



**MEDICAL**

SINGAPORE MEDICAL ASSOCIATION

# Newsletter

VOL. 8 No. 4 & 5

APRIL/MAY 1975

MC (P) 78/75

## Amendments to Our Constitution

At the last Annual General Meeting the House approved the following changes to our Constitution:-

**Article VIII - Management of the Association** - the existing clauses were deleted in toto and substituted by the following:-

1. The Association shall be managed by a Council consisting of the President, Vice President, Hon. Secretary, Hon. Treasurer and six ordinary members.
2. The President shall be elected at the Annual General Meeting and shall hold office for one year but shall be eligible for re-election at the end of his term up to a maximum of 3 consecutive years. No member can stand for election to the Presidency unless he has served in previous Councils for at least 2 years.
3. The Vice President, Hon. Secretary and Hon. Treasurer shall be elected at the Annual General Meeting and shall hold office for one year, and they shall be eligible for re-election.
4. All ordinary members of the Council shall be elected at the Annual General Meeting and they shall hold office for a period of two years. Three members of the Council shall retire each year and three new Council members shall be elected to fill their vacant posts for a term of two years. In the first year of application, the three members to retire shall be decided by ballot. A retiring member may seek re-election at the Annual General Meeting.
5. Should a member of Council not due to retire in a particular year stand for and be elected President, Vice President, Hon. Secretary or Hon. Treasurer, his post in the Council shall be filled by the election of another member from the House.

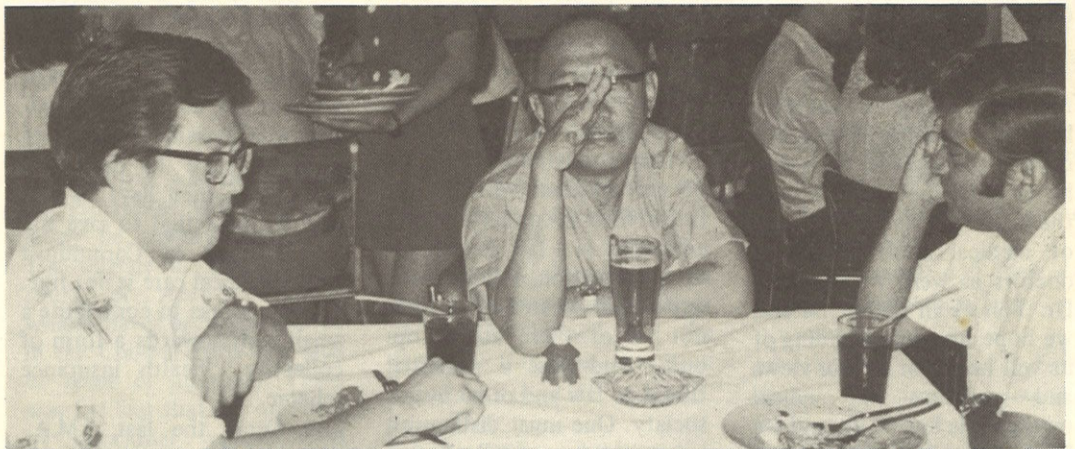
**Article IX, clause 2**, substitute "Vice President" for "President-Elect" wherever relevant.

In a nutshell, these changes mean that at least 3 members of the Council will remain in office to provide for continuity in the management of the Association in any year, whereas under the old Constitution, the only person in the Council ensured of continuity of office is the President-Elect when he becomes the President.

In the previous Article VIII then, except for the President, a Council consisting of entirely new (and inexperienced) members could be elected. Although it has never happened in the past, the obvious disadvantage of this has prompted the last Council to propose the changes necessary to guard against this. There were in fact constant complaints that Council moved slowly and deliberations on matters were often delayed with the constant changes in policy and leadership.

The amended Constitution provides for some constancy and consistency in leadership by enabling the re-election of the President up to a maximum term of three consecutive years. In order that only experienced persons of maturity can become President, there is also the proviso that a candidate for President must have served at least two years in previous Council. The restriction of the President's term of office to a maximum of three consecutive years also means that an incompetent President will not be able to carry on indefinitely.

It is hoped that with these changes, the Council will be given a stronger mandate in its dealings with all concerned. In the old Constitution Council has often been unsuccessful in its dealings due to the "here today, gone tomorrow" attitude adopted towards them.



At the Lunch for the newly-graduated doctors given by the Singapore Medical Association on 15 June 1975. The President-elect, Mr. J.E. Choo, Dr. K.K. Toh, Hon. Secretary of the S.M.A. and Mr. Nambiar, seem to be enjoying themselves.

### The Tenth Singapore-Malaysia Congress of Medicine

The Tenth Singapore-Malaysia Congress of Medicine will be held from 21st - 24th August 1975 at the Regional English Language Centre, Singapore.

**Registration:** Full Member S\$40/- This includes admission to all Scientific Sessions and Exhibition, an invitation to the Official Opening Ceremony, and a copy of the Congress Proceedings when published. Social Member S\$10/- to include admission to the Scientific Exhibition and an invitation to the Official Opening Ceremony.

In addition to the Scientific Sessions, there will be -

- Academy of Medicine Biennial Dinner on 23rd August at 8.00 p.m. at the Island Ballroom, Shangri-La Hotel. The Guests of Honour will be the Academy's Patron, President (Dr) B.H. Sheares and Mrs. Sheares.
- Gordon Arthur Ransome Oration on 23rd August at 11.30 a.m. at the RELC to be delivered by Prof. Khoo Oon Teik, AM, MD, FRCPE, FRACP, FRCPG, Professor of Medicine and Chairman, Department of Medicine, University of Singapore.
- Symposium on "Perspective in Transplantation" on 24 August at

10.30 a.m. at RELC. Speakers are - Prof. J.F. Bach, Dept. of Nephrology, Paris. Prof. R.Y. Calne, Dept. of Surgery, University of Cambridge, UK. Prof. David P. Earle, Chicago, U.S.A. Prof. Khoo Oon Teik, Singapore.

The Chairman and Secretary of the Organising Committee are Dr. Tan Ngoh Chuan and Dr. J.A. Tambyah, respectively. Further details and registration forms, etc. are obtainable from the Congress Secretariat, Academy of Medicine, 4A College Road, Singapore 3.

### 16th Council of the SMA

President	: Dr. Frederick Samuel
President-Elect	: Dr. Choo Jim Eng
Hon. Secretary	: Dr. Toh Keng Kiat (re-elected)
Hon. Treasurer	: Dr. Lim Chan Yong (re-elected)
Council Members	: Dr. Chiam Heng Khim
	Dr. Victor Fernandez
	Dr. Gwee Ah Leng
	Dr. N.N. Ling (re-elected)
	Dr. Charles Ng ( " )
	Prof. Phoon Wai On ( " )

#### Standing & Ad Hoc Committees

Editor, Singapore Medical Journal	: Assoc. Prof. Lim Pin
Editor, Medical Newsletter	: Dr. Koh Eng Kheng
Chairman, Library:	: Dr. Leong Hon Koon
Chairman, SMA/Alumni Liaison	: Dr. Choo Jim Eng
Chairman, Ethics	: Dr. Gwee Ah Leng
Chairman, Medik Awaz	: Dr. Loh York Siong
Chairman, Membership Drive	: Dr. Charles Ng
Chairman, Insurance & Tours	: Dr. Lim Chan Yong
Chairman, Medical Programme	: Dr. Geoffrey Chiam
Representatives, Singapore Professional Centre	: Prof. Phoon Wai On & Dr. Lim Chan Yong
Alternates	: Dr. Geoffrey Chiam & Dr. Loh York Siong
Representative, SMA/Singapore	:
Anti-Narcotics Association	: Dr. P.C. Teoh
Representatives, Medico/Legal	: Dr. Gwee Ah Leng & Dr. F. Samuel

### Inside

- Viewpoint - Dollars and Sense in Medical Care .... 2
- Who Speaks for Whom ..... 3
- News from the Council Table ..... 5
- Letters ..... 6
- News About People 8
- 6th Convention ... 10



## Dollars and Sense in Medical Care

It has been some time since our last issue of the Newsletter. Much has happened on the medical scene since then. We have a newly elected council in the S.M.A., and we have a new Minister of Health in Dr. Toh Chin Chye.

Dr. Toh is of course not new to us. Many of us had the opportunity of knowing him as a teacher during our days as undergrads. I am sure he is only too familiar with the wiles and antics not only of medical students but of doctors as well! We welcome Dr. Toh as an old friend and we hope his understanding of us will help him see our views and problems in medical matters. He knows us, and we know him. What better way of getting along together!

The recent move by the Government to house our aged in the H.D.B. flats is a good one. It is a shame that there are still old people around who have no one to care for them in their twilight years, nonetheless living in homes for the aged although a poor substitute for living with their families, is still better than being out in the streets. Care for the aged will no doubt make inroads into Governmental budget and siphon off funds from some developmental project, but can we sit around and watch the old wither away in wretched "homes" for the aged run by the voluntary agencies who are perpetually short of funds?

Progress in a nation can be measured by many yardsticks. There is the yardstick of economic progress, the yardstick of material affluence, but there is also the yardstick of benevolence and care we show for the less fortunate members of our society. It is when we show that we do care for the less fortunate amongst us that we can truly say we are no longer a primitive society or an undeveloped nation.

A few years ago a very generous couple died, and having no children of their own, they bequeathed all they had which was worth nearly a couple of million dollars, to charity. The tax man stepped in when the value of the properties was at its height, made his assessment, and took his share. With the fall of the property and share market, the amount left to be divided amongst the various charitable agencies became a paltry sum. It seems a shame that property willed to charity has to be taxed. There are legal intricacies involved but perhaps we should heed more the spirit and less

the letter of the law.

Dr. Goh Keng Swee is one of the Government ministers who is always worth listening to. He is blunt in his language and his message is often not only refreshingly frank but thought provoking as well. His recent speech to the People's Association must have poured cold water down the backs of those who seek to "upgrade" the Association.

His comments on the 50% of our students who do not finish their secondary school education is a fair assessment of the situation. I think he is quite right when he says that not all of these are "drop-outs" and pose a potential threat to law and order in our society. One must distinguish between "drop-outs" who are potential delinquents and "non-finishers" who for economic and other reasons do not complete their secondary education.

The setting up of the Army school in Changi to help boys between 14 and 16 years who have left school is a good way to see that our young people are gainfully occupied and not left to roam the streets where they may fall prey to undesirable influences.

Dr. Goh did not have kind things to say about the academics who pontificate on social problems and who do not go out into the field and know the problems at grass root levels. Here perhaps we would like to add that not all social workers are chairborne academics, and many do have personal knowledge of problems within our communities. The study of the social sciences far from being a dead loss to the community, can be profitable if we view problems in the local context. As Confucius said, "Wise man learn from own mistakes. Wiser man learn from mistakes of others."

Being at the confluence of both Eastern and Western cultures, we cannot set cultural barriers all around us. We have to study the problems facing the West so that when these problems confront us we would be able to take proper steps in the light of the experience of those countries in the West.

The Housemen have had their pay-rise. Thankfully this is a happy ending to a situation that looked one time to be brewing like a storm in the tea-cup.

Someone has to pay for the increase in medical expenditure and once more the Government has raised hospital and outpatient charges to raise the funds. This unfortunately will cut into the

pockets of the public and the poor will feel the pinch, but is there any other way if we wish to have a high standard of medical care for our people? You cannot have something for nothing. With some people it is a matter of educating them into the recognition of the right priorities. Some of our less affluent do not mind spending a thousand dollars or more to bury the dead, but balk when they have to pay one tenth of that to save the living! Even in Communist China medical care is not free. Every one has to contribute a small sum towards a form of collective health insurance scheme.

I know the last S.M.A. made a noise to the previous Minister of Health over the raise in medical fees the last time, so I must hasten to add that these views are my own and not those of the Association.

The Chairman of the Society of Private Practice has already commented on the dangers of unbridled increase in medical charges in the private sector. Medical charges especially by a few private specialists have been the subject of much comment in our coffee rooms lately. How much is professional expertise worth in dollars and cents? I dare say this is some-

thing which no committee can get together and come up with an answer that will satisfy everybody. But lest we forget that we are healers and not businessmen, let us not allow inflated egos to inflate our charges to the poor and suffering. For every case of a steep charge however, there must be dozens of cases where doctors have charged nominal or no fees at all. One very successful gynaecologist on several occasions asks his patients to write out what the patient thinks the job is worth, and has the cheque addressed to his favourite charity. This is not a fairy tale because I have received many such cheques on behalf of the underprivileged children whom we try to help.

Are doctors getting more mercenary these days? While having my hair cut at the barbers I read an article which says that in Britain a new class of people are taking to the medical profession. In the past the British upper crust used to consider only three professions worth following — the clergy, doctoring and the army. Being in the profession was that which counts. Earning a living was of less consequence as these people had private incomes of their own. With higher education being made available now to everyone

rich or poor, medicine as a career is now being looked upon as a profession like any other profession, banking, accountancy, engineering. There is no longer any talk of "nobility" in the calling. If you work overtime you ask for overtime pay. A doctor's patients are no longer patients or friends, they are his clients. With medicine becoming more of a science rather than an art, can you blame our new doctors for being cold and calculating?

E. K.

Unless otherwise stated, the opinions expressed in the editorials of the Newsletter do not formally constitute the official views of the Singapore Medical Association.

### Editorial Board

Koh Eng Kheng  
Charles Ng  
Victor Fernandez  
C.H.A. Hoy  
Mah Guan Kong

Secretary  
James Soh

Views expressed by writers are not necessarily those of the Editorial Board.

In both rheumatoid arthritis and osteoarthritis

## Orudis

a new non-steroidal anti-inflammatory and analgesic agent provides the optimal therapeutic combination.

high activity with good tolerance\*

Controlled UK trials have shown Orudis to be

\*Better tolerated than indomethacin  
... with comparable activity

... Orudis - a new non-steroidal anti-inflammatory agent - has been shown to be well tolerated and to have comparable therapeutic efficacy with indomethacin when given in equal dosage. Side effects were less severe with Orudis. *Br. Med. J.*, iv, 398, 1972

\*More active than ibuprofen  
... with comparable tolerance

... the present study has shown that analgesic and anti-inflammatory activity of ketoprofen [Orudis] is significantly superior to that of ibuprofen, whilst adverse reactions of the two drugs are comparable and not serious. *Br. Med. J.*, iv, 82, 1973

## Orudis

supplied as capsules of 25 mg in easy-to-open containers.  
Full prescribing information available on request

\*Orudis is a trade mark of May & Baker Ltd Dagenham Essex RM10 7XS England for its preparations of ketoprofen  
S.E.A. Branch Offices:-  
HONGKONG - P.O. Box 599 Tel: 712323  
MALAYSIA - P.O. Box 150, Petaling Jaya, Tel: 772355  
SINGAPORE - P.O. Box 693 Tel: 656244  
THAILAND - P.O. Box 693, Bangkok, Tel: 915489

**M&B May & Baker**

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### "SYMPOSIUM ON PEPTIC ULCER"

The Singapore Medical Association cordially invite all Members, medical students, nurses and all other interested persons to attend the above Symposium -

on: Wednesday, 13th August 1975  
at: 8.00 p.m. at:- The Pathology  
Lecture Theatre, Singapore  
General Hospital, Singapore 3

#### Speakers:

Dr. Frederick Chen  
Dr. Boey Hong Khim  
Mr. Yahya Cohen

#### Chairman:

Mr. Geoffrey Chiam

ALL ARE WELCOME

### CHAPTER OF SURGEONS - ACADEMY OF MEDICINE MONTHLY COMBINED CLINICAL MEETING ORTHOPAEDIC LECTURE THEATRE (ORGH) 8.00 a.m. - 9.00 a.m. SCHEDULE FOR 1975

DATE	DEPARTMENTS/UNITS PRESENTING	CHAIRMAN
1975		
Jul. 19	B & O, ORGH	Mr William Fung
Aug. 16	AH & ENT, ORGH	Mr V K Pillay
Sept. 20	TRGH & Cardio-Thoracic, TTSH	Mr J J Murugasu
Oct. 18	A & C, ORGH	Mr J E Choo
Nov. 15	B, ORGH & Neuro Surgery, TTSH	Mr R Nambiar
Nov. 29	Combined Meeting with Singapore Surgical Society	

### CONTINUING EDUCATION LECTURES Sponsored by Chapter of Surgeons, Academy of Medicine, Singapore. Mondays 8.00 a.m. - 9.00 a.m. Orthopaedic Lecture Theatre (ORGH)

DATE	TOPIC	LECTURER
1975		
July 7	Monitoring Methods - How & How Much	Dr H H Chiu
14	Management of Post- operative Respiratory Failure	Dr R Perera
21	Combination Chemotherapy	Dr Chua Eu Jin
28	Ultrasound as an aid to Diagnosis	Mr R Nambiar
Aug. 4	Neonatal Intestinal Obstruction	Mr V T Joseph
11	Hyperalimentation	Mr A Rauff

### LETTERS

Not to be quoted by the Press

## Who speaks for whom?

Dear Sir,

The SMA Newsletter has been openly circulated in the past but due to objections of certain members of the Association and members of the Council, a move has been made to restrict the Newsletter to SMA members.

It seems that only in matters which are vital to the Association and the Profession, will the Newsletter be openly circulated. The change in heart is the result of recent editorials which have been misquoted in the Chinese Press (for lack of sense of humour). There was the fear that the opinions of individual writers were mistaken for the opinion of the SMA by the lay press. The disclaimer at the beginning of the Newsletter was not enough.

What, one might ask, is the opinion of the SMA? We all know that there can never be

a unanimous opinion in such a body as the SMA which is made up of thinking individual doctors. Or are we all expected to think and talk alike .. yes sir? Man exists because he thinks or he would have perished with the dinosaurs. Man is different even if we are all created in the image of our Maker and it is man's individuality which makes him a cut above the animals such as lemmings and his creation - the robot!

Will the Newsletter in future be a mouth-piece of the SMA Council and the Editorial Board an extension

of the Council in print? Let common sense and the 'spirit' of the Founders of the SMA prevail. We should not be afraid of controversy nor of speaking the truth for the sake of the profession, the public, and Singapore. The truth may not always be sweet but silence is not always golden and remember the words of the famous Bard:

"This above all - to thine own self be true;  
And it must follow, as the night the day,  
Thou canst not then be false to any man."

C.N.

### SATIRICAL APPRECIATION

Headings and subheadings provide the form,  
Paragraphs galore delineate norm;  
Lines, between lines denote composition,  
Words, between words, molecular function;  
Commas, full stops and punctuation marks,  
Helically coded, fulfil their tasks.

LVC

## with Rifadin® there's no need to treat your tb patient for years

Associated with INH, Rifadin gives sputum conversion in 100% of acute cases within an average of 13 weeks: this is about half the usual previous time.

"This could not only get patients back to active work earlier, but would also reduce the entire costs of the treatment service to an extent that would more than offset the cost of using Rifadin". (Lancet; 1972, 1, 1105)

**Dosage and Administration.** The daily dosage for adults is generally 600 mg in a single dose. Children up to 12 years, 10-15 mg/kg bodyweight (it is recommended not to exceed the daily dose of 600 mg). Rifadin should in principle be combined with other antituberculous drugs.

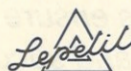
It is advisable to administer Rifadin on an empty stomach, before meals, to ensure more rapid and complete absorption.

**Packings.** Rifadin is available as capsules (150 and 300 mg of antibiotic) or syrup (10 ml contain 200 mg of antibiotic).

**Warning.** Rifampicin must not be administered in the presence of jaundice, during the first three months of pregnancy and in the case of hypersensitivity to rifamycins. The product should be administered only in case of necessity, and under close medical supervision, during the remaining months of pregnancy and in early infancy.

In patients with impaired liver function (particularly in chronic alcoholism or cirrhosis) Rifadin should be administered only in cases of necessity and under close medical supervision. In these patients it is recommended to reduce the dosage of rifampicin, to keep to a minimum the number and the dosage of other drugs administered, especially if potentially hepatotoxic, and to monitor liver function. Administration of Rifadin produces a reddish discoloration of the urine, lacrimal fluid and expectorate.

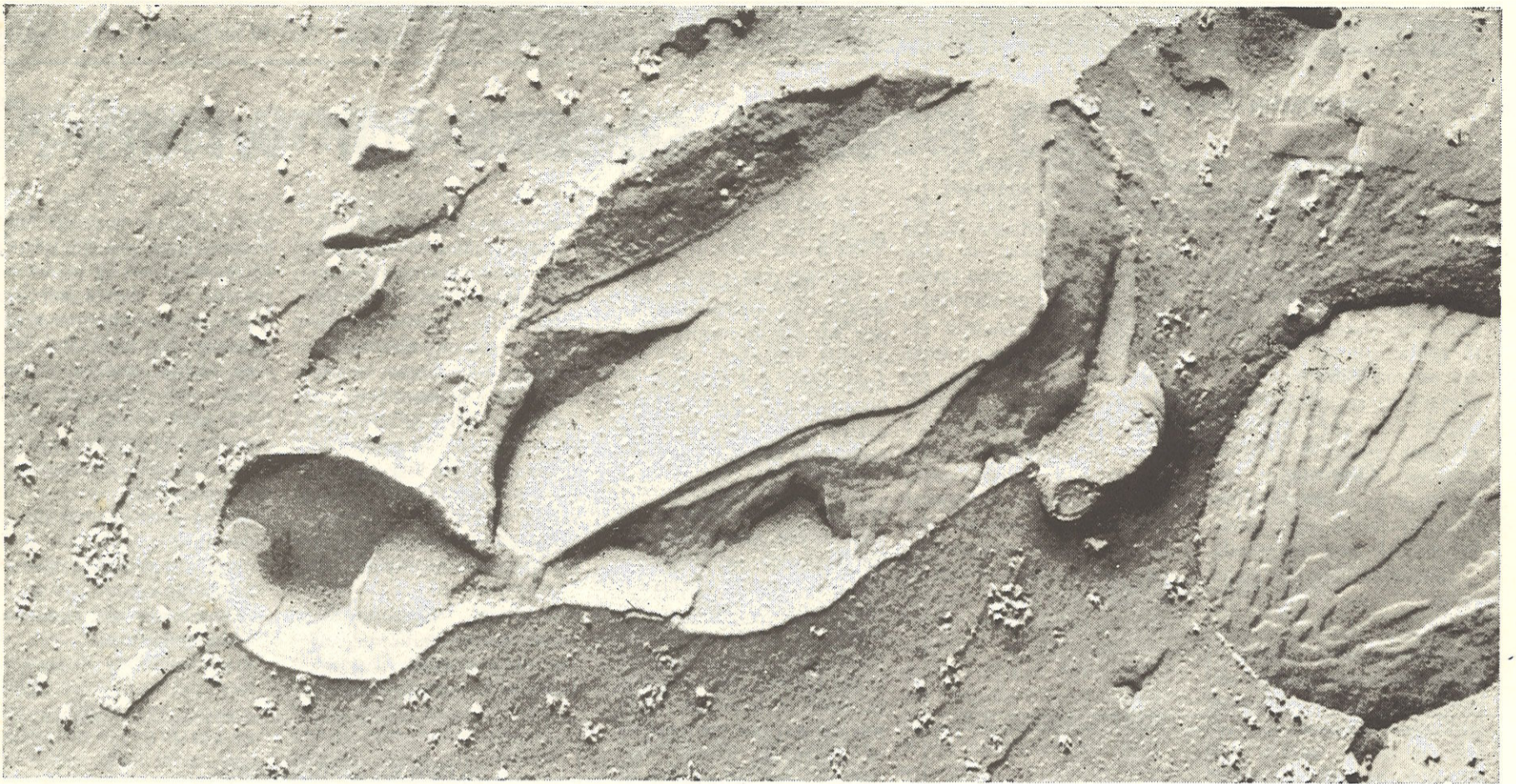
**Rifadin\*** rifampicin  
discovered and developed  
by Lepetit



GRUPPO LEPETIT S.p.A. - MILAN (ITALY)

\*RIF® in some countries





Photograph of breast milk through electron microscope taken in Nestlé Research Laboratories, Vevey, initial enlargement x 20,000.

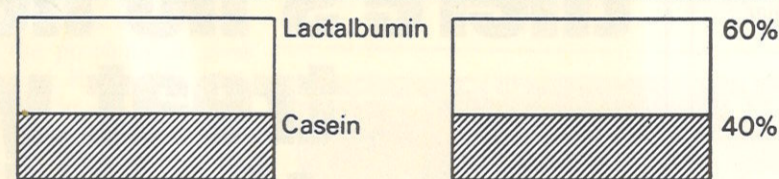
# We have studied the smallest details of mothers' milk...

**We thought you would like to see how it compares with NAN.<sup>®</sup>**

*Of course we discovered that it is not possible, or perhaps not yet possible, to synthesize breast milk. Nonetheless, certain of our findings over the years can be applied and in NAN we have brought all our findings together with the specific aim of reaching a composition as close as possible to that of breast milk.*

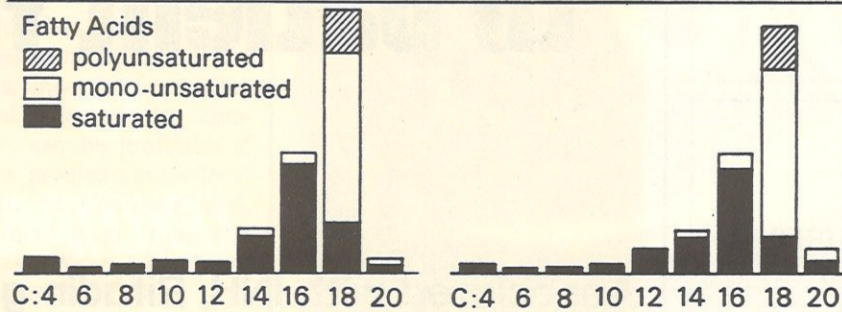
## NAN<sup>®</sup>

## BREAST MILK



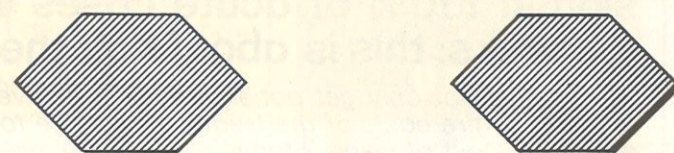
### Proteins

- same amount of protein
- same casein/lactalbumin ratio
- similar composition of essential amino acids



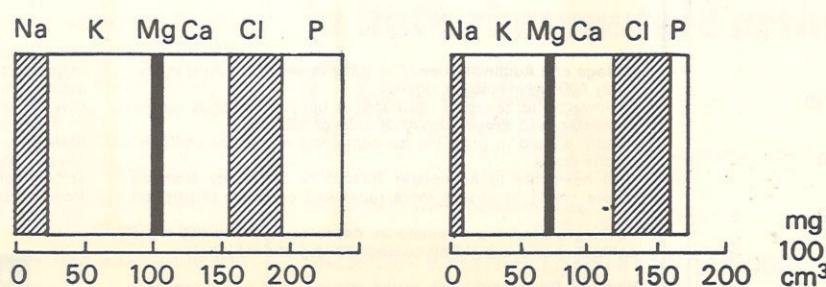
### Fats

- same composition of fatty acids
- same ratio of saturated to unsaturated fatty acids
- same content of linoleic acid, the essential fatty acid
- same triglyceride structure
- provision of essential phospholipids



### Carbohydrates

- lactose only
- same ratio between lactose and lactalbumin



### Mineral salts

- no over-supply of mineral salts
- relationship between the different mineral salts maintained (particularly Na/K)
- physiological Calcium/Phosphorus ratio
- identical quantities of organic salts provided.

*In addition NAN contains the quantities of iron and vitamins which are needed to cover the physiological requirements of the infant and in normal cases ensure the prevention of nutritional deficiencies (particularly anemia and rickets). NAN has been widely and successfully submitted to clinical trials all over the world.*



## NEWS FROM THE COUNCIL TABLE

Not to be quoted by the Press

The Council of the S.M.A. had agreed at a recent meeting to reproduce the following exchange of correspondence between the New Nation and the S.M.A. for information of all members:-

The Editor, New Nation  
12th March 1975

Dear Sir,  
Re: Editorial, New Nation of 4th March 1975

In your editorial you have suggested that doctors are responsible for the wave of absenteeism that has pervaded our teachers - "They can afford to see any private practitioner who is usually not too scrupulous in handing out medical chits on request."

The medical profession is governed by a strict Code of Ethics and has the S.M.A. Council, the Ethics Committee and the Singapore Medical Council to watch over its members and to take the errand to task. This has happened from time to time, when members have been suspended or removed from the Register.

The quoted statement in your editorial can be interpreted as "All doctors in private practice have no scruples about selling sick certificates". This is a serious allegation. The Singapore Medical Association, which represents the majority of doctors in both the private and public sectors, regards this as a derogatory remark with mischievous intentions.

We suggest that you withdraw your statement and give redress in the usual manner before we resort to further action.

Yours faithfully,  
Signed: Dr. Toh Keng Kiat,  
Hon. Secretary, SMA.

The Hon. Secretary, SMA  
18th March 1975

Dear Sir,  
I have your letter of March 12, 1975, and wish to assure you that it was never our intention to cast aspersion on the local medical profession. It was also not our intention to convey the impression that "all doctors in private practice have no scruples about selling sick certificates." Our editorial of March 4 did not mean this.

Since you feel our editorial could be misinterpreted we are prepared to publish your letter of March 12 in our Letters to the Editor columns to clarify the matter.

Assuring you of our co-operation,

Yours faithfully,  
Signed: Yeo Toon Joo,  
Assistant Editor,  
New Nation.

Mr. Yeo Toon Joo,  
Assistant Editor,  
New Nation.  
20th March 1975

Dear Sir,  
Your letter dated 18th March was tabled at our Council meeting.

We note that it was never your intention to cast aspersion on the local medical profession, and that your editorial of 4th March did not mean this. We shall, therefore, be obliged if you will please publish our letter dated 12th March to clarify the matter.

Thank you for your co-operation.

Yours faithfully,  
Signed: Dr. Toh Keng Kiat,  
Hon. Secretary, SMA.

Our letter of 12th March was subsequently published in the New Nation dated March 26, 1975 with an accompanying "Editor's note: Our comments were not intended to refer to all private practitioners, nor is it our view that all of them are indulging in this practice".

#### Medical Defence Union/Medical Protection Society

The S.M.A. Secretariat receives applications for both the Medical Defence Union and the Medical Protection Society for new applications and renewals. Would S.M.A. members please apply or renew their membership of the above organisations through the Secretariat? It is convenient for them to do so and at the same time, the S.M.A. gains the following commission:-

M.D.U. - for every new application - £2; for every renewal - £0.50

M.P.S. for every new application - £1.60; for every renewal £1.60

#### Canvassing

Members are kindly advised to refrain from using unprofessional tactics of canvassing in any election.

#### Golf Tournament, etc.

It was agreed that entrance fees for future golf tournaments will be raised to make the event self-supporting. We will look into the possibility of organising other games/tournaments i.e. tennis, billiards, chess, etc. to cater to a wider spectrum of members.

We will also consider any other games if members would let us know.

#### 1ST S.P.C. CONVENTION

Members of the S.M.A. are requested to attend the 1st Professional Centre Convention: "Towards A Better Singapore" to be held from 10th to 12th October, 1975.

The registration fee is \$50 per person which will cover -

- attendance at colourful Opening Ceremony & Reception at Conference Hall
- participation at Seminars & delegates Lunch at Shangri-La Hotel
- gracing the Closing Convention Dinner at Neptune
- receiving a Convention Kit with gift items.

There will also be a 5-day Convention Exhibition during the period at the Shangri-La Hotel.

Further details will be circularised to members when received.

#### 29th World Medical Assembly

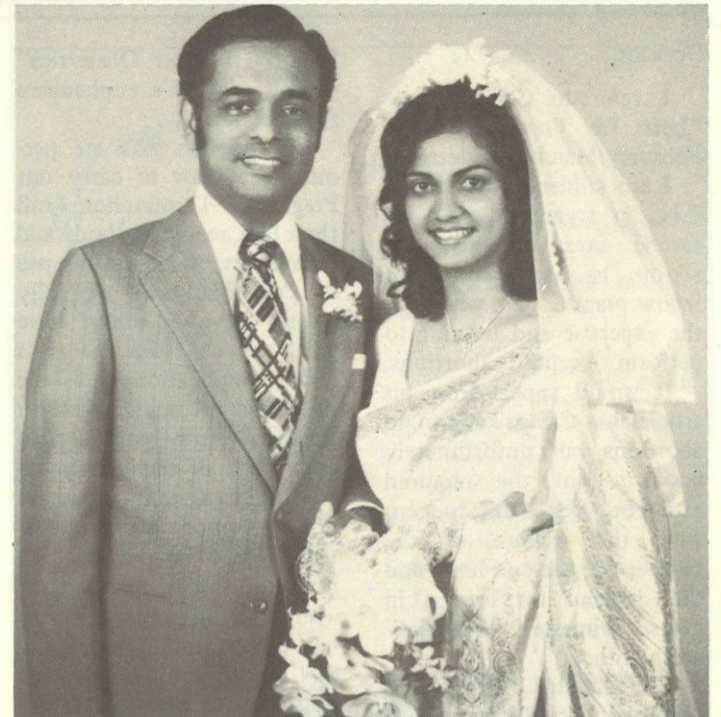
The World Medical Association cordially invite members of the SMA to attend their 29th World Medical Assembly in Tokyo, Japan, from October 6 - 10, 1975. The theme: "The Development and Allocation of Medical Care Resources", with three simultaneous sub-sessions dealing with three different approaches to the Subject - the medical economic, the medical and the administrative. Members wishing to accept the invitation are requested to give their names to the S.M.A. Secretariat (Tel: 981264).

#### New Members of the S.M.A.

The S.M.A. Council welcomes the following new Members:

Dr Cheng Heng Lee  
Dr Chong Tat Chong  
Dr Foo Chee Liam  
Dr Lau Buong Chu, Betty  
Dr Lim Huat Chye, Peter  
Dr Quek Chin Peng  
Dr Teo Kok Pong  
Dr Yeo Hui Cheng  
Dr Chia Soo Suan  
Dr Ellison, Samuel Fred  
Dr Jee Nyuk Hon  
Dr Lim Chong Sing  
Dr Ong Theng Kiat  
Dr Tan Geok Jim (Miss)  
Dr Wong Yik Mun  
Dr Bokovoy, Alexis P.  
Dr Chan Kok Chin, R.  
Dr Lim Cheng Chuan  
Dr Ng Eng Chan  
Dr Quek Peng Kiang  
Dr R. Sivasambo  
Dr Leong Kwai San  
Dr Leela Varma

## Wedding Bells for President



The President of the Singapore Medical Association, Dr. Fred. Samuel, was married on 26th June 1975 in a glittering ceremony held at the Cathedral of the Good Shepherd. The lucky bride was the former Miss Vimala Sankaran, an administrative officer of the Secretariat of the Association of South East Asian Nations, Ministry of Culture, Singapore. A galaxy of

leading and prominent personalities attended the Church Wedding and the Dinner. On behalf of the S.M.A. Council and all members of the Association, the Editorial Board of the Medical Newsletter extend to Dr & Mrs Fred Samuel our heartiest congratulations and our very best wishes for a very happy and contented married life.

To adjust  
tension  
and facilitate  
contact



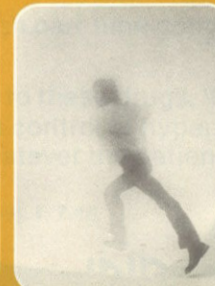
**LEXOTAN**  
ROCHE

- the latest link in the chain of psychotropic drugs;
- the first pyridylbenzodiazepine.

Repression, denial



Flight



Stereotyped behaviour



Aggression, explosion



**«Lexotan» helps the physician help the emotionally disturbed patient learn to cope with problems.**

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## LETTERS

(Not to be quoted by the Press)

Dear Sir,

I refer to C.N.'s article "Lest We Forget" in the February/March Newsletter.

I am saddened to see that C.N., in trying to grind his several axes, has also to stoop to denigrating his fellow practitioners who have the expertise and training to perform legalised abortions.

It would appear from his article that C.N. is keen to do abortions but unfortunately has not got the required expertise. Hence his concern with the welfare of the mother on the one hand and the demand for lessons in "First Trimester Obstetrics" on the other.

The Ministry of Health did not rush into Abortion with haste. The Director of Medical Services in fact moved very cautiously, and, if anything, erred on the side of safety and prudence. When Abortion was first legalised only specialists (M.R.C.O.G.) and surgeons (F.R.C.S.) were allowed to perform the operation. Now, several years after the social experiment, doctors with the minimum postgraduate training of six months in Obstetrics and Gynaecology are also allowed, and then only in an approved institution. This six months' training is a full-time posting in obstetrics and gynaecology and the doctor is exposed to the whole field of the specialty during which time he will gain competence to carry out pregnancy termination. But this is a minimum period of training. One and a half to two years would be preferable. There is no specific subject called

"First Trimester Obstetrics" — this is C.N.'s euphemism for abortion.

All doctors who are permitted by law to carry out Pregnancy Termination (and there are many methods and techniques, including the use of Prostaglandins) are fully aware of, and indeed have great respect for, the risks and complications of the operation. Hence our minor theatre is fully equipped to cope with all emergencies including resuscitation. To have done an incomplete evacuation would ruin a doctor's reputation and his patients would go elsewhere, not to talk of perforating the uterus. C.N. must have forgotten his anatomy. In a case of perforation there is just a small puncture in the corpus uteri and there is no way in which loops of intestine can go through this small hole, into the uterine cavity and through the cervical canal to emerge at the vagina. This is a lurid Red Herring to scare the uninitiated.

C.N. is asking for a "proper course in First Trimester Obstetrics." Allow me to use an analogy to illustrate a point. Let us suppose that for some obscure reason the operation of hysterectomy was "banned" in Singapore and that recently this "ban" was lifted. Wouldn't it be absurd if some doctors were to demand publicly for "guidelines" on how to do the operation and what instruments to buy, now that the operation is "legalised"?

Yours faithfully,  
S. W. L.

## REPLY TO S.W.L.

I'm afraid S.W.L. has missed the whole point of my comments which are:

a) my concern for the safety of the mother and the good name of our profession;

b) adequate and standardised postgraduate training for the doctor who wants to do abortions; and

c) adequate equipment and suitable theatres for the operation to be carried out with inspections from the Ministry of Health.

I did not advocate limiting the number of practitioners who can perform abortions; all I ask is that they are suitably trained. Surely S.W.L. agrees that doctors should be trained before they are allowed to carry out abortions. However, he is ignorant that at present, doctors who want to do abortions are attached ad hoc to O & G units and the training and supervision of these doctors are left to heads of the units. What I would like to see is a standardised set of instructions and training procedures laid down by the Ministry (after consultation with the O & G specialists) for every trainee and some acknowledgement that the trainee is competent before being allowed to carry out abortions, e.g. the trainee should satisfy his instructors that he can estimate the size of the uterus at vaginal examination; able to use the standard curette and vacuum curette; able to define the axis of the uterus at vaginal examination (anteverted/reverted) etc.

In order to facilitate the

training, weekend demonstration and lecture sessions can be held in hospitals for the doctors with practical supervision in the theatre during weekdays. The trainee should do a minimum number of abortions under supervision and be trained to resuscitate the patient should haemorrhage or perforation occur. Incidentally, my reference to loops of bowel in the vagina may be very dramatic but I've seen it happen! (S.W.L. may not be aware of the vacuum curette which is extensively used for abortions in modern O & G units.)

Lastly, I'm not concerned with the 'old hands' at the game (who are experts anyway) but with the tremendous demand by new and old practitioners who are keen to take the plunge. It is for their sakes and their patients' that I advocate more stringent controls and training.

C. N.

Dear Sir,

It comes as little surprise to me to read Dr. H.H. Un's last letter in the Newsletter in which he chastises me for suggesting that because of the nature of their work, doctors should be able to get relief from the high costs of bringing their car into the restricted areas from 7.30 a.m. to 9.30 a.m. Not only did he label my article "pompous" (not unexpected since I had used the same epithet to describe one of his previous letters), but he went on to say that the article was unnecessary, misleading, etc.

I can only assume that

either Dr. Un's practice is outside the areas involved or that he is never involved in medical emergencies (lucky chap). It is a pity that he cites his own experiences and then presents them as matters of fact applicable to everybody else.

From the point of view of our practice and I do not think we are unrepresentative of many others, it is firstly essential that at least a few of our doctors arrive in the restricted area by 8.30 a.m., and it is rare for a day to go by when, for some reason or another, one of these doctors is not called out for an emergency which may be real in the medical sense, or at least real to the mother of a child with a badly cut scalp or to the husband of a wife who has just fainted. These are facts. It is for this reason that I reiterate, in spite of Dr. Un's scathing comments, that the medical profession has every justification in asking the authorities to waive the extra charges for the reason that their work requires them by its very nature to have their car nearby, and it would be quite impracticable for them to rely on public transport, car pooling or the park and ride scheme to attend an emergency situation.

Yours faithfully,  
CAMPBELL HOY

Dear Sir,

**Re: Acupuncture And Qualified Medical Practitioners**

The SMA Ethical Code makes no mention of the use

# Why should you take it





## LETTERS

Not to be quoted by the Press

of Acupuncture by qualified Medical Practitioners in their daily practice. I shall be very grateful if the position is clarified in your columns for general information of the SMA members.

Yours faithfully,  
R.H. YUNG.

Dear Sir,

Kindly allow me to answer some of the points brought up by your correspondents in the last issue of the Medical Newsletter.

#### Misconception

The word "observation" in clinical parlance, in terms of human beings under medical care, is not a matter of just standing by "to look". It is an active word denoting a multiplicity of functions. Even at the risk of sounding elementary and didactic, "observation" means:-

- 1) Monitoring all the clinical parameters of assessment - B.P., temperature, pulse rate, respiratory rate, degree of consciousness and physical signs of each systems of the body and charting them on a half-hourly basis if necessary;
- 2) Monitoring by means of special investigations the biochemical status of the patient including urine chemistry, blood chemistry, E.C.G. etc.;
- 3) finding out by means of chemical analysis what has been actually consumed from the stomach washings;
- 4) collection of all these findings, assessing and evaluating them in terms

of the detoxification ability of the patient and then if need be, specific and definitive treatment;

5) assessing whether the antidote drug is likely to cause hypersensitivity in the patient from a carefully taken history.

All these come under the term "observation" and is fundamental to treatment.

I have not the slightest doubt that medical students are still being taught what "observation" in a clinical sense means in terms of patient care. It should never be misconceived with the pharmacological meaning and interpretation of "observation" imputed by Drs. Mathew Gwee and T.S. Yeoh.

In my article, I have specifically mentioned that "potent drugs" are prescribed with firm instructions, oral as well as written, as to their proper usage and the user be made well aware of possible drug interactions with food and alcohol, with Chinese Medicines and other drugs.

#### Satire

I wish to assure MEDICO that not only have I enjoyed myself very much the satire of OCL, I have read between the lines as well as between the words. Words like "specia-least" and "defun(g)ct" have been well received.

#### Bouquet

Finally, in humility, I wish to thank Dr. Thomas Lim for his bouquet, which will be well cherished.

Yours sincerely,  
Dr. Leong Vie Chung

Dear Sir,

Dr. Un Hon Hing's outrage at SMA's attempt to obtain exemption for medical practitioners in the area licensing scheme for the Central Business District would be reduced or perhaps even amended to one of sympathy if it were realized that a fair number of doctors live within the CBD and a large number of patients also live within the CBD. Thus there is movement of doctors INTO, and OUT OF AND INTO, the restricted zone. The second factor to be borne in mind is that most house calls occur during the early morning or late afternoon or evening hours, when the family or the doctor has decided that the patient is too ill to travel. The frequency of such house calls is certainly variable but it is too general a statement to make that the chances "must be very remote indeed". The frequency of calls made to the fire department and the ambulance service is also variable, and fire engines are exempted although the main station is within the CBD.

For a fair number of doctors, the restrictions would entail driving a few miles in heavy morning traffic at the periphery of the CBD to purchase a ticket to enter the CBD on an emergency call, or to purchase a monthly ticket and add the cost to his monthly expense account.

Yours very truly,  
Dr. C.W. Chen



#### Fair-Warning

Ah Wun He Say  
Man who fail double master's test.  
Best not try double mistress test.

#### NATIONAL STATISTICAL COMMISSION

5th Floor, Council of Social Services Bldg.,  
11 Penang Lane, Singapore 9.

Dear Reader,

Are you aware that the average desired family size in Singapore is 3.6 children and that the Pill is widely used by most married women in Singapore? Do you know that a high percentage of married women approve of sterilization and not abortion? Do you also want to know the attitudes of families towards family planning control methods? These and many of the questions are answered in the 141-page **Report of the First National Survey on Family Planning in Singapore, 1973.**

The Report, written by Dr Wan Fook Kee, Chairman of the Singapore Family Planning and Population Board and Dr Saw Swee Hock, Chairman of the National Statistical Commission, contains a detailed analysis of the survey and 129 tables.

This Report should be of interest to doctors, nurses, social workers, policy makers and other members of the public.

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Yours faithfully,

CHAN CHOON HIAN  
BUSINESS MANAGER  
NATIONAL STATISTICAL COMMISSION

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You can easily demonstrate this. Take the blood pressure of one of your treated hypertensives when he is standing, and then again when lying down.

Notice the difference?

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\*Brit. med. J., (1969), 1, 7-16.

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## News about People

### Promoted to Superscale 'D'

Mr. Choo Jim Eng, Sr. Surgeon  
 Dr. Chow Khuen Wai, Sr. Radiologist (Diagnostic)  
 Dr. Kwa Soon Bee, Sr. Haematologist  
 Prof. Lee Yong Kiat, Sr. Physician  
 Dr. J.M.J. Supramaniam, Medical Superintendent  
 Tan Tock Seng Hospital

In a statement issued by the Ministry of Health it was stated that this promotion is in pursuance of the policy of promoting officers on personal merit and which is not subject to the availability of the number of higher post in the establishment. With their promotion, the number of Superscale Grade D posts in the Ministry of Health now totals 7. This is unique in the history of the Government Medical Services as well as in comparison to other professional officers in the other sectors of Government Service.

### Promoted to Superscale 'G'

Dr. Choo Hee Tiat, Obstetrician & Gynaecologist  
 Dr. S. Doraisingam, Medical Virologist  
 Dr. Khor Tong Hong, Radiologist (Therapy)  
 Dr. Lee Swee Kok, Pathologist  
 Dr. Loh York Siang, Haematologist  
 Dr. Dhanwant Singh, Physician  
 Dr. Tay Leng, Bacteriologist

Dr. Chiang Shih Chen, Lynda — M.Sc. (Public Health)  
 Dr. Anne Bong — M.Sc. (Occupational Medicine)

Dr. Cheah Jin Seng — promoted to Associate Professor  
 Dr. Chao Tze Cheng — elected Fellow of the College of American Pathologist

Dr. Tay Chong Hai — elected Fellow of the American College of Allergist

Dr. Colin Marcus — conferred Fellow of the College of General Practitioners, S'pore

Dr. Florence Fong )  
 Dr. Kwa Bee Hua ) — Master of Medicine (Anaesthesia)

Dr. Daniel Leong )  
 Ying Lim )  
 Dr. Lim Shun Ping ) M. Med. (Internal Medicine)  
 Dr. Upadhya A. )  
 Bandara )  
 Dr. Woo Kin Fatt )

Dr. Chew Chin Hin )  
 Dr. Gwee Ah Leng )  
 Clinical Prof. Lee ) Elected Members of the Singapore  
 Yong Kiat ) Medical Council  
 Prof. Phoon Wai On )  
 Dr. Lim Chin Hock ) Promoted to Senior Lecturer

(Not to be quoted by the Press)

### UNIVERSITY OF SINGAPORE SCHOOL OF POSTGRADUATE MEDICAL STUDIES

#### Courses and Examinations for 1975

#### COURSES

30 June 1975 —	(8 weeks)	Paediatrics
23 August 1975		
30 June 1975 —	(8 weeks)	Basic Medical Sciences for Anaesthesia
22 August 1975		
7 July 1975 —	(9 months)	Public Health
March 1976		
7 July 1975 —	(9 months)	Occupational Medicine
March 1976		
10 November 1975 —	(3 weeks)	Obstetrics & Gynaecology
28 November 1975		

#### EXAMINATIONS

From 20 June 1975	M.Med. (Internal Medicine)
From 23 June 1975	Primary M.Med. (Surgery)
3 July 1975	M.R.A.C.P. (Clinical)
From 9 July 1975	Part I F.R.A.C.S.
From 21 August 1975	Final M.Med. (Surgery)
From 21 August 1975	Primary M.Med. (Anaesthesia)
From 25 August 1975	Primary F.F.A.R.A.C.S.
From 1 September 1975	M.Med. (Paediatrics)
From 12 November 1975	Part I F.R.A.C.S.
From 15 December 1975	M.Med. (Obstetrics & Gynaecology)

The dates for Courses and Examinations as shown above are correct at time of printing. For final confirmation, please write to the Secretary, School of Postgraduate Medical Studies, University of Singapore, Sepoy Lines, Singapore 3.

## 7th Haridas Memorial Lecture

Applicants 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, Singapore General Hospital, Outram Road, Singapore (3), not later than Saturday, August 30, 1975.

If no entries of a sufficient standard are received, no award shall be made. The decision of the Adjudication Panel shall be final.

The successful applicant shall be awarded a gold medal.

Further details may be obtained from the Hon. Secretary, Dr. K.B. Phua, c/o

Mistri Wing, Singapore General Hospital, Outram Road, Singapore (3).

(Dr. K.B. PHUA)  
 Hon. Secretary.

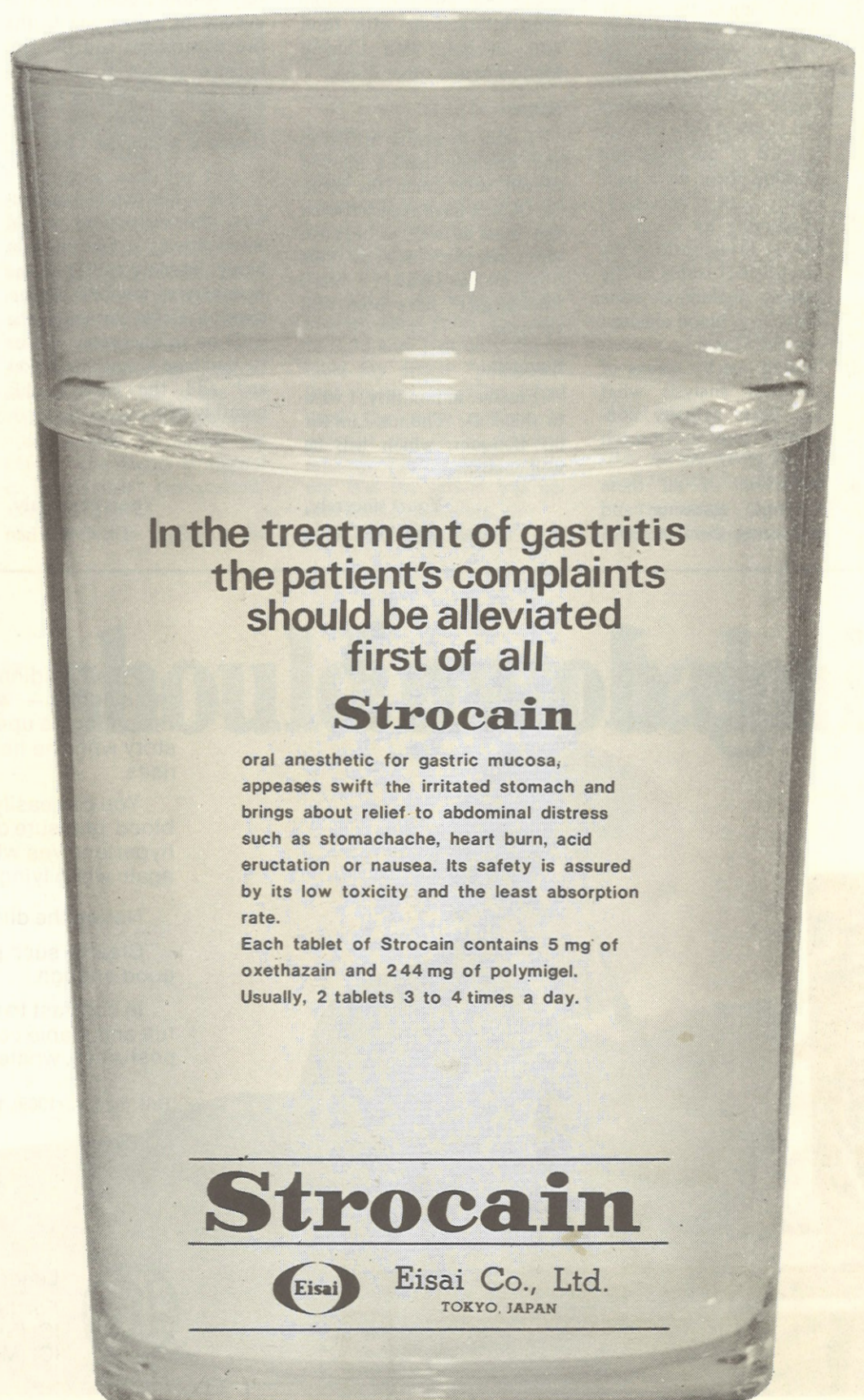
The Management Committee wish to inform members that the three private hospitals, Mt. Alvernia Hospital, Gleneagles Hospital and St. Mark's Hospital, had replied to our enquiry regarding their rules and regulations for admitting private patients into their hospitals for treatment by doctors in private practice —

Mt. Alvernia Hospital requires all doctors intending to use their facilities to write to the Rev. Mother who will reply to each doctor individually and in her reply will be included the code of ethical directives which all doctors and patients regardless of religion would have to observe.

Gleneagles Hospital does not take patients with communicable or mental disease and all doctors intending to use the major operating theatres or administer anaesthetic are to seek the approval of the board of directors. For admission ring 637222 and ask for the sister in charge of reception. Ambulance can be provided on request.

St. Mark's Hospital also requires those wishing to use the major operating facilities to apply to the medical advisory committee for approval. Surgical assistance must be used for all major cases. For booking ring 467588 and speak to the admission officer. For further details write to the Hospital for literature regarding their full facilities.

Dr. Ng Eng Lim  
 Hon. Secretary  
 Society of Private Practice




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**Speakers**
**Tropics**

- Dr. Loong Si Chin — Post-traumatic Fits, Faints and Funny Turns.  
Mr. James C. M. Khoo — Microvascular Surgery.  
Mr. G. Baratham — The Surgery of Intracranial A-V malformations.

Chairman : Mr. R. Nambiar.

Date : 24th July 1975 (Thursday)  
Time : 8.00 p.m.  
Venue : Academy Lecture Theatre, Alumni Medical Centre.

ALL ARE WELCOME

**III Congress of Southeast Asia  
& Pacific Area League Against  
Rheumatism**

will be held from 22nd to 25th February 1976, at the Regional English Language Centre, Singapore.

from the Academy of Medicine, 4A College Road, Singapore 3.

**Registration: Full Member:** S\$150/- This includes admission to all Scientific Sessions and Exhibition, an invitation to the Official Opening Ceremony, Cocktail Reception and Congress Banquet.

**Social Member:** (wife/husband) S\$50/- This includes what is stated above except the Scientific Sessions

For local members who wish to attend the Scientific Sessions only (excluding Cocktail Reception and Banquet) the fee will be S\$50/-.

**Symposia & Workshops:** The proposed subjects will include the following:-

- Epidemiology — Ethnic differences in Rheumatic Disease Epidemiological Aspects of Rheumatology phocytes and cell-mediated immunity in Rheumatology.
- Genetics — Genetic Aspects in Rheumatology
- Diagnosis — Diagnosis of Joint Diseases Role of Synovial Aspiration, Biopsy & Arthroscopy in Diagnosis of Joint Diseases
- Current Concepts — Current Concepts of Connective Tissue Disease.
- Recent Advances — Recent Advances in Gout Recent Advances in the Management of Degenerative Joint Diseases
- Surgery — Role of Reconstructive Surgery in Arthritis

The chairman and secretary of the Organising Committee are Dr. N. Balachandran and Dr. Lim Swee Keng, respectively. Further details and registration forms, etc. are obtainable

**OBITUARY**


Dr. Tan Joo Liang graduated in 1953 from the local university. He spent his early years working in the Medical department, and held the post of medical officer in charge of senior officials before he left for private practice. This was a difficult post, for it catered to demanding and sophisticated group of patients, reckoned to be most taxing to any practising doctor. To his credit, he was popular, and discharged his functions well enough to be regarded as one of the best medical officers in charge of that post. The experience he gained stood him in good stead and he rapidly built up a successful private practice, when he left since.

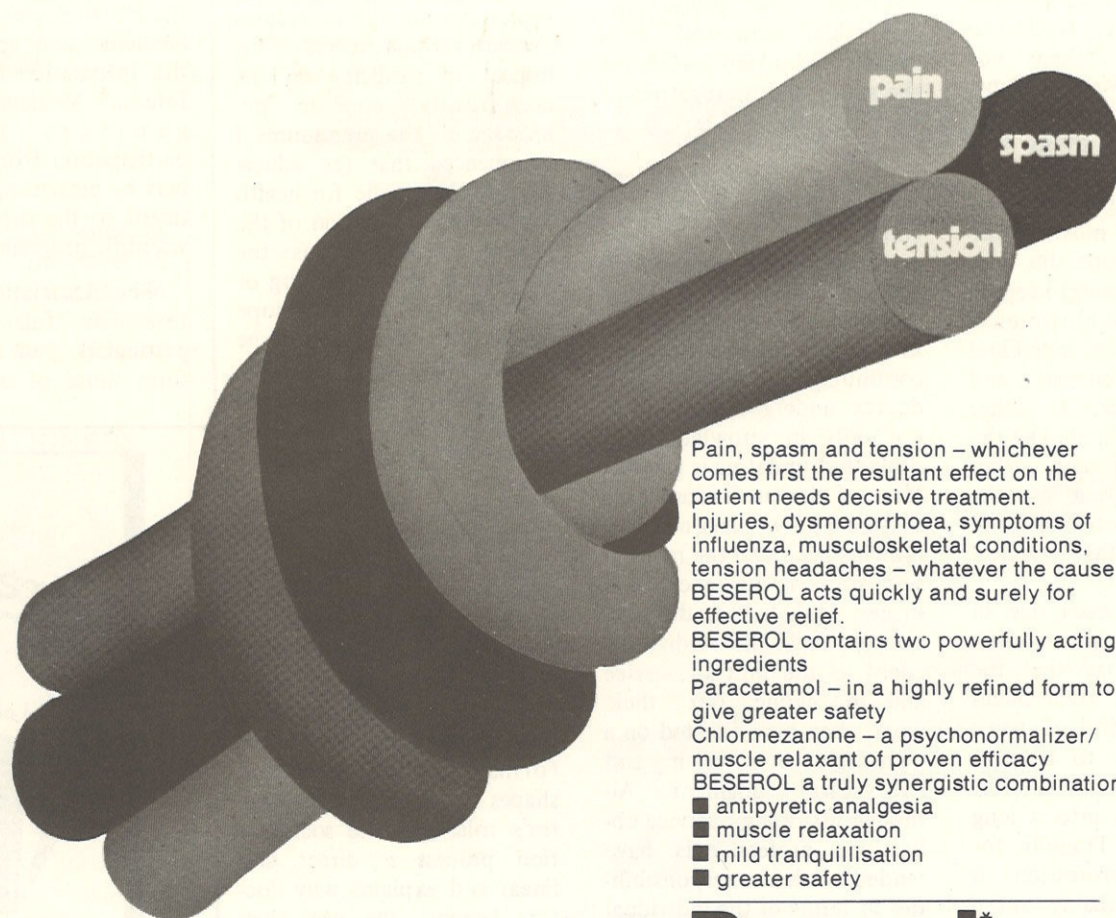
Quiet, reflective, and discerning by nature, he did well both as a student and as a

doctor. He was never in the limelight, even though he held such posts like Honorary General Secretary of the Alumni Association. He wrote the local ethical code for the profession, and was

member of the Ethics Subcommittee for many years. Right up to the time of his sudden death, he was concerned in the revision of the Code.

Some men live the life of a meteor tracing a path of dazzling brilliance in the sky. Others withdraw into their own nests contented to be working for their own in obscurity. Dr. Tan was neither. He worked steadily contributing to the welfare of his patients and the good of the profession, but remained behind the scene relatively unknown and unsung. To those who knew him and had occasion to work together with him, his passing is a sad loss, for there are not many of his kind.

DR. GWEE AH LENG

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# 6th National Medical Convention



Assoc. Prof. Wong

In declaring open the Convention, Associate Prof. Wong Poi Kwong, said:

Many cyprics believe that congresses, conventions and conferences are no more than social occasions. A word, therefore, on what I mean by this congress being an extension of the Medical School.

We often hear of continuing education for the professions but it is in the medical profession that we find more attempts being made to practise this. Perhaps not enough, in the view of some. Nevertheless the opportunity is provided for those who will, to bring themselves up to date through organised activities. In most other professions (I hope this does not sound too smug) keeping up with developments consists more of individual perusing of journals and similar literature. I gather there is nothing quite like the many meetings and other activities organised by the specialist societies, the S.M.A., and other medical bodies.

Has all this been due to inadequacies of the medical course? Some say that the course is full of irrelevancies and too unmindful of man's limited capacity to learn. I would disagree but do not want to launch into a long discourse here. Training for the medical profession is longer and probably more demanding, intense and cloistered than any other. But we are in the happy position of having the training of our professionals taking place, not in relatively isolated institutions, but in a setting where links to university and clinical facilities exist. Questions are asked, nonetheless, on the rights and prerogatives which doctors assume, their professional mandate, their definition and evaluation of problems, clients and responsibilities, and their philosophy concerning the distri-

bution of services. The traditional "axioms" of the medical profession have been challenged by critics both from inside and outside the profession. In addition, medical knowledge and technology have expanded rapidly, and specialization has become a significant and steady trend, resulting in more complicated patterns of medical practice and training.

Originally, granting a license or a degree marked the end of formal training, but it has gradually become only a milestone along the way. Housemanship has become an accepted stage in the education of doctors and specialization has become more common.

The length and sequence of professional training are historical products; apart from social definitions and traditions there is no "right" time of schooling - that is, a fixed time, necessarily, functionally, and in every case, the period required for learning the skills needed for competent practice. A long and uniform period of higher education has, by convention, become the professional time-table, used both as a symbol and a justification for the status and prerogatives of the profession.

Of all the forms of modern professional training, medical education is seen as most gruelling and demanding. Now it is more so and there are even proposals that reassessments be made of the continuing learning that a doctor undergoes. But it is not only in knowledge and skills that updating is needed. Most of the professions have a deeply ingrained individualism and the medical profession is no exception. Professionals have traditionally regarded the individual client as the unit of service and in caring out their work, they have insisted on a high degree of autonomy and individual judgment. Although affirming a service obligation, professionals have tended to define responsibilities in terms of the individual client rather than society or the public as a whole. The balance between duty to the client and duty to the community has been weighted towards the client.

However, the individualistic professional mandate has been challenged. Health care issues have not remained the private esoteric domain of physicians and the structure of the medical profession, especially as it concerns the delivery of services, has come under public scrutiny.



Seated on stage at the Official Opening of the Convention are from Left: Dr. Lim Chan Yong, (Treasurer), Dr. Frederick Samuel (President) Dr. Choo Jim Eng (President-Elect), Dr. Ho Guan Lim, Permanent Secretary (Health)/Director of Medical Services, Assoc. Prof. Wong Poi Kwong (Dean, Faculty of Medicine) and Dr. Toh Keng Kiat (Hon. Secretary & Chairman of the Convention Organising Committee)

The orientation, then, in the education of the doctor, is slowly moving towards what has been labelled the "community era". Concern has begun to shift towards problems of service and distribution. New forms of training and community service are needed. I note that the topics for the public lectures concern various aspects of the impact of medicine on the community, and in my message to the programme I commented that the education of the public for health is as much a function of the medical profession as the traditional one of healing or prevention of disease. I hope the answers we give will be geared to the removal of misconceptions where such exist and provide information where there is a deficiency.

There is, however, an important general issue: How much of the skills, knowledge, attitudes and behaviour of the practising doctor is learned in medical school and how much from other sources and in other settings? The long and arduous process of formal medical education shapes students to fit the doctor's role, and the socialization process is direct and linear and explains why doctors become the way they are. However our understanding must not be showed by a pre-occupation with the process of formal medical education, at the expense of examining the daily environment and social organisation of professional practice.

It is for this reason that I emphasize the role that congresses such as this one have to play in the education of a doctor. It is therefore with a great sense of pleasurable anticipation that I declare this convention open.

## XIIIth INTERNATIONAL CONGRESS OF INTERNAL MEDICINE

The above Congress will be held in Helsinki, Finland from August 15-19, 1976. The Congress is organised by the Finish Society of Internal Medicine and sponsored by the International Society of Internal Medicine. The organisers welcome participation from our members by presenting papers pertinent to the subjects of the scientific programme

The Association has written for full registration particulars, etc and will inform those of our members

who are interested in getting them.

Meanwhile, members who intend to attend are kindly requested to give their names to the S.M.A. Secretariat.

### LOCUM

Male (Chinese) Locum wanted for September 1975. Those interested please contact Dr. Chau 655835 after 2.00 pm.

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Asst. Hon. Secretary	Dr. Tham Hoong Fai
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### Singapore Society of Otorhinolaryngology

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Vice President	Mr. L.J. Seow
Secretary-Treasurer	Mr. S.C. Chan
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### Singapore Thoracic Society

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President Elect.	Dr. S. Devi
Hon. Secretary	Dr. Chew Shin Fun
Hon. Treasurer	Dr. Lee Siew Khaw
Council Members	Mr. J.E. Choo Dr. William Chan Dr. Ng Kwok Choy

(Medical practitioners, scientific workers and personnel of ancillary services in Singapore who are interested in Thoracic Medicine may apply for membership. Application forms are obtainable from the Hon. Secretary, c/o Rotary Tuberculosis & Chest Clinic, Tan Tock Seng Hospital Moulmein Road, Singapore 11).

### COLLEGE OF GENERAL PRACTITIONERS SINGAPORE

President	Dr. Wong Heck Sing
Vice President	Dr. Chen Chi Nan
Censor-in-Chief	Dr. Evelyn Hanam
Honorary Secretary	Dr. Lim Boon Keng
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### Medico-Legal Society

President	Dr. Chao Tzee Cheng
Vice President	Mr. A.W. Ghows
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### Singapore Radiological Society

President	Dr. H.K. Boey
Hon. Secretary cum Treasurer	Dr. E.J. Chua
Committee Members	Dr. B.C. Tan Dr. Grace Tan



The SMA Honorary Legal Adviser, Mr. Lim Chor Pee, receiving a Lucky Draw Prize from Mrs. Wong Poi Kwong at the Annual Dinner & Dance of the SMA. At the mike is Dr. Winston Oh, Master of Ceremonies.



The Chairman of the Family Planning & Population Board, Dr. Wan Fook Kee explaining some points relating to the Family Planning & Population exhibits to Mr. Lee Wai Kok, Director of the People's Association. Seen in the picture are from left: Dr. Ang Kok Peng, the then Minister of State for Health, Dr. Choo, Dr. Toh, Dr. Ang and Dr. Lim.

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