

ASSOCIATION, PROFESSION, ADAPTATION

SINGAPORE MEDICAL ASSOCIATION LECTURE — Saturday, 20th March 1971

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"Change" said Benjamin Disraeli, "is inevitable. In a progressive country change is constant".

It is a biological prerequisite for survival that adaptation must come with change. In a workaday world either may follow the other. For we may adapt to fit with changing circumstances or change the circumstances because we have adapted to new situations. We see ample example of this in the Singapore of today. Changing socio-economic conditions in the world around us cause us to adapt our modes of existence. Yet having adapted our thoughts to modern advances we have brought changes in our way of living to fit in with this. In the one case our response is reflexive to a changing stimulus. In the other it is an active ordering of a set of circumstances to suit an inevitable situation.

Change is a prerequisite to progress. It also causes disquiet.

Samuel Johnson in his preface to the "English Dictionary" quotes Hooker and says "Change is not made without inconvenience even from worse to better".

Yet notwithstanding an alteration in its visage, a community remains fundamentally the same. The superstructure may change but the foundations do not. Would we not be inclined to agree with Alphonse Karr who said "Plus ça change, plus c'est la même chose—The more things change the more they are the same".

What then are the changes that have taken place in both association and profession? It would do no harm to look back on the past and reflect on its history in order to plan and assess the future.

The forerunner of the Singapore Medical Association was the Straits Medical Association which was formed in 1890. Its preliminary meeting was held on the 11th March of that year and four members were present. It was suggested that the organisation be called the "Straits Medical Society" and a committee of two was appointed to draw up the rules. The next meeting was called for the 3rd of April—some three weeks later.

There is a note that follows the record of this meeting which reads:—

"By mistake an informal meeting was held on April 2nd, the error being discovered, several members being absent, it was resolved to postpone all business to a General Meeting, to be held at Dr. Murgiston's house on April 15th at 9 p.m."

One cannot help but observe that this note may have had some significance. What was the "mistake" that brought together this informal meeting? Was it not an euphemism to talk of "several" members being absent when in fact only four members were present at the preliminary meeting and the postponed General Meeting? There is an aura of a false start having been made else it would not have been considered necessary to record the incident in print.

Nevertheless the General Meeting was held on the 15th April 1890 and another a week later when the draft rules were discussed and adopted. Present at this meeting which is of some historical significance were Drs. Galloway, Robertson, Koehn, Leak, Ellis, Tripp, Jansz and von Tunzelmann. Dr. D. J. Galloway (later Sir David Galloway) was elected President and Dr. E. W. von Tunzelmann was appointed Hon. Secretary and Treasurer from among the committee members. It must not escape our notice that of the eight members present five became Office Bearers. We see a not altogether rare facsimile of this when a small society today, affiliated to the Singapore Medical Association, is inaugurated.

Not all members joined the Straits Medical Association as it finally came to be known. Some demurred and, "though unwilling to join the Association as at present constituted, had expressed their consent to become members in the event of its becoming a Branch of the British Medical Association".

The Association thrived and published a Journal. Regular monthly meetings were held and careful though short notes made of the attendance and transactions of these meetings.

Eighteen months after its inauguration the Committee reported that there were eighteen Ordinary, seven Corresponding and four Honorary members.

In 1894, four years after the formation of the Straits Medical Association, draft Rules and By-laws were devised for the purpose of transmission to the Branch Organisation Committee of the British Medical Association. At the end of this year official recognition was expected "by next mail". The Committee had recommended that "without any formality the liabilities and assets of the Straits Medical Association such as are shown in the balance sheet, as well as the Library and the Museum of the same, be passed over to the newly constituted branch." Recognition was in fact ratified in that same year—1894—and the Malaya Branch of the British Medical Association was thus inaugurated.

The Association did not limit itself to the reading of scientific papers and presentation of cases, pathological specimen and histological sections. It was active in the organisational and administrative fields and was able to report at a meeting that the results of the labours of its sub-committees had been embodied in the drafts of three Ordinances. These were the Medical Registration Act, the Pharmacy Act and the Poisons Act.

A motion at this same meeting was tabled by a member, "That medical men giving evidence in a Court of Law should be entitled to a professional fee . . ." True to many a meeting of its kind the motion was temporarily withheld "until further information should be obtained with regard to the subject".

The membership roll of the Malaya Branch of the British Medical Association of that year lists 38 Ordinary members and 2 Honorary members. With one exception all members came from the United Kingdom and they worked in areas all over Malaya from Singapore to Penang and included place names such as Sungei Ujong, Batu Gajah, Dindings and Telok Anson. One worked in Labuan and another in Sandakan. The name however that stands out to the local observer is that of Lim Boon Keng, M.B., C.M. (Edin.) who worked in Singapore. On the 4th of August 1894 he read a paper to the Association entitled "Notes and observations on dyspnoea".

By 1910 six years after its foundation the Association listed no less than 100 members. The total number of medical practitioners in Malaya on the register at about the same time was 215. Presuming that all registered practitioners were entitled to membership, less than fifty percent

of the profession were members of the Association.

The President of the Branch in 1910 was Dr. Malcolm Watson and the senior Vice President was Dr. D. J. Galloway who was a conscientious supporter of the Association and one of its vital members and a consistent office bearer.

Very little is mentioned of the financial status of the Association at the time. The subscription rate per year was one pound one shilling to the B.M.A., and an additional three dollars for resident members and two dollars for non-resident members. However an extra charge was made for the Journal which was published quarterly and was priced at four dollars per annum and two dollars to members of the B.M.A. Single copies sold for one dollar. There is a note published in 1911 which may be a significant reflection on the finances of the Association at the time.

"The Malaya Branch, having approached the Governments of the S.S. and F.M.S. with regard to the possibility of receiving a grant towards the upkeep of the Publication Fund, acknowledge with thanks a promise from both Governments of a donation not exceeding \$125.00 if required".

We must now take cognisance of the most important event in the annals of Singapore Medicine. This was the establishment of the Straits Settlements and Federated Malay States Government Medical School in 1905. In the year of which I speak—1910—the Malayan Medical Journal, reports that "The Medical School of the Straits Settlements and Federated Malay States . . . gave birth to its first offspring of Licentiates . . ." Seven graduated in May and another seven in December. The name of Dr. Chen Su Lan is included amongst the first seven graduates.

The School had apparently lost no time in becoming organised. Although the first final examinations were not held till 1910, the Board of Examiners was already fully constituted by 1908. The Chairman of the Examining Board was the Principal Civil Medical Officer and it is worthy of note that the Examiner for Medicine was Dr. Lim Boon Keng. No mention is made of External Examiners. One presumes there were none as the local Diploma was still not registrable at that time.

The School itself was established as a result of a petition addressed to the Governor of the Straits Settlements by "the leading Chinese and other non-European communities of Singapore headed by the Hon'ble Tan Jiak Kim praying that

a Medical School be established". In his reply to the Hon'ble Mr. Tan the then Colonial Secretary stated that the main difficulty for the establishment of the School was the lack of student material. An extract from his reply makes very interesting reading on the issue of school leavers at the time, their ambitions and career motivation.

"The pupils of the Institution would have to be drawn from the boys who have passed the 7th standard in one or other of the English Schools of the Colony or the Federated Malay States. It would appear that the number of boys in the Colony who leave school annually after having passed that standard does not much exceed two hundred, and there is always keen competition for the services of the best of these as clerks in business houses or in the Civil Service. The experience of the Government also in regard to the Training College which it has attempted to establish appears to prove that the attraction of an immediate salary is so great that even with the allowance of ten dollars which it was prepared to make to students, none have yet been forthcoming. It is true, of course, that the Government Medical Service and the prospects of a private medical practitioner are far better than those of a teacher, but the evidence available appears to point clearly to the conclusion that an immediate salary of fair amount outweighs the prospect of a career.

In the circumstances the establishment of the School can only be regarded as an experiment . . ."

Be that as it may the School began work on the 3rd July 1905, "the building in the old Female Lunatic Asylum, Sepoy Lines, having been altered and equipped so as to provide a lecture room, dissecting room, physiology laboratory, students room and offices. The Chemistry and Physics classes were held in the temporary laboratories of the Government Analyst in Coleman Street".

The experiment was obviously a success. Notwithstanding the Colonial Secretary's early misgivings, the standard of the Preliminary Examination became that of the Senior Cambridge Certificate in 1912. In 1915 Latin and a modern language became compulsory.

The L.M.S. Diploma (the License in Medicine and Surgery) was recognised for registration in 1916 by the General Medical Council of Great Britain and a year later we have a record of the first glimmerings of postgraduate education in Medicine.

"In April 1917 Mr. Tan Jiak Kim, C.M.G., presented a sum of \$1,500 to award two Travelling Scholarships of \$750 each to enable the student gaining the greatest distinction in the Final Examination to proceed to some other centre of medical teaching and study there for a period of six months some special subject of medical or surgical interest".

Meanwhile in 1912 the name of the institution was changed to the King Edward VII Medical School. Then again, because it was thought that the term 'school' was somewhat invidious and did not convey locally an adequate impression "of the academic status of an Institution giving a professional training of University standard" the name of the institution was changed to the King Edward VII College of Medicine in 1920.

The present buildings of the Medical Faculty were opened on the 15th February 1926 in the presence of representatives of all the communities of Singapore and there was a "full attendance of the students, past and present of the College".

The development of the College from then on would seem to fall into the category of modern rather than ancient history. Its final absorption as the Faculty of Medicine in the newly founded University of Malaya in October 1949 is known to all.

The steady stream of graduates that the College produced led to the formation of an association of graduates known as the Alumni Association. Instituted in 1923 it would seem to have existed in a desultory fashion. It was only after the war that it mustered its forces and became a truly active body in both professional and political spheres. Regular clinical meetings were held soon after the war and in 1948 the Association began to publish its own Proceedings. In the first number of the first volume of these proceedings its editor one Dr. B. R. Sreenivasan had this to say:—

"The Alumni Association of the King Edward VII College of Medicine has existed for over 25 years and it consisted for a long time of scattered groups of the Alumni and did not form a corporate body until recently. Some time before the war an effort was made to get all the graduates of the King Edward VII College of Medicine, Singapore, to be members of the Alumni Association . . . The rules were formulated before the war but the new constitution could not be brought into operation until 1947. However, there has been a great increase in the solidarity of the Alumni during the last ten years . . ."

This solidarity became the foundation of a real force and the first to represent the views and interests of the local man to the Colonial administration. There were many reasons why the Alumni Association should have fulfilled this destiny. First, it was the oldest body of local professional men and women from a local institution of higher learning. Secondly, the differences made in the Medical Service between colleagues of different origins who undertook similar tasks and bore similar clinical responsibilities acted as a stimulus for a wish to break down the barriers of discrimination. Thirdly, the war had given the graduates of the College an administrative experience they had never had before. They undertook complete responsibility for the running of the hospitals and came to know the full strength of their capability during the terrible years of the Japanese occupation. This was the hardest of trials and the severest of testing grounds. It was also in all ways the best of environments for "adversity to best discover its virtues". Last, but not least important, was the moral strength that had accrued from tradition. No body of professional men in Singapore were similarly imbued and tutored by their own local traditions. The School of Medicine had by now existed for over forty years and its pupils had tasted of the strength of succession and the pride that comes with it.

I think it would not be unreasonable at this moment to describe the situation that prompted the need for change. In the Colonial era the Medical Service in Singapore and Malaya was compartmentalised. There was the Malayan Medical Service which consisted of personnel recruited from overseas and there were the doctors that were recruited locally, most of whom were graduates of the Singapore school. Between these two compartments there existed a chasm which could not be crossed. There were differences between these two Services—differences in salary, differences in opportunity but, most important of all, differences in status. The overseas officer began his career as a Medical Officer and could rise to the most responsible positions in the Service. The locally recruited officer began and ended his career as an Assistant Medical Officer. There was no question of his ever moving into the class of a fully fledged Medical Officer and he stagnated in his assistant's role forever. It is not altogether incomprehensible that a Colonial power wishing to maintain its authority should have devised such a system. How else could it have retained its tutelage? It is at the same time not unimaginable that those who were enthralled by it would want to change it. Here I must pay tribute to the champions of the Alumni Association of the time who

defied the system. In seeking to accomplish this they were driven by the highest of motives. They were not looking for ways and means to cross the barrier. They wished to destroy it so that the two parts of the Service would fuse into one whole.

I hope I shall be forgiven for recounting an aspect of our history which must still be fresh in the minds of the older among us. To them the memory of these events may be either doleful or exhilarating. It would depend very much on their personal temperaments. They will agree that I have dealt with the subject summarily. It is not to them that I have directed these remarks. It is to those who are of a generation among us who know nothing of these things and to whom the Colonial era is not even an historical token. From the point of view of the Singaporean the accomplishments of the Alumni Association set the pace for the best that we have in Association today—professional and scientific activity as well as an independent spirit. Having given its gifts the Association rang down the curtains upon itself and withdrew graciously from all these activities. It was a partisan organisation and in the independent Singapore of the sixties partisanship was no longer necessary. In like measure the British Medical Association had become superfluous—as indeed it had become in all countries of the Commonwealth that had assumed independence. There was a need for adaptation in its fullest sense. There should never have been two organisations, but there had been a need for both—one seemingly universal and one parochial. Each had served its purpose. This was in keeping with the times. The pattern was to change. There was to be one organisation to represent all aspects and persons in the profession. This was also in keeping with the times.

The Singapore Medical Association was inaugurated on the 15th of September 1959 with Dr. B. R. Sreenivasan as its Foundation President. It assumed all the duties and responsibilities previously held by the Malaya Branch of the British Medical Association and the Alumni Association of the King Edward VII College of Medicine. This was a portentous move and meant to adapt to modern times and needs. An effort has been made in the previous year to form the Malayan Medical Association with three branches and would have included Singapore in the Southern Branch. However, the patterns of Governments in Singapore and Malaya did not allow of this.

In the decade of its existence the Singapore Medical Association has built a history which is already sufficiently varied and exciting to be made the subject of another lecture. More important

to my theme are the changes that have taken place in Singapore in this decade that have affected both Association and Profession.

At the end of the first ten years of its independent existence Singapore has assumed an affluence quite beyond the expectations of its most sanguine prophets. A driving spirit created an environment of prosperity. The same spirit is now directed towards the acquisition of the wealth that this prosperity produces. This drive seems to gain momentum every day and inevitably at the expense of more idealistic motives.

In 1904 Winston Churchill haranguing an audience in his speech during a speaking tour said:—

“No one seems to care anything but about money today. Nothing is held of account except the bank accounts. Quality, education, civic distinction, public virtue seem each year to be valued less and less. Riches unadorned seem each year to be valued more and more”.

Could this not be an apt description of the Singapore of today? Churchill also alleged at that time that the executive was daily becoming “more and more subservient to capitalistic interests in the country”. He maintained that “The laxity of principles is a sign of the degeneration of the day”.

I do not think we can say that Singapore has undergone degenerative changes. Quite the contrary there is vitality and advancement. What is important is the examination of where this vitality is spent and what direction the advancement is taking in the profession and what part the association can play.

What are the changes that have taken place that bring about the need to adapt?

Singapore enjoys a sufficiency although not a surfeit of doctors. The urgency to maintain a minimum adequate service no longer exists. The problem now is not where to find doctors but what they should do. The conventional pattern was for doctors to enter the Government Service. For those who did not wish to do so, there was always private practice. Whichever way it went there was no fear that a doctor would lack for occupation. The tendency was certainly to lean strongly on the Government—to depend on it for guidance, to appeal to it for sustenance, to blame it for shortcomings. It was a state of mind that

projected from Colonial times and was dependent on patronage. It was a product of a limited budgetary and a positive restraint in order to obtain maximal use of minimal recourses. It is becoming patent however that this dependence on Government must wane, either because the Government will not or because the Government cannot carry the burden of a continuously growing Service. It will become an almost biological necessity for the steady stream of doctors being produced to look towards their own self preservation. There will not be a lack of occupation and certainly there will be no lack of endeavour to find the occupations. This is not an original pattern of existence and is known as private enterprise. The initiative for the development of the Service will then have to move from the executive to the individual. By the Service we would mean not only the care of the sick, but all factors that good professionalism implies—ethics, continuing education, post-graduate education and even research and overall organisation. There appears to be every indication that this will come about and there is no lack of motivation to maintain the excellence of the service as it exists today.

It is in these many facets of activity that the Association finds its cardinal role. For its first function is to commute individual interests into group interests in order that we may have pride in what is our own. It sifts ideas and musters opinions and disseminates a sense of participation. It is essential of course that the opinions be given with a candour and a forthrightness that stem from honesty. An inscrutability that expresses itself in the fixed smile and the nod of acquiescence so common in our subjects today is not likely to accomplish very much.

Association can take pride of place in assisting the profession to adapt itself to changing circumstances. In the material, to rectify, to organise and to implement. In the intangible, to overcome a prevailing atmosphere of reticence which stifles expression and a reserve that stultifies honest communication. And to instill among its adherents a sense of values so necessary to dignified survival—of values such as pride but not arrogance; of discipline but not servility; of respect but not fear; of loyalty but not subservience; and in so doing to imbue the coming generations with a deportment that is both discriminating and courageous.

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