



# ECTOPIC MURMURS

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## Drs R Razonable and M Antonio keynote 40<sup>th</sup> Balik-FEU

The 40<sup>th</sup> Balik-FEU reunion's themed *wellness beyond time* was creatively organized and managed by the Silver Jubilarian Class<sup>89</sup>, led by the FEU-NRMF Medical Alumni Society president Jose Ravelo Bartolome MD, along with Polly Chua MD, Alvin Vibar MD, Robert Acuna MD, among others.

The scientific seminar was keyed by Raymund R Razonable MD<sup>92</sup>, an outstanding internist and infectious disease specialist, and served as the 37<sup>th</sup> annual Dean Lauro H Panganiban MD memorial lecturer (see page 2);

Reverend Melvin Antonio MD<sup>65</sup>, a retired surgeon general USAF, retired Indian Health Services clinical services chief, and ordained Lutheran pastor, on *bringing faith and medicine together* (see page 2); and

Antonio Leachon MD, the current Philippine College of Physicians president, cardiologist and a consultant at the Manila Doctors Hospital, serving as the third Dr Josephine C Reyes annual memorial lecturer.

Other highlight during the grand Saturday dinner festivities was handing outstanding alumni faculty awards and the Mupas professorial chair in pathology.

### CHAIRMAN's Message



OSCAR C  
TUAZON MD

On behalf of FEUDNRSN Alumni Foundation and FEU Medical Alumni of Southern California, I

would like to extend my deepest sympathy and condolence to the Lagrosa Family and Baje Family for the passing of our beloved members, **PETE LAGROSA MD<sup>63</sup>** and **ULYSSES BAJE MD<sup>62</sup>**. May their souls rest in peace to the arm of our Almighty.

The recent *Balik-FEU* reunion was a successful event where I was able to meet our friends, classmates and fellow residents during my training at the FEU-NRMF Hospital, as well as the group of the Jubilee celebrants, particularly the Silver and Golden Jubilarians.

The event was also well attended. I had the pleasure of introducing **RAYMUND RAZONABLE MD<sup>92</sup>**, the 37<sup>th</sup> annual Dean Lauro L Panganiban MD Memorial lecturer on *emerging infectious* **continue to diseases 2015**.

In the evening, there was a  
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### PRESIDENT's Message

As your current president, I am required to attend the 40<sup>th</sup> annual alumni homecoming at our Alma Mater in West Fairview, Quezon City. Since the past two decades, I had attended most of these annual reunions; however, this last one was quite different, making the 2015 annual reunion one of the most remarkable event that would be remembered and difficult to

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MANUEL M  
MALICAY MD

### FROM THE HOMEFRONT

**LINDA D TAMESIS MD<sup>85</sup>**

Dean, FEU-NRMF IM

On Friday, January 23, 2015, the last day of FEU-NRMF Foundation Week and *Balik-FEU*, thirty seven (37) Student Achievement Awards

were given to twenty four (24) deserving students. Alumni scholar, Alyssa Camille Ablaza, was the *topnotcher* as she received five

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LINDA D  
TAMESIS MD

## EMERGING INFECTIONS

### *Role in Human History*

RAYMUND R RAZONABLE MD<sup>92</sup>

Professor of Medicine

Mayo Clinic

Infections have emerged

and re-emerged

throughout the

course of

history.

Bacteria-like

structures can

be

demonstrated in

fossils with

estimated age of

over 2 billion years.

Examination of mummies from ancient Egypt, using new technologies such as nucleic acid testing, demonstrates the presence of tuberculosis, which likely caused numerous deaths during ancient times.

The Holy Bible speaks of human conditions, such as plague, boil, and consumption, which we now know are caused by *Yersinia pestis*, *variola virus*, and *Mycobacterium tuberculosis*, respectively.

Indeed, prior to the demonstration of microbes, scholars of ancient times have already suspected their existence. Moreover, they even suggested that these *invisible* agents cause human illness when it enters the body through the mouth or inhaled through the nose. However, it was not until the discovery of the microscope, by Antonie van Leeuwenhoek, that humans increasingly appreciated the presence and the clinical significance of microbes.

Then, Robert Koch and other

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## BRINGING FAITH AND MEDICINE TOGETHER

REV MELVIN ANTONIO MD<sup>65</sup>

You have probably heard the

expression, *The*

*surgery was*

*successful but the*

*patient died.* It is

usually said

tongue-in-cheek,

but has a ring of

pragmatism in it.

In one way or

another, we will

experience these scenarios in

our practice of medicine: the

tumor has been removed, the

organ tissue has been replaced,

the broken bones have been

aligned, antibiotics have been

given, etc. The patient is now

expected to survive and live a

life of comfort and productivity.

But before that happens, we

have to wait – wait for the

expected result or the

unexpected complication,

hoping that the dreaded

statement: *surgery was*

*successful but the patient died,*

will not come true. We apply all

the skills and knowledge gained

from years of study and

practice, all the technological

and pharmacologic advances

available, yet all that one can

really do is to wait, and to hope,

and perhaps to pray. The time

has come to hand over the

healing process to a higher

power, a divine power, because

human hands can only facilitate

the healing process, not to make

it actually happen. Our hands

are but instruments of God's

work.

The Greek philosopher,

Plato, said, *The greatest*

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REV MELVIN  
ANTONIO MD

## ERADICATE POVERTY

### *In the Philippines*

CESAR D CANDARI MD<sup>61</sup>

FCAP Emeritus, Henderson NV

When I wrote my article,

more Philippine

perspective

(**ECTOPIC**

**MURMURS**

December 2014), in

my conclusion I

raised the question

of whether the

Philippines can

become an *Asian*

*Economic Tiger* and

not to remain in its reputation of

*The sick Man of Asia.* This is an

interesting query with uncertain

outcome. And the question, at

least from my mind, is whether

we can have a leader who can

make the Philippines a

prosperous country. It takes a

leader, not a joiner of mindless

and dumb voters.

The good news! The World

Bank said last month the

Philippines can eliminate

poverty within a generation as

sustained economic growth in

recent years has translated into

more jobs and higher incomes.

The country's gross domestic

product grow to 6.1 percent in

2014 reduces poverty and will

eradicate poverty within a

generation.

The World Bank said in a

report that more than a million

jobs were created between

October 2013 and October

2014, pulling unemployment

down to a 10-year low of 6

percent.

Real incomes of the bottom

20 percent of Pilipinos grew

much faster than the rest of the

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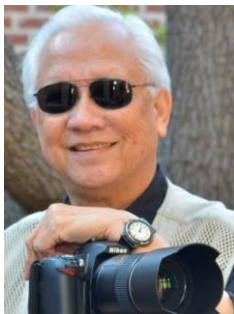


CESAR D  
CANDARI MD



# FEBRUARY IMAGES

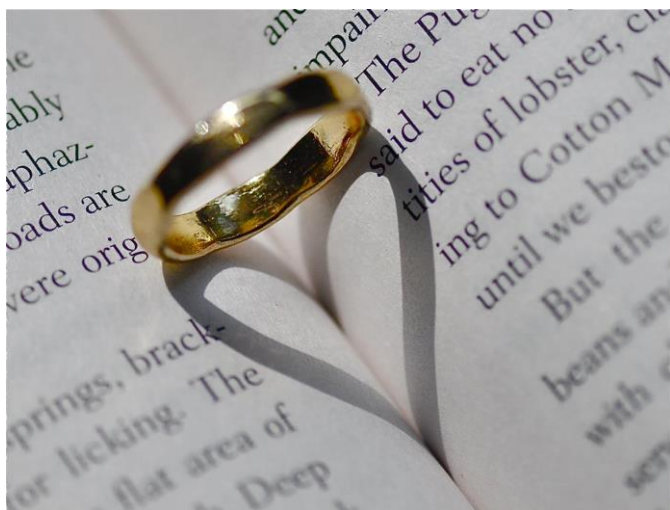
ROLANDO M SOLIS MD<sup>63</sup>



The FEU logo reflected in water droplets



Heart-shaped flowers



Ring heart-shape shadow



A tulip garden is not far behind.

# ANDRES BONIFACIO FIRST PRESIDENT OF THE PHILIPPINES

## *Still A Controversy?*

CESAR D CANDARI MD61  
FCAP Emeritus, Henderson NV  
Most recently in Manila,

Philippines, the 40<sup>th</sup>  
MetroManila film  
festival held at the  
Philippine  
International  
Cultrual Center last  
Dcember, the movie  
*Bonifacio: Ang  
Unang Pangulo*  
won as the best  
picture.

There has been a great deal  
of interest about the controversy  
regarding who was the first  
president of the Philippines. It is  
common knowledge that  
Andres Bonifacio was founder  
and *supremo* of the secret  
society of KKK-Katipunan, a  
secret organization dedicated to  
the expulsion of the Spanish  
and independence of the  
Philippines through armed  
force. Later, in 1894, Aguinaldo  
joined the *Katipunan*.

What is not widely known is  
that Bonifacio was the first  
president of the Philippines, the  
Father of the Philippine nation,  
served from August 24, 1896  
*until his tragic death on May  
10, 1897.*

Citing original documents  
attested to by historians, it has  
been argued the *Katipunan*,  
under Bonifacio's leadership,  
ceased being a secret society  
and was forced to come out in  
the open as a revolutionary

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# TENDERLY YOURS

NOLI C GUINIGUNDO MD<sup>62</sup>

From Toulouse Airport in  
France, after pick-  
up at the Hotel  
Lobby. There was  
not much hassle  
here. Toulouse for  
a small city has an  
impressive airport.  
We left at 2:00 pm



NOLI C  
GUINIGUNDO MD

and arrived at 4:25 pm. As  
usual our loyal guide pick us up  
at the airport. We headed to our  
hotel, not too good a location  
because the taxi cannot park in  
front but a few yards from the  
entrance.

The next day started with a  
guided tour of the Vatican  
Museums and St. Peter's  
Basilica. In the afternoon we  
visited the catacombs for a  
nominal fee. We met our driver  
at the famous Caffè San Pietro  
in via della Conciliazione. Back  
at the hotel around 5:00 pm.

Second day was spent on a  
full day excursion to Greccio  
Sanctuary (first nativity in the  
history, back in 1223. Then, to  
the Holy Valley, where St  
Francis used to wander and  
pray. We visited also La Foresta  
Sanctuary where St Francis  
wrote the famous Canticle of  
Creatures. We did not miss the  
Convent of St Cosimo in  
Vicovaro in the natural setting  
of the National Park of Monti  
Lucreteli with numerous caves  
once inhabited by hermits. On  
the side trip is Subiaco with the  
monastery where St Benedict  
lived as a hermit before  
organizing his first monastic  
community.

It was a cold place as the

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# OBITUARY



**PEDRO F LAGROSA MD**

June 29, 1933 –

February 6, 2015

Dr Pete Lagrosa served as  
the third FEUDNRSM Alumni  
Foundation chairman of the  
board in 1987-1990.

His son, Paul Lagrosa,  
conveys: On behalf of my  
family, my mother especially, I  
want to thank you all for your  
kind remembrances, thoughts,  
and prayers. News travels fast,  
as you know, especially with  
smart phones and the internet.  
We finally were able to put up a  
memorial web site through  
Queen of Heaven Mortuary  
where my father will be  
interred.

Here's the link to his  
memorial web site:

<http://www.legacy.com/link.asp?i=ls000174101694>. It will be  
updated every so often. I will be  
including a biography, lots of  
pictures, and more. All of the  
information, condolences,  
stories, personal experiences -  
written or spoken, and pictures -  
will be consolidated into a  
memorial book and DVD for us,  
the family.

His funeral mass was held at  
St. John Vianney Church in

Hacienda Heights, where he was a parishioner for 41 years.

From ARTURO BASA MD, Rica Basa and family: We have another good classmate who join our Lord. Since our 50<sup>th</sup> reunion there were about three that we have to include in our list. Pete is a guy that is well respected and love by many people and he had touch a many less fortunate people. During out 50<sup>th</sup> reunion he was the one who presented the idea of chairing our mini mission in Palawan which was successful. Many of us who were able to joined experienced hands on taking care of the less fortunate people of our country. I know Pete enjoyed doing mission work specially taking care of less fortunate people of Palawan. We will missed Pete and will be remembered as the quite guy who will do anything for all of us. He was planning to moved back to Las Vegas, but decided no too when he learned that he has cancer of the pancreas. Let us all pray for his soul May he rest in peace with our Lord. Our deepest condolence with the Lagrosa family.

JOSE MARCO ANTONIO MD: I know your deepest sympathy and condolence will be appreciated by the Lagrosa's family. That is nice. Life goes on. Take care, enjoy and smile,

FERNANDO ANGELES MD and Nancy Angeles: Our deepest condolences to the Lagrosa family. We shall never forget the Palawan medical mission with him and Paul and the lively group. It was fun/ great!

We were fortunate to have attended his 80<sup>th</sup> birthday

Pete made our medical mission in Palawan, his native province, a very memorable and unforgettable experience. As Tony Garcia said, he had that fatherly figure presence, being older than most of us, always with soothing words for everybody. He had that special touch and never had any disparaging words about anybody or anything. You had that feeling everything would be alright no matter what, so much so that I did not hesitate when he asked me if I would like to go with him for another medical mission. Sadly, it will not happen ever again.

When we went to Art's place in Las Vegas last year, he and his son, Paul, drove me back to our hotel. Along the way he asked his son to play the disc that I gave him and thanked me for the beautiful selection of the hits during our college days.

I was amazed that he remembered the words to these songs, even singing along every now and then. He lamented the fact that he would never fulfill his desire to retire in Las Vegas after he found out that he had a tumor in his pancreas.

Nancy and I felt so sad after he dropped us off, because we knew then that it would probably be our last time to see him again.

Since that time I emailed him and his son Paul, whom I got to know quite well during our 50<sup>th</sup> anniversary celebration in the Philippines and at our medical mission as well, every now and then. Together they updated me on his medical condition and even though I knew that his time was limited, I was hoping that perhaps we could meet him again this

coming Las Vegas reunion. Through it all, he never lost faith, never felt bad for what was happening to him and was always upbeat.

Here is to you Pete, you are one class act, and we will never forget you.

TONY GARCIA MD and Nonie Garcia: Our deepest condolence and sympathy to the family of our great and loving friend Pete who have just left us in grief. May his soul rest in peace in the Good hands of our Almighty Lord. I will always remember him as a good friend, adviser, and fatherly adviser, and will be remembered for the rest of my life. His last words to me in our reunion-get together at Art Basa's home last year was *Tony this might be our last meet with you and send my regards to all our gang Jerry de Guzman, Hector Fuerte, Willie de Castro, Arturo Basa and everybody specially Do Angeles, Nestor Sagullo. It is hoped that you will be at peace eternally with God in heaven... You will be well remembered as a true friend forever...we will miss you very dearly.*

Dr Pete Lagrosa is soft spoken, mild-mannered friend and medical school classmate of ours is no longer with us. I shall always remember Pete as honest, down-to-earth, devoted family man, and devout follower of Christ. As a fraternity brother of mine, I have known him to possess loyalty and quiet unpretentious intellect. I have constantly admired his being an astute observant of human nature.

From ERNESTO EUSEBIO MD: We, the living , need not fear death because we know that death is only the doorway



to eternal life. Of course , we shall miss Pete deeply as we should. But I believe death is not a singular entity in and of itself but rather a part of life. As in a foot race , our beloved Pete has now reached the very end of a long arduous race and he absolutely deserves the reward.

## OBITUARY



**ULYSSES Y BAJE MD<sup>62</sup>**

May 20, 1933

January 25, 2015

Our sympathies to **FE BAJE MD** and family as they mourn the recent passing of Dr Ulysses Y Baje who was born in Iligan City.

He belonged to FEU-NRMF School of Medicine Class<sup>62</sup>.

He had resided in Covina CA for many years and at the time of his passing.

Wake, funeral and interment arrangements were under the direction of Forest Lawn of Covina.

## OBITUARY



**FELIX PANAHON JR MD<sup>61</sup>**

February 13, 1935

February 18, 2015

Dr Felix Panahon as a family general practitioner in Chicago for 54 years, had treated both acute and chronic injuries and illness for patients of all ages, focused on preventative care and was trained at the Edgewater Hospital to handle multiple health conditions to provide comprehensive care.

Our sympathies to Bituin Panahon and children Felix III (Carine), Edward (Constance Runyan) and Andrew Panahon, and grandfather of Sophie, Owen and Eric.

Wake was held at the Smith-Corcoran Funeral Home, passed through Queen of All Saints Basilica with a morning mass, and interment at Maryhill Cemetery.

## FEBRUARY QUOTE

I should like you to have your minds free from all worry.

The unmarried man gives his mind to the Lord's affairs and to how he can please the Lord; but the man who is married gives his mind to the affairs of this world and to how he can please his wife, and he is divided in mind.

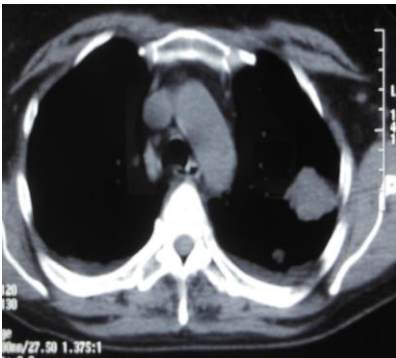
So, too, the unmarried woman, and the virgin, gives her mind to the Lord's affairs and to being holy in body and spirit; but the married woman gives her mind to the affairs of this world and to how she can please her husband.

I am saying this only to help you, not to put a bridle on you, but so that everything is as it should be, and you are able to give your undivided attention to the Lord.

**First Corinthians 7:32-35**

# CLINICAL IMAGES

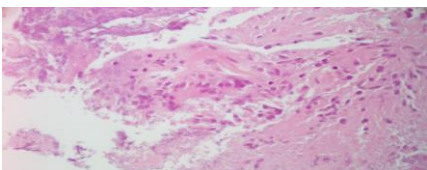
## WAGENER'S GRANULOMATOSIS OVERLAPS WITH RHEUMATOID ARTHRITIS



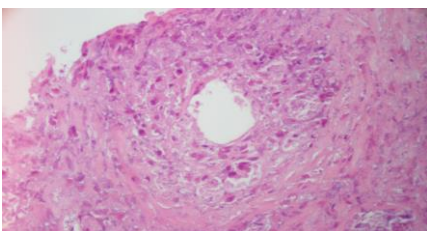
**Figure 1** – Upper lung lobe lesions, including a left 6-cm pleural based nodule, are seen on CT scan



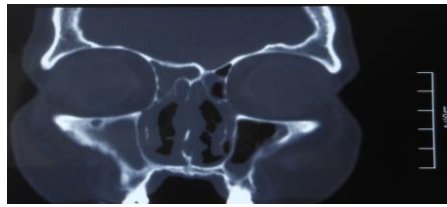
**Figure 2** – A CT scan-guided fine- and core-needle aspiration biopsies are on target.



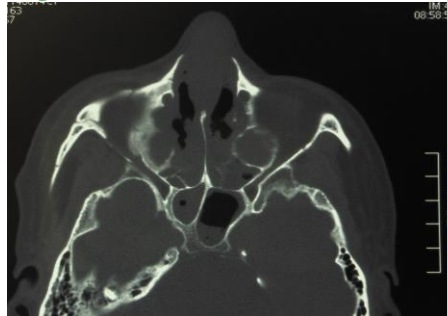
**Figure 3** – A necrotic lung tissue with palisading granuloma (center) is noted (HE stain, x200).



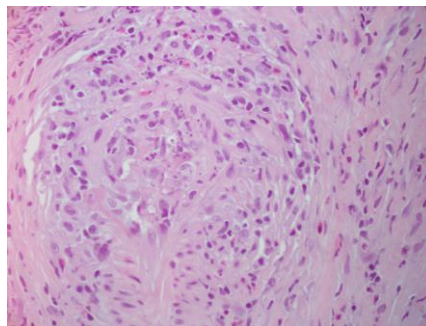
**Figure 4** – Medium- and large-sized vasculitis in a necrobiotic lung tissue (HE stain, x400).



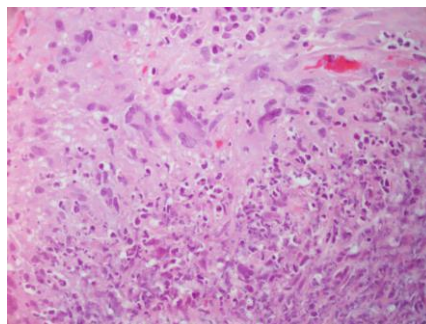
**Figure 5A**



**Figure 5B** – Opacified and necrotic naso-sinual lesions are noted on CT scan imaging.



**Figure 6** – Similar large- to medium-sized acute and granulomatous vasculitis is striking (HE stain, x400).



**Figure 7** – Acute necrotizing and granulomatous nasosinusitis is observed (HE stain, 400).

These **IMAGES** are from a very pleasant 57-year-old white woman who has past medical history significant for rheumatoid arthritis, but not on active treatment. She came to the hospital emergency room with complaints of not feeling well, following an ear infection and upper respiratory tract infection for two months earlier. Z-Pak, then switched to clarithromycin provided no improvement.

She also lost 12 pounds. Cough, expectoration, dyspnea, night sweat, and shoulder ache and pain were denied.

A computer tomographic scan with contrast revealed several, irregular and variably-sized nodules in the upper lung lobes, the largest about 6 cm, (**Figure 1**) which were suspected as secondary to an infectious/ inflammatory process, such as fungal disease and malignancy.

Joint imaging and positive rheumatoid factor affirmed the diagnosis of active rheumatoid arthritis.

Other nonspecific findings were leukocytosis, elevated troponin I, and hyponatremia.

CT scan-guided fine-/ core-needle aspiration cytology/ biopsy of the largest, left pleural based nodule (**Figure 2**) was interpreted as pulmonary necrobiotic nodule (**Figures 3 and 4**), negative for fungus and mycobacterium, consistent with rheumatoid arthritis etiology.

Additional evaluation disclosed positive c-ANCA (anti-neutrophilic cytoplasmic antibodies of perinuclear pattern), and on otolaryngologic consult and head neck CT scan imaging necrotizing

rhinosinusitis (**Figures 5A** and **5B**), which also proved to be granulomatous, necrotizing and vasculitic (**Figures 6** and **7**), consistent with Wegener's granulomatosis.

Subsequent tests also demonstrated worsening kidney failure.

The final diagnosis was Wegener's granulomatosis overlapping with rheumatoid arthritis. Plasmapheresis, oral steroid and Immunosuppressive treatment regimen helped diminished patient's signs and symptoms, and stabilized her clinical status with eight-month follow-up to date.

#### **COMMENTS and LITERATURE REVIEW.**

There are three points of discussion here. The first is the possibility that the lung and naso-sinal lesions are altogether due to rheumatoid arthritis (RA) which is a multisystem inflammatory disease characterized by destructive synovitis and varied extra-articular involvement.

Rheumatoid lung nodules are the most common pulmonary manifestations of RA. In mediastinal lymph nodes, which is suspected in the index patient, it is extremely uncommon. Likewise, RA sinusinal lesions are even rarer.

The second possibility is a single diagnosis of Wegener's granulomatosis (WG) manifesting as upper lung nodules, naso-sinal necrotizing granulomatous and vasculitidic nasosinusitis, and shortly thereafter progressive nephritis and renal failure.

The index patient is accordingly treated as such.

The third possibility is an overlap syndrome of WG and

RA. Both entities are clinically and immunologically independent diseases. But treatment in both diseases involves immunosuppression for active disease state.

An overlap syndrome of WG and RA is rare. In case report of active diseases, WG progresses to a generalized manifestation despite treatment with methotrexate.

Another study has shown that in early RA, p-ANCA was associated with serological markers of RA and predicted rapid radiographic destruction. The immunological profile is interesting for positivity for p-ANCA rather than c-ANCA, which is more usually associated with Wegener's granulomatosis. Myeloperoxidase antibodies are negative, suggesting atypical ANCA with a determined antigen.

Theoretically, the antigen could be the same in both cases. Positivity for pANCA in RA indicates severe basic disease with increased inflammatory activity. However, data suggesting that ANCA positivity enhances the risk of vasculitis is contradictory.

There is small value in ANCA testing unless systemic vasculitis is suspected. pANCA can be a significant and independent predictor of RA, associated nephropathy.

WG can also mimic other rheumatological conditions, and follow-up studies suggest that it starts as a localized vasculitis. A diagnosis of RA should be considered if joint disease becomes problematic in WG, rather than considering it a joint manifestation of the disease.

RA is characterized by destructive synovitis and varied

extra-articular involvement. Rheumatoid nodules are more common in men, usually in smokers with subcutaneous nodules, and high rheumatoid factor titers. Patients are usually asymptomatic, although large nodules may rupture into the pleural space. The appearance of nodules does not necessarily reflect overall disease activity and may antedate the onset of arthritis.

Histologically, they are identical to subcutaneous nodules and are pathognomonic of rheumatoid arthritis.

Nodules are identified in less than 1% of chest radiographs, in 22% on computed tomography, but are seen pathologically in 32.5%.

Radiographic features of rheumatoid arthritis nodules are non-specific being located subpleurally, usually multiple and range from a few millimetres to several centimetres in diameter.

Cavitation, occurring in approximately 50%, may be associated with pneumothorax, pleural effusion, or empyema after rupture into the pleural space; calcification is rare.

Nodules cause diagnostic problems, raising the possibility of a primary or secondary malignancy. They have been reported to take up radio-iodine and fluorine-18-fluorodeoxyglucose in positron emission tomography imaging.

Regression, with time or during treatment (with steroids) may be helpful in the diagnosis, as rheumatoid arthritis nodules usually run a benign course. However, cytological/histological confirmation is advocated by some authors particularly as lymphoma and



lung cancer are reported to occur with a higher incidence in rheumatoid arthritis.

Fine-needle aspiration of the nodules may be the simplest and most appropriate diagnostic approach. In the literature, however, there are only sporadic reports describing FNA cytology of a rheumatoid nodule, and usually not overtly diagnostic.

Briefly, Caplan's syndrome is the association of rheumatoid arthritis with pulmonary nodules and coal miner's pneumoconiosis was first described in 1953, with a similar syndrome reported with other inorganic dusts such as silica and asbestosis.

Peripheral, well defined, solitary or multiple nodules often appear rapidly in crops at times of increased rheumatoid arthritis activity and are often associated with new subcutaneous nodules. Biopsy reveals inorganic dust within the necrotic nodule. The nodules are asymptomatic and do not require treatment unless a complication develops following rupture of a cavitating lesion into the pleural space

In **CONCLUSION**, that the lung lesions and necrotizing rhinosinusitis may represent RA is possible. To support this contention is this case report.

That rhinosinal vasculitis/necrosis is WG with RA as a red-herring disease is also possible.

Perhaps, the best interpretation is an overlap WG-RA syndrome, where the initial and basic disease was RA and with time WG developed as a component of another immune defect disorder.

A list of **REFERENCES** is available upon request.

**CESAR V REYES MD<sup>68</sup>**

## TENDERLY YOURS

*continued from page 4*

place was mountainous and

windy although it did not rain.



**NOLI C  
GUINIGUNDO MD**

On the last day in Rome, we took the high speed train to Venice and arrived in 4½ hrs. Again, were

greeted by our English speaking guide, took the motorized boat to the heart of Venice. It rained hard for the two days that we stayed in Venice. This rain is a normal occurrence in Venice.

Sidewalks were already provided with walking bench to avoid going or wading through the water. Our free day was spent looking for souvenirs.

The best place is the Rialto Bridge. We were sorry to leave Venice but we have to go to Madrid via Barcelona. In between flights we were

plagued by delays at the airport but managed to catch our connecting flights, thanks God.

My impression of Madrid: very clean, nice well preserved maintained buildings and streets. We had a guided tour of the Prado Museum. The whole day was spent in the Museum and will provide you with some pictures. This is the place where the conquistadores came from. Most of the streets are the same streets in the Philippines.

The next day was spent in Avila, remembering St Theresa of Avila. We saw the church where she went to and bought some paraphernalia, like her habit and tiny slippers. The walls surrounding Avila is 11<sup>th</sup> Century Old and the Cathedral and San Vicente church.

St Theresa is the first woman to be named doctor of the church.

The next place to visit would have been Santarem but our guide decided to change to Segovia. Segovia is not that far from Avila. It is a picturesque city with castles, basilica, and of course the famous aqueduct that dates back from the early Roman empire. The river is an excellent source of water for the



Rialto Bridge in Venice

city and to bring it to the main city the aqueducts were built to facilitate bringing the water in. It is almost like a wonder of nature to watch the aqueduct. The place is clean and well maintained. There are hills that one has to climb to get a nice panoramic view of the place.

We got back to Madrid around 4:00 pm and the rest of the afternoon was spent sightseeing Madrid. It is a modern city with nice building and well maintained road. Our hotel sits about a stone throw to a shopping area and catholic church. The catholic church reminds me of Quiapo Church. People go in and out not in synch with the scheduled mass time. There are some beggars at each door. The pews are like in the early days, no cushion whatsoever, people come in even if the mass is still going on, in preparation for the next mass. Early morning was spent preparing to go to the Madrid Airport and thence to Dallas Fort Worth International Airport.

## ANDRES BONIFACIO

*continued from page 4*

government with its own laws, bureaucratic structure and elective leadership.

The Bonifacio's presidency was also further acknowledged in contemporary Spanish publications. For

instance, in the February 8, 1897, issue of the *La Ilustracion*

*Española y America*, an article on the Philippine Revolution appeared, accompanied by a portrait of Bonifacio in a black suit and white tie, with the caption *Andres Bonifacio/Titulado (Presidente) de la Republica Tagala*.

Indeed, many are now of the belief that Bonifacio had been denied the recognition he deserved.

The story is a tragic one. Bonifacio founded and led the *Katipunan*, which launched the Philippine revolution against Spain in 1896. But he died not in the hands of the Spanish enemy but in the hands of *Magdalo*, a rival revolutionary faction, led by General Emilio Aguinaldo.

The two leaders engaged in an ugly infighting, a dispute that brought to revolutionary movement in shambles. By 1897, two factions developed to the detriment of the revolution; their rivalry had divided the revolutionary forces into Bonifacio's *Magdiwang* faction and Aguinaldo's *Magdalo* faction.

They failed to coalesce their forces and fight side by side against the enemy, and the leaders lost their souls to greed and thirst for power. There was a power struggle between the two factions.

We might revisit the *history of shame* when the revolutionary movement was in disunity, divided into two factions, one led by Andres Bonifacio, the *Supremo* of the *Katipunan*, and the other, General Emilio Aguinaldo, leader of another faction.

Emilio Aguinaldo, leader of revolutionary forces against Spanish rule and then against

United States of America, became president of the short-lived Malolos Republic in 1899. He was captured by American troops in 1901, ending his presidency. The republic never received international recognition. The Philippine government considers Aguinaldo to be the country's first president.

The following are chronological history of notable tidbits of the revolutionaries.

On March 22, 1897, there was a convention of the two factions in Tejeros, Cavite, with an agenda for reconciliation. For unknown reason, Aguinaldo did not attend. The meeting for reconciliation and unity of fighting the enemy was not discussed because of a rowdy assembly. Instead there was an election of officers of the revolutionary government. Aguinaldo was elected as president, Mariano Trias as vice president, Artemio Ricarte as general-in-chief, Emiliano R. de Dios as director of war, and Bonifacio as director of the interior. The director of finance (Daniel Tirona) of Magdalo questioned this, saying the position required a man of learning, must be a lawyer, not one of Bonifacio's humble credentials.

Bonifacio and his followers felt that the election was by acclamation. The night was dark with anomalies during the balloting and Bonifacio and his supporters believed that Aguinaldo's men were responsible for the chaos at the Tejeros convention that maneuvered him out of power. Bonifacio complained that *before the election began, I discovered the underhanded*



CESAR D  
CANDARI MD

*work of some of the Imus crowd who had quietly spread the statement that it was not advisable that they be governed by men from other pueblos, and that they should for this reason strive to elect Captain Emilio as president.*

A meeting of Bonifacio's group was held the following day after the convention and decided to invalidate the election. A document was prepared by Bonifacio's followers giving the reasons for nullifying the elections results - *Acta de Tejeros* -. Bonifacio being the *Supremo* of the *Katipunan* declared the assembly dissolved and annulled all that has been approved and resolved during the convention.

Andres Bonifacio and his followers moved to Naik and there, proceeded to form a new government after the Tejeros convention. A document was established called the *Naik Military Agreement* in which they resolved to establish a government independent and separate from the one established at Tejeros. Bonifacio refused to recognize the revolutionary government headed by Aguinaldo and attempted to reassert his authority.

The Naik Military Agreement made Aguinaldo to decide and sent a contingent of soldiers to Limbon to arrest Bonifacio whom he considered as *one of the cruel men he met...* The brother of Bonifacio, Procopio was killed and Ciriaco was wounded. The two brothers were brought to Naik to face a military tribunal. In a mock trial lasting one day, they were convicted of treason, and

sedition despite of no evidence and sentenced to death.

On May 8, 1897, Aguinaldo decided to commute the death sentence into exile to *a separate island*. But Aguinaldo's generals vehemently opposed this, and convinced the president to change his mind. On May 10, 1897, the brothers were executed by a platoon led by Major Lazaro Makapagal at a mountain near Maragondon.

On April 21, 1898, the United States declared war against Spain. Commodore George Dewey invaded Manila Bay and overpowered the dull Spanish Navy. The Spaniards eventually surrendered to the Americans.

On June 12, 1898, Aguinaldo proclaimed the independence of the Philippines and installed a *dictatorial government* that would be temporary in nature until peace is achieved at which time it may be *modified by the nation, in which rests the principle of authority*.

However, on December 10, 1898, the Americans annexed the Philippines with Spain by the Treaty of Paris. This brought about the Filipino-American war on February 4, 1899.

After three years of the bloodiest wars in American history, Aguinaldo was captured by American General Frederick Funston in Palanan, Isabela on March 23, 1901.

Thus ended the Philippine revolution started by Bonifacio.

The historical assessment of Bonifacio involves several controversial points. Was his death a justified execution for treason and/ or a *legal murder* fueled by politics? Some

historians considered him to be the rightful first president of the Philippines. Historians such as Milagros Guerrero, Emmanuel Encarnacion, and Ramon Villegas have pushed for the recognition of Bonifacio as the first President. They emphasized that Bonifacio established a government through the *Katipunan* before a government headed by Aguinaldo was formed at the Tejeros Convention. Aguinaldo joined the revolution of Bonifacio when the struggle was already making headways.

Aguinaldo had often denied his role on the execution of Bonifacio.

We would not want to water down the contributions of Aguinaldo in defining the miseries of the *Indios* at the crossroads of their being liberated from the Spaniards into the clutches of American colonialism in the late 1890s.

We must, however, identify his social positions, which define his perspectives at that time, and, perhaps, doubt if the accolades for which he was venerated for should really be offered to Bonifacio.

Not to unearth the ugly parts of history, but it saddens us that *political execution* took place. Bonifacio deserved proper recognition and historians to re-write the truth of motive and intent of Aguinaldo when he ordered his soldiers to arrest and finally executed the Bonifacio brothers.

Sad to say the presidential election at Tejeros and the presidential election at present, have some similitude. Both result to cheating, character assassination and death.



Let us not forget the message of Bonifacio: *I gave my life for freedom, what will you do with yours?* It is a question addressed to all Filipinos.

The controversial question: Can we all agree Bonifacio as the acknowledged Father of the Philippines - *Ang Unang Pangulo?*

## ERADICATE POVERTY

*continued from page 2*

population and unemployment

among the poor dropped. The government's program of conditional cash transfers is effective in reaching those most in need, the report said.

Dr Bernardo M

Villegas a prominent economist in the country stated, *the Philippines is now at a stage wherein growth of six to seven percent indefinitely into the future, is already irreversible...*

Low-end services and speculative sectors such as real estate have been the backbone of recent economic growth, with multi-billion (\$26 billion) remittances from 10 million Overseas Filipino Workers (OFWs) fuelling domestic consumption. Tourism will double with 10 million tourists will visit the Philippines this year!

The country's Business Process Outsourcing and Knowledge Process Outsourcing industry is also driving much of the growth. In 2014 alone, \$16 billion was

generated by more than one million workers in this industry. By 2016, there will be at least 1.3 million workers in the industry and generating \$25 billion worth of revenue.

Are we reading conflicting reports of economic growth? No, there is this astonishing fact that the Philippines -- among the poorest countries in Asia -- is home to three out of the 10 biggest shopping malls on earth (SM Mall of Asia owned by a Pilipino Chinese Henry Sy). The country with Manila skyline showing a facade of richness, there is a growing feeling that the Philippines can finally claim a place of pride among modern and vibrant capitalist societies in Asia. It is cementing its position as Asia's fastest growing economy.

Believe it or not according to the Secretary of Economic Planning of the Philippines our country is *second to China with growth rate of 7.4 percent and higher than Vietnam of 6 percent and the economy is anticipated further traction in 2015.*

The recent botched Maguindanao SAF44 massacre caused a serious credibility problem for President Aquino. Will this abort economic take-off? On the contrary, there is still that hope for a brighter tomorrow as President Benigno Aquino III stated that 2015 is a pivotal year for the Philippines when the Asian-Pacific Economic Corporation-World Summit will meet in Manila.

The president stated *A promising future beckons for us all as we near the fifth year of daang matuwid and open yet another chapter in our journey*

*towards the fulfillment of our collective aspirations.*

We are told by the administration of Aquino that a milestone of achievements marked the previous year across many facets of the Philippine society. That the government in 2013, *secured investment grade status from three most prominent credit ratings in the world.*

He continued to say, *in 2014, we have sustained this upward trajectory as, last May, Standard and Poor gave us another ratings upgrade followed by Moody's this November. These have made the Philippines a more attractive destination for investments and tourists, both of which have been significant increases last year, creating jobs and stimulating the economy.*

I hope that the international institutions are bullish about our economy's growth and not to be swayed away by undesirable politics in the Philippines. Political risks are significant factors for investors to consider.

As I have stated before, the Philippines must develop industries that could generate more jobs, such as infrastructure, manufacturing, tourism, information technology, and agribusiness. A leader with integrity, honesty, accountability, competent and decisive and absolutely not a corrupt government can only do this.

### Political risks/ our future.

A closer look at the country, however, reveals a fundamental paradox: The social morass and the stark of poverty has remained at high levels in the Philippines relative to some East Asian countries, reflecting



CESAR D  
CANDARI MD

a succession of corrupt governments in past decades and the country's vulnerability to natural disasters including typhoons.

I hope the Philippines will not remain a sick country. Pilipinos must elect the right leaders of good governance. President Aquino has been a subject of media criticism for his alleged blunder. But will say Aquino has done a lot for the good of the country than some of those corrupt previous presidents. President Aquino should take much of the credit for the turnaround, highlighting his anti-corruption campaign, efforts to build transparency in government and focus on *inclusive growth*.

President Aquino is not a perfect leader. But look what he has done. In his administration we are witnessing a positive economic growth. The population policy that emphasizes responsible parenthood - Reproductive Health bill was passed by the Philippine Congress. As of today, *Pinoy's* anti-corruption campaign has yielded some outcomes that show the government's determination and commitment. Powerful corrupt officials are now being punished, indicted and are in jail. This is happening in our country at last!

The Philippines in my view is not a hopeless case. The perennial question - Will it degenerate into a greater social, political, and economic tragedy? What is most fundamental however, is electing a new President in 2016 that can assure corruption be eradicated. We must all demand as stakeholders for a

better choice for President, not those untested mediocre leadership traits and media hyped candidates.

Our *electoral democracy* is not totally perfect or all wise. It brings and provides a comfortable veneer of legitimacy for Philippine politicians with an illusion of egalitarianism in a country mired in poverty and glaring inequality.

To quote John Dewey, *...Democracy encompasses how humans are to live, work, and learn together. An essential democracy, is rule by the people, and therefore a democratic government must serve the interests of the people, and the population must participate in the political process.*

Perhaps it is time for the Pilipino elite to rediscover the true meaning of democracy and progress. And for the wider population to fight for genuine prosperity.

Pilipinos are a people of hope, work ethic, and resourcefulness, and the onslaught of poverty will slowly begin to be repelled and the victory won.

Together we can all work to break the cycle of poverty in the Philippines and deliver them from the clutches of social and moral depravity that is hounding the country today.

## LOVE QUOTE

*There is no remedy for love but to love more.*

Henry David Thoreau

## BRINGING FAITH AND MEDICINE TOGETHER

*continued from page 2*  
*mistake in the treatment of disease is that there are physicians for the body and physicians for the soul, yet the two cannot be*

*separated.* Many people believe that medicine and faith should remain separate and that there is no connection between the two. However, it has been shown that faith plays a major role in the overall health and well-being of patients and should be considered in preparing a treatment plan. In ancient times, faith and healing were integrated. The priest was the healer and the temple was a place where the healing arts were practiced. In the early centuries after the time of Jesus Christ, faith and healing began to move apart. As science developed, the spiritual aspect of illness was gradually set aside.

On the one hand, science deals with what can be measured, observed and replicated.

On the other hand, faith relies on a belief system wherein one's existence is ultimately depends on a power greater than all of humanity. An important step in bringing faith and the practice of medicine back together is to acknowledge that the physical, mental and spiritual aspects of the person whom we seek to heal are intertwined.



REV MELVIN  
ANTONIO MD

The latter part of the 20<sup>th</sup> century has seen a spiritual awakening in much of the Christian as shown by renewed interest in the healing ministry. The laying on of hands and anointing with oil while praying for the sick is openly practiced in various stages of disease. Pope Francis regularly engages in the practice whenever a sick person is brought to his attention. There is no magic or psychic element involved, just simple prayer for healing.

In the Bible, there is a saying in the Book of Proverbs that says, *A tranquil mind gives life to the flesh, but passion rots the bones*. This profound insight suggests that peace of mind has positive physiologic effects. Our thoughts, feelings and emotions influence many physiologic processes. We see that inadequate or inappropriate response to physical, mental and social stress can lead to physical pathology. Many illnesses have a strong psychological component – essential hypertension, autoimmune disorders, chronic inflammatory syndromes.

Many articles in medical literature also show how faith, prayer and participation in religious activities have positive effects on health and recovery from illness.

I gave a lecture wherein Jesus Christ is presented as the role model for the ultimate healer. With a word, a touch of his hands, or just his presence, Jesus performed at least 26 healing miracles recorded in the New Testament Gospels. Jesus not only cured disease, but also caused healing of mind, body and spirit. As He cleansed lepers, gave sight to the blind,

hearing to the deaf, drove out demons, Jesus would say, *Your faith has made you free*.

Healing addresses all other issues resulting from the disease process – how it affects family life, job performance, relationships with others, how disease affects quality of life in general.

Faith plays a vital role in the lives of patients who are experiencing life-changing events such as terminal illness, chronic disease, unexplained illness, substance abuse and addictions. Although it may not have a direct effect on the medical treatment of patients, faith plays a significant role in their decisions for therapy, how their reaction to disease and how willingly they accept and comply with treatment plans.

Healing involves far more than the mending of broken bones, killing germs, repairing organs, changing the chemistry of the body or alleviating pain. It involves changing thought patterns to achieve spiritual peace. Spiritual guidance is a critical step in the treatment of addictions. Pastoral care is an important service offered in hospice and palliative care institutions.

Members of the clergy are called upon to respond to mass casualty situations such as those resulting in the many typhoons and earthquakes that we experience here in the Philippines. Responders are increasingly becoming aware of the wounds that we cannot see, where spirituality plays a vital role in coping with physical trauma. The healing of bad memories is a delicate interventional method that is a constructive step in the recovery

of those afflicted with Post-traumatic Stress Disorder.

Many cases of posttraumatic stress have elements of survivor guilt and shame, of being held captive by bad memories. These issues respond well to spiritual healing. Specially trained priests and ministers, some with a medical background, have been effective adjuncts to classical medical and psychiatric therapy.

How do we bring faith and medicine together? For starters, patients should be asked about their religiosity or spirituality during history taking. We already ask patients about personal and private information including their sexual practices, why not ask about their faith?

In the U.S. medical caregivers are faced with government mandated healthcare delivery and further saddled with health insurance companies that treat medical care as a business. Throw in the constant threat of malpractice lawsuits by over-zealous lawyers, and you have physicians who have less and less time to listen to a patient's personal life, to find out how an illness is affecting the person's social, economic and perhaps religious existence.

We have less and less time to consider the spiritual issues of the sick. Healing the broken heart and broken spirit requires patiently listening to the sick person's narrative. The simple act of having someone pray for a patient before undergoing surgery does wonders for their confidence, not to mention the relief of anxiety for their families and friends.



It pleases me to watch the faces of those whom I pray for in hospitals before they go into surgery. I see the tension and anxiety slowly melt away. Hospital staff are appreciative of what members of the clergy do to alleviate the fears and anxieties that patients are about to go through.

In many hospitals, a chaplain is part of the Code Blue Team to support responders and family members. It is not uncommon for families to call on other people of faith to pray for a loved one who is ill. They are given the title of *Prayer Warriors*. The social media is used openly to recruit such prayer warriors.

From an institutional perspective, some medical schools in the United States have started offering courses in spirituality and health. Duke University has a Center for the Study of Religion/ Spirituality and Health as do the University of Florida and University of Minnesota.

Science and religion are not mutually exclusive. On the contrary, Albert Einstein said, *Science without religion is lame, religion without science is blind*. Bertrand Russell, a famous Atheist is quoted as saying that *unless you assume a God, the question of life's purpose is meaningless*. The broken heart and wounded spirit require treatment plans that provide the means to achieve forgiveness of sin, absolve guilt and heal despair. Faith and medicine in my humble opinion belong together. As a good friend once said to me, what have you got to lose by doing both? Nike says - Just do it!

**\*Lecture at the FEU-NRMF  
School of Medicine Alumni  
homecoming January 21-24 2015**

## EMERGING INFECTIONS

*continued from page 2*

scholars later established the science of infectious diseases by



RAYMUND R  
RAZONABLE MD

demonstrating that human ailments, such as tuberculosis, cholera, and anthrax, we caused by bacteria.

Microbes have emerged and re-emerged to cause epidemics and pandemics. Notable among them were the plague (Black Death), presumably caused by *Yersinia pestis*, which caused millions of death in Europe.

The Spanish Flu of 1918, which may have originated in China or in Kansas, travelled the world to account for millions of death – surpassing the death toll during World War I.

Causing a much lesser absolute number of deaths, the recent emergence of *avian influenza*, *SARS*, *MERS-CoV*, and *Ebola virus* is a timely reminder that emerging infections continue to occur, and cause fear in the population. Indeed, creating an aura of fear is one of the goals of outbreaks that have been intentionally created by some people. The recent outbreak of cutaneous and inhalational anthrax, caused by exposure to anthrax-laden letters intentionally mailed to news and government agencies in the US, is an example of a

contemporary method of inducing fear through the act of bioterrorism. In addition to anthrax, biological agents such as botulinum toxin, smallpox, and plague are top on this list.

During the past 70 years, there have been over 350 emerging infections reported, with peak incidence in the 1980s. The most common infections were caused by bacteria including multi-drug resistant pathogens and the discovery of novel agents such as some *Rickettsia* species.

Viruses were the second most common causative agents, as exemplified by *HIV*, *SARS*, and *West Nile virus*. Over half of the causes of emerging infections were classified as zoonoses which means the agent originally caused illness in animals then crossed the specie-barrier and cause human illness, such as *HIV* and *Ebola virus*.

The peak incidence of the emerging infections was likely due to the *HIV* pandemic that started in the 1980s. With the *HIV* pandemic, human diseases such as *Pneumocystis jiroveci* pneumonia, *Penicillium marneffei* sepsis, cryptococcal meningitis, oropharyngeal candidiasis, *Toxoplasma gondii* brain abscesses, *Cytomegalovirus* retinitis, *Mycobacterium avium* bloodstream infection, and Kaposi's sarcoma have become more common.

It is also widely believed that the rise in emerging infections during the past several decades have been facilitated by the more rapid method of human travel – through air, land and sea.

Currently, the world is dealing with two well

publicized outbreaks – that caused by *MERS-CoV* in the Middle East and *Ebola virus* in West Africa.

In addition to this, there is the ongoing worldwide problem of multi-drug resistant pathogens such as ESBL-producing Gram negative bacteria, vancomycin-resistant organisms, multi-drug resistant tuberculosis, and carbapenem-resistant *Enterobacteriaceae*. These conditions call for the development of novel antibiotics, the more judicious use of the existing antimicrobials, and the strict implementation of isolation precautions to prevent the spread of these infections in the community and worldwide.

**\*Lecture at the FEU-NRMF School of Medicine Alumni homecoming January 21-24 2015**

## PRESIDENTs Message

*continued from page 1*

to duplicate for the years to come.

The revival of the welcome reception, *Barrio Fiesta*, was a huge success. The venue was the Dr Ricardo Alfonso Conference Hall which

showcased a colorful and typical *Barrio Fiesta*, complete with glittering décor, abundant Pilipino specialty dishes, beer and wine, lively music and dancing. It was also a delightful occasion for fellowship, feasting and celebration.

Day 1 of the reunion - the scheduled activities included an early *fun run* around the West

Fairview campus, followed by *zumba* and *faculty on Stage*<sup>14</sup> held at the Dr Josephine C Reyes Building.

Day 2 commenced with a Thanksgiving Mass at the FEU-NRMF Medical center Chapel, officiated by Reverend J Falcasantos Jr. Then registration and breakfast followed.

The highlight of the scientific convention was the 37<sup>th</sup> annual Dean Lauro H Panganiban MD memorial lecture, given **Raymund R Razonable, MD**<sup>92</sup>. FEUDNRSMAF Alumni Foundation board chairman Oscar Tuazon MD did the honor of introducing the lecturer. Dr Razonable's lecture dealt on *emerging infectious diseases 2015* in which he covered extensively the clinical history, diagnosis and treatment of infectious diseases from leprosy to *Ebola virus*. His lecture was well received.

After the luncheon, lectures resumed on

**Update on pneumococcal vaccination** by **Jaime Santos MD**<sup>89</sup>;

**Bringing youth to the aging eye** by **Carmela Ongsiako MD**<sup>89</sup>;

**Faith-based practice of medicine** by **Reverend Melvin Antonio MD**<sup>65</sup>; and

**Financial wellness: investment 101** by Rafael Ayuster Jr.

Following the lecture was a tour of the FEU-NRMF Hospital led by our gracious guide, the hospital director, Policarpio B Joves JR MD. The tour covered all the floors from the 6<sup>th</sup> to the basement. The wards were seen firsthand, including the offices of the different departments.

In the 6<sup>th</sup> floor, private rooms have been renovated, complete with single bed, shower and toilet. The size and amenities of this private room is closely similar to those private hospital rooms in the United States. The hospital is also reasonably equipped, well maintained and clean.

One of our objectives in attending the Annual reunion is to have a meeting with the FEU-NRMF Medical Alumni Society officers to discuss issues that are both favorable to both organizations and to resolve nagging issues. In attendance this year from the FEUDNRSMAF were Drs O Tuazon, Hernani Tansuche, Daniel Fabito, Roger Cave, Ed Relucio and yours truly.

The meeting was presided by Jose Ravelo Bartolome MD, FEU-NRMF MAS president.

The discussion focused on the memorandum of agreements and the homecoming grand ball in that the Golden Jubilarians must be allowed to have equal time as provided to the Silver Jubilarians in their stage presentations; and the venue must be spacious enough for sitting and dancing. The meeting was cordial and productive.

Day 3 resumed the scientific program on

**Amlodipine: its role in cardiovascular disease prevention** by **Ana L DLR-Javier MD**<sup>89</sup>;

**How to age gracefully** by **Sonia Go-Baluyot MD**<sup>83</sup>;

**Laparoscopic surgery for obesity and metabolic disorder** by **Roberto Acuna MD**<sup>89</sup> and

**Cardiac catheterization saves life** by **James O Ho MD**<sup>81</sup>.



MANUEL M  
MALICAY MD

Following the lecture session was the Student Recognition ceremonies and presentation of the Students Achievement Awards (SAAs) which are monetary awards donated by fellow alumni to medical students who excelled and achieved the highest possible grade in various subjects or class year.

Nolan Pecho MD, chairman of the FEU-NRMF Awards and Scholarship committee, announced the student awardees and the corresponding donors. There were 36 SAAs handed.

I had the honor to present each student the certificate of award, and was assisted by Dean Linda Tamesis MD who handed the *voucher*.

In the past, there were over 100 awards handed over to students; however, this year the criteria was modified that awards are limited to most outstanding student in each subject or class year.

Another important event was the meeting with the FEU-NRMF administration, various different department chairpersons, and FEUDRNSMAF officers, graced by the chairman of the FEU-NRMF Mr Nicanor Reyes III, FEU-NRMF vice chairman Enrique Robert C Reyes, FEU-NRMF president Atty Antonio H Abad Jr, FEU-NRMF Dean Linda Tamesis, FEU-NRMF hospital director Policarpio B Joves Jr, Drs D Fabito, E Relucio and myself.

Dr Policarpio presided the meeting and praised our Alma Mater in being the 9<sup>th</sup> among 20+ medical schools in the country. Since the medical school moved to West Fairview, five new hospitals were built in

the area. His biggest concern is how our medical school will continue its competitive edge over other institutions and hospitals.

The issue about the plaque recognizing the donation and contribution from the FEUDNRSMAF came up because it vanished from its original location. Dr Relucio and Atty Abad debated on this. The plaque is still its original location and has not been moved to date.

Dr Fabito and I located this plaque in the 3<sup>rd</sup> floor of the medical school, amongst the mission statement plaques of the medical school, which we photographed.

The FEUDNRSMAF representatives participated in the discussion of all the issues that would help our medical school and hospital.

The hospital must be fully equipped and must retain the best faculty and staff by improving their morale and giving them more benefits especially the clinical staff.

We in the United States must try to open our homes for our young graduates who are coming to take the United States step 1 and 2 examinations.

Day 4, Saturday, Dr Fabito and I lectured and reviewed the recent graduates who are taking the upcoming medical board examination from 8:30am to 12:00 noon. Dean Tamesis introduced us to the review class.

There were around 60 reviewees. My review topics included endocrine and metabolic, cardiovascular, renal and pulmonary based on the

American College of Physicians MKSA 16.

Dr Fabito's topics were surgical on cardiovascular diseases, thyroid and breast malignancies.

Our lectures and review were components of the postgraduate education chaired by Dr Fabito.

The Saturday grand alumni and jubilarians ball was held in one of the largest ballroom of the Crown Plaza Galleria.

The ballroom was spacious, complete with a stage, a big dance floor, and a presidential table.

After the welcome address of Dr Bartolome, Dr Tuazon and yours truly were given the honor to address the attendees, respectively.

Atty Abad gave his address in behalf of the administration side and announced that next year reunion will celebrate another milestone; and it will honor forty-nine outstanding FEU alumni.

The Class<sup>74</sup> Ruby Jubilarians dressed in red, filled up the dance floor, and presented a 20-minutes line dancing and songs. The presentation was entertaining and captivating.

The Silver Jubilarians Class<sup>89</sup> dressed in blue, presented individually and as a group, overflowed the dance floor, were energized, jovial, charming, 110 of them, and displayed the latest line dancing and songs for 30 minutes.

Finally, not far behind, the Golden Jubilarians, also presented individually, marched with the Class banner headed by Drs Rolly Casis, R Cave, Melinda Fabito and Norma Pasia, and sang their hearts out with an inspiring song.



Overall the annual reunion was a great success and accommodated all the groups in goodwill and harmony with great fun and remarkable experience.

Thanks to Dr Bartolome and all the FEU-NRMF MAS officers for their leadership and hard work.

**MANUEL A MALICAY MD<sup>72</sup>**  
**FACP FASH**, President

## FROM THE HOMEFRONT

*continued from page 1*  
of these awards.

Matching awards to awardees is a herculean task. This year Nolan Pecho MD from Surgery was given the assignment.

After reviewing whatever guidelines were available, he

set the following criteria for an award: the top performing student in the subject and final grade 85% or higher.

Below is the list of awards, number of donors/ awards, number of corresponding subjects in the curriculum, and number of awards given this year (see **Table**).

As we change our curriculum to meet the needs of outcome-based education, additional subjects might now be able to be evaluated such as anesthesiology, cardiology and infectious disease.

On the other hand, there might also arise subjects such as introduction to research, clinical diagnostics and epidemiology for which there is no corresponding award/ donor. Hopefully we will be able to

rationalize or rectify this as it arises.

Our aim is to reward only the best student in each subject.

Our hope is to motivate each student to be the best.

**From the Editor.** The **Table** shown below is elegant, nicely done and well recorded; but it seems to be geared more for the local (medical school) reading.

It is not quite readable and clarifying for the interested readers of the **ECTOPIC MURMURS**, most of the Student Achievement Awards (SAA) donors and the US-based alumni.

Previous years' tabulations that included

- (1) the names of the SAA,
- (2) corresponding academic subjects,
- (3) names of the donor, and
- (4) names of the student recipient --- all clearly spelled out and published in the e-newsletter --- are much preferred.

Likewise, this year, out of the available/ funded **212** SAAs, only **44** SAAs were handed during the 40<sup>th</sup> *Balik-FEU* Students Recognition ceremonies.

I know for sure, some of the SAAs are also originally intended for the **bright, financially-strapped** and **second-tier** top students, so they will have a little bit of money to spend for the next semester's or next year's textbooks, among other things needed (---not necessarily for the top five or top 10 elite students who are already multiply be-medaled).

For example in mind are the following:

**Philippine Medical Association in Chicago SAA** in obstetrics gynecology,

**ECTOPIC MURMURS**

**Severino Sarmenta MD SAA** in pathology,

**Antolin Dycoco SAA** in pharmacology,

**Danilo Espenilli MD SAA** in pathology,

**Edelmiro Santos MD SAA** in parasitology,

**Ciriaco Madamba MD SAA** in obstetrics gynecology,

**Armando Pacis MD SAA** in surgery,

**Zenaida Mangalindan MD SAA** in neuroanatomy,

**Rodolfo Martija MD** in biochemistry,

**Manuel Pasia MD SAA** in microbiology,

**Catalino Martija MD SAA** in anesthesiology, to name a few.

I am sure the solicitors and donors of the above-mentioned SAAs would not mind the recipients to be the second tiers of top 10 to 20 students.

Not awarding the SAAs at the *Balik-FEU* and not publishing the same in the **ECTOPIC MURMURS** is akin to snuffing the light out of a legacy, or un-remembering the name (in the SAA), which might be the only palpable memory medium going on.

PLEASE let us distribute all available and funded SAAs for the year.

Yes, to the elite top five students, to the elite top 10 students, and yes even to the second tiers of bright, needy, striving, and money-strapped students.

**Cesar V Reyes<sup>68</sup>**  
Editor



**LINDA D  
TAMESIS MD**

Award subject	# Awards donors	# Subjects in curriculum	# Awards given	Reason for discrepancy
Anesthesia	9	0	0	cannot be evaluated
Bariatric medicine	1	0	0	cannot be evaluated
Biochemistry	2	2	2	
Cardiology	3	0	0	cannot be evaluated
Community/ family medicine	5	3	2	grade <85
Dermatology	1	1	1	
Endocrinology	2	0	0	cannot be evaluated
Embryology	1	1	1	
Gross anatomy	1	1	1	
Infectious diseases	1	0	0	cannot be evaluated
Internal medicine	14	3	5	same score in three students
Legal medicine	1	2	2	Medical jurisprudence also
Microbiology	1	1	1	
Nephrology	1	0	0	cannot be evaluated
Neuroanatomy	2	1	1	Neurology awarded
Neurosurgery	1	0	0	cannot be evaluated
Obstetrics Gynecology	4	2	2	
Ophthalmology	2	1	1	ENT awarded, ophthalmology grade<85
Pathology	6	2	2	
Parasitology	1	1	1	
Pediatrics	7	2	1	grade <85 in Basic pediatrics
Pharmacology	3	2	2	
Physiology	7	1	1	
Preventive medicine	8	1	0	grade <85
Psychiatry	6	3	3	
Pulmonary medicine	1	0	0	cannot be evaluated
Radiation oncology	1	0	0	cannot be evaluated
Radiology	2	1	1	
Surgery	12	2	2	
Best freshman	1		1	
Best sophomore	2		2	2 students with same grade
Best junior	2		1	
Best senior	1		0	cannot be evaluated
Best in four years	1		0	at graduation
Best in three years	1		1	
Best junior attending	1		0	not student



Photo shows some of the 2015 Student Achievement Awardees with FEUDNRSMAF president Manuel Malicay MD, Dean Linda Tamesis MD, Hernani Tansuche MD, amongst other.

## CHAIRMAN's Message

*continued from page 1*

*Barrio Fiesta* dinner hosted by the Silver Jubilarians, led by Jose Ravelo Bartolome MD who is also the current president of the FEU-NRMF Medical



OSCAR C  
TUAZON MD

Alumni Society.

Prior to the *Barrio Fiesta*, we had a meeting with the local FEU-NRMF MAS, attended by Drs Hernani Tansuche, Daniel Fabito, Manuel Malicay, and Roger Cave.

There appears to be still some communication issues between the local Silver and Golden Jubilarians and the United States-based counterparts. Both parties agreed to keep the communication open as far as providing the necessary information and whereabouts of Silver Jubilarians residing in the United States.

The event was fun and enjoyable. All the officers were seated in the presidential table

The Ruby and Silver Jubilarians presented a medley of line dancings lasting almost 35-45 minutes. I am hoping the same fun-filled presentation will continue.

Lastly, I am reminding all the Alumni Foundation officers, board trustees and Chapter presidents to attend our Winter Board meeting on Saturday, March 28, 2015, to be held at the Marriot Hotel Costa Mesa, Irvine CA.

Rooms are very limited, so please register early.

Again thank you and have a safe trip to California.

**OSCAR C TUAZON MD<sup>74</sup>**  
Chairman of the Board

## WINTER MEET

The Winter 2015 meeting of the FEUDNRSM Alumni Foundation board trustees is scheduled for Saturday, March 28, 2015, from 8:00 am to 5:00 pm, at the Marriott Hotel Irvine, 1800 Von Karman Avenue, Irvine, CA 92612.

To reserve a room, please call 1-800-228-9290 or 1-949-553-0100, with a reference # M-2GGZAP3 at a rate of \$109/night, or online [reservations@marriott.com](mailto:reservations@marriott.com).

Deadline for hotel room discounted rate is March 23, 2015. By the way, the nearest airport is John Wayne Airport; LAX (Los Angeles International Airport) is 45 minutes away without traffic.

The tentative agenda is, as  
1 – Call meeting to order, invocation by Dr Noli Guinigundo, and roll call;

2 – Minutes of previous meeting(s) by Dr Luzviminda Santangelo;

3 – Chairman of the Board's report by Dr Oscar Tuazon;

4 – President's report by Dr Manuel Malicay;

5 – Treasurer's report by Dr Grace Rabadam;

6 – Executive Director's report by Dr Pete Florescio;

7 – Various committees' reports:

**35<sup>th</sup> annual reunion scientific convention** - Dr Divinagracia A Obena,

**36<sup>th</sup> annual reunion scientific convention** - Drs Daniel Fabito and Arturo Basa,  
**Constitution and Bylaws** -

Drs Edgar Borda, N Guinigundo and Cesar Candari MD; **Financial and Investment** – Drs Renato Ramos and G Rabadam;

**Professorial Awards and Faculty Development** – Dr Edgar Altares;

**Jubilarian Awards** – Drs Avila Arcala, Daisy Ramos, L Santangelo, and Nida Blankas Hernaez;

**Continuing Medical Education** – Drs CV Reyes, Celso del Mundo and D A Obena;

**ECTOPIC MURMURS and Annual Memorial**

**Lectures** – Dr CV Reyes;

**Medical Missions** – Drs Jun Castro and Roger Cave;

**Preceptorship and Membership** – Drs Renato Estrella and O Tuazon;

**Donations and Fundraising** – Dr D Ramos;

**Website** – Dr Philip Chua;

**Medical School, Post-graduate Medical Education and Scholarships** – Dr Hernani Tansuche;

**Balik-FEU Homecoming** - Drs Pepito Rivera and Minerva Rivera;

**Nomination** – Dr Delfin Dano;

**Endowment and Scholarship** - Dr H Tansuchi,;

**Balik-FEU January 16-18, 2015** – Dr O Tuazon;

**Student Achievement Awards** - Dr H Tansuchi;

**Entrance Scholarship & Professorial Chair** - Dr H Tansuchi;

**Indigent Patient Care Funds** - Dr Daniel Fabito;



**Student Faculty Research -**

Dr D Fabito;

**Faculty Development -** Dr  
M Malicay;

**Residency Program**  
**Assistance -** Dr Ed Relucio;  
and **Center for**

**Postgraduate Medical**  
**Education -** Dr D Fabito,  
8 - Chapters reports: **AR,**  
**DC, FL,**

**FEUMAANI** (Dr Richard  
Mon), **Central IL, IN, KS, KY,**  
**LA** (Dr Noli Guinigundo), **MD,**  
**MI** (Dr David Vilanueva),  
**MN** (Dr Eugene Siruno), **MO,**  
**NoCA** (Dr Rick DeLeon),  
**SoCA** (Dr Licerio Castro), **NJ,**  
**NV** (Dr Melinda Fabito),  
**NY** (Dr G Rabadam), **OH, TX,**  
**VA,**

**WI** (Dr Renato Estrella),  
**WV** (Dr Andy Rago), etc.  
9 – Class reports: **Class'60,**  
**Class'65, Class'70, Class'75,**  
**Class'80, Class'85, Class 90,**  
**Class'95, Class'2000,** and other  
**Classes.**

10 – Next meeting: to be  
determined; and

11 – Adjournment.



*Drury Lane Theatre closes its 30th anniversary season with one of the world's greatest love stories. A modern retelling of Shakespeare's Romeo and Juliet, Westside Story tells the tale of two starcrossed lovers caught between rival gangs. A revolutionary work that changed the course of American Music, Westside Story features an electrifying Latin and jazz-infused score including Somewhere, Tonight, I feel Pretty, and America.*

**Please join the PMAC or a day at the theatre!**

**WEDNESDAY, MARCH 4, 2015**

**Luncheon 11:30 am**

**(Please arrive by 11: 15 AM) Westside Story Show – 1:30 PM**

**Drury Lane Theater**

100 Drury Lane, Oakbrook Terrace, IL 60181  
(630) 750-7272

**Theatre and Luncheon Package \$70**

**RSVP by February 23, 2015**

Anita Avila MD	(847) 234-829	<a href="mailto:AnitaTAvila@aol.com">AnitaTAvila@aol.com</a>
Marylyn A Lopez RN	(815) 744-1678	<a href="mailto:mheralopez@gmail.com">mheralopez@gmail.com</a>
Fe Lumicao RN	(847) 564-2152	<a href="mailto:bengl17@msn.com">bengl17@msn.com</a>

**COMMENTS**

Editorials, news releases, letters  
to the editor, column proposal  
and manuscripts are invited.

Email submission, including  
figures or pictures, is preferred.

**ECTOPIC  
MURMURS**

Deadline for March 2015 issue  
**March 18, 2015**

Please address submission to  
[acvrear@gmail.com](mailto:acvrear@gmail.com)

**COMMENTS**

Editorials, news releases, letters  
to the editor, column proposal  
and manuscripts are invited.

Email submission, including  
figures or pictures, is preferred.

**PMAC News**

Deadline for March 2015 issue  
**March 4, 2015**

Please address submission to  
[acvrear@gmail.com](mailto:acvrear@gmail.com)



# FAR EASTERN UNIVERSITY DR NICANOR REYES SCHOOL OF MEDICINE ALUMNI FOUNDATION

## 36<sup>th</sup> ANNUAL REUNION & SCIENTIFIC CONVENTION

### HONOREES

Class<sup>60</sup> (Emerald Jubilee)  
Class<sup>65</sup> (Golden Jubilee)  
Class<sup>90</sup> (Silver Jubilee)  
Class<sup>70</sup> (Sapphire Jubilee)  
Class<sup>75</sup> (Ruby Jubilee)  
Class<sup>80</sup> (Coral Jubilee)  
Class<sup>85</sup> (Pearl Jubilee)  
Class<sup>95</sup> (20<sup>th</sup> Anniversary)  
Class<sup>2000</sup> (15<sup>th</sup> Anniversary)  
Class<sup>2005</sup> (10<sup>th</sup> Anniversary)



### CLINICAL PRACTICE ADVANCES 2015

ACCME accreditation provided by  
the **PHILIPPINE MEDICAL ASSOCIATION in CHICAGO**

**July 8 - 11, 2015**

### *Caesar's Palace Las Vegas*

3555 Las Vegas Boulevard South, Las Vegas, NV 89109

**(866) 227-5944 or (855) 901-0002**

FEU- NRMF School of Medicine group code **SCFEU5**

or via Caesar's Palace hotel website **<https://resweb.passkey.com/go/SCFEU5>**

Room rates **\$109** for Wednesday and Thursday, July 8 and 9, 2015, and

**\$169** for Friday and Saturday, July 10 and 11, 2015.

Cut-off date **Sunday June 7, 2015**

*Make a donation... and make a difference.*

**Student Achievement Award \$50**

**FEU-NRMF Professorial Chair \$15,000**

**Tree of Life FEU-NRMF medical center building sponsorship**

**Indigent patients fund**

**Arsenio Martin MD Scholarship Legacy Fund**

*Interested?*

*Please inquire with Cesar V Reyes MD*

**[acvrear@gmail.com](mailto:acvrear@gmail.com) 630-971-1356**

## **FEUMAANI BOWLING**

It is planned to be monthly and a fund raising to benefit future medical surgical missions.

Venue **LISLE LANES**,  
4920 Lincoln Avenue (Route 53), Lisle IL 60532  
Telephone 847-338-9299  
(Cesar Canonigo)

Everyone, friends, families and colleagues are all invited for fun and physical fitness.

**Sunday, March 15, 2015**

Registration 11:00 - 11:45 am  
Practice 11:45 am - 12:00 noon  
Bowling 12:00 noon – 3:00 pm  
Donation \$50 per couple,  
includes, bowling shoes, foods  
and beverages

### **Contacts**

Lito/ Elvie Fernandez  
815-674-6643

[litoeagle18@gmail.com](mailto:litoeagle18@gmail.com)

Gerry/ Gigi Guzman

630-677-1289 [guzman21@aol.com](mailto:guzman21@aol.com)

Richard/ Leilani Mon

708-275-3168 [torite@hotmail.com](mailto:torite@hotmail.com)

[lnarcelles-mon-md@sbcglobal.net](mailto:lnarcelles-mon-md@sbcglobal.net)

**Future activities**

Sundays, Monthly 2015

## **PMAC**

**54th Anniversary Winter 2015 SCIENTIFIC SEMINAR  
Current Perspectives in Clinical Practice and Management  
& Interuniversity Musical Show**

**Saturday, March 21, 2015, Hyatt Regency O'Hare Hotel**

9300 West Bryn Mawr Road, Rosemont, IL 60018

Telephone 1-800-233-1234 or 847-696-1234

***Starting Surgical Practice in Affordable  
Health Care Era***

**Eugene Tanquilut DO**

Vascular Surgeon, South Chicago Suburbs

***Music and Medicine***

**Cleofe Guangko Casambre MD**

Anesthesiologist, Composue, Concert Pianist

***Leadership and Finance Management in  
Corporate Medicine***

**Leonardo Malalist MD MBA**

Optimus, Hospitalists & Pediatric Subspecialists

***Administrative Challenges in Surgery  
Department and Hospital Leadership Structure***

**Aladin Mariano MD MHA FACS**

Cardiovascular and Thoracic Surgeon

Alexian Brothers Health System

***Seventh PMAC Professorial Lecture  
Great Dilemma in Academic Medicine***

**Benjamin M Rigor MD LLB**

Emeritus Professor & Chairman of Anesthesia

University of Louisville School of Medicine

**PMAC 54<sup>th</sup> and PMAC Auxiliary 48<sup>th</sup>  
Anniversary, and PMAC Foundation  
*Interuniversity Musical Extravaganza***

**Registration is free to: PMAC, 6530 Dunham Road,  
Downers Grove, IL 60516, or  
[acvrear@outlook.com](mailto:acvrear@outlook.com)**



**EUGENE  
TANQUILOT DO**



**CLEOF G  
CASAMBRE MD**



**LEONARDO  
MALALIS MD**



**ALADIN  
MARIANO MD**



**BENJAMIN M  
RIGOR MD**