

## 5th College of Physicians Lecture – A Physician’s Odyssey: Recollections and Reflections\*

Chin Hin Chew,<sup>1</sup>*FRCP (Edin, Glas, Lond), FRACP, FACP*

### Abstract

Some reminiscences of events since the 1930s are presented chronologically. These include sketches of informal introduction to Medicine at the General Hospital (SGH), the amazing spirit of medical professionals during the “Syonan” years at Tan Tock Seng Hospital (TTSH) and of professors of Medicine and training in Hong Kong, Singapore and Britain. An account of practice of Medicine in the Civil Service, of teaching and research and of evolution of specialist training and examinations in the Academy of Medicine, the University’s Post Graduate School (DGMS) and Specialist Accreditation Board (SAB) is given. The over-riding values of our profession are stressed, always contributing to improving the quality and standards of practice in the interests of our patients and fellowmen.

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**Key words:** Calling, Doctor, Ethics, Medical student, Medicine, Patient, Research, TB control

Allow me to thank you Mr President and your Council for asking me to deliver the 5th College of Physicians Lecture. Your President has suggested that with over 50 years of association with Medicine, the title be “In the Service of the Medical Profession”. With his permission I have re-phrased the title to “A Physician’s Odyssey: Recollections and Reflections”.

### Prologue

Older Fellows know of my abiding interest and preoccupation in Medical Education. The very title “doctor” from the Latin “docere” means to teach and implies a responsibility for all doctors to share knowledge and impart information. This mission was recognised by the Founders of our Academy in 1957 namely to advance the Art and Science of Medicine, to sustain and foster Postgraduate Medical Education, now also included in the mission and objectives of our College. Thus, our predecessors in the Academy and Fellows of our sister Colleges of Physicians in Britain always insisted they be known as “Doctors” regardless of their professional or professorial standing.<sup>1,2</sup>

### Pre-War, The 30s and Syonan Years

My introduction to Medicine some 70 years ago was as a young lad at Singapore General Hospital (SGH) growing up in the doctors’ quarters at Outram Road before the outbreak of the 2nd World War. My late father, Dr Benjamin

Chew, was a physician under the Chief of Medicine, Dr V Landor, with Gordon Ransome as a fellow colleague. He had graduated with Drs Benjamin Sheares and Ernest Monteiro in 1929 (Figs. 1 & 2). I still remember wandering in the wards of Norris and Bowyer Blocks and the clinical laboratory not far from our home. Malaria and tuberculosis (TB) were scourges. A young technician assisting my father showed me old-fashioned microscope specimens of acid-fast bacilli (AFB) and malaria parasites. He was Ong Soon Lim who continued to serve SGH some 30 years before retiring. These visits occurred in the late evenings and I was impressed by the dedication of the doctors, nurses and laboratory assistants.

Many here have not experienced the horrendous effects of war that engulfed Singapore. I recall seeing the numerous bodies haphazardly placed on the grass slopes outside the overfilled mortuary following the first wave of bombs directly hitting nearby Chinatown and a few missing us by hardly 100 yards on the morning of 8 December 1941. Even on the day before Singapore’s surrender on 14th February 1942, we saw the 11 bodies, broken and battered by Japanese shells, of our dear medical students in the open field near the College of Medicine Building (COMB) (Fig. 3).<sup>3,4</sup>

In the first Tan Tock Seng Hospital (TTSH) Oration, I recounted that SGH was occupied by the Japanese military.<sup>3</sup>

<sup>1</sup> Past Master, Academy of Medicine, Singapore

Address for Correspondence: Dr Chew Chin Hin, Academy of Medicine, Singapore, 81 Kim Keat Road, #12-00 NKF Centre, Singapore 328836.

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Fig. 1. SGH in the 30s.



Fig. 2. LMS 1929.

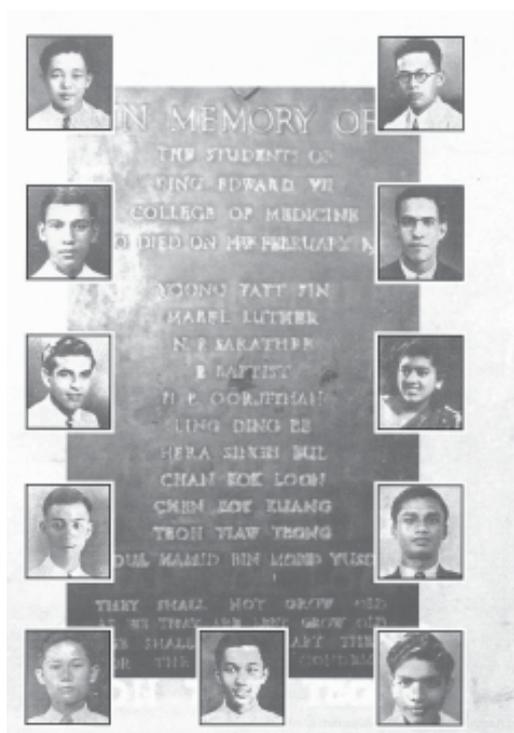


Fig. 3. Memorial plaque at COMB.

The whole staff with over 500 patients had to move at short notice in a long convoy of ambulances and trucks to Yio Chu Kang, now the old Woodbridge Hospital. Nine months later the same group moved from Yio Chu Kang (named Miyako Byoin by the Japanese) to TTSH (Hakuai Byoin). But this time it was a welcome move. TTSH with its central location meant that many more people could avail themselves of medical facilities and for the staff, better living conditions. TTSH with Kandang Kerbau Hospital (KKH) became the main general hospitals for the local civilian population.

Even so, conditions remained grim and harsh. TB, dysentery, malaria and other dreadful diseases were widespread. Medical supplies became scarce and staff did their best to eke out the available stocks, working long

hours relying much on good nursing and scrupulous use of available drugs. Experiences of death, dreadful diseases, scarce resources and hardship brought doctors and staff much closer together as one big family in an amazing *esprit de corp*. Five years ago, in 2003, this same spirit of courage, camaraderie and sacrifice was replicated when Singapore was struck by the severe acute respiratory syndrome (SARS) virus without warning with TTSH bearing the brunt. Alex Chao, a dearly loved Fellow of the Academy, with a few other healthcare workers sadly lost their lives and many others afflicted with the deadly infection (Fig. 4).<sup>3,5</sup>

During the occupation, hospitals were administered and manned entirely by local doctors and nurses. Medical education formally ceased but they became practical centres where doctors discussed their patients and they taught and learned daily by the bedside and meeting rooms. The three and a half years under the most trying conditions gave local teams tremendous opportunity to assume full responsibility for the medical services. Benjamin Chew was the first Singapore physician to administer live-saving penicillin in August 1945 (Fig. 5). His patient was fellow physician Clarence Smith who had a lung abscess.

During this period, I made a personal decision to follow in my father's footsteps to study medicine. The cruel effects of war coupled with his example and of his colleagues' selfless service and compassion for their fellow men underlie the noble character of our profession.

### Early Years of Clinical Medicine: Hong Kong, Singapore and Britain

The next important milestone was formal introduction to medicine in 1949. It was a happy moment when I was accepted as a medical student by the University of Hong Kong. Singapore and Hong Kong were both British colonies and their medical schools followed similar and well established traditional Commonwealth patterns. Standards were stringent and consistently high. The Professor of Medicine, AJS McFadzean, was the counterpart of Gordon Ransome (Figs. 6 and 7). Both subscribed to the Oslerian



Fig. 4. Alex Chao with Drs B Chew and CH Low, TTSH.



Fig. 5. Dr Benjamin Chew, Head Medicine TTSH 1942-1945 with the family's residence.



Fig. 9. University Department of Medicine, SGH 1959 with Sir Stanley Davidson PRCP.



Fig. 6. Sir David Todd with predecessor Alex and Mrs McFadzean.



Fig. 7. CCH with Sir Gordon Ransome at his retirement, 1975.

doctrine and ethics, which were inculcated early in their teaching. Both were committed physicians and teachers. Singapore and Hong Kong often shared external examiners. My 6 years in Hong Kong was hard going with medical studies and sporting activities especially hockey and cricket but nevertheless satisfying and with Anna, my wife to be, happy and rewarding (Fig. 8).<sup>6,7</sup>

I returned to Singapore in 1956 and stepped into the wards of Professor Ransome in SGH and commenced my 6 months as house physician.<sup>3</sup> Anna was posted to the casualty and outpatient services at SGH under Dr Colin Marcus.

Much has been written and said of Sir Gordon Ransome. He was indeed a superb clinician – kind and gracious – treating every patient regardless of station with the same thoroughness. Above all he was humble in all ways, prepared to learn from others including lowly housemen, giving credit magnanimously when due, ready to admit his mistakes and frailty (Fig. 9).<sup>8</sup> While he was not the best of administrators this was made up by TJ Danaraj, his senior lecturer, who later planned the Medical School in Kuala



Fig. 8. MBBS, Hong Kong (1949-1955).

Lumpur. With Seah Cheng Siang, Evelyn Hanam and PK Wong amongst others, care of patients was of first importance, records were meticulously kept, and training of doctors and medical students was thorough despite having no formal basic and advanced training programmes as we now do. We were a good team. With Cheng Siang, my immediate mentor, I learnt their clinical methods and inherited much of their teachings and values. Later, when I was a trainee preparing to proceed to Britain for the membership examinations, he ensured his trainees were not only competent but also knowledgeable before proceeding overseas. I will always remember with gratitude when he undertook our active night calls while we who were studying went only on passive duties.<sup>9</sup>

Having completed the statutory year of housemanship, I returned to TTSH in 1957. I was warmly received by the Medical Superintendent and Senior Physician, Clarence Smith. The senior doctors introduced to me were most cordial and warm, especially Yeoh Seang Aun, my supervisor. Seang Aun was to play a special role in influencing my career, as he knew of my special interest in medicine and medical education. He had always been supportive of my plans.

With the support of Cheng Siang, Seang Aun and Gordon Ransome, I proceeded to Edinburgh in late 1959 arriving in the cold winter for the Internal Medicine course at the Royal Infirmary. This was followed in 1960 for the Chest diploma in Cardiff and again in Edinburgh for the Clinical Medicine course.

Professors Sir John Crofton, Sir Derrick Dunlop and their colleagues were our teachers and examiners in Edinburgh. They were friendly, committed to their work and somehow had a special affinity for Singapore postgraduates. Life was austere but the sincerity and friendliness of the Scots made our stay in Edinburgh most pleasant. Many became our lifelong friends contributing much to our postgraduate education training and research.

There were a number of postgrads from Singapore, Malaya and Hong Kong, often gathering weekly in one another's homes for study, revision and discussion; later with our wives for fellowship and supper – truly in the Hippocratic tradition of supporting fellow brethren doctors in friendship and camaraderie. Among this group were BY Tan and PK Wong from Singapore, BK Khoo of Malaya, and CH Ip of Hong Kong.

### Practice of Medicine in the Civil Service: TTSH and Ministry of Health (MOH)

In January 1961, Anna and I left Edinburgh over land and sea through the Suez Canal after examinations and studies in Scotland and Wales for Singapore. I found myself again under Seang Aun, now the senior Head of Medicine, TTSH. Anna was made medical officer in charge of the Kallang outpatient clinic at Mountbatten Road. My family and I moved into 15 Akyab Road (Fig. 10). This was our home for 31 years, moving out only after my formal retirement as a civil servant.<sup>3</sup>

TTSH had become a centre for treatment of TB although it had also patients with lung cancers, chronic bronchitis and emphysema (many addicted to opium). TB was a formidable problem with over 5000 new cases annually. Although we had potent chemotherapy of streptomycin, PAS and isoniazid, collapse therapy was still practised. Drug resistance and relapses were common.

With the sympathetic encouragement of our medical superintendent, HF Jackson and other physicians, it became

a matter of time before we saw medical students in the wards. By 1963, we had converted a ward for acute general medicine, followed shortly by another two. I was appointed consultant and had Siteo Kum Fatt and Chia Boon Lock managing these wards. Boon Lock is today an eminent Emeritus Professor and doyen cardiologist, still teaching and learning, a true example of a lifelong educationist and academician. Amongst our first house physicians was Chen Ai Ju, later my successor in MOH and Director of Medical Services. Others joining our medical units were J Abdullah, Loong Si Chin, Boey Mee Leng, Aileen Wee, and later Susan Quek, Ann Chan, Tan Kim Ping, Chee Yam Cheng and many more as established posts progressively increased.

In 1964, the medical units were reorganised by the recently appointed medical superintendent, Andrew Chew. Hence, Medical Unit IV was formed with me as Foundation Head assisted by SK Lee. With subsequent promotions and transfers, YY Ong became my Senior Registrar in 1973 and Consultant in 1977 (Fig. 11). He, Tan Tiong Har and later Teo Seng Kee played a tremendous role in teaching, training and research and we were a good team. Yong Yau



Fig. 10. TTSH Doctors' Residence at Akyab Road with teaching wards behind.



Fig. 11. Department of Medicine IV with IWB Grant of Edinburgh.



Fig. 12. Conferment of Hon. FAMS on Sir John Crofton, 1978.

was to cover my duties frequently in the late 70s following administrative changes in the MOH and TTSH when I was officiating and later designated Medical Director in 1979. With this change, PH Feng succeeded me as Head and his position was taken over by Yong Yau who became Seah Cheng Siang's deputy at SGH. Further changes were to take place in MOH and in 1981, I was appointed at short notice Deputy Director of Medical Services (DDMS) overseeing hospital services and in my place came Moses Tay and shortly after Ng Kwok Choy. My association with the hospital remained close not only because of our residence within the grounds but my continued involvement in research through the Ministry's TB Research committee, Anna's work at the control unit, seeing to my patients and attending ward rounds and conferences when permitted. I was much heartened to be conferred the title of Emeritus Consultant in 1998.<sup>3</sup>

A main preoccupation at the Ministry was the future planning and development not only of TTSH but also plans for other hospitals and specialist centres. These have now materialised with National University Hospital (NUH), the new Woodbridge, Changi General and KK Womens' and Children's Hospital (KKWCH) and the centres we see today at Outram and TTSH campuses. A corresponding preoccupation at the Ministry was manpower planning including selection and postings of trainees and specialists. Chee Yam Cheng was of immense help as Director of Manpower. I had recruited him when he was president of the doctors' union (SMDPOA) and brought him over to the right side of MOH's establishment. He continues to be ever faithful, continues to be a physician at TTSH and succeeded me in the MRCP Policy Committee of the UK Colleges.

Some memorable events at MOH included leading the Singapore delegation to WHO World Health Assembly meetings in Geneva and Regional meetings in Manila in the 80s.

In 1994 (post retirement), it was most gratifying to be asked by the Minister for Health to chair the newly

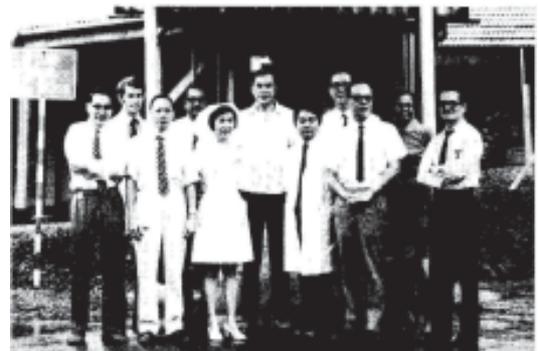


Fig. 13. MOH TB Research Committee with Wallace Fox.

established National Medical Ethics Committee. Some of the Committee's early recommendation led to the passage of the Advance Medical Directive Act<sup>4</sup> in 1996 and the formal teaching and establishing a chair of Medical Ethics in our Medical School.

### Progress in TB Control and Research

Control measures against TB had greatly improved. Statistical and epidemiological data were now better appreciated with the establishment of the TB Control Unit, chemotherapy regimens strengthened and more efficiently delivered following successful drug trials in the 50s by the British Medical Research Council (BMRC) with streptomycin, PAS and isoniazid (INH). This work was extended by a group of our friends in Edinburgh led by John Crofton (Fig. 12). Similar treatment policies and methods were adopted at TTSH.<sup>10</sup> Sir John whom I had the pleasure of knowing as teacher, examiner and friend also became a lifelong friend of the hospital and the Academy, visiting Singapore as President of RCPE in 1976 and made an Honorary Fellow in 1978.

Further improvements in delivery of acceptable regimes under routine treatment conditions were necessary. This led to the formation of the TTSH TB Research committee with Yeoh Seang Aun as Chairman. Other members included



Fig. 14. World Chest Conference in Singapore, 1986.



Fig. 15. President Wee Kim Wee, Patron of Academy of Medicine, Singapore and SATA.

Wong Hin Sun, James Supramaniam, William Chan, S Devi and myself. This was elevated in 1966 to a Ministry of Health committee when we commenced joint studies and trials with the BMRC led by Wallace Fox (Fig. 13). Other returning chest specialists from the UK and Australasia soon joined us. They were Poh Soo Chuan, Ng Yook Khim, Ng Kwok Choy, SK Lee, Ong Yong Yau, Tan Tiong Har, Teo Seng Kee and others with David Macfadyen as a WHO representative.

In early 70s, our collaborative studies with BMRC showed that fully supervised treatment with streptomycin and isoniazid given twice a week was highly effective and more acceptable than the daily regimen. The mid-70s saw the advent of rifampicin and our several studies showed the tremendous value of *full supervision* and intermittent therapy. Indeed these studies paved the way for short course regimens of 6 months. They also offered operational advantages: a decrease in utilisation of treatment services with shorter duration and substantial economic savings.<sup>11</sup>

As Chairman of this research committee and DDMS in charge of hospitals, I had the privilege to preside over the 1986 World Conference of Tuberculosis and Respiratory Diseases held in Singapore. The guest of honour was Dr Wee Kim Wee, President of Singapore (Figs. 14 and 15). Our committee presented several landmark papers on short course regimens under full supervision with excellent results at this and other conferences. These are relevant even today and WHO has now termed the programme as DOT (Directly Observed Treatment) for treatment of TB patients. These studies were also published widely in the *Lancet*, *British Medical Journal*, *Tubercle* and *American Review of Respiratory Diseases*.<sup>12</sup>

With the rapid decline of TB and with the disciplines of chest and internal medicine and diagnostic radiology well established, the stage was set in the late 60s for the transformation of TTSH into a general hospital. By the 70s, it became the second largest general hospital. In the 80s, with increasing specialisation, it also had numerous

specialist departments and centres, noted for its strength in many disciplines. Infectious Diseases and the Communicable Disease Centre became part of the TTSH family.<sup>3</sup>

### Medical Organisations, Associations and Academic Institutions

Sir William Osler, the father of modern Medicine, was an organisational and educational man. He understood that organisations impart a sense of belonging, promote fellowship and hoped counter self-centredness and contentiousness. He advised his medical brethren to be involved actively in organisations. While in Oxford, he had founded the Association of Physicians of Great Britain and Ireland. He had also been an active fellow of the Royal College of Physicians, London. In our context and in our time, these are our national medical organisations like our Academy and its Colleges, Singapore Medical Council (SMC), Singapore Medical Association and our Specialist Societies.

In Singapore, formal postgraduate education became more organised only with the founding of the Academy of Medicine in 1957 and the Committee of Postgraduate Medical Studies in 1961, formed as a result of Academy's carefully prepared memorandum sent to the Ministry of Health and the University. The pace of sending our doctors abroad for specialist training had been painfully slow by the colonial government. The Academy's principal objectives were to advance the art and science of medicine, to maintain and promote the highest standards of professional practice and a high code of ethical conduct. With such a mission and knowing of my keen interest in medical education, it was only natural for Seang Aun, my chief in 1963, to invite me for membership. I was elected to council a few years later and Master in 1973 and have been closely associated with this body and its developments (Fig. 16).<sup>1</sup>

Patterned on the Royal Colleges in Britain and the



Fig. 16. Visit of first Patron President BH Sheares, 1975 to Academy of Medicine, Singapore.



Fig. 17. Some Past Masters at the Academy in College of Medicine Building in the 80s.



Fig. 18. The Governing Board School of Postgraduate Medical Studies (DGMS).

Table 1. Postgraduate Institutions in 50s and 60s

1957	Academy of Medicine
1961	Committee of Postgraduate Medical Studies
1970	School of Postgraduate Medical Studies, M Med qualification
Pre-1959	Singapore, a Crown Colony
1959	Singapore, self-governing State
1963	Singapore in independent Malaysia
1965	Singapore an independent Republic

Commonwealth but unlike these Colleges, which are responsible for individual disciplines, the Academy embraces all specialties. This was also the period when Singapore became more politically independent (Table 1). In the early years, regular courses were organised for candidates preparing for examinations of the Royal Colleges. The Academy had always felt that Singapore should have its own professional qualifications of internationally recognised standards (Fig. 17). Many memoranda on this matter and on specialist training, certification and registration had been sent to the Ministry and the University but progress was slow. On October 8, 1967 Deputy Prime Minister Toh Chin Chye delivered a speech when he censured the Medical Faculty for not

making progress in this area. The response by the Academy was immediate when Council saw the report in the Straits Times. A letter was sent to him indicating that the Academy existed for the advancement of medical specialisation and establishment of higher professional qualifications and requested for a meeting. He promptly agreed and we met over morning coffee at the City Hall on 4 November. Dr Toh suggested that a committee be formed under the chairmanship of the Master with representatives from the Faculty and the Singapore Medical Association and that the recommendations be sent to the Ministry of Health and University. Soon after, Dr Toh was appointed Vice Chancellor and accepted the recommendations of the committee. The recommendations were “that higher qualifications in various clinical specialties be awarded by the University and the School of Postgraduate Medical Studies be reconstituted to enable the Academy to participate as equal partners in the training programmes and examinations”. A new statute for the School also provided for it to function under an independent Board. Thus, this meeting on 4 November was not only historically significant in regard to our new degrees of Master of Medicine established in 1970 but allowing the Academy to participate as equal partners on the Board of which I had been closely associated almost since the beginning, initially as a Board member, then Deputy Director and now Honorary Advisor.<sup>1,8</sup>

From the outset, we stressed that standards obtained must be stringent and examinations be of the order no less than that required for corresponding qualifications of Britain and Australasia. The Board also laid stress on high standards of training before candidates could sit. This was ensured by a selection committee and this principle of trainee selection continues to this day (Fig 18).

I had earlier stated that to establish these objectives, it was vitally important to cultivate close friendships and links with these Colleges if we were to have international recognition of our examinations. From its inception, external



Fig. 19a. (FRCS) MRCS Edin/M Med Surg, 1986.



Fig. 19b. Edinburgh meeting of Presidents in 1994 leading to MRCP (UK)/M Med Int Med and Paediatrics.



Fig. 20. CCH with David London, Registrar and Lord Turnberg PRCP, Hon FAMS at the London College.



Fig. 21. SAB 2001-2004.



Fig. 22. SAB 2004-2007.

examiners were appointed from the Royal Colleges in Australasia and Britain for our Master of Medicine (MMed) examinations. Some even sent their Presidents. They have regularly attested to the high standard of these examinations. Recognition and reciprocities were accorded early. By 1986, the Royal College of Surgeons of Edinburgh, the Academy and the Postgraduate School had joint examinations in MMed Surgery with FRCS (Edin) (Fig. 19).

In June 1994, the President Royal College of Physicians of Edinburgh, Dr Anthony Toft, invited his fellow UK Presidents and Presidents of some overseas colleges and academies to Edinburgh to discuss specialist standards including reciprocity and joint examinations. I was privileged to represent the Academy and the School. This with another personal meeting with the Presidents of the London and Hong Kong Colleges [Lord Turnberg (Fig. 20) and Sir David Todd] led to the first joint MMed/MRCP examinations for adult and paediatric medicine in 1995. In recent years, the Royal College of Paediatrics and Child Health continued the same arrangements with regard to paediatric medicine.<sup>8,13,14</sup>

### Specialist Standards, Certification and Registration

With the progress of specialisation, it was recognised that our local MMed and its equivalent qualifications did not denote the completion but the beginning of advanced specialist training of a further 3 to 4 years. In 1975, a standing committee on specialist certification was formed which led to the institution of the Academy's Roll of Specialists. The committee and its specialist boards also laid criteria for basic and advanced training in accredited units of our hospitals. It was further recognised the need to conduct formal exit assessment by teams of both local and external assessors. In this regard, the FAMS has since 1987 been the registrable qualification by the SMC for successful completion of specialist training.

With fast moving developments in the 90s, the Medical Registration Act was revised in 1997, providing for the establishment of the Specialist Accreditation Board (SAB) assisted by the Joint Committee of Specialist Training (JCST) and Specialist Training Committees (STCs). The Chairman is the Director of Medical Services with the Master, Director, DGMS and the President of Medical Council as ex-officio members (Figs. 21 and 22). This inclusive tripartite representation comprising the Ministry, the Academy and the Medical School has been the hallmark of our specialist boards, training and examination committees: so important in our relatively small community



Fig. 23. Conferment of Honorary Fellowship by President Lim Shih Hui, 2005.

of our small island nation. It has indeed been a privilege to serve on the Academy's committees, the SMC, the protem committee of SAB, the SAB since its formation until 2007, the JCST and the STCs. The Act also provided for the establishment of a Specialist Register which succeeded the Academy's Roll of Specialists.

Our College of Physicians was established officially in August 2004. This followed an Extraordinary meeting of the Academy on 27 March 2004 under the chairmanship of Master K Satku with 95 Fellows attending. They gave resounding support to the special resolution to amend the Academy's Memorandum and Articles of Association (M&A). This enabled the Academy to form 6 Colleges, autonomous yet within the Academy's family including ours. Master Satku in introducing the resolution declared "the formation of Colleges will stimulate and allow for an enhanced role for the various specialties in Training, Examination and Continuing Professional Development".<sup>15</sup> I was greatly heartened, honoured but humbled when the College through our first President Lim Shih Hui conferred on me in 2005 the Honorary Fellowship which I shall always cherish (Fig. 23);<sup>14</sup> similarly with the Fellowship conferred by the Hong Kong College a few years earlier.

### Epilogue

In closing, let me commend to our fellows 3 long-enduring quotations that have guided me in this odyssey:

First, our Medical School's alumni motto "not to be ministered unto but to minister" or to paraphrase this we are here to serve our fellow men and patients with care and compassion.

Second, "integrity without knowledge is weak and useless, knowledge without integrity is dangerous and dreadful" so wrote Dr Johnson and needs no elaboration.

Third, "the practice of Medicine is an art, *not* a trade; a calling *not* a business, a calling in which your heart will be exercised equally with your head" by Sir William Osler.

Medicine and its practice environment have changed tremendously but these ethical principles remain fundamental and timeless. As long as we hold true to the mission and spirit of ministering to the sick, to continue as an anchor in postgraduate and continuing medical education and professional development, to teach and support our brethren colleagues and peers and collaborate actively with SAB, JCST, their specialist and assessment committees, I am convinced our College will continue to flourish going forth from strength to strength and will long endure.

### Acknowledgements

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