A HISTORY

OF

ASIATIC CHOLERA IN THE PHILIPPINE ISLANDS

BY

DEAN C. WORCESTER
SECRETARY OF THE INTERIOR

MANILA
BUREAU OF PRINTING
1908
to believe that one out of every five or six inhabitants of the Philippine Islands suffers from some form of tuberculosis at some period during his life and one of the problems which Dr. Heiser has set himself is to plan the most effective possible campaign against the "great white plague."

While the danger involved in allowing him to leave the Philippines while cholera was still prevalent in the province was fully realized it was not apparent that the situation would be materially benefited by killing a faithful and efficient employee, and the hard fact is that the burden which has rested on Dr. Heiser and on his predecessors has been a killing burden. In Dr. Heiser's case it has been especially heavy through the cutting down of his available force of efficient subordinates.

It should be said, however, that the only change which results from the sending of Dr. Heiser to the International Tuberculosis Congress, is that at the present time we have in general charge of the work of the Bureau of Health one efficient man when otherwise we should have two. Dr. McLaughlin, who, like Dr. Heiser, is an officer of the United States Public Health and Marine Hospital Service and has the training which such a position implies, has displayed such energy and efficiency in dealing with the epidemic as to leave nothing to be desired.

THE BUREAU OF HEALTH CHARGED WITH RESPONSIBILITY FOR THE OCCURRENCE AND THE CONTINUED PRESENCE OF CHOLERA IN THE ISLANDS.

Fortunately for all concerned the situation has not been without its humorous features. Not only has the American administration been charged with changing the climate of the Philippines and with other minor offenses but it is made responsible for the coming and continuance of cholera, the accusation in one instance taking the following form:

"Shortly after the establishment of the civil regime there was organized an office of health in the form in which it is now constituted. Ten years had elapsed at that time during which the archipelago had been free from cholera and immediately following upon such organization in 1902, there came the sanitary crisis which is causing such injury to commerce."

On the same page of the newspaper which publishes this comment with approval, appears the announcement of a commercial house to the effect that on the 23rd of September they began to advertise a nostrum known as "Ponche Soto," that from that time to date (October 8) they had sold nine hundred and forty-three bottles, and that from the time public consumption of "Ponche Soto" had increased the number of persons attacked by cholera had steadily diminished. Thus the efficacy of the nostrum was proved, and the bad sanitary situation created by the Bureau of Health during six years of maladministration had been almost remedied, so far as the city of Manila was concerned, in the short space of thirty-one days through the sale of nine hundred and forty-three bottles of "Ponche Soto." The advocates of the argument post hoc ergo propter hoc in these two cases were at least consistent. This is the sort of reasoning which we are only too often called upon to meet.

The article above referred to says that from the year 1902, with more or less brief periods of intermission, the country has suffered from a cholera epidemic which the methods employed by the office of health have not sufficed to extirpate and that this never occurred previously in the Philippines nor within many years in any civilized country. I have already shown that it did occur from 1882 to 1897, during which period cholera was constantly present and conditions were far worse than at any subsequent time.

CONDITIONS FAVORABLE TO THE PROPAGATION OF CHOLERA IN THE PHILIPPINES.

Furthermore, it might well be replied that there is no other civilized country where the customs of the inhabitants are so favorable to the dissemination of cholera and undoubtedly the worst of these, universal among the common people and by no means confined to them, is that of eating with the fingers. It would be superfluous to mention the ways in which the fingers may readily become contaminated. Simple washing does not suffice to remove cholera germs and when the family, or a group of friends, gather for a meal and dip their fingers first into the common dish of rice and then into that of fish or other viands, if one of their number has an infected hand others are likely to suffer. Especially is this true where food ever so slightly contaminated is left over and eaten later. Germs may then multiply with great rapidity. Drinking water is commonly kept in large earthen jars into which those who wish to drink dip cups or half coconut shells, and incidentally their fingers, and thus the drinking water, even if pure at the outset may readily become infected.

Unfortunately, it is by no means certain that it will be pure. The drinking water of these Islands comes almost entirely from open springs and streams or from shallow wells into which surface drainage readily runs. Clothes are frequently washed at the side of the family well and that evil consequences follow the use of such water, even when cholera does not prevail, is shown by the fact that the drilling of artesian wells and a general use of the water from them in certain municipalities has sufficed to reduce their death rate fifty per cent.

A further serious obstacle is found in the wide prevalence of foolish or superstitious beliefs to the effect that the drinking of boiled water causes the hair to fall out; that cholera is caused by the poisoning of wells and streams by foreigners, or by a black dog which runs down the street, or in some other equally impossible way. Finally, in common with other
tropical countries, the Philippines have a climate which favors the continued existence of cholera germs when once they find lodgment in any suitable medium and thus there is an ever-present possibility that the disease may become endemic in a given locality.

THE GROWTH OF RAILWAYS A SOURCE OF DANGER.

One source of danger which has arisen since the last serious epidemic in Spanish times seems to have been generally overlooked. So long as inland travel was necessarily undertaken on foot, or horseback, in vehicles or in small boats, it was necessarily slow. The ordinary incubation period of Asiatic cholera in this climate is forty-eight hours and under these circumstances the infection could not spread very rapidly, but with the construction of railways a new factor was introduced. One may travel quite a distance in forty-eight hours even on the Manila and Dagupan Road, and the infection from Manila of the Provinces of Rizal, Bulacan, Pampanga, Tarlac, Pangasinan, La Union, Nueva Ecija, Laguna, and Cavite within twelve hours is now theoretically possible owing to the growth of railway lines.

REORGANIZATION OF THE BOARD OF HEALTH.

It is not true that the “office of health” was organized as it is now constituted in 1902. On the contrary it has undergone a complete reorganization. The executive powers which were originally vested in a board of five members have been conferred upon a single individual, namely the Director of Health, while the original thoroughly trained and efficient force of the board has scattered, largely as a result of the unsatisfactory conditions of the service created through legislative enactments. The positions formerly occupied by many of these men have been abolished.

THE CLAIM THAT FILIPINOS ALONE SHOULD BE EMPLOYED TO COMBAT CHOLERA.

The claim has been made that our difficulties in dealing with cholera at Manila and in the provinces would be speedily ended were we to put all of the work of combating it in the hands of Filipinos, and that these difficulties would be greatly diminished in Manila were we to make the management of the cholera hospitals exclusively Filipino. The reason assigned being that the Filipinos better understand their own people and enjoy their confidence to a higher degree than do the Americans.

The actual result of leaving the situation in certain provinces entirely to Filipinos is demonstrated by the statistical tables in this report. This result is hardly such as to justify any extension of the policy. It is interesting to note that we have had there the same story of concealment of the sick and secret burial of the dead which we are so familiar with in Manila.

THE COMMON PEOPLE LACK CONFIDENCE IN PHYSICIANS.

The difficulty arises not so much from the lack of confidence in physicians of any particular nationality as from a lack of confidence in physicians as a class.

Even in Manila, where there are far more Filipino physicians in proportion to the number of inhabitants than can be found anywhere else in the Archipelago and where a number of competent Filipinos are employed as municipal physicians to give gratuitous care to the indigent sick, not less than 50 per cent. of the deaths occur without medical attendance, a fact which would not seem to indicate a high degree of confidence on the part of the Manila public at large in physicians of any nationality.

THE BEST RESULTS OBTAINED BY COOPERATION AMONG AMERICANS AND FILIPINOS.

During the present epidemic the work at the San Lazaro cholera hospital has been carried on under the general supervision of an American physician aided by two American and three Filipino physicians, by seven American trained nurses, by four Filipina nurses who have partially completed a course of training, by three American hospital stewards, by twelve students from the Philippine Medical School, and by twelve medical students from the University of Santo Tomas. It seems to me that this has been a most satisfactory arrangement. At all events the death rate has been extraordinarily low, being but 47.3 per cent. of the total number of cases admitted up to October 24, 1908, and this in spite of the fact that many of the patients were so far gone on arrival at the hospital as to be without pulse at the wrist.

THE QUESTION OF DISINFECTANTS.

It has been charged that the present epidemic found the Bureau of Health without a proper supply of disinfectants and that a part of those used during the early days of the epidemic were practically worthless.

The following memorandum and correspondence give the facts:

Memorandum for the honorable the Secretary of the Interior relative to disinfectants.

A table is attached to show the amount of disinfectants on hand, received, issued, and remaining on hand for 1905, 1906, 1907, and up to the present time.

It may be stated that at no time has the Bureau of Health been without disinfectants properly to disinfect all cases, premises, and contacts where cholera occurred.

Reference to the amounts of disinfectants for the three years will show that according to experience this Bureau had on hand amounts considered necessary as in previous years. At all times was it taken into account that the Quarantine Service, the Army and Navy, Japanese commercial houses, and Hongkong had supplies which could be drawn upon, and by no reasoning could the purchase of
From this correspondence it appears only too clearly that for years the city has persisted in its refusal to perform work absolutely necessary to the placing of large portions of the San Lazaro Estate in a decent sanitary condition. The opinion of the Attorney-General leaves nothing to be said as to the legal obligations resting on the city in this matter, but it may well be suggested that in view of the fact that the San Lazaro Estate is administered by the Insular Government for the benefit of the public, and that the income from the Estate goes to the San Lazaro Hospitals in which the lepers, the insane and the cholera victims of the city are supported and cared for at an expense very greatly in excess of the total revenues derived from the estate, there is a moral as well as a legal obligation resting on the city to improve conditions on this property.

We have constantly been assured that the placing of the estate in a decent sanitary condition involving filling which would cost a very large sum. The sanitary engineer informs me that he has gone carefully over the ground, has found that it is from 2 to 7 feet above high tide and that it is entirely feasible to drain it at comparatively small expense by running ditches through it to the neighboring esteros.

If there were no other reason for it than the necessity for remediating the indescribable unsanitary conditions prevailing on many parts of this estate this work should have been performed by the city years ago.

In spite of the fact that the Attorney-General rendered an opinion to the effect that the city is under legal obligation properly to maintain the streets through the San Lazaro Estate, which opinion was returned to the Municipal Board approved by the Acting Secretary of Finance and Justice on September 7, 1907; and in spite of the further fact that the Director of Lands offered to share with the city the expense involved, and that the Governor-General requested the Municipal Board to confer with the Director of Lands and arrange to carry out the proposed improvements on the San Lazaro Estate with the least practicable delay, we find the city engineer stating under date of February 6, 1908, that he cannot see wherein the city, under these circumstances, can touch the improvement of the estate and in point of fact the pleasing assurance conveyed at the direction of the Municipal Board to the effect that “the street areas within this zone will receive attention in the near future” has never been realized.

Meanwhile the streets continue to reel with filth unspeakable; and the people continue to die of preventable diseases.

**Explanation of the Continuance of Cholera.**

I have thus far endeavored to give a plain statement of the facts as to the past and present cholera situation in Manila and the provinces, and to correct certain misapprehensions which have arisen concerning them.

The conditions set forth leave much to be desired, and we must manifestly seek their causes if we are substantially and permanently to improve them.

I will now, therefore, give such explanation of the facts as I am able to furnish.

**To what have the spread of cholera to the provinces, its continuance there, and the resulting frequent infection of Manila been due?**

Beyond the shadow of a doubt they have been due to the lack of a sufficient force of competent men with which to combat the disease. Who was responsible for this lack? A conclusive answer to this question may be found in a brief summation of the record.

The original program for improving the sanitary condition of the Philippine Islands included the establishment of a central Board of Health at Manila to have direct control of sanitary matters in that city and general control over such matters in the provinces; of Provincial Boards of Health, to be subordinate to the Insular Board of Health, and of municipal Boards of Health subordinate to the Provincial Boards of Health. The establishment of the Insular Board of Health was provided for by Act No. 157, passed on July 1, 1901. Act No. 307, “Providing for the establishing of provincial boards of health and fixing their powers and duties,” and Act No. 308, “Providing for the establishment of municipal boards of health and fixing their powers and duties,” were passed on December 3, 1901.

Act No. 307 provided, among other things, that there should be a provincial board of health in each province of the Philippine Islands, that it should be established at such time as the Board of Health for the Philippine Islands and the Secretary of the Interior thought best and that its president, who would be the chief sanitary officer of the province, should be appointed by the Civil Governor with the consent of the Philippine Commission. The determination of the salaries to be paid presidents of provincial boards of health, within certain limits fixed by law, was left to the Commissioner of Public Health subject to the approval of the Secretary of the Interior.

In carrying out the provisions of Act No. 307 the then well established policy of giving to Filipinos the largest possible amount of intervention in public affairs, was consistently followed. I was asked by the Civil Governor to recommend suitable persons for appointment as presidents of provincial boards of health and my recommendations were in every case acted upon favorably by the Civil Governor and the Philippine Commission. Of the first twenty-three presidents of provincial boards of health appointed on my recommendation, twenty were Filipinos. In fact, to the best of my recollection, the number of American presidents of such boards of health has never at any one time exceeded three. Not one of the Filipinos appointed was required to pass an examination.

I made these recommendations with full knowledge that the training of the Filipino physicians appointed had been such as to fit them for the
personal care of the sick rather than for dealing with general problems of public sanitation which can be successfully solved only by specially trained men possessed of a considerable degree of executive ability. It was, however, planned to undertake the systematic instruction of provincial and municipal health officers in their respective districts in connection with periodic inspections of their work. Unfortunately, before the administrative machine thus organized was in even passable running order a tremendous strain was thrown upon it by the cholera epidemic of 1902, which began on March 20, and, as has already been shown, spread until it had invaded thirty-eight provinces.

The conditions which resulted, while not so bad as those which had prevailed during the Spanish régime, were nevertheless deplorable. The hard fact was that provincial and municipal health boards failed most signally to meet the situation and that, except in those cases where medical inspectors could be sent from Manila to take charge, cholera ran its course with little or no hindrance and was terminated in a given locality only by the arising of climatic conditions unfavorable to its continuance, or by the natural decrease in the virulence of the infection and the exhaustion of the supply of susceptible individuals.

I did not feel that under all the circumstances the presidents of provincial and municipal health boards had enjoyed a fair opportunity to demonstrate their capabilities and still hoped that they might be brought up to a reasonable degree of efficiency. Solely with this end in view it was decided to order all presidents of provincial boards of health on duty at Manila, one or two at a time, in order that they might receive instruction in the practical application of sanitary science and might then return to their provinces and put in practice there the lessons learned at Manila. This course was followed. In a limited number of instances our hopes were realized and several fairly efficient provincial health officers were developed. In the very large majority of cases I regret to say that increased efficiency was not obtained.

It eventually became painfully evident that the bitter lesson taught the provincial municipalities by the great epidemic of 1902-1904 was being rapidly forgotten. Towns which had temporarily been put in decent sanitary condition relapsed to their original state of uncleanness and only a very limited number of presidents of provincial boards of health struggled successfully against the universal tendency to backslide. A few others did what they could to counteract this tendency but found themselves powerless.

A large majority apparently viewed the situation with complete indifference contenting themselves with making, in a perfunctory way, the inspection trips required by law without any real, determined effort to improve sanitary conditions. Indeed, several presidents reported that they had made their semiannual inspection trips and at the same time submitted daily time records showing that they had always been present at their offices during regular office hours, thus demonstrating that they had performed the remarkable feat of being at the same time in two places widely removed from each other.

It was noted in the case of one president, who was called to Manila for disciplinary action, that his daily reports of the health situation in his province, which was critical, continued to be forwarded to Manila, duly signed, during the entire period of his absence. Investigation showed that he had apparently deemed himself competent to foresee events, as he had sometime before prepared and signed a large advance series of reports and turned them over to a subordinate to be duly forwarded, neglecting to give directions for discontinuing them when he was called away.

Briefly, as a direct result of the appointment as presidents of provincial boards of health of men most of whom were not adequately trained at the outset and were unable or unwilling to profit by the opportunities later given them to secure proper training, the whole system broke down and conditions in the provinces went from bad to worse. It was my opinion, and that of the Director of Health, that such a state of affairs ought not to be tolerated if it was possible to change it. We believed that it could be changed by abolishing provincial boards of health and grouping the provinces in health districts each to be in charge of a district health officer under the immediate control of the Director of Health. It was our plan to appoint as district health officers those presidents of provincial boards of health who had proved capable and efficient, recognizing meritorious service in each instance by promotion; and by transferring to the remaining positions medical inspectors who had theretofore been appointed for the city of Manila but who had in reality been often employed in the provinces where it had been necessary to send them to do work which others were paid to perform.

At my direction the Director of Health prepared a draft of "An Act abolishing provincial boards of health and substituting therefor district health officers, and repealing Act Numbered Three hundred and seven, entitled 'An Act providing for the establishment of provincial boards of health and fixing their powers and duties; and providing that all the duties heretofore performed by presidents of provincial boards of health and by provincial boards of health shall devolve upon district health officers.'" This draft was duly forwarded to me, together with the following letter:

DEPARTMENT OF THE INTERIOR,
BOARD OF HEALTH FOR THE PHILIPPINE ISLANDS,
Manila, May 6, 1905.

To the honorable the Secretary of the Interior, Baguio.

Sir: I have the honor to forward herewith a draft of the proposed Act with regard to district health officers.

This bill is the result of the investigation which you requested be made of the present provincial system of boards of health. The unanimous opinion
seems to be that the present plan is insipid and expensive. The files of the
Board of Health contain several hundred letters which give ample evidence of
the unsatisfactoriness of continuing provincial health administration upon the present
basis.

Among the advantages to be derived from the passage of the Act are the
following:

1. The present plan provides for thirty-one presidents of provincial boards
of health, whose salaries amount to $57,800, U. S. currency. By the proposed
scheme the provinces will be divided into twelve districts, and the present
medical inspectors of the Board of Health assigned to them. Their salaries
would amount to $24,000, U. S. currency; thus a saving of $33,800 would
be made to the province.

2. In the practical working of the present scheme, it is found to be constantly
necessary to supplement the work of the inefficient presidents of provincial
boards of health, by assigning experienced officers from the central Bureau to
assist them in their work. This is a constant drain on the funds of the Insular
Board of Health, and in reality means that two men are being paid for what one
man ought to do.

3. The new plan would provide a more adequate treatment of the sick
Americans in the provinces, and would serve as a nucleus for the proposed
provincial hospitals.

4. It would facilitate provincial vaccination, and would be much more econ-
omical than the present plan of instructing vaccinators in Manila and then
sending them to the provinces. Traveling expenses between Manila and the
provinces would be saved, and vaccinators could do no doubt be hired cheaper when
they can be secured nearer their homes.

5. It would provide means for the supervision of veterinary sanitation.

6. It would reduce the amount of official correspondence, and save an immense
amount of translating and briefing.

7. The inspections in the provinces would gradually become more uniform.
By more central control the experience gained in one province would become
available to all.

8. It would facilitate the collection of vital statistics, and a remedy could
be applied to correct the present inaccurate returns that are made. Much
of the time in the central office is now occupied in correcting these reports.

9. Municipal boards of health would be under better supervision, and the
instruction which they would receive from the trained officers would be of
real value in improving the sanitation in the provinces.

10. The Insular Board of Health would have a much closer supervision over
erdemic diseases. The cardinal principle in dealing with contagious disease is,
to stamp out the infection of the first cases. It is quite obvious, then, that
time is an important factor, and that an officer who would be available at once
and actually on the ground, is worth a great man who would of necessity lose
much time in starting from Manila.

11. It would settle the question of authority, and many of the present
embarrassments caused to the central government would be avoided. The trouble
caused by the cemeteries in the provinces is an example.

12. It would establish more confidence. Business enterprises would be more
secure, in that they would not be at the mercy of factions.

In conclusion, attention is respectfully invited to the fact that the passage
of the "District Health Officers Act" would result in a net saving of $13,000,
U. S. currency, to the provinces, and $24,000, U. S. currency, to the Insular

Government, and at the same time substitute a system that has merit for one
that is universally admitted to be not only useless, but, in addition, a constant
cause of friction and a source of much dissatisfaction.

Very respectfully,

VICTOR G. HEISER
P. A. Surg., U. S. P. H. & M. B. Service,
Commissioner of Public Health.

On August 1, 1905, it was forwarded by me with the following endor-
sement:

[First endorsement.]

THE GOVERNMENT OF THE PHILIPPINE ISLANDS,
DEPARTMENT OF THE INTERIOR, MANILA.

Respectfully forwarded to the recorder for transmission of these papers to
the Commission, inviting attention to the accompanying communication from
Dr. Heiser, and recommending the passage of the within Act.

DEAN C. WORCESTER, Secretary of the Interior.

The act having passed a first reading, it was deemed best on account
of its importance, to give opportunity for its public discussion, and in
view of the fact that many of the provinces interested could not send
representatives to be present when it was considered in public session,
a copy of it was forwarded to each provincial board with the request
that the board forward its opinion in writing. The large majority of
the boards favored the bill. It is, however, only fair to say that there
was nothing in the bill itself to show that the dropping from office of
indefinite presidents of provincial boards of health, and their substitu-
tion as district health officers by efficient medical inspectors sent from
Manila, was contemplated. And this been made plain, as it should
have been, some of the replies received would doubtless have been of a
different character.

When the bill came up before the Philippine Commission for a third
reading and passage I again called attention to the fact that if it passed,
proper provision for carrying out the policy outlined would be inserted
in the next appropriation bill. It was thereupon stated that Dr. Heiser
and I were trying to make places in the provinces for a large number of
American medical inspectors whose services were not needed either there
or in Manila, and that the appropriation for the Bureau of Health was
twice as large as was necessary. After protracted discussion the bill
was laid on the table where it remained until the Commission adjourned
to Baguio.

It was evident that the bill as it then stood could not pass, and I was
directed by Governor-General Ibe to meet with other members of the
Commission and draft a bill which could pass. I endeavored to do so.

The first section of the bill as originally drafted read as follows:

Section 1. Subject to the approval of the Secretary of the Interior the Bureau
of Health for the Philippine Islands shall divide the Archipelago into such
number of health districts not exceeding eighteen as he may deem advisable and the Director of Health may assign thereto such number of District Health Officers, Sanitary Inspectors, and other agents and employees as may be necessary.

The corresponding portion of the bill as finally passed read as follows:

Sec. 2. Each province may have a district health officer appointed by the Governor-General, with the advice and consent of the Philippine Commission. Subject to the approval of the Philippine Commission, the Director of Health may increase the number of district health officers assigned to a province or may unite two or more provinces and assign to them a district health officer. He may also assign to each district such other duly authorized sanitary officers or employees as he may deem necessary.

Any regularly appointed person holding the office of president of a provincial board of health at the time of the passage of this Act shall be eligible for appointment without examination to the position of district health officer during a period of two years from the date on which this Act becomes effective.

Under the act as originally drafted, supplemented by the contemplated provisions in the appropriation bill, district health officers would have been appointed by the Director of Health subject to the approval of the Secretary of the Interior and would have been assigned to duty wherever circumstances required their presence. This would have given a mobile force composed for the most part of men of tried and proved efficiency. Ordinary conditions in the provinces or in Manila could have been met without moving men from the one region to the other and in special emergencies a few men could have been spared for transfer from Manila to the provinces and vice versa without creating a dangerous situation. For purposes of discipline this force of officers would have been under the immediate control of the Director of Health and the Secretary of the Interior, and had it proved inadequate properly to safeguard the health of the people of the Philippine Islands responsibility for results would necessarily have rested squarely upon these two officials.

The act as finally passed left the Director of Health and the Secretary of the Interior without authority to establish health districts or to appoint or to remove district health officers. At the time it was passed both the Secretary of the Interior and the Director of Health believed that it at least authorized the latter official to assign properly appointed district health officers to duty wherever their services might be needed, but in actual practice it was interpreted to mean that even in meeting great emergencies the Director of Health might not so much as temporarily transfer a district health officer from one district to another without the consent of the Governor-General and of the Philippine Commission first had.

The situation might still have been redeemed, at least to a considerable extent, had there been inserted in the appropriation bill proper provisions as to salaries so as to allow the appointment as district health officers of the men whom it was originally intended to employ in this capacity, but it was understood at the time Act No. 1487 was passed that this would not be done, but that the new positions would be filled by the more competent ex-presidents of provincial boards of health.

In spite of this understanding Dr. Heiser was so thoroughly convinced of the absolute necessity of the change, if the public health was to be properly safeguarded, that he included in his estimate of appropriation required for the fiscal year ending June 30, 1907, the following provision:

### DISTRICT HEALTH OFFICERS.

#### Salaries and wages.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 district health officer, at P10,000 per annum</td>
<td>P14,000</td>
</tr>
<tr>
<td>1 district health officer, at P10,000 per annum (increase submitted)</td>
<td>4,000</td>
</tr>
<tr>
<td>(In lieu of 1 medical inspector, at P3,000 per annum)</td>
<td></td>
</tr>
<tr>
<td>3 district health officers, at P4,000 per annum (submitted)</td>
<td>12,000</td>
</tr>
<tr>
<td>Total, salaries and wages</td>
<td>30,000</td>
</tr>
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</table>

#### Contingent expenses.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traveling expenses of district health officers</td>
<td>7,500</td>
</tr>
<tr>
<td>Total, district health officers</td>
<td>37,500</td>
</tr>
</tbody>
</table>

Note.—It will be noted that the above estimates contemplate the inauguration of the district health plan as originally proposed by this office.

In the foregoing estimate, in addition to the medical officers for the hospitals of the Bureau and for the prison sanitation division, there are requested five medical inspectors, with salaries aggregating P23,400, for city and central office work. This amount represents the total charge against the Insular funds on account of medical inspection, as against 17 medical inspectors allowed by Act 1416 with salaries aggregating P71,000. The above amounts requested for district health officers will be refunded to the Insular Treasury by the various provinces, as provided in Act 1487.

This would have provided fairly adequate compensation for fifteen district health officers and, supplemented by the other provisions of the estimate, would also have provided salaries for the medical officers of the hospitals conducted by the Bureau and for five medical inspectors for work in the city of Manila.

When interrogated as to his reason for inserting such a provision in his appropriation estimate after a wholly different policy had been finally determined upon, Dr. Heiser repaid that he was so firmly convinced of the absolute necessity of the change that he felt it his duty once more to urge it and that he had inserted the provision in order that if it were stricken out the responsibility for such action might be clearly defined. It was stricken out by the Commission.

The appropriation bill as finally passed contained a further provision which embodied unsuspected possibilities of mischief. It had been originally planned to change the designations of the more responsible medical officers employed by the Bureau of Health, making all physicians in charge of hospitals and also all medical inspectors district health officers, the object being twofold, namely, to give to the force the greatest possible
Passing over the years from 1898 to 1901, inclusive, during which the existence of war, the withdrawal of the Spanish forces and the somewhat tardy reoccupation of the territory which they abandoned by the American forces, have rendered it impossible to get any record, let us remember that cholera in seve epidemic form appeared at Manila on March 20, 1902, and that it is known to have continued to occur either in Manila or in the provinces ever since except for the period, from March 23, 1904, to August 20, 1905, and that from April 27 to July 23, 1907.

Remembering that it is not certain that the infection of 1902 was imported from without, that the 1903 epidemic apparently originated in the vicinity of Taytay as did previous epidemics in 1882, 1888 and 1889, and that the cholera which appeared in the Visayan Islands in 1906 and that which appeared at Iloilo in September, 1906, and that which appeared at Capiz in April, 1908, were never traced to any outside source, let us clearly face the inevitable conclusion that cholera has been endemic in the Philippines during much, if not all, of the time from 1892 to the present day, and probably for a much longer period.

Table showing the total number of cholera cases and deaths since the American occupation.

<table>
<thead>
<tr>
<th>Epidemic</th>
<th>Cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manila:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>March 28, 1902, to March 21, 1904</td>
<td>5,561</td>
<td>4,390</td>
</tr>
<tr>
<td>August 23, 1903, to March 21, 1904</td>
<td>446</td>
<td>348</td>
</tr>
<tr>
<td>July 14, 1904, to November 27, 1904</td>
<td>2,238</td>
<td>1,117</td>
</tr>
<tr>
<td>July 14, 1907, to March 18, 1908</td>
<td>426</td>
<td>366</td>
</tr>
<tr>
<td>June 5, 1905, to October 24, 1908</td>
<td>582</td>
<td>572</td>
</tr>
<tr>
<td>Total for Manila</td>
<td>10,338</td>
<td>9,849</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Province:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>March 23, 1907, to March 5, 1904</td>
<td>101,671</td>
<td>105,975</td>
</tr>
<tr>
<td>August 20, 1905, to April 30, 1907</td>
<td>247</td>
<td>9,120</td>
</tr>
<tr>
<td>July 21, 1907, to October 19, 1908</td>
<td>10,807</td>
<td>14,403</td>
</tr>
<tr>
<td>Total for the provinces</td>
<td>114,720</td>
<td>129,508</td>
</tr>
<tr>
<td>Total for Manila</td>
<td>125,057</td>
<td>139,357</td>
</tr>
<tr>
<td>Grand total</td>
<td>222,172</td>
<td>258,857</td>
</tr>
</tbody>
</table>

ittle danger from cholera to those willing to take ordinary precautions.

Of the 202,172 cases and 134,102 deaths which have occurred in the Philippines from cholera since the American occupation only 248 cases and 124 deaths have been among Americans and this in spite of the fact that during much of this time there have been a large number of American soldiers in the Islands. It would be impossible to give a more conclusive demonstration of the fact that both in Manila and the provinces the danger of infection with cholera is very slight for persons who are willing to take the trouble to observe ordinary precautions.

I have endeavored to show that Asiatic cholera has long been endemic in the Philippine Islands. While this condition of affairs continues it will doubtless from time to time become epidemic. What are we to do?

Climatic and topographical conditions are unquestionably favorable to the indefinite continuance of endemic cholera, and over climatic conditions at least we can exercise no control.

The ignorance and superstition of the common people and certain of their customs, especially that of eating with their fingers, favor the rapid spread of cholera when it becomes epidemic. These conditions can be remedied only by a patient and persistent educational campaign.

Fortunately a portion of the public press is disposed actively to aid the efforts of the authorities to eradicate cholera. With that portion which through ignorance is earnestly but mistakenly opposing the employment of modern sanitary methods an educational campaign will ultimately prove successful, while to that portion which is deliberately vicious, which attacks the health officers because it believes such a course likely to be popular, and which plays politics at the expense of the lives of the people whose interests it professes to advocate, the law must be applied.

In order that we may ascertain more definitely what can be done toward removing the more or less permanent local sources of infection, a careful, patient and exhaustive scientific investigation must be made through the joint efforts of the Bureau of Health and the Bureau of Science so that we may learn, if possible, to identify cholera organisms no matter what the form which they may assume under varying conditions of environment, and being able thus to identify them may find the places in which they are lurking even when the disease is not present in active form and may cleanse such places.

However, there is no reason why we should delay beginning to put our house in order pending the result of such investigation. There are to-day within the city limits numerous highly thickly populated areas of considerable extent without streets, drains or any receptacles for human excreta or other filth. As a necessary result there exist in these regions thousands of seething sinks of fermentation and putrefaction in which we know without examination, that cholera germs swarm. Streets must be opened into these regions. Public pail sheds must also be built and those who fail to use them must be punished.

Unsafe conditions which can be remedied by cleaning out the cesspools and constructing drains and ditches to connect with them must be dealt with immediately and those which can be remedied only by filling must receive attention as rapidly as the condition of the city finances will permit.
That money may be made available for this work there must be an abandonment for the present of expensive projects for beautifying the city and there should follow in the immediate future the imposition of a reasonable tax upon the private property in the city in order that the necessary funds may be secured for putting unsanitary districts into decent condition.

Last but by no means least there must be an immediate and radical change in the present attitude of the municipal authorities in the matter of the enactment and enforcement of the necessary building ordinances to compel private individuals to do their share toward improving health conditions, or the power to inspect buildings under construction and to enforce such ordinances must be taken from the city and given to the Bureau of Health.

In connection with other scientific investigations, careful bacteriological examination of the feces of numerous persons not suffering from cholera must be made and these examinations must continue during the considerable period of time in order that we may ascertain whether “bacilli carriers” are to be met with after the cessation of an epidemic and to what they owe their immunity to the evil effects of the infection which they carry and so readily communicate to others.

Whether or not we can entirely rid the Philippines of the cholera infection which has so long remained endemic in the Islands no one can at present say, but certainly no effort to this end should be spared. If we do not succeed in accomplishing this we shall inevitably be called upon to meet frequently recurring epidemics. Even if we are fortunate enough to achieve a result so greatly to be desired there will still remain the ever-present possibility that infection will be reintroduced from without along one of the many numerous lines of trade which keep us in touch with Japan, China, India, Java, Borneo, Australia, New Guinea, and Celebes.

In this connection the experience of Japan is both interesting and instructive. I am indebted to Dr. Ohno for the following table showing the occurrence of cholera in Japan since 1893:

<table>
<thead>
<tr>
<th>Year</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>1893</td>
<td>632</td>
</tr>
<tr>
<td>1894</td>
<td>546</td>
</tr>
<tr>
<td>1895</td>
<td>55,144</td>
</tr>
<tr>
<td>1896</td>
<td>1,481</td>
</tr>
<tr>
<td>1897</td>
<td>894</td>
</tr>
<tr>
<td>1898</td>
<td>655</td>
</tr>
<tr>
<td>1899</td>
<td>829</td>
</tr>
<tr>
<td>1900</td>
<td>378</td>
</tr>
<tr>
<td>1901</td>
<td>101</td>
</tr>
<tr>
<td></td>
<td>13,392</td>
</tr>
<tr>
<td></td>
<td>177</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>3,266</td>
</tr>
<tr>
<td></td>
<td>77,649</td>
</tr>
</tbody>
</table>

If, as has been so often stated recently in the public press of Manila, the occurrence of a cholera epidemic, with our present scientific knowledge of methods for combating the disease, is a crime, crime would seem to have been rather prevalent in Japan of late! When it is remembered that climatic conditions in Japan, with its cold winters, are not such as to favor the continued presence of cholera; that it is claimed that the infection of each of these outbreaks was brought in from some foreign country; that the Japanese are an extraordinarily clean people and amenable to sanitary regulations and that there exists in Japan a large corps of admirably trained and highly efficient medical officers, it is only too painfully evident that in the Philippines with their tropical climate lying within easy reach of the great disease-breeding centers of population in China we cannot hope to escape.

It has been said that a properly organized and administered Bureau of Health would prevent the occurrence of cholera epidemics. Such a contention is absurd. It would be just as logical to maintain that a large, brave, well-organized and well-equipped army will certainly protect a country from war. It will decrease the probability of war and increase the chances of ultimate victory. A well-organized and thoroughly efficient health force will decrease the probability of the occurrence of epidemics, will shorten their duration when they do occur, and will decrease the mortality which they cause, but that is all. We must, therefore, hold ourselves always in readiness to deal promptly and effectively with cholera epidemics.

The fundamental principle involved in dealing successfully with them is to attack the infection actively the instant it appears. Over and over again within the last few years we have dealt with first cases, both in Manila and in provincial towns, so effectively that there have been no subsequent cases; but this can be done only when energetic, capable and thoroughly trained men are immediately available. It is self-evident that we must organize and maintain an adequate force of such men, and that this force must, from the nature of its work, be both highly mobile and thoroughly disciplined. To this end it should serve under the immediate control of the Director of Health and any of its members who, for trivial reasons, fail promptly to go where they are sent, or who prove themselves to be lacking in initiative and in executive ability to such an extent that they can not check cholera under reasonably favorable circumstances, should be promptly removed.

Fortunately, provision has now been made for a force reasonably adequate to protect Manila, but this force will be kept constantly on the offensive unless the provinces are freed from infection. In my opinion there should be in every province at least one really competent district...
health officer selected under civil-service rules and paid from the Insular Treasury.

There should be always on hand, at some convenient central point in each province, an adequate supply of disinfectants and spraying pumps so that time may not be lost in sending to Manila for such things. The additional expense involved in carrying out this program would be insignificant in comparison with the resulting benefits.

The less said of the work of our present presidents of municipal boards of health the better. They exist in 257 of the 653 municipalities of the Philippines, and that is about all.

Here and there an active and capable president of a municipal board of health, supported by a really capable municipal council, has done excellent work, but in only too many cases presidents of municipal boards of health are neither active nor capable, or when they are possessed of these qualities find themselves hopelessly handicapped through lack of financial support by the municipal council, or of moral support by the municipal president. Furthermore the salaries paid them are often so excessively small that it would be unjust to expect them to devote much time to their duties.

A thoroughly capable district health officer can, as a rule, galvanize slothful municipal officials into action especially if he has the vigorous support of the provincial authorities. Nevertheless the necessity for competent municipal health officers is too evident to admit of discussion. Unfortunately the problem of providing them involves not only a large expenditure but another serious difficulty arising from the lack of anything like a sufficient number of competent and available physicians.

It was to help meet this lack that the Philippine Medical School was established. Within a few years graduates from this school will begin to become available. The medical course at the University of Santo Tomas is now being rapidly improved, and to this institution we may also look in the future for capable, energetic and thoroughly trained young physicians.

Thus we shall ultimately develop an adequate force of competent men, but while this development is in progress we must, so far as practicable, utilize the services of men who may prove to be reasonably competent in spite of their lack of technical training. In my opinion it is useless to expect the municipalities, especially those of the third and fourth classes, to pay salaries adequate to secure the services of such men, and it would seem entirely obvious that if the Insular Government is to pay their salaries it should control their appointment, their assignment to duty and their removal.

In some instances provincial municipalities are so near each other, or have such good facilities for intercommunication, that one capable municipal health officer might well have charge of two or even three of them.

Provision should be made for an adequate number of municipal health officers at reasonable salaries. They should be selected under civil-service rules and paid by the Insular Government. Until a sufficient force of duly qualified physicians is available the employment as municipal health officers of competent men who lack medical training should be authorized.

The expense involved in this latter reform would be beyond the present means of the Insular Government unless there were made a material reduction in the expense annually incurred for educational work and this would seem highly undesirable. I am of the opinion that the present internal-revenue taxes should be increased one-third of one percent, and the $1,300,000 of revenue resulting should be made a special fund expendable along the lines above indicated for the improvement of sanitary conditions in the provinces of the Philippines. Such an addition to the taxes at present collected might perfectly well be made and would still leave the inhabitants of the Philippine Islands the lowest taxed civilized people of the world. Our present per capita tax is but $3.82 per year as compared with $7.17 for Turkey, $9.97 for Bulgaria, $10.11 for Servia, $11.56 for Greece, $12.56 for Switzerland, $12.61 for Japan, $14.91 for the United States, $16.33 for Roumania, $16.69 for Denmark, $17.14 for the Russian Empire, $19.29 for Sweden, $19.94 for Germany, $21.33 for Norway, $21.37 for Spain, $21.40 for Portugal, $22.29 for Italy, $22.86 for Hungary, $24.10 for Netherlands, $35.14 for Great Britain, $35.22 for Austria, and $36.64 for Belgium.

In closing I wish to express my very sincere thanks to Archbishop Harty and Father Chouza for making it possible for me to secure statistics from the church records of Manila without which this report would have been very incomplete.

Respectfully submitted,

DEAN C. WORCESTER,
Secretary of the Interior.

To the Phillipine Commission,
Manila P. I.
Exhibit I.

[Translation.—From Los Obreros, issue of October 24, 1908.]

ALWAYS PERSECUTED.

Two odious Boards proceed in perfect concubinage. The Board of Health and the Municipal Board are without doubt attacked by the mortally direful virus of the chimera which consecrates blunders with holy oil and with fatuous arrogance places error on the altar. One commands poorly; the other obeys worse. The Board of Health goes on extracting from the corrupt and slimy chapter of an abortive science advice and prescriptions, and our Municipal Board, servile and solicitous though being fully convinced that the order is a hygienic heresy, cowardly bends its head and, only in order to please the Board of Heiser and McLaughlin, sends out upon the streets and into the suburbs of the Bitch of the Orient its legions of agents incompetent in learning and experts in procedures fully worthy of Kaffirs.

Aside from the terrible calamities that we residents of Manila are suffering, all through the fault of the highly criminal complicity of the two Boards, which we support with a patience worthy to be better employed, those two guillotines of our well-being, wrongly called Health and Municipality, we are induced to enter the burning arena of the topics of the day, full of excitement and noise, by the dreadful question of the demolition of the small nipa houses inhabited by poor workingmen without means of any kind. To-day we raise the first patriotic and human cry of alarm, and with the rash valor of pure and honorable conviction, we shall, when the times comes, not only accuse the Board of Health and the Municipal Board of being stupid, brutal and unsuccessful, but we shall also declare them to be “The founders of tenebrous anarchy” in the Philippine Islands. How well one can see that both the Board of Health and its accommodating sexton the Municipal Board are not aware of the volcanic fire of popular indignation, when, foolish and imprudent, they wish to play with it!

1 Instead of the word junta (board), the writer uses throughout his article the word yunta (a yoke, team or span of draft animals), as a term of derision. Note phrases “kick up their heels,” “the unproportionately long ears of that other team,” etc.

2 “Perra del Oriente,” a play on the term “Perla del Oriente” (Pearl of the Orient).
But both are right in proceeding in this way, carrying out before our eyes and in the blinding light of evidence a programme of ignorance and incompetency which redounds to the prejudice and death of the people of Manila and also of the entire Filipino people. They are both guilty; those two Boards are alone guilty of the crimes attributed to them by public opinion; but we have certain irreconcilables who say that the Government itself ought not to be considered clear of serious criminal and punishable responsibility, because of its having appointed to those high offices persons notoriously incompetent and, what is worse, because it takes pleasure and pride, with cynical audacity, in securing them in their positions after so many clamors of public opinion and of the press which have proved and evidenced to satisfy that those two Boards, apparently composed of rational men and therefore obliged to proceed with reason, are the first to kick up their heels, without even taking the trouble to reflect that by that irrational explosion they might injure or destroy sacred interests and respectable entities.

If the Government in its high wisdom and foresight does not put a just and immediate stop to the vandali extricases of these two Boards which constitute the target of the hatred and malediction of the Filipino people and of the cosmopolitan population of Manila, it also may come fully within our charge and our censures, as co-founder of anarchy in the Philippines. We ratify what we have said. Those two Boards unless they immediately change their plans and procedure, will set ablaze with the fire of death the sleeping and still latent social question in the Philippines, to-day inoffensive and unknown to those continually persecuted and trampled upon in all the countries and in all the societies of the entire world. We firmly believe that we fulfill a duty of high patriotism in shouting into the ears of our authorities the cry of alarm, the sincere warning to be on the watch, to awaken them from their profound lethargy and carry to their clear and upright judgment the light of wise forethought and a dose of profitable perspicacity. It is not advisable nor prudent that our unmindful Government should allow those two Boards with which we are afflicted, to play with dangerous explosives, such as abuse and outrage, constantly applied to the already tired out meekness of the people.

In the present important matter of the barbarous and inhuman destruction of the nipa houses, there is not the least reason for invoking the powerful cause of the Salus populi suprema lex. The hurried tearing down of those little houses shows once again the supine incompetency of our perpetually unwise Board of Health, because the obligating reasons of hygiene are based in particular on practices of prevision and not on precipitate action at the last moment, applied in the form of despotic orders against the unfortunate, against the small, the poor and the humble, who suffer and succumb in the most complete abandonment and toleroness. If the Board of Health, in its remarkable infused science, believed that those miserable little nipa houses, if left standing, would be perpetual focuses of morbid infection, whether choleric or not, it should have pulled the unproportionately long ears of that other team, the Municipal Board, and could have given notice in plenty of time that on such and such a date thousands of poor wretches would be ejected from their little houses who never committed any other crime than that of having been born and having lived honorably without fortune or riches. Then that Municipal Board of our evils and sins should, with foresight, have nixed them and prepared the land on which to lodge those numerous unfortunates, ejected everywhere, eternally fallen from grace and victims of a social shipwreck a thousand times more dreadful than the horrors of the sea. That Municipal Board should have furnished means to the needy class which, lacking even the absolute necessities of life, could ill afford the luxury of taking their little houses out for a walk or in a procession from one part of the city to the other, merely in obedience to the whimsical frown of our mortal sinful Board of Health. And this wisest amongst the wise could, with the enormous appropriation it has allotted to it for useful and discreet expenses, have put the quagmires and pools of the district of Tondo into a sanitary condition; could have disinfected the pestilent nooks of so many interiores; could have converted the bog that is a focus of death, into a florid orchard which lends charm to life. Nothing, absolutely nothing of rational hygiene was done. Precipitately and even with cold cruelty many residents, as much taxpayers as those of Ermita, were left to their fate; their wells were closed without their being furnished with a single faucet of potable water; the water which they used for washing and cleaning was spoiled with poisonous disinfectants, without being replaced by artesian well water; wholesome vegetables to which Filipino stomachs were accustomed were abolished and replaced by canned goods of foreign origin containing putridly bagged small fumes; they destroyed the truck gardens, paying a ridiculous and insufficient indemnity and when the poor man and the laborer were terribly besieged by thirst and hunger there comes a ferocious new akase from our little Caesars to oblige, hastily and precipitately, those poor wretches, persecuted by the unsuccessful powers of the earth, to live exposed to the inclemencies of the weather and to contemplate with unforgettable wrath the destruction of their loved though miserable houses.

This odious question of the little nipa houses should have been decided by the Board of Health and by the Municipal Board in any form and manner other than by the ejection of the poor without means, who were forced to provide themselves at once with some other habitable place for their lodging. The Merchants' Association of Manila obtained a credit of 30,000 pesos to be used for the sanitation of the most extensive and
populous district of Manila. Here again against our will and without looking for it, we stumble against the eternal stupidity, insolence and improvidence of our authorities. They have petted, adorned, and made sanitary, to an extreme, unjustly in every respect, the district of Ermita, to-day converted into a little American Eden, and notwithstanding, Tondo, Tondo, Paco, and other districts have received from these two Boards, twins in sin and Siamese twins in responsibility, nothing but forgetfulness, disdain and abandonment, deserving of hanging or at least life imprisonment.

And now that the cholera, whose cholera has risen to its height, endeavors to annihilate all the residents of Manila, they are thinking of demolishing nipa houses and putting their hapless inhabitants into the open air, perhaps in order to prevent their becoming moth-eaten. These two lamentable Boards have adopted the cursed system of not locking the door until the horse has been stolen. In free countries and with governments which do not scoff at nor despise public opinion, this would be more than sufficient grounds for prosecuting and convicting those scientific nullities of the less scientific of our Boards. It has been thoroughly demonstrated that the Board of Health is utterly ignorant of the most elementary rudiments of therapeutic hygiene and of other branches of essential and indispensable knowledge for physicians, especially for the ostentatious Directors of Health brought by cable as something superior and magnificent, and it also has been proved beyond a shadow of a doubt that the Municipal Board, led by the nose by the former, is the most direful plague that we have at the head of the city government, because, debased and cowed by fear, it offers not the least opposition to the detrimental blunders committed against us by the Board of Health, and neither controls the interests of the people governed by it, nor dares to come out in defense of the home, the health, and the lives of the derided and ever-patient residents of Manila.