

The Editors' Musings

DR TINA TAN

Editor

Dr Tan is a psychiatrist in private practice and an alumnus of Duke-NUS Medical School. She treats mental health conditions in all age groups but has a special interest in caring for the elderly. With a love for the written word, she makes time for reading, writing and self-publishing on top of caring for her patients and loved ones.



Advocacy involves supporting or championing a certain cause. In SMA's case, the cause is that of our fellow doctors as we practise within the boundaries of Singapore's ever-changing medical landscape. SMA's beginnings stem back to roughly the same time as Singapore's independence (give or take a few years), so it is poignant that, as our nation celebrates 60 years of independence, we capture the advocacy work that SMA has been involved in. The timeline featured on page 16 is a reminder that we stand on the shoulders of invisible giants, people who sought to improve the standards of clinical practice while supporting the needs of clinicians "on the ground". This is also a call for those with a passion for such work to join us, if you are so inclined. You will come to realise that while the going can be slow, hearts are sincere, and the impact we have is real.

Additionally, in honour of SG60, we invited A/Prof Cuthbert Teo to contribute an article on the history of medicine in Singapore. This Editor acknowledges A/Prof Teo's transparent use of artificial intelligence (AI) to assist in generating a helpful overview on the subject amid his busy schedule. Admittedly, we at *SMA News* are only just beginning to put together our own guidelines on AI, authorship and publishing (*akan datang*, as the saying goes). Hence, this is not the time to talk about that yet. What is valuable to note is the rich trove of original sources that have been referenced, many of which were A/Prof Teo's own writings for his series "A Glimpse into the Past: Medicine in Singapore", which has enabled us to have a historical overview akin to that of SMA's advocacy work.

Enjoy.

A/PROF CUTHBERT TEO

Guest Editor

A/Prof Teo is trained as a forensic pathologist, with a special interest in family violence and child abuse. He volunteers in the social service sector, and also sits on the Board of the Singapore Children's Society in his personal capacity. When visiting other countries, he always tries to plan multiple long hikes. The views expressed in this article are his personal opinions.



In the article "K-Dramas Vs Arsenic Poisoning Today", the authors mention the fictionalised attempted murder by arsenic, of the 14th century Toghon Temür (妥懽帖睦尔), the last Emperor of the Yuan Dynasty, who made Empress Ki his third consort. On a recent trip to Tokushima, Shikoku, I had met a survivor of arsenic poisoning and was reminded of three recent historical arsenic poisonings in Japan.

The first occurred in Toroku, Miyazaki, Kyushu. For about 40 years until 1962, arsenic trioxide from an arsenopyrite mining company was intermittently discharged into a river from which villagers drew drinking and irrigation water. From the 1970s, neurological symptoms related to chronic arsenic exposure began to be documented.¹ The second episode occurred in Namiki-cho, Niigata, Honshu. In 1959, a well was found to be contaminated with arsenic trisulphide with wastewater from a factory producing the King's Yellow pigment.² The third episode in 1955 was the contamination of Morinaga infant milk powder by arsenic during the manufacturing process in its Tokushima factory. Thousands of infants were affected, and over a hundred died.³

The arsenic poisoning incidents are part of what the Japanese described as *kogai* (公害) diseases. The term *kogai* describes the interference of air and water by human activity, resulting in damage to the environment and human health. The so-called four major pollution diseases in Japan include the itai-itai disease (cadmium poisoning, Toyoma, 1912), Minimata disease (organomercury poisoning, Kumamoto, 1956), Niigata-Minimata disease (organomercury poisoning, Niigata, 1965) and Yokkaichi disease (sulphur dioxide-related asthma, Mie, 1961).⁴ It is well worth reading more deeply the Japanese *kogai* studies. They are a masterclass of epidemiological studies that clarified disease causality. ♦

References

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4. Tsuru S. *Kogai: environmental disruption in Japan, the story of 3 cities. In: The UNESCO Courier: a window open on the world, XXIV, 7. 1971.*