HISTORICAL ARTICLE

THE ORIGINS OF MEDICAL REGISTRATION IN SINGAPORE (PART II)

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The proceedings of this Legislative Council meeting (10th March 1905) were reported quite fully in the newspapers, and there was soon a spate of letters to the Editors. Some of these will be quoted in some detail so that as one reads them, one is put in the picture and is transported back in time to Singapore of 1905, and thus get the feel of the mood.

On 22nd March 1905, "An Observer" wrote to the Editor of the Straits Times: (16)

"Since the enforcement of the Morphine Ordinance a good many dispensaries have been closed. There are now only a few in existence owned by respectable persons who started practice after having served several years either in dispensaries or hospitals. There was no restriction of any description to medical practice nor was there such an institution as a Medical School then in existence. It is a well-known fact that they are a boon to the poorer classes of the Asiatics who cannot afford to pay professional fees. In the Medical Registration Bill, an amendment has been proposed which, if passed, will place serious obstacles to the practice of these persons. In the same Bill, there is a provision to the effect that Chinese, Malays, Tamils, etc. can practise their own Medicine, but cannot sue either for medicines or fees in Court. If the practice of the former class of medical practitioners is considered dangerous to life and limb of the public, is not that of the latter much more so? Moreover, they have recently passed the examination held by the Principal Civil Medical Officer under the Morphine Act. Surely some consideration is necessary with regard to these persons before the Bill is passed."

"Alpha" on 27th March 1905 also wrote to the Straits Times: (17) "Attention having been called to the Medical Registration Bill by your correspondent 'Observer', may I be permitted to make a few remarks on the Bill as well as the Poisons Bill now before the Legislative Council?

If the object of the Bill be to protect the public from the use of poisons by unskilled and untrained practitioners, I see no reason why the Chinese, Indian and Malay practitioners should be exempted from its operation. Why should not those native practitioners be examined as to their fitness to handle poisons? It is contended that the natives use very few poisons, and those of a mild nature. I should like to know the sources from which the Committee of the Poisons Bill derived their information regarding the poisons in use by the natives. ..... It is a well-known fact that arsenic, mercury and certain compounds of copper enter largely into the composition of their medicines. There are many more poisons handled by them unknown to Europeans. Unlike the Europeans, the Chinese have no standard work like the Pharmacopoeia for their guidance, and they administer the poisons each man according to his own judgement. If the judicial records were examined, nearly all cases of administering poisonous drugs would be traced to the use of native poisons. Little reliance can be placed on the skill or integrity of noted Chinese practitioners. ..... the case Regina versus Low Ah Kim, charged with the murder of his mistress. ..... A large quantity of sulphate of copper was found in the stomach of the deceased. Poisoning by sulphate of copper as the cause of death was the verdict returned by the Coroner's Jury. In the evidence for the defence it was elicited that the poison was administered by a reputed Chinese medico to cause vomiting as the deceased had swallowed opium. ..... The prisoner was acquitted because he was acting on the advice of what he considered a competent medical man.

I can fill up a column or two of your paper with incidents of the ignorance, nay, malpractice of these Chinese practitioners, but a few, which I quote below, will suffice to show that the skill or integrity of these practitioners is not reliable.

About a month ago I was called to administer baptism to a child four days old, apparently dying. .... I asked the mother what the child had taken as I suspected some narcotic had been given to it. She replied that in the morning a Chinese doctor of repute had given the child a dose of medicine since when it slept and remained in a sleepy condition, refusing the breast. On my advice she sent for the Chinese doctor but he did not come. He sent word, however, that he had purposely given the child the medicine to put it in that condition so as to relieve the pain it was suffering. ..... It was evident that opium had been administered. No medical man would give opium to a child under one year old unless under exceptional circumstances.

Another man was suffering from obstruction in the intestines, and a qualified medical man ordered the patient to be sent to hospital for an operation. A Chinese Doctor undertook to cure him. He grilled a fowl and applied it to the stomach to draw 'angin' (wind) as he called it and charged five dollars in advance for his fowl and medicine. The patient died. Had the operation been performed he might have lived. .....

There are innumerable other instances of the ludricrous ignorance of these Chinese medical practitioners. ..... It must not be supposed that because their medicines consist principally of herbs and animals such as frogs, snakes, centipedes, etc., they are harmless. ..... If any class of practitioners requires restrictions and examination, it is the native practitioners. .....

Dr Galloway paid a compliment to the skill and experience of the class known as Assistant Surgeons, and added that the town was overmanned with this class of practitioners. I beg respectfully to assure the Honourable Doctor that there is only one man of that class now practising, two others having gone to sea as ships' doctors. So the poor of the town are not sufficiently provided with qualified medical practitioners. I am afraid the Doctor forgets that the Assistant Surgeons in the service of Government are not allowed private practice. It would be a boon to the poor if they were, as was the case in former days here, as is the case at present in India and Ceylon. What is very much to be apprehended is that, should these Ordinances be enforced, the poor Eurasians and natives accustomed to medical treatment on western lines, from sheer inability to pay the higher fees demanded by the qualified men, will be thrown entirely on the practice of the Chinese, Indian and Malay medicos, a much more ignorant class than the unqualified practitioners adopting European methods of treatment of the present time. However desirable it may be to introduce these two Bills, my humble opinion is that the time is inopportune. Let the Medical School be first established, and when a sufficient supply of qualified men is turned out, whose fees would be moderate and within the means of the poorer classes, then by all means let them be introduced. .....

In the town may be seen a number of small shops kept by Chinese to which ricksha coolies and others flock to have their wounds and sores dressed for a trifling sum, according to European practice. The Chinese have great faith in the European system of curing wounds and sores. Carbolic and other lotions are used in these shops. If these shops be suppressed where will these poor coolies go to get their wounds dressed?"

"Alpha's" letter drew an immediate reply from "One who knows" the very next day: (18)

"..... your correspondent was misinformed as to the number of medicos whose practice lies solely amongst the poor of Singapore. I know of several who devote the whole of their energies to that department of work; if two of their number have gone as ships' doctors, that probably proves there was not sufficient work for them to do, and goes to prove the statement of Dr Galloway that the town is overmanned by medical practitioners. For the fact remains, whether or not the native quacks understand the drugs by which they either cure or kill, the ordinary Chinaman much prefers them to the general practitioner. He has unlimited faith in their skill and efficiency. As belief in one's medical man and in the power of his remedies has a tonic effect in disease, it is little to be marvelled at that often the quack is successful where the duly qualified man fails; so that the quack is by no means altogether an unmixed evil in the community, though he is not altogether a blessing.

I think, too, it should not be forgotten that most

of the Chinese medical men who are practising the healing art according to western methods, are fully trained and the very reverse of unpractised. But those by whom they were trained, to whose learning and skill they owe their knowledge, never anticipated that their pupils would find their way to British Colonies to come into competition with those whose skill was obtained at enormous cost in the Universities and Colleges of Britain. They were trained free of cost to themselves in order that they might be enabled to meet the need of their countrymen in the towns and villages of China. ....."

"Alpha" counter-attacked at once: (19)

"Your correspondent 'One who knows' states I was misinformed as to the number of medicos whose practice lies solely with the poor. He forgets that the Honourable Dr Galloway spoke of the class known as Assistant Surgeons in the Government Service. By a clerical error I said there was only one, but I can affirm, for his information, that there are no more than two of this class who are practising. I know them and can mention their names if required. They are both Government pensioners, one is superannuated and his practice is limited to 'counter' calls, the other is not by any means a very strong person. To what extent will these two men administer to the medical wants of the poorer classes when the ordinances I spoke of are introduced? The two who have gone to sea were induced to accept the appointment solely on account of the high salaries offered. There are three others with what the Doctor meant, I suppose, minor qualifications, but they have their hands full and will not be able to cope with the additional work that will be thrown on them when the laws are in force. As for the devotion of several others who spend their energies on the poor, I may mention an instance of recent occurrence, of the reluctance shown by certain medical practitioners towards attendance on the poor. A poor woman was suffering in accouchement and a very able medical man was sent for, but he would not move unless his fee was paid in advance. While the husband was looking for the wherewithal to pay him the woman died.

Your correspondent says that the ordinary Chinaman has unbounded faith in his Chinese quacks and that his (or anybody else's) belief in his medical attendant and in the efficacy of his remedies acts as a tonic in the cure of his disease. The same argument applies to those who have recourse to the unqualified practitioner adopting European methods of treatment. .... I do not for a moment advocate the practice of Western medicine by the unqualified practitioners, but I maintain that the Government should legislate impartially. The law should be no respecter of persons. On what principle should the unqualified practitioners, some of whom when employed as dressers in the Government service were entrusted with the making up of doctors' prescriptions and put, in some instances, in sole charge of certain district hospitals, be, under the present Ordinance debarred from using, or even making up prescriptions containing poisons, the nature of which they had had a fair knowledge of during thē many years they had handled them, whilst the Chinese and native quacks, who hardly understand the properties of the poisons they use, are allowed to dispense, prescribe and administer poisons for diseases which they have no means of comprehending? How is it that the Government should have allowed some of these dressers, in whose training they now have so little confidence, to be in independent charge of district hospitals?

These native quacks are to be licensed by the Principal Civil Medical Officer without examination. What guarantee has he of their fitness to handle and prescribe poisons? .....

I quite recognise the fact that the medical gentlemen who have spent years and money in acquiring their knowledge should be protected and I should like to see Western medicine practised by skilled and learned medicos, but I say that they would not benefit one iota by these Bills, for the vast majority, who now have recourse to the unqualified practitioners adopting Western methods of treatment, from sheer inability to pay the high fees demanded by the qualified men, will, as I said before, go to the native quacks, who will be licensed to practise, and the evil will be greater than at present. It was this consideration that had hitherto prevented legislation on these lines. It would be otherwise when the Medical College has turned out a sufficient supply of qualified men who will charge moderate fees. Then the people accustomed to western treatment will turn to them.

I do not understand what your correspondent means by saying in his concluding paragraph, that most of the Chinese practising the healing art according to Western methods are fully trained. Does he allude to those who graduated in the Hong Kong Medical College? The law recognises their diplomas. Or does he mean the Chinese who keep the shops for ricksha coolies I referred to? If so, his local knowledge is very limited indeed. These shops are kept by men who are ex-coolies or ex-patients of Tan Tock Seng's Hospital and were not trained in China or anywhere else. .....

In the English Medical Registration Act, if I mistake not, it is laid down that no doctors should have any interest directly or indirectly with dispensaries. It would be desirable to include this in the prospective Medical Registration Ordinance, so that doctors who are not connected with dispensaries may not labour under the disadvantage they now do, and chemists and druggists instead of being mere employees of doctors may have full scope for the knowledge and skill which they have attained and be able to work and earn money independently."

The last paragraph of the above letter shows that the trouble between doctors and pharmacists regarding ownership of dispensaries and the dispensing of medicines is not a new thing in Singapore.

The reply of "One who knows" throws an interesting light on the training of "doctors" in the missionary hospitals in China at the end of the nineteenth century. Once again, the full flavour would be lost if parts of the letter are not quoted in full: (20)

"Will you please allow me to assure 'Alpha' that many of the Chinese medical men and women to whom I referred are remarkably well-trained, although they have not obtained the Hong Kong diploma. One of their number, on my translating 'Alpha's' letter to him remarked, 'Well before I came to the Colony I had given

the anaesthetic in 1500 major operations; surely that hardly comes within the province of the hospital coolie's work'.

Perchance it may interest others besides your correspondent to know how these men were trained and the conditions of their training. Their masters included such men as Dr Manson of worldwide fame, Dr Lyall of Swatow with the largest hospital in the East in his charge, Dr Grant of Chhoan-chiu, Dr Kerr-Cross and other well-known men. The men and women entering the Community or Mission Hospitals as students sign a contract whereby they pledge themselves to give all their time and strength to hospital work for a period not exceeding five or six years as the case may be. They agree to do all the nursing, dressing, the making-up of the drugs needed for both in- and out-patient work, to act as clinical, bacteriological and instrument clerks, free of charge in return for medical training both clinical and oral. The teaching has perforce to include biological and bacteriological laboratory training if the chief in charge of the hospital would keep himself abreast of the latest microscopical work. Much of the blood research, mounting, staining and classification of slides necessarily falls upon the students, and they soon become adept in the use of the microscope.

The clinical opportunities given them are enough to make an ordinary student green with envy. The annual statistics of one of the most insignificant of such hospitals gives one a fair idea of the amount of work which passes through their hands. Outpatients: New cases 3,000; Return visits 23,000. Inpatients: 967. Major operations 1.070. Blood examinations 1,205. For the lack of assistant surgeons, the students are giving practical aid at operations at the stage when an ordinary western student is sitting on a back bench at the theatre striving, often vainly, to see what is going on below.

In addition to the clinical teaching which goes on all day, daily lectures are given on such subjects as materia medica and therapeutics, anatomy, physiology, pathology, medicine, surgery and diseases of women. Annual examinations are held and when circumstances permit, the doctors from neighbouring stations are invited to examine the students, and they have to pass a written, oral and practical examination every year.

Now I do not mean to infer that the best of these students find their way to the Straits. They do not, for such become so well known in all the surrounding country that it is to their advantage to open private practice in the immediate neighbourhood of the hospital where they had received their training. It is only third rate men and failures who find their way here, but, even so, they can scarcely be called non-trained men.

If skill and opportunity for acquiring knowledge were the all in all of a medical man's training, then their presence here might be considered an unmixed boon to the community. .....

May I also assure 'Alpha' that, here as elsewhere, professional duties come before professional fees. There are in Singapore, men with major qualifications who if they had been called to a woman in need would have gone at once to her assistance, irrespective of remuneration. This is well-known to the Chinese if not to 'Alpha'. Yet, can we blame them if they too, prefer to call in men who are at the head and top of the profession, and who are naturally the men of least leisure and are in all probability already engaged at other cases when the call comes."

At the Legislative Council meeting of 31st March 1905, the Council went into Committee on the Medical Registration Bill. (21) As expected the debate was mainly on the sections dealing with who should be registered and be allowed to practise, and the penalties for unregistered persons who practise.

Section 11 had three subsections, each subsection entitling a particular class of persons to be registered. Subsection (a) caused no difficulty. "The holder of any British Indian or British Colonial Degree Diploma or Licence entitling him to practise medicine and surgery" could be registered. Subsection (b) stimulated lively debate which brought to the open the real reason for its introduction. The following persons were entitled to registration under this subsection:

"The holder of a degree or licence in medicine and surgery of any Medical School in Europe the United States of America or the Empire of Japan the degrees diplomas and licences of which are recognised as entitling to registration by the General Council of Medical Education and Registration in the United Kingdom."

Mr Shelford, an Unofficial Member, moved the deletion of all the words after "Empire of Japan", i.e. anybody who had a medical degree from Europe, the United States of America or Japan could be registered. He said that this subsection was an adaptation from the English Act and was sometimes known as the "reciprocity clause" and had signally failed in this respect in the United Kingdom. It appeared to him that the Colony should not consider the question of retaliation as this was what it amounted to. It was intended to protect the medical profession, but it was not the business of the Council to protect any particular class but to legislate for the general good. The general good would be benefited if the Colony were open to competition from all sides. Of course, they should not allow men without the proper qualifications to come in. Let the qualified men come and face the test of competition and the best of them would no doubt stay. He presumed that the doctors of the Colony had no fear of doctors coming in who held degrees from Japan, the United States or Europe, and could hold their own.

Dr Galloway once again came to the defence. He made a loyal and chauvinistic speech. He said the provision was intended to induce other nations to grant the privileges their citizens claimed. The same provision in the English Act had failed, and could only be made effective if all the British Colonies also adopted it. It was a cause which had to be fought out by the British Colonies for the benefit of the British. The intention was not to stop competition, but to let others know that the British had the power to withhold from them what they withheld from the British. It was a provision made for the benefit of British residents in foreign countries, for the profession and for the British medical colleges and universities.

The Governor remarked that all the British wished was fair play. There was no question of limitation of competition and there was no danger of that. The original object of what had been called the reciprocity clause

was to prevent the recognition in Britain of degrees from other countries whose standard of minimum qualification was lower than that of Britain. It was a question of protection of the public from quacks who preyed upon ignorant people and did a very great deal of mischief. A Continental degree might in many cases be quite as good or better than a British one, but the British knew what a British degree implied, but they often had no information or knowledge of the Continental degrees. The Continental countries could have entered into an agreement with Britain regarding the minimum qualification, but had not done so. Singapore had followed the mother country as well as Ceylon and other Colonies in making these restrictions. It was not a question of retaliation but of recognising minimum qualifications that would protect the public. Mr Shelford's motion was lost by eight votes to one.

The Ceylon Medical Registration Ordinance 1905 was more explicit. (In Ceylon, the functions of the Medical Council were carried out by the Council of the Ceylon Medical College):

"..... no certificate shall be issued by the Council of the Ceylon Medical College to any person claiming to be registered under a degree, diploma or other qualification granted or issued by any Foreign State or country, unless such Foreign State or country allows either by law or Ordinance .... any person qualified to be registered and to practise medicine and surgery in Ceylon to practise as a medical practitioner in such Foreign State or country without further or other qualification. ....."

Subsection (c) provided for the registration of

"Persons already in practice in the Colony possessing the degrees or diplomas of a regular school of medicine and surgery who shall satisfy the Medical Council as to the validity of their qualification."

Mr Shelford brought up the question of Chinese practitioners of western medicine mentioned by Mr Napier at the last meeting. He proposed an amendment to the effect that those who had been in practice in the Colony for six months, might within three months of the passing of the Ordinance come up for examination by the Medical Council and be registered if found qualified. This was agreed to.

Mr Tan Jiak Kim stated that these men had studied in Medical Schools in China and spoke different dialects. They could not speak English at all and could not be examined in English. He thought they should be exempted from the provisions of the Ordinance. Dr Galloway said they could easily be admitted to examination in Chinese using interpreters. He was of the opinion that it would be fair to allow these men to qualify under a special clause; the qualification would die out with the men, and such a provision would not invalidate the object of the Ordinance.

Section 20 provided for the penalty to be imposed on any person who after the coming into force of the Ordinance wilfully or 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 the Ordinance or exempted from registration under section 17.

Dr Galloway moved to increase the stringency of this by the addition of the words "or who practises or professes to practise or publishes his name as practising medicine or surgery or receives any payment as practising medicine or surgery." This amendment was agreed to by seven votes to two.

Section 22 stated that "the holder 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." It was agreed to delete this section on the ground that there was no necessity for requiring the medical officers of ships passing through the port to be empowered to act by order of the Governor-in-Council. (See below, the amended section 17 which granted the necessary powers to ships' surgeons.)

The Editor of the Singapore Free Press made a number of pertinent remarks on the Bill: (22)

"The Medical Registration Bill which was discussed in Committee of the Legislative Council yesterday is of considerable importance to the British practitioners of the Colony and of still greater importance to the public. Its object in brief is to restrict to British medical men the practice of medicine or surgery in the Colony. Medical men now in the Colony are at liberty to continue to practise although they have not the British qualifications, and provision is made for a few Chinese 'doctors', who have some sort of qualification derived from medical missionary schools in China and are already in practice here, to prove their qualifications and to continue to practise. But the net result of the Bill is to reserve for medical men with British qualifications the right to practise within the Colony. The disabilities put upon others are the inability to recover for services and for medicines prescribed and supplied, inability to sign death certificates, and a penalty of $500 with a continuing penalty of $50 a day for anyone who 'wilfully and falsely makes or uses in the Colony any name title or addition implying a qualification to practise medicine or surgery or not being registered under the Ordinance or exempted from registration under section 17 practises or professes to practise or publishes his name as practising medicine or surgery or receives any payment as practising medicine or surgery'. It will be seen there are two classes of penalties, disqualification for certain functions pertaining to medical men, and a positive fine of a large amount. ..... The principle of qualified men alone being entitled to practise is undoubtedly in the public interest as well as in the interests of such practitioners. Whether to protect British holders of British diplomas against continental competition, or against less qualified men; or whether to protect the public from quacks has been much debated. ..... The point, however, which is of the greatest public importance is this. Of the 200,000 inhabitants of Singapore, to take this settlement alone, there are probably 180,000 totally unable from their position in life to command the services of a qualified European medical practitioner and to pay his fees. How are these people to get their remedies? Section 21 allows the 'practice of native systems of therapeutics according to Indian Chinese or other Asiatic method'. Many natives and local born inhabitants are getting educated beyond the native systems of medicine and look for treatment on European systems. There exist

a considerable number of apothecaries and men without officially recognised qualifications who have attained by long practice, many of them in hospitals, some skill in medicine and surgery. It is to this class that the poorer people resort. The practical result of the Medical Registration Bill will be to throw this large class of the community back on the native practitioners. Can it be contended that this is desirable? Supposing that the insuperable question of heavy fees could be got over, there is still the question of language, and the feeling among the Eurasians and natives, which really does exist, of a lack of sympathy between the Asiatic patient and the European doctor. They say 'the doctor will look after his own people, but as for us, a glance at the tongue and something drastic is good enough; whereas a doctor of our own class will take trouble to understand our symptoms and try to alleviate our pains. He is obliged to do so to keep his connection together as he is dependent on it to a much greater extent than the richer doctor'. This is actually the statement of a man made today, and it must be admitted that there is probability in it. Thus the two horns of the dilemma are the adoption of a high principle and the driving of a large class of the community to native quacks. .....

There is one other point which was not made clear at yesterday's meeting and that is the status of ships' doctors. Section 15 forbids the signing of death certificates by any except registered medical practitioners. If a passenger on board a P & O or a German or French mail dies from causes which do not call for an inquest, is not the certificate of the ship's doctor, supposing he is a thoroughly qualified man and only lacks the hall-mark of local registration, to be accepted? It is a point agents of passenger steamers should consider."

This problem was solved at the next Legislative Council meeting held on 7th April 1905 by an amendment proposed by Dr Galloway to include the words "and all ships" Surgeons while in discharge of their duties" in Section 17 which would then read thus: (23)

"All Medical Officers in the public service of the Colony and all medical officers of His Majesty's Army and Navy respectively residing in the Colony while on full pay and all ships' Surgeons while in discharge of their duties shall be entitled to the privileges of persons registered under this Ordinance."

At the Legislative Council meeting of 14th April 1905, on the motion of the Attorney-General, seconded by the Auditor-General, the Bill "to provide for the Registration of Medical Practitioners in the Colony" was read a third time, passed and numbered IX of 1905. (24)

On 26th May 1905, the following Order-in-Council was published in the Government Gazette for public information: (25)

"Whereas it is provided by section 1 of "The Medical Registration Ordinance 1905' that the said Ordinance shall come into operation on such day as may be fixed by Order of the Governor-in-Council to be published in the Gazette, it is hereby ordered by His Excellency the Governor-in-Council that the said Ordinance shall come into operation on the 1st day of June 1905."

Another Order-in-Council fixed the registration fee to be fifty dollars. (26)

The composition of the Medical Council was governed by section 3 of the Ordinance. Its members were to be the Principal Civil Medical Officer, two other Medical Officers in the public service nominated by the Governor, and two medical practitioners resident in Singapore nominated by the Malaya Branch of the British Medical Association. The Principal Civil Medical Officer was to be the President of the Medical Council.

Another Gazette notification announced that (27)

"in accordance with the provisions of section 3 of 'The Medical Registration Ordinance 1905', His Excellency the Governor has been pleased to nominate the following medical officers in the public service of the Colony to be members of the Medical Council of the Straits Settlements:
DR GERALD DUDLEY FREER
DR ROBERT DANE"

Dr Freer was the Colonial Surgeon Resident at Penang, who few months later became the first Principal of the College of Medicine at Singapore. Dr Dane was the Colonial Surgeon at Singapore. These two doctors were the first two House Surgeons (newly created appointments) to be appointed to the General Hospital, Singapore, in 1890.

The following medical practitioners resident in Singapore and qualified for registration under the Ordinance were nominated by the Malaya Branch of the British Medical Association to be members of the Medical Council of the Straits Settlements: (28)

Lieutenant-Colonel WILLIAM DICK, Royal Army Medical Corps.

DR WILLIAM COLVIN MIDDLETON, M.B.

The President of the Medical Council was Dr D. K. McDowell, C.M.G., the Principal Civil Medical Officer.

The first list of Practitioners registered under the Medical Registration Ordinance 1905 was published in the Government Gazette on 12th January 1906. (29) This list included the names of eight doctors (seven Chinese and one Indian) who had passed the assessment examination of the Medical Council, which was conducted by the staff of the newly-founded College of Medicine.

In early 1907, it was considered desirable that the system of registration of medical practitioners introduced in 1905 in the Straits Settlements should be extended to the Federated Malay States. Accordingly the Medical Registration Ordinance 1907 was passed on 14th June 1907 and came into operation on 21st June 1907. It closely followed the lines of the 1905 Ordinance (which it repealed) with a few important additions, e.g. in Section 11, which listed the classes of persons entitled to registration, a new paragraph was added to subsection (1):

"(1)(d). Any person who at the date of the commencement of this Ordinance is in the service of the Colony or of the Federated Malay States as an Assistant Surgeon and who shall satisfy the Medical Council of his proficiency."

This paragraph was included because there were a number of district hospitals and dispensaries, especially in the Federated Malay States, which were staffed by men who were not "qualified" but held the rank of Assistant Surgeon. In the 1905 Legislative Council debates and in the letters to the Press (see above), arguments had been advanced for exemption to be granted to this class of men, but had been ignored. By 1907, some concession was found to be necessary and was made only to those "in service" (not to those who had retired or had left Government service) as an interim measure. Two men were registered under this new paragraph. (30)

Another addition was a subsection to Section 11 empowering the Medical Council to refuse any person applying for registration if he had been convicted of any heinous offence or after due inquiry by the Medical Council was deemed by it to have been guilty of infamous conduct in any professional respect. Any person whose name the Medical Council refused to register had a right to appeal to the Supreme Court.

The Medical Council of the Straits Settlements and of the Federated Malay States had more members and consisted of (a) the Principal Civil Medical Officer, ex-officio (as in the 1905 Council); (b) two other Medical Officers in the public service of the Colony nominated by the Governor; (c) two Medical Officers in the public service of the Federated Malay States nominated by the Resident-General; and (d) four registered Medical Practitioners, two resident in Singapore and two in Penang, nominated by the Malaya Branch of the British Medical Association. The following were the members of the first Medical Council (under the 1907 Ordinance): (31)

Principal Civil Medical Officer:
D.K. McDOWELL, C.M.G., L.R.C.P. & S. (Edin), L.F.P. & S. (Glasgow).

Nominated by the Governor:
W.G. ELLIS, M.D. (Brux.), M.R.C.S., L.S.A. (Lond.)
R. DANE, M.R.C.S., L.R.C.P.

Nominated by the Resident-General, Federated Malay States:
M.J. WRIGHT, M.B., C.M. (Aberdeen).
E.A.O. TRAVERS, M.R.C.S., L.R.C.P.

Nominated by the Malaya Branch of the British Medical Association:
The Hon'ble D.J. GALLOWAY, M.D., F.R.C.P. (Edin.)
W.R.C. MIDDLETON, M.B., C.M., D.P.H.
T.C. AVETOOM, L.R.C.S., L.R.C.P.
L. KIRK, M.D. (Edin.)

Unqualified practitioners in the Federated Malay States were given the same chance as the their Straits Settlements counterparts to sit for the special examination, as announced in the Gazette of 26th July 1907: (32)

"With reference to Section 11(e) of 'The Medical Registration Ordinance 1907', it is hereby notified that an examination of persons who have been engaged in Medical Practice in the Federated Malay States for not less than six months immediately preceding the 21st June 1907, and who desire to be registered under the said Ordinance, will be held in Singapore during the first week in October next.

Candidates for the examination should send in their names to the Principal, Straits and Federated Malay States Medical School, not later then the 31st August 1907.

For further particulars, candidates should apply to the Principal, Straits and Federated Malay States Medical School."

Two candidates passed the assessment examination and were registered. (30)

In October 1907, by an Order of the Governor-in-Council, a list of recognised qualifications was published. (33) There were two schedules, Schedule A showed the Degrees, Diplomas and Licences granted in the United Kingdom, and Schedule B the Degrees, Diplomas and Licences granted in British India and the Colonies. A Licentiate of Medicine and Surgery of the Straits and Federated Malay States Medical School was entitled to registration. This was evidence of faith in the Medical School which was then two years old and expected to produce its first graduate in 1910. However, in the first list of Practitioners registered under the Medical Registration Ordinance 1907 published in the Gazette of 10th January 1908, (34) there were two doctors whose qualification was L.M.S. (Straits and Federated Malay States Medical School). They must have had their training elsewhere which was recognised by the Medical School, and a special examination was conducted for them. The Rules made by the Council of the Straits Settlements and Federated Malay States Government Medical School under section 19 of the "Straits Settlements and Federated Malay States Government Medical School Ordinance 1905" and approved by the Governor-in-Council, allowed this:

"16. Any candidate who can produce evidence satisfactory to the Council that he has passed through a course of study at any other Medical School recognised by the Council, and passed examinations equivalent to those required by these regulations, may be exempted from examination in any or all of the subjects except those of the Final Examination. Any candidate so exempted will, before admission to the Final Examination be required to pay examination fees amounting to $150.00, and for re-examination in any of the subjects of the Final Examination, a fee of $25.00."

The 1910 Medical Register showed the names of two more doctors with the local diploma. (35) The 1911 Medical Register had the names of the doctors who had the whole of their medical training in Singapore and were the first graduates of the Medical School. (36)

Although empowered by the law to do so, no Rules were framed by the Medical Council for the conduct of its business under the 1905 Ordinance. The first set of Rules were made by the Medical Council under section 6 of the Medical Registration Ordinance 1907 in 1925! These were published in the Gazette as Notification No. 770 of 1st May 1925. It included rules for "Penal Removals from the Medical Register". One point to be noted is that under the first two Medical Registration Ordinances, the Medical Council only had the power to order "the name of such person to be struck out from the Register". There was no power to inflict lighter punishment, e.g. "censure" or "suspension from practice for a specified period of time". "Such person", of course, meant a registered medical practitioner who

had been "convicted of any heinous offence or after due inquiry by the Medical Council had been deemed by it to have been guilty of infamous conduct in any professional respect."

Another interesting point to note is the phrase "heinous offence". This phrase does not appear in the United Kingdom Act which referred to being "convicted in England or Ireland of any Felony or Misdemeanour, or in Scotland of any Crime or Offence", nor in the Hong Kong Ordinance which mentioned being "convicted of any felony or misdemeanour", nor in the Ceylon Ordinance which spoke of "convicted of any indictable offence". The explanation is that our criminal law is embodied in the Penal Code which was modelled on the Indian Penal Code. The Penal Code did away with the division of crimes into felonies and misdemeanours. There are only "offences". Hence the word "heinous" was used when framing the Medical Registration Ordinance 1905 to differentiate offences which are considered serious, odious or grievous. "Heinous" is quite an archaic word, but is still used in modern law books which refer to "heinous crimes".

In later years, due to changing circumstances in the United Kingdom (e.g. the introduction of compulsory housemanship) and in Singapore, more Medical Registration Ordinances and Acts were passed. After Singapore gained its independence and had its own Parliament, the statutes were known as Acts.

REFERENCES

Abbreviations used:

GAZETTE = Straits Settlements Government Gazette. National University of Singapore holdings.

LEGCO = Proceedings of the Legislative Council, Straits Settlements. Microfilm. National Library holdings, Singapore.

S.F.P. = Singapore Free Press. Microfilm. National Library holdings, Singapore.

S.T. = Straits Times. Microfilm. National Library holdings, Singapore.

TO S.S. = Despatches from the Governor of the Straits Settlements to the Secretary of State for the Colonies. Microfilm. National Library holdings, Singapore.

1. S.T. (16.3.1861).
2. S.F.P. (20.7.1865).
3. TO S.S. (4.11.1868). Despatch No. 221.
4. Straits Law Journal, January 1889. (Law Library, National University of Singapore).
5. S.T. (12.1.1889).
6. S.T. (12.3.1903).
7. LEGCO. (13.3.1903); S.T. (14.3.1903).
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10. S.F.P. (2.12.1904).
11. GAZETTE (9.12.1904).
12. LEGCO. (9.12.1904); S.F.P. (10.12.1904); S.T. (10.12.1904).
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14. S.F.P. (7.2.1905).
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22. S.F.P. (1.4.1905).
23. LEGCO. (7.4.1905); S.F.P. (8.4.1905); S.T. (8.4.1905).
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25. GAZETTE (26.5.1905). Notification No. 685.
26. GAZETTE (26.5.1905). Notification No. 686.
27. GAZETTE (26.5.1905). Notification No. 687.
28. GAZETTE (26.5.1905). Notification No. 688.
29. GAZETTE (12.1.1906). Notification No. 41.
30. GAZETTE (10.1.1908). Notification No. 41.
31. GAZETTE (12.7.1907). Notification No. 695.
32. GAZETTE (12.7.1907). Notification No. 765.
33. GAZETTE (11.10.1907). Notification No. 1018.
34. GAZETTE (10.1.1908).
35. GAZETTE (14.1.1910).
36. GAZETTE (24.2.1911).

ERRATUM

In the article entitled "The Haemogram In The Diagnosis Of Acute Typhoid Fever — With Special Reference To Thrombocytopenia" by P K Yap, C T Chua, published in SMJ Vol 24 No 3 page 161, the following references were inadvertently left out.

Reference

7. Piankijagum A, Visudhipan S et al: Haematological changes intyphoid fever, J Med Ass Thai 1977; 60: 628 — 38.
8. Butler T, Bell W R, LEvinJ, Nguy en Ngo c Linh, Arnold K: Typhoid fever: studies of blood coagulation and toxaemia. Arch Int Med 1978; 138: 407 — 10.