

THE JOURNAL
OF THE
Philippine Medical Association

*Devoted to the Progress of Medical Science and to the interests of the
Medical Profession in the Philippines
Manila, Philippines*

VOL. XXII

NOVEMBER, 1946

NO. 11

COPYRIGHT, 1946, BY PHILIPPINE MEDICAL ASSOCIATION

Original Articles

TRANSURETHRAL RESECTION IN THE TREATMENT
FOR PROSTATIC MEDIAN BAR¹

LUIS F. TORRES, JR., M.D. AND PABLO MORALES, M.D.

Department of Surgery, College of Medicine, University of the Philippines

Since the prostatic gland encloses completely the beginning of the urethra in the male, pathologic processes in the former always adversely affect the flow of urine. The common conception of the cause of urinary obstruction is an enlargement of the prostatic gland, clinically called hypertrophy. The finding which usually confirms the diagnosis is the enlargement of the prostate, felt on rectal examination. But, when a patient presents himself with symptoms of urinary obstruction without a rectally enlarged prostate, the case is apt to be baffling to the physician who first sees him. The French have coined a fit phrase for this condition, "*prostatism sans prostat*" or prostatism without prostate.

Inflammatory conditions of the prostate result in fibrosis within its substance and that of the internal sphincter muscle. The infection need not always be venereal; many times it is non-specific. In fact, the prostate gland is now recognized to be one of the common sites of predilection in the localization of focal infections. The same bacteria that infect tonsils, nasal sinuses, gall-bladders, and appendices, can and do infect the prostate. That fibrous median bar results from infective prostatitis, should not condemn the patient to the stigma of having venereal disease.

Pathologically, infective prostatitis heals by replacement fibrosis. Fibrous tissue tends to contract, so that the prostatic gland shrinks and the internal vesical outlet loses its elasticity. The fibrosis of the sphincter orifice may be total and circular, in which case it is called a contracture of the vesical neck. Or the fibrosis may be segmental, usually on the posterior quadrant, resulting in an elevation of the posterior lip of the vesical outlet. This dam or median bar stretches across the

¹ Read at the Section on Surgery, 39th Annual Convention of the Philippine Medical Association, Manila, May 7-11, 1946.

orifice against the current of urine from the bladder. This is the cause of the urinary obstruction.

Years ago, Young and Wesson proved by anatomical studies that the apex of the trigonal muscle passes through the internal sphincter of the bladder to gain attachment to the distal portion of the prostatic urethra, in the neighborhood of the verumontanum or seminal colliculus. They theorized that in the male the act of urination was accompanied, not merely by a passive dilatation of the sphincter, but also by an active stretching produced by the trigonal muscle during micturition. Since the origin of the trigonal muscle within the bladder, as well as its insertion within the prostatic urethra, is lower than the sphincter, it pulls open the sphincter orifice when the muscle contracts.

Young and Wesson's theory on the active part taken by the trigonal muscle in the process of urination finds clear confirmation in almost every case of median bar fibrosis. For, in the majority of these cases, the trigone is hypertrophied. This is due to the extra work the muscle must perform, not only to stretch open, but also to maintain patent, the sphincter during micturition in the presence of the inelastic median bar.

Prostatism due to median bar begins much earlier in life than that due to hypertrophy of the prostate. In the last 50 cases we have observed recently, the youngest patient was 20, the oldest 74. The pure forms of median bar are found in the younger age groups under 50, whereas later on bar formation may be associated with lateral lobe prostatic hypertrophy.

TABLE I: AGE INCIDENCE OF PROSTATIC MEDIAN BAR

Age Groups:	No. of Cases
20-30 yrs. *	6
31-40	5 (one, age 40, mixed bar and laterals)
41-50	7
51-60	19 (three cases, mixed)
61-70	9 (two cases, mixed)
71 plus	1

* These 6 cases were aged respectively, 20, 21, 23, 24, 28, 29.

Table I shows that there are fully 18 cases out of the 50, whose age is less than 50. Furthermore there are 6 patients in the third decade. We should like to emphasize this striking age incidence, because these young men, under other circumstances, would have been diagnosed as having strictures of the urethra or bladder stones. At their age (below 30), most physicians would not consider the possibility of the obstructive syndrome of prostatism.

The symptoms of median bar formation at the vesical neck differ in no way from those of prostatic hypertrophy. On the contrary, when one realizes the younger age of the patient, one readily agrees that median bar obstruction is of far greater severity. Delay in the onset of micturition (more graphically described as "hesitancy"), frequency of urination, small weak stream, straining to complete the act—these are some of the common manifestations. It is customary to eliminate the presence of urethral strictures by bougies, of stones in the bladder by sounding or radiography, and hypertrophy of the prostate by rectal touch. After these three

conditions have thus been eliminated, the tentative diagnosis of median bar obstruction should be made and this can only be verified by cystoscopy.

In a recent article,* the senior author mentioned the importance of the for-oblique telescope in transurethral surgery of the prostate. The same thing applies to the diagnosis of median bar. In short, in order to visualize accurately the height of the dam that has been placed across the river, one has to stand in front and not on top of it. This requirement is fulfilled only by the forward-looking telescopic lens of McCarthy.

Concomitant cystoscopic findings are those referring to evidences of obstruction to bladder emptying, such as trigonal muscle hypertrophy, diverticula, or secondary stones. Residual urine ranging from 50 to 300 c.c. have been found in many of the patients of the present series.

For the cases with pure median bar (38 out of 50 cases), simple transurethral resection of the bar is highly successful. But, if the median bar is associated with lateral lobe hypertrophy, resection of the bar alone will not always cure the obstruction, because the lateral lobes fall in after the supporting median bar has been removed. For this latter type complete transurethral or enucleation prostatectomy must be done.

TABLE II: MEDIAN BAR AND ASSOCIATED
CONDITIONS IN 50 CASES

Pure median bar	38 cases
Plus lateral hypertrophy	8
Plus bladder stone	2
Plus stricture of urethra	1
Plus prostatic carcinoma	1

Summarizing, one may mention the following: A male patient with hesitancy, frequency of urination, straining to complete the act, and other typical symptoms of prostatism, but in whom the prostate is not enlarged rectally, is a candidate for the diagnosis of median bar which is only positively diagnosed when the for-oblique telescopic cystoscope is used. Of all the known forms of prostatism, this is the only one with a definite cause; namely, infection. Transurethral resection is highly satisfactory in the surgical management of these cases.

1023 TAFT AVE., MANILA

* Torres, L. F. Jr.: Recent Experiences with Transurethral Urological Surgery. Jour. Phil. Med. Assn. 22.2 57-59, Feb. 1946.

THE MANAGEMENT OF PROLAPSE OF THE UTERUS¹

CONSTANTINO MANAHAN, M.D. AND JOVITA CORONADO, M.D.
*Department of Obstetrics and Gynecology, North General Hospital
Bureau of Health*

In the Department of Obstetrics and Gynecology of the North General Hospital over a period of nine months, 41 women were admitted for the correction of prolapse of the uterus of varying degrees of severity. Fundamentally, these women presented uterine prolapse caused by the trauma of repeated childbirth; poor obstetrics; sustained hard work; and the progressive atrophy encountered in the menopausal years of the supporting structures of the uterus, bladder, and rectum.

Interestingly enough, a small group of these women blamed the prolapse of the uterus on the running and hardships suffered during the bombing a year and a half ago. Close questioning, however, revealed symptoms of urinary stress incontinence, pelvic fullness, constipation, and other signs of uterine decensus which antedated the onset of the complete prolapse. Though this is an interesting commentary to the times, the essential pathology remains basically that of trauma and atrophy of the uterine supports.

More than in the upper income group, the incidence of complete prolapse of the uterus is much higher in the lower income group where economic difficulties subject the individual to sustained hard work and where mediocre obstetrics practised by those whose shortsighted idea of sound obstetrics seems to be the prevention of perineal lacerations at all costs to the point of stretching the fascial support of perineum, bladder, rectum, and uterus beyond the limits of their elasticity — thus starting a train of symptoms which in later years will necessitate extensive gynecologic repair.

In the surgical handling of these cases of prolapse, no single specific method of therapy is applicable. On one point there seems to be unanimity that uterine prolapse should not be handled abdominally, unless intrapelvic disease demands such a route. Uterine prolapse seems to be best handled by the vaginal reconstruction of those supports which have been destroyed. In the reconstruction of these, two points have to be considered. The first is the attendant pathology associated with the prolapse and which has to be taken care of, in order to do away with the symptoms so often present in complete decensus of the uterus. The second is a consideration of the uterine supports and how best to rebuild them.

In prolapse, we usually find hypertrophy, edema, elongation, and chronic infection of the cervix. The uterus in the old is small and atrophied; but, in the individual not yet in the menopause, it often is larger than normal and associated with disturbances in menstruation. There usually is a weakness of the vesical sphincter, a urethrocoele, cystocele, rectocele, and enterocele in the more complete pro-

¹ Read at the thirty-ninth Annual Meeting of the Philippine Medical Association, held in Manila, May 10, 1946.

lapses. The surgical aim is the correction, not only of the herniated uterus, but also of the attendant pathology.

The second point to be considered is the uterine supports. The round ligaments hold the uterus in a forward position. Posteriorly, the uterosacrals, which in reality are parts of the endopelvic fascia, stretch from cervix to sacrum, holding the cervix backwards and consequently directing the fundus forwards.

This anteverted position of the uterus is important. The uterus, if retroverted, lies in such a way that its long axis is in the same line as the long axis of the vagina. Increased intra-abdominal pressure, instead of flattening the uterus against the vaginal vault with a trap door action as when the uterus is anteverted, allows the uterus to telescope and herniate through the vagina if it is in retroversion, thus starting the prolapse.

Laterally, the broad ligaments fan out to the pelvic wall; and the ligaments of Mackenrodt, which form the base of the broad ligaments, hold up the uterus in a sling-like fashion. These ligaments known as the transverse cardinal ligaments are part of the endopelvic fascia and play a very important role in the support of the uterus. They are stretched out considerably during pregnancy and may be subjected to a great deal of trauma in difficult obstetrical practices as in *accouchement forcé*, delivery through an incompletely dilated cervix, and difficult high and midforceps, which often are the result of poor obstetrical judgment or of outright obstetrical impatience. These practices, we believe, are not desirable.

The endopelvic fascia encases the vagina, bladder, and rectum; and supports these structures. When stretched out beyond their resiliency, the vaginal walls sag in; and cystocele and rectocele are formed. The perineum, which so-called conservative obstetrics so often traumatize, is the foundation of the support of the vagina, bladder, and rectum. For in it and in the central tendon, the whole system of the endopelvic fascia is inserted. The stretching or the laceration of the pubo-coccygeal fibers of the levator ani destroys the whole foundation of the fascial supports, and uterine prolapse begins.

The purpose of this paper is two-fold. The first is to advocate sound obstetrics based on the knowledge of, and respect for, the structures which hold up the uterus. This will require a review of what conservatives should really be. The second is to recommend the abandonment of the abdominal procedures, like ventro fixations, round ligament suspension, etc., for the correction of a prolapse, which can only be dealt with by reconstructing the broken-down tissue. To attain this, only a vaginal plastic operation aimed at the dissection and repair of the fascia is necessary.

Many different procedures may be followed, depending on the age of the patient, her state of health, or the necessity of preserving the uterus or part of it. In our 41 cases, we followed five different procedures. The Manchester-Schauta interposition was used in two women. In both cases, the women were in the menopause; and the uterus was without pathology. The Richardson-Spalding operation was used in two other cases. In one woman, the LeFort Colpocleisis was done. Thirty-four of the cases were subjected to a vaginal hysterectomy, anterior and posterior colporrhaphy, and repair of enterocele.

A point, which we feel is very important in the technique of these vaginal

hysterectomies, should be stressed. To prevent future prolapse of the vaginal vault, it is necessary to separate the pubocervical fascia from the vaginal mucosa carefully, to interpose the round ligaments and the broad ligaments, and to suspend these reefed broad ligaments underneath the pubic arch.

The great number of vaginal hysterectomies in this series is due to the fact that these patients had a complete prolapse of a uterus associated with pathology, and the uterus had to be removed. The operation was performed on women ranging from 27 to 80. The average age of the vaginal hysterectomy group was 53. There were no deaths; and convalescence was rapid, so that the patients were allowed to get up on the sixth day after operation. Anesthesia was either spinal or local block.

These cases illustrate the points we wish to stress. First, abdominal operations designed to cure prolapse of the uterus fail in their aim; because they do not correct the structures which are injured and which are the support of the bladder, the rectum, and the uterus. This, basically, is the endopelvic fascia. Specifically, we deal with the pubo cervical fascia, the transverse cardinal ligaments, and the perineum. Second, vaginal hysterectomy can be performed on elderly individuals, as long as the pre-operative and post-operative care is adequate, and the anesthesia used is suitable to the case. Third and last, vaginal hysterectomies which concern themselves with the removal of the uterus alone, as is the general German practice, are out of place. Correction of the enterocoele, cystocoele, rectocoele, and perineum is imperative.

EPIDERMOID CARCINOMA OF THE VULVA: RADICAL VULVECTOMY¹

M. CAMITAN MAGBOO, M.D.

Department of Surgery, St. Luke's Hospital

Carcinoma of the vulva is considered rare. The most frequent type encountered is the epidermoid carcinoma usually arising from the mucous membrane of the vulva. It makes up about 10% of all carcinomas in the weaker sex. While it is found mostly in women past middle age, there was a case reported in a 20-year old girl and another in a 35-year old woman. It is also comparatively rare in very old women. The case herein reported happened to be a 76-year old female.

Leukoplakia and kraurosis are frequently the predisposing causes. It usually starts as a firm papule, gradually increasing in size, with itching and chronic vulvitis, then later on breaking down to ulcerate with hard friable edges and exuding a foul-smelling discharge.

Radical vulvectomy is the treatment of choice, preceded or followed by radium or deep X-ray therapy. Some surgeons follow the Bassett-Tausig operation by which the lymph glands are first excised in one stage and then later on followed by vulvectomy in another stage of operation. The procedure followed in this report is Bickham's procedure number one which is a one-stage operation—that is, vulvectomy and excision of the lymph glands in one sitting. Although vulvectomy is usually done in malignancy, it has been employed also in tuberculosis, elephantiasis, leukoplakic vulvitis, hypertrophy, and intractable pruritus of the vulva.

From February, 1945 until this medical convention, there have been two cases admitted in this Hospital. The first was admitted about two months after the liberation. Nothing could no longer be done to her, as her case was very advanced and hopeless, and facilities, both for intervention and for radium or X-Ray therapy, were lacking.

The second case is as follows: A. A., 76-year old, female, Filipino, was admitted to St. Luke's Hospital on February 22, 1946, with the chief complaints of pain and foul discharge from the vulva. The illness had started apparently about three years before as small pea-sized masses on both sides of the labia majora, two on the right and three on the left. These masses had gradually enlarged in size with neither pain nor tenderness. About seven months before admission, the masses had become eroded, and this time there had been pain. Her urination, however, had remained free until admission.

The localized lesion presented an ulcerating mass involving the two labia majora and minora, except for a 1/5 posterior portion. This mass had hard edges with a whitish foul exudate. The clitoris and the area around the anterior fornix, except

¹ Read at the thirty-ninth Annual Meeting of the Philippine Medical Association, held in Manila, May 11, 1946.

for a small portion half a centimeter from the urethral meatus, were also involved. A biopsy was done and the histopathologic report was epidermoid carcinoma of the vulva. Kahn test was negative. Radical vulvectomy using Bickham's procedure number one was performed under local anaesthesia. The patient had an uneventful recovery from the operation and was discharged from the Hospital after two weeks in the Hospital. She was then recommended for radium therapy to Dr. Paterno Chikiamko of the Philippine General Hospital. The last time we heard of her was a week before the Medical Convention in which she was mentioned as doing fine.

BIBLIOGRAPHY

1. Operative Surgery—Bickham, Vol. 4; Page 145
2. Modern Surgical Technic—Thorek, Vol. 3; Page 1754
3. The Cyclopedia of Medicine Surgery and Specialties—F. A. Davis Co., Vol. 15; Page 1024
4. Post-Graduate Surgery—Rodney Maingot, Vol. 1; Page 1663
5. Practice of Gynecology—Ashton, 6th Ed., 1916; Page 196, 977

IS HYPOPROTEINEMIA THE CAUSE OF THE TOXEMIAS OF PREGNANCY?¹

H. ACOSTA-SISON, M.D. AND A. INFANTADO, M.D.

Department of Obstetrics, College of Medicine, University of the Philippines

There has been of late an insistent opinion gathered by Williams¹ that food, poor in animal protein, predisposes to the late toxemias of pregnancy such as preeclampsia and eclampsia.

For instance, Tompkins² and Holmes³ independently claim that insufficiency of animal protein in the diet predisposes to hypertension and preeclampsia. Strauss⁴ goes as far as to say that low protein diet is the cause of preeclampsia and eclampsia, and that such toxemias can be prevented by high protein intake which would preserve the high level of protein in the plasma of the pregnant woman.

This assertion is diametrically opposed to what we have heretofore believed in.

Could it be that hypoproteinemia resulting from insufficient protein intake is the cause of hypertension and the late toxemias of pregnancy?

There was no need of making experiments on limiting the protein intake of our patients. The Japanese occupation—especially the latter half of 1944 and the early weeks of 1945, when there was acute shortage of food—showed us on a grand scale the effects of malnutrition and starvation. These adverse effects were seen, not only in the homes and in the hospitals, but also on the sidewalks and in other public places, where starving people died by the hundreds.

We noted the marked contrasts in the physical appearance of the cases of preeclampsia and eclampsia with those whose nutrition was deficient. The patients in the first group were full-blooded and plethoric looking; while those in the latter were thin, pale, and haggard. Both cases showed edema. In the former, the edema was hard and reddish; in the latter, it was soft, pale, and easily pitted on pressure. In the former, there was irritability of the nervous system and hypertonicity of all the muscles. In the latter, there was asthenia, weakness of nerves, and flaccidity of the muscles. The normal reflexes of the skeletal muscles became lost. In the former hypertension was the rule. In the latter, it was either normal or below normal.

But for our enlightenment, we determined the serum protein values of 168 consecutive obstetrical cases. We wanted to find out the incidence of hypoproteinemia in our obstetrical cases; also the correlation between hypoproteinemia and edema, hypertension, and albuminuria.

First, we had to know the normal serum protein level for Filipinos. We were informed by Dr. R. Navarro that it is 5.5 mg. per 100 c.c. of blood. Accordingly, we classified values of 5.5 mg. or over as normal; below it, as hypoproteinemia.

The result is shown in the following table, which is arranged in order of frequency of hypoproteinemia in obstetrical conditions.

¹Read at the thirty-ninth Annual Meeting of the Philippine Medical Association, held in Manila, May 10, 1946.

Incidence of Hypoproteinemia in 167 Consecutive Obstetrical Cases

Obstetrical Condition	Hypoproteinemia		Edema		Hypertension		Albuminuria
	No. of Cases	Percentage Incidence	No. of Cases	Percentage Incidence	No. of Cases in 2 cases	Percentage Incidence	
Ablatio placenta (3 Mos. Cesarean)	3	100%	—	—	—	66.66%	1 case with albuminuria and casts
Pneumonia Complicating Pregnancy	1	100%	1	100%	—	—	—
Hypovitaminosis Complicating Pregnancy	2	100%	2	100%	—	—	—
Pulmonary T.B. Complicating Pregnancy	1	100%	1	100%	—	—	+ and casts
Acute yellow atrophy of the liver	1	100%	—	—	—	—	—
Hydatidiform Mole	6	66.66%	—	—	1 (160/70)	16.66%	—
Operative deliveries— Forceps 11 Breech Ext. 3 Pod. version 1 Cesarean 1 Twins	15	60%	—	—	—	—	1 case +
2	1	50%	1 slight	50%	—	—	—
Berberi Complicating Pregnancy	6	50%	3	50%	—	—	—
Malaria Complicating Pregnancy	4	50%	2	50%	—	—	—
Chorio-epithelioma	2	100%	—	—	—	—	—
Normal deliveries	63	31.74%	4	6.34%	—	—	3 cases with pus cells
Preeclampsia and Eclampsia	22	46.45%	22	100%	22	100%	+ 100%
Ruptured tubal pregnancy	3	33.33%	—	—	—	—	—
Chronic nephritis	4	25%	—	—	—	—	1 case with pus cells
Hyperemesis gravidarum	5	20%	—	—	—	—	1 case with pus cells
Abortion and miscarriage	20	10%	—	—	—	—	1 case with pus cells
Puerperal infection	3	—	—	—	—	—	—
Cardiac failure complicating pregnancy	2	—	—	—	—	—	—
Placenta previa	1	—	1	50%	—	—	—
Placental retention	1	—	—	—	—	—	—

The table shows that hypoproteinemia was found in 100 per cent of the cases of hypovitaminosis, ablatio placenta, lobar pneumonia, pulmonary tuberculosis, and subacute yellow atrophy of the liver. The 2 cases of hypovitaminosis complicating pregnancy had edema, but there was neither hypertension nor albuminuria. One of the 3 cases of ablatio placenta had albumin and casts in the urine. The other 2 cases had normal urinalysis. The blood pressure of the 3 cases was respectively 106/60, 135/90, and 144/82. None of the three had edema. The case of pulmonary tuberculosis had albumin and casts in the urine but no edema. The case of subacute yellow atrophy of the liver had no edema, albuminuria, or hypertension.

Hypoproteinemia was found in 66 per cent of the 6 cases of mole, all of which had normal urinalysis and no edema. One case had slight hypertension (160/70). The rest had normal blood pressure.

Of the 16 operative deliveries examined, 9 cases or 56.25 per cent had albumin and casts in the urine.

Sixty-three normal deliveries were examined; 20 cases or 31.74 per cent had hypoproteinemia. All had normal blood pressure, and no edema. Only 1 case had albumin and casts in the urine.

There were 22 cases of preeclampsia and eclampsia. All had hypertension, edema, and albumin and casts in the urine. Ten cases or 45.45 per cent had hypoproteinemia.

Of the 4 cases of chronic nephritis examined, all of which had edema, hypertension, and albuminuria, one or 25 per cent had hypoproteinemia.

Six cases of beri-beri complicating pregnancy were examined. All had normal blood pressure and all were negative for albuminuria. Three cases or 50 per cent had hypoproteinemia. Three cases had edema. One of the cases with edema had a protein value of 6.0 mg. per 100 c.c. of blood.

There were 2 cases of uterine chorioepithelioma. Both had low blood pressure, no albuminuria, and no edema. One case had R.B.C. of 2,500,000. This case had 7 mg. protein value per 100 c.c. of blood. But the case whose R.B.C. was 1,980,000 had hypoproteinemia.

There were 5 cases of hyperemesis gravidarum. All had neither edema nor hypertension. One case had pus cells in the urine. One case or 20 per cent had hypoproteinemia.

Twenty cases of abortion and miscarriage were examined. All had no edema and no hypertension. One case had pus in the urine. Two cases or 10 per cent had hypoproteinemia.

Two cases of twins were examined. Both cases had normal urinalysis and normal blood pressure. One case or 50 per cent had slight edema and hypoproteinemia.

All the 3 cases of ruptured tubal pregnancy examined, had normal urinalysis, normal blood pressure, and no edema; but 1 case or 33.33 per cent had hypoproteinemia.

The 2 cases of cardiac failure, 2 cases of puerperal infection, 1 case of peritonitis, and 1 case of placental retention, all had high normal protein values, no hypertension, no edema, no albuminuria.

These cases, though small in number, clearly indicate that:

1. There is high correlation between hypovitaminosis and hypoproteinemia.
2. Though there is high correlation between edema and hypoproteinemia, still there are cases with edema which do not show hypoproteinemia; and many cases of hypoproteinemia are without edema.
3. There is no correlation between hypertension and hypoproteinemia.
4. Though the cases of preeclampsia and eclampsia show hypoproteinemia in 45.45 per cent, we do not think the hypoproteinemia is the cause of preeclampsia and eclampsia. Rather are they the result of the toxic condition present. For if it were true that hypoproteinemia is the cause, we should have frequent incidence of these toxemias in cases of hypovitaminosis, beri-beri, or hydatidiform mole, in all of which the incidence of hypoproteinemia is high.

ACKNOWLEDGMENT

Thanks are due to Mr. Lawas of the Clinical Laboratory Department who made all the serum protein determinations.

REFERENCES

1. Williams, P. *J. Am. Med. Ass.* April 21, 1945.
2. Tompkins, W.T. *J. Internat. Coll. Surgeons* 4: 147, 1941.
3. Holmes, V. M. *West. J. Surg.* 49: 46, 1941.
4. Strauss, M.B.: *Am. J. M. Sc.* 190: 811, 1935; 194: 772, 1937; 196, 188, 1938.

THE JOURNAL
OF THE
Philippine Medical Association

Published monthly by the Philippine Medical Association under the supervision of the Council.
Office of Publication, 547 Herran, Manila, Philippines

Devoted to the progress of Medical Science and to the interests of the
Medical Profession in the Philippines.

VOL. XXII

NOVEMBER, 1946

NO. 11

Officers of the Philippine Medical
Association, 1946-1947

President:

Dr. Januario Estrada

Vice-Presidents:

Dr. Juan Z. Sta. Cruz

Dr. Gonzalo Santos

Secretary-Treasurer:

Dr. Antonio S. Fernando

The Council

The Council consists of the President, the
Vice-Presidents, the Secretary-Treasurer, and
the following Councillors:

Dr. W. de Leon

Dr. A. Villarama

Dr. José C. Locsin

Dr. M. Cañizares

Dr. Victorino de Dios

ANTONIO S. FERNANDO, M.D., *Editor*

I. V. MALLARI, *Copy Editor*

PEDRO M. CHANCO, *Business Manager*

Associate Editors
(alphabetically listed)

VICTORINO DE DIOS, M. D.

JOSE GUIDOTE, M. D.

AGERICO B. M. SISON, M. D.

RENATO MA. GUERRERO, M. D.

WALFRIDO DE LEON, M. D.

ANTONIO G. SISON, M. D.

CARMELO REYES, M. D.

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

Editorial

RE-ASSESSMENT OF OUR MEDICAL KNOWLEDGE

After a lull in the progress of medical science, during which nations were more interested in killing than in preserving human life, we are entering an unprecedented era of revolutionary discoveries in medicine. These discoveries have already begun to affect methods of diagnosis and treatment in all branches of medical practice.

This new impetus has been felt in the Philippines. Already

our government has given greater attention than ever before to the science and art of healing. Public health and medical service, which used to be supervised by a mere bureau, have been placed under a full-fledged department. The head of this new entity, the Department of Health and Public Welfare, is no less than Dr. Antonio Villarama. Dr. Villarama, who is himself a medical man of note, is vitally interested in the improvement of medical service and public health in this country. For this reason, we have every reason to hope that the physicians in the government service, these guardians of public health, will be given a new deal.

A great deal of the success of our medical service, however, depends upon private practitioners. There are two kinds — those who feel that their training in a medical college and their experience as internes in a hospital are enough qualifications for them to engage in private practice; and those who, through constant reading, study, and research work, try to keep abreast with advances in medical knowledge. The first readily fall into a rut and soon outgrow their usefulness; the second, in extending their knowledge, in perfecting their technique, and in enriching their experience, become a blessing, not only to those who come to them for ministrations, but also to the community and to the nation.

One way in which a medical practitioner can promote his growth and efficiency is by joining a professional society. In the deliberations of such a society, views are exchanged and opinions are crystallized; knowledge is disseminated and valuable experiences are shared. Above all, through constant contact with his colleagues, the medical practitioner acquires a sense of belonging. His enthusiasm for his profession is fired, and *esprit de corps* is developed.

There are many medical societies in this country. The most important of these is, of course, the Philippine Medical Association. For the last forty-two years — barring the few years of the enemy occupation — this society has been a potent force in the improvement of medical practice in this country in more ways than is generally realized. Then there are the smaller societies devoted to the various specialties, which may or may not be affiliated with the mother organization.

It is regrettable that only comparatively few of the members of the medical profession in this country belong to any of these professional societies. This apathy on the part of some physi-

cians towards medical societies may be attributed to their failure to realize the need for self-improvement. Although their professional equipment is below standard, they still have a sizable clientele; and the general public, in turn, is not very particular about the quality of medical service that it is given.

But this condition cannot go on forever. Sooner or later, those physicians who do not attempt, or who cannot manage, to keep abreast with the great advances in medical knowledge, are bound to be left high and dry on a plateau of their own inefficiency and uselessness.

It is high time that we re-assess our medical knowledge, try to discover in what respects we are wanting, in order that we can formulate a program of improvement. We have to learn to pool our efforts and our resources. This we can do only through membership in scientific societies, scientific meetings and conferences, and participation in the activities of medical centers.

For us, as for the members of other professions, there is no standing still. We have to go forward, or we would be left hopelessly behind. Which course are we going to take? — V. de D.

Miscellaneous

ABSTRACTS FROM CURRENT LITERATURE

ABSTRACTORS

Isabelo Concepcion, M. D.
Walfrido de Leon, M. D.
Felisa Niçolas-Fernando, M. D.
Carmelo Reyes, M. D.
T. P. Pesigan, M.D.

Amebiasis in Military Overseas Returnees, by Maj. D. F. Marion and Capt. F. N. Sweet-sir, M. C., A. U. S., Coral Gables, Florida. *Annals of Internal Medicine* 24: 186-191, Feb. 1946.

Apprehension has been expressed concerning the possibility that soldiers returning from service abroad may appreciably enlarge the existing domestic reservoir of amebiasis in the United States. The well known ubiquity of functional and bacterial diarrheas in all troops have not prevented reports of such symptoms among overseas soldiers from strengthening this impression. Recent evidence of such anxiety have included the suggestion that all overseas returnees should receive treatment with amebicidal drugs on suspicion alone and without regard for the demonstration of *E. histolytica* in individual cases. In order, however, to better understand the actual situation, a well controlled and standardized survey was made among a representative group of military returnees from the more important geographical areas abroad.

This report deals with the first consecutive thousand unselected cases to enter the AAF Regional Hospital, Coral Gables, Florida directly from overseas in 1944. Approximately 40 per cent of the group were returned because of predominantly surgical or orthopedic conditions, while of the 60 per cent who were admitted on the medical service, only about one third were returned because of gastrointestinal diseases. Nearly all were young males, with an average age of 29.6 years. Duration of overseas service ranged from three to 40 months, with an average for all cases of 11.5 months. Residence prior to entry into the military service represented all of the 48 states.

The authors summarized their findings as follows:

1. In 1000 consecutive unselected military returnees from overseas service, *E. histolytica* was demonstrated in 168 or 16.8. per cent.
 2. The highest incidence occurred in individuals who had served in tropical areas overseas, and in those who resided in Southern States prior to enlistment in the Army.
 3. Of the positive cases, 76.2 per cent represented the asymptomatic carrier-state, 20.2 per cent chronic amebic dysentery, and 3.6 per cent acute amebic dysentery.
 4. Prompt and intensive treatment of all proved and suspected cases in overseas hospitals explains the low incidence of dysenteric amebiasis and amebiasis complications.
 5. Based on the figure arrived at by general agreement which tentatively placed the incidence of carriers in the United States somewhere between Craig's 10% and Faust's 20% of the total population, the incidence of 16.8% herein reported is not significantly higher. And if this small sample is in any way indicative of what might be expected in subsequent returnees, there is little basis for apprehension regarding post-war increases in this disease.
- T. P. P.

Surgical Aspects of Amebic Dysentery, by Lt. Comm. G. E. Lindskog and Capt. W. Walters, MC., U. S. Naval Reserve. *Jl. A.M.A.* 131:92-95, May, 11, 1946.

According to these authors, amebic dysentery is of surgical interest in two ways. Firstly, it simulates more familiar clinical syndromes such as appendicitis, cholecystitis, pancreatitis, perforated peptic ulcer and carcinoma of the colon. Ill advised surgical treatment in the misdiagnosed amebic case, unprepared by specific anti-amebic therapy, has been a serious cause of poor results and a high mortality rate, as witness the aftermath of the Chicago epidemic. Secondly, the complications of this disease in its original site, the colon (namely, acute perforation with peritonitis, chronic perforation with pericolic abscess, and granuloma) and its chief metastatic sites (abscess of the liver, lungs and brain) may call for a direct surgical approach in cases in which there is insufficient response to emetine and other amebicides.

Both of these aspects are well illustrated by this report of 4 cases which were observed within a short period at a naval hospital.

The first was an amebic hepatic abscess which occurred one year after the initial intestinal infection. Stools of the patient were constantly negative for *Ent. histolytica*, but due to the history of previous dysentery, fever, chills, enlarged and tender liver, a diagnosis of amebic hepatitis and abscess was made. A course of a daily injection of emetine of 0.06 Gms. was given preparatory to closed aspiration. This simple procedure evacuated 700 cc. of buff colored pus, which was positive for sluggish trophozoites of *Entamoeba histolytica*. A ten-day course of Carbarsone was administered after, repeated a week later, and again a third course of seven-day treatment was lastly given after a lapse of one month. The patient was returned to active duty and had no further symptoms.

The second case was an amebic hepatic abscess with spontaneous diaphragmatic perforation and involvement of the lungs. No surgical intervention was done in this case, although contemplated twice, but each time improvement postponed it. Patience proved to be a virtue in this case. This patient was given a course of emetine injections of 0.06 Gms. daily for nine days followed by Carbarsone. Due to persistent thoracic signs, a second course of emetine was started but on the fourth day, the patient developed sudden onset of tachycardia (pulse rate 140), cyanosis, and enlarged and tender liver. Administration of emetine was discontinued and the course of the disease became smooth thereafter. This emphasizes the toxic nature and cumulative action of this drug.

The third case was an obstructing amebic granuloma of the ileocecal region that developed after a year of relapsing chronic intestinal amebic dysentery that apparently subsided after every course of emetine and carbarsone treatment. Right hemicolectomy with side to side anastomosis was performed. The terminal ileum and cecum were found to be thickened and edematous; a mass having a diameter of 4 cm. was present in the ileocecal junction. Postoperatively the course was smooth. Emetine was given (0.06 Gms.) daily for seven days and penicillin for eight days. The subsequent course was excellent. Resection should be done with an accurate closed technic avoiding the establishment of a colonic stoma. The operation should be preceded and followed by amebicidal therapy.

The fourth case was a recurring amebic hepatic abscess following open drainage that responded very well to penicillin and emetine. It was felt that the therapeutic test was preferable to surgical reexploration as long as one kept in mind the possible toxic nature of the drug employed—T. P. P.

Chloroquine For Treatment of Acute Attacks of Vivax Malaria, by Major H. Most, Capt. I. M. London, Capt. C. A. Kane, Capt. P. H. Lavietes, Capt. E. F. Schroeder & Col. J. M. Hayman, Jr., M.C., A.U.S., J. A.M.A. 131: 963-967, July 20, 1946.

During the recent war an intensive search for new anti-malarial drugs was conducted in the course of which thousands of chemical substances were investigated under the auspices of the Office of Scientific Research and Development. Studies were designed to find drugs which might have one or more of the following properties: (a) true causal prophylaxis, (b) ability to effect complete cure following treatment, (c) greater efficacy than quinacrine and quinine in suppression and (d) greater efficacy than quinine and quinacrine in the treatment of acute clinical attacks.

The present report is concerned with chloroquine (SN 7618): 7-chloro-4-(4-diethylamino-1-methylamino) quinoline, which is one of a series of new active anti-malarial agents. Detailed studies of the anti-malarial properties, pharmacology and toxicity of this drug have been carried

out by other investigators and this paper is only concerned with its clinical application to the treatment of the acute attack of vivax malaria. These observations were made at the Moore General Hospital designated by the Surgeon General as a center for the treatment and study of tropical diseases.

The relative efficiency of quinine, quinacrine hydrochloride and chloroquine was studied and the authors concluded that Chloroquine (SN 7618) is a highly effective, safe anti-malarial drug which is superior to quinine and quinacrine hydrochloride in the treatment of the acute attack of vivax malaria for the following reasons:

(a) prompter control of fever in delayed primary attacks of infections of Pacific origin and in relapses of infections of Mediterranean or of Pacific origin.

(b) more rapid disappearance of parasites from the blood.

(c) more effective, prompter control of symptoms.

(d) longer interval before relapse and the almost complete abolition of relapses after a short remission.

(e) absence of disturbing symptoms of cinchonism, and freedom from danger of including eczematoid reactions in patients with eczematoid dermatitis or atypical lichen planus which is due to the administration of quinacrine hydrochloride.

(f) ease of administration in short-term courses of one or four-day schedules of treatment.

It is suggested that the acute attack of vivax malaria be treated routinely as follows:— One tablet (0.30 Gm.) of chloroquine is to be administered when the diagnosis of vivax malaria is established by a positive blood smear. This amount of the drug (0.30 Gm.) is to be repeated four hours after the first dose. One tablet (0.30 Gm.) is then given on each of the following three mornings. The total dose is five tablets totaling 1.50 Gms. of chloroquine administered during four days.—T. P. P.

Streptomycin Therapy in Infection of Urinary Tract—Failure Because of Development of Resistance, by A. Bondi, Ph.D., D. Ottenberg, M.D., C. C. Dietz, M.S., and C. L. Brown, M.D., *Jl. A.M.A.* 132: 634-635, Nov. 16, 1946.

The development of resistance by bacteria to chemotherapeutic agents in the treatment of infectious diseases is becoming increasingly important. With the wide usage of the sulfonamides and penicillin at present and probably of streptomycin in the near future, the problem of the development of fastness by organisms in the body during the period of treatment is a matter of great concern to the clinician. The manner in which organisms frequently become resistant to sulfonamide compounds is well recognized. Development of fastness to penicillin has been observed in some organisms during therapy but occurs much less frequently than fastness to sulfonamide compounds. Failure of organisms to readily develop a fastness to penicillin is probably one of the main reasons for the great effectiveness of this agent. With the newer anti-biotic (streptomycin), however, the ease and speed with which organisms become resistant to it in vivo may prove to be a limiting factor in its wide usage. Although this new chemotherapeutic agent is still in its infancy, the development of resistance to it by organisms in the body during treatment has already been reported.

Two unrelated cases of infection of the urinary tract caused by *Aerobacter aerogenes*, a gram-negative coliform bacillus, are described, which were unsuccessfully treated with streptomycin. In both cases the ineffectiveness of streptomycin could be attributed to the development of resistance by the organisms during the course of treatment. In Case 1 the development of resistance to streptomycin was rapid and occurred during the first 24 hours of treatment. Streptomycin was administered daily (1 Gm. 1 million units) by continuous intramuscular drip and was continued for five days, during which the total dosage was 5 Gms. The patient in Case 2 was treated some distance from the laboratory and cultures were not made during the period of treatment, so the speed with which the organisms became resistant was not determined. Cultures were only done before and one week after the last day of treatment with Streptomycin. The treatment consisted of 2 Gms. (2 million units) on the first day by continuous intramuscular drip and 1 Gm. per day thereafter for fourteen days, making a total dosage of 15 Gms.

There is little doubt that the resistant strains isolated in both cases were variants of the original susceptible cultures. The resistant variant in each case was identified with the parent strain morphologically, culturally and biochemically.

Streptomycin has not had sufficient clinical trial as yet to justify conclusions in regard to its future chemotherapeutic value, but it is, nevertheless, important to bear in mind that the rapid development of resistance to this agent by organisms in the body may be a serious problem.

The authors suggest to give larger dosages of Streptomycin at once during the first 1 or 2 days of the treatment for it might tend to eliminate the few resistant variants as well as the susceptible forms. They also opined that it may eventually be required to use some other agent, such as penicillin or a sulfonamide compound along with streptomycin. Combined therapy may prevent the appearance of such resistant variants to either agent.—T. P. P.

Retinal Hemorrhage in Atomic Bomb Casualty, by K. B. Benkwith, American Journal of Ophthalmology, Cincinnati—29:785-926 (July) 1946, page 799.

A Japanese girl, aged 14 years, had retinal hemorrhages as a result of the atomic bomb explosion at Nagasaki. She was ambulatory, although she had earlier suffered from malaise, headache, fever, nausea and diarrhea. Later she noted petechiae in her skin, slight epilation, bleeding from the gums and blurred vision. She was approximately 1 mile from the accepted hypocenter of the atomic bomb explosion. Examination of the fundi early in September showed massive preretinal hemorrhage in each eye and hemorrhages into the fiber layer of the retina. In the macula of the left eye was a large sausage-shaped hemorrhage appearing to be fed by the terminal arterioles and venules of that region. Small fluffy white exudates were scattered about the disk and in close approximation to the retinal vessels of greater caliber. The ill effects of the excessive radiant energy gradually subsided, so that by November there was a definite clearing of the fundi. The retinal hemorrhages were absorbed faster than the whitish areas of apparent serofibrinous exudate, which also disappeared. Little evidence of pathologic change was visible in the fundi by December. A small white area persisted in the fundus of the left eye.—F.N.F.

SOCIETY ACTIVITIES

PROCEEDINGS OF THE HOUSE OF DELEGATES
of the
PHILIPPINE MEDICAL ASSOCIATION
the
THIRTY-NINTH ANNUAL MEETING
HELD AT THE CITY OF MANILA
MAY 7-11, 1946

PHILIPPINE MEDICAL ASSOCIATION
547 *Herran Street, Manila, Philippines*

OFFICERS (1941 extended to 1946)

<i>President</i>	Dr. Victorino de Dios
<i>Vice-Presidents</i>	Dr. Januarío Estrada
	Dr. Honoria Acosta-Sison
<i>Secretary-Treasurer</i>	Dr. A. S. Fernando
<i>Councilors</i>	Dr. Rufino Abriol, — (term expires 1946)
	Dr. Walfrido de Leon (" " 1947)
	Dr. Antonio Villarama (" 1948)
	Dr. Jose C. Locsin (" " 1949)
	Dr. Miguel Cañizares (" 1950)

PROCEEDINGS OF THE BUSINESS SESSIONS OF THE
THIRTY-NINTH ANNUAL MEETING OF THE
PHILIPPINE MEDICAL ASSOCIATION

HELD AT THE CITY OF MANILA, MAY 7-11, 1946.

C O N T E N T S

	Page
A. Minutes of the 1st Session of the House of Delegates (May 7)	473
Report of the—	
1. Council	475
Appendix "a" —Report of the Editor	479
" " "b" —Report of the Business Manager	481
" " "c" —Report of the Committee on Commercial Exhibits	486
" " "d" —Report of the Special Committee on Awards	487
2. Secretary-Treasurer	488
3. Standing Committees:	
(a) Committee on Scientific Work	490
(b) Committee on Arrangements	491
(c) Committee on Legislations and Public Relations	492
(d) Committee on Medical Education, Hospitals and Laboratories	493
(e) Committee on Private Medical Practice and Medical Economics	496
4. Special Committees:	
(a) Central Committee on P.M.A. Building Fund Campaign	497
(b) Committee on Proprietary Medicines	498
B. Minutes of the Second Session of the House of Delegates (May 10)	499
C. General Business Meeting of the Association. (Election of officers and their installation)—(May 11)	504
D. Minutes of the closing meeting of the House of Delegates, (May 11)	505
Proposed Budget for the ensuing fiscal year, 1946-47	505
E. List of Officers and Delegates who have registered at the 39th Annual Meeting	506
F. List of members who have registered at the 39th Annual Meeting	507

MINUTES OF THE FIRST MEETING OF THE HOUSE OF DELEGATES HELD AT THE STO. TOMAS UNIVERSITY GYMNASIUM ON MAY 7, 1946

1. The meeting was called to order at 3:20 p.m. by the President, Dr. Victorino de Dios, and with Dr. Antonio S. Fernando as Secretary.
2. *Roll Call.* The Secretary, after checking the names of delegates present, declared that a quorum was present.
3. *Remarks by the President.*—Dr. Victorino de Dios made the following remarks:

The Members of the House of Delegates:

It is a great pleasure and honor to welcome you to the 39th Annual Convention of the Philippine Medical Association with the Manila Medical Society as the host. It is very unfortunate that our enemy had destroyed the beauty and greatness of the City of Manila which those of you who came from the provinces cannot enjoy during your sojourn. But you can rest assured of the genuine hospitality of our homes. The City of Manila is leveled to the ground and you can appraise by yourselves the extensive destruction of our medical colleges, hospitals, and libraries, and our homes and clinics. To rebuild them it entails enormous sum of money, great sacrifice and determined efforts. But we are confident that with great determination our medical institutions will rise again over these destructions.

For the past four years we did not hold any convention. During the enemy occupation our association, by decision of the Council, has suspended all its activities so that it might not fall under the influence and pressure of the enemy who might use our Association as a means of harmful propaganda. Now after a period of five years we meet again not only to resume the activities of our Association, but to rededicate ourselves to a common endeavor for the speedy rehabilitation of our medical profession and medical practice. This 39th Annual Convention will unlock the door of our future program and activities we shall undertake under the Philippine Republic which will soon be established. Under the aegis of our great Association the best elements of the profession should pull loyally together for a common objective—i.e. full cooperation to our government in matters pertaining to the cure and prevention of diseases.

You, as delegates from component societies, are among those best elements. You are the governing body of this Association which has over thirty component societies. You shape its policies and you pass judgment over the reports of the activities of the different committees. Your responsibility for the success or failure of our Association in the promotion of medical science and medical service cannot be overemphasized.

Your accomplishments and prominent positions in your respective societies bring you to this body as their delegates. You are here to present your problems for solution and to bring home with you whatever benefits gathered in this convention for the information of your members.

Among the problems that confronted the Council was the debt of twelve thousand pesos to the Philippine National Bank. Due to abnormal conditions, the Association was in arrears of several monthly installments and interest. The bank sent me several strong letters demanding the full payment of the obligation, otherwise, the bank would foreclose the mortgage. To save our property the members of the Council contributed voluntarily to pay at least the interest, but as conditions grew worse they stopped paying contribution. Through the efforts of the Council the mortgage was transferred to a private individual.

Immediately after our liberation the Council had decided, among other things, the resumption of the publication of the Journal of the Philippine Medical Association. Through the great sacrifice and efforts of Dr. Fernando, Secretary-Treasurer, and with the cooperation and help of our business manager, Mr. P. M. Chanco, the early publication of the Journal

became a reality. They were able to put out the January issue of the Journal despite great handicaps as there were no available funds and materials.

Long time ago the House of Delegates adopted the Code of Medical Ethics of the American Medical Association inasmuch as our Association is a constituent association of that organization. It is the Magna Charta of the Philippine Medical Association. Its observance by the members preserves the dignity and the honor which the medical profession enjoys in our community. Its basic principles give the eternal value to our profession for which we are proud to live and content to die. But after our Independence shall have been granted us we shall no longer be a territory of the United States. Then we have to adopt a new code of medical ethics whose principles are based on the traditions, customs and idiosyncracies of the Filipinos.

It is with profound sorrow that I report to you that some of our colleagues had been victims of enemy atrocities; several had passed to the Great Beyond. They have left a gap in our midst which is very hard to bridge over. They are dead now, but their civic virtues were not buried with them for their sparks are still glowing with us which inspired us to continue our noble mission.

4. *Submission of Reports*:—The Secretary-Treasurer announced that the following reports had been mimeographed and are in the agenda of the Business Session of the House of Delegates, copies of which were duly delivered to the delegates:

- a) Report of the Council (page 475)
 - Appendix "a" —Report of the Editor (page 479)
 - " "b" —Report of the Business Manager (page 481)
 - " "c" —Report of the Committee on Commercial Exhibits (page 486)
 - " "d" —Report of the Special committee on Awards (page 487)
- b) Report of the Secretary-Treasurer (page 488)
- c) Report of the Standing Committees:
 - (1) Committee on Scientific work (page 490)
 - (2) Committee on Arrangements (page 491)
 - (3) Committee on Legislation and Public Relations (page 492)
 - (4) Committee on Medical Education, Hospitals and Laboratories (page 493)
 - (5) Committee on Private Medical Practice and Medical Economics (page 496)
- d) Report of the Special Committees:
 - (1) Central Committee on P.M.A. Building Fund Campaign (page 497)
 - (2) Committee on Proprietary Medicines (page 498)
- e) Report of the Committee on Medical Ethics (which was duly approved by the Council, March 20, 1946 and printed in the February 1946 issue of the Journal, pp. 83-91.)

5. *Reference Committees*:—The President announced the appointment of the following Reference Committees, with the approval of the House of Delegates, and requested them to submit their written reports at the second meeting of the House of Delegates, May 10, scheduled for 2:30 p.m.:

- 1) Reference Committee on the Report of the Council and the Secretary-Treasurer:
 - a) Dr. Jose Y. Fores, *Chairman*
 - b) Dr. Juan Z. Sta. Cruz, *Member*
 - c) Dr. Pedro Lantin, *Member*
 - d) Dr. Gonzalo Santos, (Tarlac MS), *Member*
 - e) Dr. Bienvenido P. Caro, (Tayabas MS) *Member*
- 2) Reference Committee on the Report of the Standing Committees:
 - a) Dr. Januario Estrada, *Chairman*
 - b) Dr. Carmelo Reyes, *Member*
 - c) Dr. Jose Villegas, (Mindoro MS) *Member*
 - d) Dr. Jose G. Cruz (Tarlac MS) *Member*
 - e) Dr. Jose Z. Liñan, *Member*
- 3) Reference Committee on the Report of the Special Committees:
 - a) Dr. Alberto V. Tupas, *Chairman*
 - b) Dr. Fe del Mundo, *Member*
 - c) Dr. S. Ador Dionisio, *Member*

- d) Dr. Renato Ma. Guerrero, *Member*
- e) Dr. Daniel Ledesma, (Iloilo MS) *Member*
- 4) Reference Committee on the Report of the Committee on the Code of Medical Ethics:
 - a) Dr. Jose V. de los Santos, *Chairman*
 - b) Dr. P. Ramirez, *Member*
 - c) Dr. Ramon Campos, *Member*
 - d) Dr. Luis F. Torres, Jr., *Member*
 - e) Dr. Marcos J. Corpus, (Tarlac, MS) *Member*
- 5) Committee on Nominations:
 - a) Dr. Pablo I. de Jesus, *Chairman*
 - b) Dr. Agustin Liboro, *Member*
 - c) Dr. Pedro B. Ramirez, *Member*
 - d) Dr. Teodorico B. Jimenez, (Cavite MS) *Member*
 - e) Dr. Arsenio C. Regala, (Tarlac MS) *Member*
- 6) *Adjournment.*—The meeting adjourned at 4:15 p.m. to meet again in the afternoon of May 10th.

ATTESTED:

(Sgd.) A. S. FERNANDO, M.D.
Secretary-Treasurer

APPROVED:

(Sgd.) VICTORINO DE DIOS, M.D.
President

REPORT OF THE COUNCIL

To the Members of the House of Delegates
Philippine Medical Association:

The Council has the honor to submit this report of its activities covering the period from April 26, 1941 to April 30, 1946.

The Council met several times soon after the 38th Annual Meeting held April 22-26, 1941. It took up routine matters. Then the war broke out, and the Council suspended activities during the Japanese occupation.

The Council met for the first time after the liberation on August 18, 1945. An Abstract of the minutes of this meeting was published in THE JOURNAL (January 1946 issue pp. 36-38.) At that meeting, the Council took stock of the total destruction of the office, equipment, furniture, records and the library, of the Association. It further took steps regarding the rehabilitation of the Association, the Journal, and component societies. Details of these steps are described more in detail in the reports of our Secretary-Treasurer-Editor and the Business Manager whom the Council immediately appointed.

HELP FROM THE AMERICAN MEDICAL ASSOCIATION

The President of the Association formally reported to the American Medical Association in a letter dated August 18, 1945 what had happened to the Association during the war and its plans of rehabilitation. In the letter of the Secretary of the American Medical Association, dated September 24, 1945, addressed to Dr. A. S. Fernando, he said among other things:

"I especially appreciate your letter. We have all been greatly concerned over the situation in Manila, but up to this time we have been able to secure only fragmentary information concerning the existing situation in the Philippines.

At an official meeting of our Board of Trustees held in June, 1945, Dr. James E. Paullin, Past President of the Association was delegated by the Board of Trustees to secure all available information concerning the conditions in Manila and in the Philippines generally. . . . I am very sure that our Board of Trustees and everyone else are anxious to do what they can to be helpful to the Philippine Medical Association and to be helpful also with respect to the restoration of medical education and of medical libraries. . . . We have all been distressed over the rumors pertaining to the destruction of Manila, We have practically no information whatever concerning the plight of physicians of the Islands, although there have been many rumors

concerning the brutal attitude assumed by the Japanese military commanders and soldiers under their command..."

Under the heading "Much Needed Assistance to the Philippines" which appeared in the minutes of the House of Delegates of the American Medical Association December 3, 1945 (see Journal of the A.M.A. December 22, 1945, Vol. 129, pp. 1178-1179) Dr. James E. Paulin, in response to a request from the Board of Trustees, made an investigation of the facilities and needs of the Philippine Medical Association and the College of Medicine, University of the Philippines and the Philippine General Hospital... he said: "The devastation brought on Manila as a result of the war is tremendous... many of the doctors were killed in battle or by the Japanese... The Medical School and hospitals are in need of help... They have practically no apparatuses... There are few surgical instruments, very few chemicals, no library... all their hospital records accumulated since 1911 were destroyed..."

The Board of Trustees has arranged to provide subscriptions to the medical periodicals published by the A.M.A. and to send other medical literature thus available to the Philippine Medical Association and to the University Medical School.

Dr. A. S. Fernando received the following letter from the new Secretary, A.M.A., Dr. George F. Lull, dated March 2, 1946 which is self explanatory:

Dr. A. S. Fernando
Secretary, Philippine Medical Association
Manila, Philippine Islands
Dear Dr. Fernando:

I believe you have been advised that we have the library of the late Dr. Peter Bassoé, which we should like to send to the Philippines. To date we have been unable to make arrangements for shipment. However, I have just received a letter from the American Red Cross Headquarters in which it is stated that the Red Cross will help us. This library consists of 1300 pounds of books, and I knew that it will be available to you people in Manila.

I am advising the Red Cross to turn it over to you, as Secretary of the Philippine Medical Association, since I am not sure whether it should go to the Philippine General Hospital, the Bureau of Science or some other organization, all of which I realize could utilize this material.

Very truly yours,
(Sgd.) GEORGE F. LULL

THE CASE OF THE JEWISH PHYSICIANS

The Secretary of Health and Public Welfare, Dr. Jose C. Locsin, a former president of our Association, took a decisive and positive stand regarding this matter for which the Association should be deeply grateful. Upon this intervention on the case, we received the following ruling from the Supreme Court.

UNITED STATES OF AMERICA COMMONWEALTH OF THE PHILIPPINES SUPREME COURT

PEDRO GIL,
Petitioner-Appellee,
Versus
MARTIN R. CRUZ, MANUEL RAMIREZ AND
MANUEL QUISUMBING, as Members of the
Board of Medical Examiners,
Respondents-Appellants,
PHILIPPINE MEDICAL ASSOCIATION
Intervener-Appellee.

MOTION FOR DISMISSAL OF APPEAL

COMES NOW the Board of Medical Examiners, through the undersigned counsel and to this Honorable Court, respectfully prays that the constitution of the records of

this case be discontinued on the ground that the present members of the Board of Medical Examiners, who are the appellants in this case, are in accord with the decision rendered by the Court of First Instance and are no longer interested in prosecuting the appeal.

MANILA, April 30, 1946.

(Sgd.) JOSE B. L. REYES
First Assistant Solicitor General
(Sgd.) LUCAS V. MADAMBA
Solicitor

COPY FURNISHED:

Dr. Pedro Gil
Manila
Mr. Deogracias J. Puyat
c/o Mr. Gil Puyat
Rodriguez Arias, Manila
Attys. Sabido and Laurel Jr.
Peñafrancia, Paco, Manila
Mr. Susano A. Velasquez
Azcarraga, Manila
The Philippine Medical Association
Manila

In the meeting of the Council of February 20, 1946, some of the actions taken, upon recommendations of Dr. A. S. Fernando, were as follows:

1. The Council Appointed the following Special Committee on Commercial Exhibits with authority to charge the exhibitors, depending upon the space occupied, provided that the net income from these exhibits be turned over to the P.M.A.: Dr. Luis F. Torres, Jr. chairman; Dr. Renato Guerrero, member; and Mr. P. M. Chanco, Executive Secretary.
2. The Council decided to request the Honorable the Secretary of Health and Public Welfare to encourage the attendance of doctors under his Department to this first Annual Meeting after our liberation by allowing them to attend on official time at least.
3. The Council appointed Dr. Jose Y. Fores to be Chairman of the sub-committee for Manila to undertake a campaign for the Philippine Medical Association Building Funds with authority to appoint members of this committee from the Manila Medical Society.
4. The Council resolved to requests the Secretary of Health and Public Welfare to make representations to the proper entity of the Government to consider our property on Taft Avenue as non-profit-making, and devoted to medical science, and such, to be exempted from taxation.
5. To recommend to the Secretary of Health and Public Welfare to issue a Departmental Order requiring the Board of Medical Examiners, with the help of the Bureau of Health and other agencies, to compile an up-to-date biographical data, and including a separate list of the names of those physicians who died or were suspended during the year, and other pertinent informations. The Philippine Medical Association shall be officially committed to publish the Philippine Medical Directory every two years, as it used to do before, based on the records to be obtained from the Board of Medical Examiners.

In connection with this Medical Directory, the following letters are included in this report, which are self-explanatory:

COMMONWEALTH OF THE PHILIPPINES
DEPARTMENT OF HEALTH AND PUBLIC WELFARE

April 2, 1946

MANILA

Dr. Victorino de Dios
President, Philippine Medical Association
Manila
Dear Dr. De Dios:

In connection with your letter dated March 11, 1946, requesting the assistance of

the Board of Medical Examiners and the Bureau of Health to compile an up-to-date biographical data of physicians in the Philippines, including a separate list of those who died or were suspended during the year, I take the pleasure in sending you herewith a copy of a self-explanatory letter dated March 29, 1946 of the Chairman, Board of Medical Examiners with its enclosures.

Sincerely yours,

(Sgd.) JOSE C. LOCSIN

Secretary of Health and Public Welfare

ENCLS.: As stated.

BOARD OF MEDICAL EXAMINERS

March 29, 1946

The Director of Health

Manila

Sir:

In connection with the enclosed letter of the President of the Philippine Medical Association which was referred to this Office by the Secretary of Health and Public Welfare, it will be appreciated if the District Health Officers could be asked to furnish this Board with the information desired in the Communication in so far as the biographical data of physicians and the names of those who died are concerned. For this purpose, we are enclosing a blank form that may be used as a guide for the report requested.

Thanking you for your cooperation in this regard, I remain,

Very respectfully yours,

(Sgd.) CESAREO STA. ANA

Chairman

Encl.: As above

6. To recommend the adoption by the Association, and by the Board of Medical Examiners of the proposed "Principles of Medical Ethics for the Medical Profession in the Philippines, a copy of which is appended hereto, together with the notes describing how, by whom, and under what authority these Principles were drafted.

7. To recommend to the Association the granting of awards to the first best and the second best articles published in the Journal of the Philippine Medical Association during the year consisting of P200 and P100 respectively, in order to encourage medical writers to publish good articles in the Journal. It was further decided that the Council be empowered to appoint a special committee to select these articles at the end of the year, and that the official announcement of these awards be made at the Annual Meeting immediately following the year under consideration; provided, that in case there are no articles which in the opinion of the Committee, are not of outstanding scientific or practical value that will reflect credit on the Association, said awards may not be granted.

8. To grant posthumously an award to the late Dr. Candido M. Africa, a most distinguished Filipino researcher who was killed by the Japanese in February 1945. This award shall be similar to the "Distinguished Service Award" of the A.M.A. (See section 5, Chapter VI, Constitution and By-Laws A.M.A.), consisting of a gold medal and citation to be prepared by a special committee to be appointed by the Council: said award to be presented to Mrs. C. M. Africa, at the coming Annual Meeting of the P.M.A.

As a part of this Council report the following are included as appendices:

- Appendix a) Report of the Editor
- " b) Report of the Business Manager
- " c) Report of the Committee on Commercial Exhibits
- " d) Report of the Committee on Awards

The Council hereby acknowledges its indebtedness for the hearty and valuable cooperation of the A. M. A., the Honorable Secretary of Health and Public Welfare and the agencies under his Department, the component Societies of the Association, and all those agencies

and individuals who have helped in the rehabilitation of the Association and the preparation of this 39th Annual Meeting of the Association.

Respectfully submitted,

(Sgd.) VICTORINO DE DIOS, M.D. <i>President</i>	COUNCILORS: (Sgd.) RUFINO ABRIOL, M.D.
(Sgd.) JANUARIO ESTRADA, M.D. <i>Vice-President</i>	(Sgd.) WALFRIDO DE LEON, M.D.
(Sgd.) HONORIA ACOSTA-SISON, M.D. <i>Vice-President</i>	(Sgd.) ANTONIO VILLARAMA, M.D.
(Sgd.) A. S. FERNANDO, M.D. <i>Secretary-Treasurer</i>	(Sgd.) JOSE C. LOCSIN, M.D.
	(Sgd.) MIGUEL CAÑIZARES, M.D.

APPENDIX "A"—REPORT OF THE EDITOR

To the Council,
Philippine Medical Association:

I have the honor to submit the following report of the Editor covering the period from August 18, 1945 to April 30, 1946.

As early as August 12, 1945, I wrote to the Secretary, American Medical Association, to appraise him of the complete destruction of the Office and the Library of the Association. His answer to my letter dated September 24, 1945, has been most encouraging to us and has helped us in our difficult work of rehabilitation.

In the meeting of the Council of August 18, 1945, I proposed that we publish as soon as we could the first issue of the JOURNAL since the war. I hereby acknowledge my indebtedness to those members of our Association who contributed the articles that appeared in this first issue. In the same meeting, Mr. P. M. Chanco was re-appointed Business Manager of THE JOURNAL. I wish to make it of record that through his splendid cooperation and very efficient service we succeeded in having the first issue (January 1946) out on February 23, 1946. Our Editorial in that number explained, for the information of the readers here and abroad, why the Council suspended the publication of the JOURNAL during the Japanese occupation.

I wish also to express here my deep appreciation for the great help of Dr. Olin West, Secretary, American Medical Association, through whose assistance we could get in contact with those Journals abroad with which we had exchanges before the war. It is with pleasure that I report to the Council that there are to date 50 foreign exchanges. Their editors have written to me encouraging letters with promise to help us rehabilitate our destroyed library by sending us such back numbers that were available to them. The list of our exchanges to date is attached hereto.

If not for difficulties in postal service I am sure we will receive more of the exchange publications. Particularly now that our country is on the threshold of its independence, the Philippine Medical Association and its official organ should play an important role in the medical fields not only in our own country, but also in the medical world. Precisely because of this future role that I beg to call the attention of the Council to give more thought and attention to the improvement and success of the JOURNAL. Even now, we have received several proposals for exchanges from foreign medical periodicals which I believe attest to the importance attached to our official organ by scientific workers from abroad. In this connection, I am glad to mention here that the Council approved my recommendation to give cash awards to the first and second best articles published in THE JOURNAL during the year, to be selected by a special committee.

I hereby gratefully acknowledge my indebtedness to the Council, to the Business Manager, and to all others with whom I have had official contacts and dealings in connection with my work as Editor.

Respectfully submitted,

A. S. FERNANDO
Editor

E X C H A N G E L I S T

1. American Journal of Obstetrics and Gynecology
V. V. Mosby Co., 3207 Washington Blvd., St. Louis 3, U.S.A.
2. Annals of Tropical Medicine and Parasitology
University Press, 177 Brownlow Hill Liverpool 3, England
3. Archives of Physical Medicine
Official Journal American Congress of Physical Medicine
30 N. Michigan Ave., Chicago 2, Chicago, Ill., U.S.A.
4. Archivos Uruguayos de medicina, cirugía y especialidades Federacion de las sociedades medico-cientificas de Uruguayos
5. Boletin de la Asociacion medica de Puerto Rico.
Avenida Manuel Fernandez Juncos Parada 19, Santurce, San Juan, Cuba
6. Bureau of Hygiene and Tropical Diseases
Keppel St., Gower St., London W. C. 1, London, England
7. Bulletin of the New York Academy of Medicine
2 E. 103rd St., New York 29 New York, U.S.A.
8. Delaware State Medical Journal
618 Citizens Bank Bldg., Wilmington Delaware, U.S.A.
9. Green and Company, Ltd. of Paternoster Row
43 Albert Drive, London, S. W. 19 London, England
10. Illinois Medical Journal
30 N. Michigan Avenue Chicago, Ill. U.S.A.
11. Indian Medical Gazette
Thacker, Spink & Co., P.O. Box 54 Calcutta, India
12. Indian Medical Record
14 Puranchand Nahar Avenue Calcutta, India
13. International Journal of Leprosy
Department of Hygiene, School of Medicine
Western Reserve University, Cleveland, Ohio, U.S.A.
14. Journal of the Indiana State Medical Association
1017 Hume Mansur Bldg., Indianapolis, 4 Indiana, U.S.A.
15. Journal of Iowa State Medical Society
505 Bankers Trust Bldg., Des Moines 9 Iowa, U.S.A.
16. Journal of Kansas Medical Society
406 Columbian Bldg. Topeka, Kansas, U.S.A.
17. Journal of Medical Association of Georgia
478 Peachtree St., N. E. Atlanta Georgia, U.S.A.
18. Journal of the Medical Society of New Jersey
315 W. State St., Trenton 8 Trenton, N. J., U.S.A.
19. Journal of the Maine Medical Association
Congress Bldg., 142 High Street Portland, Maine, U.S.A.
20. Journal of Missouri State Medical Association
623 Missouri Bldg., St. Louis Missouri, U.S.A.
21. Journal of Nervous and Mental Diseases
64 W. 56th St., New York 19 N. Y., U.S.A.
22. Journal of South Carolina Medical Association
Florence, South Carolina U.S.A.
23. Journal of Tropical Medicine and Hygiene
John Bale Medical Publications, Ltd., 83-91 Great Tichfield St., London, W. 1, England
24. Kentucky Medical Journal
519-10th St., Bowling Green Kentucky, U.S.A.
25. Laryngoscope
640 S. Kingshighway, St. Louis 10 Missouri, U.S.A.
26. La prensa medica maxicana
Queretero 97 Mexico, D. F.
27. Medical Journal of Australia
Seamer St., Gleve, Sydney N. S. W., Australia
28. Medical Times
The Journal of the American Medical Profession
95 Nassau St., New York, U.S.A.
29. Nebraska State Medical Association
416 Federal Securities Bldg., Lincoln Nebraska, U.S.A.

30. New Orleans Medical and Surgical Journal
1430 Tulane Avenue,
New Orleans 13
31. Northwest Medicine
225 Cobb Bldg., Seattle 1
Washington, U.S.A.
32. Radiological Society of North America
607 Medical Arts Bldg., Syracuse 2
New York, U.S.A.
33. Revista del Circulo medico argentino y Centro Estudiantes de medicina
Corrientes 2038, Buenos Aires
34. Revista de medicina y cirugia de la Linea 962 Altos, Habana
35. Revista medica latino-Americana
Cangallo 940, Buenos Aires
36. Revista de tuberculosis del Uruguay
Organo oficial de la sociedad de ti-siologia
Casilla de Correo 835
Montevideo, Uruguay
37. Rhode Island Medical Society
106 Francis St., Providence
Rhode Island, U.S.A.
38. Rocky Mountain Medical Journal
537 Republic Bldg., Denver 2
Colorado, U.S.A.
39. South African Medical Journal
Box 643, Cape Town, South Africa
40. The New Zealand Medical Journal
Box 156, Wellington
New Zealand
41. The Journal of the International Col-
lege of Surgeons
850 W. Irving Park, Chicago
Illinois, U.S.A.
42. United States Naval Medical Bulletin
Superintendent of Documents
Government Printing Office,
Washington, D. C.
43. Urologic and Cutaneous Review
3829 Pasco Navarra,
West Palm Beach
Florida, U.S.A.
44. Virginia Medical Monthly
1200 E. Clay St., Richmond
Virginia, U.S.A.
45. West Virginia Medical Journal
302 Atlas Bldg., Charlestown
West Virginia, U.S.A.
46. Wisconsin Medical Journal
917 Tenney Bldg., Madison
Wisconsin, U.S.A.
47. Calcutta Medical Journal
91-B Chittaranjan Avenue
Calcutta, India
48. Fundacion Biogen
Caracas, Venezuela
South America
49. American Medical Association
535 North Dearborn St., Chicago 10
Illinois, U.S.A.
50. Public Health Reports
Washington, D. C.
U.S.A.

APPENDIX "B"—REPORT OF THE BUSINESS MANAGER
OF THE JOURNAL OF THE PHILIPPINE MEDICAL
ASSOCIATION

Dr. Victorino de Dios,
President,
Philippine Medical Association
(Through the Secretary-Treasurer-Editor)

Dear Doctor:

I have the honor to submit the report of the Business Manager for the period of six months, from October 16, 1945, to April 15, 1946. On October 16, 1945, I was reappointed (see attached copy of the appointment) Business Manager of THE JOURNAL, P.M.A.

The undersigned continued in his capacity as Business Manager of the Journal during 1942 to attend to unfinished matters and to close the 1941 accounts. This is evidenced by the accompanying Balance Sheet as of September, 1942 of the P. M. A. and the Balance Sheet as of December 31, 1942 of the P. M. A., Inc., copies of which were saved and recovered from the personal files of Mr. Gregorio Santos, bookkeeper-accountant. For this, I have previously recommended to the Council that Mr. Santos who is now ill be given a reward or bonus. Incidentally, it might be mentioned that the undersigned also served as the Business Manager of the Building Corporation of the Association since its organization without extra compensation except his salary of ₱150 per month as Business Manager of the Journal. His present salary is ₱120 per month.

It is a matter of general knowledge that the records, equipment and other movable property of the Association and THE JOURNAL have all been destroyed as a result of the war. The management was, therefore, forced to start from scratch. The decision of the Council to resume the publication of the Journal starting with the January, 1946, issue has made it necessary for the management to immediately solicit ads here and abroad, a difficult task during reconstruction period. Many obstacles have to be overcome such as the limited mail facilities, disruption of business and drug houses, scarcity of office materials and equipment, difficulty in securing clerical help, etc. With the valuable help, encouragement and cooperation of the Secretary-Treasurer, Dr. Antonio S. Fernando, with his inspiring slogan that "we have nothing to start with except the will to work and to succeed", the Business Manager was able to secure 14 advertising pages in the January issue and probably more ad pages in the monthly issues that will follow. In view of limited printing facilities and high cost of printing materials, the pre-war advertising rates were increased 100%, altho printing charges were four times as high as in pre-war years.

From the Financial Statements as of April 15, 1946, herewith submitted as part of this report, the following may be noted: A total of P2,540.24 was or will be collected from Ads during the period covered by this report. For membership dues a total of P1,512.00 was collected. For the rehabilitation of the Journal the Manila Medical Society contributed P258.00 and the Tarlac Medical Society promised to make similar contribution to the Journal. Moreover the M. M. S. is paying one-half of the P100 monthly salary of the clerk-stenographer.

With reference to Expenditures, the most important item is printing for which P1,552.80 were expended for the January issue only. For salaries, only the salary of the clerk-stenographer, copy editor and part-time messenger have been actually paid. The salaries of the Secretary-Treasurer-Editor, the Business Manager and the Bookkeeper-Accountant will be paid when funds are available.

All in all considered, the Financial Statements show a total income of P8,352.64 as against P4,246.58 total expenditures, thus leaving a superavit of P4,106.06.

The undersigned has submitted to Dr. A. S. Fernando, Secretary-Treasurer-Editor, a written recommendation about the advisability of designating an advertising representative in the U. S. Attention is respectfully invited to the still undeniable fact that local drug houses and manufacturers have yet to realize the importance of advertising in a reputable medical publication like the JOURNAL. In previous years the same conditions obtained, and we must therefore depend, as in the past years, on advertisements from the United States. The importance of having advertising representatives in the United States can not be over estimated.

Respectfully submitted,

(Sgd.) P. M. CHANCO
Business Manager

PHILIPPINE MEDICAL ASSOCIATION
MANILA

BALANCE SHEET

April 15, 1946

ASSETS

Current Assets:

Cash on hand	P 384.71
Cash — Phil. National Bank (Current Account)	138.21
Cash — Phil. National Bank (Foreign checks pending for collection)	631.14
Accounts Receivable	4,662.00
Total Assets	P5,816.06

LIABILITIES AND NET WORTH

Current Liabilities:	
Accounts Payable	P1,170.00
Net Worth:	
Surplus, per Exhibit A	4,106.06
Total Liabilities and Net Worth	P5,816.06

Respectfully submitted:
(Sgd.) P. M. CHANCO
Business Manager

STATEMENT OF INCOME AND EXPENDITURES

October 15, 1945 to April 15, 1946

Income:	
Dues:	
Manila Medical Society	P 888.00
Prov. Medical Societies	624.00
	P1,512.00
Advertisements	P2,540.24
Subscriptions	41.40
Sales of Journal	1.00
Contribution:	
For rehabilitation of the Journal	258.00
For the use of booth in the exhibit at the 39th annual meeting of the association, May 7-11, 1946	4,000.00
	4,258.00
Total income	P8,352.64
Expenditures:	
Salaries	P2,129.97
Office supplies	236.36
Postal, teleg., & cable service	176.01
Printing	1,552.80
Traveling expenses	67.00
Miscellaneous expenses	84.44
	4,246.58
Total expenditures	4,246.58
NET INCOME AS OF APRIL 15, 1946	P4,106.06

STATEMENT OF ACCOUNTS PAYABLE

Dr. A. S. Fernando, as Editor, Sec. Treasurer, salary from Aug. 1, 1945 to April 15, 1946 at P100 a month	P 850.00
P. M. Chanco, as Business Manager, salary from October 16, 1945 to April 15, 1946 at P120 a month	720.00
Accountant-Bookkeeper, salary from Feb. 1 to April 15, 1946 at P40 a month	P 100.00
A. Alcantara, Clerk-Stenographer, salary for April 1-15, 1946 at P50 a month	25.00
Salary of part-time messenger-collector for April 1-15, 1946 at P30 a month	15.00
	P1,710.00
Total	P1,710.00

STATEMENT OF ACCOUNTS RECEIVABLE

Bill No. 3, Dec. 24, 1945—Parke, Davis & Co.—One page of advertising space, outside back cover, in the issues for Sept., Oct., Nov. & Dec. 1941	P 128.00
Bill No. 5, Feb. 7, 1946—G. E. Stecher & Co.—Annual subscription from Jan. 1946 to Dec. 1946	18.00

Bill No. 14, Mar. 4, 1946—Mead Johnson & Co.—Advertising, one page, Feb., Mar., April, May, June and July, 1946 issues at P50 per issue, less 10% discount for advance payment P30	270.00
Bill No. 15, Mar. 22, 1946—Schenley Laboratories, Inc.—Annual Subscription, from Jan. 1946 to Dec. 1946	6.00
Bill No. 16, Apr 11, 1946—Dr. De Leon—For 75 extra copies of reprints of article in Jan. 1946 issue	10.00
Bill No. 17, Apr. 13, 1946—Eli Lilly International Corporation—One page advertising space in the Journal, Jan., Mar., May, July, Sept. & Nov. 1946	230.00
Contribution for the use of booth in the exhibit at the 39th annual meeting of the association, May 7-11, 1946:	
Bill No. 18, Apr. 13, 1946—Medical Drug House—booth C	400.00
Bill No. 19, Apr. 13, 1946—Modern Pharmacal Co.—booth A	400.00
Bill No. 20, Apr. 13, 1946—E. R. Squibb & Sons—booth B	400.00
Bill No. 21, Apr. 13, 1946—Winthrop Chemical Co., Inc.—booth D	400.00
Bill No. 22, Apr. 13, 1946—Metro Drug Corporation—booth 9	300.00
Bill No. 23, Apr. 13, 1946—Oceanic Commercial, Inc.—booth 11 & 12	600.00
Bill No. 24, Apr. 13, 1946—Eli Lilly International Corporation—booth 10 ..	300.00
Bill No. 25, Apr. 13, 1946—FIMA—booth 8	300.00
Bill No. 26, Apr. 13, 1946—La Estrella del Norte—booth 4, 5, & 6	900.00
Total	<u><u>P4,662.00</u></u>

PHILIPPINE MEDICAL ASSOCIATION
MANILA

BALANCE SHEET
September 30, 1942
ASSETS

CURRENT:

Checks on hand	P 183.50	
Cash—Phil. National Bank (Savings Account)	16.90	200.40
Accounts Receivable—		
Philippine Medical Association, Inc.		6,093.58
Miscellaneous—		
Books (239 volumes)	1,479.00	
Bound Exchanged Publications	1,744.00	
Unbound Exchanged Publications	200.00	
Auto Emblems	42.32	3,465.32
FIXED:		
Furniture and Equipment		1,722.55
TOTAL ASSETS		<u><u>P11,481.85</u></u>

LIABILITIES AND PRESENT WORTH

CURRENT:

Accounts Payable—		
Carmelo & Bauermann, Inc.	1,327.51	
Dr. Victorino de Dios	20.00	1,347.51

PRESENT WORTH:

NET WORTH (See Statement Below)		10,134.34
---------------------------------------	--	-----------

TOTAL LIABILITIES AND PRESENT WORTH

P11,481.85

STATEMENT OF INCOME AND EXPENDITURES

January 1, to September 30, 1942

INCOME

Journal:

Advertisements	18.00	
Administration:		
Interest earned in P. N. B.	2.63	<u>P 20.63</u>

EXPENDITURES

Administration expenses	3.10	
Salaries and wages	530.36	
Telephone service	3.19	536.65
Deficit This Period		(516.02)
Add—Net Worth From Last Report (Dec. 31, 1941)		<u>10,650.36</u>

PRESENT WORTH THIS REPORT (See Above Balance Sheet) P10,134.34

Respectfully submitted,
(Sgd.) P. M. CHANCO
Business Manager

BALANCE SHEET
DECEMBER 31, 1942
A S S E T S

CURRENT:		
Cash on hand	P 4.12	
Pledge Receivable	5,413.50	<u>P 5,417.62</u>
FIXED:		
Land		<u>26,341.90</u>
TOTAL ASSETS		<u><u>P31,759.52</u></u>

LIABILITIES AND SURPLUS

CURRENT:		
Philippine National Bank	12,000.00	
Philippine Medical Association	6,356.79	
Dr. Jose C. Locsin	800.00	
Loans Payable	190.00	<u>P19,346.79</u>
SURPLUS (Statement Below)		<u>12,412.73</u>
TOTAL LIABILITIES AND SURPLUS		<u><u>P31,759.52</u></u>

STATEMENT OF INCOME AND EXPENDITURES

JANUARY 1st TO DECEMBER 31, 1942

INCOME:

Contributions

EXPENDITURES:

Interest on Mortgage	P 593.76	
Residence Certificate	11.75	
Realty Tax	327.66	
Bank Charges	7.00	
Miscellaneous expenses	.20	<u>P 940.37</u>

DEFICIT THIS PERIOD (P 940.37)

ADD: SURPLUS FROM LAST REPORT (Dec. 31, 1941)	13,353.10
SURPLUS THIS REPORT	<u><u>P12,412.73</u></u>

Certified Correct:

(Sgd.) P. M. CHANCO
Business Manager

Subscribed and sworn to before me this _____ day of January, 1943, at Manila, Philippines. The affiant, Mr. P. M. Chanco, exhibited his Residence Certificate No. 0013238, issued at the City of Manila on January 8, 1943.

Notary Public

My commission expires December 31, 1943.

Doc. No.

Page No.

Book No.

Series of 1943.

APPENDIX "C"—REPORT OF THE SPECIAL COMMITTEE ON COMMERCIAL EXHIBITS

To the Members of the Council,
Philippine Medical Association:

The Special Committee on Exhibits appointed by the Council at its meeting of February 20, 1946, begs to submit the following report:

The Committee held two meetings and considered ways and means to carry out the main objective of its function as outlined by the Secretary-Treasurer of the Association in his notification to the members of the Special Committee to wit:

"The Association is in great need of funds to pay its outstanding obligations. The American Medical Association makes this practice of inviting to its annual sessions commercial companies to display their goods such as drugs, instruments, books and other things of interest to the physicians, and it is a source of incomes which is used to defray the many expenses of the association."

At the meeting of the Special Committee on Exhibits held April 12, 1946, at which advertisers were present by invitation the following commercial firms dealing on drugs, instruments and medical equipment sent their representatives:

F I M A

E. R. Squibb & Sons

Oceanic Commercial, Inc.

La Estrella del Norte (Levy-Hermanos, Inc.)

Metro Drug Corporation

Modern Pharmacal Co.

Eli Lilly International Corporation

Manila Drug House

Winthrop Chemical Co., Inc.

The sketch of the floor space available for exhibits was duly prepared and presented at the meeting. It was agreed that the floor space available be divided into 4 corner booths shown in the sketch as booth A, B, C and D and 12 additional booths numbered 1 to 12. As the number of applicants for A, B, C and D was in excess of 4, the assignment of these booths was made by drawing lots, the result of which was as follows:

Booth A. Modern Pharmacal

" B. E. R. Squibb & Sons

" C. Manila Drug House

" D. Winthrop Chemical Inc.

It was also agreed that to charge P300.00 per booth for booths 1 to 12 and P400.00 each for booths A, B, C, and D. This charge includes not only the use of the space for

exhibits but also as contribution to the Journal. The Committee takes pleasure in reporting the following income:

For booths A, B, C, and D at P400 each	P1,600
For 12 booths at P300 each	3,000
TOTAL	<u>P4,600</u>

Two booths are still available for late exhibitors, and an additional income of P600.00 might be collected.

The Special Committee on Exhibits hereby acknowledges its appreciation of the splendid support and cooperation of advertisers and exhibitors and respectfully recommends that a resolution be passed by the Council expressing the thanks of the Association for the help to the Journal.

Respectfully submitted,

LUIS F. TORRES, Jr., Chairman
RENATO GUERRERO, Member
P. M. CHANCO, Executive Secretary

APPENDIX "D"—REPORT OF THE COMMITTEE ON AWARD

May 10, 1946

Your undersigned Committee on Award begs to report that in pursuance of the action of that body to grant posthumously an award to the late Dr. Candido M. Africa, it has had a gold medal and a diploma made, together with the proper citation.

As duly reported by the Secretary of the Association the expenses of the gold medal and of the diploma were defrayed by voluntary contributions from admirers of Dr. Africa, amounting to P225.00.

The medal, entrusted to Crispulo Zamora, bore the following on the anverse: Philippine Medical Association, For outstanding contributions to medical science, 1903, and the following on the reverse: Awarded posthumously to Candido M. Africa, M.D., May 8, 1946; it could be worn on the breast, and had a yellow ribbon.

The Diploma read as follows: "Philippine Medical Association, Manila, Philippines. To all who shall see these premises, greetings: Know ye, that having made outstanding contributions to medical science and research, Candido Macasaet Africa, M.D., University of the Philippines, 1920: D.T.M.&H. London School of Hygiene and Tropical Medicine, 1929, the Council of the Philippine Medical Association, in recognition thereof, conferred upon him, posthumously, a gold medal and this diploma. In testimony whereof are hereunto affixed the signatures of the President and the Secretary of the Philippine Medical Association. Given in Manila, Philippines, this seventh day of May, nineteen hundred and forty-six.

(Sgd.) _____
Secretary

(Sgd.) _____
President

and the citation, read at the opening General Session by the Chairman of the Committee was as follows: Candido Macasaet Africa, born in Lipa, Batangas, October 2, 1895, graduate, College of Medicine, University of the Philippines, 1920: graduate, London School of Tropical Medicine and Hygiene, 1929, Professor and Head, Department of Parasitology, Institute of Hygiene, University of the Philippines, Charter Member, National Research Council, killed in Manila by Japanese, February 12, 1945. For outstanding contributions to medical science thru his discovery of one of the contributory causes of heart failure, hitherto unsuspected; for his remarkable revelation of the intramucosal invasion of certain trematodes in the intestines and the filtration of their ova into distant organs and structures of the body heretofore considered closed to them, thus blazing a new trail and opening up new horizons in research on the strategic proclivities of parasites in general; for his discovery and description of new and hitherto unknown species of trematodes; for his investigations on autoinfestation and autoinfection as applied to parasites; for his fundamental studies on host-parasite relations with special reference to age resistance and acquired immunity; for his successful efforts in awakening greater consciousness to the hazards of parasitic diseases, particularly the menace of the

Oriental blood fluke in this country, making our medical men schistosoma-minded; for his mastery and unquestioned ability as a lecturer and teacher of his chosen field; for his many other investigations in the field of parasitology, borne out by his 66 scientific publications, which revealed the breadth and depth of his interest, and enlarged the frontiers of knowledge in the field; all of which brought him international renown as a leader in his line and forced recognition of the Filipino scientist abroad, as has not been achieved before, thus reflecting glory and honor upon his calling and country.

In fairness to them, the Secretary-Treasurer who was a member of the Committee, should be credited with getting up the medal, and Dr. Pesigan, the other member in helping with the preparation of the citation and of the diploma.

Respectfully,

CARMELO REYES, *Chairman*
A. S. FERNANDO, *Member*
T. P. PESIGAN, *Member*

REPORT OF THE SECRETARY-TREASURER

To the Members of the House of Delegates,
Philippine Medical Association:

The following report of the Secretary-Treasurer is respectfully submitted covering the period from August 18, 1945, to April 30, 1946.

1. *Appointment.*—The undersigned was requested by the President, Dr. Victorino de Dios, to serve again as Secretary-Treasurer vice Dr. Conrado D. Ayuyao who died on August 18, 1944. The Council, by unanimous vote, extended to him the formal appointment at its meeting held August 18, 1945.

2. *Activities Regarding the rehabilitation of the Association and the Component Societies.*—With the help of the President, the undersigned immediately started the work on the rehabilitation of the Association and got in touch with the Secretary of the American Medical Association by air-mail informing of what had happened to the Philippine Medical Association—the complete destruction of the office, furniture, equipment, records and the library of the Association as the result of the Battle of Manila in February 1945. At the meeting of the Council in August 18, 1945, a program of activities to hasten the rehabilitation was approved. The valuable help of Dr. Jose C. Locsin, the newly appointed Secretary of Health and Public Welfare in the Osmeña cabinet, was immediately sought. We sent out letters to the different component societies asking these to reorganize as soon as possible. We wrote letters to the different district health officers and directors of provincial hospitals, appealing to them to help us revive the component societies as soon as possible. We coursed these letters thru the Secretary of Health and Public Welfare, thereby getting his official endorsement of our objective.

As a result of these combined efforts, we are glad to report here the reorganization of several component societies and the formation of three new ones. To date, April 30, 1946, the following Societies are now actively functioning:

MEMBERS IN GOOD STANDING OF THE DIFFERENT COMPONENT SOCIETIES AND TOTAL DUES PAID AS OF APRIL 30, 1946.

Medical Society	No. of Members	Total Dues paid
Manila	156	P 936.00
Tarlac	61	366.00
Cavite	38	228.00
Culion	10	60.00
Davao	26	156.00
Camarines Sur	18	108.00
TOTAL	309	P1,854.00

The following Medical Societies have notified the Secretary-Treasurer of the P.M.A. of their organization but payment of dues has not yet been received at the time this report was prepared:

Medical Society	No. of Members
Laguna	@
La Union	16
Nueva Ecija	24
Bohol	13
Mindoro	34
Sulu	8
Cebu	@
Iloilo	35
Zamboanga	30

@—The number of members was not mentioned in their letters to the Philippine Medical Association.

3. *Many Difficulties Encountered.*—Difficulties in communication, and the destruction of offices and records of the component Societies as a result of the war proved to be great obstacles to surmount. Even up to this time, no money order from provinces can be sent to us.

4. *Obituary.*—It is with profound sorrow that I report to you in the attached list the members who, according to reports received, have departed to the Great Beyond.

5. *Proceedings of the 38th Annual Meeting.*—The materials for these proceedings were completely burned, so we have no records of the transactions of the House of Delegates and the General Business Session in the 38th Annual Meeting held in Manila April 22, 1941. Fortunately, Dr. Victorino de Dios saved the mimeographed agenda which we find now very helpful.

6. *Finances.*—The Business Manager has submitted to the Council the Report of the Finances of the Association to which I fully subscribe.

At the beginning of our activities to rehabilitate the Association, we did not have a single centavo, and the President and myself had to advance certain sums for routine expenses.

In connection with my recommendation, which was duly approved by the Council, to award posthumously to the late Dr. Candido M. Africa a Gold Medal and a Citation for his outstanding contributions to Medical Science I undertook, with the authority of the Council, to the task of asking for voluntary contributions from admirers of Dr. Africa, to cover the expense for this medal. I am glad to report that the contributions were given enthusiastically. Below is the list of the contributors. There were many more who wanted to give, but inasmuch as the sum more than covered the amount needed, I stopped further collection.

1. Dr. Acosta-Sison, H.	P10.00	15. Dr. del Mundo, Fe	10.00
2. Dr. Baens, Alfredo	10.00	16. Dr. Oca, Mario	5.00
3. Dr. Bulatao, E.	5.00	17. Dr. de la Paz, Daniel	10.00
4. Mr. Chanco, P. M.	2.00	18. Dr. Pesigan, T.	10.00
5. Dr. Chikiámco, Paterno S. ..	10.00	19. Dr. Relova, R.	3.00
6. Dr. Sta. Cruz, Juan Z.	10.00	20. Dr. Reyes, Carmelo	10.00
7. Dr. de Dios, Victorino	10.00	21. Dr. Rustia, Guillermo	10.00
8. Dr. Estrada, Januarío	10.00	22. Dr. Sison, A. G.	10.00
9. Dr. Fernando, A. S.	10.00	23. Dr. Torres, Luis, Jr.	10.00
10. Dr. Gan, Tomas M.	5.00	24. Dr. Tupas, A. V.	10.00
11. Dr. Gomez, L.	10.00	25. Dr. Ubaldo, A. R.	10.00
12. Dr. Guevara, R.	10.00	26. Dr. Vazquez, A.	10.00
13. Dr. de Jesus, P. I.	5.00		
14. Dr. Liboro, Agustin	P10.00	TOTAL	<u>P225.00</u>

7. *Acknowledgment.*—The undersigned gratefully acknowledges his indebtedness to the

Business Manager and to those other officers and members of the Association with whom he had official contact for the many favors and courtesies he received from them.

Respectfully submitted,

A. S. FERNANDO
Secretary-Treasurer

O B I T U A R Y *

(Appendix to report of Secretary-Treasurer)

Names of the members of the Philippine Medical Association who according to reports so far received, died during the period 1942-1946 i.e. during the Japanese occupation and after liberation:

Manila Medical Society

Africa, Candido M.
Aguilar, Eusebio D.
Alcantara, V. C.
Alberto, Severino, Sr.
Ayuyao, Conrado D.
Darby, Hawthorne
Fabella, Jose
Guerrero, Luis, Jr.
Lahoz, Manuel T.
Leiva, Lamberto
Luna, Victoriano
Manahan, Geronimo
Mencias, Bonifacio
Molina, Ricardo D.
Moreta, Rafael Ma. de
Nañagas, Juan C.
Olympia, Manuel
Pahati, Amador P.
Panis, Emiliano
Samson, Jose
Sian, Jose
Simpangco, Pedro V.
Trepp, Andreas
Trinidad, Angel

Cebu Medical Society

Osmeña, Emilio

Cotabato Medical Society

Bringas, Eliseo S. (Col.)

Laguna Medical Society

Avanzado, Santiago
Biglete, Andres
Biscocho, Hilario

Culion Medical Society

Manalang, Jose
Samson, Pedro N.

Davao Medical Society

De Lara, Alejandro
Halili, Amado
Pacana, Jose
Panganiban, Benito
Paraiso, Rosendo
Roja, Graciano
Santos-Cuyugan, Juan
Vizconde, Angel C.

Cavite Medical Society

de Leon, Carmen
Ilano, Lazaro
Mascardo, Modesto
Osteria, Elpidio I.

Albay Medical Society

Sta. Goitia, Juan

Cagayan Medical Society

Gallardo, Vicente
Ruelos, Valentin

Capiz Medical Society

Meyer, Frederick

Nueva Ecija Medical Society

Isip, Elpidio

Pangasinan Medical Society

Estrada, Santiago U.

Zamboanga Medical Society

Elago, Climaco
Natividad, Agustin
Oliveros, Glicerio R.

Zambales Medical Society

Novales, Oscar

* It will be appreciated if our attention is called to any correction in this list.

REPORT OF THE COMMITTEE ON SCIENTIFIC WORK

April 30, 1936

To the Members of the House of Delegates
of the Philippine Medical Association:

The function of the Committee on Scientific Work is to prepare the Scientific Program.

Announcement was made several weeks ago that the 39th Annual Meeting would take place May 7-11, 1946, and members of the Association were invited to participate in the Scientific Sessions. The Committee is pleased to report the enthusiastic response of the Members. A total of 115 papers were scheduled in the program; divided as follows:

Medicine and Pediatrics	41 papers
Surgery	33 "
Hygiene and Public Health	17 "
Obstetrics and Gynecology	13 "
Ophthalmology and Otolaryngology	11 "
—	—
	115 papers

At the joint session of the Council of the Philippine Medical Association, the Committee on Arrangements and the Committee on Scientific Work, it was decided that the Scientific Sessions be divided into 5 sections, with the following schedule:

- May 9, Thursday, 8-12 a.m. — Section on Surgery, Section on Medicine and Pediatrics and Section on Ophthalmology and Otolaryngology.
- May 10, Friday, 8-12 a.m. — Section on Hygiene and Public Health, Section on Medicine and Pediatrics, and Section on Obstetrics and Gynecology
- May 11, Saturday, 8-12 a.m. — Section on Surgery and Section on Medicine and Pediatrics.

(Papers not read in previous days to be read this day)

Inasmuch as the Philippine Ophthalmological and Otolaryngological Society is already affiliated as a Section of the Philippine Medical Association, its Committee on Scientific Program was asked to take charge of the Scientific Session of that Section. This is the first Section approved by the Council which body was so authorized to approve affiliation of sections on different specialties by the House of Delegates at the 38th Annual Meeting in 1941.

The Committee adopted the previous rules regarding the time allotted to the reading of each paper and the discussions. It is a fact that this time is short, but the Committee wants to have everybody a chance to read his/her paper.

The Committee hereby expresses its great appreciation of the cooperation of all those who submitted the titles of papers to be read at this Annual Meeting. It is earnestly hoped that more sections would be created in the near future, as the Committee believes that there will be more interesting discussions if members of different specialties and preferences will hold their respective sessions separately.

Respectfully submitted,

The Committee on Scientific Work

A. S. FERNANDO, M.D. (*ex-officio-Chairman*)
RENATO GUERRERO, M.D., *member*
LUIS F. TORRES, JR. M.D., *member*

REPORT OF THE COMMITTEE ON ARRANGEMENTS

Philippine Medical Association
To the Members of the Council
Gentlemen:
Manila

The Committee on Arrangements has the honor to report the following:

This Committee is composed of the President, Secretary-Treasurer, and members of the Council, Manila Medical Society.

The problem of getting a suitable location for housing the 39th Annual Meeting was a little hard to solve, because of the lack of housing facilities in Manila.

Tentative plans were first set on obtaining the Philippine General Hospital, Dispensary Building, used by the College of Pharmacy, University of the Philippines and several other

Departments of the College of Medicine. We are pleased to report here that Dr. A. P. Villalon, Director of the Philippine General Hospital gave us his unqualified permission to use the Philippine General Hospital, Dispensary building, but inasmuch as the many units of the University of the Philippines occupying the building could not find a substitute location wherein to move their classes during the convention week, your Committee thought it more prudent not to press the matter.

The next choice was the Gymnasium of the Sto. Tomas University. Your Sub-Committee through the kind help of Dr. Renato Guerrero, faculty member of the Sto. Tomas University College of Medicine, obtained the permission of the Rev. Fr. Rectus Magnificus of the Sto. Tomas University for the use of the U.S.T. Gymnasium for the convention. We wish to express here our thanks for the invaluable help given to this Sub-Committee by Fr. Jesus Diaz, O.P., Regent, faculty of Medicine of Sto. Tomas University and Dr. M. M. Alimurung, Secretary of the Medical School. We also want to make patent our appreciation to the help given by Dr. Miguel Cañizares, for his work on behalf of this Sub-Committee in getting the authorization of the Philippine Army, for the participation of the Philippine Army Band in the opening meeting of the Convention.

Visits by the Conventionists to the Mandaluyong Emergency Hospital, First General Hospital, Philippine Army, and the North General Hospital, España Street, have been arranged for these trips. Dr. Jose Y. Fores has been able to provide a few vehicles for transportation.

The President of the Manila Medical Society has offered a tea party in honor of the members and Delegates of the convention on May 7 at the St. Luke's Hospital. The Director of the North General Hospital, Dr. Fe del Mundo, Vice-President of the Manila Society, has offered a tea party, May 10 at the North General Hospital to the members and Delegates of the Convention.

Dr. Fe del Mundo has been in charge of ordering the identifying ribbons for the Conventionists.

Respectfully submitted,

THE PRESIDENT AND THE COUNCIL
of the
MANILA MEDICAL SOCIETY

LUIS F. TORRES, Jr., M.D.
Secretary-Treasurer

REPORT OF THE COMMITTEE ON LEGISLATIONS AND PUBLIC RELATIONS

To the Members of the House of Delegates
Philippine Medical Association:

The Committee has not held a formal meeting, but its members, individually, and as members of the Council or other committees of the Association, have collaborated to maintain the cooperative relation of the Association with such institutions of the country concerned with medical care.

The Philippine Congress had met on special sessions to take up only emergency legislations and our Committee, therefore, did not have the opportunity to recommend such legislations we deem necessary to protect the health of the people and the welfare of the physicians.

After due consideration, the members of this Committee recommend to the House of Delegates the following:

(1) To recommend the appointment of a full-fledged physician to serve as the Secretary of the Board of Medical Examiners, believing that as a medical man he can appreciate better the functions of the Board of Medical Examiners to fulfill its manifold duties to the medical profession and its relation to the public.

(2) To recommend that in the Government program of health rehabilitation of the country, more clinical laboratories be established throughout the Philippines for the benefit of the indigent patients and to aid the physicians, both government and private, in the correct diagnosis of their cases.

(3) To recommend to the Authorities concerned that the salaries of physicians be increased in view of the mounting cost of living.

Respectfully submitted,

The Committee on Legislations and Public Relations:

(Sgd.) VICTORINO DE DIOS
Chairman, (*ex-officio*)

MIGUEL CAÑIZARES
Member

AGUSTIN LIBORO
Member

ANTONIO VILLARAMA
Member

A. S. FERNANDO
Secretary (*ex-officio*)

REPORT OF THE COMMITTEE ON MEDICAL EDUCATION,
HOSPITALS AND LABORATORIES

May 3, 1946

To the House of Delegates
Philippine Medical Association:

I have the honor to submit herewith the report of your Committee on Medical Education, Hospitals and Laboratories as approved in a meeting held in the Office of the Chairman at the Philippine General Hospital on April 15, 1946.

Respectfully,

A. G. SISON, M.D.
Chairman

Minutes of the First Meeting
of the
Committee on Medical Education, Hospitals and Laboratories,
Philippine Medical Association, held in the Office
of the Chairman, Dean A. G. Sison,
Philippine General Hospital,
on April 15, 1946

Members present: Dean A. G. Sison, Dr. Luis Guerrero, Dr. Tomas M. Gan (vice Dr. Hilario Lara who is in U.S.A.)

Members absent: Dr. Jose Guidote, Dr. Valentin Afable.

The meeting was called to order at 9:30 a.m. The Chairman opened the meeting by calling the attention of the Committee to the duties of that body and the purpose of the meeting.

The first item considered was the problem of limitation of enrollment in medical schools commensurate with existing materials and other resources as would make the training of medical students efficient, not haphazardly.

The Committee voiced the opinion that to the end that enrollment may be limited to the resources on hand, two alternatives present themselves:

1. To appeal to the Government to incorporate such limitation in the permit they issue such schools; or,

2. To appeal directly to the schools concerned as to make it a self-imposed regulation.

After some lengthy discussion, it was decided that the second approach would be most practicable and feasible.

The necessity of closer relations between medical schools and the various colleges giving the medical preparatory courses was taken up. That this should be the case seems to be an admitted fact altho very little of such close association and coordination is practised. The necessity of laying stress on the teaching of the humanities and of including Spanish as a foreign language requirement during the preparatory course was also expressed.

The relation between the medical schools and the Board of Medical Examiners was next taken up. It was emphasized that closer relationship between these should be encouraged and that the Board should work out a sort of minimum standards which candidates for licensure

should have passed thru and that in the framing of examination questions, the point of view of a general practitioner rather than that of a specialist must always be stressed.

The Committee reiterates the same recommendations contained in the report of the Committee on Medical Education, Hospitals and Laboratories dated April 9, 1941, which is quoted here below:

1. Establishing post-graduate medical courses in this country in addition to improving the already established systems of undergraduate instruction in this line.

2. Placing our standard of medical instruction at the level approved by the Association of American Medical Colleges of which the College of Medicine of the University of the Philippines is a member.

3. Adopting in the medical colleges of this country the policy of Dean Sison in introducing full-time teachers in the clinical classes, the extension of which policy and the support of this program in the development of the State Medical College, including the sending of students abroad to study, having been favorably recommended by the President, Edward Charles Elliot and Dean Paul C. Packer, Educational Advisers to the Committee on Educational Policy of the Board of Regents of the University of the Philippines.

4. Employing rigid selection of students on the basis of (a) personality and character, (b) scholastic record, and (c) health.

5. Having the Board of Medical Examiners insist, in the interest of public service, that institutions, offering preparatory medical course, be adequately staffed, equipped and supplied, and all applicants for the qualifying examinations of said Board should come from such institutions, with well-staffed, equipped and supplied hospitals having adequate number of beds and the necessary clinical and laboratory facilities for instruction.

6. Enforcing rigidly the requirements for the construction and operation of hospitals, including employment of adequate staff, proper equipments, etc.

7. Providing large centers of population with adequate number of hospital beds for patients suffering from communicable diseases, more especially tuberculosis — a disease very highly prevalent in this country.

8. Improving the condition of records of all public and private hospitals of the land employing the Standard Classified Nomenclature of Diseases.

9. Recognizing the importance of the laboratory to the clinicians and medical officers of health, as successful treatment, prevention and control of diseases, be these of individuals or of communities, is conditioned on accurate diagnosis which the laboratory helps to accomplish.

10. Insisting on high standard of qualifications in the selection of the staff of the regional and other laboratories to be established.

11. Improving the present conditions of existing laboratories; establishing Regional State Laboratories operated on a combined service plan as previously proposed and developing further the National or Central Laboratory in Manila with its Serum and Vaccine Divisions at Alabang.

12. Taking proper steps in protecting the public from the influence of unscrupulous propaganda and advertisement, as well as from the harmful effects of unnecessary and dangerous self-medication, in view of the findings of the Central Public Health Laboratory at the Institute of Hygiene regarding various misleading and inaccurate claims made by certain dealers in drugs and patent medicines.

Your Committee takes pleasure in informing the members of the House of Delegates, that on June 5, 1940, the College of Medicine of the State University admitted the first group of students for the Refresher Course of the Post-Graduate School. Up to the present writing no less than 45 students have completed this course. The following table shows the number of students who have registered in the said course:—

1st period — June 5 to July 20, 1940 — 4 students.

2nd period — Aug. 5 to Sept. 21, 1940 — 1 student.

3rd period — Oct. 28 to Dec. 14, 1940 — 16 students.

4th period — Jan. 6 to Feb. 22, 1941 — 24 students.

The establishment of Post-Graduate courses in our State University and other institutions of the land (like the refresher course in the College of Medicine, the public health course at the Institute of Hygiene, the course in military medicine offered at the Philippine Army Medical Service School at Camp Murphy, the course in tuberculosis at the Quezon

Institute, the internship in various hospitals of this country, both public and private, the adjunctship, externship and the regular residencies, together with the ever-expanding clinico-pathological conferences in the College of Medicine in the Philippine General Hospital, is a development in the right direction. The Dean of the College of Medicine of the University of the Philippines informed the Committee that possibly two or three regular courses for the specialist group might be opened next June.

Your Committee subscribes to the idea expressed by Dr. Ray Lyman Wilbur, President of Stanford University, when he says:

"The practice of medicine is a continuous process of education. The doctor who stops learning goes backward, even though he may be growing older and making motions that go with the care of the sick. Medicine is so avid for advance, so eager for new ways that are better to help the ailing or to stop suffering and pain, that those who practice it must be alert to research, must confer with their fellow physicians through societies and literature, and from time to time travel to see what others are doing or take up special studies or courses. Beyond the period of medical school training leading to the degree of doctor of medicine come years of graduate study if one is to perfect oneself for general practice or to become a specialist."

The Report entitled, "Progress in Graduate Medical Education," of President Wilbur as Chairman of the Council on Medical Education and Hospitals, read before the thirty-sixth Congress on Medical Education and Licensure, Chicago, February 12, 1940, (published in the Journal of the American Medical Association and reprinted in the Diplomat published by the National Board of Medical Examiners, U. S. A.) together with the previous reports of your Committee deserves consideration.

The Program of Exercise for the Refresher Course aforementioned is herewith submitted as an appendix for the information of those who might be interested on the subject.

Your Committee is glad to report that many of its recommendations regarding medical education are already being adopted in the College of Medicine of the University of the Philippines. Several full time clinical teachers have been employed and a division of clinical experimental medicine has been organized. Aside from this, a domiciliary service is now in operation furnishing additional facilities for practical instruction of medical students. The Dispensary has been extensively remodelled and enlarged and the facilities now for instruction in the early aspects of diseases are considerable. Dean Sison has also organized a preventive medicine and nutrition clinic for practical instruction of medical practitioners in this line as well as for research. The students in the College of Medicine are limited to such a number that its facilities can properly accommodate. The method of selection adopted is very rigid.

The Health Department has committed itself (see address of Secretary Fabella on the inauguration of the Baguio General Hospital) to the idea propounded by your Committee years ago that: "Our hospital, when well equipped and adequately staffed, should constitute as one of the potent factors in the advancement of medical education and research in the Philippines." As funds and especially trained personnel are limited, it might be well to begin strengthening the state regional hospitals, like those of Baguio, Southern Islands and Zamboanga, so that these hospitals, aside from its routine missions, could serve the purposes your Committee and the Health Department jointly had in mind. When these regional state hospitals and the various provincial hospitals shall have been well equipped and adequately staffed, there should be no shortage of facilities for internship medical instruction in this country.

Your Committee also reports that steps have already been taken to improve the record system in the Philippine General Hospital. One of the members of its staff is at present in the United States studying the most up-to-date system of keeping hospital records at Johns Hopkins and other famous institutions in America. The importance of accurate, complete and adequately cross-indexed medical records for hospitals can never be over-emphasized. In certain well-known institutions in America like Johns Hopkins, the Mayo Clinics and others, record analysis through the modern mechanical method or the punch card system is made to answer many questions pertaining to problems of hospital administration and medical research. When this system shall have been fully established in the Philippine General Hospital, the wealth of our materials (medical, surgical, obstetrical, pediatrics, E.E.N.T., etc.) should make

it possible for us to revise more effectively many medical notions, push further the frontiers of medical knowledge and enable us to rewrite the pages of Philippine medicine. Several of the men of the Institute of Hygiene have also been prepared in medical statistics aside from their training in other lines of medical endeavor. Moreover, the Philippine General Hospital is sending this year one of its residents to specialize on medical statistics. The extensive development taking place in our medical centers like the Philippine General Hospital, the College of Medicine and the Institute of Hygiene, and in our regional state and other hospitals augurs well for the advancement of medical science in this country.

The Central State Public Health Laboratory at the Institute of Hygiene has been greatly developed. The Central Unit (the Bacterial Vaccine Unit) is nearing completion as funds for the Antitoxin Unit would soon be available. Your Committee reiterates its previous recommendation regarding regional laboratories and laboratory services in all hospitals. The problem of costly operation of laboratories in the provinces can be simplified by supplying these laboratories with already prepared standardized laboratory materials, which are costly to prepare, like various standard media and differential media including antigens from the Central State Laboratory at the Institute of Hygiene, such as is now adopted by certain private institutions which are being supplied by said Institute with differential media and other laboratory materials. When large quantities of these differential media are prepared the overhead expense is reduced. Hence for practical purposes, it is much cheaper and safer to obtain from time to time these delicately prepared media from the Institute than to prepare them in the provinces.

Your Committee desires to express its appreciation for the cooperation extended it in carrying out the purposes of its mission.

Respectfully submitted,

(Sgd.) A. G. SISON, M.D., *Chairman*
 (Sgd.) H. LARA, M.D., *Member*
 (Sgd.) E. D. AGUILAR, M.D., *Member*
 (Sgd.) B. MENCAS, M.D., *Member*
 (Sgd.) P. B. RAMIREZ, M.D., *Member*"

Respectfully submitted,

(Sgd.) A. G. SISON, M.D. *Chairman*
 (Sgd.) LUIS GUERRERO, M.D., *Member*
 (Sgd.) TOMAS M. GAN, M.D., *Member*
 (Sgd.) JOSE GUIDOTE, M.D., *Member*
 (Sgd.) VALENTIN AFABLE, M.D., *Member*

REPORT OF THE COMMITTEE ON PRIVATE MEDICAL PRACTICE AND MEDICAL ECONOMICS

To the Members of the House of Delegates,
Philippine Medical Association:

Your Committee on Private Medical practice and Medical Economics had been studying the question on how to bring within the reach of the low earning workers adequate medical service and medical care. This committee fully realizes the arrival of a new era of progressive social ideas. That, "human society should offer adequate and ample medical service and medical care not only to the indigent but also to the average wage earner," is an accepted axiom. To this end of extending more service to the laboring class, this committee is bringing before your attention three important suggestions, for your study, for your comment and for your decision. The members of your committee are unanimous in their desire to bring to your attention three points for the guidance of the Philippine Medical Association especially during this new era of advancing social ideas.

1. Increase of government activities to give more extensive service at hospitals, charity clinics, dispensaries, health and puericulture centers, travelling clinics and other government institutions. We strongly recommend that the government should undertake to operate more and more of these health agencies. That aside from charity beds for the poor, there should also be low cost accommodations for the small wage earners or at least grant reasonable and liberal

discounts for these people with limited income, not only in Manila but also in provincial hospitals. These discounts should be given not only for hospital beds but also for laboratory fees, operating room fees and other items; even to patients being treated by private practitioners. In other words, the government should offer all these facilities at a reasonable cost. These services should be placed in strategic localities and not crowded together in the center of the town. Ways and means should be devised to allow private practitioners to get hospital connections. We believe that expansion and proper utilization of these facilities will insure our laboring class with the minimum of health assistance that they clamor for.

2. Group Medical Practice on the Pre-payment plan. Your committee knows fully well the popularity in the U. S. and other countries of this plan. In this system, doctors join together to form a polyclinic and accept patients at stipulated monthly rates. Cost of medical service is therefore brought down to a minimum according to the monthly subscription. Whether this system of pre-paid medical service should be acceptable and should be popularized in the Philippines for persons of the low-income group, depends upon the delegates of the Philippine Medical Association. Discussions on this subject-matter should be brought up to the various component societies.

3. Sickness Insurance Plan. Either by voluntary or compulsory means, the workers can be made to pay regular contributions to a central fund and upon becoming sick may draw money for his subsistence, for his doctor's bill, for his pharmacy bills and also for hospital bills. This insurance system may be started in factories, industrial and commercial firms, schools and other organizations. This system can be made into a national health program by proper legislation. The disadvantages are well known to us, such as lowering the quality of medical services, the loss of intimate personal relationship between physician and patient, the encouragement of malingering, the attendant bureaucracy and politics accompanying this system, the loss of the doctor's private practice, frequency of conflicts between physician and claimant, the enslavement of the physician to the insurance system and many more other disadvantages. On the other hand, this form of medical health program is practiced in all the countries of Europe, England, New Zealand, Mexico, Japan and other countries. What will be the stand of the Philippine Medical Association if and when such a medical program is presented before the Philippine Congress? The answer remains with the House of Delegates and with the component societies who must analyze and study this so-called socialized medicine.

Aside from the above mentioned points, your committee further recommends:

(A) To ask the individual component societies to furnish this Committee with the exact data representing average annual income of each and every physician in the community where the component society is located.

(B) To give this Committee, the power to appoint a sub-committee to gather and study all pertinent available data relative to socialized medicine with the end in view of being able to present the members of this sub-committee at any hearing that may be conducted by the Congress of the Philippines on the subject matter. It is our desire to emphasize the fact that, to be able to present our side in any congressional committee hearing, we must have men who have had previous study of this subject of socialized medicine.

Respectfully submitted,

(Sgd.) C. STA. ANA., M.D., *Chairman*
(Sgd.) A. S. FERNANDO, M.D., *Member*
(Sgd.) JOSE S. HILARIO, M.D., *Member*
(Sgd.) M. V. ARGUELLES, M.D., *Member*
(Sgd.) P. B. RAMIREZ, *Secretary*.

REPORT OF THE CENTRAL COMMITTEE ON P.M.A. BUILDING FUND CAMPAIGN

We have the honor to submit the following report of your Central Committee on P.M.A. Building Fund Campaign:

The plan of the Philippine Medical Association to construct a building of its own should be carried out. This building should stand as a symbol of our personality as a class. But

the campaign for the collection of the needed funds will in the meantime have to be held in abeyance because the critical situation of the majority of our physicians does not permit them to meet the call for such contributions. The expenses for the rehabilitation of their small library, their instruments and office equipment should receive priority in the disposition of their funds.

We recommend the sale of the lot owned by the Association to convert it into cash. The value of real estate nowadays has increased considerably. The proceeds from the sale of this lot should be deposited in a bank in Philippine pesos or in U. S. dollars. In this way, the Association would save the expenses for real estate taxes and for the payment of interest on the unpaid balance of the purchase price of the lot in question. Besides, because of the destruction in the City of Manila, it is not yet possible to determine which site in the City to be rebuilt would be assigned to higher institutions of learning, both educational and scientific. The building of our Association should form part of these centers of culture.

Respectfully submitted:

(Sgd.) JOSE C. LOCSIN, M.D. *Chairman*

(Sgd.) RUFINO ABRIOL, M.D., *Member*

(Sgd.) VICTORINO DE DIOS, M.D., *Member*

(Sgd.) MIGUEL CAÑIZARES, M.D., *Member*

(Sgd.) JANUARIO ESTRADA, M.D., *Member*

(Sgd.) JOSE HILARIO, M.D., *Member*

(Sgd.) A. S. FERNANDO, M.D., *Member*

(Sgd.) JOSE Y. FORES, M.D., *Chairman,*

Sub-Committee for Manila

REPORT OF THE COMMITTEE ON PROPRIETARY MEDICINES

To the Members of the House of Delegates,
Philippine Medical Association:

On account of the destruction of all its records during the Battle of Manila in February of 1945 your Committee on Proprietary Medicines can submit only a brief report based on data as recollected by the members. The Committee on Proprietary Medicines is a newly created body having been organized only in 1940. Since its creation and until the invasion of the Philippines by Japan it helped in the drafting of, and lent support to, a bill entitled the "Food, Drug and Cosmetic Act" presented to the Philippine Legislature in 1941 by a colleague, Assemblyman Antonio Villarama. This Act was intended to supercede the antiquated provisions of the Administrative Code known as the Food and Drugs Act enacted in 1907, and bring the provisions of the law in pace with the rapid advance of medicine and food technology. The bill was well received by the general public as proven by the publication of an editorial in an influential daily praising the merits of the proposed law and urging its approval. Unfortunately the Legislature was unable to pass it during the 1941 session, but the Committee intends to renew efforts to revive interest in this important and necessary legislation.

In a campaign to inform the physicians of the numerous illegal practices of certain unscrupulous drug concerns to exploit the public in open violation of the Food and Drugs Act, an article entitled "Counterfeit Drugs" was prepared by one of us and published in the January-1941 issue of our Journal. This article exposes principally the rampant frauds connected with false, misleading and exaggerated advertisements and labeling of patent medicine. A similar article was later published in the Philippines Herald designed to educate the gullible public of the evils resulting in patronizing these unwholesome preparations. Favorable comments from ethical drug concerns and from the general public shows that the article meet with some response.

Near the end of the year 1941 your Committee was formulating a plan to pass on the advertisement appearing in The Journal so that they will conform strictly with the requirements of the laws of the Commonwealth and the code of ethics of the medical profession.

Unfortunately the war terminated all our activities before this plan can be realized, but recently we are glad to report that our Editor, Dr. A. S. Fernando, is in full agreement with the project and we hope to be able to start the work soon.

Needless to say the Committee did not function during the Japanese occupation.

Respectfully submitted,
(Sgd.) PABLO I. DE JESUS, M.D., *Chairman*
(Sgd.) GUMERCINDO GARCIA, M.D., *Member*
(Sgd.) ROMULO GUEVARA, M.D., *Member*
(Sgd.) PATROCINIO VALENZUELA, M.D., *Member*

MINUTES OF THE SECOND MEETING OF THE HOUSE OF DELEGATES
HELD MAY 10th, AT THE NORTH GENERAL HOSPITAL

1. The President called the meeting to order at 3:20 p.m.
2. Roll Call.—The Secretary-Treasurer announced that he had checked the names of those present and that a quorum was present.

3. The President called for the reports of the Reference Committees.

(a) REPORT OF THE REFERENCE COMMITTEE ON THE REPORTS OF THE COUNCIL AND THE SECRETARY-TREASURER.

To the Members of the House of Delegates:

Our committee designated to study the Reports of the Council and the Secretary-Treasurer wishes to report the following recommendations:

1) In the fifth paragraph of the Report of the Editor (page 479) we wish to clarify the exact amount of cash awards to be given for the first and second best articles of the Journal.

2. We wish to recommend that the Editor request exchange publications from the following:

- (a) The Journal of Cancer Research
- (b) Journal of Gastro-enterology
- (c) The Journal of Peiping Union Medical College

We wish to have the members notified of the location of the Library of the Philippine Medical Association.

3) Pertaining to the statement of accounts and expenditures we wish to include a donation for the University of Sto. Tomas as a token of our gratitude for the use of the Gymnasium and classrooms in this convention.

4) The report re the Balance Sheet should be explained by Mr. P. M. Chanco for the information of the members of the House of Delegates.

5) In the proposed budget for 1946-1947, we wish Mr. Pedro M. Chanco to explain to the House of Delegates what is this amount of ₱6,500.00 as "aid or contribution from daughter societies and other entities."

6) Our committee hereby recommends the approval by the House of Delegates of the Reports of the Council and the Secretary-Treasurer.

7) We wish to express the appreciation of the members of this Committee to Dr. A. S. Fernando for the concise and complete reports in the Agenda for the House of Delegates.

Respectfully submitted,
(Sgd.) JOSE Y. FORES, M.D., *Chairman*
(Sgd.) JUAN Z. STA. CRUZ, M.D., *Member*
(Sgd.) PEDRO LANTIN, M.D., *Member*
(Sgd.) GONZALO SANTOS, M.D., *Member* (Tarlac MS)
(Sgd.) BIENVENIDO P. CARO, M.D., *Member* (Tayabas MS)

After some discussions, the House upon motion duly seconded, resolved to approve the report of the Reference Committee on the reports of the Council (including the appended reports of the Editor, the Business Manager, the Committee on Commercial Exhibits and the Committee on Awards) and the Secretary-Treasurer.

The reports, therefore, of the Council and the Secretary-Treasurer were duly approved by the House.

(b) REPORT OF THE REFERENCE COMMITTEE ON THE REPORTS OF THE FOLLOWING STANDING COMMITTEES.

To the Members of the House of Delegates:

Our Reference Committee hereby recommends to the House the approval of the reports of (a) the Committee on Scientific Work, (b) The Committee on Medical Education, Hospitals, and Laboratories, (c) Committee on Arrangements and (d) Committee on Private Medical Practice and Medical Economics. Our Committee also recommends for approval the report of the Committee on Legislation and Public Relations, with amendment to recommendation No. 3 of said report so as to read as follows: "To recommend to the authorities concerned that the salaries of physicians be raised commensurate with their preparation, responsibilities and standing, compared with those of other professional groups."

After a thorough consideration we beg to recommend approval of all the reports of the Standing Committees with the minor amendment mentioned above.

Respectfully submitted,

**REFERENCE COMMITTEE ON THE REPORTS OF
STANDING COMMITTEES**

(Sgd.) JANUARIO ESTRADA, M.D., *Chairman*
(Sgd.) CARMELO REYES, M.D., *Member*
(Sgd.) JOSE VILLEGAS, M.D., *Member (Mindoro MS)*
(Sgd.) JOSE Z. LIÑAN, M.D., *Member*
(Sgd.) JOSE G. CRUZ, M.D., *Member (Tarlac MS)*

After due consideration of the above report of the Reference Committee, the House of Delegates, upon motion duly seconded and carried, approved said report.

The reports of the Standing Committees were, therefore, duly approved by the House of Delegates after discussing the reports of these committees separately.

(c) REPORT OF THE REFERENCE COMMITTEE ON THE REPORTS OF THE SPECIAL COMMITTEES: namely, the Committee on Building Fund Campaign and Committee on Proprietary Medicines.

To the House of Delegates:

Our Reference Committee begs to recommend to the House the following:

(1) To approve the recommendation of the Special Committee on the Building Fund Campaign to sell the lot of the Association.

(2) To approve the recommendation of the Special Committee on Proprietary Medicines and to enjoin this Committee to renew its efforts to revive the public's interest to the bill entitled the "Food, Drug and Cosmetic Act" presented to the National Assembly by Assemblyman Villarama and to work for its passage.

Respectfully submitted,

(Sgd.) ALBERTO V. TUPAS, M.D., *Chairman*
(Sgd.) FE DEL MUNDO, M.D., *Member*
(Sgd.) S. ADOR DIONISIO, M.D., *Member*
(Sgd.) RENATO MA. GUERRERO, M.D., *Member*
(Sgd.) DANIEL LEDESMA, M.D., *Member (Iloilo MS)*

After due deliberation on the report of the Reference Committee headed by Dr. Tupas, the House, upon motion duly seconded and carried, amended recommendation No. 1 to the effect that the Council be authorized to study and decide whether to sell or to keep the lot of the Association taking into consideration the best interests of the Association. Recommendation No. 2 was, upon motion duly seconded and carried, duly approved by the House.

**REPORT OF THE REFERENCE COMMITTEE ON THE REPORT OF
THE COMMITTEE ON MEDICAL ETHICS**

*To the House of Delegates,
Philippine Medical Association:*

Your Reference Committee on Medical Ethics has the honor to report the following:

1. We have been charged with the duty of studying the "Principles of Medical Ethics of the Medical Profession in the Philippines" as recommended by your Special Committee on Ethics, October 15, 1937.

2. We have carefully reviewed such Principles as published in the Journal of the P.M.A., February 1946 issue pp. 83-91.

3. As published therein we find no objections to said Principles, and believe furthermore that they fully embrace the field of medical ethics as applied in the Philippines.

4. We wish to commend Dr. Antonio S. Fernando, Chairman of the Special Committee on Medical Ethics, for his excellent idea of referring said Principles to the Judicial Council, American Medical Association, and we are pleased to note that Dr. Fernando had incorporated into our Code of Ethics the suggestions and corrections recommended to him by the Chairman of the Judicial Council of the American Medical Association.

We hereby recommend to the House of Delegates the approval in whole of this Code of Medical Ethics as published in the Journal of the P.M.A.; furthermore, we recommend that the Council take the necessary steps for the official adoption of this Code by the Board of Medical Examiners for the guidance of the Medical Profession in the Philippines.

Respectfully submitted,

THE REFERENCE COMMITTEE ON MEDICAL
ETHICS OF THE PHILIPPINE MEDICAL
ASSOCIATION

(Sgd.) J. V. DE LOS SANTOS, M.D., *Chairman*

(Sgd.) PEDRO B. RAMIREZ, M.D., *Member*

(Sgd.) RAMON CAMPOS, M.D., *Member*

(Sgd.) LUIS F. TORRES, JR., *Member*

(Sgd.) MARCOS J. CORPUS, M.D., *Member* (Tarlac MS)

After the reading of the above report, the House of Delegates, upon motion duly seconded, carried and approved, the Proposed Principles of Medical Ethics of the Medical Profession in the Philippines which appeared in the Journal of the Philippine Medical Association, February, 1946 issue, pp. 83-91, were duly approved by the House.

REPORT OF THE COMMITTEE ON RESOLUTIONS

To the Members of the House of Delegates,

Philippine Medical Association:

Your Committee on Resolutions has the honor to submit the following resolutions:

1. Resolution on salaries of physicians recommended by the Mindoro M. S.
2. Resolution recommending the creation of the National Medical Council submitted by Dr. Antonio S. Fernando.
3. Resolution of gratitude to the University of Sto. Tomas and recommending an appropriation of P200.00 from the convention funds for donation to said University for the use of its buildings for the convention.
4. Resolution of thanks to the High Command, Philippine Army, for the participation of the Philippine Army Band in the opening meeting of the Convention.
5. Resolution of thanks to the Director and Staff of the Mandaluyong Emergency Hospital for the hospitality on the occasion of the visits to the hospital by the conventionists on May 8th.
6. Resolution of thanks to the Chief of Medical Service and Members of the Staff of the First General Hospital, Philippine Army, for their hospitality on the occasion of the visit to their hospital by the conventionists on May 9, 1946.
7. Resolution of thanks to the Director and Staff of the North General Hospital, for their hospitality and for the splendid party given on the occasion of the visit to their hospital by the conventionists on May 10, 1946.
8. Resolution of thanks to the Officers and Members of the Manila Medical Society, who acted as hosts of the 39th Annual Meeting.

9. Resolution of thanks to the President of the Philippine Medical Association, Dr. Victorino de Dios, for his outstanding services to the Association during the dark days of enemy occupation.

10. Resolution of thanks to drug houses for their participation in the Commercial Exhibits which was of great benefit to the conventionists.

11. Resolution of thanks to Dr. A. S. Fernando for his splendid and untiring efforts in carrying out to successful fruition the plans for the 39th Annual Convention and for his high achievement as Editor-in-Chief of the Journal in reviving this publication.

12. Resolution of thanks for the wonderful cooperation and help received from the American Medical Association in the rehabilitation of the Philippine Medical Association after the ravages caused by the war and enemy occupation of our country.

13. Resolution of thanks, to Mr. Pedro M. Chanco for his efforts and supervision in carrying through to successful fruition the financial and other business affairs of the Journal, P.M.A.

14. Resolution expressing our sincere thanks to Vice-President of the Philippines, Honorable Elpidio Quirino, for having honored the medical profession in the Philippines as our Guest of Honor of the 39th Annual Convention of our Association.

15. Resolution of thanks to the Director and Staff of the St. Luke's Hospital for their hospitality extended to the Conventionists on the occasion of their visit to this hospital on May 7, 1946.

Respectfully submitted,

COMMITTEE ON RESOLUTIONS

(Sgd.) A. B. M. SISON, M.D., *Chairman*

(Sgd.) RENATO MA. GUERRERO, M.D., *Member*

(Sgd.) SIXTO A. FRANCISCO, M.D., *Member*

(Sgd.) LUIS F. TORRES, Jr., M.D., *Member*

(Sgd.) MARCIANO CARREON, M.D., *Member*

The House considered each resolution separately. After some discussions, and upon motion duly seconded, the House approved one by one the resolutions recommended by the Committee on Resolutions, except recommendations Nos. 1 and 2 which were amended.

Resolution No. 1 submitted by the Mindoro Medical Society was approved in toto after a short explanation given by Dr. Fernando with reference to previous stand of the Association on this matter. This resolution of the Mindoro Medical Society reads as follows:

RESOLUTION RECOMMENDING THAT THE POSITIONS OF PRESIDENTS, SANITARY DIVISIONS, SANITARY INSPECTORS AND OTHER PROVINCIAL HEALTH PERSONNEL SHOULD BE PAID FROM NATIONAL APPROPRIATION

WHEREAS, under the present laws the positions of Presidents, Sanitary Divisions, Sanitary Inspectors, District Nurses and clerical personnel of the District Health Officer are being paid from local funds;

WHEREAS, complaints voiced by either the employees themselves or their families are heard from almost every sector of the country especially nowadays when the havoc and destruction of the last global war are still undermining the very foundation of our national economy; and

WHEREAS, these health personnel claim that their remunerations are not sufficient even to maintain the basic needs of life, thereby efficiency remains wanting among almost all government employees due to the high cost of living; and

WHEREAS, the provincial as well as municipal governments have no sufficient funds to cope with the demands for necessary increases of salaries due to poor tax collections and multitudinous other activities to attend;

NOW, THEREFORE BE IT RESOLVED, that the Mindoro Medical Society, recommends as it hereby recommends to the Honorable, the Secretary of Health and Public Welfare, thru the President of the Philippine Medical Association, that Presidents of Sanitary Divisions, Sanitary Inspectors, District Nurses and clerical force of the District Health Officer should be included in the Plantilla and Budget of the National Government to ameliorate their living conditions, once and for all, or if for some reason or another the nationalization of all health

employees is not practicable during these days of economic strangulation at least the said personnel from the province of Mindoro and provinces given preference in the Municipal Maternity and Charity Clinic Law, Act 704, be included in the National Appropriation, and thereby maintain uniformity, equity, honesty and efficiency among all government employees, and be it

FURTHER RESOLVED, that in case it is beyond the authority of the Secretary of Health and Public Welfare to effect such changes the President of the Philippine Medical Association be requested to make representations in the Congress of the Philippines to amend, repeal or alter such provisions of existing Health Laws which are inconsistent with the recommendation herein set forth, upon consultation with the Department of Health and Public Welfare; and be it

LIKewise FURTHER RESOLVED, that copies of this resolution be forwarded to the Honorable, Congressman Raul T. Leuterio of Mindoro, the Honorable, Secretary of Health and Public Welfare and the Director of Health, Manila for consideration.

Resolution No. 2 entitled Resolution Recommending the Repeal of the Law on the Council of Hygiene and the Creation of a National Advisory Medical Council which was recommended for approval by the Resolution Committee, was next considered. This resolution reads as follows:

WHEREAS, the Philippine Islands Medical Association in sponsoring, on December 18, 1931, the creation of a separate Department of Health and Public Welfare had in mind the coordination and integration of all health agencies, both public and private, under such Department, separate from the Department of Public Instruction to which these formerly belonged; and

WHEREAS, modern medical care is increasingly becoming very complex due to rapid progress of medical science and to increasing demands of the people for better and universal medical service; and

WHEREAS, the above objectives can be best attained by creating a National Advisory Medical Council, composed of the best talents available in the medical profession and of those who hold key positions in health agencies, both government and private, to advise the Secretary of Health and Public Welfare on important policies to be pursued by the Government to make effective the medical service to the people of the Philippines;

THEREFORE BE IT RESOLVED, that it is the sense of the House of Delegates that the Council be authorized to draft, as soon as possible, a bill creating such a Council, and to submit the draft of such bill to the Honorable, The Secretary of Health and Public Welfare with the request that he revise it, and then endorse it to the Philippine Congress, and that such a draft shall embody among other things, the following basic ideas:

- (1) Repeal of the Law creating the Council of Hygiene;
- (2) Creation of a National Advisory Medical Council to be appointed by the President of the Philippines whose membership shall consist, at least, of (a) the Secretary of Health and Public Welfare, as Chairman, and as members, (b) the Dean of the College of Medicine, University of the Philippines, (c) the Director of the Bureau of Private Education, (d) the Chairman of the Committee on Health of the Senate, (e) Chairman of the Committee on Health of the House of Representatives; (f) the Chairman of the National Research Council (if this is to be reorganized); (g) the President of the Philippine Medical Association, (h) a member representing Labor; (i) a member representing Capital and (j) a prominent private medical practitioner;
- (3) That the Council shall meet regularly twice a month at the call of the Secretary of Health and Public Welfare, who shall prepare the agenda;
- (4) That it shall be authorized to appoint Standing Committees and Special Committees which shall be composed of members or non-members of this Council;
- (5) That it shall have an Executive Secretary, appointed by the Secretary of Health and Public Welfare, with adequate compensation, who shall be a physician;
- (6) That it shall submit an annual report to the President of the Philippines enumerating its accomplishments and submitting such recommendations it deems necessary to implement and to make effective existing health measures;

(7) That an adequate appropriation be set aside for this purpose upon recommendation of the Secretary of Health and Public Welfare.

Dr. Fernando, who was the author of the resolution, explained that despite the long service and excellent achievements of the Association in the field of medical service to the people and to the medical profession, the Government had not given it such official recognition in the statute of the land so that it could give more direct services to the public. The resolution proposes to give the President of the Association a permanent place in the proposed Medical Council to represent organized medicine.

After some discussions, Dr. Villarama moved that in view of its importance, the resolution should be laid on the table for further studies by the Association. The motion was duly seconded and carried.

OTHER MATTERS

(a) Dr. A. S. Fernando stated that in view of the impending establishment of the Republic of the Philippines the Philippine Medical Association would automatically lose its affiliation with the American Medical Association and he, therefore, moved that the Constitution and By-Laws be completely revised by a Special Committee. The motion was duly approved by the House and authorized the Council to appoint a Special Committee on the Revision of the Constitution and By-Laws of the Association with Dr. A. S. Fernando as Chairman.

(b) Dr. Fernando suggested that because of the world-wide interest in pre-paid medical service, component societies be requested to discuss this matter in their meetings.

(c) Upon motion by Dr. Rodolfo Gonzales, duly seconded, the House authorized the Secretary-Treasurer to order auto emblems in the U. S. for the use of the members of the Association.

Adjournment.—The House adjourned at 5:00 p.m. to meet again the following day.

ATTESTED:

A. S. FERNANDO, M.D.
Secretary-Treasurer, P.M.A.

APPROVED:

VICTORINO DE DIOS, M.D.
President, P.M.A.

MINUTES OF THE GENERAL BUSINESS MEETING OF THE ASSOCIATION HELD AT THE STO. TOMAS UNIVERSITY GYMNASIUM, MAY 11, 1946

1. The President called the meeting to order at 2:30 p.m.
2. The President announced that the Association would now elect the President, two Vice-Presidents and one Councilor, and Secretary-Treasurer.
3. He appointed the following to compose the Board of Canvassers:
 - Dr. S. Ador Dionisio, *Chairman*
 - Dr. Rodolfo Gonzalez, *Member*
 - Dr. Gregorio Farrales, *Member*
 - Dr. Arsenio C. Regala, *Member*
 - Dr. Marciano Carreon, *Member*
4. The Secretary-Treasurer delivered to the members of the Board of Canvassers the official ballots which were distributed by them to duly qualified voters.
5. *Report of the Nomination Committee.*

This Committee reported the following ticket:

 - For President: Dr. Januario Estrada
 - For Vice-Presidents: Dr. Juan Z. Sta. Cruz
Dr. Gonzalo Santos
Dr. Pedro Lantin
 - For Councilor: Dr. Victorino de Dios
 - For Secretary-Treasurer: Dr. A. S. Fernando

The President called for further nominations from the floor. It was moved and seconded and carried that the nominations be closed.

The members proceeded to vote.

6. *Results of the election:*

The results of the election was announced by the Chairman of the Board of Canvassers as follows:

For President: Dr. Januario Estrada (unopposed)

For 1st Vice-President: Dr. Juan Z. Sta. Cruz

For 2nd Vice-President: Dr. Gonzalo Santos

For Secretary-Treasurer for five years: Dr. Antonio S. Fernando (unopposed)

For Councilor for five years: Dr. Victorino de Dios (unopposed)

The officers-elect were conducted to the rostrum amidst the acclaim of the members.

7. *Taking of the Oath of Office.*—Dr. Carmelo Reyes, past President of the Philippine Medical Association, administered the oath of Office to the officers-elect.

After the ceremony, each was requested to deliver short remarks, which they did, to the great satisfaction of the members.

8. *Adjournment.*—The meeting was adjourned at 5:09 p.m.

ATTESTED:

(Sgd.) A. S. FERNANDO, M.D.
Secretary-Treasurer

APPROVED:

(Sgd.) VICTORINO DE DIOS, M.D.
President

MINUTES OF THE CLOSING MEETING OF THE HOUSE OF DELEGATES HELD AT THE STO. TOMAS GYMNASIUM, MAY 11, 1946

The meeting was called to order by the newly-elected President, Dr. Januario Estrada, at 5:30 p.m.

The Secretary-Treasurer after checking the attendance reported that a quorum was present.

The meeting then proceeded to transact the following business:

1. *Date and Place of the next Annual Meeting.*—The House of Delegates, upon motion duly seconded and carried, authorized the Council to decide the date and place of the next Annual Meeting.

2. *Appointment of Standing and Special Committees for the ensuing year.*—Upon motion duly seconded and carried, the House authorized the Council to appoint all the Standing and Special Committees required.

3. *Consideration of the proposed Budget for the ensuing fiscal year.*—The House of Delegates, upon motion duly seconded, unanimously approved the Budget which was previously approved by the Council (see below).

4. *Adjournment.*—There being no further business, the House of Delegates adjourned at 6:00 p.m.

ATTESTED:

(Sgd.) ANTONIO S. FERNANDO, M.D.
Secretary-Treasurer

APPROVED:

(Sgd.) JANUARIO ESTRADA, M.D.
President

April 16, 1946

PROPOSED BUDGET FOR 1946-1947 *

I.—Budget for the Fiscal Year 1946-1947 (From May 1946 to April 1947). Figures represent estimated expenditures for one year. If the fiscal year is shortened or lengthened to coincide with the term of officers, the allotments authorized in this Budget will be proportionately decreased or increased as the case may be.

Items:

1. Clinico Path. Conf. & Abstractors	P 300.00
1a. Secretary-Treasurer-Editor at P100 per month	1,200.00
2. Business Manager at P120 per month	1,440.00
3. Copy Editor at P70.00 per month	840.00
4. Clerk-Stenographer at P120 per month (P50.00 monthly paid by the M. M. S.)	840.00
5. Messenger (part-time at P40.00 per month) by the Council)	480.00 300.00
	<u>P 5,880.00</u>
8. Printing of Journal and Proceedings including reprints (based approx- imately on 60 pages, 1,000 copies monthly)	P12,000.00
9. Postal and cable service	240.00
10. Supplies and materials	480.00
11. Travelling expenses	240.00
12. Miscellaneous	150.00
	<u>TOTAL</u>
	<u><u>P18,990.00</u></u>

II.—Estimated Receipts for one year.

Advertisements	9,000.00
Annual Dues and Subscriptions	3,500.00
Aid or contribution from daughter societies and other entities	6,500.00
	<u>TOTAL</u>
	<u><u>P19,000.00</u></u>

SUMMARY

Total estimated receipts for one year	P19,000.00
Proposed Budget for 1946-1947 for one year	18,990.00
	<u>Estimated surplus</u>
	<u><u>P 10.00</u></u>

* Approved by the Council upon recommendation by its Committee on Finance.

LIST OF OFFICERS AND DELEGATES OF THE 39TH ANNUAL
MEETING

THE COUNCIL OF THE PHILIPPINE MEDICAL ASSOCIATION EX-OFFICIO
MEMBERS OF THE HOUSE:

PRESIDENT:

Dr. Victorino de Dios

VICE-PRESIDENTS:

Dr. Januario Estrada

Dr. Honoria Acosta-Sison

SECRETARY-TREASURER:

Dr. Antonio S. Fernando

COUNCILLORS:

Dr. R. Abriol

Dr. W. de Leon

Dr. A. Villarama

Dr. Jose C. Locsin

Dr. M. Cañizares

DELEGATES

Manila Medical Society

- | | |
|----------------------------|---------------------------------|
| 1. Dr. Jose Y. Fores | 10. Dr. Ramon Campos |
| 2. Dr. Fe del Mundo | 11. Dr. Carmelo Reyes |
| 3. Dr. Luis F. Torres, Jr. | 12. Dr. Antonio G. Sison |
| 4. Dr. Jose Guidote | 13. Dr. Renato Ma. Guerrero |
| 5. Dr. Sixto Francisco | 14. Dr. Cesareo Sta. Ana |
| 6. Dr. Constantino Manahan | 15. Dr. Pablo I. de Jesus |
| 7. Dr. Juan Z. Sta. Cruz | 16. Dr. Agerico B. M. Sison |
| 8. Dr. Leopoldo S. Pardo | 17. Dr. Felisa Nicolas-Fernando |
| 9. Dr. Paulino J. Garcia | 18. Dr. Porfirio M. Recio |

- | | |
|-------------------------|--------------------------|
| 19. Dr. Casto Pineda | 22. Dr. Pedro Lantin |
| 20. Dr. P. B. Ramirez | 23. Dr. Rodolfo Gonzales |
| 21. Dr. Nicanor Jacinto | 24. Dr. Agustin Liboro |

Albay Medical Society

1. Dr. Damaceno J. Ago

Cavite Medical Society

- | | |
|--------------------------|-----------------------------|
| 1. Dr. Fernando Medina | 3. Dr. Rizalina R. Bautista |
| 2. Dr. Teodorico Jimenez | 4. Dr. Jesus C. Tranquilino |

Culion Medical Society

1. Dr. Marciano Carreon

Davao Medical Society

- | | |
|----------------------------|--------------|
| 1. Dr. Ambrosio L. Babista | 2. Dr. Gahol |
|----------------------------|--------------|

Iloilo Medical Society

- | | |
|-----------------------|---------------------|
| 1. Dr. Daniel Ledesma | 2. Dr. Ramon Campos |
|-----------------------|---------------------|

Mindoro Medical Society

- | | |
|------------------------|-------------------------|
| 1. Dr. F. S. Infantado | 2. Dr. Jose A. Villegas |
|------------------------|-------------------------|

Nueva Ecija Medical Society

1. Dr. Felix S. A. Caparas

Tarlac Medical Society

- | | |
|----------------------------|--------------------------|
| 1. Dr. Gonzalo Santos | 4. Dr. Marcos J. Corpus |
| 2. Dra. Socorro M. Ablang | 5. Dr. Arsenio C. Regala |
| 3. Dr. Benjamin Pangilinan | 6. Dr. Jose G. Cruz |

Tayabas Medical Society

- | | |
|---------------------------|---------------------|
| 1. Dr. Bienvenido P. Caro | 2. Dr. Juan Rosales |
|---------------------------|---------------------|

LIST OF MEMBERS WHO HAVE REGISTERED AT THE 39TH ANNUAL MEETING OF THE PHILIPPINE MEDICAL ASSOCIATION HELD IN MANILA, MAY 7-11, 1946*

- | | |
|-------------------------------|---------------------------|
| 1. Abad, Lucio | 23. Casasola, Indalecio |
| 2. Abad, Moises B. | 24. Cenizal, Remedios |
| 3. Agustin, Deogracias O. | 25. Chiacio, Manuel Chua |
| 4. Albert, Jose | 26. Chiao, Gan Kim |
| 5. Alday, Timoteo | 27. Chikiamco, Paterno |
| 6. Almeda, Luzonica C. | 28. Concepcion, Isabelo |
| 7. Alomia, Angel | 29. Cordero, Narciso |
| 8. Antonio, Domingo Jr. | 30. Coronado, Jovita |
| 9. Apelo, Ruben | 31. Cosca, Severo |
| 10. Arenas, Felipe | 32. Cruz, Jose N. |
| 11. Austria, Eduardo T. V. | 33. Cruz, Juan Z. Sta. |
| 12. Baltazar, Luz R. | 34. Dayrit, Aurelio |
| 13. Barcelon-Guevara, Aniceta | 35. Dayrit, Conrado |
| 14. Barcelona, Jose M. | 36. Delfin, Vicente |
| 15. Belmonte, Demetrio | 37. Delgado, Rafael E. |
| 16. Bernardo, Trajano | 38. Dionisio, S. Ador |
| 17. Bustamante, Artemio J. | 39. Doo, Jose Yan Tan |
| 18. Cabral, Virgilio W. | 40. Enrile, Rafael |
| 19. Campomanes, G. V. | 41. Esguerra, Tagumpay |
| 20. Canlas, Concepcion | 42. Espinola, Noe A. |
| 21. Canlas, Bienvenido R. | 43. Fajardo, Gutierrez J. |
| 22. Carlos, Florentino | 44. Farrales, Gregorio |

* 196 members had registered, but eight (8) signatures could not be read, so their names were not included in this list.

45. Fernando, Antonio S.
46. Florendo, Federico
47. Florendo, Josefina
48. Fores, Jose Y.
49. Franco, Cecilio
50. Gabriel, Antonio J.
51. Gamboa, Elpidio
52. Gatchalian, Hipolito
53. Gatchalian, Salud V.
54. Gomez, Liboro
55. Gonzaga, Julio
56. Gonzales, Rodolfo P.
57. Gonzales, Luis
58. Gonzales, Trinidad B.
59. Gorospe, A.
60. Gorospe, Alfredo A.
61. Gregorio, Augusto
62. Guevara, Felix M.
63. Guevara, Romulo
64. Guidote, Jose
65. Gustilo, Nestor
66. Guzman, Rafael V.
67. Guzman, Ariston de
68. Guzman, Francisco de
69. Guzman, Marcelino F.
70. Halili, Purificacion O.
71. Ibarra, Leandro
72. Icasas, Remigio S.
73. Icasiano, Mariano C.
74. Inocencio, German
75. Janolo, Modesto
76. Jao, Segundino
77. Jesus, Pablo I. de
78. Josef, Demetrio M.
79. Josen, Nestor F.
80. Kabayao, Doroteo
81. Kalaw-Liñan, Victoria
82. Kierulf, Vicente
83. Lahom, Diosdado
84. Laico, Jaime E.
85. Lantin, Pedro
86. Lao, Dolores G.
87. Laxamana, Gregorio
88. Lazatin, Cristino
89. Lazcano, Bonifacio
90. Legarda, Alejandro
91. Legasto, Noe C.
92. Leon, Servando de
93. Leon, Miguel R. de
94. Levy, Reuben
95. Liboro, Agustin
96. Lim, Bernabe T.
97. Lim, Peter
98. Limson, Marciano
99. Llamas, Rosendo
100. Lopez, Severino P.
101. Maccda, Sixto Jr.
102. Magboo, Manuel C.
103. Manahan, Joaquin P.
104. Manahan, Constantino
105. Mateos, Juan
106. Matias, Maria
107. Matias, Enrique
108. Meñez, Salvador
109. Mirasol-Inocencio, Olimpia
110. Navarro, Jose P.
111. Navarro, Gonzalo
112. Navarro, Regino
113. Nicolas-Fernando, Felisa
114. Nieva, Dominador
115. Oca, Mario
116. Ocampo, Geminiano de
117. Ocampo, Manuel S.
118. Ong, Ignacio
119. Oreta, Prospero M.
120. Orosa, Sixto Y.
121. Padua, Regino G.
122. Pagua, Celso
123. Paguirigan, Bienvenido
124. Parulan, Dionisio R.
125. Paulino, Peregrino
126. Peñas, Marfue
127. Pesigan, Trinidad P.
128. Pineda, Casto
129. Poblete, Juan G.
130. Quijano, Ines G.
131. Quisumbing, Manuel
132. Ramirez, Jose
133. Ramirez, Vicente G.
134. Reyes, Lorenzo C.
135. Reyes, Pedro M.
136. Rizal, Leoncio Lopez
137. Roda, Alfredo P. de
138. Rodrigo, Dolores L.
139. Roque, Francisco T.
140. Rosalez, Justo
141. Rosario, Tirso C. del
142. Ruiz, Dominico A.
143. Salta, Jose T.
144. Salva, Renato
145. Santa Maria, Clara Manalo
146. Santiago, Gavino C.
147. Santiago, Nestor M.
148. Santillan, Jose
149. Santos, Apolinar A.
150. Santos, Aurelio
151. Santos-Cuyugan, Gervacio
152. Santos, Leticia
153. Santos, Jose V. de los
154. Santos, Teodorico B.
155. Signh, Rajah
156. Sison, Rosita A.

- | | |
|------------------------------|------------------------------------|
| 157. Soqueño, Concordio | 173. Tupas, Alberto V. |
| 158. Su, Go Kiat | 174. Valero, Jose |
| 159. Surla, Castor | 175. Vasquez, Luis |
| 160. Tamesis, Jesus | 176. Vasquez, Antonio D. |
| 161. Tan, Jesus J. | 177. Velarde, Herminio Sr. |
| 162. Tan, Jesus M. | 178. Vera, Ramon C. de |
| 163. Tancinco-Yambao, Gloria | 179. Vergara, Jose |
| 164. Tangco, Ambrosio | 180. Villacorta-Agoncillo, Anaclea |
| 165. Tangco, Francisco | 181. Villalon, Augusto |
| 166. Tanquintic, Jacobo | 182. Villanueva, Antonio C. |
| 167. Tansioco, Alejandro | 183. Villanueva, Jose |
| 168. Techankee, Rafael | 184. Villasor, Rue P. |
| 169. Teotico, Rene A. | 185. Virata, Melquiades |
| 170. Tiangco, Geronimo F. | 186. Yambao, Carlos |
| 171. Tomaneng, R. G. | 187. Yujuico, Alejandro S. |
| 172. Tuason, Manuel N. | 188. Zaragosa, Eduardo |

IMPORTANT NOTICE

Original articles are accepted for publication only with the understanding that they have not been and are not to be published elsewhere. The Editorial Board reserves the right to accept, reduce, or reject all manuscripts submitted for publication.

Any number of reprints will be furnished at cost price provided that written request be made by the author at the time the article is submitted for publication.

REFERENCES TO LITERATURE CITED SHOULD INCLUDE: FOR PERIODICALS: NAME OF AUTHOR, TITLE OF ARTICLE, FULL NAME OF PERIODICAL, VOLUME NUMBER, INCLUSIVE PAGING, MONTH AND YEAR OF PUBLICATION, ALL IN THE ABOVE ORDER. EXAMPLE FOLLOWS:

Pio de Roda, Alfredo: Typhus Fever in the Philippines: Weil-Felix Reaction of 500 Cases, Journal Philippine Islands Medical Association, 17:147-156 (March) 1936.

REFERENCES TO BOOKS SHOULD INCLUDE: NAME OF AUTHOR, TITLE OF BOOK, PLACE OF PUBLICATION, NAME OF PUBLISHER, DATE OF PUBLICATION, VOLUME NUMBER, AND PAGES CITED, ALL IN THE ABOVE ORDER. EXAMPLE FOLLOWS:

Peters, J. P., and Van Slyke, D. D.: Quantitative Clinical Chemistry, Baltimore, Williams & Wilkins Company, 1932, vol. 2, 892-893.

THESE REFERENCES SHOULD BE LISTED ON A SEPARATE PAGE AT THE END OF THE ARTICLE WITH CORRESPONDING NUMBERS IN THE TEXT. ACCURACY AND COMPLETENESS OF LITERATURE CITATIONS IS REQUESTED.

Any other information regarding publication of figures, graphs, etc. will be furnished by the Editor upon request.

ADVERTISERS are requested to send in copy and cuts, if any, for their advertisements not later than the 20th of the month immediately preceding the month of issue, otherwise, the advertisements as published in the preceding number will be issued. The Editorial Board reserves the right to accept, modify or reject all copy submitted for advertisement.

MEMBERS and SUBSCRIBERS will oblige us by prompt notification of any change in their addresses, or failure to receive the Journal regularly.