

Letter from . . . Manila

Where the bougainvillea blooms

GEORGE DUNEA

On Sunday morning in Manila the ships lie perfectly still in the harbour as the sun bears down mercilessly on the shoreline—where palm trees nodding gently in the scarcely perceptible breeze each throw a small circle of shade on the assembled membership of an extended-family picnic. Further inland the parched expanse of grass in Rizal Park is broken only by the occasional tree and by two fierce bronze water-buffaloes, now resting. Even the traffic on Rojas Avenue, Manila's marine drive, is subdued at this hour. In the park a small boy waves about copies of the local *Daily Express*; a Philippine flag languidly commemorates the inauguration of the Republic; and two tourist women from Cebu are flirting with the soldiers guarding the monument of José Rizal—a physician and one of the fathers of the nation, unjustly put to death by the Spaniards in 1896. The stately Manila Hotel, once the quarters of General McArthur, dominates the view on the left; a little further away, on the right, rises the lace-like structure of the American Embassy; the silver dome of the Town Hall gleams in the distance near the red roofs of the old Congress building, now a museum; and in front stand the grey stone walls of old Manila with Fort Santiago, now remembered chiefly as a horror concentration camp during the 1942-4 occupation. Only from behind the grandstand in the park is the silence broken by alarming thuds, as two teams of uniformed youngsters practise the martial arts, pelting each other with stones and bricks, moving forward under cover of huge shields, then suddenly brandishing their clubs as they break ranks to engage the enemy.

I was fortunate indeed, last May, to be a guest of the Philippine College of Physicians and enjoy wonderful fellowship and hospitality in this young nation of some 48 million people—young because half of the population is under the age of 15. The country, or rather the archipelago, consists of about 7000 islands, most of which are inhabited. Manila, the capital, lies on Luzon, which is the largest island. Cebu, capital of Visayas, is the second city and also the oldest, and is where Magellan lost his life at the hands of the fierce chieftain Lapu-Lapu, whose name is now perpetuated by a tasty fish. The other large island is Mindanao, where Moslem tribes have periodically been waging war against the Spaniards, the Americans, and now the central government. Evidence of 350 years of Spanish domination persists in the people's names, religion, and culture, in cockfights and piñadas, and in picturesque folk dances. American influence is even stronger, English is spoken everywhere, and all the signs are in English. Seven years of martial government under President Fernando Marcos have led to considerable administrative streamlining, as evidenced in the Manila area, where some six million people in four cities and 13 townships have been incorporated into a greater Metro Manila under the governorship of the first lady, Mme Imelda Marcos.

Old and new in Manila

In Manila proper the modern residential and industrial districts contrast with areas of predominantly wooden two-storey houses, with shops below and living quarters above. Here narrow alleys teem with crowds, especially in the flea markets, where the merchandise lies displayed on the pavement and a strong smell of fish pervades the air. The traffic is horrendous: everybody weaves in and out sounding their horns, horse-drawn carriages add to the congestion, and the multi-coloured jeepneys are everywhere, decorated with ribbons and silver horses and conveying up to ten people for a nominal fee. Makati is the modern business centre, with wide streets and imposing buildings, hotels, supermarkets, corporate headquarters—but here too the traffic is overwhelming, and little boys weave their way between cars selling *Time* magazines, offering perfumed garlands of Sampaguita, or guiding ostensibly blind beggars by the hand.

From Manila a two-hour drive leads to picturesque Puerto Azul and then to historic Corregidor, with its massive batteries and, dug in a mountain, the Malinta tunnel, wartime site of General McArthur's headquarters and of a 1000-bed subterranean hospital; while across the other side of the bay loom the tall hills of Bataan, memorable for the famous siege and infamous death march of the Japanese wars. Everywhere the weather is at its warmest in May, so that typically men wear embroidered barong shirts, short sleeves during the day, full length for formal events. At Baguio, the 5000-foot-high summer capital, the climate is cool, the streets and parks abound with every kind of flower, and the view from the mountains is breath-taking; but even by the seashore the bright red firetree and the purple bougainvillea were in bloom everywhere at this time of the year. As in many other developing countries, the gap between the rich and poor in the Philippines is wide and possibly widening; and although much progress has been made, the economy is troubled by inflation, the high cost of oil, and declining prices for copra and copper.

Although the exact figures are uncertain, it would appear that the total number of Filipino doctors may be as high as 20 000. Of these only about 12 000 are in active medical practice, and at least another 2500 live abroad, mainly in the United States. Recent years have witnessed a rapid expansion of medical schools in the country, and soon two more will be added to the present 18. Five schools are located in Manila—namely, the Government-owned University of the Philippines and the four private medical schools of St Thomas, Far Eastern University, University of the East, and Manila Central. The other schools have been developed on Luzon, at Cebu, and on Mindanao in an effort to provide doctors for all parts of the country. Over 1000 students graduate each year, including several Americans studying abroad; but recently there has been a tendency to limit the numbers graduating from each medical school. Tuition fees are roughly \$1000 a year but less at the State universities. Some of the newer medical schools, I was told, suffer from staff shortages, standards are not always high, and lecturers from Manila sometimes have to come out at weekends to take up the slack.

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Medical education, in general, follows the American pattern. Basic training consists of four years' college, four years in medical school, an internship, three to six months' rural health service, and, for some, training in a formally accredited residency programme. At present the Government wants to extend the rural service to one year, but a shortage of drugs and a lack of diagnostic equipment often hamper the task of these conscripted pioneers. "They expect me to be a magician," said a young doctor who had recently served her time in a remote area, relating how she often felt helpless, with primitive natives suddenly appearing from the bush in the terminal stages of disseminated infections, or with emaciated children with distended abdomens, vomiting ascaris, and excreting every other known variety of worm. Elsewhere, too, the countryside abounds with schistosomiasis, typhoid fever, leptospirosis, amoebiasis, and malaria, often of the falciparum kind. But here, as in the city, the lack of facilities is further compounded by the patients failing to seek help until the disease is well advanced. In the countryside the Government is trying to help by training health workers and nurse practitioners to provide essential medical services, including immunisation. There is also a plan to change the formal three-year medical residency programmes (four years in surgery) so that some residents would spend their final year in a crash course in one specialty and then serve in remote areas as junior medical specialists, at a salary of \$1300 a year but with some rights of private practice.

Medical care

The Government operates some 400 hospitals, and there are twice as many beds in the private sector, giving a ratio of one bed for 650 inhabitants. A shortage of money, drugs, and diagnostic facilities generally characterises the municipal hospitals, where the patients are usually cared for by house officers and often by relatively low-level consultants. At present the Ministry of Health is appealing to the top echelon doctors to help out by serving as voluntary consultants—but even in the teaching hospitals the specialists receive at the most a nominal stipend and are obliged to earn their living through private practice.

Conditions in public hospitals are often inadequate—the wards overcrowded, the beds closely spaced, the drugs (or blood for transfusions) sometimes hard to come by. Most patients are referred for admission through casualty departments or government-operated clinics, and some 70-90% of patients appear to receive medical care through this system. Most university hospitals have charity wings, supported by student tuition fees; private hospitals are required by law to set aside 10% of their beds for indigent patients; and a "medicare" form of insurance is available to government and some other employees but provides few benefits—indeed, mainly board and lodging—so that patients often bring their own sheets and pillows and must pay for drugs, blood transfusions, or diagnostic tests. At present the Government is trying to control or standardise the cost of time spent in hospital, yet many of the small hospitals that had sprouted about Manila when energy was cheap and government loans readily available are now experiencing difficulties or are closing down. There are also some voluntary hospitals, maintained largely by donations, catering for the indigent and receiving a small subsidy from the Government.

Like everything else, medicine in the Philippines is heavily influenced by the United States. Most doctors are in private practice, there being virtually no full-time positions at the universities. Group practices are unusual because medicine is rather personal and patients expect to see *their* doctor when they become ill. Professional fees tend to be high, being based largely on the patients' ability to pay, and the Government is occasionally threatening to regulate fees. In general, however, the Ministry of Health tries to promote a spirit of co-operation between public and private sectors, and the doctors only too

readily point out that they carry out an enormous amount of charity work without which the government hospitals would collapse. And, while there is frequent talk about the high cost of medicine, this is due mainly to the rising price of supplies, laboratory equipment, diagnostic services, and drugs. It is also quite striking that the drug companies advertise their products more openly and with less restraint than in the United States. Most drugs, including sedatives and antibiotics, may be bought freely without prescription, so that addicts deprived of opium have been known to ingest tranquillisers by the handful and to drink codeine-containing cough mixtures by the bottleful. There is also available a whole array of Chinese traditional herbs, usually prescribed by the older Chinese practitioners and often made up with phenylbutazone or amidopyrine.

Opportunities for research are generally much more limited than in the United States, and prevailing conditions also make for some degree of scientific isolation. Medical journals often arrive late or not at all. The *BMJ*, incidentally, is highly regarded but thought to be too expensive and is available only at the University of the Philippines Library. Yet there are some excellent facilities at which high-quality work is being carried out, notably the Philippine Heart Centre for Asia, a special project supported by Mme Marcos. Well endowed with modern diagnostic equipment, this is the showcase for Philippine medicine, a centre for open heart surgery (there is still much rheumatic fever in the Philippines) and also for renal transplants. A children's hospital recently opened on the same campus in Quezon City, and centres for diseases of the lung and kidney are being planned, despite some criticism that hospitals for categorical diseases are impractical and that the money could be spent better elsewhere. Yet on the whole one is struck that the standard of medicine in the Philippines is high, and that much of this is due to the longstanding tradition of sending graduates for specialised training in America.

These obvious benefits were formerly counterbalanced by many young graduates becoming so specialised that they became unfit to practise in their homeland, so that the Philippines were training doctors for America. This has now changed, and, with recent restrictions on foreign graduates entering the United States, young graduates are turning to Europe and Australia for special training. Several professors lost no time in pointing out that the United States stand to lose from this short-sighted policy, in influence as well as in economic terms, for if a doctor trains in a certain country he will probably order his books, supplies, and diagnostic equipment from that source. This may well be so. In the meanwhile one cannot fail to be impressed by how much has been achieved already in this hospitable country. Nor can one deny a feeling of satisfaction at having had the privilege to take part in the training of at least some of its young physicians.

WORDS ow! Minerva (23 June 1979, p 1715) quotes her sister columnist in *New Scientist*, Ariadne, as saying that German pistols go piff-paff, French pan-pan, Polish pick-puff, and Japanese bakboom. National differences of utterance extend to other fields. British dogs bark bow-wow and birds tweet-tweet. French dogs say ouâ-ouâ (wah-wah) and their birds cui-cui (kwee-kwee). German dogs bau-wau (bow-wow). Hungarian birds csip-csip (cheep-cheep). Research that I carried out between sessions at a congress in Jerusalem disclosed that Israeli dogs bark huv-huv and the birds say tsif-tsif. Cats apparently say miow in all areas. These sensible animals use a universal language and have no need for simultaneous translation at international feline gatherings. Of greater interest in a medical context are national variations in the vocal response to pain. If pain is sudden and severe, the cry is of animal spontaneity and the same the world over. When pain is less severe, however, the vocal response lends itself to a stylised utterance in which there is a component of sympathy seeking. In Britain we say "ow." The Germans say "aua" (owah), the French "aie" (eye), the Israelis likewise, the Russians "oy" and the Hungarians "jaj" (yoy). Lexicographers, please note. B J FREEDMAN