

MEDICAL WORK IN THE PHILIPPINES.¹

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THE conditions which confront medical men in the Philippines are stimulating. One takes pride in sharing in our new national work of handling dependent peoples of the tropics, especially since medicine has played so prominent a part in our era of expansion. While in the Philippines there is no such dreaded disease as yellow fever, daily tribute is paid to dysentery, cholera, malaria, beri-beri, and to many lesser complaints; and while, after ten years of occupation, no such triumph has been achieved here as has been wrought in Cuba, Porto Rico, and Panama, much solid work has been

done in the etiology and prevention of disease. If much remains, it is only a challenge to American ingenuity and perseverance. And if there are many deep questions in regard to the future of the Islands, there are no signs that the medical questions will not eventually receive proper attention.

Probably the most distinctive disease of the Islands, both medically and surgically, is "amebiasis." Flexner's Manila type of bacillary dysentery will of course be recalled, but amebic dysentery and amebic abscess of the liver are much more frequently the subject of discussion; and it is here that Musgrave and Clegg first definitely cultivated pathogenic amebæ. The cultivation of these protozoa

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in "pure mixed" cultures with symbiotic organisms was a feat in itself, and has thrown much light on amebic infections. It would be out of place to raise the question whether all amebæ are potentially pathogenic, but nature here swarms with amebæ, and one is fortunate after a year or two of residence if he has not entertained these parasites. While there undoubtedly are different species or varieties of amebæ, most workers look on all of them in the tropics with suspicion. The most promising field for settling pathogenicity seems to be in the direction of physiology rather than of morphology, as, for instance, in the question of the presence or absence of enzymes and serum reactions. There is no one accepted treatment for amebic dysentery; some practitioners cut down the diet, others increase it; some pin their faith to irrigations, others to purgatives or astringents. Ipecac is not held in such reverence as among the English. In old and desperate cases appendicostomy is frequently done, and undoubtedly saves many lives. Operations for liver abscess are also frequent. The most logical procedure and the one worked out by Captain Rhoads, of the Medical Corps, is to diagnosticate pus in the liver early and then to open the abdomen, palpate the organ, and determine where to drain the abscess by its location.

Beri-beri is prevalent among laborers, and here as elsewhere is one of the stumbling blocks of tropical medicine both in diagnosis and etiology. We have our cerealists, toxinists, and infectionists. We have been looking to Japan with her 40,000 cases in the Russian war for some light on beri-beri, but so far only some mild cocci have been produced.

Dengue should be mentioned on account of the work of Ashburn and Craig of the last Army Board for the Study of Tropical Diseases. They practically repeated for dengue the experiments of the Yellow Fever Board and showed that the disease is not contagious, that the virus is filterable, and that it is communicable by *Culex fatigans*.

Cholera has given rise to many inquiries, and the Staff of the Bureau of Science, led by Strong, have gone deeply into the variability of cholera vibrio and preventive inoculation. A most curious feature, which has been insisted on by Dr. Heiser, Director of Health, is that at the beginning of an epidemic numerous cases occur which are clinically cholera, but in which no cholera vibrios can be demonstrated by expert examination. This has given rise to the theory that the vibrios are latent in an altered form between epidemics and undergo an evolution leading to genuine forms. This idea is revolutionary in bacteriology, but has many adherents.

Two important tropical diseases seem to be lacking in the Philippines—sleeping sickness and kala-azar. Trypanosomes have been found once, in a slide from a suspected leper, but the patient could not be traced. *Glossina palpalis* is found here. Guinea-worm infection has not been found; but yaws, filariasis and elephantiasis, madura foot, para-

gonimiasis, schistosomiasis, and gangosa are to be seen. Uncinariasis is very common, but in a very mild degree. Statistics of over 4000 examinations of feces collected by Dr. Garrison, of the Navy, at Bilibid, show that over 80 per cent. of the population have one or more intestinal parasites. Skin diseases abound; one form, blastomycosis of the skin, which has never figured in tropical medicine, is present among both white men and natives. Many cases of cirrhosis of the liver and of newgrowths are seen at autopsies. Typhoid fever and amebic dysentery can no longer be held to be rare among natives.

Outside of strictly professional lines there is much to engage the attention. Veterinary medicine is progressive, and presents many questions of great scientific interest in connection with surra, rinderpest, and lymphangitis. If one has a hobby for botany, zoölogy, geology, anthropology, or languages, there is much virgin ground and many opportunities for trips through country which white men have rarely penetrated. Spanish is of much value; in most places native dialects are spoken very generally, but someone can almost everywhere be found with at least a smattering of Spanish. With or without a knowledge of Spanish, one learns an increasing respect for the enduring work the Spaniards did here.

As most of the medical men here are connected in one way or another with the public service, the big questions of prophylaxis are of much interest. Great credit should be given to the Board of Health, formerly under the Army, now under the Marine Hospital Service, for the campaign against bubonic plague, smallpox, and leprosy. The leper "round-ups" are one of the features of life in the provinces, and one can see a great variety of tumors, ulcers, and skin diseases gathered together by the presidentes for the weeding out of lepers. While much has been done, there is a general feeling that immediate attention should be paid to two hitherto neglected subjects—mosquitoes and the disposal of excreta. Even in Manila, where malaria, dengue, and filariasis are prevalent, nothing has been done to reduce the great number of mosquitoes. Some system, such as a pail system, of disposal of excreta is the crying need of the towns throughout the islands. At present excreta are, as a rule, deposited under or around the houses, and little argument is needed to show the relation of this condition to cholera, typhoid fever, dysentery, and intestinal parasites. The sanitary organization of the provinces is excellent on paper, but far from that in reality, owing to the small number of American and the inefficiency of the native officials. The Army has a number of capable men in different posts over the islands, but the present arrangement does not admit of their taking much of a hand, except in Mindanao.

Manila is naturally the centre of medical activities, and has good general hospitals and dispensaries; a fine isolation

hospital and prison; the Division Hospital of the Army; the Canacao Hospital of the Navy at Cavite; the Philippine Medical School; the magnificent Bureau of Science, and the Manila Medical Society. The Medical School, with a five years' course, is well organized and equipped. The Bureau of Science, under the generous policy of Director Freer, offers encouragement to anyone who wishes to work there. There is a cordial feeling among the different services, and practitioners and the Medical Society is flourishing. The annual meetings of the P. I. Medical Association are notable, and a Far Eastern Association of Tropical Medicine has just been organized to meet every two years; the first meeting, in 1910, will be in Manila.

A word in regard to the personal equation. Devotion to

work, a certain love of adventure, and some adaptability to conditions are almost essential to one's happiness here, especially outside of Manila. Creature comforts are often lacking, and treatment has often to be carried out in curious surroundings and without accessories. Those to whom the frontier spirit does not appeal and who feel lost outside of the beaten paths of conventional practice should not go to the Philippines, at least not to the Provinces. Many places are isolated, and the hours may become weary through lack of diversion. Those who enjoy life most here are the optimists, who keep themselves in good physical condition and who have enough humor, imagination, and resource to take things as they come and enough patriotism and ambition to work for high standards.