the town was utilised to dump the refuse, but no attempt was made to cover it with earth, lime or ash. Here again ideal conditions for the multiplication of flies were provided.

Then the collection and disposal of night-soil was primitive. The floors of the latrines, built of brick and mortar, were often broken, the seats were not so designed as to ensure that urine found its way into the bucket, and the wall of the latrines had no cement or tiled facing to facilitate cleansing.

The opening for the removal of the buckets was often not provided with a flap door; and where it was provided, it was more often than not broken, having been made of a piece of tin fixed with nails and not hinged. The buckets were worn out, leaky and inefficient.

The night-soil collection was done in buckets which had either no rims to the bottom or uneven rims from usage. They had ill-fitting lids, which on their transit in bullock carts allowed the contents to splash about. On arrival at their destination, the town refuse and the night soil were dumped into an incinerator which had no draught to ensure complete combustion. The contents remained partly burnt, and the smoke coming out of the furnace chimney was foul.

Most often, finding incineration difficult, the labourers simply poured the night-soil into shallow pits and covered the contents with a thin layer of earth.

In addition to all this, Kuala Kangsar's water supply was not adequate; the milk supply of the town was not supervised; and the fish and meat sections of the market were insanitary and crowded with flies.

The eating houses, coffee shops and bakeries in the town were also insanitary. Food was prepared in questionable surroundings, handled with unclean fingers, kept in open receptacles, exposed to dust and flies, and served in and with unclean vessels and utensils.

I drew up a series of recommendations to eradicate these evils. The changes were drastic but necessary in the interests of public health, and the Sanitary Board had the good sense to approve them.

Towards the end of the year, before renewal of licences was done, I sent for the licence holders, explained to them what was required of them, and made them see that the expense and trouble incurred were commensurate with the benefits they and the public were going to derive from clean and attractive premises. They readily complied with the new requirements, and something was accomplished.

I also insisted that plans of all new houses and other buildings should be submitted to the Health Officer, and no building be permitted without sanction. The Government departments were the greatest sinners in this respect.

Incidentally, in the course of my reports, as Health Officer, finding large numbers of empty tins and similar discarded receptacles thrown about at random, coconut shells lying in the compounds of houses, and waterways blocked and overgrown with weeds, forming ideal breeding places for mosquitoes, I made an anti-malarial survey of the town, and had a number of anti-malaria measures carried out.

Mr George Maxwell, the British Resident, Perak, conceived the idea of forming a Mosquito Destruction Board (besides the existing machinery) for the purpose of doing away with mosquitoes.

In a memorandum I submitted that this was undesirable, as dual control in sanitary measures led to inefficiency, and recommended that if such a board were created, it should have the same executive officer as the Sanitary Board as its head.

In the midst of these measures, Mr. Ellerton, the District Officer, retired, and Mr. R. Crichton, an energetic officer, took his place. He was keen on supporting me in my endeavours to make Kuala Kangsar an ideal sanitary town.

He recommended that to facilitate smooth and effective working of the health section of the Board, the Medical Officer, Kuala Kangsar, who was willing, should be made Deputy Chairman, Sanitary Board.

In the meantime, Dr. Fox had gone on leave and Dr. R. Dowden became acting State Medical Officer. When Mr. Crichton's proposal was submitted to him, he wrote: "This was not found necessary when European medical officers were stationed at Kuala Kangsar. I know of no occasion for this, and I am quite opposed to it".

The British Resident observed that he thought the Sanitary Board should have a health and a separate assessment section, but as the enactment then stood it would not permit the creation of the additional post suggested by the District Officer. Thus ended the matter.

COORDINATION OF MEDICAL AND HEALTH SERVICES

About this time Sir Lawrence Guillemard became Governor of the Straits Settlements and High Commissioner for the Malay States,

succeeding Sir Evelyn Young; and in March 1920 he paid his first official visit to His Highness the Sultan of Perak and was entertained by him with a garden party.

At this function I was presented to His Excellency by the British Resident, Mr. George Maxwell. In the ensuing conversation the first remark made by Sir Lawrence was "Don't you think it is a pity that there should be so many mosquitoes in Singapore and elsewhere, when so much money is available in the country?"

I ventured to tell His Excellency that I was not surprised at that, and that money alone could not do everything.

On Sir Lawrence asking me to explain myself, I observed that the Medical and the Health Services seemed to work in separate compartments. As there seemed to be no central policy to guide individual officers, money and energy were wasted; at least adequate results were not obtained.

Further, I pointed out that as Medical Officer of Health I might carry out certain measures which, on my transfer from the district, might not be pursued by my successor, who might in fact reverse them.

Sir Lawrence then asked if I was of the opinion that the two services should be brought together more closely. I replied that they should be co-ordinated under one authority.

A fortnight later, in his first address to the Legislative Council of the Straits Settlements in Singapore, His Excellency said that among many things that awaited solution in the country, he might mention for instance, the co-ordination of the medical and sanitary services.

Soon afterwards Dr. A. E. Horn was brought down to report, and later we had the co-ordination of the medical and sanitary services effected both in the Straits Settlements and in the F.M.S. Dr. A. E. Horn was appointed Director, Medical and Health Services, Malaya and Singapore.

This was the objective I had in mind when I pleaded for co-ordination under one authority. The head of the medical service in the country should have a sanitary authority to advise on, and initiate, measures for preventive work.

PLEA FOR HEALTH CARE OF CHINESE LABOUR

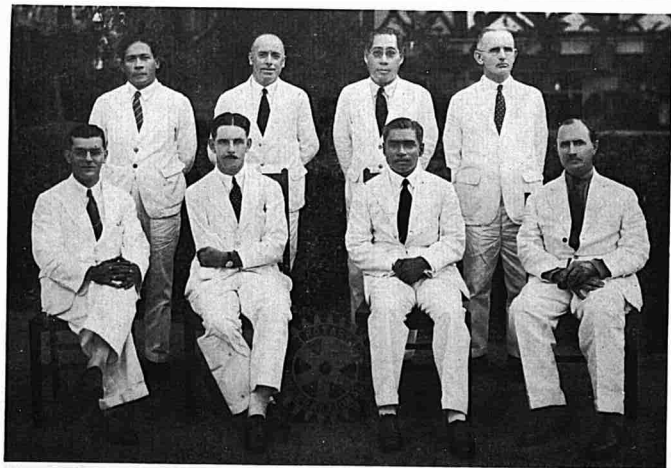
While pursuing these matters, I kept up my quest for further information on Pellagra, and as the result of observations made during visits to the large tin mines in Larut district, on the health conditions prevailing amongst Chinese labourers (the mining labourers then were all Chinese) I addressed to the State Government a plea for some care to be bestowed on them, the Chinese labourers, as was so assiduously done for the Indian immigrant labourers on rubber estates.

That those engaged in a sister industry absorbing a far larger proportion of the labouring population should be left to their own resources seemed unfair. They were employed under ignorant but rapacious and unscrupulous men whose sole object in many cases was to make money with the least possible cost, never paying the slightest attention to the health and welfare of the workers.

Dr. Fox, the State Medical Officer, was sympathetic, but replied that owing to the shortage of European medical officers it was not possible to

do anything. As soon as the requisite number was available, he wrote, some of them would be sent to China to learn Chinese, and the matter I raised would then be dealt with.

Here again, was another European professional reserve which should not be violated, irrespective of the needs of the local population, when qualified men available in the country could be utilised. In the meantime, suffering must continue.



*Committee members Kuala Lumpur Rotary Club
President 1937*

CHAPTER 6

THE ERADICATION OF YAWS

I must now refer to what might be considered perhaps the most important service I was privileged to give during the whole period of my service in the Federated Malay States – the campaign against yaws, the Puru of the Malay kampongs.

During my visits to Upper Perak I observed a few cases of yaws amongst the Malays, who came from the jungle. The disease was not properly understood by the profession in those days and treatment was symptomatic and prolonged with no tangible results. The "bomo" (the Malay medicine man) in the kampongs probably scored more success with his herbs and incantations than the hospitals and dispensaries with their mixtures and lotions.

Realising that the causative organism of yaws is almost identical with that of syphilis, I ventured to use Neosalvarsan by injections; but at the very suggestion of such a simple operation the rural Malay patients absconded into the jungle.

I mentioned this to Raja Abdul Aziz, the then District Officer, Upper Perak, and heir apparent to the Sultanate of Perak. He showed me his own hands, which were affected by "kedal", a secondary lesion of yaws, characterised by exfoliation and fissuring of the skin of the palm of the hands and soles of the feet. He felt unhappy when European Government officers hesitated to shake hands with him. But on my offering to rid him of that affection by injection, he was reluctant.

Datoh Yahaya of Lenggong, who was accompanying Raja Abdul Aziz, thought of an expedient. He remembered a female relative of his who lived near the Lenggong hospital and was then staying at his house, and who had extensive lesions of yaws on her person.

She was anxious to get rid of them. Would I give her the cure first? And if it should be successful, Raja Aziz would avail himself of my offer. I seized the opportunity and proceeded to the headman's house, where I found a young woman suffering from secondary granulomata, a heavily scabbed form of yaws, distributed all over the skin of her body and limbs.

I gave her an injection of Neosalvarsan (914) and returned to Kuala Kangsar. On my subsequent visit to Lenggong a week later, I found almost the whole Malay population of that village crowded round the Penghulu's house.

It appeared that within the first day or two after the injection the lesions had dried up, and within the next three or four days the scabs had actually dropped off, "like the blossoms of the durian tree". With this blossoming, popular belief had it, the efflorescence of the disease also coincides.

When I saw the woman patient I observed that the "ulcers" had healed and the scabs had dropped off. Except for copper coloured patches on the skin, the patient did not appear to have had yaws at all.

Almost the whole crowd, who had one or other of the varied manifestations of the disease, desired to undergo treatment. Among these there was an old man of about 80 years of age whom I remember vividly. He had severe affection of the disease on the palm of his hands and the sole of the feet. This man, after undergoing the injection on this occasion awaited my next visit by the side of the road near the District Office. On my arrival he ran in front of me for a few yards and actually danced, out of sheer joy. He said he had had the disease since he was a child, when the British had come to Perak in 1876. This was the first time in his life that he was able to walk and run and grasp things with his hands.

From now onwards the patients, instead of waiting for my visit to Lenggong, began to flock to my headquarters at Kuala Kangsar. The success of this "experiment", as Datoh Yahaya termed it, brought on the popularisation of scientific medicine and confidence in its use among the Malays.

I then undertook an investigation of yaws in all its aspects, ascertained its incidence by means of a census in Upper Perak and Kuala Kangsar districts, and launched a systematic campaign in both districts aimed at eradicating the disease.

THE "MECCA OF MALAYA"

"Obat Bahru" (new medicine) as the Malays called it, spread far and wide throughout Perak, and the other Malay States from Kedah to the Straits Settlements.

A hundred to a hundred and fifty was the average daily number of those who flocked to Kuala Kangsar Hospital, without warning, arriving by road and rail. One could see a string of people of all ages and conditions walking in a continuous stream from the railway station to the hospital, a distance of half a mile.

The Sultan observed that his capital had become the "Mecca of Malaya" overnight.

Considerable pains were taken not to disappoint these people, and the situation was met by the very ready and encouraging assistance which the then Senior Medical Officer, Dr. Fox, generously gave me.

As an instance of the confidence created in the minds of the Malay population, both high and low, following the success that followed the campaign against yaws, I recall an odd request made to us by a scion of the old royal family of Perak. He suggested that if I would graft on to his person the tip of the penis of a squirrel obtained while the animal was in the act of coition, his sexual virility would be ensured up to ripe old age. It took me some time to disabuse his mind of this foolish belief, begotten of the ignorance then prevalent amongst simple and credulous people, before the introduction of a modern system of education for the Malay race.

Another instance may be mentioned. Datoh Stia, a major chief of Perak, was seriously ill with malignant malaria, but the relations were reluctant to allow him to receive a quinine injection. However, thanks to the new confidence in Western medicine, he was prevailed upon by His Highness the Sultan to submit to the injection. He lived for many years afterwards.

A further instance of the then prevailing notions about disease and its cure among the Malays may be mentioned. The village headman at Enggor had been taken ill with severe ague, and he had asked by special messenger for ablution water from the Sultan's person to be sent to him to drink. This he felt sure, would cure him of his malady. His Highness, enlightened ruler though he was, granted the request by sending the water in which his hands and feet had been washed; but he also took the precaution of sending me an urgent request that I should go to the patient, and do what I could for him.

I went to Enggor and found the patient suffering from malignant malaria. I offered an injection of quinine, which was accepted, and the "penghulu" was cured. No doubt the cure was really effected, according to the patient's belief, by the powers of the holy water from His Highness' person.

In the course of the last three or four months of 1919, I treated by injection almost 5,000 patients for yaws.

Having put into practice my scheme for the eradication of the disease in the districts under my control, I earnestly pleaded for its adoption throughout the Malay States, illustrating my plan with a series of 80 photographs, which were taken for me by a professional photographer at my own expense.

My letter would appear to have received scant notice from the head of the F.M.S. Medical Department; but Mr. George Maxwell, the British Resident of Perak, whose eye had caught a glimpse of my report – appended by Dr. Fox to his annual report, as was his wont – had the vision to see the possibilities and implications embodied in that report.

Coming down to Kuala Kangsar, Mr. Maxwell – who had not then received his knighthood – thanked me for my work and the report on yaws, in which he said he was greatly interested. He added that as I had pleaded for a scheme of work on yaws embracing all the Malay States he would see what could be done, although he could not do much as he was then only British Resident for Perak – as if he had a premonition of what was to happen later.

In June 1920, I left Kuala Kangsar, and Mr. Maxwell went on furlough to England. Some time later, and while he was in Europe, it was announced that he had been appointed Chief Secretary to the Federal Government.

I immediately wrote to him reminding him of what he had said in Kuala Kangsar about the campaign against yaws, which I recommended for all the Malay States. He replied at once to say that one of the first things that would receive his attention when he returned to assume office as Chief Secretary would be to give effect to it.

Sir George Maxwell, true to his word, on his return to Kuala Lumpur in March 1921, set things moving with his characteristic dynamic energy, and directed Dr. R. Dowden – who had succeeded Dr. C. L. Samson as Principal Medical Officer – to take measures on the lines indicated by me for a systematic campaign for eradication of yaws throughout the Federated Malay States.

Dr. Dowden, in giving effect to Sir George Maxwell's instructions, consulted me in person and asked me to write a brief account of the

disease, and its treatment, to assist those concerned with the campaign to gain a clear insight into the problem.

This I did, and it was published later by the Public Health Education Committee of the Federated Malay States Government in the form of a booklet, with illustrations, by the printing firm of Danielson and Sons Ltd., London.

But for Sir George Maxwell's foresight as an administrator, and his interest in all things that contributed to the progress and welfare of Malaya, the campaign I pleaded for so earnestly would not have been implemented.

Furthermore, the independent Malaysian Government in Kuala Lumpur today would not be in the position in which it now is, i.e. the position of being able to find that not less than 30 to 40 per cent of the Malay population have been treated for yaws since 1919. The disease is now practically rooted out of the whole country.

That the campaign for the eradication of yaws that was followed vigorously throughout the Federated Malay States was not so fully pursued in the Unfederated States of Trengganu, Kelantan and Perlis came to my personal notice during an unscheduled and unexpected journey I had to make through the States of Trengganu and Kelantan. I must divert for one moment to explain how this came to be.

Immediately after reoccupation of Malaya by the British Military Administration, the Rulers of the Malay States were interviewed by pertinent authorities to discuss political changes to be made in the administration of the country. In the course of these visits to the Rulers concerned the Chief Minister of Trengganu pleaded inability to peruse important documents due to visual disability.

Immediate offer was made to have this attended to and I was asked to proceed to Trengganu to attend to the Chief Minister. I was flown from Kuala Lumpur in a "Beachcraft" plane, which when reaching Trengganu encountering unfavourable weather conditions on the way to the airfield had to return to its base in Penang, for the night. A second attempt was made the following morning. On approaching Trengganu weather conditions were seen to be still not satisfactory. However, the pilot decided to land on a football field, partly in floods over which he flew in circles spying the lay of the ground, and skillfully landed within a distance of a few yards from the flooded area. He deserved credit which cannot be expressed in terms of human values. However, I was happy to hear shortly afterwards that he was already scheduled to be awarded the D.F.C.

My mission having been completed, for my return journey I was taken by jeep through no man's land to the airport at Kelantan, where a plane was ready to take me back to Kuala Lumpur. During the drive through the States of Trengganu and Kelantan, I was astonished to observe the physical condition of the population, especially the children who were running about at the sight of the jeep. I noticed almost all of them had yaws on their body, scattered from head to foot. We had almost eliminated the scourge from the Federated States, but I was horrified to see almost universal incidence of yaws among the rural population of the Unfederated States.

On my return to Kuala Lumpur I brought the matter to the notice of

the British Military Authorities. Before long we had Penicilin flown into Malaya, to take the place of the arsenical preparation – Novarsenobillon – that we used almost a quarter of a century ago, and banished the disease from the Federated Malay States and later from the whole of Malaya.

Neither before nor after the Second World War did the Medical Department indicate to me or to the Federal Government in any form whatsoever, that it appreciated this very important contribution by me. Yet it was a piece of work that will stand for all time to the credit of British rule in Malaya. Nor did the Government in Kuala Lumpur do any better, even when the matter was brought to its notice officially by me.

On the other hand, the Sultan of Perak, Sir Iskandar Shah, specifically referred to the campaign against yaws, among other works of mine, in a testimonial which I received from him on November 24, 1924. His Highness said:

“We present this testimonial to Dr. A. Viswalingam to express our thanks and appreciation of the services rendered by him while he was stationed in Kuala Kangsar as Medical Officer of the District, and Health Officer, Sanitary Board, for the year 1919-1920. During this period he carried out the following works:—

He initiated a campaign against yaws and gave injections to the Malays affected with the disease and helped to eradicate it and considerably improved their health.

He reorganised the sanitary work at Kuala Kangsar and the other towns under his supervision and improved their sanitary conditions.

He inspected with us all the kampongs and houses of people living at Bukit Chandan and advised the people on health matters by delivering lectures at the Habudayah mosque at Bukit Chandan.

He organised anti-malarial works and helped to eradicate malaria and mosquitoes from Kuala Kangsar town.

He is our family physician and has always attended to us and all members of our family and household, Rajas and Datohs etc., with care and devotion. We have great confidence in his professional skill and are most pleased with him”.

Sir George Maxwell, in a letter he wrote to me in 1925 on receiving a reprint of an account of my campaign published in the Indian Medical Journal, said:—

“I shall always remember how much the Government is indebted to you for the good work done by you when you were in charge of Kuala Kangsar district, in starting a systematic campaign against yaws.

It was as the result of your work that I started – throughout the Federated Malay States – the campaign which has now been extended with great success to the Straits Settlements and the Unfederated Malay States”.

When these two documents were submitted to the Federated Malay States Government at my request, along with a letter embodying an

account of my studies in Europe in June, 1932, I was informed that the Government had approved the following comments to be entered in my record of service:

"Commended by His Highness the Sultan of Perak for excellent work in connection with the treatment of yaws when stationed at Kuala Kangsar".

"Published an interesting and instructive pamphlet on the subject of yaws".

It will be seen from the begrudging tone and careful wording of these official comments that there was a deliberate suppression of the fact that I initiated the campaign against yaws when I was acting Medical Officer, Kuala Kangsar: and of the further fact that it was my pleading for its adoption throughout Malaya that led to the Chief Secretary ordering its adoption throughout the Federated Malay States.

The then Chief Secretary's letter referring to the indebtedness of the Government to me for this original work was ignored.

After I took charge of Kuala Kangsar in January 1919, I was wholly absorbed in the many activities I had undertaken until the latter part of the year.

I then raised the question of my status, and the anomalous position in which I was placed by functioning as Medical Officer of the district and yet being denied the status and emoluments. On receiving an evasive reply, I wrote to the State Government that "if the time has come to permit clerks and ex-clerks to act in appointments hitherto open to cadets, surely it is time, by analogy, that assistant surgeons are permitted to act for Medical Officers".

The Perak Government then approved that I be officially recognised as acting Medical Officer, Kuala Kangsar, with the extra emoluments I was entitled to according to the regulations then existing.

It was about November of that year when this seal of recognition was granted. It was argued that I could have acting salary only from November, and not from the date I assumed charge of the district.

Dr. S. C. G. Fox went on furlough and Dr. R. Dowden assumed office as Senior Medical Officer, Perak. Within a few days, he issued a circular to all officers in charge of hospitals calling their attention to a report in the British Medical Journal in which some instances of fatal arsenical poisoning arising from the administration of Novarsenobillon and similar drugs by injection were recorded to have occurred in England. Then he started his official visits to the hospitals, and having reserved mine to the last, came to see me some time in April.

I referred to the above circular. I was the only officer in Perak who used these injections on a large scale, and I offered to stop treatment of yaws if he, as the State head was against the treatment I pursued, although in my series of about 5,000 cases I had had no accidents.

He said I should continue, and that he merely wanted to call attention to what was recorded in the Journal. Then, in the course of the visit, he told me that there was some feeling amongst seniors of my service (i.e., the Junior Medical Service) that I was given preference to act in a European (i.e., senior) post reserved only for British Medical Officers.

On the conclusion of the visit, Dr. Dowden recorded his satisfaction with all that he saw in the hospital and commended me on the variety and success of the operations on the many original cases he saw.

Soon after this the District Officer, Kuala Kangsar, as Chairman of the Sanitary Board, recommended that I should be made deputy chairman of the Board for the effective working of the health section. As has been previously stated, Dr. Dowden vehemently opposed this.

Then in June 1920, I was informed by Dr. Dowden, acting Senior Medical Officer, Perak, that I should hand over charge of my district to Mr. Manickam, a senior assistant surgeon, and report for duty two days later to the Medical Officer at Ipoh, Dr. Bridges, whom I succeeded at Kuala Kangsar as acting Medical Officer.

As his orders seemed peremptory and final, I telegraphed to the Principal Medical Officer to be allowed reasonable time to arrange my affairs before leaving Kuala Kangsar.

The District Officer suggested I should see the British Resident on this matter, as he was on his way to Ipoh through Kuala Kangsar. I was reluctant to act on this well-meant advice, as I felt that the British Resident must be aware of the move made by the acting Senior Medical Officer, Perak, and if this was so, it must be presumed that he was not against it.

However, in the meantime Dr. Sansom, who had resumed his post as head of the F.M.S. Medical Department, arrived at Kuala Kangsar and told me that "Dr. Dowden has his knife into you". He said: "I offer you the opportunity to go on transfer to Kuala Pilah (Negri Sembilan) where a Medical Officer new to the country and new to the job is expected. Teach him routine, and at the end of three months I shall recall you to Perak, when Dr. Fox will have returned from leave".

I accepted, and was told to proceed to Kuala Pilah, after I had arranged by affairs at Kuala Kangsar. I stayed a week.

THE SULTAN PROTESTS

In the meantime, I was told that the Sultan of Perak had protested against this transfer, and that the State Government had requested him through the District Officer not to press his objections "as the transfer was being made for departmental reasons".

However, the Sultan, the Rajas, and the chiefs were angry. His Highness told me, when I took leave of him, that if I decided to resign and start private practice, he and one of the major Malay chiefs, Datoh Stia, would give me the necessary funds to open a surgery at Ipoh and another at Kuala Kangsar.

I thanked the Sultan for his kindness, but told him that I had dedicated my career to Government and that I wished to stick to it.

Once before, at the height of my campaign against yaws, His Highness had sent word through Datoh Stia that I should apply for 100 acres of land along the New Kenas Road for planting rubber. This was at a time when the rubber plantation industry was booming. This too I had declined, saying that if I became a planter I should cease to be a doctor, since my interest in my profession would be diverted to another channel.

Sultan Iskandar was aware of my neglect in matters of personal finance, and his Highness reminded me of this characteristic, adding that

I was not a practical man, but that he admired my adherence to the medical service. He added that his offer remained open to me to be taken up later, if I should change my mind.

The Rajas and Datohs gave expression to their feelings at a special tea party they jointly gave me at Tungku Temenggong's house, presided over by the Raja Da Hilir and supported by Raja Chulan.

The public of Kuala Kangsar gave expression to their feelings by getting up a football match and presenting me with an illuminated address at a grand garden party on the padang, at which all the officials, heads of government departments, the Rajas and Datohs, and the various ethnic communities of the town were gathered.

The district surveyor, a Scotsman, sportingly brought out his bagpipe and gave the party a real treat of Scottish music.

His Highness Sultan Iskandar, an enlightened ruler who had been educated at Oxford University, and who had come to the throne almost about the time I took charge at his capital of Kuala Kangsar, was greatly interested in all my work, which he realised was for the betterment of his people as well as improvement of his own health.

As acting Medical Officer I was also the Sultan's personal physician, the first Asian doctor who had ever been appointed to the Perak Court at Kuala Kangsar in that capacity. His Highness became friendly, and he took delight in accompanying me to some of the nearby kampongs during my visits of inspection. He arranged for me to lecture on health matters to the congregation attending the Habudaya mosque adjoining his palace. His brother, Raja Harun, interpreted my lectures. This was done regularly after the Friday prayer service.

Sultan Iskandar was keen on breaking down the ignorance and prejudice that existed amongst his Malay people in many directions, and welcomed the schemes I put forward to bring the blessings of scientific medicine to the door of the rayat in the kampongs. Sultan Iskandar remained a loyal and staunch friend of mine to the end of his days.

Perak was lucky to have had him as its Ruler for 20 years, during which period the State prospered as never before. In matters of high policy Sultan Iskandar guided his fellow Rulers in the other three states of the old federation along the right path, enabling them to enjoy additional privileges which he was chiefly instrumental in obtaining from the Federated Malay States Government while he was on the throne.

CHAPTER 7

TRANSFER TO NEGRI SEMBILAN

RURAL EMERGENCIES

Before proceeding further it may be interesting to record one or two instances of the emergencies one was called upon to deal with in outlying districts in those days.

The Medical Officer and Lady Medical Officer in Kuala Pilah were away when, about noon one day, a Malay rayat came to see me at my quarters and begged of me to go and see his wife, who was ill in a kampong close by and could not be conveyed to hospital. After we had covered a distance of about six miles in a hired car he divulged to me that in order to get to the kampong I must cross a river 30 to 40 feet wide and four to five feet deep.

There was no boat to convey me to the other side, nor even the trunk of a coconut tree or some such contrivance by which one can usually get across a small river. The Malay husband offered to carry me on his shoulders, this I declined; and, instead, having pulled off my clothes, which I asked him to carry on his head to save them getting wet, I waded across the river.

I then discovered that I had to walk through muddy paddy fields a distance of about three miles, footing my way now and then along precariously laid bridges and narrow bunds between the fields.

At long last, on reaching my destination, I was shown a hut built of bamboo. In the middle of the single room I found a frail-looking woman lying on a mat on the bamboo floor, having been delivered of a still-born child, but still retaining the placenta, which had adhered to her womb for two days. The whole kampong had gathered round the hut.

The woman was very ill with toxæmia, and I had nothing to cope with the situation except a pair of gloves, some lysol and cotton wool, and some water which had been drawn from a well and boiled in her rice-cooking pot. I had no instruments.

However, I put on my gloves, having sterilised them as best as I could, and, laying myself alongside the woman on the bamboo floor, with the greatest difficulty I managed to get a finger through the cervix uteri, which had tightly closed on the cord, and scraped the adherent placenta little by little; and later, getting another finger in, I managed to remove the placenta piece meal.

Having dressed the parts, I left the woman, giving a grave prognosis to her husband and friends, and returned home with a feeling that one should not venture on such a task without correct information as to the nature of the illness and the journey to be made.

Having heard nothing of the patient for the next two or three days, I thought the worst had happened; but what was my surprise when, a week later, the husband returned to report that his wife was well and at the moment working in her bendang (paddy) field.

Of equal interest was the case of another Malay woman brought to the Women's Hospital at Kuala Pilah late in the night when the Lady Medical Officer was on leave. The woman was said to have climbed on an old stump of a tree and attempted to pluck something from another tree. She missed her footing and fell astride a projecting portion of the stump, which went through her vagina, penetrating the abdominal cavity and the body of the uterus.

There being no adequate facilities for efficient lighting, I had half a dozen hurricane lamps assembled and operated on the woman, first doing an abdominal section to repair the wound in the uterus and the pelvic floor, and then repairing the wound in the vulva. She got over her injuries and became an ayah in the hospital where she served for several years.

Another curious case was that of a Chinese, who, while smoking opium, took a bet with a compatriot fellow-smoker to pass a gunny-bag sewing needle of about nine inches in length through the nose and bring it out by the mouth.

Unfortunately for him, the needle found its way into his gullet; and, having swallowed it, he quietly got himself into the hospital and expected us to relieve him of his trouble.

This we did, and in the course of the operation found the sharp end of the needle had penetrated the anterior wall of the stomach and lay buried in the midst of adhesions. The patient stood the operation well, and left hospital none the worse for his rash undertaking.

CHAPTER 8

ON DIET AND DISEASE AMONGST LABOURERS

In a paper on "Prevention of Malaria" published at this time in the *Medico*, the journal of the Singapore Medical College, I drew attention to various factors that helped to disseminate malaria.

The chief of these was that estate labourers did not stay long enough in hospital to be cured of the disease, mainly because they were not paid wages while on sick leave, with consequent hardship for their dependents during the period they were in bed.

For the same reason, even while convalescing from serious illness the patient felt tempted to resume strenuous work too early, thereby again reducing his chances of cure and becoming ultimately a chronic invalid, a danger to himself and his fellow-men, and also a reservoir for malarial mosquitoes.

Sir George Maxwell, then Chief Secretary in Kuala Lumpur, saw the force of the argument, and as Chairman of the Malaria Advisory Board issued a circular that all labourers both in Government and private employ should receive half wages while sick in hospital with malaria.

The planters raised a storm of protest, and the estate labourers failed to benefit by this wise measure, since Government did not press the planters in the matter owing to the slump in rubber that followed soon after; but Government departments carry out these instructions to this day.

I also advocated in that paper that employers would do well to look into the matter of food for their employees, especially for convalescent cases. The importance of this was recognised some years later when I emphasised it in a paper "Food and Disease in Malaya", read before the annual general meeting of the British Medical Association of Malaya.

Dr. Reid, of Sungkai, Perak, and a few other visiting medical practitioners of estates took some practical interest in the matter, and told me of the benefits that had accrued both to the employee and employer thereby as a result of adopting my recommendations.

In a paper on "Prevention of Venereal Disease", also published in the *Medico* while I was at Kuala Pilah, I observed among other things that subjecting the women in the brothels to periodic medical inspection and treatment did not serve any purpose other than that of giving the men who visited them a sense of false security, as no medical man could conscientiously certify that a woman was free from infection after such an "inspection".

I suggested that what was more likely to help in the matter was to insist that any man who visited a prostitute should himself produce a certificate of freedom from infection from the hands of qualified medical practitioners.

Today, of course, things have changed. We have abolished the brothels, but we have by no means got rid of prostitution. We have merely

driven women to carry on the trade under other pseudonyms. This may please the vanity of social workers, but the problem still exists under the surface, perhaps more virulently than ever.

During the few months I was in Kuala Pilah I also contributed "Notes on a case of Psoriasis", the first of its kind reported in Malaya, which was published in the *Journal of Tropical Medicine and Hygiene*, London, July 15, 1921. Page 192.

CHAPTER 9

TRANSFER TO THE FEDERAL CAPITAL

While I was stationed at Kuala Pilah in 1920-21 there evolved a new scheme to ameliorate the then scandalous state of affairs in the Junior Medical Service with respect to its status and emoluments.

The Assistant Surgeon was now designated Assistant Medical Officer. The Junior Service – unlike the Senior Service, which rose automatically to the maximum salary provided in a special scale of its own, and to specialist and staff appointments – was provided under the new scheme with barriers to the grades of Deputy Medical Officer and Senior Deputy Medical Officer.

There were corresponding designations in the case of specialists such as Deputy Pathologist, Senior Deputy Pathologist, and other meaningless titles.

In no case could these Asian officers rise to the status of the European Service, whatever length of service or aptitude or qualifications they might possess.

This was the state of affairs in the Junior Service when I arrived in Kuala Lumpur in April 1921, and reported for duty at the then District Hospital in Pahang Road, which was later designated the General Hospital.

But within a couple of months, the Director of the Institute for Medical Research in Kuala Lumpur, obtained permission from the Principal Medical Officer, F.M.S., to have me seconded for service at the Institute to assist him in research on malaria and dysentery.

This I did for a year, gaining valuable experience in laboratory and research work and adding further to my research on Pellagra.

CHAPTER 10

STUDY LEAVE (GO EAST NOT WEST)

I now felt that I must not delay any further my ambition to visit the seats of learning in other countries, particularly Europe.

I was due for long leave – 7½ months (six weeks on full salary and six months on half pay) and if I could get a few months' study leave in addition, I would have sufficient time to visit Europe and gain the further experience and knowledge I had longed for from my Taiping days.

Dr. Fletcher, a fairminded chief – one felt it was a privilege to work with him – was sympathetic and did his best to support me in my request to be given a chance to pursue further studies in Europe.

So about the middle of 1922, I applied for my long leave to go to Europe for study. Instead, I was offered leave to pursue any studies I cared to take up in any of the Eastern universities.

While in Taiping I had not been allowed to avail myself of a great opportunity to go to Europe because I could not be spared during the war. Now again I was not permitted to go to Europe, for reasons one can only infer.

However, I decided to take up ophthalmology as my speciality for my studies in India at the Eliot School in Madras which is world-famous in offering facilities for such studies. The wealth of material available for practice is immense.

In addition, I took a three-month postgraduate course in Obstetrics and Gynaecology at the famous Gifford Maternity Hospital, at Egmore, Madras, to which students from many parts of India and Burma and postgraduate students from all over the world come. It was the Rotunda of the East.

The attitude of the authorities in charge of these institutions may be briefly recorded here. In the ophthalmic hospital Colonel R. E. Wright was reluctant to admit me for postgraduate work, and only after I had assured him that I had gone to Madras from Malaya under the auspices of the Government which I was serving, did he agree to accept me.

His complaint was that Indian graduates, after taking a postgraduate course in the hospital, opened practice to compete with the hospital. He really meant himself, for he was allowed consultant private practice. He pointed out to me one such doctor's signboard just opposite the hospital gates.

However, I was grateful for the opportunity Colonel Wright afforded me to gain the special knowledge I desired in that famous centre of ophthalmic learning.

Colonel Hingston, the superintendent of the Gifford Maternity Hospital, posted me to be resident medical officer of the hospital from 8 p.m. to 6 a.m., during which time it was arranged that I should run the hospital and conduct all operations necessitating forceps delivery, with the assistant superintendent, Dr. Lakshmanaswamy Mudaliyar, present to

supervise and assist in the operations. He later became the Vice-Chancellor of the University of Madras, holding that office for over a quarter of a century and winning world-wide renown.

I was given the privilege of performing various major operations in the theatre, in which Colonel Hingston personally assisted me in very important cases, as caesarean sections etc.; and also of going round all the wards and getting acquainted with the hospital work.

During the day, should a maternity case need delivery by forceps, the postgraduate student was allowed to perform this operation in that vast amphitheatre of the Gifford School attached to the hospital, with all the hospital staff – consisting of 100 to 150 members, including pupil nurses – the students from the Madras Medical College who were posted for duty to gain clinical experience, the students from the Punjab and Burma numbering 50 to 100, and postgraduates from overseas, the U.S.A. and Europe, as onlookers.

I had this experience on at least half a dozen occasions. It was a joy to have this great opportunity under the guidance of an eminent, genial and sympathetic senior in the profession.

CHAPTER 11

CREATING THE EYE DEPARTMENT

On my return to duty, Dr. Dowden, the principal Medical Officer, F.M.S., ordered me to organise ophthalmic work in Kuala Lumpur, with the General Hospital, Tanglin, as the centre.

Dr. H. M. Harrison, who was then Medical Officer, General Hospital, thought my speciality in obstetrics and gynaecology also should be utilised, and gave me in addition charge of the women's section, the female wards.

In organising ophthalmic work, not only were facilities not offered but there was silent opposition, a form of passive resistance from the surgeon and some senior colleagues of my own service. No one would offer even a room to accommodate me; yet an old surgical theatre, which must have been the original theatre of the hospital, was being used as a surgical store by the surgeon.

I pointed out to the Senior Medical Officer that the purpose for which that building had been erected would be better served if it was used as a theatre, and not as a store, and urged that I should have it for my surgical work. Dr. Cosgrave, the Senior Medical Officer, Selangor, agreed, and thus the nucleus was laid round which the ophthalmic clinic was to be built. On the spacious verandah of the building housing the theatre, I managed to get a dark-room and an office built.

Having anticipated requirements of a new speciality for which Kuala Lumpur then had no equipment, I had purchased and brought with me at my own expense the necessary surgical instruments and allied apparatus from India. Thus equipped, I launched into my ophthalmic speciality.

A year later I relinquished charge of the female wards, to enable me to concentrate on the creation of the Eye Department. But even then the various medical officers who took charge of the General Hospital and my colleagues were not happy unless I had some share in the general medical work.

Thus the creation of the Eye Department had to be done under many a handicap of sullen opposition, prejudice, scanty accommodation and poor equipment.

However, during his periodic visits of inspection to the Hospitals Dr. Dowden made the following comment in the General Hospital's visitors book: "The ophthalmic work was highly satisfactory, to judge by the numbers attending".

In the latter half of 1926 Sir George Maxwell retired as Chief Secretary to Government, Federated Malay States, and was succeeded by Sir William Peel.

At this juncture the Sultan of Perak, who had taken an abiding interest in me since he had known me in Kuala Kangsar, having heard of the way my promotion was being delayed, spoke to Sir William Peel on

the matter. Sir William immediately caused action to be taken to have my promotion given, and so in 1926 a dozen of us in the Junior Service were promoted to "Prize Posts" in the deputy grade.

Dr. W. H. Hart, the Senior Medical Officer, Selangor, wrote recommending me for promotion:

"Dr. A. Viswalingam is in charge of the Eye Department of the General and District hospitals, and also has a large out-patient department for the treatment of eye complaints. He is a keen energetic worker, and by his manner and methods has achieved a good reputation among all classes of the community in this branch of medicine. I can recommend him for a Prize Post".

CHAPTER 12

AHEAD IN THE COLONY

From 1929 onwards the practice of publishing annual reports of various clinics and specialist departments in the F.M.S. Government Gazette was given up by Dr. Wilson, who published instead a summary of the reports made by his office staff.

So about the beginning of 1930 the Junior Service felt that something should be done to bring matters to the notice of the Federated Malay States Government, and as a first step the service asked the Principal Medical Officer to meet a deputation from their ranks. This was agreed to, and I was one of the five chosen to represent the service.

The point at issue was that Dr. A. L. Hoops, Principal Chief Medical Officer in the Straits Settlements, was following a liberal policy, giving not only promotion to local officers to the various grades as provided by the scheme, but also going further by giving promotion to some of his local men to the Malayan Medical Service.

One at least who was so promoted in the Colony to the Malayan Medical Service was my junior, to whom I had taught anatomy while at College. In the Federated Malay States nothing was done, while Dr. Hoops was following this policy in the Straits Settlements.

The deputation met Dr. Wilson, who promised to look into the matters represented to him, and to make recommendations for promotions to senior grades. As we were about to withdraw I asked him if it was a fact that he was opposed to any of us being promoted to the Malayan Medical Service, especially when the Straits Settlements had already promoted some of our rank to the Senior Service. Dr. Wilson considered for a moment or two, and replied that in his opinion the two services should develop "on parallel lines".

In 1930 the heads of the Medical Departments of the F.M.S. and the Colony collaborated to devise a new scheme. In the formulation of this scheme the personal factor played a great part.

Dr. Hoops, P.C.M.O. in Singapore, was for encouraging the local men in his service and he provided in paragraph 5 of the scheme for promotion to the Malayan Medical Service and superscale posts; whereas Dr. Wilson in the Federal capital preferred to have the 1930 scheme without the paragraph referred to above.

It would appear, therefore, that the Government of the F.M.S. which was aware of this major difference in the provisions of the scheme, had nothing to say but to agree to the whims of its heads of the Medical Department, even on a matter pertaining to equity and fairness in dealing with Asian officers.

INTEREST ON DIET AND DISEASE KEPT UP

Though struggling thus to improve my position in the service, I kept up my studies in all subjects in which I was interested.

In 1925 I contributed a paper on "Pellagra in the Malay States" to the Congress of the Far Eastern Association of Tropical Medicine, held in Japan. I also read a paper on Granuloma Venereum before the annual general meeting of the British Medical Association (Malayan branch). Both papers were later published in the transactions of the Far Eastern Association of Tropical Medicine and the Journal of Tropical Medicine and Hygiene respectively.

My paper on pellagra was handed to Dr. Wellington, the acting Principal Medical Officer, who went to the Japan Congress as a Government delegate. I could not present it in person for lack of funds to meet the expenses of travel, and as the Government was not interested.

In the paper on Granuloma Venereum I drew attention to an obscure venereal affection which was met with rarely, but in sufficient numbers to merit attention of the profession.

Dr. Dowden, on receiving a copy of a reprint of my paper, sent a circular letter throughout the Federated Malay States hospitals with instructions that all such cases should be reported, and if possible sent to the then Venereal Disease Specialist, Dr. E. A. Smith, for him to study.

This medical officer subsequently wrote something about this disease, but never made any reference to my previous contribution.

In 1927 a paper entitled "Common Diseases of the Eye, their Neglect and Treatment" was presented by me to the annual general meeting of the British Medical Association, Malayan Branch.

Again in 1928, I addressed the annual general meeting of the British Medical Association, held in Singapore, on "Keratomalacia". This paper was published in the Malayan Medical Journal. This was yet another disease which had not hitherto been recognised by the profession in Malaya. It is a deficiency disease, an affection of the cornea - the watch glass of the globe of the eye.

From 1925 to 1928 I drew pointed attention to the prevalence of Trachoma in Malaya through pamphlets published in all the four languages by the Committee for Public Health Education. My exhibits on trachoma, yaws, and keratomalacia, were shown at the Agri-Horticultural (Association) shows in Kuala Lumpur, in the Public Health section, from 1925 to 1929.

In 1929 at the annual general meeting of the British Medical Association I presented a paper on "Food and Disease in Malaya". In this paper I drew the attention of the profession to a new orientation of the conception of disease, and pointed out the importance of food, especially deficiency in vital elements therein, as an important factor in the majority of diseases met with in the country.

CHAPTER 13

FOR STUDY LEAVE IN EUROPE

While these matters were proceeding, I remembered that it was Sir William Osler's view that to go abroad now and then was undoubtedly good and useful for the future consultant. For, Osler says, "We will have a broader foundation on which to build, and a year or two in the clinics of the great European cities will be most useful; to spend a few months of study at one of the German University towns will store the young man's mind with priceless treasures".

Accordingly early in 1930, I applied for my long leave and study leave, amounting altogether to about a year, to be spent in Europe.

Mr. Cochrane, then Chief Secretary to the F.M.S. Government, and Dr. W. E. Pepys, then Under Secretary to Government, were sympathetic, wishing to encourage deserving cases, and my request was granted. I have no hesitation in saying, however, that but for Mr. Pepys, one of the ablest, most helpful and most liberal minded men in the Malayan Civil Service, it would have been turned down, as it was in 1922.

I was about to go on leave when eight officers of my rank were given promotion to the senior deputy grade. Of these seven were senior to me in service, and one was my equal in service. I found no place in this list.

Remembering that not one of my colleagues who had promotion had stirred themselves to acquire further knowledge by postgraduate studies outside Malaya, I thought perhaps there was truth in the taunt -

"How much the fool that hath been to Rome

Exceeds the fool that hath been kept at home".

There arrived in Kuala Lumpur about this time an eminent personality again from the British Colonies in Africa, in the person of Dr. (later Sir) Selwyn Clarke as Chief Health Officer, Federated Malay States.

Dr. Selwyn Clarke was possessed of large ideas, broad views, liberal sympathies and, above all was free from prejudice of colour or creed or jealousies of any kind; he was an ideal exponent of preventive medicine in that period of Malayan colonial history, a truly great man. An embodiment of the ideal put forth by Sir William Osler.

Soon after his arrival, chancing to see some of my observations on sanitation in Kuala Kangsar and my letter to the Government on the health of Chinese mining labourers during my Kuala Kangsar days, he sent for me and warmly received me saying that there must be something in common between him and me, as he had used the very words I had used in recommending to Government certain measures of reforms of Health Services. The new Chief Health Officer added that perhaps it might be some satisfaction to me to know that he was trying to do something which I did ten years ago. It was a tonic to hear him speak on matters in which we had interest in common.

Dr. Selwyn Clarke was the type of government officer who calls to his banner the spontaneous allegiance of all true men who have the welfare of humanity at heart, and who will willingly give of their best for the cause they believe in. He generously gave me letters of introduction to some eminent men in London in the medical world, and encouraged me greatly in many other ways as well.

In May, 1930, I left for Europe by the American liner "President Polk". I reached London in June, feeling weak and forlorn, after an acute illness on board ship. However, seeing old faces was a good restorative. Mr. Dickson Wright, surgeon at St. Mary's Hospital, whom I had known in Singapore, kindly investigated my case and diagnosed a stone in the left kidney. The illness on the ship was a serious matter, but as the symptoms abated I felt inclined to leave it alone till I got through my studies.

On my arrival in London, one of the first friendly faces I saw was that of Dr. A. T. Stanton, the Medical Adviser at the Colonial Office, whom I had known well in Malaya.

Very soon I met by arrangement the three great men who had been always friendly, Dr. Finlayson, Dr. Stanton and Dr. Fletcher, at the rooms of the Society of Tropical Diseases and Hygiene. I had booked for my course in ophthalmology in Vienna, and these three friends had no doubt that Vienna was the proper place for the studies I had chosen.

Then I called on Sir Andrew Balfour, the Director of the London School of Tropical Medicine and Hygiene – a great personality indeed. I had a letter of introduction to him from Dr. Selwyn Clarke. Sir Andrew graciously said he had known of me before he met me, and on my asking him how, he said he had read with great interest some of my contributions to the Medical Journal; and he specially referred to the one on "Food and Disease in Malaya", which he said he made use of in his class lectures. Sir Andrew personally took me round the School, introduced me to the staff, offered me free access to the library at any time I cared to use it, and introduced me to several men of repute in England and Scotland. He had copies of several photographs of interesting cases taken from my collection and had them placed in the College Museum.

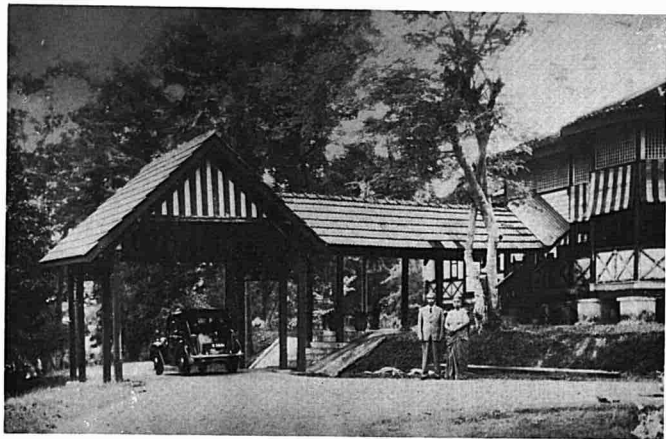
Through the influence of Dr. Selwyn Clarke and Mr. Dickson Wright, I was also elected a Fellow of the Royal Society of Medicine, in Wimpole Street, of which I am a Fellow to this day. I benefited greatly by access to this institution, where the best brains of the profession in London met and discoursed on interesting cases in all branches of medical science.

Sir Andrew Balfour, who was loved and honoured throughout the British Empire, for his sterling qualities and his eminence in the world of tropical medicine and hygiene – having guided the London School to the great position it fills today in spreading the light of knowledge in tropical diseases and sanitation – died at his post a few months after I had the privilege of meeting him. In a letter he wrote to me only a short time before his death, he said: "You say the work you have done in Malaya has not been appreciated as it should have been, but probably you under-rate the influence that it had. Certainly I was familiar with it, and I have no doubt many others appreciated your labours on behalf of science and humanity..."

In another letter of introduction given to me in London, Sir Andrew said: "I was very well acquainted with him through his writings on various subjects, for he has contributed useful papers to the Malayan Medical Journal and other publications and has done much good work in Malaya. Dr. Viswalingam is one of those men in our Colonial Service who deserves encouragement and assistance".

Then I called on the Right Honourable Mr. J. H. Thomas, the Minister for Dominion Affairs, to whom I had a letter of introduction from the Sultan of Perak, Sir Iskandar Shah. Mr. Thomas received me very kindly and spent a few minutes with me inquiring after His Highness, the people of Malaya, and so on. He offered his assistance at any time I needed it, asked me to mention his name to anyone with whom I might have to deal with at the Colonial Office, asked his Under Secretary to arrange for me to visit Parliament, and offered me several other courtesies. I was greatly benefited by his kindness.

This Labour Minister was an example of John Knox's saying that "a ploughman, when cleansed and clothed and placed in office, is fit to rule a kingdom".



*Residence at Tanglin, Kuala Lumpur. Prior to Japanese occupation
Dr. and Mrs. Viswalingam*

CHAPTER 14

STUDIES IN VIENNA

I left for the Continent in September, travelling through Germany on my way to Vienna. In Berlin I saw as much as was possible of the medical institutions there, and arrived in Vienna in time to start my studies on October 1.

These studies, planned under the aegis of the University of Vienna, were pursued in the various clinics and hospitals, the "Allgemein Krankenhaus", over which presided men renowned throughout the world as authorities in their branch of knowledge. They were all Austro-Germans, but spoke enough English to make the subject they discussed intelligible to those who were already acquainted with it.

These eminent men were very thorough and painstaking, and placed before one a vast and varied account of material pertaining to the subjects, demonstrating as far as possible every aspect clinically, in patients collected at great pains from all over their country specially for the purpose. It was all done so thoroughly and thoughtfully that one was able to see in a matter of hours what many of us may not see in the short span of our lives, specially as far as variety and rarity were concerned.

I had chosen to take the intensive course in diseases of the eye, ear, nose and throat simultaneously, and had to work almost eleven hours a day, from 7 a.m. to 7 p.m. with an hour's break for lunch, for three months.

Besides these two courses, I availed myself of the opportunity to take special courses in radiology, catheterisation and cystoscopy of the genito-urinary systems.

Except for operative surgical work, which was done in the cadaver, all other operations such as laryngoscopy, bronchoscopy and cystoscopy I was privileged to carry out on out-patients in the various hospital clinics.

Among my batch of 16 doctors taking postgraduate work, I was the only one from the East. (Ceylon being such a tiny island, people in Europe appeared to know very little about it, and I was generally taken for an Indian). The rest, with the exception of an Englishman and a New Zealander, came from the United States of America and Canada. The professors were very kind to me. They and my fellow-students were sociable and showed me every courtesy.

Dr. E. Fuchs, a world-famous ophthalmologist and the author of the compendium on ophthalmology which was a standard textbook of reference throughout the English-speaking world in his time, delivered a few lectures to my batch, a rare privilege which he extended annually to international postgraduates.

Towards the end of my course, I took ill again, and through the generosity and kindness of a good Chinese lady friend then staying in Europe, I was able to take a short holiday in the Swiss Alps. The health-giving rarefied atmosphere of the Swiss Alps, the winter sports, the gay

and happy people holidaying there, soon restored me to a state of health which enabled me to seek surgical treatment for my long standing ailment.

AT THE COLONIAL OFFICE

I returned to London and sought an extension of my leave to enable me to complete the treatment. I was informed in reply that the F.M.S. Government did not agree to this being granted. So I asked for an interview with the Under Secretary of State for the Colonies at Whitehall, to present my case.

Dr. Drummond Shiels (later Sir Drummond Shiels), the Parliamentary Under Secretary, was good enough to see me accompanied by Dr. O'Brien, the Assistant Medical Adviser to the Colonial Office. Dr. Drummond Shiels started the conversation by remarking that he was informed that I had done good work in the Malay States and thereby he believed I stood high in the service. I had not expected this, and replied that though the purpose for which I had asked for the interview was to obtain leave, and not to raise the question of my service conditions, as Dr. Shiels had kindly referred to the matter I should say that the good work of which he was informed, far from taking me forward, had taken me in the opposite direction.

Dr. Shiels was surprised to hear this, and, on my showing him a letter of farewell written by Sir George Maxwell, on the occasion of his relinquishing office, which I happened to have had with me at the moment, turned to Dr. O'Brien and demanded to know why such a piece of valuable work done by me in Malaya on yaws was not brought to the notice of the Colonial Office. Dr. O'Brien replied that the fault lay with the Government and the High Commissioner in Malaya. Dr. Shiels remarked that my work on yaws would have been of the utmost importance to the African governments. One could see he was honestly indignant.

Then, tapping me on the shoulder, he remarked, "You and I, as medical men know what it is – pure and simple professional jealousy. At the same time, we also know that we do not work for £.s.d. Our reward is greater and higher, and I hope things will be all right when you return from leave".

Then Dr. Shiels asked me why I preferred to go to the continent for my studies, but to have my operation done in London. I replied that the Germans were good at certain things, but not in all things, with which reply he was satisfied; and he allowed me to stay as long as was necessary to get over my disability. I am deeply grateful to him for his sympathy and consideration at a time of suffering.

I underwent the operation successfully at the hands of Sir John Thomson Walker, the greatest genito-urinary surgeon then in the British Isles, to whom I am ever indebted. Through his skill I was soon restored to health.

CHAPTER 15

REFORMS IN THE FEDERAL GOVERNMENT

I returned to Malaya in 1931 and resumed duty, after having been away in Europe for a year and a half.

I was now asked to combine ear, nose and throat work with my ophthalmic work in Kuala Lumpur. Having purchased at my own expense and brought with me instruments and apparatus necessary for my specialities, I organised an ear, nose and throat branch in combination with the ophthalmic branch. Later on, I was allowed to order the necessary equipment for this additional branch of my speciality.

During the 18 months I had been away from Malaya political changes had been effected throughout the Malay States, and the machinery of government changed to fit in with the policy of decentralisation, which Sir Cecil Clementi, the new Governor of the Straits Settlements and High Commissioner for the Malay States, advocated and carried out.

While some of these changes were pan-Malayan in scope, the main purpose of Sir Cecil Clementi's policy, in so far as it affected the Federated Malay States was to restore to the State Governments – those of Perak, Selangor, Negri Sembilan and Pahang – some of the powers and functions which had been absorbed by the over-centralised Federal Government in Kuala Lumpur.

Among these changes the posts of Principal Medical Officer, F.M.S., and Chief Health Officer, F.M.S., were abolished, and the pan-Malayan post of Adviser, Medical Services, was created. This officer was also to function as Director of Medical Services, Straits Settlements.

Dr. C. Wilson, former Principal Medical Officer, F.M.S., had become Adviser, Medical Services, when I reported for duty. On arrival from Europe I called at his office in Singapore prior to my leaving for Kuala Lumpur, and told him of my studies. He was very pleased that I had concentrated on gaining practical experience and in getting acquainted with the work of men eminent in the specialist branch in which they were engaged. "Just what is required of someone pursuing postgraduate studies", he said. He was sure that all the knowledge thus gained would be most useful to the Government.

To give effect to the Clementi decentralisation policy in regard to the medical services, each State of the Federation – Perak, Selangor, Negri Sembilan and Pahang – was to have a State Medical and Health Officer, assisted by a deputy, either of whom might be alternatively an officer from the Medical or Health section of the service.

FEES ALLOWED

The acting S.M.O., Dr. Dive, who was acquainted with the many difficulties under which I had laboured in the service, spoke to me sympathetically and told me that even though the question of my promotion

was still to be taken up with the Government, he felt that I should have privilege of consultation practice, which had never been properly regularised.

He communicated with the Straits Settlements Government, and, after discussion with me, framed a scale of fees for operations under which I was allowed to charge consultation fees, which I was to retain. For operations I was to be allowed one half of the fees. Dr. Smart recorded that "as far as this office is concerned, this scale of fees holds good".

The first case that came under this arrangement was that of a British planter in financial straits on whom I operated for cataract. The Planters' Distress Relief Fund committee guaranteed the expenses. The Government was prepared to forego its 50 per cent, and I remitted my 50 per cent for which the thanks of the Planters' Distress Relief Fund committee was officially conveyed to me.

About a year later, however, Dr. Smart, the State Medical and Health Officer for Selangor, ruled that fees charged by me for consultations should be credited to revenue, and that I was not entitled to the fees because I was not in the Malayan Medical Service (i.e., the Senior Service).

This was an unheard of proposal in the history of the profession in any country. But Dr. Smart said that was the ruling from the Government. This ruling also precluded my claim to the 50 per cent of operation fees which I had drawn hitherto from the Treasury. It was a most unfair ruling, for under no circumstances was the Government entitled to a consultant's fee, which is strictly a private one.

From the date of this ruling in 1932, I paid all consultation fees to revenue. But the public, who resented this, argued that as the money they paid went into Government coffers, the fee should be nominal; and I acceded to their request. In some cases patients took advantage of this, and pleaded inability to pay a fee at all. Thus the Government and the public shared the benefits.

In 1935, Dr. R. B. MacGregor who succeeded Dr. Smart had my consultation fees which had been arbitrarily credited to Government revenue, refunded to me. But my share of operation fees was never refunded to me.

A JEALOUS SURGEON

Dr. Smart, who succeeded Dr. MacGregor, in the course of a visit to my clinic informed me that he would tell me unofficially that I should confine myself solely to ophthalmic work, as Mr. Dannatt, the Surgeon, was keen on doing ear, nose and throat work. He had had this unofficial instruction confirmed by Dr. Fitzgerald, the new Adviser, Medical Services, on his first visit after the devolution policy had been put into force. The adviser later took me aside, and said unofficially he would ask me to give up ear, nose and throat work, because Mr. Dannatt desired to combine it with his general surgical work.

I had to comply with these two senior officers' instructions, though given to me unofficially.

Both Dr. Fitzgerald and Dr. Smart were aware of the fact that I was sent to Europe specially to add ear, nose and throat speciality to my

ophthalmic work. For in recommending my study leave to Government, Dr. Wilson, then the Principal Medical Officer, F.M.S. had recorded:

"Taking into account Mr. Viswalingam's past record, I think it may be said that the department will benefit by his further study in ophthalmology. There is need for an officer of assistant or deputy Medical Officer status to be specially trained in surgery of the ear, nose and throat, and there is reason to believe that Mr. Viswalingam will prove capable of acquiring proficiency in this special subject. It should not be impossible to utilise his service in the future in both branches, viz. ophthalmology and the other".

This having been done, the dental clinic, the ophthalmic clinic, the out-patient department and the stores were left to function at Tanglin; and I became, in addition to my ophthalmic duties, also Officer in Charge, Out-Patients Department.

At this stage, H. P. Hennessey who functioned as Medical Officer, Ipoh, and Ophthalmic Surgeon, F.M.S., retired from service in 1932. Dr. C. Wilson, the Principal Medical Officer, had the post of Ophthalmic Surgeon, F.M.S., which was legitimately the post I should have filled, abolished.

CHAPTER 16

THE 1937 SCHEME

In 1937 there came into force a new scheme of emoluments for locally recruited (i.e. Asian) officers of the F.M.S. Medical Department, and I had to choose between remaining in the 1930 scheme or going into the new one.

The new scheme provided for three grades, the salary scale for Grade I being \$365 per month rising by annual increments of \$15 to \$500-\$600, and for special grades (by selection) on a scale of \$625 rising by annual increments of \$25 to \$725 per month.

An officer in Grade I who displayed outstanding ability might be recommended for promotion to the post of Medical Officer in the Malayan Medical Service, and if so promoted, would be eligible for advancement to superscale "B" appointments, on a salary scale of \$750 rising by \$25 to \$800 per month.

This scheme at first required as a qualification for inclusion in it proof of Malayan birth, an issue then beginning to take on a new political importance in the Federated Malay States. Later, however, in order not to exclude officers who were already in the service, but not local-born, from the privileges of the scheme, a ruling was made that such officers might be included in it. There were ten of these officers, including myself.

I will not go into details of the complex personal and professional problem that faced me then, since both schemes are now only episodes in the history of the medical services in Malaya, unknown to the new generation of doctors trained in Kuala Lumpur and Singapore. Only old-timers like myself realise how fortunate the newcomers are.

Briefly, the position was that if I opted for the 1937 scheme, and if I was not recommended for promotion to the Malayan Medical Service – and there was no guarantee of that – I would be financially the loser. I was already on a salary scale which went up to a maximum of \$800 per month. Under the 1937 scheme, the maximum salary would be \$725. With a wife, a son and seven daughters dependent on me, I could not risk that loss.

Furthermore, I was told that no assurance could be given that if I was promoted to the Malayan Medical Service I would not be transferred to another post, away from the ophthalmic work which I loved and to which I had devoted the last 15 years and for which I had gone to a great deal of trouble and personal expense to obtain specialist qualifications.

In 1937, 1938 and 1939 there were interviews and correspondence on these questions with the State and Malayan heads of the Medical Department, the British Resident of Selangor, and the High Commissioner, Sir Shenton Thomas, who had succeeded Sir Cecil Cleminti.

In deciding to stay in the 1930 scheme, I had acted on the advice of Dr. Fitzgerald, Dr. Young and the British Resident of Selangor, Mr. S. W. Jones. Though I have no doubt that the advice I received was kind and disinterested in the light of the circumstances prevailing at the time,

later consideration made me realise that it was based on the letter and not in the spirit of the new scheme, and that I was in fact labouring under serious disabilities, particularly the fact that I stood no chance of being promoted to a Malayan Medical Service superscale post. Accordingly, at the beginning of 1939 I petitioned the High Commissioner to go over to the 1937 scheme, but he refused.

This, then was my position in the service when the Second World War broke out in Europe in 1939 and all peace-time administrative problems were shelved during the brief respite which Malaya enjoyed before Japan entered the war.

I have already recalled how I had to organise the Ophthalmic Department in Kuala Lumpur. From humble beginnings the department had now come to assume proportions commensurate with its function and importance, as the Consultant Centre for Ophthalmology. By the time war broke out we had two large theatres, one for major operative work, the other for miscellaneous and assorted work; two commodious dark-rooms, one for ophthalmic and another for nose, ear and throat work; and a large waiting-room for the male and female out-patient clinic, with a daily attendance of 100 to 150 patients. The in-patients were distributed in the three hospitals, the Bungsar and the General Hospitals.

Major operations numbered about 5,000 per annum, chiefly for cataract, glaucoma and diseases of the lacrimal apparatus, deformities of lids, removal of new growths and intra-ocular foreign bodies, detachment of the retina, and occasionally excision or exenteration of a diseased or grossly injured eye ball and plastic surgery to restore orbits denuded of their contents suited to fit a prosthesis.

During the 30 years since I took up my first appointment in Perak, several thousands of patients had passed through my hands.

CHAPTER 17

CEYLON TAMILS WAR EFFORT

After the Second World War broke out in Europe in September, 1939, I took the initiative, as one of the leaders of the Ceylon Tamil community in Malaya, to organise a "Victory Fund" as our contribution to the Allied War effort.

Realising our limited resources – most of us were Government servants – I at first thought of a field ambulance, after consulting with Mr. Hugh Fraser and Mr. E. E. F. Pretty, two high officers of the F.M.S. Government who were my personal friends as well.

A group of leading members of our community convened a meeting, and we launched the appeal. But within a few days a group of dissentients convened another meeting and passed a resolution that a Fighter Plane Fund should be our contribution.

During the First World War a fighter plane was presented to the British Government by the Ceylon Tamils of Malaya in 1917. I was a delegate from North Perak on the all-Malayan committee which raised that fund. After considerable controversy and bitterness it was agreed to make it a Ceylon Tamil's Fighter Plane Fund and the rival committee appealed to me to become their chairman, which I agreed to do.

Money was coming in for our Victory Fund, and an account had been opened with the Mercantile Bank in Kuala Lumpur, when the Second World War reached Malaya.

The Japanese invaders found this account in the bank with my name appearing as chairman of the fund when they took over Kuala Lumpur, and this endangered my safety and indeed my life. (After the war I handed the money in this fund over to the British Military Administration for welfare work).

CHAPTER 18

A SPIRITUAL TASK FULFILLED

In 1941, when Malaya was still experiencing the calm before the storm, I realised my life-long ambition to found a temple dedicated to the All-highest, the Supreme Power behind this universe that we call Siva. The Brahmins call it Brahma, the Christians God, the Muslims Allah, the Jews Jehovah.

Not that I wanted to add another temple to the many existing ones, but rather to fill a void. All other temples we had in Malaya enshrined minor or subordinate deities of the so-called Hindu pantheon; but there was not one dedicated to the fountain-head of our Saiva faith.

As far back as 1923 I had founded, for the study of the Saiva faith and its philosophy, the Malayan Saiva Sidthantha Sangam, and became its president.

Later we wanted a temple wherein we could bring about certain reforms in the ceremonies and forms of worship, and the concept of our faith as understood by our people. So in 1930, just as I was leaving for Europe, we obtained a piece of land at Sentul, outside Kuala Lumpur, for this purpose, as a gift from the Government; and on my return we set about building the temple and the shrine.

We succeeded in completing it in 1941, and were planning to hold the dedication ceremony in January 1942. But before doing this I approached the Legal Adviser, F.M.S., then Mr. Adrian Clark, a great patriot and a gentleman, one of the finest types of Britisher I have met, to draft a Bill to safeguard the interests and funds of the shrine. Mr. Adrian Clark readily agreed, and drafted a Bill for presentation at the next meeting of the Selangor State Council – the last meeting that that body was ever to hold as it turned out. (Mr. Adrian Clark was to die under Japanese torture during the internment in Singapore).

The Adheswaran Temple thus became the only Sivan temple and the first Hindu temple in the Malay Peninsula to have its interests safeguarded by special legal enactment. But before the Bill was presented there was controversy within the community over certain principles we had set forth as basic to our project.

A deputation from the opposition faction called on the Controller of Labour, F.M.S. (who had special responsibilities for the Tamil population in those days). Subsequently the British Resident of Selangor, Mr. Jarrett, sent for me and asked if I would agree to postponement of the Bill. I objected, saying that this would be giving way to mob law.

The Bill was duly presented to the State Council and passed, and the only formality left was for it to be published in the Government Gazette. But this was not to be, for within a few days the Japanese burst upon us.

CHAPTER 19

THE JAPANESE OCCUPATION

The Japanese attack on Malaya began on December 5, 1941, with a landing on the south-east coast of Thailand and another on the beaches of Kelantan near Kota Bahru, the invasion fleet having crossed the Gulf of Siam from what was then French Indo-China.

By the second week of December the British officials and commercial residents of Kuala Lumpur and the planters and miners of Selangor were already evacuating their wives and children to Singapore. Likewise, Asian residents who were able to do so followed suit.

By this time the Japanese had advanced swiftly down the East Coast through Kelantan and Trengganu and were threatening Pahang. In their drive down the west side of the Malay Peninsula they had taken Kedah and Penang, and had reached Northern Perak, with little effective resistance.

So in mid-December I asked if I might be transferred to Singapore, or, alternatively, that accommodation be found there for my wife and children; I was told that this could not be done, but that I might have compassionate leave for a week to find accommodation on my own.

I had already learnt from friends that those who had gone South, chiefly to Singapore, were wandering from place to place, trying to find shelter. In the midst of this confusion and uncertainty my wife refused to go anywhere with the children unless I accompanied them. So we stayed in Kuala Lumpur, and I carried on with my work, so far as was possible and under rapidly increasing difficulties.

Even on the day of the bombing of the Federal Government Offices in Jalan Raja, and the Police Commissioner's Office overlooking my office at Tanglin, I was at my clinic, with no staff – all had gone away on their own – attending to Dr. J. Field, later Director of the Institute of Medical Research, for some ocular trouble only a few minutes before the siren sounded. Dr. Field had got into his car and wisely got away in time to the Lake Gardens. Splinters hit my office and the operating theatre, but caused no serious damage. The dark-room, where I always remained during such periods, was not hit. My wife and children got into the underground shelter we had prepared close to our quarters, and were safe.

On January 8, 1942, I had orders to dismantle and pack up all equipment and apparatus in my department, ready for removal to Singapore. This I did, and the department's Chemist, Mr. Hitch, had most of the equipment loaded into a railway goods wagon. The next day, the 9th, I bade farewell to Dr. W. Young, Senior Medical Officer, Selangor.

Through the kindness of the British Director of Agriculture, I was given permission to occupy a good Government bungalow at Serdang. I had left Kuala Lumpur on the afternoon of January 9 with my wife and children for Serdang, in Southern Selangor. On the 10th we heard that the Japanese had entered Kuala Lumpur. Then those who had gone to Serdang

earlier began to return to their homes. In the meantime the Chinese labourers had looted the equipment at the main reservoir at Serdang, and we had to make do with well water.

Within a week a Japanese civilian and soldier with a rifle came to our bungalow, demanded the garage door key, opened the garage and drove away by Ford V8 car. Then the looters got busy, and we found it unsafe to stay at Serdang.

Mr. Benjamin Talalla, a well-known businessman of the Federal capital, who was occupying a bungalow near ours, and who had motor transport available, had left for Kuala Lumpur quietly almost on the very day, or the day after, the Japanese entered the Federal capital. I heard later that he brought Japanese officers back to Serdang, and with their aid arranged for the safe movement of his family, cars and goods.

With some difficulty I got back to Kuala Lumpur a few days later, and, finding that Mr. Talalla had become "Mayor" of Kuala Lumpur under the Japanese military, I approached him for a car, or a lorry to bring my family and our personal belongings from Serdang. Mr. Talalla – whom I had known well in peace-time – declined to help, saying that he had not enough vehicles for the use of the municipality.

Leaving him, I went straight to a Japanese in uniform sitting at the opposite table, and, finding him able to understand Malay, told him that my car had been seized by the Japanese and that I was 15 miles away, with no conveyance to bring my family back to Kuala Lumpur. He looked at me for a moment, left his seat and walked to the entrance – this was at the P.W.D. Works and Buildings office, next to the G.P.O. – and seeing a lorry not far away, called the driver and told him "Dooter stengah jam" (half an hour).

I got in and drove at full speed to Serdang, and brought the family and our pots and pans, bedding, etc., back to Kuala Lumpur, where we found our house occupied by troops. I was directed to the office of the newly formed Indian Independance League – a pro-Japanese organisation – to apply for quarters. There I was told that unless I was a member I could not be granted a permit for a house. I declined to become a member, and so returned.

To my great relief, I found that the Christian Brothers at St. John's School, who had remained in Kuala Lumpur, having heard of my plight had sent one of the Brothers to inform me that the Rev. Brother Director of St. John's would be glad to see me. I went there at once.

At the School the Rev. Brother Cornelius met me at the foot of the steps of a newly built dormitory building, took me to the third floor, which was parallel to their own quarters and separated from them by a passage and said: "Doctor, we understand the situation you are in. During the last 16 years you gave us service of a type we cannot think of elsewhere. We consider this as an opportunity given to us by God to show you our gratitude. We want you, your wife and children, to occupy this floor, which is at your disposal for the duration of the war. Will you accept our offer?"

With tears in my eyes I grasped the hand of the Reverend gentleman, and told him words could not express my deep appreciation of his benevolent offer in the hour of my distress. So we became, not tenants but guests of

the Christian Brothers. The debt I owe them for their hospitality and great Christian kindness I can never repay.

The next day I went to thank the Japanese official who had been so helpful to me the previous day. Having ascertained who I was, he asked me to organise the medical services, especially to open a hospital. He was the deputy to the Military Governor on the civil side.

I invited him to go with me to the Tanglin hospital for this purpose. Unfortunately just a few minutes before we arrived, Japanese troops had occupied the building. The Japanese official did not dare even to enter the gate, and told me we should wait until the troops had vacated the buildings. But this was not to be, for the Japanese military kept moving troops in and out, and later occupied my office at Tanglin Hospital as well.

At this stage I must for a moment digress to record an incident which brought me into personal contact with a Japanese Ophthalmologist attached to one of the army units that were passing through Kuala Lumpur.

A short time before the Japanese occupation Dr. Ng Bow Huah, a private medical practitioner, referred to me a Chinese patient who had gross disturbance with his vision. I found evidence of gland disturbance at the base of his brain, and sought the help of the departmental Radiologist, who confirmed my diagnosis of a tumour of the pituitary gland. I had preserved this X-ray film for later reference in my office, together with notes on other interesting cases, at Tanglin Hospital.

Unfortunately my office was chosen as the headquarters of the Japanese military radio-communications service, and the contents of my office table drawers were emptied at random.

An ophthalmologist of a passing army unit who happened to walk along the corridor and saw the X-ray film on the floor, picked it up, and recognising the value of the record as one of unusual interest, expressed his desire to meet me if possible. On receiving this message, I immediately went to meet him. My Japanese colleague handed me the film, expressing his unhappiness at my having had my office occupied by the army and such valuable records lost, because of the war. It was satisfying to find that even in the midst of war, scientific interest among the members of the medical profession remained at universal level, binding them in common brotherhood.

Soon afterwards the Japanese Military Governor, his deputies and the unit which marched into Kuala Lumpur with him were ordered elsewhere, and a new unit moved in, so the attempt to reopen the hospital fell through.

MY STAND DURING THE OCCUPATION

About April 1942, when a Japanese civil administration began to take over from the army, one Dr. Fujioshi became head of the Medical Department and Chairman of the Kuala Lumpur Sanitary Board. Apparently in peace-time he had known Dr. H. M. Soo, a private practitioner in Kuala Lumpur. Dr. Fujioshi appointed him C.M.O. Civil Hospital (the former Malay Hospital) in Prince's Road.

Mr. K. K. Benjamin, a barrister, who had been made a judge by the Japanese, came to me at St. John's one day and told me I was to report to Dr. Fujioshi. I went and saw him. He informed me of Dr. Soo's appoint-

ment and asked me if I would take over the Chinese Hospital buildings then in ruins along Pudu Road and open a hospital for Kuala Lumpur. I inspected the site and drew up a plan for a General Hospital, and discussed with Dr. Fujioshi measures to be taken.

The plan I put up was to restore all medical institutions as they had been during the former regime. Accordingly I allocated the staff, absorbing almost everyone who was formerly in the employ of the Medical Department to enable them to earn a livelihood, of which they stood urgently in need. Dr. Fujioshi was aghast. He said that what he wanted was a small hospital, whereas my plans were for creating not only a General Hospital but even for reopening other institutions, the necessity for which he could not grasp.

After lengthy explanation he agreed on the institutions, but not to re-employ all the staff, as the Military would not give him enough money for their pay. I replied: "If the Military allow you a hundred dollars, divide it among the staff proportionately, to enable each one to have even a dollar". He said he would try. Then we discussed duties for individual officers, and last of all my duties.

Dr. Fujioshi wished me to be C.M.O., General Hospital, and to be responsible to him in an advisory capacity. I told him I could not accept office, but would offer my services in an honorary capacity for the Ophthalmic Branch. He said he did not like me. I replied that I could not please him any other way, and left.

The Reverend Brother Director of St. John's was perturbed over this. I put my offer in writing and sent it to the Director, Medical Service. I also spoke to Mr. S. M. Young, a Chinese barrister who was adviser to Fujioshi, and asked him to explain the nature of my work, as Ophthalmic Specialist for so many years; hence my reluctance to undertake administrative responsibility. He promised to do that for me, and Brother Cornelius was satisfied.

Some days later, while I was resting in my room, one of the Brothers at St. John's Institution, Brother Daniel, a Canadian who had lived in Japan for several years and spoke Japanese very well, came to me, accompanied by a Japanese officer and his aide. He told me that the officer would like to consult me for a pain in his right ear.

Immediately I asked Brother Daniel to tell the officer that it was irregular for him to come to me. As he was in uniform he must be attached to a military unit, which might have its own military doctor and who might not approve of my attending the patient. However, as he was in pain, and my function was to relieve pain and suffering I would do what I could to relieve, but he should not repeat the visit.

Brother Daniel was upset, and asked me if he should really interpret what I said. I insisted, and he did. The officer admitted that I was no doubt right in what I had said, but his aide said something about poison. At this insinuation I flared up and took strong exception to his remark. The officer seemed to appreciate my attitude, and himself told the man to shut up.

I attended the officer, and, finding his trouble to be located in his throat – the pain was reflexly referred to the ear – I cauterised it, with immediate relief to the patient. He was very pleased, and left expressing thanks.

A few days later this officer sent me his card and his car, asking me to report to the Director, Medical Services. I thought I had better see the officer first, to ascertain what it was for, and went to see him at his office overlooking St. John's. He conducted me to a room which was very brightly lit up, with two chairs placed close to each other in front of a curtain partition. Having made me sit in one chair he took the other, and, speaking in English, asked me why I would not work with the Japanese Government.

The officer's questions and the atmosphere in the room made me feel instinctively that I should be cautious. I told him in a few words that Dr. Fujioshi had offered me a type of work I was not used to; hence my reluctance; but that I had offered to cooperate by giving my service free. That ended the matter. However, he said I should go to Dr. Fujioshi and see him.

I went to see Dr. Fujioshi at once, and he asked me what I wanted. I replied that I had been asked by the officer, whose card I had given him, to report to him. Then Fujioshi asked me what I had told the officer. I replied that he had asked me why I did not work under the Japanese Government, and that I had replied that the duties he (Fujioshi) offered me were such as I could not accept.

He then wrote something in Japanese on the officer's card and asked me to see his deputy, another Japanese. This man spoke Malay fairly well, and asked me what work I wanted. I informed him of my offer to serve as an honorary ophthalmic surgeon, which was already on record. When I explained to him that honorary meant free, he was very pleased. "Tada duit kah? Free Kah? Bagus, Bagus". I said yes, and asked him to record it again. He did, and we parted.

A few weeks later I was surprised to receive an invitation from the Director, Medical Services, for me and my wife to attend the opening ceremony of the new General Hospital in Pudu Road. This was indeed astonishing. We accepted and found that we were the only guests besides the Japanese dignitaries to be invited to this function. We were received by Dr. Fujioshi, who was very pleased to see us, he said, and conducted us to the room where the Japanese Military Governor, who was to declare the hospital open, was to be received. Yet another courtesy. When the Governor arrived, we were introduced to him. Then we all marched into a hall where speeches were made for the Emperor's victory, refreshments were served, and all stood up with both arms upraised at full length and then, bringing them down while bending the body at the hips, shouted "Banzai" (Victory).

Dr. Fujioshi, it turned out, was full of appreciation of my advice to him, and followed my plan to the minutest details. His appreciation was expressed by remembering me on this great occasion. Some time later he was replaced by another Japanese.

WHY I REFUSED

I declined to accept administrative service under the Japanese because instinctively I felt an aversion to do so. During the Japanese military occupation there was no question of civil administration. The personnel who filled the various posts were not men of education or culture.

With these men as chiefs – themselves frightened out of their skin at the sight of an army officer – and having seen some of their crude behaviour, callousness and cruelty within the first few days after my return from Serdang, and again having witnessed the behaviour of the local population on the retreat of the British, and ever mindful as I am of my own self-respect and personal dignity, I would have suffered martyrdom every day if I had accepted office under them.

I cannot bring myself to change my loyalty like changing clothes. It is part of me, and I cannot be false to myself. I can never pretend to be what I am not. I can never suffer fools gladly. Indiscipline, slackness, I cannot tolerate. I am as quick to praise as to punish. To handle an indisciplined crowd that would kowtow and lick the shoes that kicked them was not a task to be taken on lightly during the occupation. Besides, I know I would never suffer personal indignity or injury without reacting violently, however great the adversary. And that would have been very dangerous indeed under the military regime. So afraid of myself as of the elements in my environment, I felt I should serve the people of the country without exposing myself to any disgrace then or later. This explains my declining to take service under the Japanese regime.

After we took up residence at St. John's Institution our health became poor, from the effects of our stay at Serdang after the evacuation from Kuala Lumpur, caused by the lack of proper nourishment and pure water. The means we had did not last more than a few months. The Christian Brothers helped us with rice, salt, sugar, tinned milk, etc., from a supply that a British Officer had left with them for their benefit.

I fell ill with an attack of high fever (105-106 degrees), which lasted about three weeks. While I was convalescing – I believe it was about August 1942 – Brother Cornelius led me by the hand to one of the classrooms of the school, and told me I should not expect the war to be over in a few months and should think of earning a living. From that day I set up an office to practice, but dared not put up a signboard.

At first very few patients came, and I charged only a nominal fee of a dollar each, because of the conditions then existing. More patients came in 1943 – enough to give us the means to feed ourselves with the bare minimum of food. The Brothers and I mutually helped each other with whatever came our way.

In 1944 inflation of the Japanese paper currency compelled me to raise my fees proportionately – but the majority were still in want. However, we were able to pay for our own food until about August, 1944, when I was forced out of St. John's by the Japanese, to accommodate teachers for training. We then had to live with our married daughter, with whom we pooled our resources. Clothing we never bought, but wore what we had until they were threadbare.

A frightening family experience came to us in 1943 when my daughter and son-in-law, Mr. and Mrs. P. Navaratnam, were arrested by the Kempetai, the dreaded and brutal military police of the Japanese occupation.

It was because of Talalla that they had to suffer. His "mayoralty" of Kuala Lumpur had lasted only a few months, when he was replaced by

Dr. Fujioshi. Talalla was later imprisoned by the Japanese (and by the British as well, on reoccupation), but we did not know at this time that he was under suspicion.

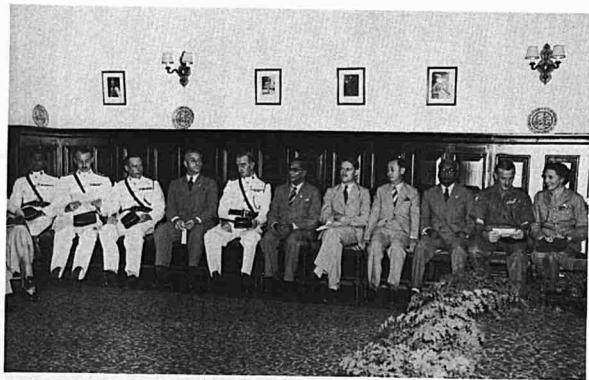
During 1943 Talalla was very ill with throat trouble, and I attended to him but refused to accept any fee, because of his churlish behaviour to me earlier. When my daughter got married Mrs. Talalla attended the wedding, though there had been no invitation. We did not know that the Japanese shadowed the Talallas. My wife subsequently asked the daughter to call on the Talallas to return the courtesy shown by Mrs. Talalla in attending the wedding. Later it appears that Mrs. Talalla called on my daughter at her residence in return.

Evidently the Kempetai noted Mrs. Talalla's movements and the exchange of visits, and interpreted them as an indication of collaboration in some secret plan; for when the Talallas and a number of others were arrested a few days later, my daughter and son-in-law were also taken in. They were released after several weeks, with apologies for their detention. But only those who know what the conditions in the Kempetai prisons were like can understand how terrifying even that brief experience was. Very many others during the occupation were not so fortunate as we were.

I could write volumes of my experience during this tragic period of enemy occupation, but I do not feel equal to it, nor do I wish to burden the reader with any more of this sordid history. But I had to write what is set down above to enable readers to understand even faintly the conditions that then prevailed in Malaya.

Justice Benjamin, Attorney-General T. Rajendra, the Talallas, Dr. Fonseka, and many others in positions of power and prestige during the Japanese period were imprisoned by the British Military Administration on reoccupation for some time and later released.

P. L. M. Nathan, who became Director P.W.D. after the Japanese army entered Kuala Lumpur, was allowed to leave the country when the British came back, at the intervention of the Indian Government but with orders never to return.



*Investiture at Kuala Lumpur
1947*

CHAPTER 20

THE BRITISH COME BACK

Japan surrendered on August 8, 1945, but the British reoccupation of Malaya did not begin until September 15, with the arrival of the forces of Lord Louis Mountbatten's South-East Asia Command from India and Burma.

The "Federated Malay States" of the old days were gone forever. The British Military Administration came back with a completely new constitutional plan, hatched in London during the war, for a unified Malaya to be called the Malayan Union. This was soon dropped, because of intense Malay opposition, and the Federation of Malaya – set up, with pre-war Malay Treaty rights restored.

It was in threadbare clothes that I received the first Britisher after the reoccupation. This man was a public relations officer with the rank of captain. He brought us a message from my brother in Ceylon. I was in bed at the time, acutely ill with malaria. He told me he had taken upon himself to bring the message in person. "You did so much for us" he said, "Now we must do all we can for you". Gradually I recovered my health.

Mr. Wisdom, a pre-war officer of the Malayan Civil Service, who then functioned as British Resident, very kindly offered me the use of the British Residency at Fraser's Hill, where I recuperated. Many people living in other houses at the hill station turned up to see the first Asian Government Officer ever given the privilege of occupying the Residence. The threadbare clothes must have brought about this digression, for which I must apologise.

On reoccupation of Malaya and the establishment of the interim British Military Administration in September 1945, I went back to work almost immediately. I rejoined the medical service and set about reconstructing the Eye Department in Kuala Lumpur.

This was at a time when many hundreds of European Government officers of prewar Malaya who had been interned on Singapore Island were being sent home on six months' leave on full pay for rehabilitation, which they needed. We who had been outside the prison camps during the occupation, with consequent malnutrition and other privations also needed rehabilitation leave as well, but we had to carry on and do what was so urgently necessary.

Rebuilding the Eye Department on its old site at Tanglin Hospital was a heavy task, at a time when one was weakened in mind and body and had to cope with all kinds of shortages and other practical difficulties but nevertheless within a few weeks I had the department functioning again at almost its prewar level of efficiency. In fact, I was able to undertake major operations, as for example removal of intraocular metallic foreign body referred to me by my British colleagues in Singapore, ablation (detachment of the retina) on a Chinese missionary priest referred to me

by Major Wordsworth, the Chief Medical Officer at Penang, in those early days of the British Military Administration.

While I was thus occupied it became known to the local people that all those European Government officers who had been sent home on leave were also to receive what was called Back Pay i.e. one half of their prewar salary right through the three and a half years of internment. This aroused most resentful feelings and angry controversy among Asian officers of the prewar Government service, who felt that even though they had not been interned they too had suffered hardship and heavy losses.

They accordingly pressed their own case for Back Pay, and I likewise submitted a claim. But I was denied my rights on the ground that I had not proved convincingly why I had been unable to obtain "gainful" employment during the occupation.

My only employer during the occupation would have been the enemy. Nor was it possible to set up in private practice as I had refused to join the pro-Japanese Indian Independence League and my being a suspect of pro-British sympathies, kept under close surveillance and confined with my wife and ten children to the precincts of the Roman Catholic Brothers' Cloisters. Not only was I refused Back Pay, but I was also not allowed to take even the accumulated leave which was due to me but which I had not been able to take in 1939 because of the war.

On Christmas Day, 1945, messages from various races and communities of Malaya were broadcast to the world from Radio Malaya, and I was invited by the British Military Administration to broadcast on behalf of the Indo-Ceylonese community.

As an echo of our thoughts and hopes at that emotional time of liberation, that broadcast may be worth repeating today:

"We are happy to have at this moment in Great Britain and her Allies of the United Nations champions of free social institutions, which they have established after many vicissitudes and at enormous sacrifice.

"We thank Providence for having enabled these nations to lead the world out of the darkness into which it had been immersed during the last few dreadful years, to light, to an awareness of good neighbourliness, and to the consciousness of a feeling of freedom in thought and physical well-being.

"We know that Great Britain concerns herself equally with the welfare of all classes of His Majesty's subjects. We in India, Ceylon, and Malaya, having experienced the benefits of her democratic institutions, look forward to ordering our lives under her banner as best suited to the genius of our people, so that we can give our best towards human progress.

"We need now, more than ever before, goodwill, understanding and mutual help. We must cultivate and cherish friendship between the peoples of all lands. We have practical experiences of the benefits of those ideals in Malaya, where all communities, all classes and creeds have dwelt in concord since Malaya comes under Britain's protection.

"There are great and common tasks before all of us, and in participating in them, in building a new social order with basic economic justice, racial brotherhood and equality, free intellectual and spiritual cooperation, may we all be co-workers with these mysterious forces that shape the destiny of mankind".

CHAPTER 21

ASHES IN THE MOUTH

Now came at long last the promotion to specialist rank that I was arbitrarily deprived since 1932 but it was to operate only from April 1946. It turned out to be only a hollow victory, a token honour. The fruit of many years striving was ashes in the mouth.

At the end of my third conference with Dr. MacGregor on the unified medical service scheme he informed me that as I was past retiring age he had arranged for Dr. Lowther, a British officer of the Malayan Medical Service, to take over from me the Department of Ophthalmology on his return from recuperation leave at the end of the month (ten days hence).

I was then 56½ years old. The prescribed age for retirement in the Government service in normal times was 55, but those were anything but normal times. I had already applied for promotion to the superscale post of Ophthalmic Specialist, Malayan Medical Service, but had not received a reply. I was retired before I was informed of the success of my application. In October of that year I was informed that the Secretary of State for the Colonies had approved my promotion to date from April 1946.

My request to serve until the end of 1946, so as to add to my pension, was not granted, in spite of the dearth of medical officers in general and specialists in particular, that then prevailed throughout Malaya.

Had my request received just consideration I would have been placed on the new salary scale for a unified medical service that came into force only two months after my retirement, and my pension would have been substantially larger.

Others of my age group in the locally recruited medical service were kept on to reach the age of 60, so as to qualify for a higher pension based on the new scheme. Yet I was refused this, although the Director of Medical Services had said in a letter of congratulation on my promotion that it was "a recognition of the fine work which you have done for so many years".

Consequently, on my retirement I had drawn only one increment on the scale for specialists (the old pre-war scale) on which I was placed after my appeal to the Governor of the Malayan Union, Sir Edward Gent; hence the pension of \$480 a month that I have drawn ever since. The British specialist in the medical service – my opposite number in Singapore – who retired at about the same time received a pension nearly three times that amount. This was a time when the pre-war racial discrimination and colour bar still lingered in the medical service, though its days were numbered.

When I was told of the refusal to allow me to continue in the service until the end of 1946 I was offered instead, employment after retirement in the Ophthalmic Department in Singapore, which I declined.

CHAPTER 22

A UNIFIED MEDICAL SERVICE

When the year 1946 opened in Malaya, and the elation of liberation by the British forces had subsided, the state of mind prevailing in the locally recruited medical service was still, as I said on another occasion, one of "dejection, frustration and despair". Hopes of a new spirit of inter-racial equality and brotherhood after the war, born during the enemy occupation, had not been fulfilled.

I played a leading part in working out the scheme for unification of the medical service, with a new and much improved salary scale, with which the British medical authorities and the British civil administration (which now replaced the B.M.A.) agreed and met this demand for basic reforms in the junior service manned by graduates trained in Singapore.

As Chairman (central division) of the Graduates Association of the King Edward VII College of Medicine before the war, and after the war as spokesman for graduates both in Malaya and Singapore it fell to me to present our case.

Dr. R. B. MacGregor returned from recuperation leave after internment to become Director of Medical Services, Malayan Union. He called at my clinic for a personal ophthalmic consultation over the glasses prescribed for him during his leave, and, expressed appreciation of what little I did for him. I took the opportunity to refer to my petition to Sir Edward Gent, Governor of the Malayan Union, for promotion to specialist status in the Malayan Medical Service. He said he would do what he could; but he was not wholehearted in saying so.

Soon after this I had to meet the Adviser on the question of the proposed unification of the Malayan Medical Service and the Junior Service. The Secretary of the Graduates Association, Dr. Chelliah, and the Representative of the Colony, Dr. de Silva, both of whom should have accompanied me in these delicate and (from the European point of view) unpopular negotiations, both pleaded excuses for their non-attendance.

I met the Adviser on three occasions, and, after lengthy discussions, it was agreed that the Malayan Medical Service should be reorganised to become a unified service for all medical officers, both European and Asian, with a new salary scale for all. It was further agreed that 30 per cent of the posts in Grade B of the service should be reserved for locally recruited officers and also ten per cent in Grade A for the first ten years.

The Adviser remarked, "You are asking for a unified service, and at the same time for reservation of posts". I explained that the Europeans who had so far monopolised the Malayan Medical Service had stolen a march on the others to fill all special-grade posts over the years, hence the necessity for the locally recruited officers to be given time to restore the balance.

Although the new scheme for a unified medical service was a substantial advance from the Asian point of view, it was by no means the

final answer. Two parallel lists of posts and salaries were produced by the British medical authorities, and under this classification nearly all the higher administrative posts in hospitals and specialist posts were still reserved for European officers (i.e., from Great Britain).

The problem was never finally resolved until the Merdeka year of 1957, when the Malay States ceased to be British protectorates that they had been since the late 19th century. The Federation of Malaya (which had already absorbed the prewar British Colonial Straits Settlements of Penang and Malacca under the Malayan Union scheme) now gained its Independence, and Singapore its self-Government in 1959. Many of the European members of the Malayan Medical Service, as of all other Government services, now elected to leave the service and go back to Great Britain, with generous compensation for the termination of their careers as a result of the constitutional changes thus opening to locally recruited Asian officers many of the higher medical posts which had hitherto been closed to them.

The Asian doctor in independent Malaysia and the Republic of Singapore today can go as high and as far as his abilities will take him; and perhaps those of us who struggled towards this goal in the era of colonialism may claim some credit for having kept on agitating and for having cleared the path, step by step, towards its final attainment.

CHAPTER 23

AN OLD-TIMER LOOKS BACK

At the farewell given to me in Kuala Lumpur by the Malayan Medical Service, presided over by Dr. Macswan, State Medical and Health Officer, Selangor, on my retirement in October 1946, I looked back on my 39 years in the medical profession and offered to my friends and colleagues at that gathering a few memories and reflections on the structure of the medical services in Malaya and on the relationship that existed between various groups within the services, specifically the European (predominantly British) and the Asian. I quoted from that great physician, Sir W. Osler, the passage which now appears at the beginning of this autobiography.

The reminiscences of medical practice in the early days voiced on that occasion in 1946 may be worth putting on record now. After recalling how I came from Ceylon 40 years ago, had my medical education in Singapore, and had served the Government of Malaya for the 33 years I went on to say:

"All these years were a constant endeavour and struggle to win through against prejudice firmly rooted among the people of this land against European medicine and, to my grief, against prejudices of another type in the ranks of my profession.

"The first ten years of the period were spent in Perak in the practice of medicine in all its branches, and in the practice of major surgery. Those were days when pellagra and yaws were very much in the air. I reported the first case of pellagra (later Malaya-wide) in this country in 1917, and I initiated and organised the first mass campaign against yaws in 1919.

"Those were days when the profession was not the accepted thing it is today. The sight of a needle was enough to scare away our patients – especially the Malays.

"I remember the case of a son of Sultan Abdul Jalil dying of malignant malaria because his people would not permit him to have an injection of quinine.

"Then there was the case of a major chief of Perak, who similarly declined the injection, and would have died had not his Ruler, my friend Sultan Sir Iskandar Shah, intervened and persuaded him to undergo the treatment.

"There was the belief in charms and incantations and holy water as cures. A village headman living some miles away from Kuala Kangsar had asked the Sultan for some holy water; water with which the Ruler's hands had been washed, as a cure for his fever. The Sultan conceded to the patient's request, but took the precaution of asking me to visit his headman. I found him to be suffering from malignant malaria.

"An injection of quinine put him right, although the patient believed that the holy water would have cured him quite as well.

"Again in dealing with yaws, the needle played an important part. We all know that the scourge of yaws was prevalent among people of this

land for centuries. The Bomo and his herbs could not stay the disease any more than our hospitals and dispensaries with their lotions and mixtures. Very little treatment was given and so there was no belief and no progress.

"In 1919 while on a tour of inspection at Lenggong Hospital in my capacity as medical officer, I saw two Malays from the jungle literally covered with yaws lesions. On the suggestion of an injection to cure them they absconded into the jungle. I mentioned this to Raja Abdul Aziz, the Heir Apparent to the Sultanate of Perak, and the then District Officer, Upper Perak. He showed me his hands and feet, which were affected by "Kedal" a secondary lesion of yaws characterised by exfoliation and fissuring of the skin on the palm of the hands and sole of the feet. On my offering to help him rid of the affection by injection he was reluctant, but Datoh Jahaya, who was accompanying him, thought of an expedient. He remembered a female relation of his, who was then staying in his house and had yaws all over her person. She was anxious to get rid of it. He thought I should give her the cure first and should it be successful, Raja Abdul Aziz would avail himself of the treatment. I seized the opportunity and proceeded to the Datoh's house, where I found a young woman with secondary heavily scabbed Granulomata, distributed all over her body and limbs. I gave her an injection of Neo Salvason (914) and returned to Kuala Kangsar. On my subsequent visit the patient showed no evidence of having had the disease, except for copper coloured patches indicating the site of the lesions of the disease she had had.

"The success of this "experiment" paved the way for the success of my campaign against yaws, which created almost a craze for the "Obat Bahru", and for scientific medicine, ever since. That was one of the landmarks in my career in the medical service.

"The last 25 years were spent in Kuala Lumpur in realising my ambition to build up an Eye Department – a central clinic to serve the State and the public, on the lines I found such clinics working on the Continent of Europe.

"You will excuse my saying that this Eye Department is truly the creation of my brains and hands. Its bricks were fashioned and laid by me to build up a sound edifice. It was built against silent and sullen opposition from quarters that should have known better.

"It was an unwanted child of the Medical Department in Selangor. I could at first obtain only spoonfuls of nourishment for it. Nevertheless, it grew big enough to serve the needs of Selangor, Pahang and Negri Sembilan in its days of childhood, and afterwards to extend its functions throughout the country. Then on the arrival of Dr. MacGregor in Selangor in 1934, its rations were issued in generous proportions, and it thrived and reached adolescence.

"It is now come of age, and I am happy to have had the privilege of handing it over to the capable hands of my successor, Dr. Lowther. I have no doubt that under his care it will continue to prosper; and when the years have gone by it will be a living thing when I am forgotten.

"During the Japanese occupation I had more time on my hands than I knew what to do with. I employed part of this time to set down my thoughts on the medical profession, as I have known it during the last 39

years. While thus engaged I was not sure that I would survive. Perhaps you may be interested to hear a few of my reflections, and observations on the structure of the medical service, and on the relation that exists between separate groups within the services. In my manuscript I found myself quoting Sir W. Osler (See Frontis Page i).

"Can the ideal to which Sir W. Osler refers be said to prevail among the ranks of our profession? No. Definitely, the Temple of Aesculapius would hitherto seem to have been differently constituted in Malaya.

"What the new Malaya that now opens up will bring us I do not know; but in the past our high priests, cardinals and pontiff have had a temple of their own. One may enter the precincts of the temple, but entry into the sanctum sanctorum is strictly prohibited, in practice, to certain racial groups. In theory, and in the pontifical promulgations, the door is open to all.

"I have often asked myself what the reason for this intolerance has been, and no ready answer was forthcoming. Must it be admitted that we have allowed considerations unworthy of the highest profession on earth to creep in and corrupt our souls?

"Is there any bound to our sentiments of service and to the area of our activities? In our warfare against disease and disability, are we not crusaders banded together by a single ideal, which ideal must always be above consideration of class, creed, race and colour? And I would ask finally: have we ceased to deserve what R. L. Stevenson said of members of our profession as being the flower of our civilisation? These questions have haunted my thoughts for many years.

"I wish to think that conditions have changed now. There is a feeling in the air that the angle of vision must be changed. Fortunately for those of us in the medical services we have in Dr. MacGregor a chief imbued with the spirit of rendering unto Caesar and unto each citizen each his due. I have had recently in my capacity as Chairman of the Alumni Association of the College of Medicine, a number of conferences with him. I know how assiduous he is in his efforts to ameliorate existing conditions in the service, and to hold the balance evenly.

"I hope that soon the frustration, dejection and uncertainty I see in the faces of my fellows in the ranks will have disappeared. May our spirit of common endeavour for man's welfare be the spirit that will eventually prevail over all lesser and meaner creeds.

"I feel deeply touched that many of you have come long distances and at great inconvenience to bid me farewell. What the future has in store for me I cannot tell. Nor do I care much so long as I carry with me, as I shall, the memory of your goodwill and friendship. I have made mistakes, but they have been mistakes of the head and not of the heart.

'I can truly say with the poet that in my sojourn among you:

I have loved no darkness,
Sophisticated no truth,
Nursed no delusions
Allowed no fear.
"Farewell, my friends".

KUALA LUMPUR MEMORIES

I now went into private practice in Kuala Lumpur, and had the pleasure of seeing many of my prewar patients coming back, from all the States of the former F.M.S., and also from northern Malaya – Penang and the Malay States of Kedah, Perlis, Kelantan and Trengganu. In addition to my professional work, I now plunged into a number of new activities in the wider field of social welfare.

In 1946 the Government set up the Tuberculosis Advisory Board, in response to widespread public concern over the gravity of the tuberculosis problem in Malaya, and I was elected by the British Medical Association (Malayan branch) as its representative on the Board. While occupying this seat my proposal to have established an Institute to deal with the problem of active tuberculosis in the near outskirts of Kuala Lumpur was accepted, and this later took shape as the Templar Tuberculosis Institute, named after Brigadier Sir Gerald Templar, the High Commissioner during the Emergency of 1948-54, whose energetic drive in matters of public welfare helped greatly in bringing this scheme to fruition.

As chairman of the Selangor Anti-Tuberculosis Association, I was able to persuade the three Chua brothers and Mr. Choo Cheng Kiat to make the very generous gift of land at Morib on which the tuberculosis sanatorium now stands on its beautiful seaside site. This project became an accomplished fact through the further munificence of the Selangor Chinese Association's lottery board. The S.A.T.A. was to be the forerunner of the Malayan Association for the Prevention of Tuberculosis.

Immediately after my retirement from Government service I took the initiative in bringing into being the National Society for the Prevention of Blindness, under the sponsorship of the Kuala Lumpur Rotary Club, and this later merged into the Malayan Association for Blind Welfare, with a \$10,000 grant from the Colonial Office for its work.

A demonstration of professional esteem which I valued was my re-election to the ethical committee of the B.M.A., in which I had served prior to World War II; and my link with the medical administration continued through my membership of the Medical Advisory Council of Selangor.

A significant contribution to inter-communal goodwill in the Federal capital in the changed social climate of those postwar years was the opening of the first inter-racial golf club, on a piece of land donated by the State Government in the Lake Gardens. The project, known as the International Sports Club, was also sponsored by the Rotary Club, and as the chairman of the international committee of the club, it fell to me to inaugurate the International Sports Club.

I had been one of the original founder members of the Kuala Lumpur Rotary Club which was inaugurated in 1928 and elected President in 1937. It was the first club of its kind in Malaya, and the first organisation of any kind in Kuala Lumpur to bring together representative European and Asian residents on a common ideal of fellowship and concern for social welfare. In those days the European and Asian communities were socially far apart. I had had a high opinion of the value of the Rotary movement in the cosmopolitan society of Malaya ever since.

During those last years in Kuala Lumpur I also served on the Selangor State Welfare Committee, the Malayan Agri-Horticultural Association (as its chairman in 1949-50), as Vice-chairman of the Boy Scouts' Association in the State, and on the committee of the Girl Guides' Association. (My daughter, Mrs. Lakshmi Navaratnam, has been chief commissioner of the Girl Guide movement in Malaysia for several years. She is now member of the World Council of Guides which has its headquarters in London.)

In the year after my retirement from Government service I was awarded the Order of the British Empire in recognition of my public service. Whether my stand during the Japanese occupation also had something to do with it, I do not know. Such honours were awarded by the King on the recommendation of local governments. The annual King's Birthday Honours List and the New Year's Honours List were resumed in Malaya and Singapore after the war, and continued for some years while these territories were still under British administration, with a High Commissioner in Kuala Lumpur and a Governor in Singapore. Independence came in the Merdeka year of 1957.

In the field of religion, three events of those last years in Kuala Lumpur on which I look back with special pleasure were the consecration of the Athi Eswaran (Sivan) Temple, the 25th anniversary celebration of the Malayan Saiva Sidhanta Sangam, and the celebration of the Diamond Jubilee of the Young Men's Hindu Association, Taiping which I had founded while serving in Perak.

The consecration of the temple took place in 1947, when I was privileged to pour the oblation (the holy water that had previously been consecrated during 40 days of prayer), the rite known as Kumba-Abishekam, on the Sthooby, the pinnacle of the temple, in the midst of a vast concourse of followers of the Saiva faith. The anniversary celebrations of the Sangam in the following year lasted two days, and several eminent speakers came from India to address the thousands who attended the ceremonies.

Speaking of our own community, I also recall with pleasure that the Tamilian Physical Culture Association, founded as the result of the amalgamation of two rival bodies brought together on my persuasion as far back as 1922-23, continued to flourish as the representative club of Tamil sportsmen and one of the leading sports clubs of Selangor; and the Young Men's Hindu Association which I had founded in Taiping had resumed active life after the war.

In the midst of this busy life in Kuala Lumpur, Dr. Shanmugaratnam, now Professor of Pathology in the Faculty of Medicine at the University of Singapore, sought the hand of my daughter Sarvambikai in marriage. The wedding ceremonies were held in my residence in Kia Peng Road, and a reception was afterwards given by me to friends of all communities in the Chinese Assembly Hall.

As it turned out, that was to be the last occasion on which I was to meet these good people of all races in Kuala Lumpur. Soon after the marriage, my wife – who had taken our six younger children to our homeland of Ceylon early in the year – desired that I should accompany her back there to see how she and the children were settled in Colombo.

Accordingly I left Malaya in September, 1951, at very short notice. This sudden departure of ours gave me no chance to take leave of the many friends and fellow-workers who had been associated with me in the various medical and social-welfare organisations on which I served. I felt this most acutely when on my return to Ceylon I found that I could not return to Kuala Lumpur, as I could not leave my wife, who was almost a stranger to Colombo, to take charge of six children on her own.

Meanwhile my friends in Kuala Lumpur, who had no knowledge of my decision to settle in Ceylon, had reserved rooms for a surgery in the newly built Loke Yew Building ready for my resumption of practice; and they held that accommodation for me almost to the end of 1951.



*Consecration of the Rathi Eeswan Sivan Temple
1947
Kuala Lumpur*



*The Author in retirement
1950
Kuala Lumpur*

CHAPTER 24

RETIREMENT IN CEYLON

After settling with my wife and the younger members of our family in our homeland, I continued to keep myself busy with professional work and a variety of public activities. I set up a surgery in the Fort area of Colombo, on the top floor of Australia Building, and also a surgery in my house in Ward Place. Almost from the first day the practice expanded, embracing as it did the Fort area with its European business community.

I continued my active interest in the prevention of tuberculosis which had been one of my preoccupations in Kuala Lumpur after the war, joining the C.N.A.P.T., the Ceylon National Association for Prevention of Tuberculosis, and serving on its council for several years. In 1956 I also became a founder member of the Paediatric Association of Ceylon.

In 1954 I was chairman of a public meeting held to inaugurate the Ceylon-Malaya Friendship League. (While in Malaya I had played my part in the help given by our community to the homeland, serving as chairman of the North Ceylon Flood Relief Fund in 1934 and as chairman of the Ceylon Malaria Epidemic Relief Fund in 1937. Food, clothing and money to the value of \$15,000 were sent to Ceylon at that time. A considerable sum that remained after relief was over was donated to the House of Joy in Anuradhapura and the Home for the Aged in Jaffna).

In 1957 I was invited by the All-India Congress of Ophthalmology to attend its sessions in Bangalore, and there I had the pleasure of meeting, besides many Indian colleagues, Professor Velhagen of Leipzig, who was then visiting ophthalmological institutions in India at the request of the Central Government in New Delhi. On my return from India, Professor Valhagen came over to Ceylon at my invitation and visited the Eye Hospital in Colombo, where he gave demonstrations to our local colleagues of his methods in ophthalmic surgery.

It was at a farewell party I gave for Professor Velhagen in my bungalow, attended by all the ophthalmic surgeons and others in private practice in Colombo, that I proposed that, few in number though we were, we should establish an ophthalmological society in Ceylon. This was unanimously supported, and the society, inaugurated in 1958, is still actively functioning to keep ophthalmology progressive in Ceylon.

In 1959, when I was president of the Ophthalmological Society, we had a visit from Professor Franceschetti of Geneva, during his world tour to inspect the functioning of Red Cross Societies of which he was President. At the reception our Society gave him I was able to announce that we were about to inaugurate the National Association for the Prevention of Blindness in Ceylon. It was in fact inaugurated by me in September 1959. Professor Franceschetti on his return home had me elected to the Executive Committee of the International Association for the Prevention of Blindness.

It is gratifying to record (this was written in 1969) that this association has actively functioned ever since, and brought out a souvenir publication on its tenth anniversary in 1969. This publication in which we reviewed, among other things, the mass survey of the visually handicapped people conducted by the Association in the villages of Ceylon – received generous appreciation from the president of the International Association for the Prevention of Blindness, Dr. Naumane, and from fellow-members of the Executive Committee of I.A.P.B. and from world-famed exponent of ophthalmic surgery in modern times, Dr. H. B. Stallard. I had the honour of being elected president of the N.A.P.B. successively for fifteen years and elected President Emeritus.

In 1962 I attended the World Ophthalmological Congress in New Delhi, and the World Assembly of the International Association for the Prevention of Blindness, in Paris. In 1966 I attended the World Ophthalmological Congress in Munich, and the World Assembly of the International Association for the Prevention of Blindness and its executive Committee meeting held at the same time.

Leaving Munich, I took the opportunity to visit Zurich, Stockholm, London, Montreal, New York and Washington, to get acquainted with the work and studies carried out in ophthalmic centres in those great cities.

In 1968 I attended the third congress of the Asia-Pacific Academy of Ophthalmology, and read a paper on "An Introduction to the major theme on Trachoma and Nutritional Ocular Conditions".

In 1969 I attended a special meeting in Paris of the Executive Committee of the International Association at which it was agreed to have a resolution brought before the World Assembly in the following July that the World Health Organisation should accept responsibility for blindness as a world problem.

The Assembly accepted this resolution in the same year, and thus a new chapter opened, as it were, for the International Association to work towards fruition of schemes for the reduction of blindness in the world. I had been persevering in efforts to have this problem brought within the purview of the World Health Organisation since I was first elected to the Executive Committee of the International Association at its sessions held in Athens in 1958.

I must mention here another aspect of world health on which I took the initiative and which appears to have been recognised by the World Health Organisation.

It refers to my advocating a Commonwealth Organisation concerned with the setting up of a Health Society in each country of the Commonwealth run by the N.A.P.T. (National Association for the Prevention of Tuberculosis). This was a question put by me over the B.B.C. (Overseas Radio Programme of Questions and Answers) in September 1959. My question was answered by Professor Brockington of Manchester University agreeing with my suggestions and emphasising that all sections of the community should be represented in the proposed organisation and that the World Health Organisation should not be forgotten. I then took up the matter in the columns of the "Journal of the British Medical Association" in 1960. The Editor published the matter prominently under the caption, "Health and Commonwealth".

Then in 1962, in an address delivered at a public meeting, presided over by Minister of Health of Ceylon, to observe the World Health Day, I stressed the importance of man's health needs as a whole being met by a Health Society in each country, composed of representatives of all sections of the Community, the Government, and the Profession. I also remarked that the World Health Organisation worked on a Government to Government basis.

I am convinced that medicine which is becoming more and more social in outlook will fulfil its functions more effectively only when the State, the Professions, and the Public cooperate with a singleness of purpose for the attainment of better and better health.

I conclude this chapter with the lines I learnt in my youth: "It is not through material acquisition but through active service and through generous diffusion of ideals and ideas that the true Empire of Humanity would be established"



*The Author in recent years
1976*

POSTSCRIPT

SOME REFLECTIONS ON BRITISH COLONIALISM IN MALAYA (WRITTEN IN 1944 DURING THE JAPANESE OCCUPATION OF KUALA LUMPUR)

It must be clear from the foregoing account that in the government of subject peoples in the British Empire there would appear to be a policy in form but not in substance: that is to say, the intention is one thing, and the declaration is another.

Even though the declared policy may be put into practice, it would appear to be at the mercy of the whims, predilections and ideosyncracies of individual government officers. One has his likes and dislikes to a particular race of people in one country or to a class of people, or to individuals. There appears to be no one to ask why, unless officialdom is violently agitated by mass meetings, monster petitions and the like.

Individual officers would appear to be immune to any vigilant supervising authority looking into the ways in which measures promulgated by government for the benefit of its own servants or the people are applied in practice. Otherwise, it is difficult to understand how individual officers can interpret a measure, not in the letter not in the spirit in which it was meant to be applied, but in the manner which his prejudices or personal likes and dislikes may dictate.

In matters pertaining to the government services especially there is the question of those officers who belong to the ruling race and others that are ruled.

The Government's aim is the welfare of those it governs, but government, to be effective, must conform to certain principles, principles of truth, justice and fair play. In the colonies and protectorate of the British Empire, the powers of the centre are delegated to public servants who have done service either in the Home Civil Service or other colonies. Therefore the public services become in practice, the real ruling class. The power they exercise is likely to take different forms the farther it gets away from the centre and in proportion to the degree of immunity it enjoys from vigilant criticism or healthy opposition. The feebler the restraining factor, the greater the temptation to assume autocracy or even tyranny.

This is even more so in small dependencies, such as those in Malaya, where the inhabitants have little voice, for the reason that they have not advanced, in the opinion of the ruling power, to the state of fitness required to exercise their individual votes, or because the vote is withheld from them for reasons of political expediency, an arbitrary denial which may be clothed in some plausible excuse.

But the voice of the people, however passive they may be, cannot be ignored, in the case of peoples with an ancient civilisation and culture, without danger to the State sooner or later. For these people know intuitively the good and the bad ruler by virtue of the many vicissitudes they have gone through for thousands of years.

The ruling power, the proconsul and the personnel of the machinery of Government who are alien to the people may yet govern on the lines which they consider best suited for the types of people and the region under their jurisdiction.

And so we come to the genesis of self-government in the colonies.

In the course of time it may be found expedient and wise to consult the inhabitants as to their views and to associate them even in the machinery of Government.

It may be necessary to reserve certain positions solely for officials of the ruling Power. In the matter of salary and privileges it may also be necessary to differentiate, because of the necessity for these officials to travel far away from Home, from dependents who may have to live apart, etc.

Because of this and the necessity of keeping down the cost of the Government machinery, it may be desirable to take in more and more suitable elements from the local inhabitants into the public services of the country.

In such association, if it is found by virtue of merit and character, that such elements are suited to fill the highest offices in the government services, to deny such advancement from considerations of race, colour or creed, would be contrary to the basic principles of justice, truth and fair play. Such denial, be it open or covert, would ultimately lead to disloyalty, corruption and disruption of law and order, and therefore of good government.

Therefore to exercise power or authority specially by one race over another in a colonial country, it is of the utmost importance that officials of the governing race should be men possessed of great virtue, men of wisdom and learning, men of high character and honesty and purpose, without personal prejudices, capable of administration of their departments not only according to the letter, but also in the spirit of the rules, regulations and schemes provided for their guidance.

To provide one thing in the letter, and to deny its essence in its practical application, undermines faith and good understanding and creates suspicion and distrust.

Unfortunately many of the officials who come out to man the various departments of Government in Malaya cannot be said to be possessed of these vital requirements, or said to be alive to the necessity of the maintenance of principles of good government.

To be called upon to govern, rule or administer is in reality to dispense justice. Justice in its highest sense, is to function in any capacity according to nature's law or moral law or truth. In other words, justice is truth and truth is God. So it is a prerequisite of good government that whoever is associated with its machinery, filling positions which call for decision and action, should be men who believe in the eternal principles of truth and justice, in the existence of a moral law according to which the universe operates.

This virtue exists in man in a state which is called soul. In obedience to something which keeps this universe cohering in harmony and rhythm the soul operates, and this something is recognised as God. Man's place in Nature is to function in obedience to the will of God, the purpose of

God: that is to so conduct oneself that he may do whatever is in his power to promote the happiness of his fellow creatures of his environment.

A man who does not know something of this conception of himself and the world he lives in would be a misfit for any position which necessitates association with his fellow men and especially so the government of a people. Yet it would seem that a fair percentage of colonial officials do not think of God or soul, not to speak of belief in those verities.

It is unnecessary to labour the point further, but this is one of the factors that has done enormous harm for Britain and British rule throughout her tropical dominions.

I was led to these reflections in an endeavour to understand the whys and wherefores of the many hardships and mental anguish I myself have experienced, and the tears I have shed, more than once, because of man's iniquity to man.

APPENDIX I

REFLECTIONS IN DARK DAYS

(These reflections, together with facts and figures which appear elsewhere in this autobiography, were written at a time when I feared I might not survive the war, because of the ever-present threat from the enemy, who had us under strict surveillance, especially in 1943-44. This was really my "last will and testament" for presentation to the British authorities after the war on behalf of my family, if my worst fears were realised. It is included here partly as a record for the family, but also as a last backward look at my 38 years in the F.M.S.)

I have done my best to bring to bear in my work among the inhabitants of this land, embracing all classes from the highest to the humblest rayat, the best that the medical and especially the ophthalmic world has to offer by way of relief, knowledge and experience garnered from all corners of the world.

Specialisation today means devotion of one's entire energies to the subject. To obtain proficiency of this sort, much time and money are required. A life devoted to specialisation is a sacrifice – not that it is felt as such by the specialist, since the very essence of success demands that his happiness lies in his work.

Says Froude:-

"The knowledge a man can use is the only real knowledge, the only knowledge which has life and trouble in it and converts itself into practical powers. The rest hangs like dust about the brain and dries like rain drops off the stones".

Realising that acquisition of knowledge is a life-long process, I have remained a student athirst with a desire for knowledge and imagination all compact.

Osler says the true student is a citizen of the world, the allegiance of whose soul, if not his political self, is too spacious to be restricted to a single country.

The great minds, the great books, transcend all limitations of time, of language and of race, and the scholar can never feel initiated into the company of the elect until he can approach all of life's problems from the cosmopolitan standpoint.

In specialising in the various subjects which I have chosen and pursued, I have tried to bring to bear upon them a larger and broader outlook.

With an inborn naturalistic disposition, fond of the classics of antiquity, poetry, ethics and philosophy, I have endeavoured to view every problem by tracing it to its very source, advocating remedial measures aimed to deal with the immediate as well as the remote causes, be they concerned with disease or disability resulting from any social problem.

Sir Andrew Oates Clark said, from the vantage ground of more than 40 years of hard work in the medical profession, that he had striven ten years for bread, ten years for bread and butter, and 20 years for cakes and ale – a very good apportioning of the active life of a member of the medical profession.

During the first ten years one cannot do more than eke out a living. Success during this period results from endurance and perseverance.

With ten years' hard work behind, one should enter the second period of bread and butter, a surgeon at 40 years of age in full practice and at the very top of the wave. At the end of 20 years when about 45, he should have a first-class reputation in the profession. So says Osler.

I certainly worked hard during the first ten years, only just eking out a living. I started the second period of ten years working hard for bread and butter; but the butter was not forthcoming owing to the iniquity of man to man.

At the end of the first ten years I had become a surgeon of some capacity.

During the next ten years I had become a consultant; in my 40th year I was in Europe, adding to my achievements; and long before I was 45 I had attained the first-class reputation in Malaya that Osler speaks of.

But even then the powers that be would not grant me the butter; if anything, they took the bread out of my children's mouths, not only by denying me my legitimate salary as a specialist, but also operation fees.

It would seem that I had fulfilled all the conditions requisite for the normal progress of a professional man, a surgeon, in acquiring at least the wherewithal for the maintenance of his progeny and that of himself in his old age, not to speak of cakes and ale.

Today, in my 55th year, I find myself still struggling for bread and butter for my children and may have to go on struggling for the rest of my days, while Dr. Wilson and his successors and all concerned in the prewar British colonial policy have had their cakes and ale. These should have been legitimately mine in my 40th year.

We Tamils belong to the most ancient race on the face of this globe. As a result of such long experience our people have realised that this world of ours is all pomp and vanity, a puppet show that ultimately all resolves into the same crucible.

"Among all these, thou must stand steadfast, meekly affected, and free from all manner of indignation".

Let it be known that I have no ill-will against anyone. Everyone concerned acted no doubt according to his own lights; but there is yet justice on this earth, and my appeal for the years to come in Malaya after the war is for better judgement, for charity and fair play.

In spite of many temptations to quit the service brought by methods pursued by Government to justify my quitting the service, (having been harassed and discouraged repeatedly), I stood my ground, ever grateful for the initial help I had received to pursue my education in medicine.

I stuck to the plough to which I had put my hand, ever willing to serve my fellow-men – Government service offering the best chances to suit local conditions for the service to be rendered in accordance with the

ethics of the profession. That my attainments were not given opportunities by my seniors for still greater service is my regret . . .

After thirty years of hard work I had to face World War Two in Malaya, and I found myself rich, not in worldly goods – but in those treasures which neither rust nor moth can consume, in experience and knowledge of men and manners in the contact with great minds in the profession, in the warmth of friends and the fellowship of good people.

All the Rulers of the Federated Malay States have extended to me their friendship; several of them I know intimately. I have enjoyed the friendship of men high in the Malayan Civil Service as well as those at the top of their departments. The friendliness of persons in the lower ranks was a great source of solace and happiness and I was earnest in reciprocating their sentiments.

I wish I could say the same of the senior service of my own profession. Although in disposition they were friendly and showed me no ill-will, there was no possibility of close fellowship. Officialdom in the Medical Department would seem to be afraid of itself, of losing dignity or authority or what-not – I have not cared to know.

But, on the whole, individually I have been happy with one and all, ever ready to make allowance for their weakness as much as I am ever appreciative of their high qualities and grateful for the consideration, respect and regard they have invariably accorded me.

I have also had the friendship of leading members of the Malay, Chinese and Indian communities. They have all shown me great kindness, courtesy, respect and regard, for which I am grateful. I have had the privilege to serve all sections of the community, not only in my professional capacity, but also as a citizen of the several important towns of the Federated Malay States in which I served for many years.

It has been said that “by your patience you shall save your soul”. And what is this patience but the virtue of equanimity, which enables you to rise superior to the trials of life?

I can therefore say truly that in my sojourn in this land I have lived my life in conformity with the wisdom of Marcus Aurelius.

“Make life as honest as possible and calmly doing our duty in the present as the hour and the act requires, and no too curiously considering the future beyond, standing ever erect and believing that the gods are just, that we may make our passage through life no dishonour to the Power that placed us here”.

CONTRIBUTIONS TO MEDICINE

1. Pellagra
Notes on a case of Pellagra—
original communication. *Journal of Tropical Medicine and Hygiene*,
April 1917.
Journal of Trop. Med. and Hygiene (London)
No. 15, Vol. XXI, Aug. 1st 1918.
2. Some further observations of
the etiology of Pellagra. *Journal of Trop. Med. and Hygiene* (London)
No. 11, Vol. XXIII, Feb. 16th, 1920.
3. Pellagra in the Malay States. *Transactions of the Far Eastern Assoc. of*
Trop. Med., Tokyo, Japan Congress 1925,
p.p. 307-4 314.
4. Yaws in Malaya. Jubilee Volume No. 25, Institute for Medical
Research in Malaya (1900-1950) p.p. 204.
5. The "Puru" of Malaya (Yaws)
Its treatment and prevention. Brochure published by John Bale Danielson
and Sons Ltd., London, for the Committee for
Public Health Education F.M.S. 1925.
6. Yaws in Malaya. Jubilee Vol. No. 25, Institute for Medical
Research in Malaya (1900-1950) 1920, p.p.
204.
7. New campaign to fight Yaws. *Journal of the Association of British Malaya*,
Feb. 1955, p.p. 34-35 and Ref. Issue Dec.
1954.
8. Food and Diseases in Malaya. *Malayan Medical Journal*, June 1929 Vol. IV,
No. 2, p.p. 65-67. Vol. IV, No. 3, p.p. 97-104,
Sept. 1929.
9. Trachoma - Illustrated
Pamphlet. Published by P.H.E.C., 1925-1928.
10. Trachoma in Malaya *Malayan Medical Journal*, Sept. 1928 Vol. III,
No. 3, p.p. 128-129.
11. Common Diseases of the Eyes. *Malayan Medical Journal*, 1927, Vol. II, No. 3,
p.p. 93-96.
12. Keratomalacia. *Malayan Medical Journal*, Vol. III, No. 1,
March 1925.
13. Vitamin A Deficiency in
Keratomalacia. 1928-1929, p.p. 122, Jubilee Vol. No. 25,
Institute for Medical Research in Malaya,
(1900-1950), Kuala Lumpur.
14. A Case of Sclerosing Keratitis
Profunda. *British Journal of Ophthalmology*, Aug. 1936,
p.p. 450-455.
15. Epidemic Superficial Punctate
Keratitis. *British Journal of Ophthalmology*, July 1941,
(First report in S.E. Asia), renamed "Epidemic
Kerato-conjunctivitis".

- | | |
|---|---|
| 16. A day in the life of an Ophthalmologist. | Malayan Medical Journal, Sept. 1935, Vol. X, No. 3, Address to B.M.A., Malaya. |
| 17. Preventive Ophthalmology (Presidential Address) | At the 2nd Annual Congress of the Society of Ceylon, 1959-1960. |
| 18. Prevention of Blindness (Presidential Address) | At the Inauguration of the National Assoc. for the Prevention of Blindness, Ceylon. Journal of Social Ophthalmology, (Paris) No. 33, 1963. 10.4.62. |
| 19. Radio Talk on "Prevention of Blindness". | World Health Day, 7th April 1962 (Ceylon). |
| 20. Prevention of Blindness and Social Medicine. (Presidential Address) | At the 3rd Anniversary Meeting of the National Assoc. for the Prevention of Blindness, 23rd March 1963. Journal of Social Ophthalmology, (Paris) No. 34. |
| 21. Prevention of Blindness. (Presidential Address) | At the 5th Annual General Meeting of the National Assoc. for the Prevention of Blindness, 30th June 1965. |
| 22. "Doctor! How can you prevent blindness?" | At the 7th Annual General Meeting of the National Assoc. for the Prevention of Blindness. Journal of the Madras Ophthalmic Assoc. Vol. V, 1968. Journal of the Madras Ophthalmic Assoc. Vol. V, 1968. Journal of Social Ophthalmology, No. 39, 1968, p.p. 27. |
| 23. An Introduction to the Major Theme of Trachoma and Nutritional Ocular Conditions. | Presented at 3rd Congress of Asia Pacific Academy of Ophthalmology, held in Singapore, Aug. 1968. |

CURRICULUM VITAE

VISWALINGAM, ARUMUGAM, O.B.E., L.M.S. (Gold Medal in Medicine) Singapore 1913, Z.O. Vienna, (Singapore, London, Edinburgh, Vienna and Madras Universities).
Late Ophthalmic Surgeon, Malayan Service, Consultant Ophthalmic Specialist, Federation Malaya.

Retirement in Ceylon:—

President Ceylon Ophthalmological Society 1958 to 1959.

Founder President, National Association for the Prevention of Blindness 1959 to 1970.

President Emeritus 1975 onwards.

Member, Executive Committee, International Association for the Prevention of Blindness, Paris, 1958 to 1970.

Elected Honorary Member, International Agency for the Prevention of Blindness, 1976.

Fellow of Royal Society of Medicine 1930 to date.