

Progress in Singapore Family Medicine: Reflections over the Decades from 1931*

Chin Hin Chew,^{1,2} *FAMS, FRCP(Ed,Glas,Lon), MACP*

Minister of State for Health, Dr Lam Pin Min, the President of the College of Family Physicians, Dr Lee Kheng Hock, Members of Council, and friends.

Allow me first to thank the President and Council for asking me to deliver the Sreenivasan Oration and to be an honorary brethren of the College. This is an incredible double honour; I, however, accepted not without hesitation and with much trepidation as President Lee knows of my ageing and failing voice box!

Prologue

Dr BR Sreenivasan was a remarkable physician, scholar, clinical teacher and administrator; even more so a thorough and compassionate gentleman (Fig. 1). I knew him from my childhood days, growing up in the grounds of the then Sepoy Lines General Hospital. The Sreenivasan family were once our neighbours at the doctors' quarters along Outram Road and have been long-standing family friends. Dr Sreenivasan and my father, Dr Benjamin Chew, were fellow colleagues with Dr Gordon Ransome, serving under Dr V Landor and Sir Brunel Hawes, the Professor of Medicine at General Hospital (SGH) and sometimes at Tan Tock Seng Hospital (TTSH), the main teaching centre for Clinical Medicine



Fig. 1. Dr BR Sreenivasan, the first Singaporean Vice Chancellor of University of Singapore from 1962 to 1964.

and Surgery before the Japanese invasion (Figs. 2 and 3).

Disease pattern then was very different. There was the predominance of infectious diseases and malnutrition, for example, tuberculosis (TB), typhoid, dysentery, poliomyelitis, malaria, beriberi and other dreadful diseases. Many have now been eradicated, though some still remain. Besides being fellow colleagues, Sreeni and Ben Chew shared many common interests. Both were well read in the classics and literature. They were fellow students at the King Edward VII College of Medicine, graduating with a Licentiate in Medicine and Surgery (LMS) in 1931 and 1929, respectively, with a special interest in general medicine.

With the internment of their colonial chiefs following the surrender of British Lieutenant-General Arthur Percival to General Tomoyuki Yamashita in Feb 1942, they served as Heads of Medicine—Ben Chew at TTSH and Sreenivasan at Kandang Kerbau Maternity Hospital (KKH) which also served as a general hospital, with SGH having been taken over by the Japanese for their own military. With their dedicated local staff, doctors, nurses and others, they ministered to the thousands of patients with compassion while battling the horrendous diseases during the 3 1/2 years of the Japanese Occupation.



Fig. 2. Norris Block (Lower Block), Sepoy Lines General Hospital.

¹Division of Graduate Medical Studies, Yong Loo Lin School of Medicine, National University of Singapore, Singapore

²Tan Tock Seng Hospital, Singapore

Address for Correspondence: Dr Chew Chin Hin, Division of Graduate Medical Studies, NUHS, Block MD3, Level 2, 16 Medical Drive, Singapore 117597.

Email: chin_hin_chew@nuhs.edu.sg

*Delivered on 28 November 2015 at Mountbatten Room, Singapore Swimming Club. The Oration was first published in Vol. 41 No. 4 (December 2015) of the College Mirror.



Fig. 3. Straits Settlements' Students Hostel, King Edward VII College of Medicine at Tan Tock Seng Hospital, now known as the headquarters of the Lee Kong Chian School of Medicine.

Battle Against Tuberculosis

TB was a main concern with the huge numbers of well over 2500 in a population of just over a million. With hardly any effective drugs and postwar problems, the government could hardly cope. Furthermore, with discriminating colonial policies, many local doctors, including Sreenivasan and Benjamin Chew, left the service despite the promise of better conditions and scholarships for specialist training in the United Kingdom (UK). However, both continued the battle against TB in private practice; Sreeni in Little India and Ben Chew in North Bridge Road. They were supported by like-minded prominent philanthropists and former grateful prisoners-of-war (POWs) whom they had helped during their internment. The Rotary Club also funded and built the Rotary Tuberculosis Clinic at TTSH in 1948 at their behest. They, with 13 others, then founded the Singapore Anti-Tuberculosis Association (SATA) (Fig. 4).

The only effective drug was streptomycin which was discovered in 1944 but was only made available here in 1946. Treatment of TB then was the regime of bed rest and often isolation in hospitals, a nutritious diet, fresh air, and sunshine. The paltry rich, on the other hand, went to the Swiss Alps! Collapse therapy was another important measure. Thus, TTSH became the TB and Chest Centre for over 15 years after WWII (Fig. 5). An important and blessed outcome of the generosity of the Rotarians was not only the thousands of TB patients who were seen and treated, but the Rotary Clinic also became the centre of TB research trials and studies (Fig. 6). The results paved the way for the present form of treatment of a 6-month short course chemotherapy the world over, from the original regime of 2 years, and sometimes more!

Dr Sreenivasan's contributions to the control of and battle against TB as an early pioneer, have not been appreciated enough. I am sure he would be happy looking “from above” at these achievements.

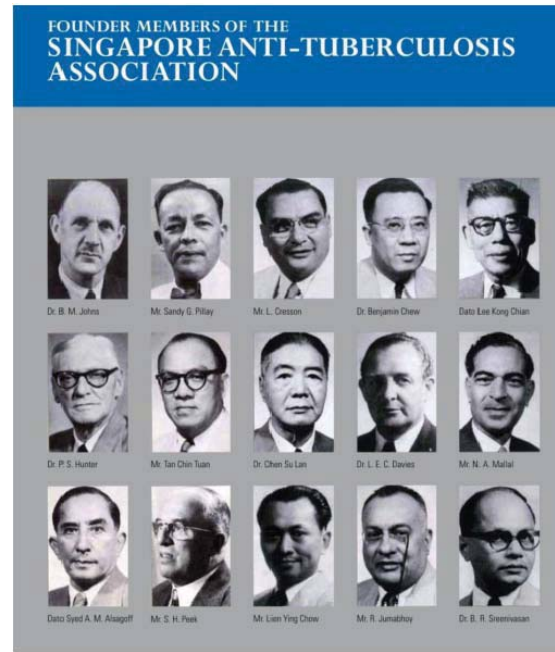


Fig. 4. Founders of Singapore Anti-Tuberculosis Association (SATA).



Thirty years ago, the space adjacent to TTSH main block was not vacant. Prof Chew Chin Hin, Emeritus Consultant, still vividly recalls the hustle and bustle of the first designated centre for TB treatment: Rotary Clinic.

The clinic is named after Rotary Club, which funded the construction of the building.

Fig. 5. The legacy of the Rotary Clinic lives on at Tan Tock Seng Hospital.



Through a joint effort with Prof Wallace Fox from British Research Medical Research Council, this committee introduced the revolutionary breakthrough of TB treatment such as reducing the therapeutic regime from a maximum period 24 months to just 6 months. This team also discovered the “short course regimens under full supervision” programme, which is presently known as DOT (Directly Observed Treatment).

Fig. 6. The Rotary Clinic became the centre of TB research trials and studies.

Advances in Medicine and Medical Education

With developments and technological advances in medicine seen over the decades, so too there has been a tremendous evolution in medical education and training, including in general practice and family medicine.

The diploma of LMS that Dr Sreenivasan had, which was his license to practice medicine in 1931, was a much respected qualification (Fig. 7). LMS was well recognised by the General Medical Council (GMC) of United Kingdom (UK) and was regarded as equal to any throughout the Empire! In Singapore and British Malaya, the professors were all “generalists”. They taught their students how to be holistic and ethical doctors with an emphasis on good clinical skills by the bedside, through listening, taking and recording meticulous history of patients. They were all well rounded doctors at graduation. There was no mandatory housemanship. A number commenced forthwith their mostly “solo” private practice with much success.

Those who wished to further their training were selected to remain in the hospitals—SGH, TTSH or KKH, with Middleton Hospital for infectious disease or the mental hospital at Yio Chu Kang for psychiatry. Some joined the Public Health Service. Thus, the teaching of medicine with an emphasis on good bedside skills and sound ethical values was well suited for general practice. This was the situation until 1952 when a year of compulsory internship was introduced by the General Medical Council (GMC) for the UK and British colonies!



Fig. 7. King Edward VII College of Medicine, Singapore.

It was a personal privilege to watch Dr Sreenivasan in the same way as he taught students by the bedside when he was an honorary teacher in Prof Ransome's Medical Unit I in the 1950s. Here, in this image (Fig. 8), we see amongst his clinical teacher friends the late Drs Danaraj, Evelyn Hanam and Seah Cheng Siang.

Postgraduate Education and Training

Formal postgraduate education and training in Singapore became organised only in the 1950s. Following the British pattern and institutions, this began with the founding of the Academy of Medicine, Singapore (AMS) in 1957, largely

1959



Visit of Sir Stanley Davidson, President of the Royal College of Physicians of Edinburgh to the Department of Medicine, General Hospital, Singapore in 1959.

*Seated from left to right:
Dr M Kelleher, Sir Gordon Ransome,
Sir Stanley Davidson, Dr Evelyn Hanam,
Dr T J Danaraj.*

*Standing from left to right:
Dr Chew Chin Hin, Dr Lim Kee Jin,
Dr R Wells, Dr K S Lau,
Dr Seah Cheng Siang.*

Sir Stanley was an Honorary Member of the Academy of Medicine.

Fig. 8. Medical Unit I at Norris Block at SGH in 1959.

through the foresight of Sir Gordon Ransome, the first Master. In 1961, the Committee of Postgraduate Medical Studies was formed, which was the predecessor of the Postgraduate School, now known as the Division of Graduate Medical Studies (DGMS) in the National University of Singapore (NUS). This was also the period when Singapore became more politically independent (Fig. 9).

More formal traineeship began in the hospitals for potential specialists, but most still had to go abroad until we had our own professional qualifications. This was when our Master of Medicine degree was introduced in 1970, but not without difficulties! Yes, this was a breakthrough as our trainees do not have to spend time and money going to faraway places to take the various examinations.

Another significant milestone was the founding of the College of General Practitioners, Singapore (CGPS) in 1971 here, following the visit in the late 60s of the President of the British Royal College of General Practitioners, Lord Hunt. This was also the foresight of some well respected “private practitioners” including Drs Sreenivasan, Wong Heck Sing, Gordon Horne, Liok Yew Hee, Koh Eng Kheng, Wong Kum Hoong, Victor Fernandez and Evelyn Hanam, some names I dimly but happily recall. They were the giants of family medicine. I also remember whether the proposed body should be formed as a chapter within the AMS or follow the British pattern of a separate college. As many thought general practice then was not a specialist discipline, the latter prevailed; thus the CGPS in 1971! More important however, must be the promotion of the highest standards of family medicine.

Historical Milestones in Singapore and Postgraduate Institutions in 50s to 70s	
1957	Academy of Medicine
1961	Committee of Postgraduate Medical Studies
1970	School of Postgraduate Medical Studies, MMed qualifications
1971	College of General Practitioners
Pre-1959	Singapore, a Crown Colony
1959	Singapore, self-governing State
1963	Singapore in independent Malaysia
1965	Singapore an independent Republic

Fig.9. Historical milestones in Singapore and postgraduate institutions in the 1950s and 1970s.

A few of the founding members like Drs Gordon Horne and Evelyn Hanam, having been consultant physicians, were early fellows of the AMS. Dr Horne's family practice here was a forerunner of group practices as were those of the Ministry of Health Outpatient Service, now termed “polyclinics” as opposed to the many “solo” clinics. This is an advantage as more discussion and consultation is readily at hand for the more difficult cases. I believe the practice named Horne, Chin and Partners still remains well! I also had the immense pleasure of admitting Dr Wong Heck Sing a fellow of AMS under a special provision.

I was very glad when I was asked to officiate and open the 1st Annual Scientific Conference in 1988 at the College of Medicine Building, home of the College. In my address I said, “General practice must be seen as a rewarding discipline and the myth of general practitioners (GPs) treating only minor ailments...should be quickly put to rest”, and concluded that “...while we as doctors strive to find new approaches to diseases, the hallmark of a well rounded physician is his ability to provide preventive medical education and care to his patients to keep them healthy. The family physician is best placed to ensure this...”.

Progress in Family Medicine

There was a “changing of the guards” at the School of Postgraduate Medical Studies in 1988 when I succeeded Professor Seah Cheng Siang as Deputy Director (Fig. 10). It was personally gratifying to proffer full support of the School to the proposals to establish formalised training, and bringing family medicine into our medical school at



Fig. 10. “Changing of the guards” at the Postgraduate School in 1988.

the Department of Community and Occupational Medicine, and the award of the Degree of Master of Medicine (Family Medicine). The first examination was in 1993, succeeding the Membership of the College of General Practitioners (MCGP). MCGP was already of high standard since the 1970s, comparable to those of the UK Colleges and Australasia, and was also recognised by our Singapore Medical Council (SMC) as a registrable qualification. The Master of Medicine (MMed) enhanced even further the high standing of family medicine. I had the pleasure of observing the first 2 clinical examinations at SGH and was happy to view the commendable reports of the 2 external examiners from UK and Australasia (Fig. 11).

Towards the end of the 1990s, the Postgraduate School introduced several graduate diplomas for family doctors with the support of the College. The first awards of the Graduate Diplomas in Family Medicine were conceived in the auspicious year of 2000. This was an incentive for many younger doctors to further advance their training in family medicine.

Finally only last year, I had the pleasure of personally endorsing the establishment of the Chapter of Family Medicine Physicians within AMS through discussions with President KH Lee of the College and Master SH Lim of the Academy and senior Fellows (Fig. 12). However, the fraternal relationship that exists between the College and Academy must remain strong, strengthening even further with time. This indeed has been a full circle when I admitted Dr Wong Heck Sing to the fellowship of the Academy in 1973 under a special provision. Here is a photo that included us when our dear President Sheares visited our premises at the old Alumni Medical Centre (Fig. 13).



Fig. 11. The first batch of MMed (Family Medicine) graduates in 1993.

“Some Things Must Not Change”

With immense scientific and technological advances in medicine and the accompanying excitement, let us pause, reflect, and not forget that our primary duty must always be to our patients and fellowmen. I remember seeing a title of a paper in the Annals of Internal Medicine of the American College of Physicians: “Some things have not changed”. I would like to add that “some things must not change”.



Fig. 12. With FAMs (Family Medicine) in March 2015.

Visit of the Patron, Dr Benjamin Henry Sheares, late President, Republic of Singapore and Mrs Sheares to the Academy on 19 January 1975. Dr Sheares was the first Patron of the Academy.

Standing (left to right):
 Dr Feng Pao Hsji, Censor; Dr Wong Poi Kwong, Chairman, Chapter of Physicians; Dr Chew Chin Hin, Master; Dr Wong Heck Sing, President, College of General Practitioners; Dr Seah Cheng Siang, Censor; Dr V K Pillay, Bedel; Dr Choo Jim Eng, Bursar; Mr R Singh, ADC to the President

Sitting (left to right):
 Dr Mrs Wong Heck Sing; Mrs B H Sheares; President Sheares, Patron; Dr Mrs Chew Chin Hin; Dr Beatrice T M Chen, Scribe.



Fig. 13. Visit of President BH Sheares to Academy of Medicine, Singapore (AMS) and College of General Practitioners, Singapore (CGPS) in 1975 at 4A College Road.

These include the pillars of our medical ethics: beneficence, non-malificence, justice and autonomy, holding fast to our values of care and compassion, and never abandoning our patient-centric fundamentals. We need courage for this as the art and calling of medicine stand constantly in danger of contamination!

Epilogue

I would like to conclude by drawing your attention to a masterly paper by Dr BR Sreenivasan in the Proceedings of the Alumni Association in 1953 (Fig. 14). I had earlier mentioned that Dr Sreenivasan, together with his contemporaries and peers like Dr Benjamin Chew, was widely read. He was a man of letters and literature. When

the Japanese occupied Singapore, doctors and nurses at Sepoy Lines General Hospital, with all their patients, were directed to leave almost immediately en masse. It was not possible to take much away. Let me quote Dr Sreenivasan, “I took away with me only 3 books—the Bible, Shakespeare and Osler—because I felt that Osler could help me earn a living and the other 2 would give life a meaning”.

In the paper, he dealt at some length with St Luke, “the beloved physician”, who was the author of the longest of the 4 Gospels and well known for his attribute of compassion. Allow me to show you a 1887 painting entitled “the Doctor” by the famous painter, Sir Luke Fildes (coincidentally named Luke!) (Fig. 15). It shows the doctor on a house visit who simply looked at the sick child and the distraught parents,

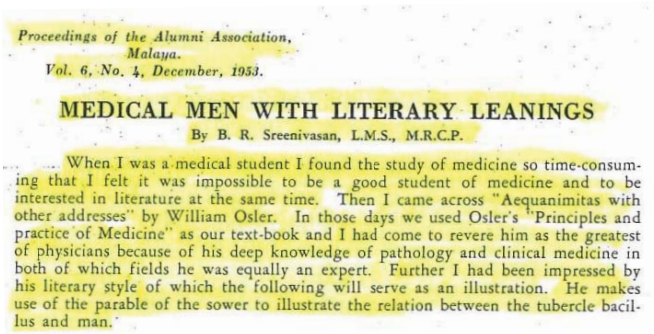


Fig. 14. An excerpt from Prof Sreenivasan’s paper published in Proceedings of the Alumni Association, Malaya in 1953.



Fig. 15. The Doctor – An 1887 painting by Sir Luke Fildes which is displayed at the Tate Gallery in London.

and shared their anxiety with compassion. Here is another painting, an Italian classic, vividly portraying the power of compassion—the compassion of the “Good Samaritan”, treating tenderly and soothing the wounds of a Jew in the rescue process, despite Samaritans being despised by all Jewry. By Dr Luke’s account of this parable, the man had been robbed, badly beaten and stripped naked, and shamelessly ignored by 2 pious fellow Jews who had passed him by (Fig. 16). I show these 2 paintings to emphasise that compassion must be a fundamental attribute of us all.

Let me end with Dr Sreenivasan's words: “Men must endure their going, hence, even as their coming hither”, and when I go hence, I can think of nothing I would like better for an epitaph than “Here lies a beloved physician”.

President, fellows and friends allow me to wish you all well, and may the College long flourish!



Fig. 16. Portrait of Compassion – An 18th century Italian depiction of the Parable of the Good Samaritan.