

## First Singapore - Malaysia Joint Meeting 1981

Opening Address- 1st Joint Meeting

Joint Symposium - Malaysia and Singapore Societies of Ophthalmology

1 February 1980 at 10.00 am

Dr Andrew G K Chew FRCP

Director of Medical Services

Permanent secretary for Health Singapore

There are 2004 doctors in the Medical Register. Of there, 29 are higher qualified in Ophthalmology. There is a demand for Eye Specialists, so much so Government Hospital can never retain sufficient numbers because of financial attractions of private practice. The training of an ophthalmologist is generally carried out by Government Hospitals. I consider it not unjust to charge a fee for any trained staff absorbed by the private sector. It costs the Government money to train the eye surgeons; it costs the private sector nothing when recruiting our staff members. As a trade-off the private specialist should consider rendering service, donating equipment, endowing fellowships or participating in training programmes for our doctors.

My observation tells me that when an average person falls ill, he is particularly concerned if his heart or eye is afflicted. With regard to the first, the worry is that should the ticker stop ticking, he would be dead. For the second, visual loss is a serious handicap. Expense aside, he would readily seek the services of a Cardiologist or Ophthalmologist. Heart doctors are in great demand, and many young graduates readily opt to train in this field. This accounts for the many physician cardiologists in Singapore. You can tell by the size of the membership of their Society. I expected a similar following for the equally rewarding speciality of Ophthalmology, this is not the case. Ever since a training programme was formalised in 1970, 19 doctors were selected as trainees. Nine obtained higher qualifications but only 5 are with us presently. Five did not complete their training and an equal number are currently under training. The process was extremely slow. Not because of lack of training posts but for the lack of interest in the speciality.

Cataract extraction comprises the bulk of operation procedure in the Eye Department at SGH. We are having an increasing number of older people. lens degeneration and aging population go together. If we are not to allow the waiting list to grow, more ophthalmologists must be available to meet the demand.

When I accepted the invitation to open this Symposium, I had in mind the fact that any attempt to upgrade the speciality of Ophthalmology deserves the support of the Ministry. This meeting not only encourages on-going education of our specialists, but could also provide exposure to our trainees. More importantly, is the hope that the Symposium will attract the attention and interest of younger doctors. We should double or even treble the Number of eye specialists in Singapore.

The distribution of ophthalmologists in Singapore is such that the more senior specialists are in the private sector. I am glad to state that they have answered to our call to assist in training doctors in this field. I hope more will respond when the call goes out again. I wish all participants to this Symposium a successful meeting.

Medical Practitioners With Higher Qualification In Ophthalmology			
Employment Sector	With Fellowship	With Diploma	Total
Government Service	6	1	7
Private	15	*7	22
Total	21	8	29

\*Including Dr Thean Lip Hing who is practicing as GP

Chairman's Address  
Dr Arthur S M Lim, Singapore

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It's great honour to address you on behalf of the Singapore Ophthalmological Society at our First Annual Dinner. Non-ophthalmologist knows us as a queer breed of doctors who know more and more about less and less.

Yet of all the specialities, ophthalmology is perhaps the most exciting because its technology has developed tremendously over the past 10 years. The new technological innovations include: operating microscopes, ultrasound, laser, intraocular lens implants, intravitreal silicone oil, Healon, fundal fluorescein angiography and vitrectomy, etc.

In many developed countries, especially in America, the best medical graduates opt for ophthalmology. In Singapore, this is also the trend. We are pleased to see with us tonight 10 young intelligent doctors- who are under training or who have recently returned with their higher degree in ophthalmology. To them I extend my congratulations and my confidence that they will effectively to ophthalmology.

There are many indications that Singapore will become a major eye center in Asia - and with luck in the world. Arrangements have already been made for our young surgeons to sub-specialise. In 5 Years at least 5 of our young bright surgeons should have established special interest in sub-specialities. This is essential if we are to become a leading center in ophthalmology. For this to succeed, the more senior ophthalmologists must support this trend by referring special problems to their younger colleagues. In turn the younger ophthalmologists should acknowledge the opportunity given to them by their seniors.

This unique opportunity places great responsibility upon us. It raises a fundamental question whether we, the ophthalmologists in Singapore, can as a united group develops ophthalmology to a higher level. In 5 years, if we can have a constant flow of ophthalmologists (from neighbouring countries) to Singapore - wishing to work with us, as is the positions of Moorfields Eye Hospital of London and Wilmer Institute, John Hopkins of USA - then we can perhaps say that we have reached our first major objective. While we look to the future of ophthalmology with great enthusiasm, we should also reflect on the past and we are honoured that Dr Wong Kin Yip, the first local Head of Department of Ophthalmology, Singapore General Hospital, Ministry of Health, has agreed to address us tonight.

What then is the role of the Society? The Society has the crucial function of co-ordinating the ophthalmologists in the private and public sectors. It also acts as a catalyst for scientific progress. We have in the last 2 years held 30 scientific meetings and our members have published 50 scientific papers in various journals. The first Proceedings of our Society should be ready in 3 months' time. But our Society has an even greater role: it can and I hope it will urge the National University of Singapore to develop a Department of Ophthalmology and, will some luck, a Chair in Ophthalmology. It can help the newly-formed Singapore Eye Foundation to create facilities for development and research especially for our younger ophthalmologists at the Singapore General Hospital. It can weld our local ophthalmologists into a team for international competition - each member giving all his best, thinking of the team and not the individual. I believe that the key position in any organization should be rotated to allow for a continuing input of leadership. Our Society is no exception. I would therefore like to suggest that the Chairman of our Society should not stay on for more than 3 years

In conclusion, I thank you for coming. I wish you all a hearty appetite.

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## First Singapore - Malaysia Joint Meeting

Sunday, 1st February 1981

### Session 1 Current Trends in Anterior Segment Surgery

10.30 am - 12.00 noon

Chairman - Dr Keshmahinder Singh FRCS

Co- Chairman - Dr peter Tan FRCS

Time	Speaker	Title of Paper	Duration
10.30-10.50	Dr Michael Roper-Hall FRCS	Advances in Anterior Segment with special reference to management of Ocular Trauma	20 mins
10.50-11.00	Dr Low Cze Hong FRCS	The Refinement of Anterior Segment Surgery Through Innovations and Techniques	10 mins
11.00-11.10	Dr Arthur S M Lim FRCS	Diabetic Retinopathy	10 mins
11.10-11.20	Dr Hardeep Singh FRCS	Recent Advances in Surgery of Neovascular Glaucoma	10 mins
11.20-11.30	Dr Geh Min FRCS	Trabeculectomy: A Study of 113 Cases	10 mins
11.30-12.00	Discussion		30 mins

### Session II - Free Papers

12.00 - 13.00

Chairman - Dr Lim Kuang Hui FRCS

Co-Chairman - Dr Ahmad Shukri FRCS

Time	Speaker	Title of Paper	Duration
12.00-12.10	Dr Yow Choi Sin FRCS	Pseudoexfoliation of Lens Report of 5 cases from Universiti Hospital	10 mins
12.10-12.15	Dr Wong kin Yip FRCS	Cataract Surgery Since 1946	5 mins
12.15-12.25	Dr Y C Lee FRCS	Experience with a Simple Microscope	10 mins
12.25-12.35	Dr David Tan FRCS	Anaphylaxis with Cardiac Arrest Following Fundus Flourescein Angiogram- Case Report	10 mins
12.35-12.45	Miss Alison Smith	Orthoptics	10 mins
12.45-13.00	Discussion		15 mins

### Session III - Current Trends in Retinal Diseases

14.30 - 15.30

Chairman - Dr Arthur S M Lim FRCS

Co-Chairman - Prof Mohamed Noor bin Marahakim FRCS

Time	Speaker	Title of Paper	Duration
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14.30-14.40	Dr Piyah Phong FRCS	Central Serous Retinopathy	10 mins
14.40-14.50	Dr Ang Beng Chong FRCS	Laser Photocoagulation Problems in Diabetic Retinopathy	10 mins
14.50-15.00	Dr S M Tahir FRCS	Retinal Detachment Surgery under the Operation Microscope	10 mins
15.00-15.10	Dr Ahmad Shukri FRCS	Giant Tears	10 mins
15.10-15.20	Dr Tan Pooi Liew FRCS	The Role of Silicone Oil Injection in Retinal Detachment Surgery	10 mins

#### **Session IV - Final (Panel) Discussion**

15.30 - 16.30

Chairman - Dr Victor Yong FRCS

Co-Chairman - Dr Tan Pooi Liew FRCS

Panelists:	
Prof S Chandran FRCS	Dr Arthur S M Lim FRCS
Dr Lim Kuang Hui FRCS	Dr Robert Loh FRCS
Prof Mohamed Noor bin Marahakin FRCS	Dr Michael Roper-Hall FRCS
Dr Edward R Dingley FRCS	Prof Ian Constable FRCS

#### **Session V - Special Session on Contact Lens**

17.30 - 19.00

Chairman - Dr Dunstan Fernandez FRCS

Co-Chairman - Dr Khoo Chong Yew FRCS

Time	Speaker	Title of Paper	Duration
17.30-17.40	Dr Khoo Chong Yew FRCS	Choice of Lenses	10 mins
17.40-17.50	Mr Edward Benjamin	Therapeutic and Cosmetic Lenses	10 mins
17.50-18.00	Mr Stanley Isaacs	Contact Lenses in Aphakia	10 mins
18.00-18.10	Dr David Tan FRCS	Present Status of extended wear	10 mins
18.10-18.20	Dr Donald Johnson	Six Years' Experience of Extended Wear	10 mins
18.20-18.30	Mr Leow Hock Min	Basics of Contact Lens Fitting	10 mins
18.30-18.40	Mr Leow Hock Min	Deposits on Soft Contact Lenses	10 mins
18.40-19.00	Panel Discussion		20 mins
19.00	Dinner		

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## **Cataract Surgery Since 1946**

Dr Wong Kin Yip, Singapore

I am speaking on my own personal experience in cataract surgery since 1946. When I started ophthalmology under my late chief, Dr Williamson, I had only the few basic surgical instruments to work with. It was of necessity that a good proportion of the extractions was done extracapsularly, I was also shown the Smith's method of intracapsular extraction, which was then not often done and which was not always successful. Strange enough, I improved and developed greatly in my technique in this method of extraction only after I had resigned my service with the government and started my own practice in 1959. The most memorable thing of my early work is how to make a good corneal section with a nice consecutive triangular flap of conjunctiva with the Graefe Knife. We had no corneal-scleral sutures then and we had to rely solely on this precious flap to seal and secure the operative wound.

Nowadays we have at our disposal a good number of new fine precision instruments, instrumentations and helpful drugs. There I no need for me to enumerate and name them. Undoubtedly, all this make cataract surgery a much easier and more fruitful task. I believe in simplicity in procedure and adapt my own modifications in technique from time to time. I would appear to be rather conservative by some of my younger colleagues. Perhaps it is in part due to the so-called 'Generation Gap'. For instance, I still trust and employ the Graefe knife. I don't use the operating microscope but wear Wallord's operating glasses, which I acquired in 1950. Honestly I can see well and distinctly all that I want to see with it. I don't employ the cryo-unit, which is now generally regarded as 'the' thing in cataract extraction. Instead I rely on Smith's method of delivery with confidence and with success. For the last 20 years I have done practically all my extractions on my patients under general anaesthesia except when there are definite contraindications against it and I believe in engaging the same entrusted anaesthetists as far as possible. My present target in cataract surgery is intracapsular extraction. A reasonably safe eye is essential and this is normally achieved by my practice in giving intravenous injection of 500 mgm. Diamox one hour prior to commencement of surgery. Routinely, I use Lonulysin except in the very old cases. The majority of cases are very amenable to intracapsular extraction with Arruga's forceps using the tumbling method. This is not suitable when the anterior chamber is rather shallow and the intraocular tension is a little raised after the eyes opened up. In such cases, Smith's delivery is safe provided the necessary safety measures are taken. I employ one median McLean's replaced suture and close the wound after delivery with 4 to 5 other separate stitches. I apply only black silk stitch to anchor the tip of the conjunctiva flap and smooth out the rest of the flap. The anterior chamber is partially reformed with injection of sterile air and a cc or so of sterile saline. Finally a 1/2cc of garamycin subconjunctivally is given near to the inferior fornic

I have not indulged in the present much publicized innovation of Intraocular Lens Implant. I think it would be wise for me to leave this still rather controversial procedure to my younger able and adventurous colleagues to play about. Cataract extraction has been my pet operation. It is most rewarding to both patients and surgeons alike. I have been ask severally when I shall cease to operate and practice. Well I can remember what General McArthur said on television in his final testimonial address to the American House of Representatives of Senate " a Great General never dies; he just fades away". Surely some of us can justly lay claim to a similar dignified exit.

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## **Dr Noel Rice: Visiting Consultant to the Ministry of Health**

Republic of Singapore, Nov 1981

Dr Noel Rice was invited by the Singapore Government as the first Overseas Vising Consultant, Ministry of Health, in ophthalmology in November 1981 for a period of 2 weeks. During this period, he reviewed the Ophthalmic Department in consultation with Mr Victor Yong, Head of the Eye Department, Singapore General Hospital, and submitted a memorandum to the Ministry in his impressions and recommendations. Dr Rice also conducted an international microsurgical course during this period. Dr Rice is a Senior Consultant at the Moorfields Eye Hospital, the first Eye Hospital to be established in the world, and a leading Eye Centre in Europe. Recently, Dr Rice was

appointed the Chairman of the Moorfields Eye Hospital committee which places a great responsibility on him for the further development and progress of this famous ophthalmic institute. Amongst his many activities, research and lectures, Dr Rice runs 2 microsurgical meetings at the Moorfields Eye Hospital each year. It is hope that this is the beginning of a closer relationship in ophthalmology between ophthalmologists of Singapore and those at the Moorfields Eye Hospital.

In May this year, Mr Victor Yong (Head of the Eye Department, Singapore General Hospital) reciprocated Dr Rice's visit by spending 2 weeks at the Moorfields Eye Hospital.