

HEALTH CARE IN THE FIFTIES: PART 1 *Reflections of Tun Dr Mahathir and Tun Dr Siti Hasmah*

O Mimi MMed (Fam Med)

Klinik Kesihatan Kelana Jaya, Selangor, Malaysia

AH Zailinawati FRACGP, FAFPM

Klinik Keluarga, Kuala Lumpur, Malaysia

Address for correspondence: Dr Mimi Omar, Family Medicine Specialist, Klinik Kesihatan Kelana Jaya, Lot 38294, Jalan SS 6/3A, 47301 Kelana Jaya, Selangor, Malaysia. Email: drmimiomar@gmail.com

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As Malaysians celebrate fifty years of nationhood, it is timely to reflect on this country's achievements. We have indeed made astounding progress in our healthcare delivery system, if we bother to ask those who have lived through the fifties! In the following pages, we share with you snippets of health care in the 1950's – as seen through the eyes of our veteran medical colleagues.

The Future Prime Minister

Yang Amat Berbahagia Tun Dr Mahathir knew very early in his life that he must have a university degree to achieve a credible status in society and to make himself heard. A keen observer of his community, he was aware of the difficulties faced by the Malays who were very poor. As a teenager in Alor Star, he observed that the town had only one and a half shop selling brassware and religious books which were run by Malay traders; the rest of the shops were owned by Chinese and Indian Muslim sundry goods shopkeepers and Indian barbers. Protests against the Malayan Union by his schoolmates and him went unheeded as he was just a schoolboy.

The hardship that he and his family faced during the Japanese occupation further steeled his resolve to help the Malays improve their economy. They had to rent out part of their house to a 'kacang puteh' man (hawker selling assorted nuts) because 'we didn't have any money'. Being an avid reader, he was aghast to find that the 'kacang puteh' man had torn out all pages from the books in his house's 'Reader's Library' to wrap his ware! Although he attended Japanese school, he left the school soon after as he felt there was nothing to be gained by learning Japanese. However the Japanese lessons must have been well learnt within that short period as he could still understand a smattering of the language

His ability to run small businesses profitably did not deflect his true ambition and the opportunity arose when he was offered a place at the King Edward VII Medical College in Singapore in 1947. Anatomy class was particularly dreaded as he was terrified of cadavers and was on the verge of giving up medicine because of this fear. Fortunately, true to his nature,

he decided to handle this fear head on and reasoned that if the girls could dissect dead bodies, so could he. He remembered university life as very enjoyable. Being new, he had to spend a night under a senior's bed as part of the university's ragging rituals. The senior had no inkling at the time that the future Prime Minister of Malaysia was lying under his bed! He had a knack for easily grasping scientific principles and explaining these principles in simpler terms; a talent that is evident in his speeches in later years. As such, he was sought after to coach his weaker classmates; one of whom became his life partner.

He was awarded \$25 per month from the bursary but the amount was reduced to \$10 because he received \$15 from home. Since food and accommodation was free, the amount was enough for him to buy toiletries and an occasional visit to the cinema which costs 50 cents for a third class seat ticket. He supplemented his pocket money by writing to the Straits Times under the pseudonym 'C.H.E. Det' and succeeded in getting his articles printed in the middle pages of the newspaper. The articles were of diverse topics but the prevailing theme was on the plight of the Malays. He received \$20-\$40 per article and was such a prolific writer that he was even offered to be a journalist for the newspaper.

Graduating in 1953, he was one of six housemen posted to Penang General Hospital; a well equipped hospital with modern facilities at the time. Twenty-four hours surgical call was for a stretch of one week and he had to handle many accident cases. He would manage the cases himself as much as possible without calling the medical officer-on-call. A houseman's salary was \$401; one (Malayan) dollar above the mandatory Employees Provident Fund contribution limit. A posting in his home town followed before he was transferred to Langkawi Island; his last posting as a bachelor. He would not be able to work there after his marriage as Langkawi had a post for only one doctor. Urgent cases needing referral had to undergo six hours of boat ride and another four hours travelling inland before reaching Alor Star General Hospital! His rigorous surgical training in Penang proved valuable as he was confident enough to operate on cases which would

not have survived the ten hours journey. At one time he had to operate on a patient with strangulated hernia right on the outpatient couch while a hospital assistant administered ether anaesthesia! Tuberculosis patients from the mainland were sent to recuperate in Langkawi which was reputed for its clean air. He reviewed all the cases.

After his marriage in 1956, he was posted back to Alor Star General Hospital. One case that he could distinctly remember was an obstetric patient who had difficulties during labour. He administered ether anaesthesia and asked his wife to continue administering the ether while he operated. It turned out to be an intra-abdominal ectopic pregnancy which had grown to full term! Without modern diagnostic machines such as the ultrasound, the extremely rare case was undiagnosed during the delivery.

When he was the President of the Kedah Tuberculosis Association he organised road shows to remote areas such as Baling and Kuala Ketil to educate the community on the disease.

As a government servant, he was entitled to a government car loan of \$5000 which he used to buy a Morris Oxford. However, as a government servant he was also restricted from participating in political activities. So, to achieve his earlier ambition, he decided to leave government service and open up his own private practice. With a loan from his brother-in-law, he started his clinic in a partitioned shophouse in Alor Star. His patients were mainly poor farmers, villagers and labourers who sometimes could not afford to pay the \$3 medical fees. He had to do home visits almost everyday to see patients who were not able to go to his clinic due to transport problems or who were too ill. Although the charge for home visit was \$6, patients would often pay what they could afford and the good doctor sympathised and understood their financial predicament. It was gratifying that these patients remembered to repay their debt even after two decades had passed. Despite patients paying when and what they could, the clinic still managed to earn him \$2000 a month; a profitable venture as doctors in government service were earning less than half the amount. He could now afford a brand new American Pontiac costing \$12000; the biggest car in Alor Star at the time.

Although busy with his practice, Tun Dr Mahathir did not lose sight of his determination to be involved in politics. His career path diverged after he was elected Member of Parliament for Kota Setar Selatan in 1964 and from then on, he gradually became a healer for the nation.

Tun Dr Mahathir leaves a pertinent message to our doctors. He noted that many doctors today do not know their patients well enough. He strongly believes that physicians need to deliver personalised care to their patients by performing more

home visits to observe their patients' family and background. Only then can they truly understand their patients.



Figure 1. Tun Dr Mahathir (left) and Tun Dr Siti Hasmah (right): then (top) and now (bottom)

The Pillar of Support

Yang Amat Berbahagia Tun Dr Siti Hasmah's interest in medicine was sparked when her mother fell ill during the war. Since she was also keen to be a journalist, she applied for a place in both the Art and Medical Faculties. As fate would have it, she was offered to do medicine at the King Edward VII Medical College in Singapore.

She was the only Malay girl in a class of 75 students. However, being a girl did not spare her from being ragged. On one occasion, she had to walk around the quadrangle with balloons tied to her plaited hair while the boys had to carry shoes around their necks. The ragging helped to cement strong bonds among the students and the camaraderie lasted till this day. She recalled the first Malay female doctor, Tan Sri Dr Salma Ismail was at that time completing her finals at the medical college. Tun Dr Siti Hasmah had difficulty with some of the science subjects that were not taught at school but her future husband was at hand to help her with her studies.

The graduation ceremony in 1955 sealed her place in history as the second Malay female doctor in Malaya. She did her housemanship at the Kuala Lumpur General Hospital. There

were so many diphtheria cases that it occupied half the Paediatric ward. Children would arrive at the hospital with severe breathing difficulties and cyanosis. Urgent tracheostomies had to be performed but she was petrified of incising the neck with a scalpel. Fortunately, her colleagues were very helpful. The other half of the Paediatric ward was occupied by cases of meningitis and spinal tuberculosis which had to be treated with intrathecal streptomycin. Infectious childhood diseases were rampant since vaccinations were not yet routinely available and parents were also not keen for their children to be vaccinated. One of her unpleasant duties in the ward was to count the number of worms passed out and record them in the patient's hospital folder. There were also many cases of malaria, typhoid, dysentery and PUO referred from the surrounding towns. She also noticed that Indians made up the majority of heart cases.

After her marriage, she was posted to Alor Star General Hospital. Her first duty was at the outpatient clinic before she was sent to the wards. Since the Malays were reluctant to be admitted for chronic care, special consideration was made for the Malays and they were placed in a ward called the 'Malay Hut' which was attached to the main ward. During her obstetric posting, she saw many cases of postnatal *kaki lembik* (floppy legs) – a neuropathy commonly seen in beri-beri as a result of *pantang-larang* (food taboos). These Malay postnatal mothers' diet consisted only of rice with some salted fish; vegetables were forbidden. Hence, their diet lacked essential vitamins. They were given daily vitamin B1 injections in the ward which produced rapid recovery. Despite advice to have a balanced diet, it was common to see the same patients admitted with the same problem after their next childbirth. Poor diet and poverty were also reasons for high cases of anaemia seen. When Tun Dr Siti Hasmah was an O&G registrar she saw many cases of eclampsia and maternal mortality was very high.

Efforts to improve the pregnant mother's health and safety during delivery were strongly opposed by traditional birth attendants (TBAs). Poor hygiene among the traditional birth attendants who used bamboo to cut umbilical cords put the mothers and babies at risk of getting tetanus. The Kedahans were very conservative and had to be persuaded to use government midwives.

Recognising the pressing need for a Malay midwife to assist in handling these sensitive issues, Tun Dr Siti Hasmah recalled that the Kedah Health authorities employed Mak Buang to work in Kedah. Mak Buang was the first Malay midwife to be trained by the British. She was working in Kuala Lumpur but unfortunately, being a widow, she was ostracised by her patients who were afraid that she might entice their husbands. She was warmly received in Kedah and did not face such stigma from her northern patients. The authorities appreciated her presence and accorded her special privileges including a rickshaw at her disposal.

To get TBAs to adopt hygienic practices, courses on basic hygiene were conducted. Selected TBAs were invited to enrol in the course and were given special aluminium bags containing birthing equipment such as scissors. These bags were inspected monthly to ensure that hygiene was maintained. Upon successful completion of the course, TBAs were awarded certificates which they would proudly display at their homes. The TBAs were also registered. Young girls who had completed primary school were recruited and trained as midwives. These measures helped to reduce the maternal mortality in Kedah.

Tun Dr Siti Hasmah had a distinguished medical career and chalked up a number of firsts; among which she was the first female doctor to be appointed Medical Officer of Health Department, North Kedah, in 1965 and State Maternal Child Health Officer, Kedah, in 1974. She retired in 1979 to be by her husband's side and to offer him support in his promising political career.

She hopes that doctors will always be aware of new emerging diseases which were unheard of before while not forgetting old diseases which still remain a threat. She wishes that with the availability of new technology, new breed of doctors will be able to find fresh solutions for these diseases. Patients nowadays are more intelligent and demand better medical services. As such, doctors must be able to listen to their patients and be able to educate their patients well. Lastly, she appealed for better racial integration as life is much more fun with friends from different cultures.

Editor's note: There is no shortage of published materials on Tun Dr Mahathir (Prime Minister of Malaysia 1981-2003). You may read more about him in: Ong HT. A doctor's duty is to heal the unhealthy: the story of Tun Dr Mahathir Mohamad. *Ann Acad Med Singapore*. 2005; 34(6):45C-51C.

Full text: <http://www.annals.edu.sg/pdf/34VolNo6200506/V34N6p45C.pdf>