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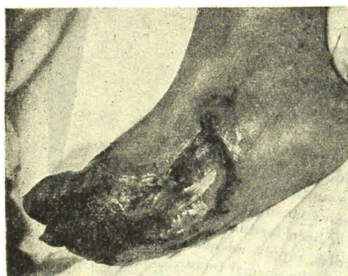

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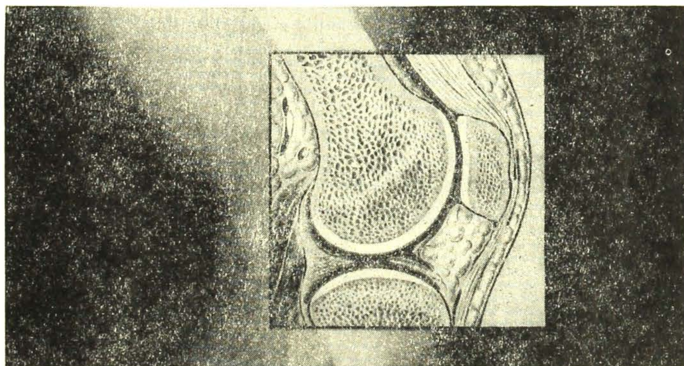

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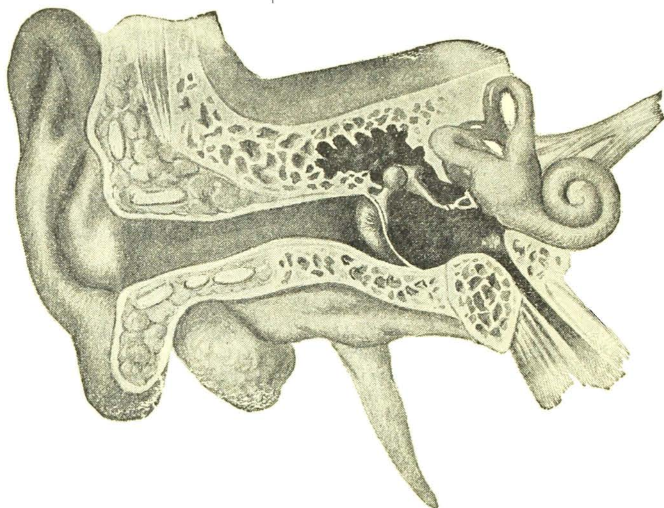

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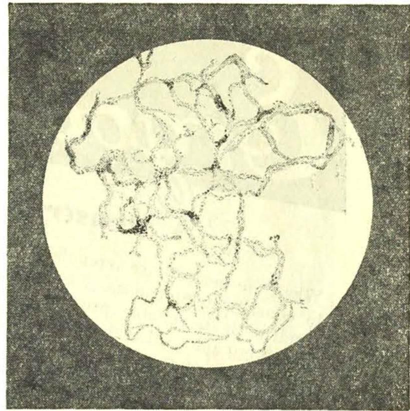

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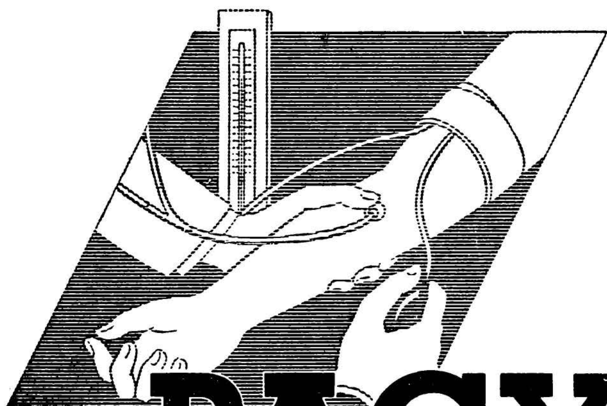

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Original Articles

PRENATAL SYPHILIS*

JAIME O. QUIASON, M.D. AND LEANDRO M. IBARRA, M.D.
Manila Rapid Treatment Center, Manila Health Department and College of Medicine, Manila Central University

INTRODUCTION

Before the start of World War II in 1941, the number of stillbirths in the City of Manila averaged only four-hundred (400) yearly. By 1945—that is, after three and one-half years of Japanese occupation, and immediately after the landing of the American G.I.'s—the number of stillbirths in the City of Manila has gone beyond the one thousand (1,000) mark.

This phenomenal increase in the number of stillbirths gave food for thought to the Manila Health Department. Therefore, research was started by blood-testing all pregnant women coming for consultation to the thirty-four (34) health centers in the City of Manila.

All of the prenatal cases found Kahn positive were reported to us immediately. These Kahn-positive cases were quickly followed up, in order that their positive blood tests might be appraised properly.

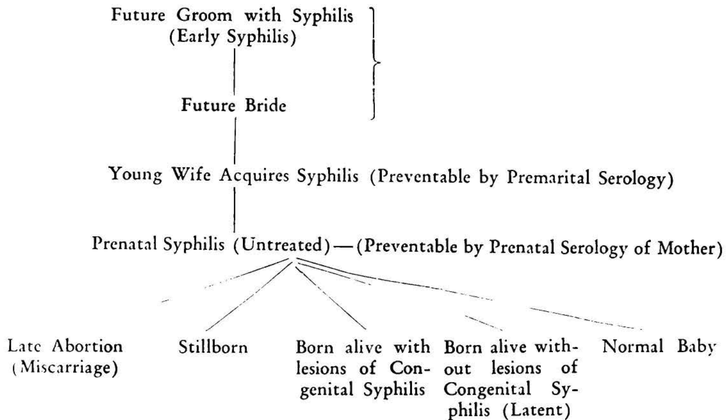
To screen out the biologically false positives, a process of elimination was instituted by means of meticulous history-taking, a thorough physical check-up, and a series of blood-tests whenever necessary. All of the confirmed syphilitics were given the rapid treatment right away, in an endeavor to save their babies from being stillborn.

---

* Read at the Third Scientific Meeting of the Philippine Society of Obstetrics and Gynecologists on August 28, 1952 held in the Conference Room of the Manila Central University, Grace Park.

This leads us to the interesting "Chain Reaction" in syphilis which is diagramatically represented here:

"CHAIN REACTION IN SYPHILIS:



This chain reaction is interesting, because it is *entirely preventable if prophylactic measures are applied adequately and at the right time.* For instance, the future groom with early syphilis should not be allowed to get married until he submits to a premarital blood test. If found syphilitic, he should be given the rapid treatment to render him non-infectious. Only then should he be permitted to get married.

If he is allowed to get married without this premarital precaution, his young wife may become an innocent victim of syphilis. And when she becomes pregnant, there will be another innocent victim of infection—the fetus within.

This tragedy can be easily prevented by prenatal blood test and treatment. If proper and adequate treatment is instituted before the fifth month of pregnancy, we can save the fetus from acquiring the disease. If, however, this prenatal precaution is not observed, either the final tragedy in the "chain reaction" follows— a stillborn baby, or a baby born alive but with the taints of congenital syphilis.

MATERIALS

From January, 1947 to June, 1951, 302 syphilitic pregnant women were treated at the Manila Rapid Treatment Center, with the cooperation of the different health centers located in the City of Manila. The majority of the cases included in this paper came from the health centers; the minority were voluntary patients coming to us direct from the rest of the city and suburbs.

Inasmuch as the main object of this paper is to show the effect of treatment on syphilitic pregnant women for the prevention of congenital or prenatal syphilis, we selected only those whose pregnancy had been

completely and properly handled and adequately followed up. Out of 302 treated syphilitic pregnant women, only 95 cases, or 31 per cent, fall under this category; and they will form the basis of this study.

All of the blood samples taken from our patients were examined at the Division of Public Health Laboratory, Manila Health Department.

TABLE I—*Distribution of Cases with Their Corresponding Clinical Diagnosis.*

Clinical Diagnosis	*Number of Cases*	*Percentage*
I. Early Syphilis		
1. Secondary (Condylomata lata)	2	2.10
II. Latent Syphilis		
1. Early Latent	75	78.95
2. Late Latent	18	18.95
Total	95	100.00

TABLE II—*Criteria for the Diagnosis*

Criteria	*Number of Cases*	*Percentage*
I. Early Syphilis (with lesions)		
1. Darkfield positive and positive SR*	2	2.10
II. Latent Syphilis (Early or Late Latent)		
1. No signs and symptoms; with positive SR; with negative or positive history in the husband and with or without previous history of anti-syphilitic therapy.	53	55.79
2. No signs and symptoms; with positive SR; with history of either miscarriage, stillbirth, or premature deliveries and with or without previous history of anti-syphilitic therapy and with negative or positive history in the husband.	40	42.11
Total	95	100.00

* Serological Reaction (Kahn; Kolmer; and V.D.R.L.)

All the 95 cases who were diagnosed as syphilitic were based on the above criteria, as shown in Table II.

1. Two cases with infectious lesions (condylomata lata in the genitalia) gave a positive dark-field examination for spirocheta pallida, and with strongly positive serological reaction (SR). One of these cases gave a serological reaction of Kahn—Pos. (20 dils.), Kolmer—Pos. and V.D.R.L.—Pos. (80 dils.); and the other case, the serological reaction was Kahn—Pos. (over 240 dils.); Kolmer—Pos. and V.D.R.L.—Pos. (240 dils.).

2. Of the 93 cases that were diagnosed as suffering from latent syphilis (i.e., either early or late latent), 53 (or 55.78 per cent) showed no signs and symptoms of syphilis, but with positive serological reaction; with negative or positive history in the husband; and with or without previous history of anti-syphilitic therapy. The other 40 (or 2.10 per cent showed no signs and symptoms, but with positive serological reaction; with history of either miscarriage, stillbirths, or premature deliveries; and with or without previous history of anti-syphilitic therapy.

The diagnosis of the case, as either in the early or late latent stage, depends on the aforementioned criteria (Table II-II)—plus the duration of the infection or the age of the patient. If the duration of the infection was below four years; or if the patient could not remember the duration of her infection, but she was less than 30 years of age, then she was diagnosed as in the early latent stage. On the other hand, if the duration of the infection was above four years; or if the patient could not remember exactly the duration of her infection; but she was above 30 years of age, then she was diagnosed as in the late latent stage.

The serological reaction of the 93 cases varied from +++ to over 80 dils. (over 320 K.U.)—Kahn.

TABLE III—*Schedule of Treatment*

Schedule	*Number of Cases*	*Percentage*
I. Combined POB, Mapharsen and Bismuth Subsalicylate in Oil for 10 days	62	65.26
II. Penicillin Therapy alone (POB)* or PAM** for 10 days or more.	33	34.74
Total	95	100.00

* Penicillin-in-oil and Bees-wax

** Procaine Penicillin G in Oil with 2 per cent aluminum monostearate.

All of the patients received either combined penicillin, mapharsen, and bismuth therapy—or penicillin alone. Most of our cases—62 (or 65.26 per cent)—received the combined penicillin, mapharsen, and bismuth therapy; and 33 (or 34.73 per cent) received penicillin alone. (See Table III).

The details of the treatment schedule were as follows: from 1947 until the later months of 1949, we instituted the combined penicillin mapharsen, and bismuth therapy—except in few cases who received penicillin alone. This schedule was the so-called ten-day rapid treatment. This consisted of injection one cc. or 300,000 units of Calcium penicillin-in-oil and beeswax intramuscularly daily for 10 days, making a total dose of 3,000,000 units. In addition, the patient received, on the first, third, fifth, seventh, and ninth day of treatment, one intravenous injection of 0.04 Gm., or less, of mapharsen ond 1½ cc. or 0.20 Gm., intramuscu-

larly of bismuth subsalicylate-in-oil on the second, sixth and tenth day of treatment. In a few cases (5), one cc. or 300,000 units of POB was given daily for 16 days, making a total dose of 4,800,000 units.

Then, beginning with the later months of 1949, we instituted procaine penicillin G in-oil with 2 per cent aluminum monostearate. The total dosage used was 4,800,000-6,000,000 units. One cc. or two cc. (300,000-600,000 units) was given intramuscularly daily, or every other day, until the total dose was given.

Twenty cases received a total dose of 4,800,000 units; and 13 cases of 6,000,000, units of procaine penicillin G in-oil, with 2 per cent aluminum monostearate.

The reactions that we were able to observe with the ten-day rapid treatment were nausea and vomiting, fever, urticaria, and pain along the course of the nerves. With the penicillin therapy alone, urticaria and fever were also observed, but in milder degree.

TABLE IV—*Age of Pregnancy When Treatment Was Started.*

Number of	Below 4 Mos.	4 Mos.	5 Mos.	6 Mos.)	7 Mos.	8 Mos.	9 Mos.	Total
Cases	10	5	12	21	15	20	12	95

As shown in Table IV, the rapid treatment was started before the 5th month of pregnancy in 15, or 15.78 per cent; and in the majority, 56 (or 58.9 per cent) from six to eight months of pregnancy.

TABLE V.—*Results of Deliveries After Treatment*

ABORTION	MIS-CARRIAGE	STILL-BIRTH	PREMA-TURE	Born Alive but with lesions (Sy)	Infants born alive, apparently normal
1	2	2	1	1	88 or 92.61%

As shown in Table V, 90 infants were born alive, one was an abortion (3 mos.), two were miscarriage, and two were stillbirths. Of the 90 infants born alive, one was premature; another one with desquamation of the skin around the lips, palms, soles, and the genitalia; and 88 (or 92.61 per cent) appeared to be normal.

The mother who aborted at three months was given the ten-day rapid treatment when she was two months pregnant. In the two miscarriage, the mothers were treated when they were three and four months pregnant, and in the two stillbirths, the mothers were treated when they were 4 and 5 months pregnant.

The mother of the child born with skin lesions was nine months pregnant when treatment was started. She delivered on the 5th day of treatment after having received 1,200,000 units of penicillin in oil and

beeswax; 0.04 Gm. of mapharsen and 1½ cc. (0.20 Gm.) of bismuth subsalicylate in oil.

The child was treated immediately with penicillin alone, giving 30,000 units, intramuscularly daily for 10 days. In addition, Vitamin K injections was given, because it developed bleeding from the cord on the second day after birth. Fortunately, it recovered. At the age of 15 months, the blood of the child was examined serologically and found to be negative for Kahn, Kolmer and V.D.R.L.

TABLE VI—*Follow-Up of Infants Born Alive and Apparently Normal*

RESULT	Ages in Months when Followed-Up															Total
	Below 1	1	2	3	4	5	6	7	8	9	10 12	13 16	17 20	21 24	25 36	
1. Negative PE* and SR	1	5	9	7	4	1	2	1	3	—	4	3	1	4	6	51
2. Negative PE but positive SR	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—	3
3. Negative PE but no SR	4	4	7	—	4	1	4	—	—	—	1	2	—	—	—	27
4. Fatality (No SR done)	4	—	—	1	1	—	—	—	—	—	1	—	—	—	—	7
Total	9	11	17	8	9	2	6	1	3	—	6	5	1	4	7	88

* Physical examination — to see evidence of manifestations of congenital syphilis.

As shown in Table VI, only 54 cases were born alive and apparently normal when examined physically and serologically at various ages. No roentgenological examination of the long bones was done in all the 54 cases. Forty-five infants were followed up below four months; and 33 infants at four months and above up to 36 months.

All the 54 cases examined physically and serologically gave negative findings, except three cases whose serological reaction gave a weakly positive result either in the VDRL alone or Kolmer and VDRL. These three cases did not come back any more for the serological follow-up.

The mothers of these three cases were suffering from latent syphilis. Of the seven fatality cases, four died below one month (1 died several hours after delivery due to instrumentation; two died at nine months and 17 days after delivery, cause (?); one died at 16 days old due to general debility — (taken from the Civil Registrar's Office) and one died at the age of 4 months, cause (?); and two died at the age of 3 and 10 months, of acute ileo-colitis (S.L.H.). No serologic test of the blood was done in all the seven fatality cases.

COMMENT

It will be observed that, of the 95 cases that were treated, only two were found to be suffering from secondary syphilis. It may therefore be deduced that it is only through good clinical history taking, and thorough routine serologic tests of the blood, that one may be able to de-

termine the presence or absence of syphilis in pregnant mothers. While it is generally true that in the diagnosis of syphilis, a thorough physical examination, to ascertain the presence of clinical findings suggestive of syphilis, is one of the pillars in the diagnostic procedure, nevertheless, this phase is absent in the latent stage.

It is advisable that a pregnant mother submit to a routine serologic test of the blood, and to physical check-up—to determine the presence of syphilis. For early diagnosis and early treatment will prevent prenatal or congenital syphilis.

A case in point is illustrated in Table IV, where a pregnant mother was discovered to be suffering from syphilis when she was nine months pregnant. Unfortunately, on the 5th day of treatment, she gave birth to a live infant with desquamation of the skin around the lips, soles, palms and genitalia—which are manifestations of early prenatal syphilis. However, this child recovered after treatment. This outcome could have been prevented if the mother had been diagnosed and treated early.

We have included in one series the six cases who had received antisyphilitic therapy (ten-day rapid treatment) when they were not yet pregnant, although the modern concept is not to retreat during the subsequent pregnancies, if the patient has received adequate treatment before.

There are two schools of thought still prevailing: one is not to retreat, and the other is to retreat every subsequent pregnancy. Bowen et al[1] have the impression that it is necessary for all cases of pregnancy with syphilitic infection, even though they have been adequately treated before, to receive a course of penicillin treatment regardless of the physical and serologic findings. Cole et al[2] recommends the repetition of treatment in each pregnancy, because they consider the syphilitic mother a "potential reservoir of infection for the fetus she carries even though she can no longer transmit the disease to others." Dr. Evan Thomas[3] claimed that a woman who has been adequately treated while non-pregnant, or during a pregnancy in the past, and who has no clinical lesions, and the serological test of whose blood is below 2 O K.U. (5 dils.), need not be retreated during subsequent pregnancy; but when in doubt about the adequacy of previous therapy, treatment on subsequent pregnancies is necessary. In connection with the six cases who were re-treated during pregnancy, the serological reactions were still positive—varying from 2.5 dils. to 80 dils. Kahn; and the VDRL was either the same as the Kahn result or even higher in dilution.

In this study, out of the 302 syphilitic pregnant women who were treated, there only 95 cases, or 31 per cent, were adequately followed-up. This is not so bad, considering that only 70 per cent of the follow-up in the United States has been successful, in spite of all the means and facilities they have there.

As shown in Table V, one mother had an abortion. This could not be attributed to syphilitic infection or to treatment, inasmuch as the fetus in general is not infected as yet before the 4th month, and that

according to the observation made by Aron et al[4], penicillin treatment during pregnancy does not predispose women to abortion, miscarriage or premature delivery.

In the same table, the two miscarriages and stillbirths cannot be attributed to syphilitic infection either as the mothers were treated earlier (at two and five months) and were through with their treatment long before the pregnancy terminated. Most likely, the same is true in the premature case, although no serological test of the blood was done on the infant.

Of the 88 infants born apparently normal, we were able to examine only 54 (or 56.8% per cent) for serological test of the blood; while the rest were not, because their mothers refused.

Penicillin therapy alone has proved to have less tendency to produce reaction than the combined penicillin, mapharsen, and bismuth therapy. In the study made by Bowen et al[5], on "Herxheimer Reaction in Penicillin Treatment of Syphilis in Pregnancy," such minimal reactions as urticaria and febrile Herxheimer have been noted also.

After all, the main object of treatment of syphilitic pregnant women is to prevent prenatal syphilis, and this can be accomplished in the early diagnosis and treatment of the pregnant mother before delivery. This was proven in the study made by Benesohn (1912), William (1920, 1922), McCord (1930, 1936), Boas, et al in Denmark and Nabarro, et al in England (1939), Dill, et al (1940), Ingraham and by many numerous workers.

SUMMARY AND CONCLUSION

1. Out of the 302 syhilitic pregnant women treated at the Manila Rapid Treatment Center, Manila Health Department, from 1947 to June 1951, only 95 (or 31 per cent) were completely and properly handled and adequately followed-up.

2. Ninety-three cases (or 98 per cent) were suffering from latent syphilis; and only two cases, with secondary syphilis.

3. Good clinical history taking, thorough physical examination, and routine serological test of the blood are necessary in prenatal care; and these should be done as early as possible (before 5th month or pregnancy), so that if the patient is found to be suffering from syphilis, she could be given treatment right away, to prevent congenital or prenatal syphilis.

4. Penicillin therapy alone has less tendency to produce reaction than the combined penicillin, mapharsen, and bismuth therapy. Penicillin is the drug of choice in the treatment of syphilis in pregnancy.

5. Of the 88 infants born apparently normal, 54 (or 56.85 per cent) were examined physically and serologically. They gave negative findings, except 3 cases who gave a weakly positive reaction either in the V.D.R.L. alone or Kolmer and V.D.R.L.

6. Although no definite conclusion can be made, because of the small number of cases that we were able to examine, the results seem to be encouraging. The treatment given to our 95 syphilitic pregnant women, irrespective of the age of pregnancy, resulted in the delivery of 88 cases (or 92.61 per cent) apparently normal.

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IMPERFORATE ANUS WITH RECTO-URETHRAL FISTULA
(REPORT OF A CASE OF A FIVE DAY OLD BOY)

GIL F. GADI, M.D. AND EMMA BAGTAS GADI, M.D.

The imperforate anus with recto-urethral fistula is one of those rare congenital defects which is incompatible with life and requires prompt surgical intervention. In the earliest stages of fetal life, the outlet of the hindgut is covered by a membrane which ruptures when the embryo has reached an approximate length of 30 mm. If this membrane fails to develop a perforation and remains whole until birth, atresia of the rectal canal will result.

Historical Considerations: Young gives an excellent resume of the literature on imperforate anus. He quotes Parin (1931) as authority for the statement that colostomy had been proposed by Littre (in 1710) as a cure for imperforate anus. The sigmoid was to be brought out through the inguinal canal. After a lapse of more than a century, Dieffenbach (1828) proposed a plastic operation. Through a perineal incision, he freed the blind end of the rectum, dissected it free of the surrounding tissue, brought it down, opened it, and sutured the lining mucous membrane in the normal position of the anus in relation to the skin of the perineum. Somewhat later, two surgical opinions developed: (1) performance of an immediate colostomy, to be followed later in life by incision of the perineum, and an attempt to bring the end of the bowel down to its normal position; (2) a rectal plastic repair as soon after birth as possible.

Case Report: Pedro Biloy, 5 days old, of Japanese-Bagobo parents, was admitted to our clinic on July 29, 1952, with marked abdominal distention, passage of greenish fecaloid material through the penis, and fever of 39.1°C. The grandparents who brought the child to the clinic had noticed on the second day after birth that the child was crying very much and was very restless. On changing the diaper, they noticed a greenish, fecaloid liquid coming out with the urine, to which they did not give any importance, thinking that it was normal for babies to cry whenever their diapers are wet. On the fourth day after birth, the baby cried almost incessantly; and on changing the diaper, the grandparents noticed that the abdomen was markedly distended and tympanitic, so they decided to bring the baby to a doctor.

Family history revealed that the father of the baby had a sister, single, 18 years old, with an imperforate anus with a recto-vaginal fistula, apparently in good health, and suffering very little inconvenience from her congenital defect. Physical examination of the baby revealed an imperforate anus with not even an anal dimple on the site of the anus. The penis was reddened, slightly swollen, and very tender; and whenever handled, the baby cried. The abdomen was markedly distended, and superficial veins were prominent. Heart sounds normal, breath sounds normal.

This case presented a problem to us, for a simple plastic repair through a perineal incision would be difficult and might cause further damage to the urethra as well as to the newborn itself. The peritoneum reached up to the base of the prostate; so that in the dissection, peritoneal perforation might take place and peritonitis might develop.

With these in mind, we decided to perform a temporary colostomy, to be followed later in life by bringing the end of the bowel to its normal position. Performing the technique of Moynihan's colostomy, we made a left McBurney's incision. Withdrawing the sigmoid from the abdomen, and exteriorizing its uppermost part, we passed a Ward stitch with a curved needle threaded with cotton, passing from the inner part of the incision embracing all the layers of the abdominal wall, through the mesentery, and then through the entire thickness of the outer part of the incision—making the final bite of the stitch through the sigmoid mesentery, returning to the inner part of the incision. The stitch was now tied, and rubber catheters were incorporated at each loop of the stitch. Through the rubber catheters, fecaloid material gushed out, and the abdominal distention was greatly reduced. The condition of the baby greatly improved, and on the sixth day after the operation, the grandparents asked permission to take the baby to the mother for feeding. Three days after discharge, the baby was brought back cyanotic and very ill. The baby died one hour after readmission. We requested to have the baby autopsied, but we could not get the parents' consent.

COMMENTS

This is the first case of imperforate anus with recto-urethral fistula that we have seen. As this congenital defect is incompatible with life, prompt surgical intervention is imperative. In this particular case, a plastic repair was out of the question, as the dissection would be quite difficult, due to the height of the fistula, and might cause further damage to the urethra. As the peritoneum in the newborn reaches up to the base of the prostate, the danger of peritonitis from peritoneal perforation is very great.

A temporary colostomy was, therefore, the operation of choice. This operation was first suggested by Littre in 1710. He punctured a stoma in the sigmoid flexure. Pillore performed the operation as typhlotomy in 1849, and Fine first performed a colostomy on the transverse colon in 1797. The operation is comparatively easy to perform, hence an average surgeon can do it with ease.

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THE CHALLENGE OF IATROGENIC DISEASE*

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Some thirty or more years ago, when the more accurate diagnostic facilities and the specific and more effective remedies were not as yet available to the medical profession, it was the practice of the physician to keep his patients grope in the dark about their illness and to exclude them from taking any active part in their own treatment. This practice was of great help to the physician in concealing his diagnostic errors and in enhancing the efficacy of the many placebos with which his therapeutic regimes abounded. Knowing that "He that keepeth his mouth and tongue keepeth his soul from distress" (Prov. 21, 23), the physician of the past was tight-lipped and taciturn, evading questions and telling almost nothing about the patient's illness. This taciturnity created a belief among the laymen that the physician was endowed with mystical powers not possessed by other mortals.

Since then, radical changes have occurred to put an end to this esoteric attitude of the physician toward his patients. With the popularization of medical knowledge among the laity through the media of the newspapers and magazines; with the frequent announcement in the press and in the radio of the sudden death of a certain person from such ailments as heart disease, cerebral hemorrhage, or appendicitis; and with the ever increasing life insurance examinations, physical check-ups, and X-ray visualization of internal organs in military or government service, in schools, and in industry, the present-day physician can no longer remain reticent regarding the demands of his patients for information about their illnesses and the treatment of these ills. Now that science has placed before the physician precise diagnostic instruments and real therapeutic power, there is rarely a justification for him to shroud himself in an aura of mysticism, to camouflage his diagnostic errors, or to bolster his therapeutic endeavors.

Because the modern physician has to open his mouth and use his tongue to provide his patients with information necessary to help themselves get well, and because he was not trained in the medical school on what information he should give and how it should be given, it is not unusual for him to say or suggest frightening things that are sufficient to start in nervous individuals the so-called iatrogenic disease.

What Is a Iatrogenic Disease?

Sir Arthur Hurst[1] defined iatrogenic disease as a disorder induced in the patient by autosuggestion based on the physician's examination,

* Read at the 45th Annual Meeting of the Philippine Medical Association, Baguio City, May 1-4, 1952.

manner, or discussion. It is, therefore, an ailment caused or aggravated by the physician's activity.

How Is the Disease Brought About?

A great number of people owe their illness to physicians who either made false diagnoses or failed to use properly the most powerful weapon, namely, their words — what to tell and how to tell them to a patient.

The detection of a soft systolic murmur or cardiac irregularity is interpreted not infrequently as existence of an organic heart disease; and not a few innocent, perfectly healthy, persons have been condemned as cardiac invalids, treated as such, restricted in their activities and made to spend the rest of their lives in constant fear of sudden cardiac death. Very recently, Goldwater[2] and his associates presented records of 175 persons, the majority of whom had been advised by their physicians to restrict their activities, and 25 per cent of whom were not working because of erroneous diagnoses of heart disease at some time in their past life.

Daily we see patients brought to the operating table for removal of their so-called "chronic appendix". Why? Because, having heard that a neighbor or a prominent person had died of appendicitis, knowing that pain in the right lower abdomen means presence of this disease, and believing that it is safer to remove an unruptured appendix than a ruptured one, many persons nowadays readily consult a doctor whenever there is pain or discomfort in their abdomens. Unfortunately, there are many physicians who, wanting to play safe, are prone to make a snap diagnosis of chronic appendicitis whenever there is dubious pain or discomfort in the right lower abdominal quadrant. Once the diagnosis of chronic appendicitis has been given to a patient, it is hard for him to forget it despite subsequent reassurances by more competent physicians that his appendix is not diseased; and the only way to restore his peace of mind is to have his normal appendix removed.

There are some persons who for years have been having hypertension without any complaint. When they come up for life insurance or other medical examination and are told of their high blood pressure, they become upset and begin to feel dizziness, headache, irritability, and insomnia. These symptoms are exacerbated when someone dies of cerebral attack. How regularly these hypertensive patients visit us just for blood pressure measurement, and how soon they develop what we call "sphygmomanometric monomania"!

I remember a perfectly healthy young lady who, after a routine X-ray examination, was thrown into a panic of fear and started going from one physician to another to get opinions because the radiologist reported that her heart was small. The X-ray man, who was apparently more interested in the X-ray plate than in the psychological reaction of his patient, simply reported what he had seen, not aware of the fact that the patient was capable of twisting trivial X-ray findings into something alarming.

A hard-working housewife, who for the past five months continued to feel and sleep well and to enjoy three meals a day, despite the fact that her liver was enormously infiltrated with metastatic carcinoma, suddenly got worse, refusing to eat or sleep and becoming indifferent to her surroundings, because an enthusiastic young physician was so frank and so honest as to tell her that no amount of medical or surgical effort could ever delay the approach of an impending death!

A Manila college student, complaining of severe recurrent headaches, consulted a physician who indiscreetly told him to see an alienist. Ever since the patient heard this advice, he had been acting queerly and had been haunted by a gnawing fear of going insane. Instead of going to an alienist, he went atop the ledge of the sixth floor of a university building from where he plunged to his death.

These are some of the many ways by which a physician may cause or aggravate the illness of his patient. These, too, are pathognomonic signs that there is something wrong needing to be corrected in our medical practice.

The Great Need for the Study of the Art of Talking with Patients

The late Soma Weiss[3] said, "The conduct of the physician, what he says and what he does not say have frequently as much to do with treatment as the administration of drugs, if not more."

Julius Bauer[4] considered the physician's word a therapeutic instrument no less powerful and no less dangerous than the surgeon's knife.

In the incurable stage of any illness and in diseases without specific treatment, reassurance is the most potent remedy in the hands of experienced physicians.

Trudeau[5] said that the job of the doctor is to cure sometimes, to relieve often, and to comfort always.

If these sentiments be true—and no doubt they are—then it is high time that the medical school authorities recognized the importance of training future physicians in the art of talking with patients, with the same vim and fervor as they train them in the art of auscultating the heart or palpating the abdomen. Failure of the medical schools to teach their students what to tell and what not to tell a patient, and how to tell it, is one of the weakest features of our medical education which the author[6] pointed out some years ago. As a consequence of this shortcoming, iatrogenic disease has come to exist. The existence of a disease resulting from the physician's activity constitutes a major challenge to the medical profession in general and to the medical school in particular, if the patient is to receive a quality of service commensurate with our current concept of health and disease.

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THE EFFICACY OF ANTI-SMALLPOX VACCINATION BY THE INTRADERMAL METHOD (A PRELIMINARY REPORT)

NICANOR VICTORIANO, M.D., C.P.H.

The recent introduction of smallpox into the Philippines, as evidenced by the case which occurred in Mindoro in 1948, coupled with the now existing smallpox epidemic in some neighboring countries, has given our health authorities cause for concern over the possibility of an epidemic in this country. In order to counteract this, there is need for a thorough revision of the present methods of immunization against this disease. Artificial immunization, through vaccination with cowpox virus, has been the established method of proved efficacy and safety for the protection against the disease, ever since Edward Jenner discovered it in 1796. From the original Jennerian arm-to-arm vaccination, have evolved new and better methods which are now well accepted and in use in many countries. These are the scarification, the linear or incision, and, of late, the multiple-pressure methods.

From a study of 10,244 vaccinations and 8,993 inspections of vaccinations, with the standard methods performed in the province of Agusan for the year 1950, an average of 70.9% positives was obtained; and of a total of 4,447 vaccinations in the under-one-year group, an average of 65.6% gave positive result. The total number of births in the province for the same year was 3,276. Assuming that this number of children under one year was vaccinated against smallpox, assuming further that only 65.6% had positive take, it follows that, for that year, 2,149 were protected against the disease, but the remaining 1,127 children were still susceptible to it. In ten years, this figure would reach 11,270, which, for a community of about 128,554 estimated population, undoubtedly constitutes a menace from a possible epidemic.

This consideration has led me to delve into the realm of possibilities in quest of a better method of vaccination that would produce greater percentage of positive takes. The intradermal injection method seems to meet the above mentioned requirement.

Description of the Method:

The dried virus prepared by the Division of Laboratories of the Department of Health is the material used in these experiments. A tube of dried virus is thoroughly mixed with one cubic centimeter of glycerine, and thoroughly shaken. By means of an 18-gauge hypodermic needle, one half cubic centimeter of this mixture is drawn into a sterile tuberculine syringe, and then made up to the one-cubic-centimeter mark with sterile isotonic sodium chloride solution. This is then thoroughly shaken in the syringe so as to form a homogenous mixture.

The 18-gauge needle is then replaced with a special intradermal needle. After cleansing the skin of the superior external third of the arm with cotton and alcohol and then allowing the alcohol to dry completely, the mixture is injected intradermally so as to form a wheal, about 1.2 mm. in diameter. After withdrawing the needle from the skin, its point may be wiped with cotton moistened in alcohol, before proceeding with the next injection. The injections may thus be repeated until the contents of the tuberculine syringe become exhausted.

Observations:

Because of its novelty, this method of vaccination was first tried on three prisoners from the provincial jail of this province on February 13, 1951, in order to determine the possible untoward reactions that might follow. Immediately after the injection, the wheal began to increase in size to about one centimeter in diameter, and became quite pale. From eight to 12 hours afterwards, there was a rise of temperature (about 38°C) preceeded by chill. The temperature went down to normal the next day. A papule about six mm. in diameter, surrounded by considerable erythema, which was slightly indurated and endematous, developed in 24 hours. Three days afterwards, a vesicle with turbid fluid formed at the site of the injection. This was transformed into a pustule after six days, and became umbilicated. Pustulation was accompanied by another slight rise of temperature. The pustule continued to enlarge until about the eigth to the tenth day, when a scab began to form and all the signs of local inflammation began to recede.

On March 17, 19, and 20, I decided to try this method on two groups of children from Butuan, Buenavista, and Cabadbaran respectively, whose ages ranged from one month to three years. One group consisted of children who had never been vaccinated, while the other group had had from one to five times vaccinations, with negative results. No chill was observed in either of these two groups; and with the exception of two children who were having cold and slight cough at the time of the vaccination, there was no elevation of temperature during the first 24 hours after vaccination. In the case of the two children who developed a rise of temperature, there is reason to believe that the existing disease (that is, the cough and cold) was merely aggravated by the vaccination. A slight elevation of temperature (38°C) occurred in some of the vaccinated children from five to eight days after vaccination, which coincided with the development of the pustular eruption. In the others, no rise of temperature occurred throughout the whole course of the vaccination.

As in the previous group which consisted of three prisoners, a papule was formed at the site of vaccination 24 hours afterwards, surrounded by a small area of erythema. A vesicle developed from the third to the fifth day, and this became pustular in about the eight day. In contrast with the reaction observed with the adult prisoners, the area of erythema in the groups of children vaccinated was very much smaller. In two children, previously vaccinated with negative results, the initial

papule that appeared 24 hours after vaccination completely faded out on the second day, leading me to believe that the result would be negative. But five days afterward, it reappeared and passed through all the stages of a typical vaccinia. A child belonging to Group III gave negative result, because in the process of vaccination, the needle pierced the skin through, and the virus escaped outside.

Comment: Judging from the way the standard methods of anti-smallpox vaccination are performed, a positive take must depend upon the following factors: namely, (1) potency of the virus, (2) a degree of certainty that the virus is deposited and remain at the vaccinated site, and (3) the state of susceptibility or immunity of the vaccinated subject. It is evident that, with any method of vaccination, a previously tested potent virus must be a prerequisite. With regard to the second factor, however, the ordinary methods—such as the scarification, the linear, and the multiple-pressure methods — do not fulfill this requirement. One cannot be sure that a certain amount of virus has remained at the site of vaccination to act as antigen that will stimulate tissue reaction leading to the creation of immunity. In fact, the continuous improvement in methods from the old scarification to the modern multiple-pressure method has been designed to insure a better retention of the virus in the skin, by obviating the undesirable factor of bleeding, which tends to wash away the virus from the vaccination site. The intradermal injection method does not only assure the deposition and retention of the virus; with it a definite amount of it can also be measured and introduced into the site.

The child at birth retains a certain degree of natural immunity acquired from the mother, by means of which it is able to resist infections. This natural immunity tends to wear out as the child grows older. This explains why some children under one year do not yield positive takes after repeated vaccinations with the ordinary methods.

The process of vaccination may be likened to that of any infection, for is not vaccination an infection of the human body with the organism (virus) of a disease of the cow (cowpox)? It is elementary knowledge in bacteriology that, in order for an infection to be established, it is necessary that: (1) the invading organism be sufficiently virulent (in the case of vaccination, the virus must be potent); (2) the number of invading organism be adequate (in the ordinary method of vaccination, there is no certainty that the virus deposited is adequate in amount); and (3) the invaders reach a suitable portal of entry. The present intradermal method of vaccination, which is under trial, eliminates this disadvantage; for we can increase at will the amount of virus injected, in order to overcome the worn-out degree of natural immunity that might be still present in the vaccinated child. With this method, therefore, all the prerequisites for an infection to be established are complied with.

In the case of the three adult prisoners, the onset of chills, accompanied by high fever, eight to 12 hours after the vaccination, can be attributed to specific sensitization to vaccinia. These persons had been previously vaccinated with positive results. The reaction observed, therefore, was an anaphylactic one, which may be likened to the reaction obtained by an intradermal tuberculin injection in persons affected with active or latent tuberculosis.

Summary and Conclusion:

A new method of antismallpox vaccination is presented in this preliminary report for your appraisal. It is the intradermal injection method which was applied to three groups of persons of different ages, some of whom had previously been negative. A total of 18 persons were vaccinated — three of whom were adults, and the rest children from one month to three years old. A result of 100% positive in the first two groups and 88.8% in the previously negative group was produced. In the previously positive group, anaphylactic reaction, moderate in degree, was encountered eight to 12 hours after vaccination, but in the never and previously negative group no such reaction occurred. The technique of this method is one which, with moderate training, can be entrusted to any physician, health officer, or public health nurse. It cannot, however, be placed in the hands of the ordinary vaccinator.

From the above considerations, the following may, therefore, be recommended:

(1) More extensive trial should be given to this method, so that results may be made more convincing.

(2) It appears to be an ideal method in the hands of quarantine officers for the vaccination of persons traveling to and from infected ports.

(3) It should be practised on children who have previously been vaccinated with the usual methods, but with negative results, and

(4) It should be employed to vaccinate contacts of actual cases of smallpox and varicella.

RESULT OF ANTISMALLPOX VACCINATION

(Intradermal Injection Method)

TABLE I

Group	*No. of persons*	*Age*	*Previous Vaccination*	*Result*	*Date of present Vaccination*	*Result*	*Percent Positive*	*Remarks*
I	3	18-23 years		Positive	February 13, 1951	Positive	100	
II	6	1 mo. to 1-½ year	None	Never	3-17-51 3-19-51 3-19-51	Positive	100	
III	9	3 mos. to 3 years	1-5 times	Negative	3-17-51 3-19-51 3-29-51	1-negative 8-positive	88.8	Negative case due to needle pierced thru & thru & virus escaped.
TOTAL	18							

TABLE II

Group	*Temp.*	*Nausea & Vomiting*	*Loss of appetite*	*Chills*	*Erythema*	*Papule*	*Vesicle*	*Pustule*	*Remarks*
I	3	0	0	3	after 24 hrs.	after 24 hrs.	3rd day	6th day	
II	5	0	0	0	after 24 hrs.	after 24 hrs.	after 2-4 days	after 4-6 days	
III	5	0	0	0	after 24 hrs.	after 24 hrs.	after 3-5 days	after 3-6 days	

CORRESPONDENCE

(EDITOR'S NOTE: The following memorandum has been received upon his request from the Bureau of Private Schools which he believes is of interest to our readers).

REPUBLIC OF THE PHILIPPINES
Department of Education
BUREAU OF PRIVATE SCHOOLS

November 5, 1951

MEMORANDUM FOR —

Heads of Private Schools, Colleges, and
Universities Offering Pre-Medical Course:

The regulations regarding the pre-medical course in private schools which were submitted by the chairman and members of the Board of Medical Examiners, recommended by this Office, and approved by the Honorable, the Secretary of Education, are quoted hereunder for the information and guidance of heads of private schools offering pre-medical course:

"July 11, 1951

"REGULATIONS CONCERNING THE PRE-MEDICAL COURSE IN PRIVATE SCHOOLS

"In order to raise the quality of students seeking admission in the first year of private medical colleges, the following regulations on the admission and promotion of students in the pre-medical course are hereby prescribed, effective the school year 1951-1952:

"(1) Admission requirements for 1952-53 school year —

Passing of entrance examinations to be given by the Bureau of Private Schools, and only to those whose general average in the four years of high school is 80% or above.

"(2) First Year of Pre-Medic —

One failure or two conditions at the end of either semester beginning the 1951-52 school year — change course from Pre-Medic.

"(3) Second Year of Pre-Medic —

One failure or two conditions at the end of the year beginning the 1951-52 school year — take three year Pre-Medic.

"Beginning the school year 1953-54, priority in the admission to the first year Medicine will be given as follows: ※

(1) To those who have completed the three-year Preparatory Medicine or those possessing any Bachelor's degree provided the minimum requirements prescribed in the medical law are satisfied;

(2) To those belonging to the upper or best portion of those who have completed the two-year Preparatory Medicine.

"Those belonging to the lower or remaining portion of those who have completed the two-year Preparatory Medicine will be advised to take the third year. ※

※ As modified in accordance with the agreement reached in the conference of January 8, 1953.

"The Bureau of Private Schools should be provided with copies of the grades of the students from their respective instructors in every year of the Pre-Medical Course, to be accomplished in Form 19.

"(Sgd.) NICANOR PADILLA
Member, Board of Examiners

(Sgd.) CONRADO L. LORENZO
Member, Board of Examiners

(Sgd.) TRANQUILINO ELICAÑO
Chairman, Board of Examiners

(Sgd.) MANUEL M. RAMOS
Superintendent, Medical Schools

"Recommended by:

(Sgd.) MANUEL L. CARREON
Director of Private Schools

APPROVED:

(Sgd.) TEODORO EVANGELISTA
Secretary of Education"

(Sgd.) MANUEL L. CARREON
Director of Private Schools

ERRATUM

The abstract entitled "The Viral Theory of Cancer: Evaluation of Some Recent Work" which appeared in the February 1953 issue of this Journal was published without the name of the abstractor. The writer of this abstract is Dr. Honoria Acosta-Sison and due acknowledgment is hereby given.

THE JOURNAL

OF THE

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Medical Profession in the Philippines.

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Signed editorials express the personal views of the writer thereof, and neither the Association nor the Journal assumes any responsibility for them.

Editorial

THE 46th (GOLDEN JUBILEE YEAR) ANNUAL MEETING

To mark its Golden Jubilee, the Philippine Medical Association will convene in Manila from April 19 until April 26, 1953. In preparation for the occasion, the Council of the Association appointed a Golden Jubilee Committee. In cooperation with the Council and with the Standing Committees on Arrangement and Scientific Assembly, this Committee is preparing an appropriate program of activities, in order to make the coming Annual Meeting one of the greatest and most interesting medical assemblage ever convened.

Of immediate significance is the length of the Annual Meeting itself, which for the first time will last eight days. In addition to the traditional Opening and Closing General Sessions, a special Golden Jubilee Meeting has been scheduled, for the purpose of paying tribute to the glorious past of the Association and to the men who have given much of their time and energy in its service. For each of these sessions, a distinguished guest speaker has been invited.

The Scientific Assembly Committee has prepared an intensive program. In addition to the meetings of the specialty sections, four plenary sessions have been scheduled. Three of these will be devoted to special, important, interesting, and timely topics — *gerontology*, *cancer*, *infant mortality*, while the fourth will be devoted to matters of general interest.

In close collaboration, the Scientific Exhibit Committee promises to surpass its previous record in the number, quality, and coverage of subject matter. Two spacious laboratories of the Santo Tomas University College of Medicine Building have been designated exclusively for these exhibits.

Of special interest will be the exhibits of the Aero Medical Society in atomic weapons, and of the Historical Committee of the U.S.T. College of Medicine participation. The exhibits to be put up by the Manila Rotary Club in connection with its Cancer-Consciousness Campaign, and by the Art and Hobbycraft Committee of the Philippine Medical Association will be sure to attract attention.

The technical and commercial exhibits will be more complete, more extensive, and more informative than ever before. The entire first floor of the U.S.T. Medicine building and a large part of the second floor will be devoted to the displays of instruments, drugs, books, equipment, etc. Motion pictures will be shown through the courtesy of the Manila Medical Society, the Aero Medical Society, and various drug companies.

The Manila Medical Society, the host society and essentially the committee in charge of arrangements, is sparing no efforts to make this coming Annual Meeting a memorable one. The Session will begin with a mass at the Catholic Pavilion at the Philippines International Fair, which is currently celebrating the 500th year of Philippine progress. Symbolic will be the laying of a wreath at the foot of the monument of Dr. Jose Protacio Rizal, a great physician and our national hero. A motorcade from the Luneta to the convention site will lead to the formal opening of the scientific and technical exhibits. Among the social events will be the reception and ball to be given by the Manila Medical Society to welcome the delegates, parties to be given by the Women's Auxiliaries of the Manila Medical Society and of the Philippine Medical Association respectively, a cocktail party at Malacañan, and teas to be tendered by the Santo Tomas University Hospital and the San Juan de Dios Hospital. The climax of the social activities will be the formal reception and ball at the Manila Hotel, commemorating the Golden Jubilee Year.

As usual the meetings of the House of Delegates will establish the policy of the Association for the coming year. But this year's House of Delegates will have to pass on a very important and serious matter. The formidable and voluminous set of amendments proposed by the vigorous and active members of the Baguio Medical Society will have to be scrutinized carefully and decided upon. Certainly a heavy responsibility rests upon the House, and we hope we can impress each individual delegate with the long-range significance of the policies which he will help formulate. — M. D. P.

President's Page

The Pan-Pacific Tuberculosis Conference and the 46th Annual Meeting of the Philippine Medical Association will be held in Manila one after the other next month. The Annual Meeting will coincide with the Golden Jubilee of the Philippine Medical Association.

At the Pan-Pacific Tuberculosis Conference, four guest speakers will talk on four different aspects of tuberculosis, namely: (1) The Clinical Aspect of Tuberculosis, (2) The Biological Aspect of Tuberculosis, (3) The Educational Aspect of Tuberculosis, and (4) The Social Aspect of Tuberculosis. These guest speakers are of world renown, and each is recognized as an authority in his particular field. There will be other delegates from countries bordering the Pacific basin who, with local participants, are bound to make the discussions interesting, lively, and instructive. The 46th Annual Meeting of the Philippine Medical Association will thus furnish us with another opportunity to share our interests and to thresh out our common professional problems.

But this meeting will be a great event for another reason. It will also mark the Golden Jubilee of the Philippine Medical Association. And it will be an occasion for reminiscences, stocktaking, and long-range planning.

For this reason, I urge all our members to be present at both these events and to participate in the deliberations.

Juan Salcedo, Jr.

Miscellaneous

ABSTRACTS FROM CURRENT LITERATURE

ABSTRACTORS

Honoria Acosta-Sison, M.D.
Mariano M. Alimurung, M.D.
Jose R. Cruz, M.D.
Felisa Nicolas-Fernando, M.D.
Trinidad P. Pesigan, M.D.
Porfirio M. Recio, M.D.
Antonio M. Samia, M.D.

NEW ETIOLOGICAL FACTOR IN ECTOPIC PREGNANCY by Leon Krohn, M.D., S. Priver, M.D., and Gotlip, M.D., J. A. M. A., Nov. 29, 1952, 150:13, 1891.

The authors believe that with the advent of penicillin most patients of salpingitis or acute postabortal infection treated early with penicillin resulted in cure thus reducing infertility due to these conditions. The same can be said with regards to endocervicitis. So that whereas before such conditions resulted in infertility, with the use of penicillin, now 51 percent conceived. At the same time an increase in the incidence of ectopic pregnancy had been observed. The authors quote different investigations as to incidence of ectopic pregnancy. Thus Schuman in 1921 gave an incidence of 1:300 pregnancies; Stander from 1931 to 1945 at New York Lying-in Hospital 1:268; Anderson in 1944 to 1948 in Baltimore City 1:167; Campbell from 1940 thru 1950 in four Seattle Hospitals 1:165 live babies; Beacham in 1947 to 1950 in New Orleans Charity Hospital, 1:126 deliveries. Among their private cases the authors had 18 ectopics and 994 deliveries giving an incidence of 1:55. Among the 18 ectopics, 16 received penicillin.

The authors rightly say that positive pregnancy test in suspected cases indicates ectopic pregnancy but negative test does not necessarily negate the presence of ectopic pregnancy. They also say that absence of decidal reaction of the endometrium does not rule out ectopic pregnancy, thus confirming the assertion of Romney, Hertig and Reid. The authors state that in their private practice, where penicillin has been used extensively for adnexal inflammation and endocervixitis, the incidence of ectopic pregnancy among such patients is four times more frequent than it was 10 years ago. They claim that penicillin is an important factor in causing ectopic pregnancy by creating patency, though with residual damage, in the tubes formerly closed by inflammation.

COMMENT — The incidence of ectopic pregnancy of 1:55 deliveries which the authors consider to be great does not compare with the incidence of such a condition as observed in the Philippine General Hospital during 1945 to 1951 which is 1:41.3 pregnancies. No record was made as to whether they were previously treated with penicillin or not. — H.A.S.

ACUTE SEVERE UPPER GASTROINTESTINAL HEMORRHAGE: A REVIEW OF 195 CASES by J. Richard Gott, Jr., M.D., F.A.C.P., Edwin L. Smith, M.D., and Dallas D. Dornan, M.D. — Ann. Int. Med. 36:4:1001-1015 (April) 1952.

The management of acute upper gastrointestinal hemorrhage is a subject which has been widely discussed. Before it was believed that the patient should be in absolute bed rest, nothing by mouth to rest the system, and recieve in intravenous fluid or blood for fear of dislodging the clot from the bleeding area. Others advocated

intubation to aspirate the acid secretion which may digest the clot. Other authors advocated early feeding in the form of milk, eggs and gelatin mixtures but, still, intravenous injections were withheld unless the patient was in a state of shock. After sometime the trend was to give early frequent feedings of milk and cream. In addition, blood was given but in very small amounts.

The article presented an observation on 195 cases admitted at the Veterans Administration Hospital, Louisville, Ky., during a five year period. These patients were having bleeding from benign ulcers, hiatal hernia, hypertrophic gastritis and some cases of undetermined origin. The regimen of medical management consisted of: (1) absolute bed rest in flat position or, if in shock, with the foot of the bed elevated. The patients were kept in bed for from 7-10 days after the bleeding had stopped and then were progressively ambulated. (2) Antacids and dieting, consisting of hourly feeding with milk and cream. Approximately 10 days after the bleeding had stopped, a progressive, bland, low residue diet was substituted for the milk and cream. (3) Antisecretory drugs like atropine and belladonna were given. Sedation was used as indicated. (4) The early use of blood was one of the most important phases in the medical management. An attempt in all cases was made to counteract the shock and raise the RBC count to 3.5 million. With this procedure, the authors obtained a fairly good result. With some exceptions, the authors believed that these cases should be treated medically, and that operation resorted to only if medical measures fail.

In spite of this widely discussed subject of the management of acute upper gestro-intestinal hemorrhage, still problems arise particularly those which relate to bowel elimination (constipation) and to the difficulties incident to the accurate determination of the presence and degree of active bleeding. — A.M.S.

ANTIBIOTICS AND AMEBIC DYSENTERY by David R. Elsdon, T. G. Armstrong, and A. J. Wilmot Lancet, Aug. 19, 1952, 104-109.

Antibiotics can produce immediate apparent sure of many cases of acute ulcerative amebiasis. This is probably due to the action on the bacterial flora of the gut. The wider the range of the spectrum of the antibiotic, the more effective it is. The best drugs in this regard are aureomycin, terramycin, and a combination of penicillin and succinylsulfathiazole. The lesions heal fast enough and the ameba disappear rapidly. With the use of aureomycin, in 10 days 67% of the ulcers are clear and 98% show no ameba; with the us terramycin, in 10 days 84% of the ulcers heal and 94% are negative for ameba. The relapse rate is also high however, so it would be wise to use an amebicide at the sametime. The combination of the antibiotic and the amebicide gives a much higher immediate cure rate that with any single directly acting amebicidal drug Chloromycetin and streptomycin can correct acute dysentery to symptomless cyst passing although there is a relapse in 4 — 8 weeks. — P. R.

POSTSPINAL ANESTHESIA HEADACHE by Abraham L. Dean, J. Newark Beth Israel Hospital, April 1952, 3,2:109-115.

This is a study of 104 cases of postspinal headache in 1938 Surgical cases, or an incidence of 5.3% seen at the Newark Beth Israel Hospital.

The incidence of the headache was not affected by the position when the spinal tap was made, the preoperative medication, the type of surgery, the position during the surgery, and the day of ambulation.

More cases of headache are seen with the use of a bigger needle, in procedures less than half an hour, in the age group of 21-40 years, vaginal deliveries, and in traumatic spinal taps.

Postspinal headache is due to leakage of fluid at the site of puncture. This decreases volume and pressure of the cerebrospinal fluid, the brain settles in the cranial cavity, and dilates the intracranial veins. The pain is due to the traction upon the dilated veins and intracranial nerves as the patient assumes the upright position. When the patient lies down the brain sag is overcome and pain disappears. — P. R.

ORGANIZATION SECTION

GENERAL PROGRAM

46th (Golden Jubilee Year) Annual Meeting

PHILIPPINE MEDICAL ASSOCIATION

We are printing below the General Program of the coming annual meeting. As can be observed there will be numerous activities: scientific, art, social, athletic. Separate detailed programs will be ready by the first day of the annual meeting. Registration for city residents and those from the provinces already in the city will open on Saturday afternoon, April 18th to avoid the rush of the opening day. Complete details as to each activity for each day will be incorporated in the Souvenir Program to be issued by the host society, the Manila Medical Society.

APRIL 19, 1953 SUNDAY

8:00 a. m. Mass for the Philippine Medical Association. At the International Fair Catholic Pavilion.

9:00 a. m. Floral Offering at Rizal Monument at the Luneta
Motorcade starts at the Luneta
Motorcade ends at the U.S.T. College of Medicine Building.
Opening of Scientific Exhibits
Technical and Commercial Exhibits
Special Exhibits (Historical, Art etc.)

OFFICERS
(Executive Committee)

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President

VIDAL A. TAN, Ph.D.
Vice-President

M. V. ARGUELLES, M.D.
Secretary

Hon. MIGUEL CUADERNO
Treasurer

JOSE P. MARCELO
Member-at-large

To all members:

The Science Foundation of the Philippines is dedicated to the promotion of scientific study and research.

Become members of and donate generously to the Foundation.

THE COUNCIL
P.M.A.

4:00 p. m. First meeting of the House of Delegates. Anatomy Laboratory, U.S.T. Medicine Building.
5:30 p. m. Welcome Tea Offered by the Santo Tomas University Hospital and the U.S.T. College of Medicine. Pharmacy Garden, UST. Campus.

APRIL 20, 1953 Monday

8:00 a. m. Registration at the Pathology Laboratory, U.S.T. Medicine Bldg.
9:30 a. m. Opening Session of the 46th (Golden Jubilee Year) Annual Meeting. Far Eastern University Auditorium. Unveiling Commemorative Placque.
2:00 p. m. Scientific Session (Specialty Sections). U.S.T. Medicine Bldg.
8:30 p. m. Welcome Reception and Ball given by the Manila Medical Society. Manila Hotel (by Invitation)

APRIL 21, TUESDAY

8:00 a. m. Registration Continues
9:00 a. m. First Plenary Session (GERONTOLOGY). Anatomy Laboratory, U.S.T. Medicine Building.
3:00 p.m. Visit to San Juan de Dios Hospital
Tea Party offered by the San Juan de Dios Hospital Staff.
7:30 p. m. Special Session on Atomic Weapons, their effects and Civilian defense (Films), Anatomy Laboratory, U.S.T. Medicine Building.
Courtesy of Aero Medical Society.

APRIL 22, 1953 WEDNESDAY

8.00 a. m. Registration Continues
9:00 a. m. Second Plenary Session (INFANT MORTALITY). Anatomy Laboratory U.S.T. Medicine Building.
2:00 p. m. Second Meeting of the House of Delegates. Anatomy Laboratory, U.S.T. Medicine Building.
5:00 p. m.—7:30 p. m. Philippine Medical Association Women's Auxiliary NEPA MERIENDA. Residence of Dr. Januario Estrada.
8:00 p. m. Scientific Sessions (Specialty Sections), U.S.T. Medicine Bldg.

APRIL 23, THURSDAY

7:30 a. m. Requiem Mass. U.S.T. Chapel
8:30 a. m. Registration Continues
9:00 a. m. Third Plenary Session (Cancer). Anatomy Laboratory, U.S.T. Medicine Building.
2:00 p. m. Meeting of Presidents and Secretary-Treasurer of Component Societies.
7:00 p. m. "An Evening with the Manila Medical Society Women's Auxiliary." New Selecta (by invitation).

APRIL 24, 1953 FRIDAY

8:00 a. m. Registration Continues
9:00 a. m. Fourth Plenary Session (GENERAL), Anatomy Laboratory, U.S.T. Medicine Building.
2:00 p. m. Scientific Session (Specialty Sections), U.S.T. Medicine Bldg.
5:30 p. m. Coctail Party, Malacañan Palace.
8:00 p. m. Scientific Films. Courtesy, Manila Medical Society. U.S.T. Medicine Building Anatomy Laboratory.

APRIL 25, 1953 SATURDAY

8:00 a. m.	Registration Continues
9:30 a. m.	Golden Jubilee Program. Anatomy Laboratory, U.S.T. Medicine Bldg.
11:30 a. m.	"Preview" visit to E. R. Squibb & Sons Philippines Corporation, Makati Buffet Luncheon.
8:30 p. m.	Golden Jubilee Reception and Ball, Philippine Medical Association Manila Hotel (By invitation Formal).

APRIL 26, 1953 SUNDAY

8:00 a. m.	Registration Continues
9:30 a. m.	Closing Session. Anatomy Laboratory, U.S.T. Medicine Building Unveiling of Commemorative Placque.
12:00 noon	Luncheon Offered by CATHAY and Co. and United Drug Co. U.S.T. Gym.
2:00 p. m.	General Business Meeting of the PMA. Anatomy Laboratory, U.S.T. Medicine Building. Elections. Closing Meeting of the House of Delegates.

NEW OFFICERS FOR THE BOHOL MEDICAL SOCIETY. — In a meeting held by the Bohol Medical Society on March 2, new officers were elected for 1953. These newly-elected officers were inducted into office on March 15 in Tagbilaran, Bohol. The new officers are as follows: President, Dr. Pedro N. Mayuga; Vice-Pdes., Dr. Virgilio Canlas; Sec.-Treas.-, Dr. Guadalupe Maceren del Rosario. The members of the Board of Directors are Drs. Vicente de la Serna, Alfonso del Rosario, Jesus B. Ceballos and Jaime Mendoza. The delegates of the Society to the coming 46th Annual Meeting of the Philippine Medical Association were also elected during the March 2nd meeting. The delegates are Drs. Vicente de la Serna, and Jaime Mendoza. A third delegate is still unnamed.

QUEZON CITY MEDICAL SOCIETY ELECTS NEW OFFICERS.—In a meeting of the Quezon City Medical Society held March 6 an election was held for officers for the year 1953-54. The new officers of the Society follow: President, Dr. Felipe Arenas; Vice-President, Dr. Pedro Ramirez; Sec.-Treasurer, Dr. Demetrio C. Lacuna; Assist. Sec.-Treasurer, Dr. Homero Angelo; P.R.O., Dr. Nemesio Domantay. The Councilors are Drs. Tranquilino Elicaño, Jesus C. Delgado, Godofredo R. Hebron, Rosita Rivera-Ramirez, Simon Aves, Vicente M. Zabat and Petronio Monsod. These officers were inducted into office on March 21.

BATANGAS MEDICAL SOCIETY ELECTS OFFICERS.—In a recent meeting held at Quino's Hotel the following were elected officers of the Batangas Medical Society: President, Dr. Leonardo Ona; Vice-President, Dr. Godofredo Rosales; Sec.-Treasurer, Dr. Antiliano M. Alday. The Councilors are Drs. Timoteo M. Alday, Cesar Buendia, Maxima Reyes Recto and Salvador Ramos. The delegates of the Society to the 46th Annual Meeting of the P.M.A. were also appointed. The delegates are Drs. Leonardo Ona, Vicente Berba and Timoteo Alday. The alternates are Drs. Jose Caedo, Godofredo Rosales and Gregorio Areglado.

CAMARINES NORTE MEDICAL SOCIETY HOLDS ELECTION. The election of the 1953 officers of the Camarines Norte Medical Society was held Jan. 25, and the officers elected are as follows: President, Dr. Mariano N. Morales; Vice-President, Dr. Tolomeo Zurbano; Sec.-Treasurer, Dr. Antonia S. Cribe. The members of the Council are Drs. Paul C. Palencia, Cornelio David and Vicente Serra.

SAN PABLO CITY MEDICAL SOCIETY HAS 1953-54 OFFICERS. The San Pablo Medical Society held its election of officers for the year 1953-1954 last January 11. The result of the election was as follows: President, Dr. Dominador H. Gesmundo; Vice-President, Dr. Eduardo Peñaloza; Sec.-Treasurer, Dr. Cleotilde Gorostiza; Assistant Sec.-Treasurer, Dr. Dominador Retizos; Councilors, Drs. Cirilo Cauyan, Domingo Almeda, Domingo Ticzon and Cesar Reyes.

LA UNION MEDICAL SOCIETY SUBMITS ELECTION RESULTS. — In the meeting attended by the majority of the members of the La Union Medical Society held February 8, the following were elected 1953-1954 officers of the Society: President, Dr. Bruno Gaerlan; Vice-President, Dr. Clemente Vergara; Sec.-Treasurer, Dr. Paulino Q. Gochingco; Councilors, Drs. Rodolfo Pinzon, Francisco Padua, Pedro Carbonell and Juan Mabutas. Dr. Manuel P. Javier is P.R.O.

PAMPANGA MEDICAL SOCIETY HOLDS ANNUAL ELECTION. — The Annual election of officers of the Pampanga Medical Society was held during its 31st scientific meeting at the San Fernando Hotel, San Fernando. Election was done by secret ballot. The result, as proclaimed by the Chairman of the Committee on Election Dr, Placido de Guzman, are as follows: President, Dr. Primitivo Pineda; Vice-President, Dr. Librado Santos; Secretary, Dr. Jesus A. Dyoco; and Treasurer, Dr. Rose Catap. The Councilors are Drs. Placido de Guzman, Prospero Abad Santos, Mamerto Mercado, Pedro Bautista and Benjamin R. Roa.

SULU MEDICAL SOCIETY INDUCTS OFFICERS. — The officers of the Sulu Medical Society and that of the Women's Auxiliary of the same Society were inducted into office at the residence of Dr. and Mrs. P. T. Garcia in Jolo, Sulu. Dance followed the induction ceremony. The inducted officers of S.M.S. were: Dr. Rufino G. Gutierrez, President; Dr. Fernando R. Rodil, Vice-President; Dr. Isabel D. Factora, Sec.-Treasurer; and Mrs. Raymundo V. Aure, Benedicto Cid, Federico M. Lontoc, and Jose M. Salazar, councilors. The officers of the Women's Auxiliary are as follows: Mrs. Ernestina U. Garcia, president; Mrs. Carmen K. Lontoc, vice-president; and Mrs. Lucia C. Aure, sec.-treasurer.

ZAMBOANGA CITY MEDICAL SOCIETY HAS NEW OFFICERS. — In a communication sent to the Secretary-Treasurer of the Philippine Medical Association the following were reported as the new officers of the Zamboanga City Medical Society: President Dr. Pedro Rodriguez; Vice-President, Dr. Jose Ma. Lucas; Sec.-Treasurer, Dr. Francisco M. Barrios; Councilors, Drs. Rizal Altavas, Alberto Malicsi, Valeriano Turija, Tomas Ferrer and Manel Diaz. The names of the Society's delegates to the 46th Annual Meeting were also submitted. They are Dr. Pedro Rodriguez and Dr. Rizal Altavas. Alternates are Dr. Ricardo Climaco and Dr. Manuel Diaz.

THE SCIENTIFIC PROGRAM OF THE PAN PACIFIC TUBERCULOSIS CONFERENCE.

This conference which is jointly sponsored by the Department of Health, Republic of the Philippines, the World Health Organization and the Philippine Tuberculosis Society and which will be held from April 13-19, 1953 opens with a General Session at the Far Eastern University. The complete scientific program is given below:

PROGRAM OF SCIENTIFIC SESSIONS

General Chairman of Scientific Sessions .... Dr. Miguel Cañizares
Secretary of Scientific Sessions .... Dr. Manuel D. Peñas
Assistants .... Dr. Laureano Bautista
Dr. Augusto J. Ramos

All Scientific Session at Quezon Institute

MONDAY, APRIL 13

9:00 a.m. — OPENING SESSION
Place: Far Eastern University Auditorium

2:00 p.m. — OPENING OF SCIENTIFIC SESSION
Chairman .... Dr. Regino G. Padua
Vice-Chairman .... Dr. H. W. Wunderly
(a) Dr. Robert H. Marks on "The Present Status of Tuberculosis in Hawaii."
(b) Dr. Hernan Duran M. on "El Control de la Tuberculosis en un Servicio Integral de Salud de Chile."
(c) Dr. Godofredo R. Hebron and Dra. Sofia Bona de Santos on "Observations on the Combined Used of Photofluerography and Tuberculin Testing in Tuberculosis Surveys in Manila and Quezon City.

TUESDAY, APRIL 14

Chairman .... Dr. Robert H. Marks
Vice-Chairman .... Dr. Manuel Quisumbing

9:00 a.m. — SCIENTIFIC SESSION
(a) Dr. Eugene Nassau on "The Biological Aspects of Tuberculosis."
(b) Dr. J. C. Tee on "BCG Vaccination Programme in Taiwan."
(e) Dra. S. Bona de Santos and Dr. A. Cesar on "Observations on Tuberculin Sensitivity in Different Areas of the Philippines."

2:00 p.m. — SCIENTIFIC SESSION
(a) Dr. Armando Parejo-Coronel on "An Aspect of Anti-Tuberculosis Campaign in those Countries in which the Social and Economic Factors Constitute Elements which do not favor it. — The Advisability of the Use of BCG by Mouth."
(b) Dr. W. de Leon and Dr. Sumpaico on "The Laboratory Aspects of Tuberculosis."
(c) Dr. Enrique M. Garcia, Dr. Fortunato Guerrero and Dr. Angel I. Reyes on "Resection in Pulmonary Tuberculosis: Preliminary Report."
(d) Dr. Angel I. Reyes, Dr. Fortunato Guerrero and Dr. Enrique M. Garcia on "Theracoplasty in Pulmonary Tuberculosis: Preliminary Report on 170 Consecutive Cases."

WEDNESDAY, APRIL 15

Chairman of the Session .... Dr. Carmelo P. Jacinto
Vice-Chairman of Session .... Dr. J. C. Tao

9:00 a.m. — SCIENTIFIC SESSION
(a) Dr. Walsh McDermott on "The Clinical Aspects of Tuberculosis."
(b) Dr. Miguel Cañizares on "Isoniazid".
(c) Dra. Mita Pardo de Tavera, Dra. Rosario Carretero, Dra. Liberty Posadas-Marfil and Dr. Miguel Cañizares on "Isoniazid in Tuberculosis in Children."

2:00 p.m. — SCIENTIFIC SESSION
(a) Dr. Fidel R. Nepomuceno, Dr. Adriano C. Salvador and Dr. Andres Y. Cruz on "Isoniazid in Tuberculosis."
(b) Dr. H. del Castillo, Dr. Adolfo Banera, Dr. Buenaventura Realica, Dr. Rafael Sorcia on "Bronchoscopy in Pulmonary Tuberculosis."
(c) Dr. L. O. Roberts on "After-care and Rehabilitation of Tuberculosis patients with special reference to Papworth Colony, Cambridge (England)."

THURSDAY, APRIL 16

Chairman of the Session Dr. Sixto A. Francisco
Vice-Chairman of Session Dr. Herman Duran

9:00 a.m. — SCIENTIFIC SESSION
Dr. James E. Parkins on "The Educational Aspects of Tuberculosis."
Round Table Discussion

2:00 p.m. — SCIENTIFIC SESSION
(a) Dr. F. R. Hallins on "The Tuberculosis Service of Fiji."
(b) Dr. Julio Caballos Velez on "Informacion sobre el estado de "La Lucha Anti-Tuberculosa" en Colombia."
(c) Dr. Emiliana S. Velasco-Joven on "Comparative Study on the Treatment of Tuberculosis Meningitis."
(d) Dr. Fortunato Guerrero on "Surgical Management of Tuberculosis of the Ceccum."

FRIDAY, APRIL 17

Chairman of the Session .... Dr. Lawrence O. Roberts
Vice-Chairman of Session Dr. Alfonso Aldama y Contreras

9:00 a.m. — SCIENTIFIC SESSION
(a) Dr. Johannes Heim on "The Social Aspects of Tuberculosis."
(b) Dr. R. J. Grove-White on "An Account of the Post-War Development of the Singapore Government Tuberculosis Service with Particular Reference to the Tuberculosis Treatment Allowance Scheme introduced in 1949."
(c) Dr. J. J. Vergara on "Social Aspects of Tuberculosis in the Philippines."
(d) Dr. A. S. Moodie on "The Value of Uncertificated Tuberculosis Visitors."

2:00 p.m. — SCIENTIFIC SESSION
Round Table Discussion on "Modern Methods for the Control of Tuberculosis."

SATURDAY, APRIL 18

Chairman of the Session .... Dr. Robert Anderson
Vice-Chairman of Session .... Dra. Sofia Bona de Santos

9:00 a.m. — OPEN FORUM
2:00 p.m. — PLENARY SESSION to receive and to act upon Resolutions presented

SUNDAY, APRIL 19

Morning — CLOSING SESSION
Place: Quezon Institute

SOCIETY ACTIVITIES

DR. V. DE DIOS RECEIVES DIPLOMA OF HONOR IN JOINT SCIENTIFIC MEET. — The Manila Medical Society and the Director & Staff of the Chinese General Hospital held a joint scientific meeting March 10, 1953, at the Social Hall of the Chinese General Hospital. On this occasion Dr. Victorino de Dios, Past President of both the Manila Medical Society and the Philippine Medical Association was awarded a Diploma of Honor. The program was opened by the President of the M.M.S. Dr. Heraldo del Castillo followed by a welcome address by Dr. Antonio Nubla, Director, Chinese General Hospital. A scientific presentation was made on the Problem of Gastric Cancer by Dr. Pacifico Yap of the Chinese General Hospital and U. S. T. Faculty of Medicine & Surgery. A panel discussion on Cancer of the Digestive System (stomach, small intestines, colon and pancreas, liver and gall bladder) was held. Business meeting was also held by the Society.

The Diploma of Honor awarded by the House of Delegates to Dr. V. de Dios and presented by Dr. Juan Salcedo, Jr., President, P.M.A., reads as follows:

PHILIPPINE MEDICAL ASSOCIATION
Founded 1903
Manila, Philippines

TO WHOM THESE PRESENTS MAY COME, GREETINGS:

Be is known that the House of Delegates of the Philippine Medical Association in convention assembled has unanimously voted to confer a

DIPLOMA
of honor
upon

VICTORINO DE DIOS, M.D.

in grateful recognition of his long and meritorious service as officer of the Association in various capacities from 1940 to 1951.

As President of the Manila Medical Society in 1940, and as Chairman of the Committee on Arrangements of the Philippine Medical Association, he spared no efforts to make the 38th Annual Meeting of the Association a success, subsequently becoming elected Vice-President.

As President of the Philippine Medical Association from 1941 to 1946 he sacrificed time, energy and personal funds in visiting the component societies of the Association in the provinces and chartered cities, contributing greatly to the consolidation of the medical practitioners.

As President of the Association during the occupation years, with great tact and prudence he avoided entangling and embarrassing collaboration with the occupying forces and its sponsored administration, sparing thereby the members of the Association from any effort of mobilization of any kind at great personal risk and danger.

In the same capacity, through personal representations, he prevented the foreclosure of a mortgage upon the property of the Philippine Medical Association, Inc. which property was duly handed back to the Association after liberation.

As Councilor (1946-1951) and as Chairman of various Standing and Special Committees of the Association, he showed special zeal and attention in the performance of his assignments.

As member of the Board of Directors of the Philippine Medical Association, Inc. and later as Secretary of the Philippine Medical Center, Inc. he was instrumental in the carrying out of the wishes of the House of Delegates of the Association.

For his untiring and continued efforts for the welfare of the Association, for his loyalty and self-sacrifice, the House of Delegates expresses its deep appreciation and gratitude.

Given in the City of Manila, on this sixth day of May, Nineteen Hundred and Fifty-One.

APPROVED:

(Sgd.) EUGENIO ALONSO
President

ATTESTED:

(Sgd.) MANUEL D. PEÑAS
Secretary-Treasurer

PFPMP HOLDS INDUCTION OF OFFICERS. — The Philippine Federation of Private Medical Practitioners, in a program held February 26, 1953, at the Wack-Wack Golf and Country Club in Mandaluyong, Rizal, inducted into office its 1953-54 officers. They had, as Guest of Honor, Dr. Jose P. Laurel, who administered the oath of office to the new officers. The complete program follows: (1) Opening address by Dr. Vicente R. de Ocampo, out-going President; (2) Induction of officers by Dr. J. P. Laurel; (3) Inaugural Address by Dr. Ramon R. Angeles, incoming President; (4) Violin solo "Estrellita" Ponce-Heifetz by Dr. Magtangol Bolaños; (5) Introduction of the Guest of Honor by Dr. V. R. de Ocampo; (6) Address by the Guest of Honor Dr. Jose P. Laurel. Lt. Col. Benvenuto R. Diño acted as Master of Ceremonies.

PHILIPPINE HEART ASSOCIATION HOLDS FIRST MOLINA LECTURE. — The First Molina Lecture was held by the Philippine Heart Association on "Valentines Day" February 14, Annual Heart Day, at the Far Eastern University Auditorium. The First Molina Lecturer was Dr. Antonio G. Sison, Emeritus Professor of Medicine, College of Medicine, U.P. He spoke on "Elements Affecting the Prognosis of Heart Diseases". He was given the Molina Diploma of Honor. Other receipients of the Awards of Honors were U.P. Intern Rodolfo R. Varias, and U.S.T. Intern Dedicacion Agatep-Reyes, who were given "The William Burke Award".

Part II program of the P.H.A. was the annual meeting held at the Auditorium of the Philippine Columbian Association. The sequence of events in this meeting follows: (1) Call to Order; (2) Unfinished Business and Announcements; (3) Annual Report of the Sec.-Treasurer; (4) Annual Report and Address of the President; (5) Election of the Executive Committee; and (6) Election of the officers for 1953-54. The Hon. Dr. Juan Salcedo, Jr., Secretary of Health and President, P.M.A., delivered an address.

BULACAN MEDICAL SOCIETY HOLDS INDUCTION CEREMONY. — With the Secretary of Health Dr. Juan Salcedo, Jr., administering the oath of office, the newly-elected officers of the Bulacan Medical Society were inducted into office in a program held February 21 at the Maria Clara Hall of the Malolos Elementary School. Guest Speaker was Honorable Gil J. Puyat, Member, Philippine Senate, who was introduced by Dr. Jose L. Santos. Dr. Vicente Luciano, out-going President of the Society, gave a short remark; while Dr. Salvador C. Santiago, in-coming pres-

ident delivered an address immediately after his induction. Other officers inducted were Dr. Jose L. Santos, V.P.; Dr. Felisa Cruz, Sec.-Treasurer; and Councilors, Drs. Ruperto Roque, Juan S. Fernando, Domingo Tablan, Martin Santiago, Simeon Claridades, Cristobal D. Santiago, Felino Ch. Fernando and Vicente Luciano.

LEYTE MEDICAL SOCIETY HOLDS BUSINESS AND SCIENTIFIC MEETING. — In the February monthly business and scientific meeting of the Leyte Medical Society and of its Women's Auxiliary held on the seventh, at the Doctors' Residence of the Bethany Hospital, Tacloban, the following were selected official delegates to the 46th Annual Meeting and Golden Jubilee of the P.M.A.: Dr. Julio E. Dolorico, Dr. Arcadio A. Ortiz, and Dr. Jesus V. Fuentes. The Alternates are Drs. Vicente R. Trinidad, Dionisio Marave, and Manuel Añover.

CAVITE MEDICAL SOCIETY HOLDS THIRTY-FIFTH SCIENTIFIC MEETING. — The 35th scientific meeting of the Cavite Medical Society was held at the Seven Seas Hall in Cavite City on March 8, with Dr. Juan Z. Sta. Cruz, President, Philippine Society of Pathologists, as Guest of Honor. Dr. Juan Z. Sta. Cruz discussed the Cancer Control Plan in the Philippines. The complete program follows: (1) Call to order by the presiding officer, Dr. Jose N. Rosal, President, C.M.S.; (2) Opening remarks by Dr. Pacifico T. Arca, V.P., C.M.S.; (3) The New Etiological Factor in Ectopic Pregnancy by Dr. Jesus C. Tranquilino; (4) Introduction of the Guest of Honor and Speaker by Dr. Pedro S. Cosca; (5) The Cancer Control Plan in the Philippines, by Dr. Sta. Cruz; (6) Luncheon (courtesy of Cathay Drug Co., Inc.) (7) Business Meeting.

PAMPANGA MEDICAL SOCIETY HOLDS 31ST SCIENTIFIC MEETING. — The 31st scientific meeting of the Pampanga Medical Society was held January 25 at the San Fernando Hotel, San Fernando. Annual election of officers was also held. The program of the day was as follows: (1) Luncheon; (2) call to order, Dr. Benjamin Roa, President, P.M.S.; (3) Prenatal Care, Dr. Rose Catap; (4) Community Singing, Society members; (5) Recent Chemo-Therapy of Tuberculosis, Prospero Abad Santos; (6) Open forum; and Election of officers for 1953.

PANGASINAN MEDICAL SOCIETY HOLDS ANNUAL CONVENTION. — The Pangasinan Medical Society held its 7th Annual Convention and the Installation of Officers at Dagupan City, March 1. Like in previous years, it issued a nice program containing many important informations. The scientific meeting was held at the Vicar Skyroom in the morning with the following program: (1) Opening Remarks, Dr. Vicente B. Jimenez; (2) Recent Advances in Obstetrical Practice by Dr. Alfredo Baens as Guest Speaker; (3) Closing Remarks by Dr. Guillermo C. Tuazon, out-going President. The luncheon, offered by the Doctors' Pharmaceuticals, Inc., was followed by the showing of surgical films by courtesy of the Botica Boie. The evening program follows: (1) Welcome Address — Dr. Godofredo A. Antonio; (2) Address — Dr. Guillermo C. Tuazon; (3) Induction of New Officers — Dr. Juan Salcedo, Jr.; (4) Inaugural Address — Dr. Benigno C. Parayno; (5) Induction of New Members; (6) Conferring of Diplomas and Awards of Merit to four oldest active living practitioners (Drs. Francisco Untalan, Jose P. Acosta, Jose V. Sison and Gonzalo Montemayor), and Posthumous Awards to: Drs. Santiago U. Estrada, Vicente Orlino and German A. de Venecia; to two drug Houses and Laboratories; two active outstanding drug representatives in Pangasinan; (7) Distribution of Diplomas of Honor to Past President of the P.M.S. — Dr. Juan Salcedo, Jr.; (8) Introduction of the Guest of Honor — Dr. Francisco Q. Duque; (9) Address by the Guest of Honor — Hon. Juan Salcedo, Jr.

CAMARINES NORTE MEDICAL SOCIETY. — The regular bimonthly meeting combined with the official induction of newly elected officers of the Camarines Norte Medical Society was held at the G. S. Briola Hospital, March 8, 1953, at Daet.

During the scientific meeting, two interesting cases were presented by the Medical Staff of the G. S. Briola Hospital; one was a suspicious case of primary or macrocytic hyperchromic anemia whose final diagnosis is held pending until the result of the histopathological examination, and second, a case of nephritic uremia on a 67 year old male patient who was successfully managed by intravenous administration of hypertonic glucose.

The "piece de resistance" was a review of literature on coronary artery disease. Dr. A. Cuevas of the G. S. Briola Hospital read a resume of the modern nomenclature, physiopathology, symptomatology, diagnosis and management of coronary artery disease. The report was followed by an interesting and lively discussion on the controversial points of the emergency management of pain and shock in coronary artery disease. Drs. Palencia, Serra, Abaño, Atencia, Liza and Aquino contributed their personal experiences and observations and gave enlightening remarks on the subject.

The induction of officers followed the luncheon held at the mess hall of the G. S. Briola Hospital.

After the oath-taking, Dr. M. N. Morales remenisced on his twenty years of practice touching on the "bottle-necks" of medical service at the small town level causing the failure of the medical profession to bring the blessings of modern medicine and surgery to the greater segment of our people in the rural areas.

As a solution to this problem, he mentioned among others the need for a more progressive and up-to-date policy on the part of government medical agencies, such as the provincial hospitals, puericulture centers and charity clinics which in turn will stimulate the pioneering spirit and serve as an incentive to the scientific advancement among our medical practitioners.

NEWS ITEMS

LEPROSY CONGRESS URGES CHANGE IN NOMENCLATURE OF LEPROSY PATIENTS. — The attention of the Secretary of Health was called by Dr. I. C. Fang, Regional Director of the WHO, to a recent resolution adopted by the 5th International Congress on Leprosy in Havana urging a change in the nomenclature of leprosy patients. In view of the protestations received by the WHO against the use of the word "leper", the Regional Director urged: (1) That the use of the term "leper" in designation of the patient with leprosy be abandoned and the person suffering from the disease be designated "leprosy patient"; (2) That the use of any term in whatever language, which designates a person suffering from leprosy and to which unpleasant associations are attached should be discouraged; however, use of the name leprosy should be retained as scientific designation for the disease; (3) That if the regional popular use of any less specific terms, in substitution for the scientific name leprosy, enables the general public to understand more fully and clearly the advances that have been made in the understanding, diagnosis, and treatment of the disease, such terms may be as suitable as opportunity offers; (4) That these conclusions should be communicated to scientific journals and the press.

SAFETY AND HEALTH ASSOCIATION CELEBRATES FIRST ANNIVERSARY. — The first anniversary of the Safety and Health Association of the Philippines, Inc. (SHAP) was held at the San Juan de Dios Hospital in Pasay City on March 11. The program of the evening follows: (1) Movies on Labor Compensation — courtesy of MSA and USIS; (2) Welcome Address, Dr. Augusto J. D. Cortes; (3) Opening Remarks, Judge Juan L. Lanting, President, SHAP; (4) Medical and Surgical Fee Schedule for Injured and Sick Workers Falling under the Workmen's Compensation Law, Dr. Jose S. Santillan, Dr. Fidel M. Guilatco and Maria D. Bencito, LL.B., WCC, Dept. of Labor; (5) Safety in Philippine Industries, Vicente B. Ramas; discussion led by Dr. V. de Dios, President, Philippine Association of Occupational Medicine; (6) Presentation of the Guest of Honor, Mr. Primo G. Maliwanag; (7) Address by the Guest of Honor, Hon. Aurelio Quitoriano, Undersecretary of Labor. Dr. Ramon R. Angeles, Executive Director, SHAP, acted as Master of Ceremonies.

FIFTH MONTHLY SCIENTIFIC MEET HELD. — The Philippine Medical Society of St. Louis held its fifth monthly scientific program at the Christian Hospital in Newstead March 7. Subjects touched were "Bronchogenic Carcinoma" by Dr. Geronimo Leonin, and "Gynecologic Pathology" by R.B.H. Gradwohl, M.D. (Guest Speaker). Both were from the Christian Hospital. Medical motion picture was also shown.

NUTRITION WEEK OBSERVED. — The 1953 observance of Nutrition Week started March 2 and ended March 8. Highlights of the different activities were: a message from the President of the Republic explaining the significance of nutrition in building a strong nation, nutrition exhibits in the Department of Agriculture and Education booths at the International Fair, panel discussions, movies, and radio broadcasts.

MEDICAL PHOTOGRAPHY AND ARTS CLUB HOLDS MEET. — With Dr. Jose N. Cruz, President of the Club, as presiding officer, the Medical Photography and Arts Club held a meeting at the Conference Room of the Philippine General Hospital. An interesting talk on the "Common Errors in Color Photography" and "Some Pointers in Infrared Photography" was given by Mr. Pedro Mabanta of Kodak, Philippines, Inc. After the talk there were questions and answers from the members and guests.

APPEAL FOR CONTRIBUTION OF MEDICINE

FOR USE IN THE CHARITY WARDS OF GOVERNMENT HOSPITALS

At the request of Mrs. Fernando Lopez, the Council is endorsing her appeal to members of the Association to send in whatever samples of medicine in the form of vitamins and house-hold remedies they can spare for distribution in the charity wards of government hospitals. Please send in your package care of the Secretary-Treasurer of the Philippine Medical Association, U.S.T. Hospital, Manila.

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1952 - 1953

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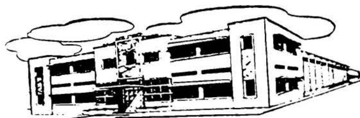

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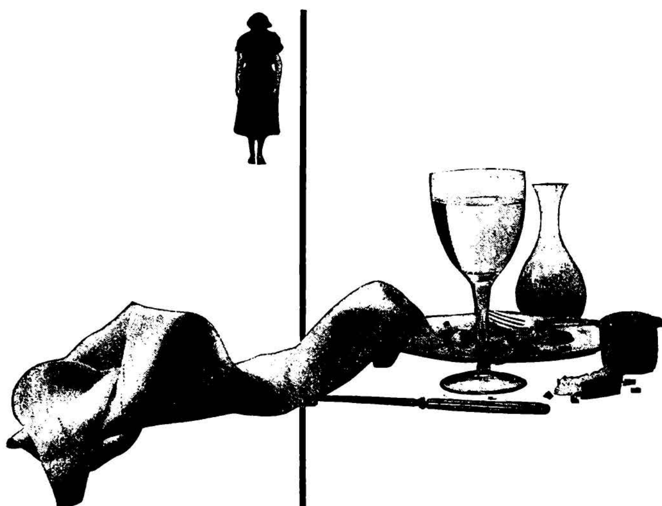

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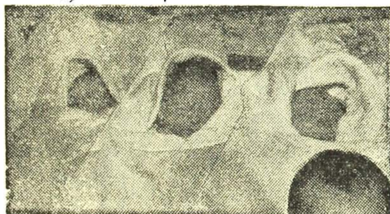

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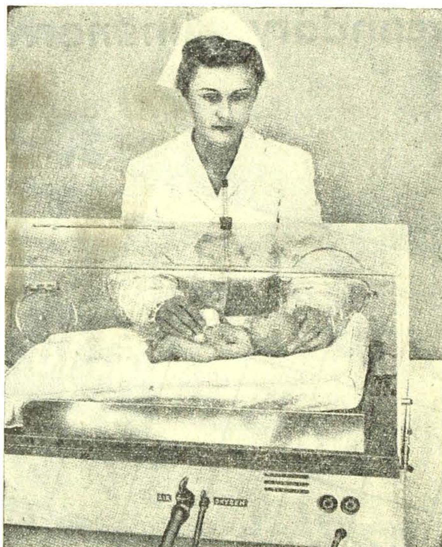

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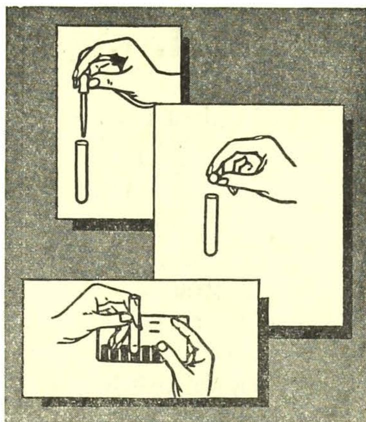

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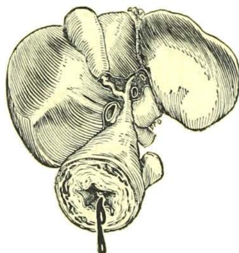

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