HISTORICAL ARTICLE

THE ORIGINS OF MEDICAL REGISTRATION IN SINGAPORE (PART I)

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As in previous historical articles by the author, this one will also have many quotations from primary sources. The author believes that this mode of presentation is more interesting and vivid than a re-hash of material culled from the primary sources. It also allows the reader to put himself/herself in the picture and draw his/her own conclusions if he/she so desires.

Singapore was part of the Straits Settlements which were administered as a territory of British India until 31st March 1867, after which they became a Crown Colony until its constituent states (Singapore, Penang and Malacca) became independent in the 1950s. As Singapore was the capital of the Straits Settlements, any reference to Singapore in this article can be read to mean the Straits Settlements as a whole.

In Singapore, as in other British overseas possessions, the ruling class and some of the colonial people looked to Britain, the mother country, for inspiration and guidance in most, if not all, things. The question of registration of medical practitioners was no exception.

So the history of medical registration in Singapore has to start with medical registration in the United Kingdom.

The first Medical Act in the United Kingdom (An Act to regulate the Qualifications of Practitioners in Medicine and Surgery) was passed on 2nd August 1858. Its preamble stated that it was "expedient that Persons requiring Medical Aid should be enabled to distinguish qualified from unqualified Practitioners."

The Act constituted a Council to be styled "The General Council of Medical Education and Registration of the United Kingdom" (unofficially called "The General Medical Council" until 1951 when the abbreviated name was legally sanctioned.) The first General Medical Council consisted of seventeen representatives of Bodies awarding degrees and diplomas (e.g. the Royal Colleges and the Universities) and six members nominated by "Her Majesty with the Advice of Her Privy Council, Four of whom shall be appointed for England, One for Scotland and One for Ireland." There were no elected members.

The Act defined the duties and powers of the General Medical Council. It had the duty to keep a Register of qualified practitioners (the qualifications "recognised" by the General Medical Council were stated in Schedule A of the Act): it had the power to supervise the courses of study and the examinations of the various Colleges and Bodies conferring recognised qualifications; also "if any registered Medical Practitioner shall be convicted in England or Ireland of any Felony or Misdemeanor, or in Scotland of any Crime or Offence, or shall after due Inquiry be judged by the General Council to have been guilty of infamous Conduct in any professional Respect, the General Council may, if they see fit, direct the Registrar to erase the Name of such Medical Practitioner from the Register."

The Act also granted certain privileges to registered practitioners, e.g. "to practise Medicine or Surgery, or Medicine and Surgery, as the Case may be, in any Part of Her Majesty's Dominions, and to demand and recover in any Court of Law, with full Costs of Suit, reasonable Charges for professional Aid, Advice, and Visits, and the Cost of any Medicines or other Medical or Surgical Appliances rendered or supplied by him to his Patients, ... shall be exempt, if he shall so desire, from serving on all Juries and Inquests whatsoever, ... from serving in the Militia, ..." Certain appointments, e.g. as a doctor in the Army or Navy, could only be held by registered medical practitioners. Certificates required by law were not valid unless signed by a practitioner registered under the Act.

There were penalties for obtaining registration by false representations, and for falsely pretending to be a registered medical practitioner

There was provision in favour of persons practising Medicine or Surgery within the United Kingdom on Foreign or Colonial Diplomas and Degrees before the passing of the Act. Nothing was said about recognition of foreign and colonial degrees after the passing of the Act

The General Medical Council also had the duty to publish the British Pharmacopoeia.

The Act also stated that words used in any Act of Parliament, e.g. "legally qualified medical practitioner" or "duly qualified medical practitioner", implying a person recognised by law as a medical practitioner or a member of the medical profession, were to be construed to mean a person registered under the Act.

Between 1859 and 1883, a number of minor Acts amending the Act of 1858 were passed. The last Medical Act to be passed before the Singapore Medical Registration Ordinance 1905, was in 1886. This was a major one and was passed to "be construed as one with the Medical Acts" (i.e. the previous ones). It extended the powers of the General Medical Council. It raised the standard and requirements of the Qualifying Examination which entitled doctors to be registered. The Qualifying Examination was to consist of three subjects — Medicine, Surgery and Midwifery — as distinct from Medicine or Surgery which was allowed by the 1858 Act. Moreover a minimum standard of proficiency was expected. "Candidates at the said qualifying examinations shall be such as sufficiently to guarantee the possession of the knowledge and skill requisite for the efficient practice of medicine, surgery and midwifery" and to ensure the maintenance of such standard of efficiency, the General Medical Council had authority to appoint Inspectors of Examinations to attend the qualifying examinations of the Examining Bodies and report "their opinion as to the sufficiency or insufficiency of every examination which they attend", and if at any time it appeared to the General Medical Council that the standard of proficiency was not maintained, the Council could make representations to the Privy Council to withdraw from the Examining Bodies the right to hold qualifying examinations.

The constitution of the General Medical Council was increased. There were to be five nominated members, twenty representatives from the Examining Bodies, and five elected members (three from England, one from Scotland and one from Ireland).

One part of the 1886 Act dealt specifically with Colonial and Foreign Practitioners. Amongst other things it empowered the General Medical Council to recognise Colonial and foreign degrees on a reciprocal basis. "The medical diploma or diplomas ..... shall be such medical diploma or diplomas as may be recognised for the time being by the General Council as furnishing a sufficient guarantee of the possession of the requisite knowledge and skill for the efficient practice of medicine, surgery and midwifery. ..... Any British possession or foreign country which in the opinion of Her Majesty affords to the registered medical practitioners of the United Kingdom such privileges of practising in the said British possession or foreign country as to Her Majesty may seem just. ....."

Singapore was founded in 1819, and medical registration was not legally enforced until 1905. During the intervening 86 years, anybody could use any designation (e.g. apothecary, doctor, physician, surgeon, etc.) implying that he had medical skills, irrespective of whether he had any qualifications at all or where his qualifications were acquired.

But this did not mean that all was well among the medical men in Singapore. There were the usual friction, jealousy and envy. When the Medical Act of 1858 was passed in the United Kingdom, doctors who had the requisite qualifications registered themselves with the General Medical Council. Straightaway, a distinction arose between those who were registered and those who were not.

In March 1861, there was a quarrel between Dr Robert Little and Dr John Scott regarding qualifications. This

quarrel became public and was conducted in the correspondence columns of the newspapers. In one of his letters, Dr Little wrote sarcastically: (1)

"..... I need not say you would not have been singular even if you had adopted the addition of 'doctor' without being an M.D. as it is daily done by another in his cards and notes. ..... I think it is a subject of regret that there is not a registration of medical men here, and if you establish one it would, I am sure, be agreeable to all our feelings and add much to the respectability of the profession. ....."

Practice by quacks abounded but only a few instances came to the notice of the authorities when Europeans were the victims: (2)

"A Coroner's inquest was held yesterday morning at 8 o'clock before F. G. Gottlieb, Esq., Deputy Coroner, on the body of an European named Richard Peratt. After the medical evidence had been taken, the jury returned a verdict to the following effect 'Died from natural causes aggravated by a violent purgative administered by John Francis Christian.' Before the inquest, Dr Fergusson analysed some pills which were brought away from the house of the above-named, and the ingredients contained in them were not at all satisfactory. It appears that this native doctor has been in the habit of carrying about with him, a wand which contains any number of pills for all disorders, and which were for immediate use. These were also tested and appeared to be highly obnoxious for the European temperament. Dr Christian got a very narrow escape and if there had been sufficient evidence, the Coroner would have been justified in committing him for manslaughter."

In 1868, the Medical Act Amendment Act was passed to amend the law relating to medical practitioners in the Colonies. Section 3 empowered every Colonial Legislature "to make Laws for the purpose of enforcing the Registration within its Jurisdiction of Persons who have been registered under the Medical Act (of 1858)" with the proviso that a person who had been registered under the Medical Act could not be refused registration in the Colonies. In November 1868, when asked by the Secretary of State for the Colonies to take the necessary steps in accordance with the provisions of the 1868 Act, the Governor replied that there was no law in force in the Straits Settlements for the registration of medical practitioners. (3) Singapore at this stage of her development could not be choosy about medical care for its inhabitants. the majority were non-Europeans whose lives were cheap (Hong Kong however, passed its first Medical Registration Ordinance in 1884, 21 years before Singapore although it became a British possession 22 years after Singapore in 1841.)

The question of medical registration smouldered along. In 1889, three years after the British Act of 1886 was passed, the Editor of the Straits Law Journal wrote in the January issue: (4)

"The question of protection for qualified medical practitioners against numerous persons who practise in the Straits Settlements without the usual recognised qualifications had not attracted so much interest even in the medical profession as it deserves. In other British Colonies, and indeed in nearly every European Colony, the authorities have stringent regulations to deal with this matter. In Australia, for instance, all doctors desiring to practise must appear before a Medical Board, produce their papers and declare upon oath that they are the persons referred to therein. The basis of this Board is the British Acts of 1858 to 1886, and all qualifications recognised by the General Medical Council of Great Britain are recognised by the Board. It seems very desirable to the interests of Europeans and British subjects that a similar Board should be formed for the Straits Settlements, and the wisdom of such a plan does not, so far as we can see, appear to be in any way doubtful."

The Straits Times of 12th January 1889 published this Straits Law Journal editorial word for word hoping to stimulate public awareness and reaction. (6)

Here, we can see the glimmerings of things to come — the protection of the interests of qualified medical practitioners (mainly Britishers), and the welfare of Europeans and British subjects (later to be expanded to include "the general public"). But there was no public agitation for medical registration, especially from the non-European section of the population. There were no letters to the Editor expressing concern regarding alleged malpractices and demanding the raising of standards of medical practice. However, controversy, argument and discussion regarding the merits of medical registration persisted privately.

And the doctors were not without influence, especially with their colleagues in the Government, as can be seen by examining a few ordinances in which doctors were involved.

In 1868, when the Vaccination Ordinance was passed, it was stated in Section 11 regarding "Private Vaccination" as follows:

"It shall be lawful for any parent or other person to take any child to be vaccinated by a Medical Practitioner instead of a Public Vaccinator, and if any Medical Practitioner shall undertake such vaccination, he shall be liable to perform all the duties in connection with such vaccination as are required by this Ordinance. ....."

"Medical Practitioner" was not legally defined in the Ordinance, anybody could claim to be one. The situation was the same in 1894 when the Opium Ordinance was passed "to consolidate and amend the law for collecting a Revenue of Excise on Opium and the Preparations thereof." Section 24 read:

"The foregoing provisions of this Ordinance shall not apply to the sale of opium or chandu for medical purposes by any medical practitioner, chemist or druggist registered as a person qualified to sell poisons under any law for the time being in force in the Colony providing for the registration of persons so qualified nor in the absence of such law to any sale by any person for the time being authorised in writing by the Chief Medical Officer of the Settlement to sell opium or chandu for medical purposes or to any opium or chandu in the medicine chests of ships in reasonable quantity."

"Medical practitioner" was again not legally defined, but here the thin of the wedge appeared. There was need to be "registered" or "authorised" by the law or the medical authorities. (See below, how the Morphine Ordinance 1904 was used to discriminate against the so-called unqualified doctors.)

Two years later in 1896, when the first Morphine Ordinance was passed, there was mention of "qualified medical practitioner" who was defined as

"The holder of an European or British Indian or British Colonial degree diploma or licence entitling him to practise medicine or surgery or the holder of a degree diploma or licence in medicine or surgery of any Medical School in the United States of America the degrees diplomas and licences whereof are for the time being recognised as registrable by the General Council of Medical Education and Registration in the United Kingdom."

In the Births and Deaths Registration Ordinance 1897 and the Leper Ordinances of 1897, 1898 and 1899, "Medical Schools of the Empire of Japan" were included in the legal definition:

"The Holder of an European or British Indian or British Colonial degree diploma or licence entitling him to practise medicine or surgery or the holder of a degree diploma or licence in medicine or surgery of any Medical School of the United States of America or of the Empire of Japan, the degrees diplomas or licences whereof are for the time being recognised as registrable by the General Council of Medical Education and Registration in the United Kingdom."

Now we have reached a stage where non-British and non-European degrees were not recognised as entitling the holder to perform the functions required by specific ordinances unless those degrees were registrable by the General Medical Council.

However when this principle was applied to ordinances which affected the vested interests of influential non-medical men, the doctors lost out to the merchants. When the Chinese Immigrants Ordinance 1902 was passed in July, Section 33 stated that

No Chinese Immigrant shall be imported into the Colony except on the following conditions:

(a) The ship in which he is imported if carrying more than 20 Immigrants shall carry during the whole course of the voyage a qualified medical practitioner who shall attend to the health of the passengers and the sanitation of the ship. ...."

and "qualified medical practitioner" was defined exactly as in the earlier ordinances (see above).

Businessmen soon found that this section was working against their interests. Their source of cheap labour was threatened together with their fortunes. There was so much discontent, dissatisfaction and lobbying that the Straits Times on 12th March 1903 was able to announce: (6)

"At the Legislative Council meeting tomorrow afternoon, Mr Napier will ask — Are the Government aware that no medical practitioner whose qualification is a degree, diploma or licence of any Medical School of the United States of America or of the Empire of Japan, is qualified to act as a ship's surgeon under 'The Chinese Immigrants Ordinance 1902', and that the law is causing inconvenience to the working of Chinese immigration, and whether they will take steps to amend the Ordinance?"

And at the Legislative Council meeting the next afternoon, Mr Napier, an Unofficial Member, asked the question in those exact words. (7)

The Colonial Secretary replied that Government had been made aware of what the honourable member had referred to, and it was not proposed to take steps to amend the Ordinance, very full notice had been given of the Ordinance coming into force, and that the Legislative Council had framed the measure in its present form fully knowing the effect of the provision.

But the Colonial Secretary had underestimated the power and influence of the business community. Three months later, in June 1903, the Ordinance was amended and for the purposes of the Ordinance, a "qualified medical practitioner" was defined as

"The holder of a diploma degree or licence enabling him to practise medicine or surgery in any part of His Majesty's dominions or the holder of any European American or Japanese diploma degree or licence which has been approved by the Governor-in-Council."

Doctors with qualifications registrable with the General Medical Council could practise any where in the British dominions (This had always been so since 1858). European degrees were downgraded to be on par with American and Japanese qualifications, but the decision to recognise any "non-registrable qualification" could be made by the Governor-in-Council This gave a lot of leeway for adaptation to local conditions

The second Morphine Ordinance was passed in July 1903 in order that the importation, sale and use of morphine "should be made subject to such regulations and restrictions as may prevent the practice of injecting morphine except in cases where such treatment is administered or ordered to be administered by a qualified medical practitioner" "Qualified medical practitioner" was defined as in the Chinese Immigrants Ordinance 1903 which had been passed one month earlier.

But the Malaya Branch of the British Medical Association had not been idle. Its members comprised only those doctors whose qualifications were registrable with the General Medical Council, and they were reluctant to see their privileges eroded away. Their Committee studied the problem and explored ways and means to stop the rot. Registration of medical practitioners following the example of the United Kingdom was proposed. And at the Legislative Council meeting of 6th March 1903, Dr Lim Boon Keng, the Chinese Unofficial Member and a member of the Malaya Branch of the British Medical Association, gave notice of his intention to bring before the Council a Bill for the Registration of Medical Practitioners in the Colony. He stated that he would give private notice of the date on which he would be ready to move the first reading after consulta-

tions with the Attorney-General. (8)

At the Legislative Council meeting of 30th September 1904, (9) after the debate on the third Morphine Bill, Mr Napier said that he thought it was during the previous year that notice had been given of an intention to bring forward a bill for the registration of medical practitioners. (He had been shown the draft bill privately for his comments.) He had not agreed with all the provisions of the bill as proposed as the interests of the poorer classes who could only afford a small fee for medical attendance had to be considered. Although he could not agree to the bill in toto, he approved of the main principles. He believed that the question of medical registration was at that moment before the Legislative Councils of Ceylon and Hong Kong. If this were so, he thought the Straits Settlements Legislative Council should also bring the matter up too

The Colonial Secretary confirmed that a Bill had been suggested the previous year. Since then the Government had been in correspondence with Hong Kong and Ceylon, and had found that Hong Kong had had a Medical Registration Ordinance since 1884, and that Ceylon had a Bill before its Legislative Council at the moment. Government had gathered all the relevant information on the matter and it hoped to be able to do something soon. He promised that the Government would give the matter its earnest consideration.

The third Morphine Ordinance was passed in October 1904. Its measures were stricter than the previous two ordinances. In the 1896 Ordinance, "morphine" was defined as "morphia and all salts of morphine and any solution thereof that can be used as an injection but not preparations for ordinary internal use containing morphine as an ingredient but not prepared for nor primarily suitable for the purpose of injection". The 1903 Ordinance extended the definition thus: "morphia and all salts of morphine and any alkaloid or salt of an alkaloid of opium and any solution thereof that can be used as an injection but not any preparation for ordinary internal use containing morphine as an ingredient but not prepared for nor primarily suited for the purposes of injection". The 1904 Ordinance delivered the coup de grace. "Morphine" included "morphia and all salts of morphine and any alkaloid or salt of an alkaloid of opium and any solution thereof". There was also a definition of "syringe" as "any syringe" suitable for the hypodermic injection of morphine" Although the definition of "medical practitioner" was the same as in the previous two Morphine Ordinances, a new entity was created, the "Licensed Medical Practitioner", who was a medical practitioner who was also the holder of a licence to prescribe or deal in morphine granted by the Principal Civil Medical Officer under the provisions of the Ordinance.

Among the offences created by the Ordinance, the ones relevant to this article were:

(a) Not being a licensed medical practitioner ..... is found in possession of any morphine exceeding five grains in amount or any mixture adapted for swallowing or injecting which may contain more than five grains of morphine. (To make sure that patients in possession of medicine for their own use were not prosecuted, a limit of five grains was set.)

(b) Every person not being a licensed medical practitioner ..... administers by injection any morphine to any other person. ..... furnishes morphine to any other person. ..... is found in possession of any syringe or of any morphine suitable for hypodermic injection.

The reader may wonder what relevance the Morphine Ordinance 1904 had to medical registration. This Ordinance was used to penalise doctors who had non-registrable qualifications and to retaliate against countries which did not recognise British qualifications. This was the temper of the times otherwise the Principal Civil Medical Officer would not have taken the action he took, however vigorous the lobbying of the Malaya Branch of the British Medical Association. The Editorial of the Singapore Free Press of 2nd December 1904 is quoted in full as it does convey vividly what the mood was then: (10)

"There are indications that pending the introduction of a proposed Medical Registration Ordinance, one of the provisions of the new Morphine Ordinance is being applied in such a way as to secure the temporary enforcement of the principles of registration of medical practitioners within the Colony. A provision of the Morphine Ordinance enacts that a medical practitioner must hold a licence from the Principal Civil Medical Officer in order to enable him to prescribe morphine. This has the constructive effect of licensing the medical practitioner for general purposes, as a doctor cannot carry out the duties of his practice unless he is authorised to prescribe morphia and its various preparations. It is understood that now a beginning is being made by granting such licence under the Morphine Ordinance only to practitioners who are on the Medical Register of Great Britain. To the two or three foreign medical men who were practising in the Colony prior to the introduction of this Ordinance, licences will be or have been granted. This is only fair and equitable. But no such licence can be granted to any medical practitioner arriving in the Colony from Europe or America who is not qualified by enrolment in the Medical Register at home. In pursuance of this, one newly arrived foreign assistant has not received a licence from the Principal Civil Medical Officer, and in another case, a telegram has had to be sent to Europe countermanding the starting of an assistant for Singapore. We presume there would be no objection in the case of any foreign medical man who had qualified for admission to the Medical Register. Other nations are stricter than Britain is in this respect, and in Germany for instance, no medical man can practise in Germany at all unless he acquires the authorisation of the Reichskanzler. Normally anyone who passes the very searching State examination is competent to practise. But this is so hedged with provisos and restrictions that it amounts to this, that no man save a German-born subject can be allowed to practise on German territory. We have a case in point amongst us, a much respected and capable general practitioner who took his courses of studies and passed his examinations in Germany, but could not be eligible to practise in Germany because he was born in a British Colony. The new position implies that in medicine, as in the case of the bar, there will be an application of the principle of 'protection' in future. It is probable that the future Medical Registration Ordinance will embody the same principle."

When the Colonial Secretary replied to Mr Napier at the Legislative Council meeting of 30th September 1904 that after Dr Lim Boon Keng's proposal to introduce a bill on medical registration, administrative action had been taken to get comments on Dr Lim's draft and to study similar legislation in other colonies, he was telling the truth. Because by 17th October 1904, the Attorney-General had the draft of the Straits Settlements Bill (not Dr Lim's) ready.

This Bill entitled "An Ordinance to provide for 'The Registration of Medical Practitioners in the Colony' " was published in the Government Gazette of 9th December 1904 for general information, (11) and was introduced that same afternoon in the Legislative Council by the Attorney-General.

The objects and reasons for introducing this bill were stated as:

"1. *There has hitherto been no legislation in the Colony to legalise the status of qualified medical men, and it has been necessary whenever such have been referred to in enactments to insert elaborate definitions. (see above, Morphine and other ordinances).*
2. *The merest quack has been practically on the same footing legally as a fully qualified man.*
3. *The Bill provides for the formation of a Medical Council and for a system of registration. It prevents unqualified persons posing as doctors but otherwise imposes no disqualification on unregistered persons except the right to sue for fees. (When the Ordinance was passed, there were more stringent disqualifications).*
4. *The Council is given powers to deal with gross cases of unprofessional conduct, but no other special powers are conferred on it."*

At the Legislative Council meeting, the Attorney-General moved that the Bill be read a first time and he addressed the Council. (12)

It was he said a bill that had frequently been thought of but never brought forward before the Legislative Council. There had been many representations from medical men that a measure of this kind would be exceedingly useful, and was wanted both for the protection of the public and also to a certain extent for the protection of the interests of qualified medical practitioners. There could be no doubt that in Singapore, where there were no stringent regulations, there was a considerable amount of quackery prevalent, some of it perfectly innocent, some of it harmful. Civilised peoples had generally adopted a law to combat these types of evils. (He then made a big blunder by saying that "this ordinance is taken almost entirely from the Medical Act of 1821 which may be considered the first regular Medical Act in England". The first Medical Act was passed in 1858 and the Singapore Ordinance included only a few of the features of the English Act.) He said that the Bill contained practically all the things which were wanted in Singapore, "the bones and blood of the English Act". Section 11 defined the persons entitled to registration, and the definition was the same as the one in the Births & Deaths Registration Ordinance 1897, the Leper Ordinances 1897, 1898, 1899, and the Chinese Immigrants Ordinance 1902, which had caused so much controversy as there was then no reciprocity with regard to recognition of non-British medical qualifications. But he had hopes that things might change and then the section would be a valuable one. The section also preserved the interests of those persons then practising in the Colony possessing the degree or diploma of "a recognised school of medicine or surgery who shall satisfy the Medical Council as to the validity of their qualifications". He believed that this was necessary for the good of the practitioners and the public. (A proviso was added when the Ordinance was passed that these people should sit for and pass an assessment examination before being allowed to practise; and "recognised school of medicine and surgery" was changed to "regular school of medicine and surgery"). Other sections dealt with additional qualifications, the privileges of those on the register, the disabilities of unregistered persons, the power of the Council to strike off the register persons guilty of offences, the penalty for unlawfully using a title implying qualification. One section would prove a convenience and prevent disputes as to the meaning of the words "legally qualified medical practitioner". The last two sections were not to be found in the English Act and were peculiar to the Colony. According to Section 21 "nothing contained in this Ordinance shall be construed to prohibit or prevent the practice of native systems of therapeutics according to ancient Indian, Chinese or other Asiatic methods". (The Hong Kong Medical Registration Ordinance 1884 had a similar section: "This Ordinance shall not operate to limit the right of Chinese practitioners to practise medicine or surgery or to receive demand or recover reasonable charges in respect of such practice". The first Ceylon Medical Registration Ordinance was passed in 1905, and it also had a similar section which was better framed: "Nothing in this Ordinance shall be taken to limit the right of any person to practise medicine or surgery according to native methods, provided that he does not take or use any name or title calculated to induce the public to believe that he is qualified to practise medicine and surgery according to modern scientific methods" and the right to sue for fees was preserved. ". . . . nothing herein contained shall affect the common law right of a person practising medicine or surgery according to native methods to sue for his fees".) It would be a hardship for persons practising these systems to be put under rules which were intended for those who practised European systems of therapeutics. These practitioners, natives of India and China, were persons of skill in their own way, and they were careful men. Anyone who went to their shops and saw the care they exercised in keeping their drugs and in mixing their prescriptions would recognise that. There was also the great reason that they did not as a rule use the strong drugs in the British Pharmacopoeia, and therefore there was less chance of an accident or serious injury if some mistake was made. A considerable number of people depended on these practitioners for medical advice and to forbid the use of their systems and drugs would be a hardship. The section would prevent any vexatious interference with Oriental practitioners who might be doing good to their fellow men. It did not extend to the relief of people who pretended to treat patients under European methods of therapeutics. The final section of the Bill was also peculiar to Singapore

in that "holders of any medical diploma not entitled to be registered under this Ordinance may be empowered to act as medical officers in charge of ships by an Order of the Governor-in-Council". There had always been difficulties regarding doctors on board coolie or pilgrim ships. Coolie ships came from ports where there would be no qualified medical practitioners and it would be unfair to fine a captain or owner for not having what he could not possibly obtain. This section would enable the Government to permit men who had sufficient medical knowledge for the work required, but could not be registered under the Ordinance, to be employed.

The Acting Colonial Treasurer seconded the motion and the Bill was read a first time and notice given of the second reading at some subsequent meeting of Council.

The Governor on 16th December 1904 sent a report to the Secretary of State for the Colonies and indicated what he intended to do regarding doctors with foreign degrees. His proposal was to do away with recognition by the General Medical Council and to allow registration if approved by the Governor-in-Council, the same powers as granted by the Chinese Immigrants Ordinance 1903 (see above): (13)

"I have the honour to forward for your information copies of a Bill to provide for the 'Registration of Medical Practitioners in the Colony' which was read a first time in the Legislative Council on the 9th instant.

I propose in Committee to introduce an amendment to Section II of the Bill to allow the registration of the holders of any Foreign Degrees or Diplomas approved by the Governor-in-Council."

However, on 31st March 1905, when the Legislative Council went into Committee to discuss the Bill, the Governor did not propose the amendment. He had been influenced by the debates at the second reading of the Bill and at this particular committee meeting (see below).

In the intervening period until the second reading of the Bill, there was no public debate on the matter, only the doctors, with or without registrable degrees, were active. Those with non-registrable qualifications approached prominent Britishers to plead their cause. The Malaya Branch of the British Medical Association held its 1905 Annual General Meeting in February in Penang. "After the annual report had been presented and approved, the Medical Registration Bill was discussed and Dr Galloway, Dr Middleton and Major Ritchie were appointed a committee to point out in what manner the bill may be improved. ....." (14)

And at the Legislative Council meeting of 10th March 1905, Dr Galloway took the oath and his seat as a new member of the Council. This was timely as he became the only medical man on the Council, Dr Lim Boon Keng's place having been taken by Mr Tan Jiak Kim.

The Colonial Secretary moved the second reading of the Medical Registration Bill. (15) It had been before the public for some time, he said, and its object was that medical practitioners should be put on a recognised footing. He understood that in Committee there would be an amendment to section 20, the crux of the Bill, brought forward by Dr Galloway. The Auditor-General seconded.

Section 20 of the Bill read:

"Any person who after the coming into force of this Ordinance wilfully and falsely makes or uses in the Colony any name title or addition implying a qualification to practise medicine or surgery and not being registered under this Ordinance or exempted from registration under Section 17 of this Ordinance shall be liable on summary conviction before a Police Court to a penalty not exceeding five hundred dollars for each offence and to a further penalty of fifty dollars a day during the continuance of such offence."

The proposed amendment was to change "and" after the word "surgery" to "or", and to include this phrase after "Section 17 of this Ordinance":

"practises or professes to practise or publishes his name as practising medicine or surgery or receives any payment as practising medicine or surgery."

This addition was taken from the Hong Kong Ordinance of 1884.

Mr Napier said that as the bill was an important one, not only in the interests of the medical profession but also to the whole community, it had naturally excited a very lively interest, and therefore he did not think that it would be right for the bill to be read a second time without some discussion on it. The bill was brought forward at the instance of the Malaya Branch of the British Medical Association, and it was probably a revised edition of that brought forward by Dr Lim Boon Keng previously. That bill had been sent to him for comments, but as there were some provisions he could not agree with, he could not give the bill his support, and he accordingly wrote a memorandum stating his objections. That memorandum had probably been referred to by the draughtsman of the present bill which had met practically all his objections, and he was now fully prepared to support the bill with a few modifications.

The first part of the bill was that which provided for a register of medical practitioners, and the first important question was — who should go upon that register? It was fair that all persons with proper qualifications who were at the moment residing in the Colony should be allowed to practise, but in future only those with "imperial degrees" would be allowed, "imperial" because the degree had to be granted by some authority in the British Empire. He then mentioned Section 11(b) which dealt with reciprocal privileges for medical practitioners of countries which granted like privileges to those with British qualifications, but he was certain that this would remain a dead letter as the trend of modern thought was against reciprocity. At first sight, it appeared hard that persons who came to the Colony should not be attended by medical practitioners of their own nationality, but it seemed to him not unfair that if an Englishman was not allowed to practise in the Dutch Indies, a Dutchman should not be allowed to practise in the Colony. Medical men of foreign states had the remedy in their own hands. They could either bring pressure to bear on their own country to give Englishmen a like privilege or go to England to take their degrees

The crux of the bill was what privileges should be granted to those on the register. The bill gave them the power to recover their fees. It enacted that they alone might hold themselves out legally as properly qualified practitioners, that they alone might grant certificates

of death. It was also part of the law that in any legal proceedings they would be presumed to be fully qualified and it would be hard to prove negligence against them. That was the position under English law. But as he understood it, the Malaya Branch of the British Medical Association wanted to go farther and to say that except for practitioners of Asiatic systems of therapeutics, only those on the register should be allowed to practise. In other words, although they would allow the Malay bomoh or any other person who had not studied Western methods of medicine to practise in Singapore, they would not allow any man who had acquired a knowledge of Western medicine but without a recognised degree, to practise, although he might be able to give his services for a lesser fee which suited the pockets of the patients, and even although the patients might prefer to have his services. There was little or no information about how the different races were treated and from what sources they obtained their medicines. He knew of men who had the confidence of their patients and had a certain amount of training, men who had embarked their lives and capital in the Colony, who, if the section were passed, would be absolutely debarred from earning their livelihood. He suggested that these people might be put in a special category by themsevles, not giving them the privileges of fully qualified practitioners, but allowing them to practise as they had hitherto done. But he doubted that the Malaya Branch of the British Medical Association would agree.

Mr Napier went on to read extracts from a letter which had been sent to him by a missionary, a Rev Mr Steele, who seemed to him to have some knowledge of medical matters, amongst the Chinese at any rate in Singapore. Rev Mr Steele said that there were established in the Colony a number of Chinese engaged in the practice of Western medicine whose qualifications did not satisfy the demands of Section 11, subsections (a) and (b) of the Bill (see below for details). That did not necessarily imply that they were without a competent knowledge of the principles and practice of medicine. They had been trained for at least four years in large hospitals in China and had been taught by medical men with full qualifications and extensive practices, and they had been educated by an organised teaching faculty, had passed examinations in their subjects and were prepared to submit testimonials to that effect. Their disqualification, under the terms of the bill, lay in their not having studied at one of the larger medical schools. There were few such in China and fewer still at the time they studied, and matters were still further complicated by the differences of local dialects. These practitioners came into the Colony in good faith and engaged in the practice of medicine without contravening any ordinance. They had invested considerable capital in the purchase of instruments and medicine, rent of houses, etc. and had not committed any breach of the law: and in keeping with the equitable traditions of British legislation, their vested interests merited consideration in as far as that was consistent with public welfare. If the bill became law, it would be impossible to have such non-qualified practitioners. His plea was only for those who had already established themselves in the Colony and had proved themselves qualified. Mr Steele had proposed certain conditions — that they prove that they had been in practice in Singapore for six months; had practised a total of at least four years and submit themselves to an examination. This special class would disappear with the men themselves over the years, leaving the practice of Western medicine, as it should be, in the hands of fully qualified practitioners only.

Mr Napier also reminded members of the Council that very soon, thanks to the energy and generosity of the Chinese member of the Council and other Chinese, they would have their own Medical School, and after that had been in existence for some years and if experience then showed that it was necessary to prevent the unqualified practitioners from carrying on their business, then further legislation might be begun.

With regard to Section 22 of the Bill which dealt with ships' medical officers, his view was that the bill should not have any bearing at all on that. They could not dictate to the German mail, for instance, or to a German steamer coming to Singapore that she should only carry an English medical officer. It seemed to him natural for a ship to have a doctor of her own nationality. Mr Napier said it was quite right to require those gentlemen to have qualifications awarded by their own medical schools but it did not appear to him to need anything more than that. It seemed to him that land and sea practice were different things and should be guided by different principles.

Dr Galloway then spoke. He said that in discussing the proposed amendment to Section 20 which was the crux of the Bill, he agreed with Mr Napier regarding the ultimate aim, the provision of an efficient medical service for the poor, but in their ideas as to how it was to be achieved they differed widely.

He said that Mr Napier's first objection was that they were going farther than the English Act, but was the English Act perfect? The answer to that would best be found in the columns of the newspapers of the great cities of the United Kingdom, where too frequently may be found the wail of the Coroner over some victim of a quack and his earnest hope that the law might soon be amended. It was such an amendment that they, ruled by local conditions, were seeking to introduce. They also had their quacks, some of whom were chiefly remarkable that they had an interesting criminal record, others even more remarkable from the fact that they had not! (Under the English law, there was a penalty for falsely pretending to be a registered medical practitioner, but a person could "practise" if he did not claim to be registered. The local law, if passed as amended, would provide a penalty for unlawfully using any title implying qualification and registration, or for practising without being registered.)

Mr Napier's second contention, he said, was that some consideration be given to men who had served for some years in our hospitals and to men who had been trained in China. Though highly inexpedient to make special exceptions for special classes, he would agree to the suggestion if there was a shortage of qualified medical men as was the situation about ten years previously. The Colony had improved commercially in a manner short of miraculous during the past decade, but the social evolution was just as spectacular. One aspect of this was the very efficient medical service which had sprung up in the larger towns. Taking Singapore as an example, there were three men with European

degrees and at least eight with minor degrees, whose domiciles, practices and total interests lay among the poor. The possessors of the minor qualifications were nearly all of that able and experienced class known in the Government service as Assistant Surgeons, who in addition to four years' study had spent fifteen, not four, years in hospitals. How did this service compare with that provided in England? In England, any Board of Guardians might require their medical officer to undertake charge of any area up to 15,000 acres or a total of 15,000 people, therefore proportionately the poorer quarter of Singapore was not only well supplied with medical aid, but from a medical point of view hopelessly overmanned.

There was a more cogent reason why they should make unqualified practice illegal. Before long they would have a Medical School of their own, and they could not have a school without students, and their success in attracting students would be in the exact ratio to the value of the career which the School offered to them. It went without saying that if one could practise without a degree, the four years spent at a Medical School would be four years wasted, and a great hardship would be put upon those students who were covenanted to the Government service. After having liquidated their obligations to Government, those men might reasonably look forward to many years in their profession, and the only field for the exercise of that activity was private practice. But if that field was already overrun by men who were bound by no laws of professional honour and whom a graduate could not fight with their own weapons, it would be evident that the value of his education as a productive asset was seriously diminished and the success of their school correspondingly compromised. For these reasons, and being convinced that the greatest benefit to all the classes concerned lay in the suppression of unqualified practice, it was not surprising that he should wish to introduce into the Bill an amendment to that effect.

The Colonial Secretary remarked that as had already been emphasised, section 20 was the crux of the whole Bill, and Dr Galloway would have an opportunity of bringing forward his amendment in Committee. As for the last section dealing with medical officers on board ships, he thought it referred to medical officers on Chinese emigrant steamers. These ships, from Amoy and other places in China, had often to pick up any man they could get, and of course such a man could not possibly be registered under the Ordinance and had to be exempted. It was really to make the Ordinance workable in connection with the coolie emigration ships that the section had been introduced.

The second reading was agreed to, and the Bill would be taken in Committee at the next meeting of Council.

(TO BE CONTINUED) (REFERENCES WILL BE FOUND AT THE END OF PART II OF THIS ARTICLE)