

# Benjamin Henry Sheares, MD, MS, FRCOG: President, Republic of Singapore 1971-1981; Obstetrician and Gynaecologist 1931-1981 A Biography, 12th August 1907-12th May 1981

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## Abstract

From humble origins Benjamin H Sheares with self-discipline and a commitment to excel became an eminent obstetrician and gynaecologist. Beginning in 1942 under difficult conditions he pioneered many improvements in the management of obstetrical and gynaecological patients, and also improved the services and facilities at Kandang Kerbau Hospital so that maternal and neonatal mortality and morbidity were markedly reduced. In January 1951 he became the first Singaporean to be appointed Professor of Obstetrics and Gynaecology in the university, and achieved reknown in his service to patients, the teaching of undergraduates and postgraduates, and in clinical research. His surgical treatment of vaginal agenesis was acknowledged internationally. He was elected President of the Republic of Singapore on 30th December 1970 by Parliament and during his three terms spanning one decade he discharged his duties with thoroughness, distinction, tolerance and a quiet dignity. When he died on 12th May 1981 85,000 people, identifying with his humble origins and his achievements through self-reliance and meritocracy, paid their last respects to him. He had set an example on how to live and depart this life.

Ann Acad Med Singapore 2005;34:25C-41C

**Key words:** Benjamin H Sheares, Biography, Development of O & G, President Singapore, Sheares operation

*“... let us not deny the population of Malaya (and Singapore) a reasonable obstetric service. We must strive to lower the high death rate of mothers and babies ... a start can be made right now, and though we will not be able to vie with the obstetric service of the mother country (Britain) we will perhaps approach its efficiency when we continue the strides we make in obstetrics with that very big stride which our government is about to make, namely free primary education for every child of our soil.”*

*Recent Trends in Obstetrics*, July 1948

*“... the daring and the perseverance of the earlier pioneers of gynaecology, in the face of overwhelming odds, add immeasurably to an appreciation of the remarkable advances that gynaecology has made over the centuries.”*

*Gynaecology Throughout the Ages*, June 1957

*“Obstetrics has gained much .... However, as our field becomes less concerned with the struggles of*

*the labour room and as it changes from a specialty concerned primarily with surgical techniques to one directed towards a physiological understanding ... it is attracting more scholars who have experience in laboratory techniques. With their interest and enthusiasm the specialty has participated to a much greater extent than before in original contributors to medical science ...”*

*Development of Obstetrics and Gynaecology in Singapore*, June 1975

When Dr Benjamin Sheares, President of the Republic of Singapore,<sup>3</sup> died on 12th May 1981 and his body laid in state at the Istana, 85,000 people turned up to pay their last respects including a few who were physically disabled and some were tearful. When the Istana gates closed,<sup>5</sup> there were still hundreds outside unhappy that they could not express their final farewells. Never denying his humble origins, he rose to high office through self-discipline,

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perseverance to succeed, sacrifice of leisure, and a commitment to excel in all his endeavours yet maintaining a humility and tolerance to all. It was easy for many Singaporeans who shared his humble beginnings to identify with his achievements,<sup>4</sup> so it was not surprising that his death provided an occasion for the expression of national solidarity. The then Prime Minister, Mr Lee Kuan Yew, in his moving and compassionate tribute to him in Parliament on 12th June 1981 quoted a Chinese saying “*gai guan ding lun* - when the coffin is closed, only then is an assessment conclusive”. This assessment must encompass his academic achievements and service to patients and the Nation, of which much has been written, as well as glimpses of his private life and personality, of which little is known.

### Early Life

Benjamin was born in Singapore on 12th August 1907 in an Eurasian family and his father, Edwin H Sheares, was a technical supervisor of the Public Works Department. Edwin’s own father, Henry, was born in England and was a soldier sent with his battalion to India to quell the Mutiny, and settled in India. However, his son Edwin migrated to Penang and married a local girl Lilian Gomez, who was born in Singapore but was brought up in Sumatra. Edwin and Lilian had six children, the first died in infancy and Benjamin was their second child. It was difficult to bring them up because Edwin earned a small salary in Singapore. Ben or Bennie, as he was affectionately known, was a quiet boy keeping very much to himself and he loved to play at the Pierce Reservoir where his father worked.<sup>2</sup> He was very close to his sister Alice and his favourite game was playing at being doctor where he always insisted he would be a doctor and Alice the patient. On one occasion when he was six years old, he made Alice swallow a one-cent coin as a medical “*pill*” after which he was thoroughly spanked by his mother. There was no doubt that his ambition was to become a doctor, an almost impossible dream in those early colonial days for one from an impoverished family and where Asians were marginalised. It was Alice who encouraged him to become a doctor even when his mother insisted he should, upon completion of his Senior Cambridge Examinations (O-Level equivalent), work as a clerk to help support the family. Ben was devastated when Alice died tragically at 22 years of age.

Ben attended the co-educational Methodist Girls’ School and then in 1918 went to St Andrew’s School. However, in 1922, because of his ambition to “*heal people*”, he was transferred to the Raffles Institution which was the only school equipped with laboratories for the teaching of the sciences. In 1923, he enrolled into the King Edward VII College of Medicine Singapore to begin his medical training. Although his parents placed a high premium on school education which they could hardly afford, he knew they

were unable to pay or support him through medical school. So Ben was determined to win one of only three scholarships offered by the Council of the Medical College to medical and dental students valued between \$360 and \$600 per annum. His academic performance was outstanding and he was awarded four medals by his College and passed his Obstetrics and Gynaecology (O&G) final examinations with distinctions. More importantly, through his scholarship, he was able to donate most of his \$50 monthly award to his mother to help support his parents, his two younger brothers, and his younger sister Mercy, who acknowledged he remained a guide and mentor to her.

He continued to support his family after qualifying as a doctor, and assumed a more responsible role when his father died in 1940. He looked after his mother throughout her life including her stroke when she was 88 years old and lived in his home. At 91 years of age, when she learnt that he had become President of the Republic of Singapore, two weeks before she died, her last few words were “*God has blessed Bennie especially after the way he looked after us and me*”.

Ben’s closest friends at Medical School were Ernest S Monteiro and Benjamin Chew. Professor Monteiro remembered that although they were very competitive and tried to best each other at their medical examinations, they had a very warm friendship. Both he and Dr Benjamin Chew would visit Ben in his mother’s house in Dorset Road and climb her many fruit trees, but Ben preferred to study and was nicknamed the “*bookworm*”.<sup>3</sup> Professor Monteiro described him as a kind person who never said a harsh word to anyone, and was a tolerant person. Amongst his friends, he was always amusing and attentive to their conversations and needs.<sup>5</sup> He loved sports especially tennis and table-tennis, winning many trophies to attest to his prowess. Handsome, intelligent and gentle, it was inevitable that throughout his life he would have many admirers (Fig. 7).

### Medical Career

Ben graduated as a doctor, LMS, King Edward VII College of Medicine (KECOM) in March 1929 (Fig. 1) and was 21 years old when he embarked upon his career. He was posted to the Singapore General Hospital (SGH) at Sepoy Lines as an Assistant Medical Officer.<sup>1</sup> However in April 1931, he was transferred to the KECOM Department of Obstetrics (midwifery) and Gynaecology at SGH at the request of its Professor JS English because of his distinction pass in the O&G examinations. Dr Sheares became the first Singaporean and also the only assistant in the O&G Department, and so was on continuous day and night on-call duty. In 1937, he was posted by Professor English to be in charge of all the obstetric patients at the Kandang Kerbau Hospital (KKH) which had converted in 1935 from a leprosy hospital to a maternity hospital. However, Dr

Sheares wished to continue to practise gynaecology at SGH and so was allowed by Professor English to return alternate months. He was no stranger to hard work and his keen interest, experience and surgical skills were noted by his chief.

In 1939, he was awarded the Queen's Fellowship for a two-year postgraduate training in Britain prior to sitting for the specialist Member of the Royal College of Obstetricians and Gynaecologists (MRCOG) examinations, but the commencement of World War II (WWII) in Europe postponed this. In December 1941, KKH was converted to a general hospital to treat the many casualties from the bombing by the Japanese Army and KKH itself was not spared from these bomb attacks. Dr Sheares was still in charge of the two obstetrical wards in KKH. On 15th February 1942, Singapore fell to the Japanese Army and KKH was renamed *Chuo Byoin* (Central Hospital) and served as the civil general hospital for Japanese as well as Singaporean patients. Dr Tanaka was the Medical Superintendent in charge of it but he was mainly concerned with Japanese patients and Dr Sheares was ordered to be the Deputy Medical Superintendent who was responsible for all the Singaporean patients. Professor English and all the British doctors were interned in Changi Prison throughout the Japanese Occupation. Never idle, Dr Sheares took this opportunity to develop the relatively new technique of the lower Caesarian Section which was subsequently proven to have lower mortality and morbidity than the more established upper Caesarian Section which itself was seldom performed by Professor English because of the high risk of the uterine scar giving way at the next pregnancy. He had not allowed Dr Sheares to perform Caesarian Section or apply the latest techniques and medical breakthroughs in O&G because he was very conservative believing that labour had to be left to nature, and if the foetus was stable it was not unusual for some unfortunate mother to be in labour for three to five days! In the 1930s, the obstetrical mortality rate was 70-80 per 10,000 deliveries and neonatal mortality 600-700 per 10,000 deliveries which were a source of distress to Dr Sheares. As Deputy Medical Superintendent during WWII, in the face of acute shortages of doctors, staff and finances, Dr Sheares managed to maintain an efficient hospital service. When the War ended, his services were recognised by the British Government's award of a Good Service Certificate which read in parts "*In conditions of danger and hardship, you worked steadfastly for the good of the Country ...*".

He was the first local O&G doctor to have a paper published in a well-respected journal, the Journal of the British Medical Association, in June 1940 entitled "*Ophthalmia neonatorum and its prevention*", followed a few months later in September by another paper entitled

"*Observation on the effect of sulphanilamide therapy on the puerperal morbidity rate*". In 1941, he published in the Journal of O&G of the British Empire "*The foetal abnormalities that cause difficult labour*", a testimony to his keen observational powers and habit to document any interesting clinical detail.

It was at this period that he found time to court and, subsequently in 1939, marry Yeo Seh Geok, a pupil midwife at KKH who had recently arrived from a small town Quanzhou near Xiamen (Amoy) in the Fujian province, China (Fig. 2). She had been sent by her father to Singapore to escape the Japanese invasion of China. Their courtship must have been difficult because she had a rudimentary command of English and he could not speak Mandarin and had a poor knowledge of the Hokkien dialect. However, by all accounts it was a passionate one which overcame some initial objections by her parents because he was recently divorced. She remembered he would spend a princely sum for a first-class cinema ticket for her and throughout their life together she had a very generous allowance and lacked nothing. Their partnership had occasional hiccups; inevitable because he was busy with his work, teaching commitments, and spent many hours away from home with patients, students and medical colleagues. She was busy with bringing up their three children (Constance born in 1941, Joseph in 1943 and Edwin in 1949) and with her social activities of which mahjong featured prominently amongst the ladies of that era (Fig. 4).

On 5th September 1945, when the Japanese Occupation ended, the British Military Administration took over and Dr Sheares managed to persuade the British Chief Medical Officer to convert KKH to an O&G Hospital and since they were complementary disciplines he also advised they should come under one professor and his staff all based at KKH and not in SGH. On 1st April 1946, Singapore became a self-governing British colony and KKH became the first O&G hospital in Singapore with Dr Sheares the appointed acting Professor of Obstetrics (midwifery) and Gynaecology of KECOM which was re-opened. Professor English returned to Britain for a long vacation to convalesce after his release from detention at Changi Prison.

After Professor English returned to Singapore to resume his duties, Dr Sheares then proceeded by steamship on April 1947 to the Royal Postgraduate Medical School at Hammersmith Hospital to take up his previously awarded two-year Queen's Fellowship under Dr James Browne, Professor of O&G, prior to taking the MRCOG specialist examination. After only six months' attachment, he passed the MRCOG examination in January 1948 and was the first Singaporean to achieve this (Fig. 14). He then registered for the Fellowship of the Royal College of Surgeons (FRCS) course in Edinburgh. But before he could

commence, he was summoned by cablegram by the Governor of the Straits Settlements to return at once to serve as the acting Professor of O&G in KECOM because Professor English was retiring from service in May 1948. Dr Sheares was the only O&G Specialist with one assistant and was so busy that he had to make his home at the top floor of KKH, and was on duty 24 hours a day.

The Professorial Chair was then advertised in the British Medical Journal and Dr Sheares applied for it.<sup>1</sup> However he was unable to secure the consent of Professor English and the Principal Medical Officer at KKH to be the two referees mandatory for the post. They preferred to referee another candidate, Dr Elsie V Crowe, a British lady who was a paediatric surgeon with a limited knowledge of O&G. Most would have succumbed to this colonial prejudice and admitted defeat but Dr Sheares was made of sterner and more tenacious material and was convinced that he was better suited for the post. With some audacity he wrote to Professor James Browne at the Hammersmith Hospital and to Sir Eardley Holland Chairman of the Board of MRCOG Examiners requesting them to be his referees. To his pleasant surprise, they not only agreed but Sir Eardley Holland replied on 4th June 1950: *“I was much impressed by your personality and learning and by the wide range of your long experience when I had the pleasure of meeting you in London and examining you for the MRCOG at which you attained the top marks of all candidates”*.<sup>3</sup> The selection board for the various professorial chairs in the University of Malaya in Singapore (which was formed in 1949 and KECOM had become incorporated within it as the Faculty of Medicine) was composed of British specialists meeting in London and Dr Sheares was its choice to be the full-time professor of O&G in January 1951. He was the first Singaporean to be appointed professor. Then began a decade of the most productive period in his career.

Following his appointment, Professor Sheares, with the hopes of reducing the maternal mortality rate upgraded antenatal supervision and pioneered a system of Maternal and Child-care Clinics all linked to the central KKH. These clinics would deal with the uncomplicated maternity cases but the serious complications would be referred to KKH. This was a successful system because KKH still lacked sufficient in-patient beds and qualified staff. He also improved the training of midwives who performed most of the deliveries of babies and advocated that trainees had to have at least a Primary English education and two years training in a teaching hospital before being allowed responsibility for the lives of mother and child. He became Chairman of the Central Midwives Board and was instrumental in modernising the training and control of their work. In May 1955, domiciliary aftercare was introduced by him to relieve pressure on his hard-pressed

doctors. With these improvements in antenatal and postnatal outpatient care and well-trained midwives, he was able to show by 1955 the maternal mortality rate had fallen to 9.5 deaths per 10,000 deliveries compared to 70 to 80 deaths per 10,000 deliveries in the 1930s.

The second reason for the lowered maternal mortality rate was attributed by Professor Sheares to the safer surgical management especially the lower Caesarian Section which he pioneered in Singapore for the difficult labour. During this period he perfected his surgical skills and the small surgical incisions with minimal scarring were his legendary trademark.<sup>1</sup> Dr SS Ratnam, Professor of O&G 1970-1995, remarked that Professor Sheares' dissections were always precise, he handled tissues gently and throughout the surgical procedure he would explain each step to his assistant. He was a master in the art of surgery and when others had made a mess, he would be called in, but he never raised his voice or reprimanded the surgeon for the mistake. Instead with a twinkle in his eye he would quietly say: *“My boy, you should be more careful next time”*, and he would proceed to put things right in a systematic and orderly surgical manner. Professor Ratnam always remembered the guidance and advice he gave him often in a soft voice. He learnt gynaecological skills from Professor Sheares who also introduced him to gynaecological oncological surgery. Dr Oon Chiew Seng, an awardee of the Queen's Fellowship in 1952, obtained her MRCOG in 1955 and the second of only 3 Singaporean Honorary FRCOG, declared: *“He was a very good surgeon. I am glad that I had my training under him. He was a very meticulous surgeon, clean and then a very neat sort of surgeon”*.

He was a dedicated teacher who carefully researched and prepared his lectures making use of his prodigious memory for detail, and he loved to teach or participate in tutorials.<sup>1</sup> Professor Wong Poi Kong recalled that he used to call his students by name and had legendary golden fingers which when examining the patient's pelvis could feel signs that others had missed. He had taught almost every prominent obstetrician and gynaecologist in Singapore and Malaya. As early as 1948 he recognised the importance and initiated postgraduate O&G teaching. In March 1956 he started the *Bulletin of KKH*, the predecessor of the *Singapore Journal of O&G*, and was its first Editor. In the editorial of its maiden issue he wrote: *“The planned purpose ... is to guide the postgraduate in his studies. All Clinical teachers will agree that the most lasting information comes to the doctor who learns through his study of the patient. Failure to correlate the academic picture of the disease ... with the patient's complaints ... is the main stumbling block to the fledgling clinician”*. Dr Tow Siang Hwa Professor of O&G 1961-1969 remarked: *“Earlier graduates from the KECOM and the Medical Faculty of the University of Singapore will*

*recall the young inspiring professor whose lectures were comprehensive and thorough and his delivery adorned with wit and humour*". So popular was Professor Sheares that when he was conferred the Fellow of the Royal College of Obstetricians and Gynaecologists FRCOG in 1955 and was the first Singaporean to be so honoured, 80 medical students threw a congratulatory party for him.

In the 1950s and 1960s the British Military Hospital (BMH) in Singapore was the largest British service hospital in the Far East and Professor Sheares was an honorary consultant there. Dr George Pinker, who was knighted and subsequently became President of the Royal College of O&G 1987-1990, recalled his excitement and involvement in Singapore which commenced in 1952 when as a young army lieutenant in the RAMC,<sup>1</sup> he was posted to the BMH Alexandra as a specialist in charge of O&G in the Far East before he had obtained the Membership (MRCOG), although he had held posts up to that yardstick of experience. He was relieved at the welcome opportunity he had in those days to visit KKH outpatients to glean experience and guidance from such an eminent Obstetrician and Gynaecologist as Professor Sheares.

In 1951, KKH was reorganised to a 2-unit system to increase efficiency and he was the head of the professorial A unit whilst his colleague Dr AC Sinha headed the government B unit. In December of that year he resumed the remainder of his Queen's Fellowship postgraduate award. He spent this period visiting leading medical teaching institutions and universities in the United States of America and was so impressed by the high standard of clinical practice and innovative research that he adopted many of these practices when he returned to KKH. He was delighted when the American College of Surgeons made him a Fellow in October 1958. Datuk Seri Dr Mahathir bin Mohamed Prime Minister of Malaysia commented on 18th November 2002:<sup>1</sup> "*I enjoyed my stint there (KKH) as a student. Prof Sheares had taken a fancy to American ideas about treatment. Unfortunately Miss Gladys Dodds FRCOG was very English and failed me in my viva voce when I prescribed an American technique. Kandang Kerbau Hospital was my Waterloo*". Many of Dr Mahathir's fellow colleagues suffered the same fate during their Final MBBS examinations in 1953 when Miss Dodds was the external examiner from London. Professor Sheares was not present to intercede on their behalf because he was in London undergoing a left lower lobectomy of the lung for a tumour which fortunately turned out to be benign.

KKH was rebuilt and expanded from 6th October 1953 to completion on 10th August 1955 including the New Wing, Outpatient Department and Student Hostel all designed and closely supervised by Professor Sheares, ably assisted by the Chief Government Architect Mr KA Bundle.

There was an impressive total of 266 obstetrical beds, 50 gynaecological beds and 26 premature nursery beds. Singapore was awarded the Kettering Shield for the best maternal and child health service in the Commonwealth in 1955. Domiciliary delivery services had been introduced by Professor Sheares in 1954 to cope with the baby boom after WWII and the high demand for beds at KKH. By 1958 KKH had 31,724 deliveries with an improved infant mortality of 4.4/10,000 births, perinatal mortality of 2.9/10,000 births, maternal mortality of 7.9/10,000 births and female life expectancy had increased to 64 years. The patients at KKH were indeed well looked after with the improvements in health services and facilities. Clinical Professor YM Salmon FRCOG Head of B Unit 1975-1986 believed that patients felt privileged to come under his care. No matter how busy he would do a preoperative check on the patient, perform her surgery, check on her postoperatively including enquiring about her during the weekend and then do a follow-up check at the outpatient clinic. He never forgot his patients even those less privileged and the poor, and they often expressed their gratitude to him for saving their lives.

However he and the small number of staff at KKH were hard pressed with the volume of work and patient load. It was a disappointment to him in 1956 when the Royal College of Obstetricians and Gynaecologists turned down the application of the Singapore Government and University for KKH to be accredited for O&G training. The reasons were not apparent. However many years later Dr Sheila Duncan FRCOG, Examiner for the MRCOG Exams and editor of the *British Journal of O&G* 1980-1999 was complimentary regarding his abilities describing him as "*a man in a class by himself*", but revealed that the main concern of the College was the very thin spread of senior staff to provide training. Record keeping, library facilities, radiotherapy and histopathology services were inadequate. However Professor Sheares had laid the groundwork for KKH to become a modern hospital internationally recognised for the quality of its care to patients and training of O&G specialists. In 1960 the Guinness Book of Records stated KKH was the largest maternity hospital in the world; and in 1963 the Royal College of Obstetricians and Gynaecologists recognised it as a training centre for O&G.

With his busy schedules it was not easy for him to devote much time to his family and both he and his wife valued their privacy. On most Sundays after he had visited his patients or given a tutorial he would take the family to the cinema followed by a meal in one of three of his favourites: the Chinese restaurant at Keong Siak Road, the Islamic Restaurant, or the Prawn Mee stall in Hokkien Street. On weekdays on the way home from work he would often detour to the Orchard Road Cold Storage Magnolia Bar to

buy a large family-size ice-cream brick for the family and a regular size for his chauffeur. Although he was uncomfortable and even shy in crowds he was charming and entertaining in small groups and could converse to all and sundry. Fastidious and neat in manner, dress and speech yet he suffered fools kindly and tolerantly. Birthdays, Christmas and the Chinese New Year were occasions for the family and close friends to gather at his home but these were quiet and not boisterous affairs (Fig. 3). His sister Mercy recalled that he himself often departed after the meal to his study apologising that he had to prepare clinical notes or a lecture. Indeed these festive occasions were not allowed to interfere with his work and he would visit KKH and the patients even on Christmas day. He seemed unable to relax or take time off work, but would often end his day by reading the *American Times* magazine as a form of winding down.

### Research and the Sheares Operation

Professor Sheares had an abiding interest in clinical research and developing new medical and surgical breakthrough to make O&G safer. His interests were extensive and he wrote on many topics in O&G, pharmacological treatment, foetal abnormalities, cancer, infertility, surgical techniques, medical education and the history of O&G, a favourite topic. His daughter Constance recalled all his lectures and publications were meticulously researched, precisely written, painstakingly illustrated accurately, no detail in the script was too insignificant to scrutinise and the paper had to be perfect before submission for publication. He had 29 papers published, all single-authored commencing in June 1940 and spanning 24 years. This was no mean feat in an era when most of his peers and colleagues had neither the time nor inclination to publish clinical papers nor perform research. Prof SS Ratnam later commented that he had a very creative and original mind and loved to document his clinical findings, a habit he developed early in his career. He also had a prodigious memory for clinical detail. Some of his major papers had an international impact, including “*Combination of chlorpromazine, promethazine and pethidine in the treatment of eclampsia*” published in July 1957 in the *British Medical Journal*, because there was no effective treatment for eclampsia at that time.

In 1952, he obtained his Doctor of Medicine (MD) University of Malaya in Singapore for his doctorate thesis “*A statistical study of congenital anomalies of the female genitalia in Singapore with special references to incidence, the types of anomalies, aetiology based on economic status and the incidence of these anomalies in infertility, abortions and dystocia*”. This received international recognition and was quoted in the Yearbook of O&G 1953-54 series and in Dr Lee’s *Obstetric Textbook*.

Then in 1956 he wrote a seminal and landmark thesis titled “*Congenital and acquired atresia of the vagina (an evolution of a new technique for constructing the vagina, and study of the growth and behaviour of the new epithelium which comes to line it)*”. He was awarded Master of Surgery (MS) of the University of Malaya in Singapore and is the only holder of this degree.

Previous researchers had attempted to create a new vagina in patients with congenital atresia of the vagina but failed because of cicatrization and fibrosis of the newly tunnelled channel. He had studied this problem in great detail especially “... *the disposition of connective tissue in relationship to the bladder and rectum in the area where the tunnelling was to be done*...” to create a new vagina. He referred to precise anatomical drawings of cross-sections through the pelvis, made careful observations during plastic repairs of the pelvic floor, the width of tissue at various sections of the plane separating the bladder from the rectal wall, and lastly studied x-rays of the pelvic outlet taken after the bladder and rectum had been slightly distended by the opaque medium. From his studies “... *it becomes clear that the place of separation of bladder from rectum is wider lateral to the meridian and therefore injury to either structure is less likely to accrue if the tunnelling process were to be initiated on either side a little off the midline*”. Furthermore from his careful embryological studies he concluded “... *it becomes reasonable to suppose that in the case of aplasia of the vagina, when the Mullerian ducts do not meet and fuse in the sagittal plane of the pelvis, the vestiges or anlagen of these ducts should be found in the wider connective tissue plane between the bladder and rectum, slightly off the meridian on each side*”.

He then set out in one of his patients “... *to find the uncanalised lower ends of the underdeveloped Mullerian ducts in the relatively wider connective tissue plane off the midline*”. He did indeed find these canals and he proceeded to dilate them after which the picture that presented “... *reminded me of a vaginal introitus seen in a case of uterus didelphys with persistence of the septum between the lower canalized ends of the Mullerian ducts resulting in the formation of the double-barreled vagina*”. It struck him that the new vagina could be constructed by “... *canalizing the vestigial canals, then removing the septum between them (fusion), and finally permitting the vestibular squamous epithelium to creep up the tunnel so formed*”. He had tried to emulate nature by working backwards in the stages of its embryological development. The new tunnel was kept open by inserting a silver or stainless steel mould or obturator in order to allow epithelialisation of the new tunnel for as long as 6 months by which time the contraction factor ceased to operate. He postulated, with some histological proof, that the tunnel was epithelialised by a

creeping up process of the vestibular epithelium like a sleeve around the obturator and by islands of epithelium in the vestiges of the Mullerian Ducts accounting for the rapid epithelialisation of the vagina tunnel.

Examination of the tunnel after removal of the mould on the 21st day “... showed that the whole area, except for 2 small islands each the size of a 10 cent piece, on the anterior and posterior wall where the septum had been excised, had taken on the bluish hue of growing epithelium... The whole canal was soft and resilient indicating the absence of a thick cuff of fibrous tissue surrounding the tunnel”. Examination in the 5th week showed a much better end result as regards the degree of epithelialisation, resiliency and functional capacity of the new vagina. With regards to the small posterior unepithelialised raw area he modified his technique to cover that with a free graft of mucosa and perineum skin. He had successfully constructed an artificial vagina and avoided the complication of closure by fibrosis of the new tunnel. He presented case records of 18 cases treated and at least 3 of them had successful pregnancies. Some of the husbands were unaware that their wives previously had congenital vaginal atresia! Patients were referred to him from abroad.

This remarkable achievement was the culmination of years of surgical experience, careful observation and documentation including his MD thesis of 1952 of a statistical study of congenital anomalies of the female genital tract to his MS thesis of 1956 of an evolution of a new technique for constructing the vagina. His operative technique was successfully performed by other gynaecologists and won him international acclaim in USA, Europe and Southeast Asia. In 1958 he was invited to present this work to a distinguished audience at the London University College Hospital Postgraduate Medical School and Dr WC Nixon Professor of O&G who introduced him said: “We have in our midst today a true master of the art and science of gynaecology. Professor Sheares has done what none of us has ever dreamed of, and yet when you have heard his presentation, you would say, why did we never think of it! He has applied basic elementary knowledge of embryology to create an artificial vagina from the Mullerian nests whose growth has been arrested ... Professor Sheares has created something quite superior and functional. It is our good fortune to hear from the master himself”. This operative technique was fully described and illustrated by him in the *Journal of O&G of the British Empire* 1960;67:24-31; and became known as the “Sheares Operation”.

In 1959 he delivered a lecture which proposed a sure approach to curb an unreasonable increase in the population. The 1950s and 1960s after WWII saw a large increase in the birthrate in Singapore. In 1960 the Guinness Book of

Records stated that KKH, the largest maternity hospital in the world with 316 maternity beds, on average delivered 92 babies each day, 500 per week and had an annual “birthquake” of over 36,000 newborn. This had socio-economic problems for a newly formed internal self-governing Singapore with few resources. The Family Planning Association of Singapore had been formed in November 1949 but was unsuccessful in its efforts to promote contraception because of socio-cultural reasons. Professor Sheares became its president in 1960. The Government in its policy statements made prior to the 1959 general elections had mentioned the need for birth control, but no effective programmes were subsequently implemented. Professor Sheares, following a paper presented at the Conference of the International Planned Parenthood Federation at New Delhi, delivered a similar lecture at an invitation luncheon meeting of the Foreign Correspondents Association of Southeast Asia on 16th July 1959 in Singapore. He advocated voluntary sterilisation to the mother or father of at least 3 children only after the parent voluntarily requested the sterilisation. This provoked much controversy and criticism especially amongst some religious communities and even from some of his medical colleagues. However 10 years later on 29th December 1969 the Singapore Parliament without any opposition passed the Voluntary Sterilisation Act, and when it came into effect on 20th March 1970 there was a surprising demand for voluntary sterilisation. Professor Sheares with prescience was way ahead of his times.

In the span of ten years, Professor Sheares had accomplished much: he had pioneered or upgraded O&G services and methods of treatment, developed KKH into an international centre for the provision of care to patients and the training of O&G specialists, and put Singapore on the international map of clinical research. Above all else he had made it safer for the mothers and children of Singapore. Few would dispute he was the father of Obstetrics and Gynaecology in Singapore.

### Retirement and Private Practice

In March 1961 he retired from the University of Malaya in Singapore and his long service at KKH which had commenced in 1937 for two reasons; and he went into private practice. Firstly his health was failing and he suffered from severe acute gastric ulcers. Secondly he felt very responsible for the welfare of his wife and children and was apprehensive that ill-health would curtail his ability to provide for his family. He like his parents placed a high premium on education and wanted all three of his children to have secondary and tertiary education in Britain to stand them in good stead in later life. He remembered how hard he had struggled to put himself through medical school and he did not want his children to suffer the same



Fig. 1. King Edward VII College of Medicine – Professors and Graduates, March 1929.

Standing: ES Monteiro, BH Sheares, N Amad, RG Gunatilika, Lim Eng Cheang, B Chew, AW Moriera

Sitting: MR BM Johns, Professor of Clinical Surgery; Dr Young, Professor of Bacteriology; Mr K Black, Professor of Surgery; Mr Kay Mouat, Professor of Physiology; Dr RB Hawes, Professor of Medicine; Dr JS Webster, Professor of Radiology



Fig. 3. Family party at the Residence top floor KKH, circa 1950.



Fig. 5. Private clinic, Battery Road, Raffles Place, circa 1961.

disadvantage. His apprehensions regarding his health were well-founded because he suddenly collapsed at work from a massive gastric haemorrhage in 1965 and required an urgent gastrectomy operation by his colleague and close friend Professor Yeoh Ghim Seng. This was his second major operation and he had escaped an untimely end.



Fig. 2. Dr Benjamin and Mrs Seh Geok Sheares wedding, 1939.



Fig. 4. Family: Dr & Mrs BH Sheares with children Constance, Edwin and Joseph, circa 1951.



Fig. 6. President BH Sheares and HM Queen Elizabeth II, February 1971.

His preferred inclination would have been to remain to the end of his days in University and in KKH his second home where he was in his element caring for patients, teaching, interacting with students and colleagues and stimulated to continue innovative surgery and research. Two hundred and sixty medical students petitioned him to





Fig. 7. President BH Sheares June 1971.



Fig. 8. President BH Sheares and Prime Minister Mr Lee Kuan Yew, circa 1972.



Fig. 9. Bronze bust of President BH Sheares at Sheares Hall, National University of Singapore, circa 2001 (L to R: Associate Professor Lawrence Chia Master, Dr Joseph Sheares, President SR Nathan and Professor Shih Choon Fong, President NUS).



Fig. 10. President BH Sheares, Chancellor National University of Singapore.

reconsider his decision. He was sad to leave. The University Dean of the Faculty of Medicine on 21th March 1961 (Fig. 11) wrote to him expressing regrets for the termination of his appointment and expressed the hope the University could continue to call upon his advice. On 4th April 1961 the Ministry of Health through the Director of Medical Services wrote also expressing regrets that he had retired from the Chair of O&G and ended his long association with KKH, and expressed appreciation for his years of service to KKH and the people of Singapore (Fig. 12). The Ministry of Health requested him to continue as Honorary Consultant in O&G. He was delighted with this offer and replied: “... *it was most heart-breaking on my part to make the decision to retire ... this sadness has been mollified to a certain extent by the magnanimity of the Minister of Health to whom I shall be for ever grateful for allowing me to be associated with the KKH in an honorary capacity. This is an honour which I place above all others and I assure you that I shall be very happy to give freely of my service to the Government, the Hospital and ... the patients ...*” (Fig. 13).

However Dr Sheares did not vanish into the obscurity of private practice but established a busy diagnostic and

innovative day-surgery clinic in Battery Road in Raffles Place (Fig. 5). Dr Oon Chiew Seng who was the first O&G specialist to go into private practice in May 1959 remarked that he was recalled to KKH to help in complicated cases, and continued innovative surgery in private practice.<sup>1</sup> He travelled to London to buy Radium so that he, assisted by Dr Oon, could treat endometrial carcinoma effectively with one insertion of local treatment of Radium followed by an extended total hysterectomy. This form of treatment was not performed by the KKH specialists because of the difficulty of obtaining Radium from the Radiotherapists. He had a busy practice and worked long hours even after his major gastric operation. His patients came from Singapore and around the region and he was a Consultant in 3 States of Malaysia. As a recognition of his services he was conferred a Dato of Kelantan (1964) and Kedah (1967). However he remained readily accessible to the poor and one *amah* named Anna consulted him after the birth of a stillborn child fearful that she could not conceive and she stated that he treated her free-of-charge and she had a successful pregnancy. Another patient was grateful he had successfully petitioned a longer maternity leave for her after she went through a complicated delivery. Many years later another patient of modest means, as she paid her last respects to him at his wake, wept because she was eternally grateful he had performed an emergency operation at night to save her and her child. Professor Salmon commented upon his kind and friendly nature manifested even when he was busy or attending to important matters and remembered the occasion when he visited her own sick mother.

Dr Sheares maintained his academic interests and continued to publish original papers as well as lecture in Singapore and abroad. He became the first president of the O&G Society of Singapore formed on 7th September 1960 and president of the Medical Alumni Association in 1965. At his urging the Family Planning and Population Board

GOVERNMENT OF THE STATES OF SINGAPORE  
**MINISTRY OF HEALTH**  
 GOVERNMENT OFFICES,  
 PALMER ROAD,  
 SINGAPORE, 1.  
 14th April 1961

Dr. B.H. Sheares,  
 3, Battery Road,  
 Singapore 1.

Sir,

It is with regret that I note you have retired from the Chair of Obstetrics & Gynaecology. As this brings to a close your long association with the Kamandang Koorba Hospital I wish to express appreciation for the years of service which you have given this Hospital and for the people of Singapore. The secret for your long life is however sustained by the knowledge that you still continue to trust in your capacity as Honorary Consultant Physician in Obstetrics & Gynaecology.

I would also like to express my appreciation for the service you gave as Chairman of the Midwives Board. The establishment of this Board was largely due to your efforts, and the high standards of midwifery have been the result of your interest and stewardship.

With all good wishes,

I am, Sir,

Your obedient servant,

(Dr. Ng Eng Jook)  
 Director of Medical Services,  
 Singapore.

UNIVERSITY OF MALAYA  
 IN SINGAPORE.  
 FACULTY OF MEDICINE



Dr. B. H. Sheares, M.B., B.S., F.R.C.S.  
 Professor (1st) & Registrar  
 311 (Main)  
 311 (Office)

21 March, 1961.

Dr. B. H. Sheares,  
 3, Battery Road,  
 SINGAPORE, 1.

Dear Dr. Sheares,

Following the letter of 17 March 1961 from the Vice-Chancellor, as Principal, I take this opportunity of expressing to you the Faculty's warm appreciation of your valuable services rendered when you officiated as Honorary Head of the Department of Obstetrics & Gynaecology. Your services were all the more valuable as they were available at a time when the Faculty was faced with a very serious staffing crisis in that Department.

We regret very much the termination of your appointment after your long association with the University and we express the hope that we can continue to call on you for advice as the need arises.

I speak for the whole Faculty when I reiterate our sincere thanks for all you have done for the Department during your tenure of office as Professor of Obstetrics & Gynaecology.

With my very best wishes,

Yours sincerely,

J. S. Tan  
 J. S. Tan  
 Faculty of Medicine.

MBChB.

c.c. Vice-Chancellor;  
 Registrar;  
 Acting Head, Dept. of Obs. & Gynae.

Fig. 12. Letter from the Director of Medical Services, Ministry of Health, 14th April 1961.

Fig. 11. Letter from the Dean, Faculty of Medicine, University of Malaya, 21st March 1961.

Your M. of H. 146/47  
 Tel. No. 33200  
 22nd April 1961

Doctor Ng See Yook,  
 The Director of Medical Services,  
 Ministry of Health,  
 Palmer Road,  
 SINGAPORE, 2.

Dear Sir,

Your reference M. of H. 146/47

Thank you for your very kind letter of 14th April 1961.

As you know, I have been associated with the Kangang Kerbau Hospital since April 1953 and it was, indeed, most heart-breaking on my part to make the decision to retire from the Chair of Obstetrics and Gynaecology.

However, this sadness has been mollified to a certain extent by the magnanimity of the Minister of Health to whom I shall be forever grateful for allowing me to be associated with the Kangang Kerbau Hospital in an honorary capacity. This is an honour which I place above all others and I assure you that I shall be very happy to give freely of my services to Government, the Hospital and the patients whenever required to do so.

I am,

Sir,

Yours faithfully,

BHS:kfw

Fig. 13. Reply from Dr BH Sheares, 22nd April 1961.



Fig. 14. Copy of MRCOG diploma, 1948.

was founded in 1966 to advise on the control of the population boom and he was a member until 1970. In 1968 the Academy of Medicine started a Chapter of O&G initiated by him and he became its chairman. A year later the School of Postgraduate Medical Studies was formed for the establishment of local higher medical degree qualifications and he was a member of the committee for O&G. Early in 1970 he was a member of the Medical Specialities Board tasked to decide which specialities should be established. He also continued as an honorary consultant in KKH conducting tutorials for the junior staff. Professor Ratnam recalled that when there were two colleagues with a contentious issue and an arbitrator was required Dr Sheares could always be called upon to settle the matter without upsetting either party. He was a perfect gentleman at all times.

His private practice was busy, interesting and enabled him to afford his family needs comfortably. He had had an illustrious medical career as a doctor, teacher, researcher, administrator, had a keen eye for social medicine and had proven leadership qualities. In recognition of his achievements he was conferred Honorary Doctor of Letters by the University of Singapore in 1970. He could afford to rest upon his laurels.

### **President, Republic of Singapore**

At 63 years of age Dr Sheares was called to service on 2nd January 1971 for the final time, this time to serve his Nation as President after his election to this office on 30th December 1970.<sup>3</sup> The then Prime Minister Mr Lee Kuan Yew and his cabinet had considered suitable candidates to succeed President Ishak Yusof who had recently died. When Mr Lee approached him to serve, Dr Sheares was surprised, delighted but apprehensive, and asked for time to discuss it with his wife. He spent several days carefully considering the responsibilities of this high office and the implications to his wife and family. His wife did not encourage him to accept because she disliked being in the public eye, and she knew he was uncomfortable in crowds and by inclination was a quiet and private person ill-suited to the formality and ceremony of the many public engagements incumbent upon the office. He had no experience in international diplomacy and had never been ostentatious but would be required to give a human “face” to the abstract concept of the Republic of Singapore. She feared the rigours of this post would prove deleterious to the serenity of his mind; and he still had the potential of 5 more years of lucrative private practice in a familiar field. Professor Ratnam probably the only friend he consulted felt that Dr Sheares considered it a duty and he genuinely wished to serve his nation. Without encouragement from his family Dr Sheares accepted this highest honour firmly believing that he would serve to the best of his ability and to the high exacting

standards of excellence he practised in his medical career. Mr Lee stated that the duties of the President required not only distinction and ability but integrity and understanding. “*Dr Sheares brings these qualities to the office of President.*” His gentle and unassuming manner belied an intense commitment to excellence.

There had been much speculation regarding the choice of Dr Sheares to the appointment of President of the Republic.<sup>2</sup> Some believed that to show impartiality the Government had rejected any candidate belonging to the PAP party; and to allay the apprehensions of the many Muslims in neighbouring countries and to demonstrate its multi-racial character, the Chinese dominated Singapore Government preferred to elect someone from the minority race, an Eurasian, who could transcend most communal concerns. Since the post of the President is apolitical Dr Sheares was suitable because he did not have any political background. Mrs Sheares was a Chinese immigrant and their successful marriage was an example of multi-racial harmony, and her origins from the Fujian province would be a welcome association to the majority of the Chinese community in Singapore. The Far Eastern Economic Review (FEER)<sup>7</sup> in its 9th January 1971 issue had a more critical assessment of the Government’s choice. Dr Sheares was a professional, a teacher and all his children had a university education, and he himself rose from humble beginnings, and was an internationally acclaimed surgeon. Since profession, education and success were highly valued Dr Sheares had the respect of most Singaporeans, and he represented the country’s diversity. When the PAP government came to power in 1959 it was highly critical of the University, of the Medical profession, of Catholics and of Eurasians because of their lack of social involvement and their “*flaccid anti-colonialism*”. But Dr Sheares belonged to most of these groups and his acceptability and his election to the Presidency of the Republic had a clear message. If there was any plausibility to the views of the FEER then Dr Sheares appeared to be a symbol of the successful unity between the professionals and academics with the Government and the common-folk of Singapore who shared his humble beginnings and respect for meritocracy and self-reliance.

Mr Lee Kuan Yew expressed the confidence that Dr Sheares’ readiness to bring a disciplined intellect to bear on a new field augured well for Singapore.<sup>3</sup> His contributions to medicine and society would lend eminence to the office of President and Singaporeans would have no difficulty according him respect. Mr Lee also noted that he was by disposition courteous and by nature kind, modest and friendly, and had the necessary qualities to be the official “face” of Singapore and to symbolise the integrity and values of Singapore. President Sheares overcame his inexperience in international politics and diplomacy by

keeping up with current affairs, reading all copies of important matters of Government, and he was kept informed of Cabinet decisions. Mr VK Rajan, his private secretary between May 1972-June 1976 noted he took his job conscientiously, and read up extensively, and would make personal notes neatly handwritten, of the background of the different Heads of State scheduled to visit Singapore. After meeting with a visiting dignitary, who would be astonished at President Sheares' recall of his interests and career, he would return to his office to write down meticulous notes of what was discussed so that he would be better equipped with information. He had not forsaken his early habit of documentation of facts.

He had the stamina and social graces to discharge the exhausting and sometimes tedious functions incumbent upon his office in spite of another major illness which struck him in December 1971 when he required a graft replacement of an abdominal aortic aneurysm by Dr M DeBakey in Houston USA. This was his third operation, the most serious to date, and he was accompanied to Houston by his close friends Professor Monteiro who was then the Ambassador to the United States of America, Professor Khoo Oon Teik, Dr Oon Chiew Seng, and his son Joseph. President Sheares recovered and with stoicism and determination continued with his duties. Few would believe he had recently undergone a major operation when he officiated at the Heads of Commonwealth Meeting coinciding with the visit of HM Queen Elizabeth II on 18th February 1972 (Fig. 6). It was on this occasion that he was awarded the Honorary Knight of the Grand Order of Bath by the Queen. One of his proudest and happiest events came when, as part of his post, he became the Chancellor of the University of Singapore (Fig. 10) in which he had previously served with distinction and which had provided him with many happy memories (Fig. 9).

He had fulfilled his 4 years term of office conscientiously, kept abreast of affairs of state and not shirked any of his duties. His genuine wish to serve had motivated him to reject a pay raise that was given to all civil servants at that time. Mr Lee Kuan Yew moved in Parliament on 6th November 1974 the re-election of President Sheares to a second 4 year term, and said that he had carried his office with unassuming dignity, application and self-discipline. He had won the respect of all who came to know him.

Throughout his terms in office he had kept an active interest in Medicine and O&G, and was grateful that the Government both agreed and encouraged him to go 2 mornings a week to KKH as an Honorary Consultant to conduct tutorials, and to perform surgery or attend to the non-fee paying patients. In 1975 he gave the first of the Annual Orations of the O&G Society entitled "*The development of obstetrics and gynaecology in Singapore*".

Again with prescience he predicted the importance of Biomedical science. The O&G Society also started the Benjamin Henry Sheares Lecture in 1977 and on his demise in 1981 it was changed to the Benjamin Henry Sheares Memorial Lecture.

In 1975 as a recognition of his contributions to Medicine he was awarded the Fellowship of the Royal Society of Medicine, England, a rare distinction. In June 1976 he was awarded a rarer distinction, and was the first Singaporean to be conferred Honorary FRCOG, the highest honour that the College can bestow. Dr Sheila L B Duncan FRCOG, an officer of that College, remarked that seldom was an existing Fellow so honoured, but never before or since had an existing Fellow become Head of State which Dr Sheares was then. She further commented: "*... it is also characteristic that when he was invited to accept the high office he now fills with such distinction, one of the conditions of his acceptance was, that he should be permitted to maintain at least some clinical and teaching activity at the KKH*". Other honours bestowed on him as Head of State were Star of the Republic of Indonesia in 1974, and the Ancient Order of Sikatuna Raja Republic of the Philippines in 1976.

He and the Prime Minister Mr Lee had their offices at the Istana and were acquaintances previously but developed a warm and close friendship during his Presidency.<sup>3</sup> Mr Lee called upon him monthly to brief him, and when Mr Lee referred to sensitive developments covering Singapore's security or economy there was immediate cognisance of the dangers that could unfold, and President Sheares would have a twinkle in his eyes or give one of his quizzical looks. It was his way of sharing the concerns of Mr Lee. President Sheares had read all the official papers and did not need to be told all over again. Mr Lee had observed President Sheares was conscientious by temperament, soft-spoken, had applied himself ably to his duties and discharged them with distinction. He requested him to accept a third term of office but President Sheares was reluctant acknowledging that he had passed his 70th year and had slowed down.<sup>3</sup> He was apprehensive he did not have the strength to fulfil his duties to the end. Mr Lee persisted and it was only after three further discussions over many months that President Sheares could satisfy himself that he could discharge his duties to the exacting standards he set himself. In December 1978 in Parliament Mr Lee stated President Sheares was the best man for the post, and in the previous 8 years he had brought to his office a fine intellect and quiet dignity and had been an asset to Singapore. He then moved the election of him to a third term of the Presidency.

During his third term he worked conscientiously even when he fell ill in November 1980 with what appeared to be a pneumonia. He also continued to go to KKH without

ceremony or protocol, but Professor Ratnam, worried about his busy state functions, suggested he relinquish some of his teaching commitments. President Sheares pleaded: “*Ratnam, please do not stop me, for this is what I enjoy most*”. Professor Ratnam was touched by his deference to his authority, and by his obvious love of O&G. President Sheares continued his tutorials and very occasional surgery at KKH until three months before his death. When he opened Parliament on 3rd February 1981 he was visibly unwell. In March his chest x-rays indicated malignant tumours in his right lung, and although he was not told this by his physicians he knew because he had seen his x-rays and was an experienced physician.

He had once said to Mr Lee in a soft matter-of-fact way that at his age his lung problems were likely to be malignant, then gave a gentle sigh but there was no fear nor panic either in his expression or bearing. Their last meeting was on 8th May when President Sheares expressed regret and concern that after he had fainted on 3rd May he had not been able to perform his duties and offered to retire immediately. Mr Lee demurred, and noted that although there was sad resignation there was no fear in the President’s eyes and he showed great composure and dignity. That night President Sheares went into a coma and died on 12th May 1981 having served one decade as President.

His critics described his presidency as bland, uneventful and his manner aloof and formal. He was criticised for being non-partisan in politics, uncontroversial, keeping a low profile and seemed timid performing on cue from the Government. This was in sharp contrast to his immediate successor who had a feisty temperament, injected vitality into what seemed an uninteresting job, held prominent political views, and was unafraid of dipping his hands into controversy. However the critics had underestimated President Sheares who had in his characteristic studious habit read carefully the Constitution of Singapore which accords the President powers that are only to be exercised in accordance with the decisions of the elected Government and the Prime Minister. Furthermore he was well aware of what was proscribed by the Constitution, and he made sure that he performed his duties according to it and the advice of the elected Government.

He was not a timid man fearing controversy and confrontation. In his early life he was undefeated by poverty, developed innovative surgery and ran a good hospital service during the hardship of the Japanese Occupation, audaciously overcame the prejudice of his colonial superiors to become Professor of O&G, and emulating the daring and perseverance of the early pioneering gynaecologists made significant breakthroughs in the treatment of O&G patients. In later life his service to patients and Nation in spite of ill-health and personal

discomfort, and the calm and composed acceptance of impending death are the antithesis of timidity and fear. His conduct of the Presidency was purposely non-controversial, smooth, and marked by tolerance, total integrity and impartiality to all communities and religions because he firmly believed that a young Singapore nation needed political quiet, stability and conformity. By nature he was quiet and unassuming which his critics mistook for aloofness and formality. Without contrivance his manner was dignified – not aloof.

### Recollections

I had not embarked on a career in O&G much to my father’s disappointment although never expressed. During my university and surgical training overseas he would regularly write at least once a month and enclose a copy of one of his own undergraduate or postgraduate lectures or a reprint of one of his published papers expressing the hope that I would find them useful in my studies or examinations. I knew they were sent with the silent hopes that I would take up O&G as my specialty and abandon my chosen specialty. When I returned to Singapore he never chided me but once remarked with a twinkle in his eye that there was much O&G he could have taught me.

He never lived in the Istana and was very comfortable in the privacy of his home in Holt Road; and I would visit him at weekends and partake of that most colonial of all repasts “*afternoon tea*” with him. Without any doubt that “*tea*” was his favourite meal because he had poor appetite and that small meal satisfied his needs and love of sweet savouries. He invariably had a banana with cheese, pisang rajah banana and Dutch Edam cheese preferred, and drank a cup of tea with some sugar judiciously and slowly stirred with a silver spoon which he insisted on leaving in the cup and not outside on the saucer. Very often no other family member wished to have or be present at “*tea*” when the two of us sat in his dining-room overlooking the garden inhabited by the many trees selected by himself years ago.

Once I asked him what alternative career he would have chosen other than in O&G if he could live his life again and he unhesitatingly said architecture because he had a desire to build, create and develop new themes. Then he paused, and in that pregnant silence he and I knew he had no other inclination or love than to be an Obstetrician and Gynaecologist even if he could live his life 10 times over. His early interest and distinction pass in his O&G examination had serendipitously determined his future. I also asked him why did he select O&G and his ready reply was that in those colonial days it was the Professor or Head of the department that determined one’s career. He had toyed with the idea of specialising in Internal Medicine but, had he been really keen in this I knew nothing could have

prevented his determined and ambitious nature from achieving this. Fate and his deep interest in O&G had set him on an illustrious career in 1931 spanning 5 decades.

He seldom took vacations throughout his life and his trips overseas were related to his work or to visit his children and grandchildren. However he did once reminisce about the most pleasurable enforced convalescent holiday he spent with my mother in Monte Carlo after his left lung lobectomy operation in 1953. He longed for the seaview of the Mediterranean when they were both seated atop a hill in the Botanic Gardens, and wondered whether both of them would retire there. But he took no steps to achieve this because he was always uncomfortable and restless overseas until he returned to Singapore. I also remembered in the evenings he would listen to the incessant chatter of my mother whilst reading his official papers or a medical journal, but when she stopped he would urge her to continue because he likened her to a verbose but entertaining lawyer! They were comfortably and contentedly happy together.

Although he was no stranger to illness having survived three major operations he showed remarkable stoicism in the face of pain and continued to work productively and prodigiously throughout his life. However in 1980 he remarked that he felt more tired and was losing weight. I could see he had become breathless on mild exertion and his voice had become softer—a legacy of past heavy-smoking of at least a tin of 50 unfiltered cigarettes daily. His appetite had been poor since his gastrectomy operation in 1965 and I advised small frequent meals with iron supplements. He would patiently nod his head and I would end my visit by examining him physically followed by a discussion of my auscultatory findings of his lungs when his eyes would light up.

In November 1980 my father appeared to have an influenza illness but by January 1981 he was weaker and more tired and his physicians Professors Lee Yong Kiat and Seah Cheng Siang and Dr Kwa Soon Bee informed him he had pneumonia and treated him with antibiotics. Unfortunately his lungs did not improve and he had chest x-rays in March in which he had himself seen two nodules in his right lung. He was not told by the radiologist or his physicians that they suspected malignant carcinoma but there was no necessity because as an experienced doctor he had himself diagnosed this. He eschewed any treatment because he knew it would be ineffective. There was no anxiety or fear in him of his impending end but a deep regret that after promising the Prime Minister to serve a third term of office he would be unable because of ill-health to perform his duties in the dedicated and committed manner it demanded. He tidied his financial and family affairs making sure they were well provided when he prepared his will. He discussed his funeral service with his childhood close friend the reverend

Dr Benjamin Chew who was baptised with him in the Bethesda Church Bras Basah Road when they were both 13 years old, and who was an Elder of the Katong Bethesda Church.<sup>3,5</sup> No loose ends were left.

I was convinced he knew he had terminal carcinoma because in early April he refused to be examined by me and we no longer discussed his health. He had a lively interest in the welfare of all his grandchildren, and we chatted about family matters and even the conduct of private surgical practice which I had just started. He emphasised that a dedicated service to and an excellent care of patients tempered with compassion were all important, not the professional fees. With regards to the needy or poor patient it was best left to the patient to decide how much my service had been worth! It was a humbling notion but in character with his kind and tolerant nature. He had his first fainting attack, a transient ischaemic attack, on 3rd May which lasted a few minutes. He knew the end was near and our family feared and prepared for the worst.

However after he recovered he remained lucid and requested to see the Prime Minister who kindly came to visit him at home, and it became clear this was a prelude to a final farewell. I think he had previously discussed with his private secretary Mr Devadas Menon retirement and returning his salary to the Government. On 8th May he again requested to see Mr Lee Kuan Yew who came to his home at lunchtime. My father walked alone downstairs from his bedroom and sat with the Prime Minister. He was sad and expressed his deep regrets and concern that he had not been to his office to work for 10 days and had been unable to perform his duties. He offered to retire at once. Mr Lee, who in his perspicacious way had already been saying goodbye in instalments over the past weeks, graciously demurred and showing great compassion reassured him that his duties would be taken care of. My father was reassured and this was important to him because in his final days he had only one regret—that he could not fulfil the duties and serve his office with the dedication it deserved and with the fullest commitment he promised in 1978. He had no other regrets because he had lived a full life, achieved much in his medical career, served his patients and his Nation with the highest standard of excellence he was capable of, said farewell to his close friends, and provided for his family. He was composed and calm displaying equanimity when on that same day 8th May he slipped into a coma in the evening probably from a cerebral haemorrhage. I know he would have been pleasantly surprised, even a little embarrassed, but certainly very touched at the concern shown by the many Singaporeans, and not just by all his family members. He died on 12th May 1981, and following a State Funeral 3 days later in Kranji, his final resting place was surrounded

by some of the same kind of trees found in his garden.<sup>6</sup>

The Prime Minister Mr Lee Kuan Yew in his moving, generous and compassionate tribute in Parliament on 12th June 1981 said that President Sheares had given us<sup>3</sup> “*a lesson on how to die, how to leave this world in grace and dignity*”. Mr Lee had also drawn an indelible analogy of his death: “*When a friend dies, the shared conversations, the shared experiences, the bonds of friendship can no longer be renewed. It is as if a thread has snapped. The thread is still there but the person holding the other end had loosened his hold*” (Fig. 8). He deserved the respects of the thousands of Singaporeans because he discharged his duties with dignity, with thoroughness, and with consideration for others.

My father taught me how to live. His life was dedicated to service and his ambitions were tempered with tolerance and integrity. Disadvantages of humble beginnings, poverty and prejudice are surmountable with a disciplined commitment to improve one self and family. These are attributes emulated by all and his success mirrors that of many Singaporeans.

### Acknowledgement

I am deeply indebted to Dr Tan Kok Hian and Ms Ranjit Kaur whose books were sources of important events in the biography; and to many friends and family members especially my mother, sister and wife for their recollections of my father; and to my youngest daughter for her assistance and encouragement. Some of the photographs were provided by the Singapore Ministry of Culture Photo Department.

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22. Sheares BH. Combination of chlorpromazine, promethazine, and pethidine in the treatment of eclampsia. BMJ 1957;5036:75-8.
23. Sheares BH. The treatment of eclampsia by the use of modern tranquillising drugs (a study of 124 cases of eclampsia). The Congress Volume of the First Asiatic Congress of Obstetrics & Gynaecology pg 47, 4-6 April 1957, Tokyo, Japan.
24. Sheares BH. Haematuria as a symptom in obstetrics & gynaecology. Medical Digest May 1957;25(5):255.
25. Sheares BH. Gynaecology through the ages. Gazette of the King Edward VII Medical Society June 1957;5:73-87.
26. Sheares BH. Sterilisation of women by intra-uterine electro-cauterisation of the uterine cornua. The Journal of Obstetrics & Gynaecology of the British Empire June 1958;65(3).
27. Sheares BH. Congenital atresia of the vagina: a new technique for tunneling the space between bladder and rectum and construction of the new vagina by a modified Wharton technique. The Journal of Obstetrics

### Appendix 1: Publications and Lectures

(Many reprints are on loan to the National Archives of Singapore.)

#### Publications of Dr BH Sheares

1. Sheares BH. Ophthalmia neonatorum and its prevention. Journal of the Malaya Branch, British Medical Association, June 1940;4(1).
2. Sheares BH. Observations of the effect of sulphanilamide therapy on the puerperal morbidity rate. Journal of the Malaya Branch, British Medical Association, September 1940;4(4):205.
3. Sheares BH. The foetal abnormalities that cause difficult labour. Journal of Obstetrics & Gynaecology of the British Empire 1941;48(3):354.



- & Gynaecology of the British Empire 1960;67:24-31.
24. Sheares BH. Discussions of soft-tissue placentograph. *Proc R Soc Med* 1959;52(7):565.
  25. Sheares BH. The role of sterilization in schemes designed to control population. *Singapore Medical Services Union Magazine* 1959-60; 25-34.
  26. Sheares BH. The operation of sterilization in the female and medical indications for its performance. *Medical Digest* 1959;27(7):253-8.
  27. Sheares BH. The suspect pelvis and its management (clinical aspect). *The Bulletin of the Kandang Kerbau Hospital Singapore, Malaysia*, March 1964;3(1):23-6.
  28. Sheares BH. The obstetric invalid. *The Bulletin of the Kandang Kerbau Hospital Singapore, Malaysia*, October 1964;3(2):35-9.
  29. Sheares BH. The Gynaecology aspect of developmental anomalies of the female reproductive system. *The Bulletin of the Kandang Kerbau Hospital Singapore, Malaysia*, March 1965;4(1): 89-95.

**He delivered many lectures, including:**

1. Sheares BH. Sterilisation and family planning. *The Foreign Correspondents Association of Southeast Asia lecture*, 16 July 1959.
2. Sheares BH. Development of Obstetrics and Gynaecology in Singapore; *First Annual Oration of the Obstetrical and Gynaecological Society*, 8 March 1975.

**Appendix 2: Awards of academic certificates/degrees, and honours**

*(On loan to the National Archives of Singapore.)*

**Academic certificates/degrees**

- LMS, King Edward VII College of Medicine, March 1929  
MRCOG (UK), January 1948

- MD, University of Malaya in Singapore, March 1952  
FRCOG (UK), May 1955  
MS, University of Malaya in Singapore, October 1956  
Academy of Medicine Singapore, Founder Member, August 1957  
FACS (USA), October 1958  
D Litt, University of Singapore, June 1970

**Honours**

- KGCB (Hon) (UK), February 1972  
FRS of Medicine (UK), June 1975  
Honorary FRCOG (UK), June 1976  
Dato of Kelantan (Darjah Jiwa Mahkota Kelantan) DJMK 1964  
Dato of Kedah (Dato Paduka Mahkota Kedah) DPMK 1967  
Star of the Republic of Indonesia Adipurna, August 1974  
Ancient Order of Sikatuna Raja, Republic of the Philippines, 1976

**Appendix 3: Memorials**

The Benjamin H Sheares Memorial Lecture, inaugurated in 1981 by the O & G Society of Singapore.

Benjamin Sheares Bridge, a modern icon linking the East Coast including Changi Airport to the Central business district.

Sheares Hall, National University of Singapore, established as the successor of Dunearn Road hostel of the University of Malaya and inaugurated by President Devan Nair in 1982.

Bronze bust of BH Sheares at Sheares Hall sculpted by Mr Chern Lian Shan, 12 August 1993, commissioned by the Master Associate Professor Lawrence Chia & the Shearites.

Bust of BH Sheares at the Istana, sculpted by Mr Lim Yew Kuan, 31 August 1999, commissioned by President Ong Teng Cheong.