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REPUBLICATION

Report of a case of bronchopneumonia without cough secondary to influenza: unabridged republication

Juan Belisario (1894-1963)

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EDITORS' NOTE

In this issue of the *SPMC Journal of Health Care Services*, we reproduce an unabridged version of the article "Report of a case of bronchopneumonia without cough secondary to influenza" by Juan Belisario (1894-1963), who was a resident physician in Davao Public Hospital (the present-day SPMC) in 1927. We obtained a digitized copy of the article from a compilation in Internet Archive (www.archive.org), an Internet-based non-profit library. This online library collects published works—including publicly available books and other printed texts—and makes them available in digital formats.

The reproduction of this 90-year-old article is a secondary publication. This case report was first published in a publicly available Philippine government report—the Monthly Bulletin of the Philippine Health Service Vol VII No 12, pp. 687-690, December 1927. In order to preserve the original layout and typesetting of the article, we reproduce the entire article here as four images saved in JPG format from the PDF file as uploaded by the University of Michigan, the digitizing sponsor and contributor of the archived document.

Respect for intellectual property is one value that our publication upholds, and our editorial staff took due diligence to ensure that no copyright infringement has occurred in the republication of this article. To obtain clearance for this republication, we communicated with Internet Archive to ask about their prescribed republication procedure. We were referred to the website's Terms of Use section, which stipulates that Internet Archive should be listed as a resource in projects that use any content from its collections. We then communicated with the University of Michigan, the digitizing sponsor of the compilation in Internet Archive, to request permission to use their digitized version of the article. Their Copyright Specialist told us that the University of Michigan cannot grant or deny permission to use the digitized article because the university does not hold copyright in the article and would not claim copyright in the digital image of the work.

As published in December 1927, this article did not bear any copyright notice, which usually consists of the word 'Copyright' or the copyright symbol ©, the name of the copyright owner, and the year of its first publication. Our lawyer, Danilo Cullo, pointed out the provision in the present Intellectual Property Code of the Philippines (Republic Act 8293), which states that no copyright subsists in any work of the government. This article, which was published in a government report, is considered 'work of the government.' It may be republished to serve its purpose. We communicated with Juan Belisario's grandson, Manuel Belisario, about this republication project, and he agreed to this republication and signed a publication agreement to represent his grandfather as the author of this work.

We commissioned Michael Timajo to write a statement about the statutory compliance of this republication (Timajo, 38). His rundown of relevant past and current legislations on intellectual property, specially hinged on copyright acquisition, attribution, and consent, can be found next to the republished case report. Finally, we commissioned Eugene Barinaga to write about why this case report is important to us today and what possible lessons we can learn from this 1927 document (Barinaga, 39-40). This case report is an elegant piece of work and a beautiful story that illustrates how health care used to be simple yet effective. We hope you enjoy reading it.

Alvin S Concha
Jesse Jay L Baula

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REPORT OF A CASE OF BRONCHOPNEUMONIA WITHOUT COUGH SECONDARY TO INFLUENZA

By Dr. JUAN BELISARIO
Resident Physician, Davao Public Hospital

I. J., female, Filipino, single, 20 years old, born and living in the town of Davao, Davao, was taken ill on the eve of her marriage, February 5, 1926, with the chief complaints of fever and headache.

Family history.—Very strong for pulmonary tuberculosis. The grandmother with whom the patient lived while a small girl, died about eight years ago of pulmonary tuberculosis. The father is still living, but clinically and bacteriologically positive for pulmonary tuberculosis. The mother is also still living, but demented.

Menstrual history.—Her menses started at the age of fourteen, of the 4-day type, and has been regularly appearing every 28 days since it first appeared. Patient claims that there is absolutely no trouble with her menstruation.

Previous diseases.—She had measles and chicken-pox while a small girl, and at the age of ten, she had yaws, which became well without treatment. There are white patches on the skin of the left hand, however, as a result of this disease. About eight months ago, she had a mild attack of acute cholecystitis, lasting for about three weeks, and was successfully treated by her physician. It had never recurred, since then. About four months ago, she was treated by her dentist for pyorrhea al-

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veolaris. While undergoing treatment, by her dentist, she vomited blood. According to her, the blood was fresh, scanty in amount, and was mixed with her saliva. Since then, she had never vomited blood again.

Present illness.—It started on February 5, 1926, as fever and headache. But previous to this day, or on the 4th, while the weather was cool and windy, she took a bath with warm water in an almost open bathroom, and in the night of that day, she had malaise. The next afternoon, or on the 5th, she had the fever and headache, for which, she took two tablets of Bayer's Cafiaspirina. The next morning, she was not yet feeling well, so she took a dose of magnessium sulphate, and in the afternoon, her physician was called. When seen by her physician, she had a temperature of 38.2° C., with severe continuous headache all over the head and slight catarrh but no cough. At the same time, she also complained of pain all over the body, especially in the bones and joints, slight backache, especially at the right side, and including the chest, and slight epigastric pain. On examination, the face was flushed, the pulse slightly accelerated, but the heart and lungs were negative. The abdomen and the extremities were also negative. She was diagnosed as case of influenza and was treated as such.

The next morning found her feeling entirely well, the fever, the headache, and all other symptoms had entirely disappeared. So she left her bed and entertained many visitors who were congratulating her. However, in the afternoon, the fever returned, the headache became more severe, and the backache more pronounced. At this time the patient also complained of dull pain all over the right upper extremity. She was forced again to go to bed and at this time her temperature reached 39.2° C. The abdomen became tympanitic, and she was restless. At about midnight, she had vomiting, and in the vomitus, streaks of fresh blood were seen, so her physician was again called. When seen, the respiration was 20 per minute, but not embarrased. The pulse rapid, 110 per minute and the patient was sweating rather profusely. On examination, the abnormal findings were only in the lungs. At the right interscapular area, the tactile fremitus was increased and there was a distinct impairment of resonance. And at the level of the scapular spine at the interscapular region, fine crepitant rales could be heard. The rest of the lungs, and the heart were negative.

Now the patient was diagnosed as bronchopneumonia secondary to influenza, and was treated as such. From the day the

patient felt sick until this day, she had never coughed nor hawked.

On February 8th, or on the fourth day of her sickness, the fever was still very high, the headache all over the head severe, and the backache undiminished. However, she no longer complained of the epigastric pain and the pain at the right upper extremity.

In the night of this day, the fever rose to 40.3° C., and the patient became restless, and she looked so very ill that the family requested that another physician be called for consultation. The attending physicians agreed, so a third physician was called.

The patient was examined, the results of which are as follows:

Patient restless, face flushed and slightly anxious, the temperature 40.3° C.

Respiration, accelerated, 36 per minute, but not labored.

Pulse strong, full bounding, and rapid, about 118 per minute.

The heart beats were strong and rapid, otherwise normal.

Lungs. Increased tactile fremitus at the right, from the apex down to the level of the scapular spine. On percussion, there is slight impairment of resonance over the same area. And on auscultation, fine crepitant rales can be heard, now from the right apex, down to the level of the scapular spine, and at the right interscapular region.

Until then the patient has not yet coughed. The physician attending her had stayed near the bed of the patient for hours waiting for a cough but was sorely disappointed. Those attending her also said that they had never heard her cough at all.

The above diagnosis was agreed upon by the physicians and in addition, the following were considered on account of the very strong family history of pulmonary tuberculosis: pneumonic type of tuberculosis, galloping type of tuberculosis, and tuberculous meningitis.

Now to eliminate these, the sputum was asked to be saved for examination, and the sputum of the whole night was sent to the laboratory of the Davao Public Hospital. The sputum contained nothing but clear saliva. When examined by concentration method of antiformin, it was found to be negative for tubercle bacilus. However, the above possibilities were kept in mind, but she was continued to be treated as bronchopneumonia. No other laboratory examinations were made.

On the next day, or on the fifth day of her sickness, the fever suddenly dropped to 36.4° C., the headache and all other symptoms, except the backache, entirely disappeared. The back-

ache was also very much diminished. When the lungs were again examined, there were found large mucous rales at the right interscapular region.

There was no cough yet until this time.

Since then, the fever did not return, and the patient slowly recovered. Every other day the lungs were examined, and on the 12th day of the sickness only occasional fine crepitant rales could be heard at the right interscapular area. On the 16th day of the sickness, the lungs were almost entirely clear. At the time this article was submitted, the patient was already sitting on a chair, but was not yet allowed to walk.

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REPUBLICATION

Report of a case of bronchopneumonia without cough secondary to influenza: notes on legal compliance of republication

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The republication of this material (Belisario, 33-37) sufficiently complies with Republic Act No. 8293, or the Intellectual Property Code of the Philippines,[1] and other rules on intellectual creation. Below is a summary of repealed and current laws in the Philippines that are relevant to the legal compliance of this republication.

The Spanish Copyright Law of January 10, 1879[2] was the first known copyright law in the Philippines. Copyright then was viewed as a property right governed by civil law. When Spain ceded the Philippines to the United States of America in 1898, the US Copyright Law, which protected the author's ownership of copyright, became applicable.

Largely based on US Copyright Law, Act No. 3134, otherwise known as "An Act to Protect Intellectual Property," was passed on March 6, 1924.[3] This was the first copyright law enacted by then Philippine Legislature. It required a formality procedure, by way of registration and deposit of intellectual works to the Philippine Library and Museum, for a copyright grant.[4]

Presidential Decree No. 49, which took effect on December 15, 1972, vested copyright upon the creator of the work "from the moment of (its) creation."[4] The registration and deposit formality requirement of Act No. 3134 was therefore set aside by this law.

When the Internet made it easy for anyone to copy, reproduce and/or sell literary and artistic creations for financial gain or otherwise, Philippine Congress enacted RA No. 8293,[1] or the Intellectual Property Code of the Philippines, on January 1, 1998. This new and prevailing law recognizes the need to legally protect creators from intellectual piracy. The no-formality clause of Presidential Decree No. 49—or copyright protection on the work from the moment of its creation—was adopted.[2]

Accordingly, this republication recognizes the author and his heirs' statutory copyright—both economic right and moral right—over his work from the moment of its creation, during his lifetime, and fifty years after his death.

The republication of his work is compatible with fair use principle and attribution, without any adverse effect on its existing and future value or use.

Article source
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Competing interests
None declared

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REPUBLICATION

Report of a case of bronchopneumonia without cough secondary to influenza: commentary

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I never thought that reading a very short medical report (Belisario, 33-37) written almost a century ago would move me in so many levels. The first time I read it, I was figuratively looking through a doctor's eyes, focusing on the management of the patient, and noting how the doctor arrived at the diagnosis and the therapeutics employed. The second time I read it, I was appreciating the beautiful, succinct language that was used by the author and the quaint typeset used, vividly transporting me to an era long gone and helping me to come up with a mental image of the suffering patient. A young woman "from Davao, Davao, was taken ill on the eve of her marriage, February 5, 1926." How tragic this must have been. I ceased counting after the third reading. I may have gone over the case report twenty, or even thirty, more times. It wasn't its brevity—four pages—that made it such an interesting reading. It harks from a bygone era, and piqued the nostalgic historical buff in me.

This was written at a time when Davao was not yet a city, and not yet subdivided (it was inaugurated as a charter city in 1937[1] by then President Manuel L. Quezon, then divided into three provinces, namely Davao del Norte, Davao Oriental and Davao Del Sur in 1967).[2] Electricity was probably still non-existent, as a quick check on the Internet showed that the Davao Light and Power Company only came into being in 1929.[3] My imagination conjured gaslight lamps and the clip-clop of horses pulling carriages, with the occasional car rumbling past.

Dr. Juan Belisario was a resident physician in Davao Public Hospital (DPH), one of the early incarnations of the sprawling, sophisticated hospital we now know as Southern Philippines Medical Center (SPMC). DPH had 50 beds and was located in JP Laurel Avenue, Davao City where the present SPMC-Institute of Psychiatry and Behavioral Medicine now stands. Dr. Belisario published this report when the hospital was still in its infancy, and we can imagine the health facility's very limited resources at that time in terms of diagnostic modalities and available medicines. But these did not deter Dr. Belisario. The clinical history and narration of the course of the illness are almost Holmesian in their thoroughness. The physical examination, especially of the pulmonary system, was done repeatedly and painstakingly. The charting of symptoms and temperature was obsessively undertaken. One of the sentences on the 3rd page really captivated me—"The physician attending her had stayed near the bed of the patient for hours waiting for a cough but was sorely disappointed." If this is not professionalism and compassion for the patient, then I don't know what is.

On a more scientific note, I researched some of the archaic items mentioned so that we can further appreciate this article. Bayer's Cafiaspirina was given to the patient. Now only available in Latin countries, this drug was formulated between the world wars by IG Farben, a subsidiary of Bayer, to compete with other brands of aspirin in Latin America.[4] A combination of caffeine and aspirin, it was given as an analgesic for pains associated with fatigue and tiredness.[5] Due to the patient's very strong family history of tuberculosis, "pneumonic type of tuberculosis, galloping type of tuberculosis, and tuberculous meningitis" were considered by the physicians. The antiformin method mentioned in the third page (page 689 in the original print) is an alkaline antiseptic, which dissolves mucin and freezes tubercle bacilli so they can be sedimented.[6]

The ultimate question I asked myself was "Did I learn anything from this article?" My answer is an emphatic yes. I realized that we should emulate the professionalism, compassion, and perseverance that the author inadvertently—but quite successfully—demonstrated with his blow-by-blow account of the care of the patient. These values, upheld by our forebears in DPH, must also be embraced by the physicians of SPMC today. I realized that we have it relatively easy now. With the fast-paced advance of technology, we now have state-of-the-art diagnostic and therapeutic modalities. Dr. Juan Belisario and the other doctors did not even have a simple x-ray then to monitor the progress of the patient's condition. I felt intense admiration for these doctors who preceded us. They did what they had to do with what little they had.

Now that we have grown into one of the largest tertiary government hospitals not only in our country but also in the Southeast Asian region, we are expected to be at the forefront in the provision of quality and humane medical services. The future holds so much more potential for improving the way we will care for our patients. But it helps to look back and appreciate where we came from. To paraphrase a famous line by Sir Isaac Newton,[7] who in turn paraphrased a passage from the Metalogicon by the 12th century theologian John of Salisbury,[8] *if we have seen further than others, it is by standing on the shoulders of giants.*

Acknowledgments

I would like to send my sincerest gratitude to Dr Manuel Belisario and family for providing additional information on Dr Juan Belisario.

Article source

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