SINGAPORE MEDICAL ASSOCIATION

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The Spock Controversy

by Dr. Wong Sze Tai

In a recent issue of the Straits Times, Dr. Benjamin Spock was reported as having admitted in public that he had been wrong in his advice to parents on the upbringing of children. This revelation obviously has caused quite a stir in the local scene. Within a few days, another article on reported interviews with Prof. Wong Hock Boon, Mr. Wong Mun Kee (a private psychologist) and some parents appeared. The Spock controversy was firmly launched.

Many parents, teachers, nurses and even doctors who have followed Spock's ideas are probably shocked and disillusioned to some extent. There may be some uneasy soul-searching: whether they have been wrong all the time in the handling of children or whether the children have suffered damage as a result. Others may be interested in speculating on the fate of Spock's 'Baby and Child Care'.

My comments that follow will be confined to psychological considerations only, leaving our paediatric colleagues to comment on the other areas as they are best qualified to do so.

To get a correct perspective to the Spock controversy, one has to examine the context in which he admitted his mistake. Without such consideration, it would be very misleading indeed. Many professional workers who have followed Spock's writings long enough, would be aware of the criticisms that have been levied on him from time to time, and would not be in any way surprised or shocked by the present revelation. Precisely because of this, child psychologists and child psychiatrists, for example, do not take Spock's book seriously.

Spock, until recently, wrote mainly for the American public. His books are obviously meant for the middle class child-orientated families in the United States. It was written at a time in history where there was a clear swing from strict discipline to permissive upbringing of children. Spock himself was no doubt influenced like many other people in the States at that time. For a different culture like ours, it would be disastrous to follow his ideas literally. Even in the United States, his concepts can hardly be applied to the working, low socio-economic class families.

It is a credit to him, however, that his books such as the one entitled 'Baby and Child Care' have enjoyed such wide readership on account of his easy, simple and appealing style of writing, free from cumbersome use of unnecessary technical words and jargon. An educated parent would have no difficulty in reading through his books. The above-mentioned book, for example, is also concise and has brought together a wealth of useful information, especially on the physical aspects of child care. So often parents have wanted a concise and simple manual that answers most of the everyday problems on child care, so that she or he does not need to bother the doctor, for example, for advice whenever simple problems arise. Therein lies the value of Spock's book.

On the other hand, professionals whose work brings them into close contact with children, have very early realised that no one can understand or help a child fully alone. The tendency to use the team approach, employing workers or experts from different disciplines, to study and help children is now firmly established. Spock himself is a paediatrician. The length and depth of his chapters on the various psychological topics understandably vary a fair deal; some are sketchy and others more detailed. Furthermore, he writes in a very personal way. There are, of course, advantages and disadvantages with such a personal style of writing. For one thing, there is a greater tendency to make generalisations and rather odd personal remarks and interpretations. Because of this, and as he rarely includes well-established validated research data, some of his views are antiquated or erroneous; and there are too frequent use of such terms like "I suspect" and "it is possible" which are vague and not backed by facts. Some of his advice are nothing more than emotive appeals or assertions. The effects of methods of child care by parents of different sex and the effects on children of different sexes have not been explored in his book. This makes it hard for the reader to interpret correctly and implement his ideas.

It would not be possible within the space provided, to illustrate every remark made above with examples from his book, coupled with further comments. One topic, perhaps, deserves a bit more discussion than the rest, and that is the subject of **discipline of children.** This is the key issue on which he admits that he has erred. In the latest edition of his book entitled 'Baby and Child Care' which came out in 1971, he explains from the onset as follows **"the principle change that has occurred in my own outlook** on child rearing has been the realisation that what is making the parents' job most difficult is today's child-centred viewpoints" (p. 13-15).

Further on in his book, he states "I may as well let the cat out of the bag right away as far as my opinion goes and say that strictness or permissiveness is not the real issue. Good-hearted parents who aren't afraid to be firm when it is necessary can get good results with either moderate strictness or moderate permissiveness. On the other hand, a strictness that comes from harsh feelings or a permissiveness that is timid or vacillating can lead to poor results" (p. 20). About punishment, he writes "we can't say either that punishment always work or that lack of it always work. It depends on the nature of the parents' discipline in general" (p. 303). These views that he writes in the latest edition of his book represent a welcomed and significant change from his previous stance, and are remarkably flexible, balanced and modern. A little more of elaboration of these views on his part based on established findings from research would, I think, render his ideas more solid.

In taking a more firm line of discipline, much of what have been known of the advantages of some aspects of permissiveness should not be discarded. It is hard sometimes to draw a neat line between "good" and "bad" discipline. Bronfenbrenner has urged that we should perhaps think more in terms of "optimal levels" in discipline rather than "this is good and that is bad" (Bronfenbrenner, 1961). A lot of studies and investigations have been done on discipline in the last three decades. By far the best review of world research literature on discipline is still that of Becker (1964). Some of his findings are summarised below to illustrate what have been said above.

(1) Punitive discipline by parents produces aggressive children.
(2) However, some evidence have accumulated which show that punitiveness in the early years may lead to the inhibition of aggression when the child is older.
(3) The effects on children also depend on which parent is punitive and on whether one or both parents are punitive.
(4) Boys respond differently from girls. By and large, boys more often show aggression than girls.
(5) Punitive parents are often hostile or less warm. Perhaps these are the more crucial variables than the punitiveness itself. Furthermore, the child's aggression could result from the frustration experience, from modelling an aggressive parent or possibly because punitive parents actively or unconsciously encourage aggression in their children.
(6) While discipline emphasising parental punitiveness has been shown to have many undesirable consequences, research so far has not produced adverse evidence for positive love-orientated methods.
(7) Love-orientated techniques of discipline are usually employed by warm parents and tend to promote acceptance of self-responsibility and guilt reaction to transgressions.
(8) On the other hand, the use of negative love-orientated techniques, such as threats to the love relationship, can impede the development of independence in the child.
(9) The concensus of research suggests that both restrictiveness and permissiveness entail certain risks. Restrictiveness, while fostering well-controlled, socialized behaviour, tends also to lead to fearful, dependent and submissive behaviours, a dulling of intellectual striving and inhibited hostility. Permissiveness on the other hand, while fostering out-going, sociable, assertive behaviour and intellectual striving, tends also to lead to less persistence and increased aggressiveness.
(10) The importance of warmth and permissive-

● *Cont'd Page 9*

Prof. (Sir) Gordon A. Ransome unveils the plaque at the official opening of the Academy of Medicine's Lecture Theatrette. The Theatrette which is situated at the Alumni Medical Centre can seat approximately 100 persons, and is just ideal for seminars and meetings.

On Genes & Geniuses

by Dr. Un Hon Hing

It is a fact, universally acknowledged, that successful men tend to under-rate their industry and over-rate their genes. This vanity can be due to a rejection of an unflattering environment which most people are aware of, in favour of a biological myth which few would bother to dispute.

Until human beings are degraded enough to submit themselves to the type of experiments carried out in stud farms, the controversy over genes and environment will continue to rage indefinitely. Doctors should join in the fray at this stage lest the debate be monopolised by people whose views are less than sound.

There is no doubt that certain characteristics are transmitted through genes. History is full of instances where geniuses reproduce themselves and idiots perpetuate their kind.

Fortunately, such transmission is not inimitable. Thanks to the laws of mutation, it is not uncommon for a brilliant father to produce an imbecile and vice versa. This is indeed fortunate, otherwise society will be fossilised and dynasties of brilliant but ruthless rulers will tend to perpetuate themselves indefinitely.

Working hand in hand with this process of continuous genetic changes, is the law of natural selection. Together, they enable life to improve itself, albeit slowly but inexorably.

In the civilised human world, a new factor, in the form of mass education has emerged to help accelerate human progress. As education slowly spreads down to the masses, it soon became apparent that people with poor genetic background but helped by a good education can be far superior to those with 'good' genetic material but handicapped by a poor educational background.

Such a phenomenon naturally exposes the myth of the superiority of genes and ancestry over environment. As a result, the importance of education as a means of improving the quality of society is emphasised while the traditional respect for genes and ancestry declines.

This leads to the sprouting of red brick universities and the opening of the gates of exclusive and ancient seats of learning to meet the unprecedented demand for knowledge and self-improvement from the masses especially after the last war. It would be said that it was this liberalisation of higher education for the masses that was responsible for the subsequent 'knowledge explosion'. This has fully justified the faith placed on education and environment as the quickest and most effective means to improve human quality and accelerate economic progress.

We in Singapore should follow the same trend and resist atavistic urges. Singapore is only one hundred and fifty years old. It is premature and embarrassing to talk of genes and geniuses and a new aristocracy. There are many in our midst who can still remember first hand accounts of how their grandfathers have all come to Malaya crammed like 'piglings' in the holds of ships to be sold to rapacious labour contractors as indentured slaves. Under such barbaric conditions, survival and prosperity for the few depended more on luck and a timely lack of scruples than on genes.

Moreover, the descendents of these pioneers, lucky enough to attend schools and universities, and clever enough to gather gold medals and prestigious scholarships, would be the first to admit that these examinations were designed to assess average intelligence and nothing else. Indeed had a genius sat for any of these examinations, he would probably had flunked. It is obvious therefore that gold medals and scholarships were awarded in recognition of average intelligence plus hard work and not of originality which alone is the hallmark of genius.

The capacity for hard work and discipline is an acquired and not an inherited characteristic. Those who attempt to build new aristocracy around the nucleus of gold medallists are therefore trying to perpetuate what is not transmissible.

They should also take a good look at the fate of the English aristocracy. No class in history is more obsessed over their genes. Some of its noble scions are now eking out a living, guiding tourists through their dilapidated chambers, selling their art treasures to the newly rich, and even hawking their genes to wealthy heiresses who have had everything that money can buy except a few drops of blue blood in their veins.

Singaporeans should be sensible and be contented that sheer grit and determination and a high literacy rate have made them what they are today. It is foolish to entertain aristocratic pretensions now or later.

No one will grudge us our good fortune if we say it is due to our own hard work. Most will however react irrationally if we fling our genes in their faces.

Quotable Quote

"There is only one thing worse than the smugness and prejudices of the ignorant and that is the smugness and prejudices of the "educated". Education that does not engender a sense of humility in the student, that does not make him appallingly aware of how much there is to know that he does not know, is not true education. It is simple mental callisthenics.

From education students should acquire enough knowledge so that they need not look up at others with envy. Enough wisdom so that they will not look down on others with disdain."

—Gerald Horton Bath

Galloway Memorial Lecture

The Academy of Medicine, Singapore, invites applications for the above lecture to be delivered in July 1974 in Singapore. The subject must be one pertaining to Medical Sciences and consist of original work. An honorarium of S$100/- will be paid to the Lecturer. Applicants must submit (in triplicate) personal curriculum vitae and an outline of the subject matter embodied in the lecture. Applications should be sent to:—

Dr. Beatrice T.M. Chen,
Scribe,
Academy of Medicine, Singapore,
4A College Road,
Singapore 3.

not later than 30th April 1974.

View Point

A World Short of Aspirins

One of the things we all have to learn rapidly, used as we have been to plenty, is how to do with less and some times without. The slogans of the recent past count out some of these shortages – save water, use less electricity, save a litre (of petrol, why not water) a day. Shortages in sugar, rice, prawns and so on have occurred, and receded in the past year. The threat of shortage is even now not over, and the possibility of future bad harvests etc. may recur.

Perhaps it is only if one believes in a supernatural causation of these happenings the Kohoutek Comet or the Tiger Year – that one can confidently say we will see the end of these misfortunes.

However, I would not say that all that has happened need be viewed with dismay. There may be several medical advantages to be reaped as a result of various shortages.

Consider, for example, a society so changed by fuel shortage that a significant reduction of transport facilities occurred. It seemed, in Holland, that the Dutch cycled more. There were no increases in accidents, or in the number of pedestrians or cyclists knocked down by cars. This may not initially be so in another country, but there is no a priori reason to think that the accident rate or the severity of casualties would increase. It has been suggested that switching off lifts and elevators would produce a crop of coronaries. Even if true, the process of natural selection would soon automatically reduce further incidents.

There may be a case for resetting the thermostat control in large office blocks and hotels so that the air-conditioning is not freezing cold as it is now. There may not be a reduction in office efficiency, but there may well be a decrease in respiratory tract illnesses. And what about the effects of food shortages? The diabetic statistics of European populations during the Second World War, and subsequently, suggest that reduction in food intake of the population at large reduces correspondingly the numbers requiring treatment for diabetes, whilst increased food intake after the years of reconstruction showed up more diabetics (possibly 'latent' before).

Clearly, the medical profession is not in a position to take any effective preventive action relating to the above circumstances. We have to adopt a wait-and-see position.

But there is one point worth considering where action now may be useful. We have become so used to thinking and talking about shortage of medical and paramedical personnel, and of hospital, outpatient, and other organisational facilities that we are in danger of overlooking the possibility of a shortage of medicines, drugs, ointments, etc. It sounds odd to talk of this now, but in the future, we may see a world short of aspirins. The time may be ripe now for Singapore to survey its sources of supply of medicines with an eye to the security of such future supplies.

M. G. K.

Singapore Paediatric Society Research Fund

Applications are invited from any properly qualified persons engaged in Paediatric Research for the award of two grants of $500.00 each in connection with the above Research Fund.

Applicants, who need not necessarily be doctors, are required to submit three copies of details of their research projects including the estimated cost involved, to the Selection Committee, Singapore Paediatric Society Research Fund, Mistri Wing, Outram Road General Hospital, Singapore, 3, by March 31, 1974.

No award will be made if in the opinion of the Selection Committee none of the research projects submitted are worthy of consideration. The decision of the Selection Committee shall be final.

A.G.M.

Date
March 31, 1974
Sunday

Time
2.30 p.m.

Place
Pathology Lecture Theatre
Outram Road
General Hospital,
Singapore 3.

KEEP March 31

FREE

LETTERS

In Defence

Dear Sir,

I suppose it is galling for a would be author to have his masterpieces turned down one after another by an Editor and his board. One must assume that this is what prompted Dr. H.H. Un to send in the pompous letter which was published in the last Newsletter. I believe the previous Editor came under fire for the same reason.

Two recent efforts of mine have been singled out for criticism. Let me assure readers that they have no need to feel concern over a tremor which I have never had. Furthermore, I trust, I shall never lose the ability to laugh at myself. As for the last "View-point" (why masquerading I wonder?) I make no apologies for bringing to readers' attention misleading advertisements of medical and quasi-medical products. It is interesting to note that since this article appeared there has been a move by manufacturers to exclude actors posing as doctors from appearing in advertisements. Coincidence, possibly, but at any rate a move in the right direction.

C. H. A. Hoy

MORE LETTERS ON PAGES 4 & 5

SMA Night Calls Service

Dear Sir,

Recently, I received a frantic call from a patient through the Answering Service in the early hours of the morning. Her mother, a diabetic under treatment, collapsed and turned blue with difficulty in breathing and with sweating. She could not reach her regular physician. Could I help? After giving some first aid advice, I suggested she call a family doctor and gave her the name of a G.P. friend of mine living nearby the patient's house, hoping that he will oblige.

May I suggest that the SMA should actively initiate an **Emergency G.P. Service:-**

(1) SMA should have available a **list of GPs or GP Groups** willing to take on emergency calls after hours from patients who either do not have regular family doctors, or could not reach them for whatever reason. This list should be categorised under Postal (or even smaller) Districts in which the GPs are living. Treatment given should be emergency only and patients are returned to their own doctors the next day for follow-up.

(2) This Service could be operated through the **Answering Service** which could direct patients' calls according to the regions or on a roster basis.

(3) This Service can be augmented by the use of **Pocket Radio Paging** System ("The Beep") operated by the Telecoms. SMA could rent a few, say 3 or 4, making them available to GPs who are willing to take these emergency calls on a night roster basis.

Can we have other views on this subject, especially from GPs?

Yours very truly,
A Gynaecologist.

A Thankless Task

Dear Sir,

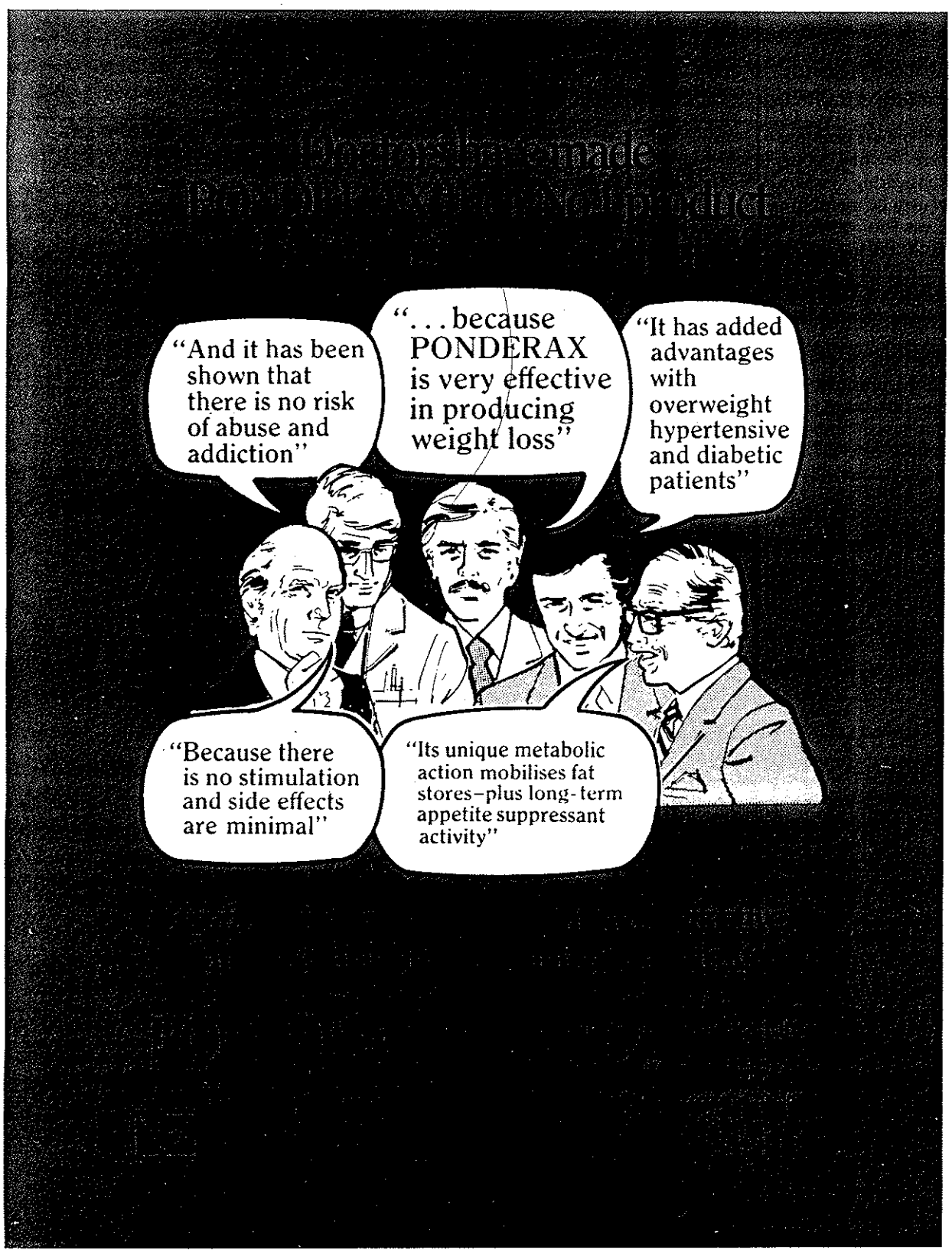
I would like to make, if I may, a few general remarks on points raised by Dr. H.H. Un in his interesting letter which appeared in the last issue of the Newsletter.

I feel the task of vetting articles by the Editorial Board is often an invidious and thankless one. Medicine has such a wide scope and ramifies into every nook and corner of human activity. It can be said that any topic under the sun will have some medical content and interest. A critique on the controversial film, *The Last Tango in Paris,* for instance, may qualify for publication in a medical newsletter and I would agree it is the case. However, I think that in deciding the merits of any article, the Editorial Board should be guided by the objects of the Association as laid down in the Constitution.

I am happy to see a new series called Embarrassing Moments featured in the Newsletter. I have found the anecdotes amusing and the moral in the tales thought-provoking. The introduction of any new series shows innovativeness on the part of the Editorial Board and gives vigour to the publication. I shall be very sorry if this series meets with an untimely death.

Perhaps, it may be worth thinking about starting a new section run on the same lines as Personal View in the British Medical Journal. This is usually the first thing I turn to when I read my BMJ. It has received enthusiastic support from its readers in the United Kingdom and has often stimulated much discussion in the correspondence columns. I think we could invite views from our ex-members who are scattered over the globe. The success of such a local series will have to depend on continual support from our members. It is also important that a modicum of mutual respect and restraint should prevail no matter how intensely one may disagree with the views expressed by the contributors.

Yours sincerely,
C.L. Oon



Cholera Vaccination Certificate Requirements, 1974.

Dear Sir

1 I attach herewith a list of countries under two categories.

2 Despite the publication of a statement on the above in the Straits Times of 28 Dec. 73, there are still inquiries from doctors, mostly in general practice, regarding the countries requiring cholera

● *Cont'd on Page 5*

Letters

vaccination certificates. It may therefore be useful to publish this information in the Medical Newsletter or to circularise it to our doctors.

3 It will be noted that Singapore is usually not infected with cholera; and when Singapore is not infected, travellers from Singapore will not require cholera vaccination certificates even to the countries listed (except Papua New Guinea), unless they disembark in infected areas before reaching any of those countries.

4 Certain Airlines are said to be requiring cholera vaccination certificates before issuing travel tickets, despite advice to the contrary, to save themselves the trouble of referring to the information provided.

Yours faithfully,
Dr S.R. Sayampanathan
Senior Health Officer
Quarantine & Epidemiology
Environmental Public Health Division

Cholera Vaccination Certificate Requirements 1974*

The following countries require cholera vaccination certificates from travellers:

I. From all countries: Papua New Guinea and Maldives ♦

II. From infected area:

(a) All ages –
(1) Guinea
(2) Namibia (by air)
(3) Swaziland
(4) Malta ♦

(b) Over six months of age –
(1) Greece
(2) Iran
(3) Iraq
(4) Madagascar

(c) Over one year –
(1) Australia
(2) Christmas Island (Indian Ocean)
(3) Egypt
(4) Italy
(5) Libyan Arab Republic
(6) Nauru
(7) Thailand
(8) Yugoslavia

* Taken from Vaccination Certificate Requirements for International Travel, a WHO Publication (1974) (Situation as on 1 January 1974).
♦ Amendment No. 1 (Feb. 1, 1974)

NEWS ABOUT PEOPLE

Mr. J. J. Murugasu	–	appointed to the Court of Examiners of the R. A. C. S.
Mr. Yahya Cohen	–	appointed to the Court of Examiners of the R. A. C. S.
Dr. B. R. Sreenivasan	–	F.R.C.G.P.
Dr. Koh Eng Kheng	–	F.R.C.G.P.
Dr. Wong Kum Hoong	–	F.R.A.C.P.
Dr. Tay Chong Hai	–	F.A.A.D.

(Not to be Quoted in the Press)

Advertisement

Colour Blindness in S'pore School Children

by
* Freda M. Paul & K. Vellayappan
(Department of Paediatrics, University of Singapore)

Two of the four primal colours, either red and green or blue and yellow are partially appreciated or not seen at all by the colour defective individual. The thousands of shades and tints derived from the primal colours and their blends which make up the colour world of the normal person are an unseen world for the individual with colour defective vision.

Classification of colour blindness

It is possible to divide colour blindness into 3 main types:-

(a) trichomats
(b) dichromats
(c) monochromats

Monochromats distinguish no hue and can match any two lights by adjusting their intensity. They are divided into rod monochromats who lack functioning rods. Such subjects have poor visual acuity, photophobia and nystagmus. Cone monochromats are exceeding rare.

Dichromats have a colour vision which is bivalent and can match any colour by a mixture of two others taken from near the two ends of the spectrum. They are divided into 3 types depending upon the mechanism which is defective.

(a) Protan designates decreased sensitivity to pure red and its complementary colour, blue-green. Protanopes can match all lights by a mixture of green and blue with a neutral point about 495 mμ.
(b) Deutan designates decrease in acuity for blue-green and its complementary colour, purple. Deuteranope can match all colours with a red and blue with a neutral point about 500 mμ.
(c) Tritanopès have loss of sensitivity in the blue green yellow perception and are rare.

Trichromats can be divided into normal and anomalous. Certain anomalous subjects do not accept normal matches, and depending on the spectral location of these differences they are classified as protanomaly, deuteranomaly and tritanomaly.

Genetics of Colour Blindness

The colour vision genes are located on the "X" chromosomes and consequently are named X-linked genes. There is agreement that colour-vision genes are located in two loci, protan and deutan in the short arm of the X chromosome (Mckussick 1966). From 1947, linkage between colour blindness and other diseases have been estimated and the sequence of loci are as follows:-

Xg, Protan, G6PD, Deutan, Haemophilia A.

The commonest type is where the mother is a heterozygous carrier combining with a normal father, giving rise to 50% of male children being affected. A heterozygous female carrying a sex-linked gene has a normal phenotype and a heterozygous carrier can be detected by using the luminosity quotient described by Crone in 1959.

Tests

The Ishirara Tests for colour blindness is the best of all confusion tests and is used for screening purposes. The best instrument for picking up the six types of colour vision defects is the anomaloscope. The anomaloscope is the supreme instrument and the final arbiter in the subjective diagnosis of colour vision test.

Purpose of Study

The purpose of this survey was to establish the incidence of colour blindness among Singapore schoolchildren and to see if there was any racial differences between the three ethnic groups, to study the types of colour blindness in the children and their siblings and families.

Results of survey

A study of colour vision using the Ishihara screening tests among 1,617 schoolboys revealed 5% of the Singapore boys to be colour defective, and among 1,498 schoolgirls 0.3% of the Singapore schoolgirls were colour defective. Thuline (1964) studied 10,341 students in an American School district and found that among 5,263 boys, 6.2% had defective colour vision while 0.55% of 5,078 girls were found to have the defect. Austin Furniss in England (1950) states that in the school ophthalmic work they found defective colour vision in 5% of schoolboys and 0.4% of schoolgirls.

Deutanopia was present in 60.3% of schoolboys compared to 39.7% of protanopia among schoolboys in Singapore. Racially 4.7% of the Chinese were affected with colour-blindness compared with 5.3% of the Malays and 4.5% of the Indian children. However, statistically there was no difference between the three ethnic groups ($p = > .5$).

In 67 cases where family studies were done, the mode of inheritance was a simple sex-linked recessive mode of inheritance, the mother being a heterozygous carrier. Where female children were involved, the father was affected hemizygously and had defective colour vision. One child was detected to have complete colour blindness and in four families second generations were involved, like nephews or uncles. The gene for colour blindness is closely linked with the gene for glucose-six phosphate dehydrogenase. All colour defective children were tested for glucose-six phosphate dehydrogenase, and only one child was defective for this enzyme.

It is recommended that:-

1 All children should be tested for colour vision sometime during the school period, preferably early.
2 The Ishihara test (1964) for colour blindness used in good daylight is a good test for screening the schoolchild. At preschool level the Guy's Colour Vision test is recommended.
3 Any child who is colour blind should not be regarded as a disabled person but guidance given with regard to his education and vocation.

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*Paul, F.M. and Vellayappan, K. (1973) "A Survey of Colour Blindness in Singapore Children" S'pore Paed. Soc. 15, 59.
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The Spock Controversy

• From Page 1

ness together with firm limit-setting facilitate growth of sociable, independent children. This has found repeated support from research.

(11) Discipline should be consistent, as inconsistency apparently contributes to maladjustment, conflict and aggression in the child. This has been abundantly demonstrated by delinquency studies. McCord and his colleagues have found that when one parent is punitive and the other is non-punitive, that is, they are inconsistent between them, boys are more likely to be aggressive than when both parents are punitive or non-punitive consistently (McCord et al., 1961).

(12) From the above considerations, it would appear that hostile, restrictive, inconsistently punitive parents have the most adverse influence on the child's development and mental health.

In practice, advising parents on how to discipline their children is not easy. No two families use exactly the same methods of discipline. Within the same family, mother can differ a lot from father in discipline methods and control strategies. A closer examination of the discipline techniques and control strategies used at home will invariably reveal that a parent uses not just one method, but a combination of a variety of methods with varying degrees of consistency and flexibility. The pattern of discipline depends on the sex of the parent using it, the sex of the child on which it is exercised and on the home circumstances. In view of this, every case needs to be explored and studied on its own merits before one can give advice with reasonable degree of success.

The change in Spock's views seems to be more in line at present with research findings and everyday life experience. His latest edition is a much improved book than the previous ones. It is an interesting and easy book to read, and provides a lot of useful information. There are obvious defects and much ground for improvement. It would be better if he revises and updates those sections on psychological aspects of child rearing based on solid research findings without oversimplification or over-interpretation. The revised psychological aspects of child care are best compiled into a separate book, as the present 'manual', as it is, is already on the large side. At present, with such a large number of books on child development and child care by numerous authors, it would be unwise to just stick to one book or one author alone.

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Thoracic Society's New Committee

At the Ninth Annual General Meeting of the Thoracic Society held on January 18, 1974 the following were elected office-bearers for 1974.

President: Dr. Chew Chin Hin
Hon. Secretary – Treasurer: Dr. Chew Shin Fun
Members: Dr. William Chan
Dr. Ng Kwok Choy
Dr. N.C. Tan

On the Oil Crisis

Page 9.

With one fell stroke, the energy crisis is on us. Shock waves have been felt in Jurong and elsewhere in our minuscule Republic. The prophets of doom are busy but somehow, I feel we shall manage to survive.

From the health point of view, I should think there may be more rather than less benefits from the energy crisis. Fuel is such a basic commodity that through the intricacy of multiplying factors, all services and marketable items including food will cost more. Everyone will have to tighten his belt. This is a good thing, in a way, for the more affluent members of the society. Obesity is, in most cases, the result of an excess caloric intake and gives rise to more ill-health than any other nutritional disorder.

One condition the radiologist encounters more frequently now is hiatus hernia. This is usually seen in the stout individual. He has a solid abdomen with an abundant store of mesenteric fat. The tone of his abdominal muscle is good. The build-up of pressure within the abdomen, analogous to the 'abdominal press' in singing must be quite tremendous and the structure which usually gives way is the oesophageal hiatus. The often well-filled stomach is the unwitting accomplice.

The fuel crisis has affected us visibly in more ways than one. The speed of vehicular travel has been reduced for the purpose of economy, if not for consideration of safety. This self-imposed discipline has never been achieved by legislation, speed-traps or heavy penalties.

I have also noted owners of small cars drive their vehicles with a new-found sense of pride. There is indeed a big rush for small cars. This swing of the pendulum may not be quite desirable. A big car has a decided advantage over a mini: the chances of survival in one in a collision are considerably greater.

The hoped for reduction in car density on the roads especially in the congested city area will help to curb air pollution. It has been conclusively shown that cigarette-smoking causes lung cancer, ever since scientists trained poor beagles to smoke like human beings. However, one often wonders whether inhalation of air, polluted with partially-combusted hydrocarbons contributes to the alarming rise in the local incidence of lung cancer.

Civic organisations and even professional bodies are now going ahead with plans for car-pooling to save fuel. I doubt if this will work with our professional people. Their schedule is so tight and often unpredictable for any kind of scheme to be feasible.

One may look forward to the day when the bicycle will be the mainstay for city travel. I remember my undergraduate days when I went about on a cycle. Now I see students drive around in brightly-coloured high-powered cars. Cycling is a good proposition if a folding-type of bicycle is available. One can park one's car in town, take out the cycle from the boot, fix it up in a jiffy and pedal around town on it. The re-discovery of the two-wheeler will surely gladden the heart of Paul Dudley White.

There is a tangible benefit from the oil crisis for the long-suffering residents of Katong and Geylang. There are fewer flights in and out of the Paya Lebar Airport. Sometimes, on a still night, listening to the struggle of an aeroplane trying to gain altitude in a poor headwind can be quite an awesome experience. Authoritative reports have shown that the continual roar of aeroplanes overhead disturbs the sleep and affects the health of dwellers and the reduction of air-travel in this respect is most welcome.

We are fast becoming a soft society and fuel crisis is just the thing to toughen us up. Nowadays, all sorts of conveniences and amenities are laid out to spare us the use of our muscles and energy. From travelators and escalators to automatic gates, and remote-control devices for television sets to labour-saving fancy gadgets like battery-operated shavers and tooth-brushes. A lot of ailments arises from the soft sedentary style of life. The common low backache is frequently the result of poor muscle tone and the use of sagging foam-rubber mattresses.

We should probably consider dispensing with air-conditioning and going back to living the way our grandparents did. One redeeming virtue about the human being is that he is quite adaptable. I am sure the vasomotor rhinitis which has long been plaguing me is the result of air-conditioning. The sensitive mucosal lining of the nasal passages has become overworked trying to warm and humidify the "conditioned" air. Switching from the cold and dry to the warm and humid atmosphere and back only aggravates the condition. Vasomotor rhinitis is quite a prevalent condition and any private ENT surgeon will testify that it is about the commonest ailment seen in his practice.

One important outcome of the petrochemical shortage is that drugs will be more costly. This, of course, can be quite worrying. But, are we not fast-becoming a society of drug-consumers? Self-medication is emerging as a serious problem. There are in the market dozens of kinds of pain-killers, sleeping-pills and tranquilizers; tablets to aid digestion; multivitamins with a whole array of trace elements. A child with a cough could well do without antibiotics but too often the mother demands an instant cure.

These are random jottings of some personal views on the energy crisis. I am the opening batsman in the series because I made the mistake of suggesting it. It is hoped I have put up a creditable performance. I have been told that the main function of the opening batsman is to wear down the opposing team. I have been well prepared for all types of bowlers, bodyline ones included.

C. L. Oon

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All-Russian Semi-Finals

It was well on the cards that the first round of the world championship Candidates' Tournament would eliminate the four non-Russians, and so it happened, though the under-dogs had their supporters.

Boris Spassky trounced Robert Byrne (USA) in San Juan, Puerto Rico, in six games, scoring 3-0. That Byrne was not in Spassky's class is clear, and perhaps, the Leningrad Interzonal in which Byrne qualified for the Candidates marked the acme of his chess career.

The next to qualify for the semi-finals was Anatoli Karpov who beat Lev Polugaevsky 3-0, also, in eight games, in Moscow. There the winner was sure to be a Russian, but until the match it was not known if Karpov would fulfill his promise as the Russian answer to Fischer.

The manner of his success shows his undoubted ability for when he had the disadvantage from the opening he defended resourcefully to drawn the game or even to turn the tables, and when he had the advantage, he brought home the bacon.

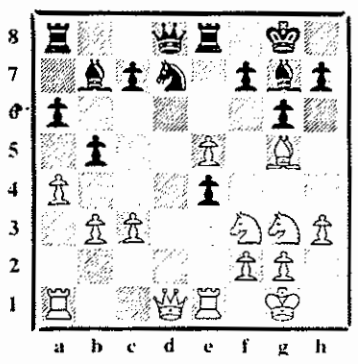
Polugaevsky defended the Sicilian four times with the Najdorf variation, drawing once and losing thrice. In this department at least, Karpov was clearly his master.

Viktor Korchnoy led 2-0 against Henrique Mecking (Brazil) after winning the 5th and 7th games in Augusta, Georgia, USA; Mecking then put up a stout resistance in the next five games. Mecking won the 12th game, but was wiped out in the 13th game.

Though the Brazilian was thoroughly disappointed by the result, he did well to hold one of the world's best players to 3-1. As he is only 22, there is time yet for him to conquer Korchnoy, but Mecking had to try to match Karpov's result.

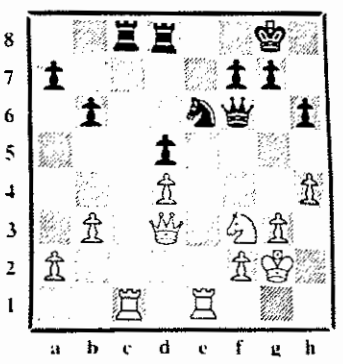
In Palma de Mallorca, Spain, Tigran Petrosian played "kungfu" with Lajos Portisch (Hungary). In the first and third games, when he had the White pieces, Petrosian took grandmaster draws in 18 and 22 moves, respectively. Meanwhile, the 2nd and 4th games, with Portisch having White, went the full distance before Portisch agreed to the draw.

Spassky



Byrne
Position after 19 Lg5.
Diagram 1.

Portisch



Petrosian
Position after 20 ed4.
Diagram 2.

In the 5th game, however, Petrosian came to life with a surprise move in the opening to which Portisch could not find an adequate reply and the former world champion scored the first point. He then went back to sleep again, drawing the next three games in 35,13 (!) and 29 moves.

In the 9th game, Portisch attempted a Kingside attack prematurely and overlooked a piece. His position was poor, however, and he would have lost anyway once his attack was rebuffed.

Undaunted, Portisch came out fighting in the 10th game which he won convincingly with a Kingside attack, and after drawing the 11th game in 19 moves won the 12th game through two serious errors by Petrosian in a Rook and pawns ending. The score now stood at 2-2 with four more games to play.

Those who had hoped for a non-Russian semi-finalist by these portends, were disappointed, for in the very next game Portisch foolishly won a pawn with a pseudo-sacrifice of his Queen that left him very badly off in the ending which Petrosian had no difficulty winning.

I give two positions with Queen sacrifices, the first a genuine one in Byrne-Spassky, 3rd game. Byrne had just attacked Spassky's Queen and was cogitating how he would continue after 19...f6, e.g., when Spassky dropped a bomb by capturing Byrne's Knight. (See diagram)

19...ef3!! 20 Ld8 Tad8 21 ab5 Se5 22 ab6

Byrne decides to let his Queen go as there was no safe square for her anyway. The resultant endgame was a dead loss.

22...Td1 23 Tfd1 La8 24 gf3 Sf3 25 Kf1 Lc3 26 Tac1 Sd2 27 Kg1 La5 28 b4 Sf3 29 Kf1 Sh2 30 Kg1 Sf3 31 Kf1 Lb6.

With Byrne's King caught in a vice, Spassky repeated some moves to adjourn for analysis at leisure and won his first point in 56 moves, when the game was resumed.

Of the 15 won games in the quarter-finals, this was the only one that Black won.

Diagram 2 shows the position in Petrosian-Portisch, 13th game just before Black's ill-fated "brilliancy." Portisch could probably hold the game easily by contesting the e-file by 20...De7 followed by 21...Tc7, but he gave up control of the file.

20...Tc1 21 Tc1 Df4 ?

The offer of his Queen would have delighted all chess fans had Portisch won the game as a result, but the move was unsound.

In the first place, Portisch gains nothing if Petrosian simply moves his Rook to safety, e.g., with 22 Tc3. This protects White's Queen and the Black Queen must move again, but where to?

If 22...Db8, then 23 Se5 prevents 23...Tc8 because of 24 Sc6, threatening Queen as well as 25 Se7 winning the Exchange. If 22...Dd6 or 22...Df6, then also 22 Se5 with a strong position for White. Petrosian takes the Queen, however, as he will win easily enough. (See diagram 2)

22 gf4 Sf4 23 Kg3 Sd3 24 Tc3 Sb4 25 a3 Sa6 26 b4 Sb8.

Five useless moves by the Knight for a pawn was too high a price to pay.

27 Tc7 a5 28 b5 Sd7 29 Kf4 h5 30 Se5 Sf8 31 Tb7 f6 32 Sc6 Sg6 33 Kg3 Td6 34 Tb6 and Black resigned on move 40.

Charade of Musical Chairs

What I'm about to say isn't going to be easy, nor will it be pleasant reading for some people. The A.G.M. as you all know is once again around the corner, and the yearly charade of musical chairs begins all over again.

No responsible medical body, least of all an organisation like the SMA which represents over a thousand doctors, can have at its head a leader who holds on to his post just for twelve months, and then has to pass it on to another person to carry on.

Firstly, good leaders are not easy to get and when we do get a good one it seems a terrible shame that the present constitution of the S.M.A. does not allow him more than one year in office.

Secondly, one year is too short a time to get anything effectively done. True he would have spent a year as President-elect learning the ropes and sizing the situation. so to speak, but if he has effective ideas of his own, it would be quite impossible to see things through in this short time.

Thirdly, no authorative body like the Ministry of Health, will likely treat seriously any parley or agreement with a President whom they know will be out of office the next year. Even the Americans with all the hoo-hah over Watergate realise that for Kissinger to talk effectively to anyone, Nixon will have to remain in office for some time.

Both the Master of the Academy of Medicine and the President of the College of General Practitioners, Singapore, can be re-elected to office to serve for a few years at a stretch. Continuity of office, consistency of policy, is of paramount importance in these bodies and the S.M.A.

No work or responsibility of an organisation, however should fall on the shoulders of one person. The President usually has a team of workers he can count on to help him in his work. With the change of Presidents, a new team has to be found each time. The incoming S.M.A. President has no obligation to continue the policies or work of his predecessor, and he may even reverse decisions made by the previous council.

Such inconsistencies in policy hardly make the S.M.A. an organisation anyone would treat seriously. The only S.M.A. President who has been able to deal effectively with the extension and efficiency of our administrative offices, was one who held the job for over two years at a stretch due to the untimely demise of his predecessor.

There was a time when the words S.M.A. in our local newspapers meant that our medical association had some comment to make about medical issues. Nowadays the words S.M.A. to the public are synonymous with the Singapore Manufacturers' Association.

There was a time too when many moves made by the S.M.A. Council generated a lot of heat and discussion in the Medical Centre. The Chinese have a saying that if the patient can groan and complain, he is not likely to die. Any organisation that does not have its members interested or busy discussing its policies should have another medical check-up. Is it becoming senile or is it enfeebled by tidapathy?

If we want the S.M.A. to be a strong organisation, then there must be continuity and consistency of policy and this charade of playing musical chairs must stop.

Elections to office should be held at the beginning of the A.G.M. when the house is full, not towards the end of the evening when the crowd has drifted away either in disgust or in disillusionment leaving only the hardy or the foolhardy to stay behind and fill the vacancies.

Some say, why talk about continuity when it's always the same old faces that get elected to Council. Surely we need new blood? As I said before, in playing musical chairs the players are the same, but they keep on shifting their seats until no one knows what the S.M.A. stands for, or what is more important, what are its likely policies for some years to come.

The present set-up of having a President and a President-elect was lifted off the constitution of the B.M.A. In that organisation however they have a permanent Secretary who is a doctor and who is very much in charge of the organisation. There is little problem about continuity.

A medical association in this country must however present a different image from that given by some of the developed countries where medical associations are often looked upon very much as professional trade unions.

There is so much we can do for our doctors, and more important perhaps for the people of this country. Why can't we mount our own health campaigns and carry these to the people instead of waiting for others to initiate them? If we can't or won't lead, then the fault is our own, and neither grumbling nor muttering under our breath will help change our fast slipping image.

E.K.