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not enough, and we look forward to the training of many more doctors in Family Medicine, in the years to come.

International Endorsement

15. I commend your Fellowship Programme, which confers the highest qualification to Family Physicians in Singapore. Those seeking to qualify as Fellows undergo rigorous advanced study and training, supervision and mentorship, as well as education and research in the practice of Family Medicine. I note that the high standards of the Fellowship Programme have earned the

endorsement from The Royal Australian College of General Practitioners in 2010 and from The Royal New Zealand College of General Practitioners this year. Such international recognition is a testament to the academic excellence of the training programme.

16. Your Fellows are important leaders whom we will depend on also to bring Family Medicine forward to achieve our goal to transform care.

Conclusion

17. Singapore has made great strides over the last 50 years in building a world-class healthcare system. Looking ahead, the Ministry will continue to support and work closely with the College and primary care doctors to transform primary care. Together, we can keep our nation healthy and productive over the years to come.

18. I am also confident that our graduands will ably rise to the challenges ahead. I wish you every success and a fulfilling career. Thank you.

■ CM

SREENIVASAN ORATION 2015

Reflections and Recollections over the Decades

Prof Chew Chin Hin, Sreenivasan Orator 2015 and Recipient of CFPS Honorary Membership

Minister of State for Health, the President of the College of Family Physicians, 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; but I 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; more so a thorough and compassionate gentleman. 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); sometimes at Tan Tock Seng Hospital (TTSH), the main teaching centre for Clinical Medicine and Surgery before the Japanese invasion.

Disease pattern then was very different. There was the predominance of infectious diseases and malnutrition eg, tuberculosis



Prof Chew Chin Hin delivered the Sreenivasan Oration despite his failing voice box.

(TB), typhoid, dysentery, poliomyelitis, malaria, Beri-beri 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 LMS in 1931 and 1929 respectively with a special interest in General Medicine.

With the internment of their colonial chiefs following the surrender of Percival to 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, SGH having been taken

over by the Japs for their own military. With their dedicated local staff, doctors, nurses and others, they ministered to the thousands of patients with compassion; battling the horrendous diseases during the three and a half years of the Occupation.

Battle Against Tuberculosis

TB was a main concern with the huge numbers of well over two thousand and five hundred in a population then of just over a million. With hardly any effective drugs and post War problems, the government could hardly cope. Also with discriminating colonial policies, many local doctors left the service, despite the promise of better conditions and scholarships for specialist training in United Kingdom (UK), including Sreeni and Ben Chew. But both continued the battle against Tuberculosis in private practice, Sreeni in little India and Ben Chew in North Bridge Road. They were supported by likeminded prominent philanthropists and former grateful prisoners of war (POWs). They had helped them during internment. First, the Rotary Club funded and built the Rotary Tuberculosis Clinic at TTSH in 1948 at their behest. Soon after, they with 13 others founded SATA, the anti TB association.

The only effective drug was streptomycin, discovered in 1944, but available here only in 1946. Treatment of TB was then the regime of bed rest, often isolation

in hospitals, nutritious diet, fresh air and sunshine. The paltry rich went to the Swiss Alps! Collapse therapy was another important measure. Thus TTSH became the TB and Chest center for over 15 years after WWII. An important and blessed outcome of the generosity of Rotarians was not only thousands of TB patients were seen and treated, but Rotary Clinic became the centre of TB Research trials and studies. The results paved the way for the present form of treatment of 6 months short course chemotherapy the world over, from the original regime of 2 years and sometimes more!

Dr Sreenivasan's contributions to the control and his 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!

Advances in Medicine and Medical Education

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

The diploma of LMS that Dr Sreenivasan had, his license to practice medicine in 1931, was a much respected qualification. LMS was well recognized by the General Medical Council (GMC) of United Kingdom (UK) as equal to any throughout the Empire! Here in Singapore and for British Malaya, the professors were all 'generalists'. They taught their students to be holistic and ethical doctors with an emphasis on good clinical skills by the bedside, 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 own 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 for infectious disease or Yio Chu Kang for psychiatry. Some went to 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 GMC for UK and the Colonies!

It was a personal privilege to watch Dr Sreenivasan in the same way teaching students by the bedside when he was an honorary teacher in Prof Ransome's Medical Unit I in the '50s. Here we also see amongst his friends the late Drs Danaraj, Evelyn Hanam and Seah Cheng Siang amongst the teachers!

Postgraduate Education and Training

Formal postgraduate education and training in Singapore became organized only in the 1950s. Following the British pattern and institutions, this began with the founding of the Academy of Medicine in 1957, largely through the foresight of Sir Gordon Ransome, the first Master. In 1961, the Committee of Postgraduate Medical Studies was formed, the predecessor of the Postgraduate School, now 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.

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, 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 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 (FM). I also remember whether the proposed body

should be formed as a chapter within the Academy of Medicine 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 highest standards of Family Medicine.

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 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 GPs treating only minor ailments... should be quickly put to rest.', and concluded '...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 Postgraduate School of Medical Studies (also) in 1988 when I succeeded Professor Seah Cheng Siang as Deputy Director. It was personally gratifying to proffer full support of the School to the proposals to establish formalized training, and bringing FM into



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our Medical School at the Department of Community and Occupational Medicine, and the award of the Degree of Master of Medicine (FM).

The first examination was in 1993, coming alongside the Membership of the College of General Practitioners (MCGP). MCGP was already of high standard since the 70s; comparable to those of the UK Colleges and Australasia, and also recognized by our Singapore Medical Council (SMC) as a registrable qualification. The MMed enhanced even further the high standing of FM. 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.

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 FM were in the auspicious year 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 the Academy of Medicine through discussions with President Lee of the College and Master Lim of the Academy and Senior Fellows. 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.

“Some Things Must Not Change”

With immense scientific and technological advances in Medicine and the accompanying excitement, let us pause, reflect and not forget 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 'some things must not change'. These include the pillars of our Medical Ethics: beneficence, non-maleficence, justice and autonomy, holding fast to our values of Caring and Compassion, 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. 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 with nurses et al at Sepoy Lines GH 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 three books — the Bible, Shakespeare and

Osler — because I felt that Osler could help me earn a living and the other two would give life a meaning'.

In the paper, he dealt at some length with St Luke 'the beloved physician', the author of the longest of the four Gospels, 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 also named Luke!). It shows the doctor on a house visit simply looking at the sick child and the distraught parents and sharing 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 two pious fellow Jews who had passed him by. I show these two paintings as 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!

■ CM

Accompanying powerpoint slides of the Sreenivasan Oration can be viewed on www.cfps.org.sg/about-us/sreenivasan-oration



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Recipient of
CFPS Honorary Membership 2015

