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Medicine in Malaya

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Dear Dr. Griffin:

Thanks so much for your letter (October 11, 1965). I wish that I could answer you as soon as possible, even though my English is somewhat forgotten, since these last few years in France I do not have chance to practice it.

I am always very grateful to my colleagues of the Federation of Catholic Physicians' Guilds and all those who helped me when I was doing my medical training in U.S.A. from 1954 to 1956, especially the doctors in St. Elizabeth Hospital, Brighton (Mass.).

Since I left the U.S.A. I went to mission lands; my experiences are rather poor, but fairly interesting from the medical point of view. Most of the diseases I saw are quite rarely seen in the U.S.A. I spent about 2 years in Macao and about 3 years in Malaya. I was so enjoyed to work among the sick ones in Kuala Lumpur and Singapore; it was really a wonderful vineyard where the missionary doctor can do a great good.

Malaya is a lovely country, with wide-spread green fields (tall tropical trees and all kinds of fruit trees) and so many beautiful small towns and villages. In nearby Kuala Lumpur (it is the capital of Malaya) where I had been, the town is quite newly built (about 9 or 10 years). It is beautiful to see all the new little houses with different colored tops shining under the early rising sun. The peoples in Malaya are

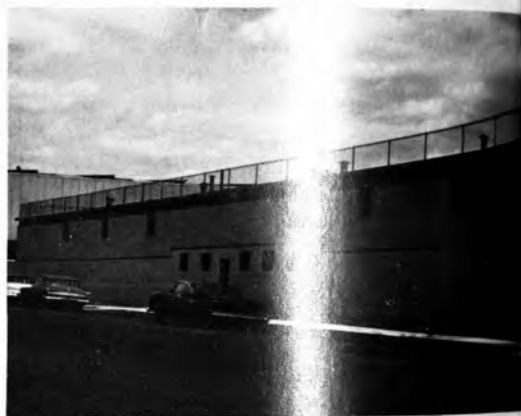
very much mixed: Malaysians, Chinese, Indians, Eurasians, Australians, Europeans, also Americans and others. The common language is Malay. The patients like the doctor to speak his or her language, so I had to go evening school twice a week to learn Malay for my Malayan patients. All day I had to speak English or Chinese or Malay with my different patients. That's really amusing!

Near Kuala Lumpur we started with an out-patient clinic, then added a hospital with maternity care. I took charge to see all the sick children. Every day there were about 40 to 60 sick children who came to our out-patient clinic (not counting those for dressings, injections, B.C.G., or triple antigen vaccinations, and so forth). As mentioned before, most of the diseases are different from those I saw in the U.S.A.; perhaps it will be interesting to tell my colleagues some of them.

ANEMIA — is a frequent disease. Sometimes the child is as pale as a paper; the R.B.C. and HB drop down to the lowest level. These children suffer from malnutrition or iron deficiency and worms. Some suffer from thalassemia and megaloblastic anemias.

WORMS — is a common disease among the children. Very often a child would be brought for cough, fever, diarrhea, or anorexia and we found the eggs of worms by stool examination. The worst one is ankylostomiasis; (old) children will

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suffer from severe respiratory stress, sometimes high fever, severe cough and vomiting, diarrhea, and severe anemia.

ENCEPHALITIS — Quite often the children are brought in with fever, vomiting, headache, even coma; L.P. was done, C.S.F. and blood samples were examined. The diagnosis is done without difficulty; sometimes we found the encephalitis due to virus of Japanese B.

On other occasions, we found the children having:

T.B. MENINGITIS — The treatment is very long. L.P. for C.S.F. ex. done daily or every other day or weekly, depending on evolution.

GASTRO-ENTERITIS — This causes the highest mortality in children in Malaya and Singapore; often the children are brought in with the last stage of dehydration (evolution is very rapid, few hours or 1 or 2 days). I.V. drips must be given immediately to save the lives. A very interesting disease is the "infantile Beriberi." Several times I saw babies in a fatal respiratory and cardiaque distress: cyanosis, dyspnea, loss of consciousness, tachycardia, enlargement of the liver. The mothers knew their babies were going to die. When I saw such babies, the diagnosis must be done without any delay. 100 mg or more (or to repeat) of thiamine I.M. is given right away, putting the babies under oxygen. Digitalis (not always) is given a little later. All these babies were saved 1 or 3 hours after the thiamine was administered. Their color changed to

good and off distress, the mothers thought the treatment "a miracle."

Once I saw a rare skin case: An Indian woman came to our maternity ward 3 days prior to her labor of the third baby. The first baby was born (in India) with a large skin disease involving about one-third of the body, "just like a severe burn," the mother stated and died 1 day after birth; the second baby born in India died 3 days after birth with similar skin at birth. The treatment tried was ineffective. Finally, the third baby (a girl) was born. Her skin over the abdomen and part of the thorax looked like a severe burn with some vesicles and blisters. I suggested to treat the newborn immediately with Penicillin G, plus prednisolone plus good nursing care for skin. A skin biopsy was done; the specimen together with a blood sample were sent to the Malayan Medical Research department. The diagnosis was Epidermolysis Bullosa. The baby lived for 8 days under the treatments. The burn-like skin spread slowly all over the body also through the mucous membranes in the oral cavity, nose and even the arms. This baby's father was also Indian.

I think I had better stop here. The above are only a part of my experiences in the missions. I hope to return to Malaya or Formosa (Taiwan) where the mission works are flourishing. Before that I do hope to go to the U.S.A. to do a 6 months' or 1 year refreshing course (pediatrics or medicine) in

St. Louis or Brighton. I wish Dr. Griffin and all my colleagues will help me. For the moment, I don't need any material help but one day in the missions I will ask your help for the patients' needs. For the present time, I quite feel "English reading — medical hunger." So any

new progress (certainly) in the pediatric or medicine fields in U.S.A. will be appreciated.

Very sincerely yours,
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Sister Mary Sou Sé is an honorary member of the National Federation and is a physician in the community of the Franciscan Missionaries of Mary.

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