

SINGAPORE MEDICAL ASSOCIATION

Newsletter

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Presidential address

"If the SMA

is to have meaning then

it must not isolate itself from the problems of its society"

"ON the 15th September, 1959, doctors in Singapore formed their national organisation — the Singapore Medical Association. The British Medical Association branch was dissolved. Dr. B. R. Sreenivasan was elected the first President (of the Singapore Medical Association) and Mr. Y. Cohen, the President-elect. That was a historical year not only for the medical profession: for it was in the same year that the P.A.P. swept into power: it was the year Singapore attained full internal self-Government."

Dr. Arthur Lim Siew Ming was speaking at the Annual Dinner and Dance held at the Golden Lotus. He continued:

"The first seven years were difficult years for the Singapore Medical Association. With only a retired part-time secretary as its entire staff, the presidents and the honorary secretaries had not only to decide on policies, but to perform routine executive and secretarial duties. Through their devoted service the Singapore Medical Association was sustained during its initial existence."

THE PRESENT

The recent past of the Singapore Medical Association had been interesting. They were years of change. They were years of abundant enthusiasm and relentless energy. They were fruitful years. The impressive progress was recounted recently by the Director of Medical Services, Dr. Ho Guan Lim, who wrote:

"There is a vitality in the Association and an awareness of its responsibilities to the profession and the community which is remarkable."

Any perusal of its activities shows a wide scatter of activities. Those with closer knowledge of the Association cannot fail to be struck by its increasing activities in recent years."

The traditional holding of a hundred scientific meetings each year; the publication of fifty original scientific papers in the Singapore Medical Journal, together with the regular holding of national medical conventions have become a way of life of the association.

A significant achievement is the tremendous increase in membership (despite a 50% increase in subscription from \$30 to \$45 per annum). This year alone, two-hundred medical practitioners joined the Association. The Singapore Medical Association is now a thousand strong.

The Singapore Medical Association today employs two executive secretaries and two full-time typists. But this is just the beginning. If we are to serve our members and our community more effectively, our administrative machinery must be strengthened even further.

COMMUNITY SERVICE

In the last four years, the Singapore Medical Association embarked on projects with a deliberate purpose of contributing more positively to the needs of our citizens.

Amongst others, three deserve special mention:

First, the arrangements to provide free medical care to the armed forces. Commenting on this the President of Singapore, President Sheares wrote:

"It is commendable that the Singapore Medical Association has organised eighty general practitioners and eighty specialists for the administration of free medical services to personnel of our Armed Forces and that, of these, fourteen have been commissioned as captains in the People's Defence Force. I also know that thirty doctors have volunteered to provide medical coverage to the Vigilante Corps. This is indeed a good example of the type of sacrifice and self-denial that the professionally-trained in society can usefully undertake."

Second, the establishment of Medik Awaz.

Third, the participation in occupational health directly or indirectly through its affiliate, the Society of Occupational Medicine.

At the same time, issues confronting not only the medical profession but allied professions were thrust upon the Singapore Medical Association.

The first was dispensing — a highly controversial and unpleasant issue involving a fellow professional association — an issue with considerable social implications. More recently, the question of legalising abortion became the topic of debate at three extraordinary general meetings. At this 3rd. Convention were two public forums of immense public importance — "Drug Addiction" and "Venereal Disease".

The Singapore Medical Association is also studying illicit sale of drugs jointly with the Pharmaceutical Society of Singapore and a special committee was recently formed to review the present position of abortion.

Needless to say, these activities have set us thinking. And already this question was asked:

Should the Singapore Medical Association extend its activities to interprofessional problems?

The answer is clear. If the Singapore Medical Association is to have meaning, then it cannot afford to isolate itself from the problems of its society. It must not isolate itself from the other professions. It cannot but be proud to represent the doctors of Singapore. It must also be proud to contribute jointly with the other professions to serve its community.

MEDICAL POLICY AND THE S.M.A.

This is perhaps the most important period in the history of medicine in Singapore. For we are in the phase when we are beginning to specialise, carry out our own research and commence post-graduate medical training. The Ministry has drawn up ambitious plans to elevate the standards in all the medical disciplines.

Whether the Ministry will succeed in the coming decade will depend on the ability of those in power to satisfy the hopes and the aspirations of the younger generation of specialists on whom development in the later seventies must depend upon. For the standard of medical care will not depend only on the buildings or the equipment available but on the men and women who are prepared to dedicate their lives in institutional medical practice.

This leads us to an important point. It is now well-known that while there are many top-echelon specialists still in service, there are almost as many who have left or will be leaving. We, therefore, look forward to seeing detailed plans from the Ministry to retain the best medical brains. We are not worried for the rich as they can always seek the doctor of their choice. It is for the poor that the government

hospitals must not be left as lifeless buildings filled with under-utilised estoteric medical equipment.

Amidst such rapid and perhaps frightening changes affecting medical practice, the Singapore Medical Association has the vital role of giving guidance on medical matters.

There is sometimes the attitude that medical policies are solely the responsibility of government. Even if this mistaken attitude is accepted, it does not relieve the Singapore Medical Association from its objective of attempting to influence the course of events — for the strength of our ideals and the dedication with which we try to achieve these ideals are in themselves important, if health policies for Singapore are to be swayed in the best interest of our people.

THE FUTURE

It would not be incorrect to state that in the short history of the Singapore Medical Association there had been few periods that demanded a greater degree of responsibility than that facing the profession today: there was never a period when there was so much to do. When the escalating events and the rapid changes in the pattern of medical practice descend upon us, we must continue to provide the necessary leadership.

The Singapore Medical Association needs doctors dedicated to the association: doctors who will generate unity within the profession and lend coolness to controversial deliberations and cohesiveness in moments of crises: doctors who are prepared to provide effective leadership, even if it may mean incurring official displeasure, to achieve what they believe will be in the best interest of the community and in the practice of the profession.

Whether the Singapore Medical Association is going to play a significant role in moulding the changing pattern of medical practice: whether it can meet problems with rational decisions: whether it will continue to maintain its present influence with the same dignity, will depend on the wisdom of the members, on the choice of policy and on the leadership in the next few years.

It is therefore important that in our deliberations we must not decide in favour of sectional interests. We must support the right answer and choose the right man for the right job. If we are successful — if our policy continues to be strong, honest and right, then at the end of this decade will be the beginning of another new era for the Singapore Medical Association."

President Sheares Elected Honorary Member

ALL members of the Singapore Medical Association are well acquainted with President Sheares, who has been a Member of this Association since its formation in 1959.

As proposed by Council, Dr. Sheares was unanimously elected Honorary Member of the Singapore Medical Association at the last Annual General Meeting.

In the Curriculum Vitae of Dr. Sheares prepared by Council, an account of his achievements in his medical career was given:

"The medical speciality of his choice was Obstetrics and Gynaecology, a course which he embarked upon in 1931 and pursued with distinction for the next forty years."

In 1940 he was awarded the Queen's Fellowship for post-graduate studies in Britain. On account of the 2nd World War he was prevented from going to

Europe and eventually did proceed to London in May 1947. In January 1948 he obtained the MRCOG. He returned to Singapore in April 1948. In 1950 he was appointed to the Chair of Obstetrics and Gynaecology at the University of Singapore, a post which he held until 1960. He was appointed Honorary Consultant to the British Military Hospital, Singapore in 1948, and to the Kangar Kerbau Hospital in 1960. He also holds the degree of Doctor of Medicine, Master of Surgery and Doctor of Letters of the University of Singapore. He is a Fellow of the Royal College of Obstetricians and Gynaecologists (London) and a Fellow of the American College of Surgeons."

Members of the 12th SMA Council

At the Annual General Meeting held on Sunday, 28th March, at the Pathology Lecture Theatre, Dr. Koh Eng Kheng as President-Elect took over the Presidency of the Singapore Medical Association.

Other members elected to the 12th Council are:—

President Elect, Dr. Gwee Ah Leng; Hon. Secretary, Dr. Mah Guan Kong; Hon. Treasurer, Dr. Lee Swee Kok; Members, Dr. Arthur Lim; Dr. Oon Chong Lin; Prof. Phoon Wai On; Dr. Thomas Sim; Dr. Lim Kuang Hui and Dr. Yeoh Kean Seng.

MR 610.5

SMA Congratulated

- Dr. Goh Keng Swee

SPEAKING at the Annual Dinner & Dance held at the Golden Lotus, Hotel Malaysia, the Guest of Honour, Dr. Goh Keng Swee, Minister of Defence congratulated members and committee of the Singapore Medical Association on another successful year. He said:

"During the year members of the S.M.A. have continued to make valuable contribution to the Republic, in particular to the Singapore Armed Forces. Some eighty general practitioners and eighty specialists have offered their services to the S.A.F. Fourteen doctors have been commissioned as medical officers in the P.D.F. Another thirty are offering to help the Vigilante Corps and the Special Constabulary. Extensive voluntary service of this kind to the Republic will be appreciated not only by the recipients of medical treatment; it sets one more example of public service for our citizens to emulate. I am sure that I will be expressing the feelings not only of members of the Defence Force but of the general public as well when I say that we have a medical profession not only of the highest standards of professional skill but also one which displays awareness of their civic responsibility."

CONVENTION:

Referring to the 3rd National Convention which just ended he said:

"The S.M.A. is also to be congratulated on the successful organisation of the 3rd National

Medical Convention. The convention studies a wide range of subjects. This is yet further evidence, if any is required, of the alertness of the medical profession to keep abreast of advances of medical knowledge.



Dr. Goh Keng Swee meets Mrs. Koh Eng Kheng on his arrival at the Golden Lotus. Looking on (from left to right) is Dr. Arthur Lim, Dr. Lim Kuang Hui, Dr. Koh Eng Kheng and Dr. Mah Guan Kong.

GNP:

From the good attendance of this Annual Dinner and Dance of the S.M.A., I deduce that

doctors have, in the last fiscal year, succeeded in maintaining their share of the growth of our GNP. Indeed, if anything, the share of the GNP going to the medical profession was likely to have increased.

Studies in other countries, where detailed information of this kind is available, show that as the GNP increases, the proportion going to what is called "the service sector" increases. This is because there is a limit to which you can spend on food, clothing, furniture and even on motorcars. Beyond a certain level of affluence, people spend more and more on the service sector, including medical services. I do not know whether the Convention session on "The Economics of Private Practice" made this point, but it is worth making.

The medical profession is strategically located in a favourable growth sector in the economy. It has therefore a vested interest in the growth of affluence in our Republic. For this reason I may be excused if I say a few words on this subject. Last year, our Gross Domestic Product passed the \$5,000 million mark. It was welcome achievement. The general air of well-being is also welcome. But we should not forget that a few years back in August 1965, when we separated from Malaysia, no one would have thought all this possible. When we go back a few more years, say to 1959, our present position would even appear more unlikely.

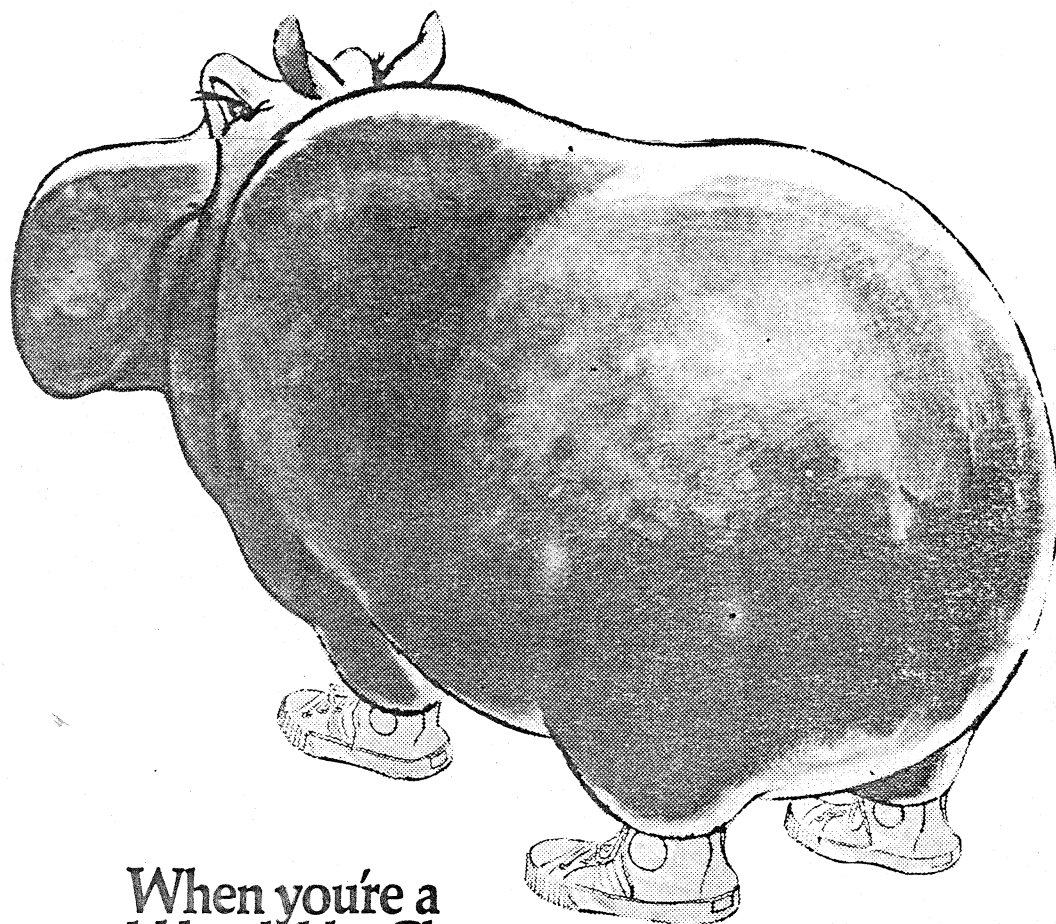
Singapore was then faced with what appeared to be an unmanageable situation. In fact, we had all the problems which are

now plaguing the cities of some of the advanced countries — urban slums and over-crowding, rising crime rate, unemployment, student unrest, riots and civil commotions, you name it, Singapore got it. Nearly all foreign correspondents wrote off Singapore as done for and with every justification.

I refer to our past troubles in order to establish this point. Our prosperity is man-made and what is made by man can be unmade by man. For instance, if we let up on the effort that we had been putting in; if we abandon the habits of self-discipline and vigilance which we are practising, then we shall see a quick reversal of our fortunes.

Secondly, the whole edifice of our economy rests on a rather fragile basis of confidence — confidence of the local entrepreneur and of large international business corporations. It will take five, more likely ten years, to strengthen this basis of confidence to a more robust state. This will happen as we improve local management and technology to make us progressively less dependent on overseas investment for our economic growth.

Until we reach that position, I would commend these words of Nicolo Machiavelli for your consideration. He said in "The Prince": — "Men with their lack of prudence are fond of innovations and liking the first taste, fail to see the poison within." I am quoting from memory. I am sure that members of the S.M.A. will see the point of this dictum."



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Prof. G. A. Ransome receiving the certificate of Honorary Membership of the S.M.A. from S.M.A. President Dr. Arthur Lim.

Annual Dinner and Dance

The Annual Dinner and Dance was held at the Golden Lotus, Hotel Malaysia on 27th March. As usual the response to this event was tremendous and table bookings were fully taken up two weeks before the Dinner. The crowd of more than five hundred included distinguished guests, doctors and their friends.

This year the Singapore Medical Association was honoured by the presence of the Minister of Defence, Dr. Goh Keng Swee

and his wife. Highlights of the evening was the reading and presentation of Honorary membership to Dr. B. R. Sreenivasan and Professor G. A. Ransome, and the presentation of prizes and trophies to the proud winners of the Golf Championships and the 1,000th member of the SMA, Dr. Wang Hwa Kuan.

As you can see from the pictures the evening was a great success and everyone present had a whale of a time.



Mrs. Goh Keng Swee presents the Yeoh Ghim Seng Challenge Trophy for the best nett score over 18 holes to Dr. Paul Ngui. Also in the picture is Dr. Arthur Lim Siew Ming.



At the main table are (from left to right) Mrs. Sreenivasan, Dr. Arthur Lim, Dr. Goh Keng Swee, and Mrs. Arthur Lim.



Who wouldn't be happy? Mr. George Wong & Dr. Jerry Tan in the convivial company of Mrs. Tan Kheng Khoo.



What's the joke? Mrs. George Tay & Mr. J. E. Choo laughing at one of the tall jokes of Prof. K. H. Yeoh.

Half a Loaf better than None at all

"I am willing to surrender a lot of personal freedom in order to secure an orderly society because I have known orderly society to be good and disorderly society to be bad.

But one does not need to surrender human liberties to achieve stability. The trick is to acquire stability with human liberties.

As far as the Singapore Government goes, however, I think it is a classical example of a puritanical government taking over after a period of excess. I think Singapore is similar to Greece and Cuba (!) in that respect."

James Michener
(from the Singapore Herald).

WINE & WOMAN

Ah Wun, he say...

Good woman much like good wine,
Best kind made by crushing with bottom of feet.



Dr. Ong Swee Law gazes proudly at the Heah Hock Thye Challenge Trophy. Feeling equally proud and happy is Mrs. Ong, Dr. B. K. Sen, last year's winner looks on.



Dr. B. R. Sreenivasan opening the 3rd National Medical Convention

"The Secret of all Learning Lies in the Passion for the Search"

Dr. B. R. Sreenivasan, Honorary member of the Singapore Medical Association opened the Third National Medical Convention at the Allen Lecture Theatre, University of Singapore.

Addressing a crowd consisting of 300 doctors, nurses, military personnel and guests from all walks of life, he said:

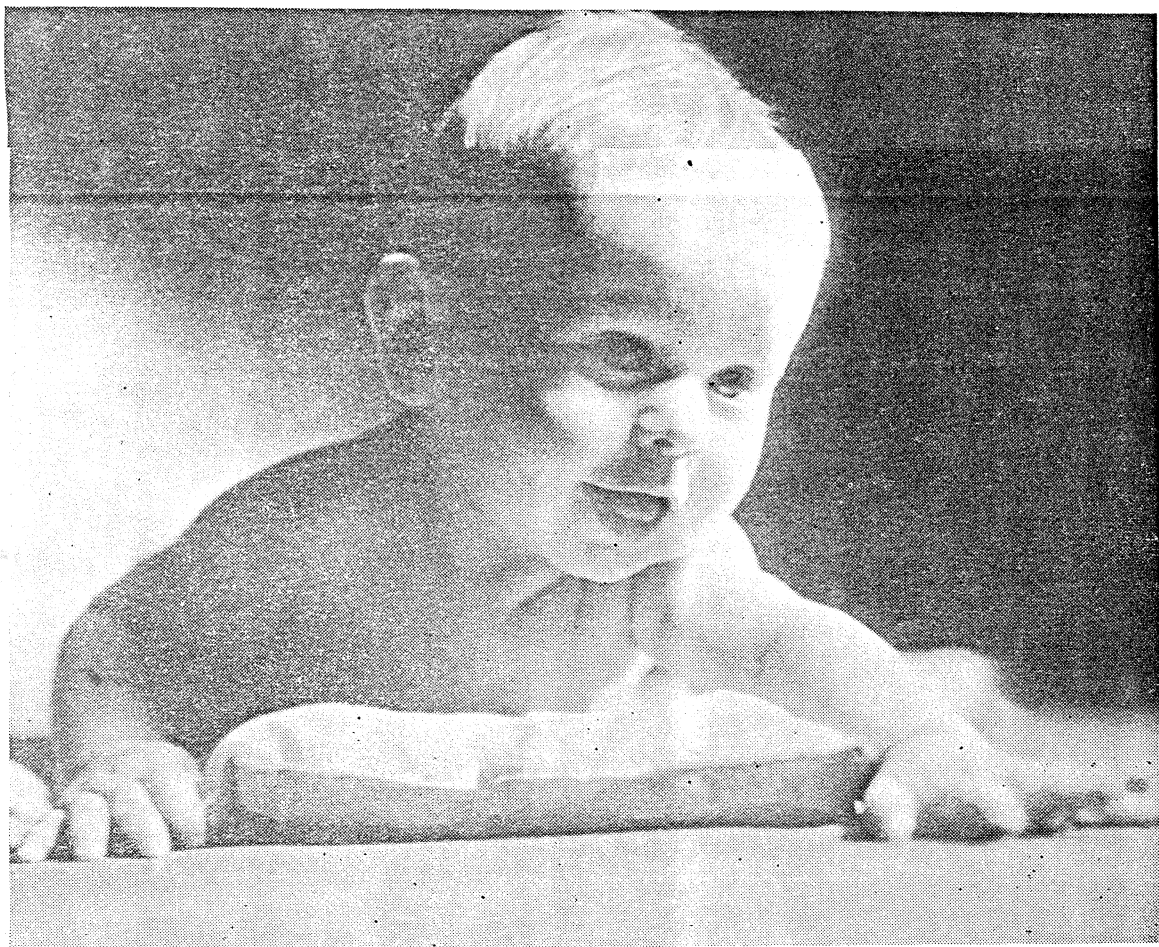
"A Convention is a coming together of people for a common purpose. In this instance it is a

coming together of members of a noble profession whose function is the healing of the sick and the relief of pain. Our profession has its origins in the dim past. I will not speak of Chinese medicine or Indian medicine because the medicine we practise is essentially a heritage of Greek medicine.

The doctor has always been an important member of the armed forces, and I am happy to note that you are going to discuss Military Medicine in the course of this Convention. Homer refers to 'blameless Asclepius' — it was even then considered important that a doctor should be honorable and blameless in his conduct. The diploma of the Fellowship of the Royal College of Physicians of London

says, 'doctum et probum,' that is, learned and upright. Again, the emphasis is rightly on uprightness of character rather than medical skill alone.

The interesting thing about the ancient scholars is the amount of travelling they did in the search for truth in spite of the slow and difficult transport. You are this week following very much in the spirit of the great scholars of the past. Your business here is what Sir Arthur Quiller-Couch calls "the commerce of thought." He says, "In the commerce and transmission of thought the true carrier is neither the linotype machine, nor the telegraph at the nearest post office, nor the telephone at your elbow, nor any such invented convenience; but even such a wind as carries the seed, 'it may chance of wheat, or of some other grain' — the old, subtle, winding, caressing, omnipresent wind of man's aspiration. For the secret — which is also the reward — of all learning lies in the passion for the search."

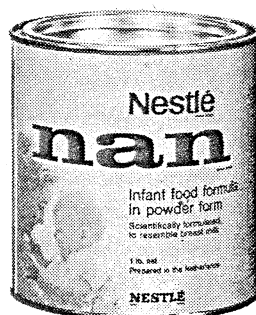


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the closest quantitative and qualitative approach to breast milk.

28 Government Specialists Promoted

IN the recent, and the largest promotion exercise held by the Ministry of Health, a total of 28 officers were promoted to superscale positions in the Ministry of Health. This comprised, 7 promotions to superscale Grade "E" posts and 21 promotions to superscale Grade "G" posts. These officers have been promoted because of their qualifications and experience.

The Ministry of Health announced that this is only part of the exercise which is at present going on. A further promotion exercise will be held soon to fill vacancies in other fields like surgery, chest diseases, haematology, pathology, E.N.T., psychiatry, and in the specialties that have been recommended for all-out development by the Committee on Medical Specialisation.

The officers promoted in the various fields are as follows:

Superscale Grade "E"

Dr. (Mrs.) Sivakami Devi — Medical Officer in charge Outpatient Services; Dr. (Mrs.) Chan Ka Kwong — Senior Paediatrics Specialist, Outram Road General Hospital; Dr. Tan Seng Huat — Senior Anaesthetist, Outram Road General Hospital; Dr. J. M. J. Supramaniam — Medical Superintendent, Tan Tock Seng Hospital; Dr. Seah Cheng Siang — Senior Physician, Outram Road General Hospital; Dr. Lee Yong Kiat — Senior Physician, Thomson Road General Hospital; Dr. Chow Khuen Wai — Senior Radiologist (Diagnostic), Outram Road General Hospital.

Superscale Grade "G"

Dr. Lim Kuang Hui — Ophthalmic Surgeon; Dr. Chiu Hock Heng — Anaesthetist; Dr. Vallipuram Sivagnanaratnam — Anaesthetist; Dr. Michael Ong Kian Lam — Anaesthetist; Dr. Loke Yue Nam — Gynaecologist and Obstetrician; Dr. Chong Kwang Dick — Gynaecologist and Obstetrician; Dr. (Mrs.) Cheng Suan Sim — Gynaecologist and Obstetrician; Dr. Siak Chong Leng — Paediatrics Specialist; Dr. Boey Hong Khim — Radiologist (Diagnostic); Dr. Kho Kwang Mui — Radiologist (Diagnostic); Dr. (Mdm.) Dolly Irene Pakshong — Senior Health Officer (Maternal and Child Health Services).

Dr. Koh Thong Sam — Senior Health Officer (Environmental Health Branch); Dr. Johan bin Abdullah — Physician; Dr. Chua Kit Leng — Physician; Dr. John Anantharajah Tambyah — Physician; Dr. Loong Si Chin — Physician; Dr. Feng Pao Hsui — Physician; Dr. Tay Chong Hai — Physician; Dr. Ng Yook Kim — Chest Physician; Dr. Lee Siew Khow — Chest Physician; Dr. Wang Hwa Kuan — Deputy Medical Officer in charge Outpatient Services.

Do you Know..

... That the use of tobacco in the 17th Century brought life sentence as well as the death penalty, flogging and slitting of the lips?

Association can take Pride

IN his S.M.A. Lecture on 'Association, Adaptation, Profession', delivered at the Opening Ceremony of the Third National Convention Mr. Yahya Cohen traced through the pages of local medical history. Referring to the solidarity of the Alumni Association and its contribution to the Profession after the war he said:—

"This solidarity became the foundation of a real force and the first to represent the views and interests of the local man to the Colonial administration. There are many reasons why the Alumni Association should have fulfilled this destiny.

First, it was the oldest body of local professional men and women from a local institution of higher learning.

Secondly, the differences made in the Medical Service between colleagues of different origins who undertook similar tasks and bore similar clinical responsibilities acted as a stimulus for a wish to break down the barriers of discrimination.

Thirdly, the war had given the graduates of the College an administrative experience they had never had before. They undertook complete responsibility for the running of the hospitals and came to know the full strength of their capability during the terrible years of the Japanese Occupation. It was also in all ways the best of environments for 'adversity to best discover its virtues'.

Last, but not least important was the moral strength that had accrued from tradition. No body of professional men in Singapore were similarly imbued and tutored by their own local traditions.

WHAT PROMPTED THE NEED FOR CHANGE?

In the Colonial era the Medical Service in Singapore and Malaya was compartmentalised. There was the Malayan Medical Service which consisted of personnel recruited from overseas. There were the doctors that were recruited locally, most of them were graduates of the Singapore school.

Between these two compartments there existed a chasm which could not be crossed. There were differences between these two Services — differences in opportunity but, most important of all, differences in status. The locally recruited officer began and ended his career as an Assistant Medical Officer. There

was no question of his ever moving into the class of a fully fledged medical officer and he stagnated in his assistant's role forever. It is not altogether incomprehensible that a Colonial power wishing to maintain its authority should have devised such a system.

TRIBUTE TO THE ALUMNI ASSOCIATION

It is at the same time not unimaginable that those who were enthralled by it would want to change it. And here I must pay tribute to the Champions of the Alumni Association of the time who defied the system. In seeking to accomplish this they were driven by the highest of motives. They were not seeking ways and means to cross the barrier. They wished to destroy it so that the two parts of the Service would fuse into one whole.

ADAPTATION TO CHANGES

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

It is becoming patent however that this dependence on the Government must wane, either because the Government will not, or because the Government

Yahya Cohen
FRCS
FRACS
FACS

can not carry the burden of a continuously growing Service. It will become an almost biological necessity for the steady stream of doctors being produced to look towards their own self preservation.

There will not be a lack of occupation, and certainly there will be no lack of endeavour to find the occupations. This is not an original pattern of existence and is known as private enterprise. The initiative for the development of the Service will then have to move from the executive to the individual. By the Service we would mean not only the care of the sick, but all factors that good professionalism implies:— ethics; continuing education; post-graduate education and even research and overall organisation. There appears to be every indication that this will come about and there is no lack of motivation to maintain the excellence of the service as it exists today.

ROLE OF THE ASSOCIATION

It is in these many facets of activity that the Association finds its cardinal role. For its first function is to commute individual interests into group in-



Mr Yahya Cohen delivering the SMA Lecture.

terests in order that we may have pride in what is our own. It sifts ideas and musters opinions and disseminates a sense of participation. It is essential of course that the opinions be given with a candour and forthrightness that stem from honesty.

Association can take pride of place in assisting the profession to adapt itself to changing circumstances. In the material, to rectify, to organise and to implement. In the intangible, to

overcome a prevailing atmosphere of reticence which stifles expression and a reserve that stultifies honest communication. And to instill among its adherents a sense of values so necessary to dignified survival — of values such as pride but not arrogance; of discipline but not servility; of respect but not fear; of loyalty but not subservience, and in so doing to imbue the coming generation with a deportment that is both discriminating and courageous."

Police Sympathetic to Parking Problems

THE Traffic Police has accepted the S.M.A./Society of Private Practice proposals by which doctors on bona fides medical emergency calls may be excused from prosecution for traffic infringements.

On 21st. April, Mr. R. C. Woodworth Ag. S.P. (O.C. Traffic Police), Mr. Poh Soo Huat (Registry of Vehicles) and Insp. Eugene Tan met S.M.A. representatives, Dr. Lee Swee Kok, Dr. C. W. Chen and Dr. Colin Marcus with Mr. J. Soh in attendance.

In the discussions, it was agreed that a form will be displayed on the windscreen of a doctor's car while on emergency call. The address, date and time

of the visit will be inscribed on the form, which will be valid for one such visit only.

The control of 'Doctor on Emergency Call' forms will be by the S.M.A. Secretariat.

The S.M.A. will be submitting the forms and regulations governing the issue of these documents for final official approval and it is anticipated that the scheme will be in operation in the near future.

The S.M.A. representatives are grateful for the co-operation of Traffic Police and for their appreciation of the problems of medical practitioners called out on an emergency in these days of parking difficulties and traffic restrictions.

Syrup

why prescribe Broxil syrup?

Two important reasons—acceptability and high blood levels.

- ☐ Some patients find it difficult to swallow a tablet or capsule... others, particularly children, simply prefer an easy-to-take syrup. In both cases Broxil syrup is acceptable because it is pleasant to take.
- ☐ It achieves reliable blood levels; double those of penicillin V and five times those of oral penicillin G. This means more Broxil at the site of infection—where it is most needed.

INDICATIONS: Broxil is indicated for a wide variety of the acute infections encountered in general practice. These include infections of the ear, nose and throat, the respiratory tract and skin and soft tissue.

DOSAGE: Adults 125-250 mg., Children 62.5-125 mg., 6 hourly.
AVAILABILITY: 125 & 250 mg. tablets Capsules. and 125 mg/5ml. Syrup in 60 ml. I-bottles



Broxil* (phenethicillin) is a product of research at
Beecham Research Laboratories, Brentford, England.
The originators of the New Penicillins.

*trade mark



THIRD NATIONAL ME



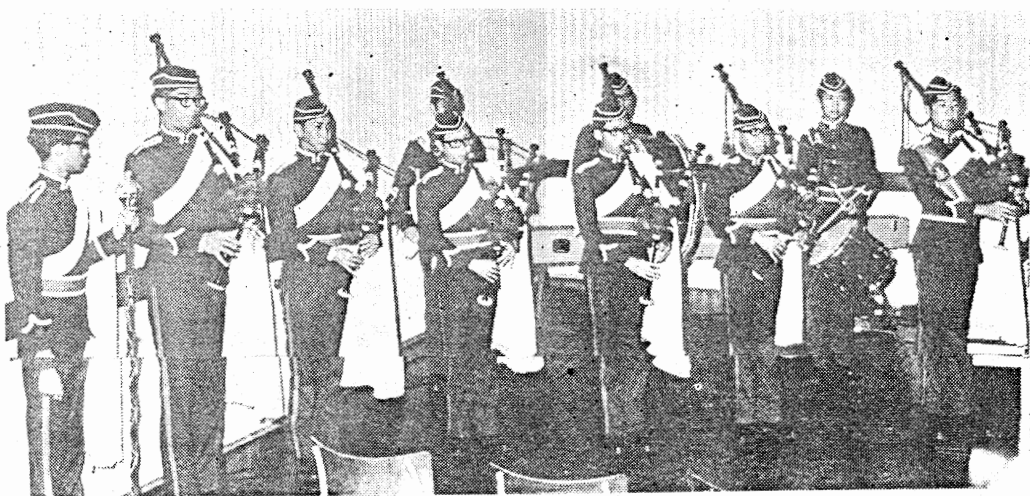
Guest of Honour at the Opening Ceremony. Dr. B. R. Sreenivasan, the Guest of Honour of the 3rd National Convention with Dr. Arthur Lim, S.M.A. President, & Dr. Mah Guan Kong S.M.A. Hon. Secretary. Also in the picture is Prof. A. A. Sandosham M.M.A. Representative.

Opening ceremony & military symposium Scient

THE Convention Committee could not have asked for a better start to this year's Convention, which was officially opened by Dr. B. R. Sreenivasan, our Honorary Member.

The 300-odd guests who attended the Opening Ceremony included doctors, nurses, medical students, the Press, several public figures, business executives and military personnel. They were given a rousing welcome by the ACS bagpipe band and a tea reception. The latter certainly provided the Organisers a good opportunity for getting to know the guests.

The SMA Lecture on 'Association, Adaptation, Profession' delivered by Mr. Yahya Cohen was a most enlightening and excellent speech. This was followed by a series of lectures on 'Military Medicine'. The papers were presented by various Medical Officers attached to MINDEF.



The ACS Bagpipe band which lent colour & pomp to the occasion.



Dr. Arthur Lim sharing a joke with Capt. Seet Lip Chai and Maj. Robert Yeo Meng Seng.

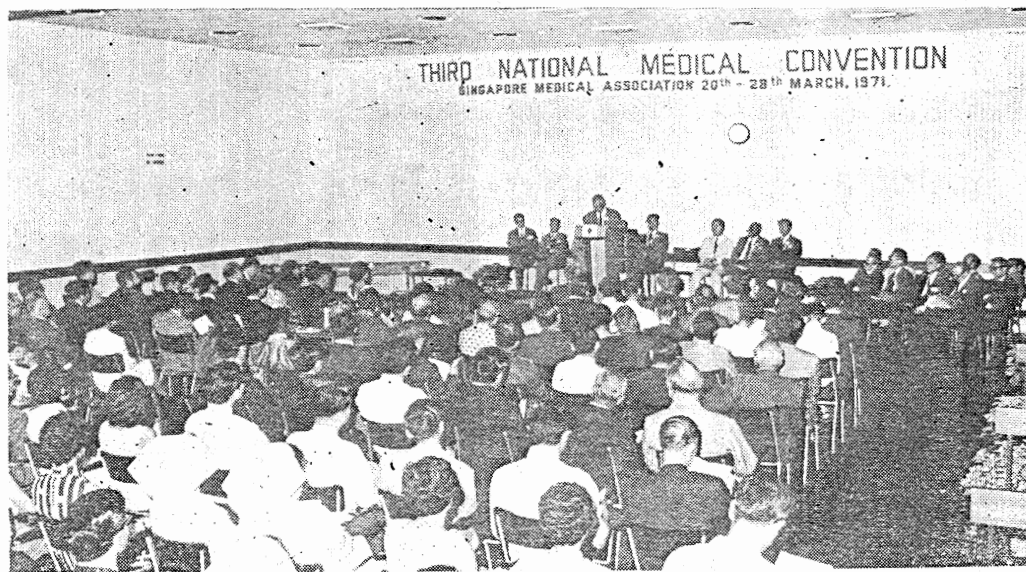
The new
two-pronged attack
on purulent bronchitis

Bisolvomycin

Bisolvomycin combines the well known antibiotic oxytetracycline and the bronchial secretolytic Bisolvon:

Bisolvon reduces sputum viscosity
Oxytetracycline combats infection
Available as capsules

Boehringer
Ingelheim



A view of the good turn-out at the Opening Ceremony.



A Section of the audience at the Military Symposium.

MEDICAL CONVENTION...

Scientific Sessions, Public Forums & Convention Lunch

Thanks to the efforts of the Convention Committee and its Chairman, Dr. Lim Kuang Hui, the week-long programme was attended by almost 200 doctors both from home and abroad. The latter include delegates from Malaysia, India and as far away as Australia.

Focussing on the Management and Problems of General Practice, the Scientific Sessions included symposiums on 'General Practice', 'Common Paediatric Problems', 'Economics of Private Practice' and 'Psychiatry in

General Practice'. All were well-attended.

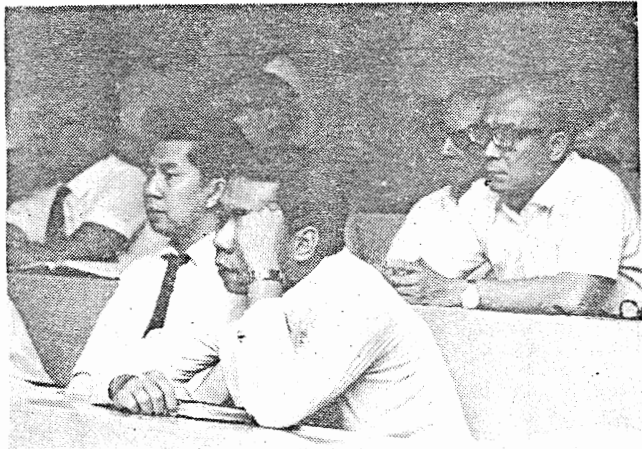
The response of the public to the two Public Forums on such important topical subjects as 'Venereal Disease' and 'Drug Addiction' was good. Audience participation in the form of questions from the floor brought forth many frank and varied questions which the two Panels of Speakers handled excellently.

The programme ended with an informal Convention Lunch at the Alumni Medical Centre prior to the Annual General Meeting. As usual Professor Sandosham's

unique sense of humour was enjoyed by everyone. Perhaps that's why this year's AGM is comparatively mild! Thank you, Sandy.



The Chairman of the Convention — Dr. Lim Kuang Hui.



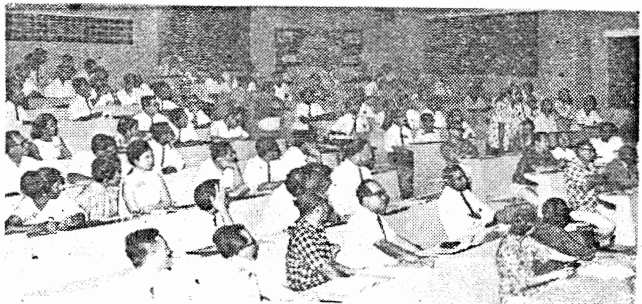
Concentration at the Convention.



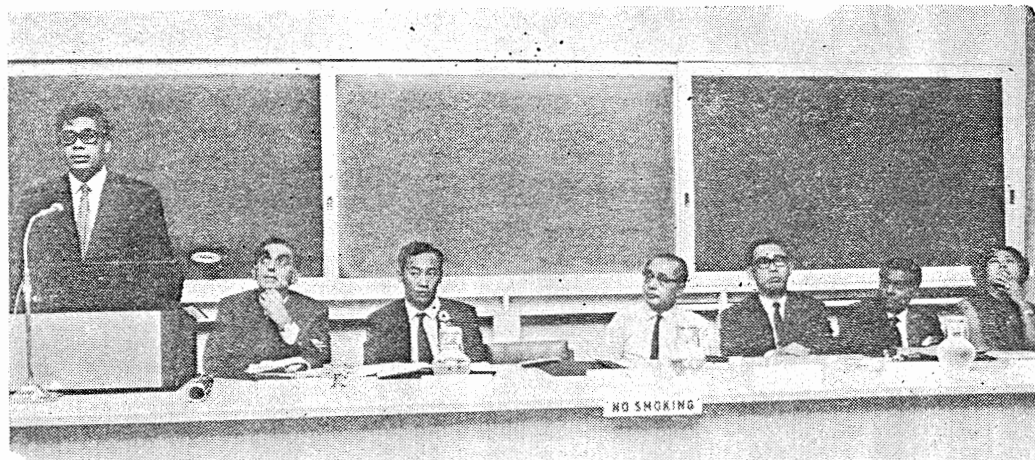
Penny for your thoughts Mr. Thomson!



Professor Sandosham entertaining our members at the Alumni Medical Centre.



The Convention in progress.



Mr. L. P. Rodrigo, Member of Parliament speaking at the Public Forum on "Drug Addiction". Other members of the Panel were Mr. G. G. Thomson (Chairman), Dr. Mah Guan Kong (Convenor), Dr. Gwee Ah Leng, Dr. Wong Yip Chong, Mr. John Hanam and Mrs. Chow Chor Jee.

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Candid Comment - by Veritas

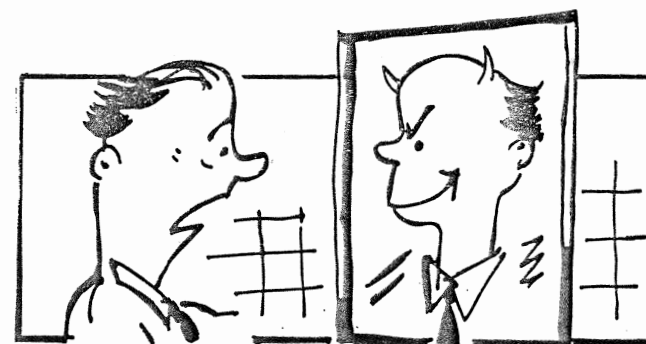
MIRROR, MIRROR ON THE WALL

I SUPPOSE like everyone else you cannot resist a peek every morning at the bathroom mirror and admire the fine-looking fellow looking back at you in the eye.

I am sure also there must be some mornings when you don't quite recognise the chap staring back. Now where could good old Cary Grunt have gone to this morning? Who's this bleary-eyed sorry-looking fellow with a two-day old stubble on his chin that has taken his place?

If you're honest with yourself and I mean really honest, you'd admit that you're sometimes a little upset at this chap staring back at you. What a vulgar look-

ing fellow! You hardly recognise the bloke, in fact you're a little frightened of him. Now this receding hair-line and the grey streaks, you didn't notice this



the day before. Where has the flashing smile the girls used to adore gone to? This smirk that's taken its place looks pretty atrocious to you. Your hands go instinctively to the sides of your head. You heave a sigh of relief. Thank goodness, there are no horny outcrops growing out of there!

Yes. There are certainly many sides to one's personality, some of which we ourselves may not

even recognise. Anyone who claims that he is always pleased with what he sees in the mirror is either a bare-faced liar or an ardent narcissist. I think only females consistently look into the mirror and are happy with what they see. For us males a peek can either be a satisfying or a shattering experience.

Have you ever considered the other fellow within you that your outer skin is concealing? Who is he? Do you really know him well? Take the morning breakfast for example. When you come down to breakfast in the morning, do you ask for cornflakes and a glass of fruit juice, or are you carnivorous like me and think the morning meal is lousy unless you can sink your fangs into something substantial and meaty? Whenever I think of all the succulent steaks that I tackle with more relish than string beans and sprouts I am a little aghast at this carnivorous side of my nature. Whatever my ancestors might have been I am certainly not cut out for an arboreal existence with a fare of nuts and berries!

I wonder how much this carnivorous diet of mine has contributed to the occasional snarl I emit especially when I'm displeased. And to think I've always considered myself a very civilised fellow. I must do something about my breakfast habits, perhaps I should try cornflakes instead of ham and eggs.

This brings me to whether I'm all that civilised as I believe myself to be. Now let's take another peek into the mirror. No, I'm not an uncivilised ruffian. I don't even have long hair on my head, well I'll admit it isn't for want of trying. At my age you're grateful for any vegetation that grows on top, shrubland or not!

Yes, I'll say that the chap in the mirror looks to me a decent cultured fellow. There may have been a few rare occasions when I felt like bopping a few on the head particularly at the AGMs, but look at me, I'm not hirsute and hairy all over like James you know who, and I'm particularly fond of music. And I'll say this much, I can hold my ground on any discussion from Pizarro to Poncelli, and if anyone wishes to, Puccini as well.

Yet why do I snap when I'm rubbed the wrong way? Must be all the bloody meat in the diet, I can't think of any other reason. But what else can I eat? The dieticians ask us to cry off carbohydrates and I'm not fond of apples.

You a meat eater too? Have you ever looked in the mirror lately? Who do you see there? Charles Manson or Lieut. Calley?

Some people see Gregory Peck in the mirror where Bob Hope should have been.

Talking about mirrors, do you ever read that soporific sendout the Ministry of Culture gives to all and sundry? I'll say this for the publication, it should never be banned by anyone. If you ban a publication, people might be tempted to read it!

Culture and Censorship

Funny how these days we tend to link the two together. Should never be of course.

When I was young and innocent, believe me I was so once upon a time, I used to think of culture as something dry as dust. Of course during those days there was only one hue to culture, we didn't have the yellow variety then.

Shakespeare was a dusty old bard who wrote plays that nobody cared to read. Then at fourteen I found that there was more to good old Will than Henry V and Richard III. In case you've not yet awakened to this you'd better hurry out and buy a book of his complete works before the censor bans it.

Take these lines from the "Rape of Lucrece" for instance, boy did the bard know what he was talking about!

"Her breasts, like ivory globes circled with blue,

A pair of maiden worlds unconquered,

Save of their lord no bearing yoke they knew,

And him by oath they truly honoured."

And there's more of this stuff in "Venus and Adonis."

The censor's really working overtime these days. What with all the books to read and ban, and the songs too. If you think that "Puff the Magic Dragon" is bad, I'm surprised that he still allows songs like Frere Jacques to be sung by kindergarten kids,

"Are you sleeping? Are you sleeping?

Brother john? Brother john?

Moaning belles are ringing,

Moaning belles are ringing,

Ding ding dong. Ding ding Dong.

Shockingly obscene isn't it? Well what do you expect from a French song? Only part I don't understand is the ding, ding dong part, I've never heard a telephone go ding ding dong. Have you? Must really protest to the censor about our kids singing such songs!

I must now reluctantly come to the conclusion that there is no redeeming feature in Western culture. We must look to the East for moral leadership. I must sip tea, gaze and be enthralled by at the scenery in front of me, and write poems like Su Tung P'o.

I am afraid however this will have to wait till to-morrow. Right now I have to gulp down my decaffeinated coffee, stare and be appalled by the humanity in front of me, and write prescriptions instead.

Oh for some refreshing Eastern culture. Now who on earth has gone off with my precious unexpurgated copy of "Hoong Low Mong", or the "Dream of the Red Chamber" to you non-sinophiles!

(Not to be quoted in the Press)

Seven good reasons why doctors recommend Pelargon - the safest formula for the tropics

Only Pelargon can offer all these advantages

Complete Bacteriological Safety

The low pH of Pelargon impedes development of pathogenic bacteria and reduces the danger of bottle-borne infections.

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Acidification enables the young infant to benefit from a high fat and protein intake thus conferring a high degree of immunity.

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Its perfect tolerance and digestibility allow use of Pelargon in many cases where ordinary formulae are unsuccessful.

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Towards an Integrated Medical Programme

Dear Sir,

The promotion awards to Government specialists will stem, if only temporarily, the spate of resignations from the public hospitals, and prevent further deterioration in the morale of our medical services. While applauding the loosening of the purse-strings of the Finance Ministry, I feel that the real task ahead will lie in an investigation into the working conditions of doctors in our hospitals.

It would be a mistake to imagine that monetary rewards alone can be used as a carrot to persuade experienced officers from entering private practice. Even in our mercenary age, we have forgotten, perhaps, that professional freedom, achievement in medical sciences and the satisfaction of contributing to the community welfare are also powerful incentives in the make-up of a medical man's career.

It would be opportune, if a little late, to examine the structure of our archaic medical services. It must be evident that our 'Colonial Type' medical services, dependant on Government subsidy, would be self-limiting. Budgetary restrictions will make it unable to keep pace with the rapidly advancing (and expensive) technological progress in medical sciences and at the same time meet the demands for an expanded service from an increasing and knowledgeable population.

How much less would there be provision for medical research, which is vital to medical progress and incidental to the prestige and status to our city?

Official announcements in the press on the future expansion in the service have taken the form of highly specialised and expensive developments. These projects, laudable in themselves, lack perspective and cohesion of an integrated medical programme. These developments can only emerge at the sacrifice of general medical and surgical beds, which are sadly lacking in the Republic.

In this respect Singapore is far behind other countries — for instance, we have only 4.1 beds (per thousand of population) as compared with 10.2 in Japan, and less in relation to the bed state in U.K. and America.

The administrative team recently returned from a study tour of U.K. will, we hope, be in a position to advise not only on hospital developments, but also on changes in our medical programme. What we want to see is a balanced expansion of the medical services in keeping with the advancing economy and status of Singapore as a major city in this part of the world.

Various social insurance systems have been operating in developed countries, which underwrite the rising costs of medical care. These systems have been developed according to the socio-economic and political state of the country, and operate within the wage structure of its society. One important underlying factor has been the long tradition of medical and social progress and the schemes have been implemented by popular

demand, and accepted as a matter of course.

In the context of Singapore, further considerations are involved. Within our multiracial and multicultural society, we have a large proportion of the population, who favour the traditional Chinese system of medical care. This is evident in the many thriving clinics practicing this form of treatment, the development of institutional care and establishment of colleges of learning in the practice of traditional Chinese medicine.

Adherents to this practice of medicine would resist participating in any health insurance scheme, if compelled to contribute to a medical programme foreign to their beliefs.

Another consideration would be the large numbers of self-employed persons, many of whom earn a bare subsistence and would be unable to participate in any contributory health programme.

In these circumstances, it would be unwise to adopt 'in toto' any health insurance system operating satisfactorily in developed countries in the context of conditions prevailing in Singapore.

The question now arises — where do we go from here?

Perhaps our medical chiefs could turn their attention to countries in the East and investigate systems operating there. Japan, for instance, has a long tradition of isolation with its own form of medical care; the introduction of modern medical sciences has been relatively recent. They have developed several social insurance devices catering for various categories of population with varying levels of contribution and issuing varied benefits.

Although these schemes may be sponsored by private enterprise, quasi-Government organisations or by governmental participation, they are co-ordinated with government medical and health programmes. These schemes, although not ideal, and cumbersome to administer, have a great potential towards a more unified and integrated service.

Even so, great strides have been made in researches in occupational and environmental health and in other branches of medical sciences and therapy. All this at the cost of 5 percent of government revenue.

While our Government is vacillating between the various prestigious specialist projects, the expansion of the medical services have stagnated during the past decade. The demands for a more sophisticated medical care in the growing affluence of our population is being met by the development of private hospital beds and the increasing availability of specialist facilities in the private sector.

Would it be any wonder that once the glow of promotion of our new specialists wears off, the promise of professional freedom and status in the private sector will stimulate another exodus from the public services?

Then we are back to where we started!

Yours faithfully,
Signed
Dr. Colin Marcus

LETTERS

Doctor's Bag

Dear Sir,

The Society in preparing the academic programme, has been more concerned with the practical aspects of medical practice particularly in the private sector. With this in view, the Society is organising a forum, fixed for Sunday, 23rd May at which two speakers will display their "Doctor's Bag" and will discuss the methods they would use in dealing with emergencies on home visits, particularly on night calls.

It is anticipated that there will be a lively discussion and exchange of views. It is hoped that the younger members will attend and participate in the discussions.

Dr. James Chang, who is organising the forum, will be pleased to hear the views on this subject or on any other subject that members would like to be discussed at future forums.

Thanking you,

Yours sincerely,
signed

Dr. Colin Marcus
Hon. Secretary
Society of Private Practice

12 Issues instead of 6

Dear Member,

Re: S.M.A. "Newsletter"

The Editorial Board of the S.M.A. "Medical Newsletter" is seriously considering an increase in the number of issues of the "Medical Newsletter" from six to twelve per year.

We therefore need your assistance in making this possible, and welcome your contribution of news, letters, poems, articles on any topic, in any vein, which you feel should be brought to the attention of your fellow doctors.

If you have any contribution, please address them to:

The Secretary
S.M.A. "Medical Newsletter"
Editorial Board
4-A College Road
Singapore 3.

We would like to remind you that all contributions should be signed, and preferably, should not exceed 1,000 words. We look forward to your support.

Yours sincerely,
signed
Teo Peck Hoon
Secretary
Editorial Board Newsletter

SMA Congratulates

Congratulations to the following for their recent achievement of their post-graduate degrees:-

Dr. R. Ambivagar	— M. Med.
Dr. V. T. Joseph	— M. Med.
Dr. C. MacFarlane	— M. Med.
Dr. H. Awang	— FRACS
Dr. P. K. Damodaran	— FRACS
Dr. I. R. Rekhraj	— FRACS
Dr. K. Sittampalam	— FRACS
Dr. V. Sivagnanaratnam	— FRACS
Dr. K. H. Wu	— FRACS
Dr. E. Tan	— FRACS; M. Med.

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MAXOLON the unique way to fast relief

Nausea, Vomiting, Nervous Dyspepsia are all symptoms of Digestive Distress that submit to Maxolon's unique mode of action.

Nausea and Vomiting

Maxolon controls locally caused emesis by decreasing the sensitivity of the nerves carrying impulses from the stomach and duodenum to the vomiting centre. So locally caused nausea and vomiting, associated for instance with gastric disorders or intolerance to essential drugs, is effectively controlled. Emesis of systemic origin is also inhibited by Maxolon, which raises the threshold of the region of the brain sensitive to blood borne emetics and so stops unwanted vomiting of central origin.

Nervous Dyspepsia

Maxolon deals with dyspepsia in a new and interesting way—by regulating peristalsis. It changes abnormal contractions of the stomach to normal peristalsis, relieves spasm of the stomach and pyloric sphincter, speeds gastric emptying and so prevents the stasis of food. And Maxolon controls emesis, relieves Nervous Dyspepsia, safely. For it is free from unwanted side effects.

Maxolon may be used with confidence in the management of digestive distress and discomfort.

A more detailed explanation of Maxolon's unique mode of action may be obtained on request.



MAXOLON (metoclopramide) is a product of
Beecham Research Laboratories, Brentford, England.

*regd.



MENTAL HEALTH IN INDUSTRY

"INDUSTRIALIZATION and the prosperity it may bring do not always result in greater happiness. I am not at the moment referring to the ill-health and toll of human life which may be caused by accidents, poisons and diseases in industry. Rather, I am referring to the threats to mental health which may occur in industry and which, if unchecked, may result in much mental anguish, dissatisfaction, and disruption of work routine.

Before we discuss possible threats to mental health in industry, it is necessary for us to discuss, very briefly, what 'makes the worker tick', in other words, his job motivation. In a primitive society where a job may mean the difference between dying of starvation or living, between getting an education for one's children or condemning them to a life of illiteracy — it may well be true that a motivation to earn wages or make money may be a sufficient one, no matter how dirty or dull or dangerous the job is. In societies which have advanced beyond that primitive stage, however, it is wrong sometimes to assume that money can be the only or principal incentive to work, and that dissatisfaction can be abolished by giving more and more money.

■ Pre-requisites for Mental Health

First of all, there should be *Job Satisfaction*. Human beings are not like the captive penguins we see at the Jurong Bird Park, standing with their beaks pas-

sively open for the keeper to fill them with food. There is a human yearning for job satisfaction, echoed in the line from Browning's poem entitled "The Village Blacksmith",

"Something accomplished, something done, To earn a night's repose."

There should be *Identification and Status*. Identification means a sense of belonging. Workers want to be treated as people, not as numbers on a payroll or as "hands". There is a danger of this sense of belonging being lost, especially in large industries employing great numbers of employees.

The *Attitudes and Dispositions* of fellow-workers are also important in Mental Health. Many workers, especially the young ones starting life in industry, like or dislike their jobs according to whether they like or dislike their fellow-employees. The friendliness or otherwise of the latter can have a significant effect on their mental health.

A "good boss" is sometimes the reason for workers liking

"To Preserve Mental Health in Industry, there must be other incentives than just good wages, bonus or other fringe benefits."

— Prof. Phoon Wai-On

their jobs. Not everyone may agree with a young worker's definition of a good boss as "one who is seldom seen, who has his own work to get on with, and doesn't keep on snooping around, and bothering you." Few will however, disagree that a fair and tolerant boss can make a lot of difference in an otherwise unattractive job.

■ Symptoms

It is true that in an undeveloped society most of the sickness absence may be due to malnutrition, or under-nutrition, the so-called "tropical diseases" (such as malaria and hookworm infection). However, this is not the case in Singapore today. For example, analysis of the sickness records of one large factory in Singapore recently showed that 75% or more of the days lost through sickness absence

were due to colds, influenza and the other so-called "upper respiratory tract infections." In many of these cases of upper respiratory tract infections, whether or not a worker goes to see the doctor and ask for sick leave, often depends on whether or not he is happy or keen about his work. If he is, the doctor often doesn't get to see him for a cold at all. If he isn't, he goes along to the doctor and may put the doctor in a very difficult position to decide whether or not sick leave should be given, as the severity of many of the symptoms of a "cold" are hard to evaluate objectively.

Extracts of a Talk given by Professor Phoon Wai-On of the Department of Social Medicine & Public Health, University of Singapore, to the Lions Club of Jurong at Cuscaden House in February 1971.

■ Industrialization and Mental Health

Shift Work may also have implications upon Mental Health. Some shift workers complain of difficulties with their sleep. Others may feel "shut off" from the rest of the community or even their own families because they cannot participate in social functions, most of which are usually held during holidays or in the evenings.

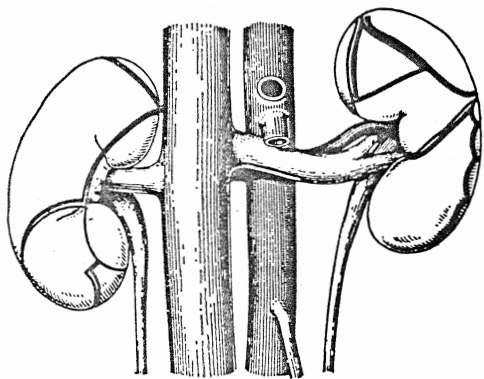
Sudden changes in the tempo of activity, rapid expansion, or the increase or decrease in the size of the work-force may also pose threats to Mental Health. Some workers cannot take a sudden increase in responsibility without getting very tense and unsure of their ability to cope with their new situation. They may re-act so badly as to be tremulous all over, or may even have a nervous breakdown. Some succumb to morbid fears about the dangers of their working environment, even when all the time they may retain sufficient insight to know that their fears are unjustified.

■ Solution

In fact, the state of mental health is probably a strong determining factor affecting the rate of sickness absence in many industries in Singapore today. It is not the right solution, however, to adopt repressive methods against "malingerers" or the doctors concerned. Such measures may aggravate rather than improve the situation. Rather, malingering should be regarded as a symptom of poor mental health or poor morale. Absenteeism rates are often more a sensitive index of job adjustment than of disease. Malingering is likewise often a symptom of poor morale, which can be due to poor human relationships in the worksite. The root causes of such poor mental health should be carefully studied, and removed or ameliorated whenever possible, as can be done in many cases.

Bactericidal antibiotic for urinary tract infections

PENBRITIN



treats the acute;
prevents the chronic

The majority of drugs available for the antibacterial therapy of urinary infections are bacteriostatic. They suppress bacterial growth but do not kill the organisms. In some cases the natural body defences are themselves capable of clearing the stunned bacteria, but in many others, even after prolonged therapy, sufficient viable bacteria remain to cause a focus for continual re-infection.

By using an antibiotic such as Penbritin that kills organisms at therapeutic dosage levels, the risk of recurrence leading to chronic infection may be reduced.

Penbritin combines bactericidal action with high urine concentration and tissue diffusion and is therefore particularly indicated in the treatment of kidney and urinary tract infections, especially those due to:

Escherichia coli
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Dosage:
Urinary Tract Infections—oral 500mg., 8 hourly.
In serious infections double the dose or administer Penbritin injectable intramuscularly 500mg., 4-6 hourly.
Availability:
Capsules 250mg.; Injectable 100mg.; 250mg., 500mg.; Paediatric Tablets 125mg.; Syrup 125mg./5 ml.



Penbritin is a product of research at
Beecham Research Laboratories,
Brentford, England.



HARIDAS Memorial Lecture

THE Singapore Paediatric Society in conjunction with the Society of Private Practice will be holding the next Haridas Lecture on Friday, October 22, 1971, at the Pathology Lecture Theatre, Outram Road General Hospital, Singapore 3.

The Lecture is held annually to commemorate the death of an eminent member of the medical profession, the late Dr. Gopal Haridas, rightly called the father of Paediatrics in this country for it was through his untiring efforts that Paediatrics became established here.

A special Haridas Memorial Lecture Fund was created mainly from contributions from the medical profession and is for the sole purpose of organising the Memorial Lecture, and has as its primary objective, the pro-

motion of research in diseases of children and the advancement of child care in this country.

Applications for the above lectureship are invited from registered medical practitioners resident in Singapore or Malaysia. The subject matter of the lecture shall have relevance to Paediatrics.

Five copies of the Memorial Lecture should reach the Adjudication Panel, Haridas Memorial Lecture, c/o Singapore Paediatric Society, Mistri Wing, Outram Road General Hospital, Singapore, 3, not later than August 31, 1971.

If no entries of a sufficient standard is received, no award shall be made. The decision of the Adjudication Panel shall be final. The successful applicant shall be awarded a Gold Medal.

LOCUM TENENS AVAILABLE

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Singapore 15.
Tel: 495732
Dr. Tham Hoong Fai
16 Penshurst Place
Singapore 19.
Tel: 81766
Dr. Lim Joo Siong
King Edward VII Hall
12 College Road.
Singapore 3.
Tel: 75031

Dr. Richard Ng
Mei Ling Clinic
Tel: 641782
Home: 664812

Dr. Khoo Kah Bin
17 Lengkok Merak
Singapore 10.
Tel: 645748

Dr. Toh Kok Kuan
24 Siglap Hill
Singapore 15.
Tel: 443226

Dr. K. W. Young
3 Kingsmead Road
Singapore 10.
Tel: 606668.

Dr. B. R. Mukerjee
c/o 4-A College Road
Singapore 3.
Tel: 981264.

SMA Standing Committees

The following have been selected by Council as Chairmen of the various Standing Committees. Members of these Committees will be co-opted by the Chairmen.

Affiliated Societies: Prof. Phoon Wai-On; Ethics Committee: Dr. Tan Joo Liang; Membership Drive Committee: Dr. Teo Chew Seng and Dr. Loh Siew Whye; Illicit Sale of Drugs: Dr. Teoh Hoon Cheow; Committee on Overseas Affairs: Dr. Lim Kuang Hui. **SMA/SGMDOA Liason Committee:** Dr. Thomas Sim;

Finance Committee: Dr. Lee Swee Kok; **General Publications:** Dr. Mah Guan Kong; **Organisation and Planning:** Dr. Koh Eng Kheng; **SMA/Alumni Liason Committee:** Dr. Chee Phui Hung; **SMA/Professional Centre Liason Committee:** Dr. Koh Eng Kheng.

Health Education: Dr. Nalla Tan; **SMA/Soc. of Private Practice Liason Comm.:** Dr. Yeoh Kean Seng; **Committee on Medical Care to National Servicemen in the P.D.F.:** Dr. Kwa Soon Bee; **Medik Awas Committee:** Dr. Oon Chong Lin.

OTHER AGM NEWS

Amendment to the Constitution

Under Article V — Subscription — an additional Clause (ix) was added to the Constitution. It reads:

"Any member of the S.M.A. who desires to give a subscription over and above the Annual Subscription shall be permitted to do so".

Resolution passed

Members of the Affiliated Societies who are worried about their status should be glad to know that the following resolution was unanimously passed by the House:

"That the House directs the Council to draft bye-laws and appropriate amendments to the Constitution, to regulate the activities of academic bodies and other committees within the Singapore Medical Association."

SMJ Editor

Dr. Tan Kheng Khoo was unanimously elected the Hon. Editor of the Singapore Medical Journal.

Volunteers needed for Baby Show

The Singapore Paediatric Society in conjunction with the Junior Chamber of Singapore will be running the 4th Grand National Baby Show. A total of 60 Baby Shows will be held at the various Community Centres every weekend, commencing from June. The finals will be held on 22nd August 1971. If you would like to volunteer as judges please contact

Dr. Tan Cheng Lim
Singapore Paediatric Society
c/o Mistri Wing
Outram Road General-Hospital
Singapore.

Oops!

To Janet and Kenneth — a bony daughter. Thanks to doctors and nurses at Kandang Kerbau Hospital.

NEW OFFICE BEARERS OF THE AFFILIATED SOCIETIES

THE SOCIETY OF PRIVATE PRACTICE

Chairman: Dr. Chuah Chong Yong; **Chairman Elect:** Dr. Liok Yew Hee; **Hon. Secretary:** Dr. Colin Marcus; **Hon. Treasurer:** Dr. John Chong Yean Chiong; **Associate Secretary:** Dr. Lee Soo Chew; **Committee Members:** Dr. F. Samuel, Dr. Koh Eng Kheng, Mr. E. M. T. Lu, Dr. James

Chang; **Hon. Auditor:** Dr. Loh Siew Whye

Representative on the Haridas Memorial Lecture Fund: Dr. Colin Marcus.

THORACIC SOCIETY

President: Dr. William Chan; **Hon. Sec. cum Treas:** Dr. Hu Pin Ya; **Council Members:** Mr. J. E. Choo, Dr. S. Devi, Dr. Yeoh Seang Aun.

Big bad boys

Ah Wun, he say... Some big boys, they not like outdoor rugged society, more prefer indoor rug society.

SOCIETY OF OPHTHALMOLOGY

Chairman: Dr. Robert Loh Choo Kiat
Hon. Secretary cum Treasurer: Lim Kuang Hui.
Editor: Dr. Wong Kin Yip
Auditor: Dr. James Chew Nga Kok
Committee Members: Dr. Arthur Lim Siew Ming, & Dr. Peter Arthur Tan.

VACANCY: M.O. i/c St. Andrew's Mission Hospital

The above post is now vacant and the Board of Management invites applications from Christian doctors with a post-graduate clinical degree and some Paediatric experience. The salary payable is in line with that of the Singapore Government, Grade G scale.

The hospital treats any child up to the age of 12 years. It has 80 beds and carries an out-patient load of about 5,000 patients a month.

The Medical Officer appointed will be responsible to the Board of Management for the smooth and efficient running of the hospital. His duties would include the care for and supervision of the medical and para medical work of the hospital, the supervision of the Administration, and the encouragement and maintenance of the Christian character of the Institution.

Applicants will please include age, curriculum vitae and names of two Referees in their applications which should be addressed to:

The Appointments Committee or Acting Medical Officer-in-Charge.

St. Andrew's Mission Hospital for Children,
250 Tanjong Pagar Road,
Singapore 2.

For enquiries please ring 71864.

In coronary heart disease

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TRADE MARK

has positive advantages in ■ lowering elevated serum lipid levels ■ correcting thrombogenic abnormalities ■ providing sustained and consistent effect ■ having remarkable freedom from side effects ■ reducing lipid deposits in skin and diabetic retina ■ having simple and convenient dosage



NORTHLAND HOSPITAL BOARD NEW ZEALAND requires AN ASSISTANT SURGEON (Part time or whole time) KAITAIA HOSPITAL

Applications are invited from medical practitioners for the position of Assistant Surgeon at Kaitaia Hospital (114 beds) on a part time or whole time basis. A postgraduate qualification is desirable but not essential.

The position requires experience in an average range of general surgery performed in a general hospital in a rural area. This is a new hospital with modern theatre suite just completed.

The salary would be in the range:-

Specialists 10 year Automatic Salary Scale \$NZ7,500/10,100, or Medical Officer of Special Scale \$NZ5,250/5,975 or \$NZ6,175 to \$7,950.

Assistance with transport expenses to New Zealand is available. A three bedroomed house is available at a reasonable rental.

Further details and conditions of Appointment will be supplied on application to the Secretary, Northland Hospital Board, P.O. Box 742, Whangarei, New Zealand.



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