Like me you must be wondering what foolhardiness prompted the Singapore Academy of Medicine to invite a practising politician to deliver the Professor Gordon Ransome Oration. Unlike my colleague, the Minister for Health, who is a physiologist of repute my connection with the world of medicine have been largely one of avoidance of professional encounters with doctors. For the greater part of my life I have been successful in this though I regret to say that with advancing years it looks like the doctors are winning. I have the feeling that when the time comes for me to take leave of this world the last person to bid me godspeed will be a somewhat apologetic doctor assuring me he did his damned best - I take it to save me.

One reason why I am delivering what hopefully will be a medical oration is the persuasive powers of Dr Pillay, who apart from being an eminent orthopaedic surgeon, also enjoys the doubtful privilege of being a blood relation of mine. He is more confident that I am that I can make some significant contribution towards the advancement of medical knowledge. But frankly speaking you would be wiser to explain away my selection as Orator as being a slight case of enlightened nepotism.

The other qualification I have is a little more impressive. Professor Ransome was for many years my doctor. I think I was a model patient. I must have been to have outlived my physician as I hope to do with many more.

If I was a model patient, I have always regarded Professor Ransome as a model doctor. Doctors assess other doctors somewhat differently than patients do their doctors. The pecking order among doctors is established on the basis of the number of degrees they have assiduously extracted from famous and not so famous centres of medical learning. These accomplishments, despite the medical code about self-advertisement, are discreetly announced in a series of terse alphabets after their names in highly brassyed plates. These are occasionally balanced by an equally impressive array of alphabets before their names but these pertain not to medical accomplishments but merely to ensure that the patient does not go to some other doctor blessed with the same surname.

As a patient I can assure members of this Academy that initials, both in front and after a doctor’s name, rarely influence the choice of one’s doctor. It is not true that doctors with the greatest array of degrees are the ones with the largest number of clients. A model doctor, from the point of view of the patient, is one who is both doctor and magician. By the term “magician” I am not suggesting the magic of the quack or the charlatan. It is something not easy to define in a single sentence but it is this quality which instinctively draws patients to a doctor.

I of course knew that Professor Ransome’s medical learning enjoyed unquestioned respect from his professional colleagues. But it was not his learning (which in any case was beyond my comprehension) but his role as magician which made me have implicit faith in him. I never bothered to examine seriously this feeling I had about him until I was asked to give this Oration. I thought some of my reflections on the Doctor as Magician might be of some interest to you and, if not, of some legitimate amusement.

so I decided the best way to analyse my feelings about the doctor as magician was to look into the very distant past of your now revered profession. In
the course of my researches I discovered that your profession was, until the
14th century, not highly regarded in Europe which is the birth place of
modern medicine. The practice of medicine was largely a side-line activity of
priests, lawgivers, mediums, barbers and, of course, grandmothers who even
today can whip up a brew to frighten away any known and unknown disease.

In ancient Greece the physician, who attended mostly to slaves, was rated
lower than the healing philosopher or the gymnast.

Republican Rome considered those who specialised in medicine so dis-
reputable a lot that they were denied citizenship until Julius Caesar lifted the
ban. Even then this privilege was denied to Greek physicians for reasons which
remain obscure. This antipathy towards doctors is founded on a peculiarly
Roman approach to medicine. They believed that national health was best
promoted through sound laws on water supply, proper drainage, efficient gar-
bage removal, military training, athletics and regular offerings to appropriate
gods.

Given this public health approach to medicine (a tradition which was lost
to Europe and recovered only recently) the Romans considered the physicians
something of a pain in the neck.

However neither ancient Greece nor Rome could cast illumination on my
particular quest. Perhaps I should go still further back in time -to the Child-
hood of man’s history. There I hoped to find a clue to explain my feeling
about the doctor as magician.

I think I have found it. It is in the oldest drawing of man painted 15,000
years ago in a cave in Dordogne in France. What I saw was only a reproduc-
tion but even in reproduction the Paleolithic artist responsible for it comes
closest to expressing my feelings about doctor as magician. This cave mural
consists almost wholly of animals. These are drawn not only with great power
but with remarkable accuracy and realism. But what rivets our attention is
not the animals in flight but the only human figure the mural contains. What
is significant is the way the Paleolithic artist depicted man. The form is dis-
inctly human but he wears a goat’s beard. His eyes are those of an owl. He has
the antlers of a stag and the ears of a wolf. Instead of finger nails he has the
claws of a lion. For good measure the artist saw fit to add a horse’s tail as well.
And this weird creature crouches in some ritual dance, his staring eyes fixed
questioningly on the onlooker.

Those who first discovered this painting dubbed him “The Sorcerer”. And
that is what he is. Why did the Paleolithic artist who did not lack techni-
cal skill deliberately chose to give an unrealistic representation of man. I
think he was giving a symbolical interpretation of the Sorcerer. It represents
man with his dual nature -as beast he is one with all nature’s creation but be-
neath the beast skin is thinking man striving for mastery over nature.

But if you look at the painting more closely you will see in him a striking
resemblance to the Medicine Men of today’s primitive societies. In other words
he is the ancestor of the modern doctor. You may deny this lineage but there is
one part of him which has been transmitted to the truly great doctors-the
magician doctors.

The Sorcerer’s knowledge of medicine as we know it today was pretty
rudimentary and a great deal of it possibly fatal to his patients. I even suspect
that his success score by modern standards must have been disconcertingly
low.

Yet for thousands of years not only did he have a loyal clientele that
would be the envy of any modern doctor but he was also the most respected
and most feared personage in his community. It was understood that the
Medicine Man could not only cure but also kill by remote control. You took
great care, whatever your feelings about him, to keep on the right side of the Medicine Man.

The Medicine Man is not peculiar to primitive societies. He has a not inconsiderable following in urbanised societies, including Singapore. The sin-seh and the pawang compete successfully with learned members of your august Academy. The Medicine Man of today may flaunt some modern medical terms to impress his better educated clients but he is more likely to explain the sorry state of his trusting patients in terms they understand—bad spirits and good spirits, Yin and Yang, heat and cold or to quote Hippocrates:

“Airs, Waters, and Places”.

Nor are modern doctors themselves immune to the wiles of the Medicine Man. A friend of mine told me that one of the most shattering life experiences was catching a fleeting glimpse of a copper bracelet around the wrist of an eminent doctor. When confronted with this recourse to magic the doctor confessed that this was the only desperate act he could think of to ease his arthritic pains and what disturbed him even more was the suspicion that he was being cured.

The persistence of faith in the Sorcerer as healer cannot as I said be based on his success score. If that is the criteria you might as well write your will before keeping an appointment with the family Sorcerer.

The source of faith in the Sorcerer must be sought elsewhere. I think it lies not in his knowledge of medicine or of the nature of the great variety of diseases that prey on man but in his understanding of human psychology and the workings of nature itself.

In my view the Sorcerer was relying on Nature to do the doctoring for him. He must have observed the amazing capacity of all organisms for self-repair and even self-regeneration. There are natural anti-bodies to combat bacterial invasion. Wounds can often heal on their own. Many living things can adjust and learn to live for a long time with their deformities and defects. Nature maximises the self-healing process by weeding out at an early age those unfit for survival in harsh, primitive and, what modern man would consider, unhygienic conditions. So those who survive are physically vigorous and have a body system capable of combating, unaided by medicine, most diseases to which primitive man was exposed. It is also a fact that people who live in open, uncongested natural environment are exposed to malign bacteria and viruses far less frequently than modern man crowded in towns and cities and in an environment dominated by the filth, squalor and deadly fumes of his own creation.

Students of primitive societies have remarked on the unusual health and vigour enjoyed by their inhabitants despite the absence of modern sanitation and modern medicine. The health of these people deteriorated rapidly only when they came into contact with modern civilisation. The Eskimos are a typical example of this tragedy. Observation of living tribes as well as of their skeletal remains testify to the robust health and great physical vigour of the Eskimos throughout their long history. They were free from dental caries, high blood pressure, cancer and other degenerative diseases common in civilised, prosperous societies. But many of these Eskimos, like the equally robust Polynesians, underwent rapid physical decadence the moment they were enticed into the ways of modern civilisation.

So in raw nature the great healer was not the doctor but Nature itself. The role of the Sorcerer was primarily to guide his patient psychologically and physically to cooperate with Nature in the art of self-healing. The anti-biotics within the biological system were, through appropriate mumbo-jumbo, stimulated to do their work. So were the built-in tranquillisers and the pain-kil-
lers. One of the remarkable features of primitive man, noted by those who studied him, was his very high threshold for pain. Conversely modern man's approach to even the slightest of pains is one of acute panic, matched only by his phobia about germs. You have only to see advertisements in the mass media to realise modern man's single-minded preoccupation with total avoidance of germs and pain. This is testified to by the flourishing business in drugs and antiseptics. According to one estimate the drug business has grown by a factor of 100 the past 70 years. In the United States alone some 20,000 tons of aspirin are consumed per year - almost 225 tablets per person. For 15 years, drug industry profits have outranked those of all other manufacturing industries listed on the U.S. Stock Exchange.

Even sleep no longer comes naturally to modern man. He either takes to drink or asks his doctor to prescribe a sleeping tablet. According to one doctor, in England every tenth night of sleep of the average Briton is a drug induced sleep. Insomnia is a rare thing with primitive people and there are some tribes whose members can take cat-naps standing up.

Add to these vitamin tablets, virility pills, digestive powders, anti-pimple ointments, laxative gums, anti-depressions and pep pills — and one can only come to the conclusion that modern man is a pretty sick person most of the time.

Clearly modern man has lost faith in Nature as the great healer—a bit of folk wisdom which the Sorcerer understood and which he made the basis of his medicine. He may have administered a few herbs and dried portions of lizards and bats but the Sorcerer probably knew that the real work of healing was being done by the faith of his patient and the ancient wisdom of Mother Nature.

I cannot help feeling that the Sorcerer's patients lived with their diseases far more happily than those of the modern doctor whose patients moan and tremble within walls of drugs, pills, ointments and injections.

The reason for persistence of faith in the Sorcerer now becomes a little clearer. His technique produced results given Nature's rigorous selection process, the free unpolluted natural environment and the Magician's special ritual for maximising his patient's capacity for self-healing.

Though modern doctors may disavow it, I believe that when scientific medicine fails they do surreptitiously indulge in sorcery. They have however a scientific name for this relapse into magic. They call it "placebo"—Latin for "I will please". The basic principle of placebo medicine is simple. If a patient believes that sugar pill or coloured distilled water will cure what is scientifically incurable then you give him the placebo treatment. Sometimes it works and when it does there is an extremely pleased patient and a doctor more than baffled as to what really happened.

Well, the Sorcerer would have known what happened. It was his incantation, wild dance leaps and powerful magic. So I see no reason why modern doctors should be all that apologetic about practising placebo medicine provided they charge only for sugar pills and distilled water. According to those who know possibly two thirds of patented drugs in the mass market are expensive placebos. The cost of the drug itself accounts for possibly 10 per cent or less. It is the advertisement, packaging and testimonials which account for the rest. Modern advertisement in fact employs the Sorcerer's technique which is to heighten faith in an individual's self-healing powers.

Now I am not for one moment suggesting that we should all go back to nature cures. Nature cures only work within the health system prescribed by Nature itself. These are high infant mortality, an average life expectancy well below 50, a lot of walking, running, hunting and fishing most of the day, fre-
quent enforced fasts and death by unnatural causes such as accidents of falling prey to a predator. Or it can be plain homicide, sometimes bilateral but more often multilateral known to us as just wars. An unusually large proportion of fossil skulls of pre-historic man shows clear evidence of having been deliberately bashed in by a deadly weapon— a shattering blow to the romantic concept of man as the Noble Savage.

Nature cure will not always work in an increasingly man-made environment. The human body was not planned for survival in an environment where Nature has not only been subdued but ejected to make way for garbage dumps, smoke dust, carbon monoxide and, who knows, one day, atomic radiation as well. Come to that I don’t think human guts were planned for the digestion and disposal of things like coffee and tea, mouth watering chocolates and candies or other man-made goodies which clearly invite premature obesity. Nor for that matter was the leg designed to only press an accelerator pedal or to lower oneself gently into the indispensable chair.

Nature cure can work only within the rules Nature has prescribed and for diseases for which it is directly responsible. The diseases of civilisation are for the most part beyond the boundaries of Nature cures. Nature’s diseases are for a body-machine designed not to last beyond 50 years.

One of these is old age. In Nature’s scheme of things there was no place for ripe old age. This is really one of the great inventions of modern medicine but we do not know how to use it because we refuse to accept old age as a prelude to death. The Sorcerer not only knew how to heal his patients but also how to make the patient feel that the transition from life to death can be a smooth, painless and even welcome passage from one state of existence to another. The Sorcerer is presiding over one of the many rites of passage an individual must go through. That is why we refer to someone as having passed away. Unlike modern man, the primitive does not send telegrams of condolence. He is more likely to have a feast. But paradoxically enough modern man sends the silent traveller flowers. I like to think that the condolences are for the survivors and the flowers for the lucky traveller.

But modern medicine having created old age for most of us has yet to cope with the problems associated with it. It quite wrongly treats it as a disease. The modern doctor’s primary concern is to prolong old age beyond defensible limits, when his patient from being a man with all his faculties alive is clearly degenerating into a mindless protoplasm—and to be remembered by those who survive him as such.

Here I think the modern doctor can learn from the Sorcerer. Like the Sorcerer, the doctor must teach the patient to accept the inevitability of his mortality. The efforts by modern medicine to hold up prospects of immortality is both immoral and dishonest and if attainable destructive of human society. The doctor’s responsibility is to ensure a dignified and painless exit from this world for his patient.

I submit for your reflection this saying from the sage Lao-Tzu as therapy for old age. It goes like this:

“Who dies and, dying, does not protest his death, he has known a true old age.”

This is perhaps why Chinese funeral ceremonies are to me indistinguishable from their wedding ceremonies. This is in contrast to most non-Chinese funerals. There is about a Chinese funeral a light-heartedness implying that the one they are supposed to grieve over is really going to a better place. This does not mean that they do not feel sorrow but it is expressive of the acceptance of the inevitability of death. If immortality has to be sought it should be found in the after life. I can think of no saner approach to death than this one.
So I have a proposal to make to doctors. I don't know whether it will be acceptable to you but I know it is one that the Sorcerer and Professor Ransome will approve of. I was going to suggest that every medical practitioner should hang Lao-Tzu’s saying in his consultation room. But modern doctors require something more terse and zippy than the sage’s measured language.

I suggest that every patient who has attained over-ripe old age be handed, before he enumerates his ever lengthening complaints, a black-bordered card with the following gold-embossed advice:

“Friend, when you gotta go, you gotta go.”

This may be bad for your practice but it is sound medicine. If your patient breaks into laughter as you have, then you will know you have got a patient who can laugh at death. After all we often say that we nearly died of laughing.

If so why only “nearly”? Why not go the whole hog?

If however your patient does not find it funny then you had better think of some other way of breaking the news to him.

And on this hopefully cheerful note, I bring this strange Oration to a close. I know Professor Ransome will understand me and so will the Sorcerer because both have made it to the other side.

I hope those of you who are waiting your turn will be equally understanding.

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