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MEDICAL OPPORTUNITIES IN SOUTH-EAST ASIA

By DR. A. J. BROOMHALL

THE President of the World Health Organization is a Filipino. He is a leading nutrition expert and Minister of Health in the Philippine Government. As colleagues he has many skilful men and women representing all branches of the profession, who can hold their own with their counterparts in any other country.

It is little realized, perhaps, that the South-East Asian world of today is very much up and coming. There is a woeful ignorance of the whereabouts of some of these countries, let alone of their vibrant history and potentialities. But while the cry of conscious power and ambition is being raised more and more by these nations in international assemblies, their urge toward self-improvement is the gateway into fully satisfying medical missionary service for as many as are available.

In recent months it was my delightful task to visit Thailand and the Philippines with the purpose of discovering what opportunities exist for medical missionaries such as those of my own mission who were compelled to leave China. In the British territories of Singapore, Malaya, North Borneo, Sarawak and Brunei there is scope under government auspices, but less for the establishment of medical missions of the normal pattern. The same is true of Indonesia. In the New Villages of the Federation full scope has been allowed, and missionaries are taking over village clinics from Red Cross and other personnel in some localities. But in Thailand a completely different picture is presented. There we have been welcomed to embark on any programme within our powers, and the forerunners of a team of eight doctors are already in the country and beginning work. The weeks I spent in Thailand were enough to make me quite fall in love with the country and people, and it was not easy to face the fact later on that for me at least the divine commission for the time being was in the Philippines.

SIAM

Christian missionaries have been working in Thailand since 1828, but it was not until seventy years ago that the first mission hospital was built. The enlightened King Chulalongkorn decreed religious toleration in 1880, since when eight mission hospitals have been opened by the American Presbyterian Mission, two by the Seventh Day Adventists and one by another group, but that is all. Before a Ministry of Health came into being, not very long ago, the Siamese Government called conferences of missionaries to consider the health of the nation, and as a result of what has been achieved, medical missionary work is to this day held in high esteem. Now, of course, government organization is complete, and the only factors that limit the medical programme for the country are the budget and the lack of medical personnel willing to remain in the provinces after their period of compulsory service. In fact, so persistent has been the tendency to drift back to the big towns for private practice, that a policy has been adopted which in effect seeks to saturate the towns with quickly trained doctors so that they spill over into the neglected rural areas. When this has been achieved the standard of training is to be raised.

It will be apparent therefore that the country as a whole lacks the medical aid it needs, especially the higher qualifications which many missionaries can supply. This is not to say that technical skill is lacking, for both in Thailand and the Philippines the operative technique of

nationals cannot be improved upon where the training has been acquired. It is the men and women and their teaching that are inadequate. Meanwhile the man in the street or on the farm still goes to the herbalist, as his forebears did, or to the patent medicine vendor. Modern treatment is either out of his reach or impossibly expensive. And this is where the missionary comes in.

Thailand (or Siam, the terms are interchangeable) for practicable purposes may be thought of as a flat, half-waterlogged plain, broken by hills in the north and west. Its climate is uniformly hot and humid with refreshing sea breezes. An American doctor was adamant that in the north where he lived no better climate could be found under the sun. I was fanning and mopping as he spoke, and begged to disagree, but I was the unadapted newcomer, and it was obvious that everyone else in the company was comfortable and content. At night they would adopt jackets, and even blankets for sleep, though I was glad of as little covering as possible. It was the people who made the greatest impression on me. They are warm-hearted, open, friendly, courteous, easy-going, tolerant and helpful, perhaps more so to Westerners than to their own people. The Buddhist priests, conspicuous everywhere in their saffron robes as they process every morning to collect food from the faithful, adhere to the passivity of their religion in tolerating the religion of missionaries. 'They would never stir up opposition against you,' one elderly Thai told me. 'Only outlaws or hooligans would do anything like that. In over a hundred years only two missionaries have been killed.' They rely on positive Buddhist teaching to combat the gospel, and set us an example in zeal. But it is also true that among the early converts there were several monks, and among recent contacts more have been deeply moved by the Word of God.

Of the seventy provinces (counties) of Thailand, thirty-seven have no general hospital. Of the sixty-four general and special hospitals that exist in the remaining provinces, few have as many as 100 beds. Those I visited in remoter regions were largely empty. The exchequer cannot pay the salaries of the staffs so that they are officially permitted to engage in private practice. Their government patients are naturally told to come to them as private patients and pay a fee, so the hospitals are doing little, except in Bangkok where they are crammed full, bed touching bed with little passage space, even in the Chulalongkorn Hospital which is the show place and teaching centre.

For a population of close on twenty millions there is only one bed for 3,300 of the people, only 1,400 first class doctors and 600 second class, or one for every ten thousand of the population. Nurses and midwives total only one for every five thousand. The population is multiplying steadily, yet only 150 qualified doctors are being sent out from the two medical colleges, Siriraj and Chulalongkorn, each year.

The Ministry itself admits that its figures are unreliable, but in general the facts are clear. Tuberculosis affects 'one in four'; malaria accounts for one in five deaths; syphilis affects almost as many; the infant mortality was stated to be one hundred per thousand live births where medical attention was available, enteritis causing 'a vast infant morbidity and mortality'; typhoid is common; smallpox is under control, but with cholera is endemic. There are said to be 17,000 known cases of leprosy, but Dr. R. Buker, acting as leprologist to the government, puts the figure at 100,000, of whom about 3,000 are under treatment! There is a field of unlimited extent, both physical, social and spiritual, for some who would give their lives to specialized service for these people. Two of our missionaries are working with Buker in his leprosarium. Tropical diseases include yaws, filariasis in a small area, and amoebiasis; snake bites are one of the hazards in the jungle and fields,

and hydrophobia is very prevalent. The World Health Organization is tackling the malaria which affects five million of the population, and expects all to be protected by the end of 1954 if the present rate is maintained. Of the two and a quarter million affected by yaws, only 150,000 have been treated, though a million have been examined. This quick glance at some figures will be enough, I hope, to give a general impression of the disproportion between the need of the people (and when you sit in a teashop or elbow your way down the streets or chug along the canals and rivers past an endless succession of homes, you cannot but see that every one is an individual, with his own brand of humour, or vice, and his own sickness and unrelieved suffering), and the utter inadequacy of medical provision for them, let alone of the Word of Life.

The attitude of the public, the doctors themselves, and the government was consistently one of welcome to medical missionaries who would come to fill a gap and not engage in competitive work. When I explained the nature of our particular mission, to reach the inland, unaided people with the gospel and healing, to go in fact where we are needed most, Phya Borirat, the Minister of Health, was most approving and expressed the hope that we would not delay in starting. Dr. Sootachit, the Permanent Secretary to the Ministry, re-echoed the Minister's opinion: 'That is just what we want.' There was no inclination to patronize, to direct or to limit our liberty. It is necessary to take a formal examination consisting of one paper covering all subjects, but *bona fide* missionaries have nothing to fear. We hope soon to open up medical work, leading to the establishment of hospitals, in the southern Moslem area (the peninsula), in the central waterways provinces, and on a smaller scale among the tribes in the north-west. Already eighty of our missionaries are stationed in these areas, and our prayer is that many more will come to make possible the evangelization of the whole field for which we have taken responsibility. Caring for the health of these missionaries is of course one of the duties of the medicals in every field.

THE PHILIPPINES

The picture in the Philippines is very similar, except that with a need as great the restrictions on practising in the country constitute a considerable hurdle. Twenty million people, estimated to reach twenty-five millions by 1957, share only 7,600 doctors of whom only 4,000 are practising. The rest spend most of their time trading because their profession cannot provide them with the money they want. They cling to the few main towns in competition with each other because in the needy rural areas much work would bring little remuneration. The great bulk of the population has no provision beyond a government health clinic in 650 small towns, manned by a doctor of little training. In Manila there is one doctor for every 500 people, but in the provinces an average of 10,000 and in some places 30,000 have only one doctor to go to. The average for England is less than 900 and for the States 700. In the whole of the Philippines there are 220 surgical specialists, sharing six specialist anaesthetists — wherein lies an obvious tale. Of the 170 specialist physicians almost fifty are 'phthisiologists' and fifty psychiatrists. In a country full of malaria there are six malariologists. Clearly it is personal factors that dictate such an unbalanced state of affairs, and if only the hurdles can be cleared there is no limit to the amount of medical missionary work that lies at hand to be done.

A strong sense of professional dignity and national rights exists in the Philippines which have had their independence for only seven years, following 400 years under the heel of Spain and fifty years of American tutelage. Personal relationships are

friendly enough, and medical missionaries are welcomed if only their work will not compete with that of their Filipino colleagues. But red tape abounds. The newcomer's country of origin must grant Filipinos equal rights to practise. He must sit for the regular qualifying examinations which the local students take. An American who recently did this found it academically stiffer than his home exams, and lacking in any practical section, because local students spend most of their time over books.

Dr. Juan Salcedo, the Minister of Health, to whom I referred in the first sentence, and Mrs. Perez, the Administrator for Social Welfare, both Cabinet members, have tried to secure special terms for our medical missionaries who would like to work in the mountains among the primitive peoples of the many tribes, but have so far failed. The profession has not been willing to make exceptions even with guarantees of no competition. At present we are still working on this matter, and only last week Dr. Salcedo told me that he hopes it will be possible to waive the reciprocity and examination regulations as they affect medical missionaries with the declared object of going to the neglected and under-privileged people of the interior.

THE CHALLENGE

It is difficult for you as you read this article to see the colour and life, yourself sweating along the palm-bordered trail or the surf-splashed beach, sitting on the stilt-house verandah or in the forest, matching the gospel with compassion, the Word of Life with the deed of kindness, the cure of sin with relief of suffering, treating the limping savage, the shivering malarial patient or the child with huge tropical ulcers. But the cold figures and facts clothe the man and the soul for whom Christ died — the soul multiplied millions of times. One's impotence to meet even a fraction of the physical and spiritual need arouses the strongest hopes that many more who are at the outset of their careers will choose the heat, sweat, poverty, professional limitation, but breadth, liberty, satisfaction and eternal value of this missionary service, and will pray: 'Lord, send me!'

BOOK REVIEWS

A Cambridge Movement

By J. C. Pollock. *John Murray.* 1953. 12s.

THIS history of the C.I.C.C.U. has been noted in the *Christian Graduate* already, but it certainly deserves a fuller review. The book starts with an excellent description of the state of the Christian cause in Cambridge from 1782, when Charles Simeon was ordained, to the founding of the C.I.C.C.U. in 1877. This is most valuable because it sets the work in a proper historical setting and it emphasizes the fact that God has worked (at least in Cambridge and probably elsewhere) over a long period of time and that the C.I.C.C.U. is not an isolated thing appearing suddenly, but the crystallization of a work which had gone on for nearly 100 years.

This historical perspective is one of the most useful features of the work. We see, for instance, in the next period how Moody influenced Cambridge directly through his mission there and indirectly through the conversion of C. T. Studd's father and others. We catch glimpses of the Evangelical movement in the country as a whole and how the C.I.C.C.U. was part of it — the Cambridge Seven, the C.S.S.M., the Student Volunteers — and how its influence spread into every part of the world.

Church History is always instructive and some of the most interesting parts of the book for the modern Christian worker are probably those dealing with the holiness movements, the relations with other Christian bodies (notably S.C.M.) and then the influence of the Oxford Group. The historical perspective here is invaluable. The most extreme holiness teaching seemed so attractive at the time and yet it led to abuses; a