



ECTOPIC MURMURS

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SOLOMONIC ELECTION

In **I Kings 3:16**, two women came to King Solomon, and stood before him. One woman said, *Oh, my lord, this woman and I dwell in the same house; and I gave birth to a child while she was in the house. Then on the third day after I was delivered, this woman also gave birth; and we were alone; there was no one else with us in the house, only we two were in the house. And this woman's son died in the night, because she lay on it. And she arose at midnight, and took my son from beside me, while your maidservant slept, and laid it in her bosom, and laid her dead son in my bosom.*

When I rose in the morning to nurse my child, behold, it was dead; but when I looked at it
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Message from the PRESIDENT

At the outset, I want to convey my sincere gratitude to the officers and board trustees of the FEUDNRS M Alumni Foundation for the support and confidence of my election as the president for 2014-2016.



MANUEL M MALICAY MD

The president of our Alumni Foundation is the chief operating officer who has the general power of supervision and management of the day-to-day activity vested in the office
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CHAIRMAN'S

Message

I would like to take this opportunity to thank the officers and board trustees for voting and entrusting me with the position of board chairman. I am humbled by your support and look forward to working with you and serving you to the best of my abilities over the next two years.



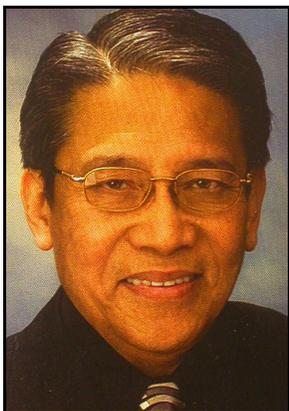
OSCAR C TUAZON MD

I would also like to thank all of the outgoing members of the executive board and board trustees for their dedication and commitment to the betterment of our Alumni foundation. Our organization is lucky to have had such amazing volunteers
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2014 Most Outstanding Alumni



AMELIA CRUZ MD



RICK F DE LEON MD



GRACE B RABADAM MD

The award was shared by three outstanding alumni on the basis of professional and academic accomplishments, leadership and community involvement, active continuing participation and contribution to the FEUDNRSM Alumni Foundation, and miscellaneous intangibles.
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35th GRAND REUNION

For whom do your bells toll?

Points to Ponder

CESAR D CANDARI MD⁶¹
FCAP *Emeritus*, Henderson NV

Brief overview of the reunion: As all of you members of the FEUDNRSM Alumni Foundation are back home after the marvelous 35th annual reunion scientific
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CESAR D CANDARI MD

MEMORIES... MEMORIES...

DIVINAGRACIA AVERILLA
OBENA MD⁸⁵

Whew! I am glad the 35th
annual reunion is over.

However, I am sad
as well since we
would see each
other again until
next year.

The feedback
I have got is
almost
everybody is
happy with the
venue at Wynn's

Las Vegas Hotel with its
classy ambiance and the food
was great.

The reunion was a blast,
started on Wednesday at the
Treasure Island buffet with two
lechons. The two showgirls
with huge feather head dresses
graced the occasion.

I am amazed since the Las
Vegas Chapter group gave
everything they can to show
their impersonation and lip
singing talents.

It was also an unforgettable
experience for me because it
was my first time to smoke and
wear a wig!

The continuing medical
education speakers were great.
For me, it was highlighted by
the stem cell topic, cancer
therapies, sleep apnea, internal
medicine and pediatric updates.
I appreciated that the doctors
visited the exhibitors booths as
well.

The *Filipiniana* night was
graced with the beautiful
traditional *Filipina* dresses. The
rendition of our Dubi Dubi Doo
medley of *kundiman* songs
brought us to remember our

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ADAM, THE FIRST HUMAN? ...

What difference does it make?
ALADIN M MARIANO MD⁷²
MHA FACS

Chairman of Surgery
Alexian Brother Hospital IL



ALADIN M
MARIANO MD

If there is one
thing we owe our
Founding
Fathers, it is the
freedom
endowed by God
to think and
entertain
thoughts even
those deemed to

border on heretical. Yes, even
venturing on the one that
questions sacrosanct teaching as
Adam created about 6,000 years
ago. The fate of Copernicus and
Galileo could have been
different were they to live
today. And, church leaders like
Origen Adamantius (184/ 185 –
253/ 254 CE), along with the
prominent *Origenists* Didymus
the Blind and Evagrius
Ponticus, would not have been
declared anathema for their
different beliefs in 553 CE by
the Second Council of
Constantinople.

That said, the article by Dr
CV Reyes in the **FEUMAANI
News** July 2014; 6(7), is
illuminating as it is challenging.

To quote, *Native Americans
have always looked like us:
Asian origin... pioneers...17,000
years ago ...that entered the
Americas from land mass called
Beringia...* This was reaffirmed
with the *uncovering of an
almost completely intact 12,000
year old skeleton of a 15 or 16
yr old girl ... in the underwater*

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FROM THE HOME FRONT

LINDA D TAMESIS MD⁸⁵
Dean, FEU-NRMF IM

I am not at the home front
right now, still
enjoying a
wonderful vacation
with friends and
family after the
FEUDNRSM
Alumni
Foundation
reunion. But duty
calls, a promise is
a promise, and so I
write.



LINDA D
TAMESIS MD

July 2014 was my third US
alumni activity and, without a
doubt, the grandest. After a long
trip including a ten hour wait to
get off the ground in Manila and
a two-day stopover in San
Francisco, the ride from the Las
Vegas airport in a limousine
and the first site of the
absolutely gorgeous Wynn
Hotel accommodations was the
start of a fabulous Vegas
experience.

The Welcome reception was
great fun: there were
impersonators, dancers and
great costumes worn by the
alumni. The venue was packed.
Everybody was in a jovial
mood.

The speakers at the scientific
sessions were excellent, really
experts in their field. I totally
enjoyed learning about the latest
in cancer diagnosis and
treatment from my former
student, Minsig Choi MD⁹⁸.

I thoroughly enjoyed seeing
the beautiful gowns worn by the
ladies at the grand ball. I was
amazed at the number of
Golden alumni who attended.
They were full of energy and

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LETTER TO THE EDITOR

Thank you all for inviting me to speak at the 35th annual reunion and scientific convention at Wynn's Las Vegas July 9-13, 2014. The venue was superb.



REV MELVIN ANTONIO MD

Wynn's Las Vegas is a five-star hotel/ casino as far as I am concerned. The schedule of meetings gave a lot of time for participants to explore Las Vegas at leisure. Most of all, the fellowship is always the highlight of the whole meeting for me, getting to see alumni from my Alma Mater. For this meeting, the scarcity of friends from Class⁶⁵ was noticeable compared to previous years. For Class⁶⁵, our Silver Jubilee in Washington DC was the banner year and should become our *gold* standard as well.

This letter serves as the first call to Class⁶⁵.

To kick off our Golden Jubilee in 2015, we are invited to attend the celebration in our honor at the 40th annual alumni *Balik*-FEU homecoming scientific convention in the Philippines from January 21-24, 2015.

The grand ball is to be held on Saturday, January 24, at the Crowne Plaza Galleria in MetroManila. In July 2015, the celebration will be in Las Vegas once again. I am available to provide more details. The important thing is to get in contact with each other to see if Class '65 is interested

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In Praise of CLASS⁶⁸

1968 was a time of contempt and wonder. Historians have lavishly labeled it as *a year of destiny, ferocious, tumultuous,*



ANTONIO E ALFONSO MD

comic, tragic and outrageous, a year that changed America, a bitter vintage year, a knife blade that severed past from future, the year that the

earth moved, a year that shaped a generation, the year the dream died, the year that rocked the world, and incredible, historic, wild, revolutionary, fun, psychedelic, loud, tragic, and profoundly important.

Class⁶⁸ was not one of the jubilee celebrants during the recent 35th annual reunion in Las Vegas, but its presence was palpable. We had a great celebration and wonderful time.

First, there was the 19th annual Dr Nicanor Reyes Jr memorial lecturer, **ANTONIO E ALFONSO MD**, who lectured on a landmark topic of breast cancer surgery and reconstruction.

Dr Alfonso, by the way, donated his honorarium of \$2000 as the seed money for the establishment of an annual memorial lecture to honor his father, **RICARDO ALFONSO MD**. The inaugural lectureship will commence during the 36th annual reunion at the Wynn's Las Vegas.

Then there was **ANTONIO**
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WYNN WIN SITUATION

NOLI C GUINIGUNDO MD⁶²

The recently concluded 35th annual reunion and scientific meeting at the Wynn's Las Vegas was a Wynn Win situation.



NOLI GUINIGUNDO MD

It was an excellent assembly from the usual Wednesday to Saturday meeting.

It was an excellent job by the California group with the perennial help from Drs Oscar Tuazon and Pedro Florescio and their respective wives.

This was accomplished with a close-knit workings from FEUDNRSM Alumni Foundation Las Vegas Chapter, led by the tandem of Drs Danny and Melinda Fabito, along with the suprisingly able leadership of Divina Grace Averilla Obena MD⁸⁵ and her husband Nelson, and Victor Bonuel MD, along with their active members (not to mention names as I might miss someone and that would be inappropriate).

Wednesday morning started with registration and the much awaited welcome reception (WR). The WR was held at the Treasure Island Hotel and Casino which half-block in front of the Wynn's Las Vegas. But the problem was getting to Treasure Island because one had to go cross the bridge to the Fashion Mall, then twist one's walkway around the escalators before crossing the busy streets of the strip.

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FAITH CORNER

REV MELVIN ANTONIO MD⁶⁵

In the Gospel of St Luke, Jesus emphatically declares:

Watch out! Be on your guard against all kinds of greed. A man's life does not consist in the abundance of his possessions.

He then tells a parable about a rich man who

produced a bumper crop and decides that he should tear down his barns and build bigger ones to store his harvest then take life easy, eat, drink and be merry. God says to him, *You fool! This very night your life will be demanded from you...This is how it will be with anyone who stores things up for himself but is not rich toward God.* **Luke 12:13-21**

This has become known as the Parable of the Rich Young Fool, which is so transparent to need almost no comment as it basically points to the error of falsely trusting in material possessions to provide human security. And yet, this is one of the more difficult parables to preach on for many reasons. For one, pastors often shy away from talking about money to their congregations because it makes people uncomfortable.

For another, how do you preach to a farming community about the folly of storing a rich harvest to be prepared for the lean years such as the one we are currently in? How can you find fault with the ethic of working hard so that you have

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REV MELVIN ANTONIO MD

CAREER IN MEDICINE*

A Personal Experience

ISABELO C CASTILLO MD⁶⁹
Urologist and Military Entrance
Processing Station Physician
Tampa FL

Introduction. I do not know how to start, but I will try from

memory my experience in medicine from the time I was anointed to pursue a career. I do not want to talk about myself but because I am

assigned a task I must do so.

My parents have chosen me to go to medical school which is not unusual in the Philippines for a variety of reasons. After finishing high school that summer in 1961, I was called in a single room of our house, my parents told me that I am going to medical school, despite the fact that I am one of 13 children of a poor family in Cuenca.

With some degree of astonishment I retorted that we don't have a lot of money, yet they persisted that I should do so. I relented with 2 conditions. Nobody in town should know about this and I get the choice of the school; low and behold they have something in their sleeves, an educational benefit through the Philippine Veterans administration for one child in the family. I was focused to accomplish the job I was given.

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*Presented during the 35th annual reunion held at the Wynn's Las Vegas, Thursday, July 9, 2014



ISABELO C CASTILLO MD

A TALE OF COMPASSION

(Part 3 and Conclusion)

CESAR D CANDARI MD⁶¹
FCAP Emeritus, Henderson, NV

Continued from

FEUMAANI News July 2014

I wrote this story of Ben's journey to place it in your hands for you to rekindle a dream that you thought was impossible even to dream; for you to believe that everything is possible; then to take you to the greatest height of your dream and make it happen!

This story will lead you to the silence of the still water, to the brightness of the silvery moon, and to the freshness of the morning dew. This brief story will bring out in you a whisper that you may have heard but missed taking heed; a sign that you may have glimpsed but missed observing; an idea that you may have thought of but missed pondering. Ultimately, this biography will bring you in touch with your own soul.

Ben as a lawyer and while the cases were ongoing, he would at times even dig into his own pocket to cover some expenses that his clients could not afford to pay.

Meanwhile, in 1984, to attain the same level of education as her professional husband, Zeny picked up the pieces where she had left off and enrolled herself at the University. She took up

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CESAR D CANDARI MD

TENDERLY YOURS

NOLI C GUINIGUNDO MD⁶²

Most of our news and discussions will be geared

towards the recently concluded 35th alumni reunion and scientific meeting at the Wynn's Hotel, Las Vegas.,

For a change, our trip started not early in the

morning but shortly after lunch. It started with a two-hour delay in Monroe LA, mechanical trouble. That left us a little over an hour for a connecting flight from Atlanta to Las Vegas. From then on it was smooth sailing. Our prayer was answered for a Divine relief. Our economy comfort tickets were upgraded into first class with all its amenities. We have renewed our lost energy from all the waiting times we have to endure.

The 3½-hour trip turned out to be not too long while enjoying the comfortable leather seat, and the amenities of priority disembarkation. After getting our luggage from the carousel, I saw my name in front of a uniformed driver who took us to a long and wide limousine. This was a courtesy driver who unloaded our luggage at the Tower Suite of Wynn Hotel. We did not feel the 106⁰Ft temperature despite the 10:30 pm arrival.

The suite is very impressive, one bedroom, the lights and drapes are all remote controlled. We did not have to procure

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NOLI
GUINIGUNDO MD

THE MIGHTY CLASS⁶⁹

NOEMI B FOGATA MD⁶⁹

The ever mighty Class⁶⁹ had its 45th

Sapphire Jubilee celebration in the auspicious Wynn's Resort Hotel in Las Vegas, last July 9-12,2014, with a Bang!



NOEMI B
FOGATA MD

The preparation was a five long months of communications through emails and facebook social networking that came to a fruitful and productive. Parade of Nations representing almost all known countries everybody have vacationed or have friends with.

A background of *It's A Small World After All* Class⁶⁹ers paraded with authentic and beautiful costumes. West and East Africa was represented by Drs. Arturo and Noemi Fogata (IL), Drs Freddie and Ruth Jimenez (MO) and Dr Tommy Lo (FL), Dr Linda C Vilorio (NY), Dr Tony Toledo (CT), Dr Raymundo Mallari (GA), Drs Ofelia and Hermes Ayuste (IL) came with Chinese *cheongsams* and dramatized with broken Chinese English, who practically lost their pocket money in the casino, but attested that their currency is still mightier than the dollar.

Drs Roger and Gloria Mahor (IN) and Dr and Mrs Antonio de la Cruz (TX) donned Caribbean outfits.

Drs Tessie and Ted Manubay (MO) and Drs Abe and Angie Fontanilla (IN)

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LEGACY*

PHILIP S CHUA MD
FACS FPSC

As we usher in another milestone in our personal and professional career, we have no choice but to reluctantly add another year to our official age, and, with surrender, simply rationalize that yes, we are a year wiser, but not aged. We have grown older but we have not grown old. Age is only a number. What is important is how youthful our mind is, how young our heart is, and how positive our attitude is.

In one of my columns years ago, I wrote a prose entitled, Growing Old is a Privilege. In that article, I lamented the fact that, instead of counting our blessings for this wonderful gift of life and longevity, *some of us complain a lot about growing old and the natural tribulations that go with it.* We bemoan our recurrent senior moments, aching joints, poorer eyesight and hearing, slower pace, uncontrolled, untimely, and embarrassing *gas* release especially in an elevator with only one other passenger in it, and in our older years perfumed with the aroma of Ben Gay or salonpas instead of Channel #5 or Armani Acqua di Gio. The bubble gums, jelly beans, and M&Ms, are now replaced with PPI, antacids, and laxatives, not to mention a half dozen other more each day. And the list of complaints goes on and on.



PHILIP S CHUA MD

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CLINICOPATHOLOGIC CONFERENCE

INTRAABDOMINAL ABSCESS

Discussant ANTONIO TOLEDO MD⁶⁹

Pathologist CESAR V REYES MD⁶⁸

DR A Toledo (general surgeon). Thank you for the kind and generous introduction. Greetings from the state of Connecticut.

The CPC case is that of a 37 year old healthy female, G₀P₀, with a history of irritable bowel syndrome. She presented to the urgent care center with severe

abdominal pain that started initially in the right upper quadrant grade 7-8/10 and became generalized. She was diagnosed with urinary tract infection and was started on Cipro that was later



ANTONIO TOLEDO MD

CESAR V REYES MD

discontinued because of negative urine culture. Her pain persisted and she has developed temperature of 102⁰ F with nausea so she returned to the urgent care. A computer tomographis scan of the abdomen showed possible ruptured appendicitis with abscess. She was referred to Morris Hospital IL for further care and possible surgery.

Her past medical history revealed she was diagnosed with irritable bowel syndrome by symptoms with out any endoscopic studies. She has no allergies and her social and family history data were noncontributory.

Her physical exam was non remarkable except for a soft tender right lower quadrant with no guarding or peritoneal signs or irritation.

Her laboratory tests showed elevated WBC 28.3 with neutrophils of 77%. The rest liver and BMP were with in normal limits. Her pregnancy test was negative.

The CT scan with contrast (**Figures 1 A and B**) of the abdomen and pelvis reveals a large inflammatory mass or abscesses at the right lower quadrant with radiolucent areas suggestive of fluid collection, interspersed between the small intestines. The images also show normal bowel patterns of the proximal small bowel with the oral contrast. The mass shows thickened bowel wall in some cuts that more likely a reaction to the inflammation but transmural disease of the bowel wall could not be ruled out. From these films I could not decipher the appendix. The transverse cuts showed the uterus and inflammatory mass extending to the right pelvis but no free fluid is noted.

Diagnosis? The audience is encouraged to participate; and print your diagnosis on a paper in front of you and to be collected before the discussion, so you are not biased by Dr Toledo. There is a special prize to the one who makes the right diagnosis, or closest to the answer. In case of a tie, or if so many of you get the diagnosis, a lot is to be picked to determine who wins the prize.

Audience diagnoses:

Rupture appendicitis with abscess 20

Colon cancer 8

Carcinoid 4

Crohn's disease 3

Tubulo-ovarian abscess 2

Hepatocellular carcinoma

Lymphoma

Bowel intussception

Pseudomyxoma peritonei

Pelvic inflammatory disease



Figure 1 A and B - A multiloculated right lower quadrant/ pelvic fluid collection with multiple locules of free air is highly suspicious for a ruptured appendicitis and extensive abscess.

Ovarian cyst
Tuberculosis

DR A Toledo. From the data that was given, what I can only conclude is that there is a large inflammatory or intrabdominal abscess in the right lower quadrant, surrounded by small bowel loops. The diagnosis ranges from the most common secondary to ruptured appendicitis, Crohns disease of the terminal ileum, right sided diverticulitis to the least common like an incidental lymphoma, carcinoma, carcinoid, or mucinous cystadenoma of the appendix with perforation.

As noted in the clinical protocol, the working diagnosis is an intraabdominal abscess

Review of salient features shows a healthy 37-year old female in good health with history of irritable bowel syndrome with a right lower quadrant intraabdominal abscess on CT scan of the abdomen and pelvis. She was started on IV antibiotics. The abscess was percutaneously aspirated. A 15-ml thick purulent fluid was obtained and cultures show preponderance of anaerobic bacteria and bacteroides.

Intraabdominal abscess continue to be an important and serious problem in any surgical practice. The diagnosis and appropriate treatment is often delayed. And this can result in increase morbidity as well can be life threatening. As a result it can cause severe economic impact to the patient and his or her family.

The following are the most common surgical causes of Intra abdominal abscess. These include perforated viscus such

as perforated peptic ulcer, rarely neoplasms, perforated appendicitis/diverticulitis, gangrenous cholecystitis, mesenteric ischemia with bowel infarction, pancreatitis or pancreatic necrosis, penetrating trauma, foreign body, pelvic inflammatory disease, and lastly which is not related here are postoperative leaks or complications.

The most common symptoms include fever, abdominal pain, anorexia, nausea and vomiting, change of bowel habits and rectal tenderness and fullness on rectal exam.

Here are the eight functional compartments or locations of Intra abdominal abscess in general: pelvis, right and left paracolic gutters, right and left infra diaphragmatic areas, lesser sac, hepatorenal space and inter loop abscess between intestinal loops which this patient appears to have.

The bacteriology of the abscess often gives you a rough idea where the diseased organ is located because of the nature of the microflora. An example is that there is a preponderance of anaerobes as you go down the intestinal tract. Certain bacteria reside or can be found on certain areas of the abdomen.

Rarely does one now do elective or emergency surgery without any imaging studies. CT scan is the most reliable study in diagnosing intraabdominal abscess. Ultrasound is used for pregnant patients or non transportable patient but the drawback is it is user dependent. Other studies like MRI or Scintigraphy gallium or

indium labelled leucocytes is used for occult or smaller collections. The drawback for Scintigraphy is that it takes 48 hours to complete.

The treatment of the Intra abdominal abscess is initially IV antibiotics and drainage. Percutaneous aspiration as done here helps you in administering the appropriate antibiotic after culture and sensitivity. If possible adequate drainage of the abscess should be done percutaneously if not feasible then either open or laparoscopic drainage of the abscess should be performed to alleviate sepsis, or infection thereby improving the patient's condition and improve nutrition so to make it more conducive to do a definitive single or one stage surgery or procedure.

In this patient my differential diagnosis or the cause of the patient's intra abdominal

Differential Diagnosis or cause of intra-abdominal abscess

- 1 - Ruptured appendicitis
- 2 - Crohns disease involving the terminal ileum and colon
- 3 - Right sided diverticulitis
- 4 - Sigmoid diverticulitis extending to the right

Other unusual or uncommon possibilities include

- 5 - Cecal lymphoma
- 6 - Neoplasms of the appendix, ie, carcinoid, adenocarcinoma, mucinous adenoma or carcinoma
- 7 - Right tuboovarian abscess
- 8 - Perforated Meckel's diverticulum
- 9 - FB perforation

abscess would be the following.

- 1 - ruptured appendicitis
- 2 - Crohns disease involving the terminal ileum and right colon

3 - Right sided colonic diverticulitis

4 - Sigmoid diverticulitis with redundant colon extending to the right lower quadrant.

Other unusual or uncommon possibilities include cecal lymphoma, neoplasms of the appendix, ie, carcinoid, adenocarcinoma, mucinous cyst adenoma or carcinoma, right tuboovarian abscess, perforated Meckel's diverticulum and FB perforation.

I also would say a few words regarding the common clinical causes here. Acute appendicitis is one of the most common causes of abdominal emergency. It account for approximately 1% of all surgical procedures.

The accepted etiology is that it occurs due to obstruction of the appendix by a fecalith, hyperplasia of submucosal lymphoid tissue or tumor.

The typical history usually begins with abdominal pain often at the epigastrium or periumbilical area followed by nausea and vomiting, anorexia then becoming localized to the right lower quadrant. Duration of pain is less than 24 hours in 75% of patients when the patient is seen in the ER.

On physical exam there is a localized tenderness in the right lower quadrant or at McBurney's point usually with guarding and rebound tenderness.

Spiral CT scan is the imaging study that is usually done. Some series reports a 94% accuracy. There are some papers that recommend that all patient with suspected acute appendicitis should undergo CT scan to prevent delay in the diagnosis as well as

unnecessary laparotomy. Plain films of the abdomen is not that helpful or of little help.

The treatment is appendectomy either laparoscopic or open.

Crohn's disease usually occurs in the 2nd to 3rd decade of life. It may mimic acute appendicitis, can present with severe abdominal pain described as crampy usually obstructive in nature. Chronic diarrhea is the most common complaint. Weight loss and abdominal pain occurs in 60% of patients. Diarrhea is thought to be caused by decreased absorption of bile acids or steatorrhea.

As the disease progresses transmural disease will involve the perianal region as perirectal abscess or fistula in ano, skin tags in 10% of patients. Also extraintestinal manifestations may develop such as sclerosing cholangitis, arthritis, ankylosing spondylitis and erythema nodosum. There is a 50-60% female prevalence.

Intraabdominal abscesses have been reported in 20% of patients with Crohn's disease. It typically occurs in the terminal ileum.

Recent papers from Gastroenterology Clinics of North America report that there are emerging evidence that showed similarities in the genotype of patient with inflammatory bowel disease to a subset of patients with irritable bowel syndrome.

Right-sided colon diverticulitis may mimic appendicitis, occurring in younger patients often in the 3rd or 4th decades of life. It seems to be more common among Asians.

Sigmoid diverticulitis with redundant colon that extend to the right lower quadrant usually occurs in much older patients. I do not think that this patient has this.

Lastly, as mentioned earlier, neoplasms of the appendix is not common; we usually see them commonly as incidental or concomitant findings during surgery in a suspected acute appendicitis.

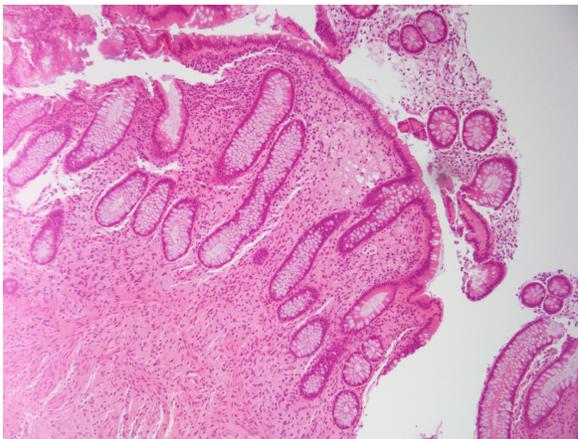
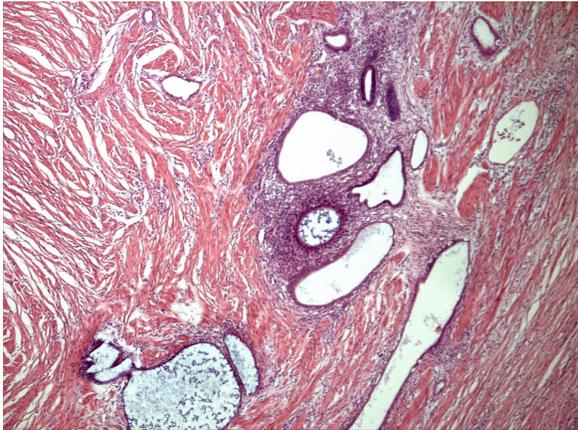
Dr Toledo's diagnosis. So my diagnosis that her intra-abdominal abscess is either due to ruptured appendicitis or Crohn's disease of the terminal ileum with perforation and intraabdominal abscesses.

As a clinician in practice we are trained to think of conditions from the most commonest to the rarest. However, I lean toward Crohn's disease.

Thank you for the privilege of being the discussant in this year's CPC.

Dr CV Reyes (pathologist). With the CT scan-guided fine-needle aspiration cytology interpreted non-diagnostic, the next diagnostic procedure was an exploratory laparotomy with appendectomy, drainage of right lower pelvic abscess for drainage of inner loops abscess.

Intraoperatively, when the peritoneum was opened, there was a very phlegmonous mass in the right lower quadrant. Then the small bowel was resected bluntly slowly from the surrounding mass. After the abscess was found, this was then cultured and drained. An inflammatory mass, ball of tissue was stuck to the appendix was doubly ligated and divided and passed off for frozen section evaluation.



Figures 2 A, B and C - The specimen consisted of a roundish, irregular, inflammatory, hemorrhagic and fibroadipose tissue, measuring 3 x 3 x 2.7 cm. Portion of the appendix with inflamed serosa was recognized within the core of a fibroadipose tissue. HE stain, x200.

The frozen section diagnosis was glandular and stromal tissue of endometriosis in appendiceal muscle wall (**Figure 2 A, B and C**).

Then the abscess was copiously irrigated and opened up. Some inner loop abscesses removed. Greater than six liters of fluid was used to irrigate out the abdomen. The area in the cecum and the terminal ileum was very woody secondary to the abscess and seemed to be all intact though. The abdomen was also copiously irrigated again with a liter and additional tissue was removed for microscopic examination.

COMMENTS and LITERATURE REVIEW.

Perhaps, the diagnostic clues are annotated in the first sentence of the clinical protocol, namely: G₀P₀ as a gynecological marker, and a significant past medical history of irritable bowel syndrome.

The case emphasized the heading topic of irritable bowel disease and endometriosis. Isolated endometriosis of the appendix is rare (<1 % of the total endometriosis cases) and its presentation as acute appendicitis is even rarer.

Endometriosis affects the intestinal tract in 15-30% of patients with pelvic endometriosis. The diagnosis is often delayed because intestinal endometriosis may masquerade clinically as irritable bowel syndrome, regional enteritis, ischemic enteritis/ colitis, diverticulitis, or neoplasm

But it should always be a diagnostic consideration in the evaluation of pre-menopausal women with gastrointestinal complaints.

Endometriosis is characterized by the ectopic

growth of hormonally responsive endometrium outside the uterus. The mechanism for its development is the retrograde menstruation through the fallopian tube with subsequent growth of the displaced cells. Distant sites such as the pericardium or pleura is via vascular dissemination of endometrial cells.

Endometriotic diseases of the gastrointestinal tract account for about 10% of the total burden of illness in the United States. They account for more than 50 million office visits annually and nearly 10 million hospital admissions.

Irritable bowel syndrome on the other hand alone can trigger a whopping 3.5 million visits to a doctors office every year. However, endometriosis with IBS is a different subject and is classified under different conditions.

Endometriosis is a biological issue rather than a disease. It is relatively common, but commonly misunderstood. It affects one in 15 women, or 5 million Americans! Four in 10 of these women will have infertility as a result. While endometriosis is marked by severe cramping before and during menses, some women don't experience any symptoms. In most cases, women are not affected until they reach their twenties or thirties.

What causes endometriosis? Simply put, some of the lining cells of the womb flow backward into the pelvis and get implanted on other tissues, such as the ovaries or fallopian tubes. Being estrogen sensitive, these implants react cyclically. They can grow and cause pain,

hemorrhage, cause abnormal bleeding, and result to tubal blockage.

Endometriosis is also difficult to diagnose conclusively without a surgical procedure called a laparoscopy which allows physicians to look into one's abdomen and pelvis with a lit tube through a small incision beneath the belly button.

The key to diagnosing irritable bowel syndrome, conversely, is a taking a thorough patient history focused on characteristic bowel patterns, time and character of pain, and exclusion of other diseases through physical examination and routine diagnostic tests. It is even more common than endometriosis, but they have many features in common, including being commonly misdiagnosed.

Irritable bowel syndrome is a relatively common and manifests abdominal discomfort or pain, bloating and changes in bowel habits (constipation and/or diarrhea). The pain or cramping can be a dull ache over one or several areas of the abdomen. For some women, it can be intolerable and without relief.

Up to 20 percent of all US adults are affected by irritable bowel syndrome which involves an abnormality of the muscular action that passes food along the colon, as well as an increased sensitivity of the nerves in the colon. It generally first appears in a person's 20s to 40s and women are roughly three times more likely than men to be affected.

Women with irritable bowel syndrome seem to have more symptoms during their periods,

suggesting that reproductive hormones may play a role. It presents other symptoms as well: constant fatigue or feeling tired, and even depression.

Irritable bowel syndrome is a functional gastrointestinal disorder, which means that it is not a disease and does not damage the GI tract. Instead, it is a group of symptoms that occur frequently and together.

According to a new long term study on irritable bowel syndrome, women with suspected endometriosis are at an up to 50% higher risk for developing IBD and those with endometriosis confirmed surgically had an up to 80% increase in risk.

Prostaglandins released by endometriosis implants are inflammatory mediators that will cause the bowel to contract. This is the cause of intestinal cramping and diarrhea that is seen often in those suffering from endometriosis and irritable bowel syndrome.

FINAL DIAGNOSIS:

Appendiceal wall endometriosis with rupture and acute mesoappendicitis

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

First Chikungunya Case in US

The US Centers for Disease



Control and Prevention (CDC) reported recently on the first

locally acquired case of chikungunya virus in the United States. A Florida man who had not gone to any recent international travel was diagnosed with the painful infection.

The virus was first documented in the Western Hemisphere seven months earlier in a American traveller to the St Martin Island. Since then, over 100,000 suspected cases have been recorded in the Caribbean and South America,

About 200 cases of the *Chikungunya* have been diagnosed in the United States, but always in association with overseas travel.

The newly reported case without history travel out the country represents the first time that mosquitoes in the continental United States have spread the virus to a non-traveler.

Chikungunya is rarely fatal, but the virus can cause severe joint pain, and there is no specific treatment for infection. Along with the Florida health department, CDC is currently investigating how the Florida man contracted the virus, and will continue to monitor for additional US cases.

The recognition of the *Chikungunya* virus, first in the tropical Americas and now in the United States, underscores the risks posed by this and other exotic pathogens.

It also emphasizes the importance of CDC's health security initiatives designed to maintain effective surveillance networks, diagnostic laboratories and mosquito control programs both in the United States and around the world.

JULY IMAGES



ROLANDO M SOLIS MD



The American flag in water droplet reflections.



35th annual reunion chairperson, Grace A Obena MD, is recognized during the Saturday grand dinner event by immediate past president and chairman, Noli Guingundo MD and Hernani Tansuche MD, respectively.



The 19th Dr Nicanor Reyes annual memorial lecturer, Antonio E Alfonso MD, is flanked by Rolando Casis MD and Renato Ramos MD.



The new president, chairman and newly elected/ relected board trustees are formally induction.

We pray for their healing.



**COL LESTER LEGASPI
MD⁶⁴ Retired USAF**



**ARMANDO ESPIRITU MD⁶⁴
Cardiologist**

LEGACY

continued from page 5

However, I suggested in my article that the only option to not grow old is within our hands, but not too palatable. Just as a comedian once said, “we all want to go to heaven but we do not want to die.” In

this case, we do not want to grow old but we do not want to die young and leave this “world of pain and suffering.”

All things considered, at the point in our life today, no matter our age or circumstance, what is really important and essential is our answer to this universal question which is as

old as civilization itself: What would be my legacy when I am gone?

Not the few words on our grave marker, which, in my case, my wife, Farida, has already chosen. Concerned about my Indianapolis-500 lead foot when the traffic light turns green, she vows to have my tombstone say “He had the right of way.”

The dictionary defines legacy as “money or a gift or a bequest, that is handed down, endowed or conveyed from one person to another.”

The legacy we are talking about is more valuable, more lasting, and more powerful than material things we could leave behind, even to our children and their children. It is a summation of our entire life on earth, what we did and what we did not do, and their impact on our family and friends, and humanity as a whole.

Did we leave the world a better place than we found it, even with a simple random act of kindness and compassion to a child, a stranger, or to our fellowmen?

Legacy is a capsule of memories that people would remember us by. They are the significant things in the “dash,” the punctuation, between the two years etched on the marble tablet under our name on our grave.

As I stated in my book, *Let's Stop “Killing” Our Children*, leaving this world after this life is not a tragedy. Dying without significance, without making a difference, without leaving behind a good legacy, is.

What would be your legacy?

THE MIGHTY CLASS⁶⁹

continued from page 2

wore Hawaiian *moomoos*.

.Dr Charita Literato Dagcuta (CA) and husband wore Danish costumes.

Dr Florencio Neri (WV) and Conrado Gonzalez (VA) had German outfits complete with beer and mugs.

Dr Rebecca Corpus Salvani (IL) was in Indian costume and was the interviewer for the small skit prepared for China, USA and Philippines representatives.

Dr and Mrs Chris Castillo (FL) were very elegant in beautiful Japanese kimonos and Mrs Jose Mapalad (IN) came in as Mexican illegal trespassers; but Dr and Mrs Alberto Clar (WI) arrived as Peruvians.

Dr Angelita Coronel mimicked a British lady. Drs Manny and directress. Flory Mangahas (NJ) were Flamenco dancers

Dr Arturo Abalos (CA) spoke with accent as a Pakistani royal prince, Drs Gil and Rhodora Palacio(NV) were Roman emperor and empress. Dr Jean Rabara Quintong (NJ) was an Israel jew;, while DrTony Gestosani (OH) was recruiting everyone as Uncle Sam.

Dr Nicanor Joaquin (HI) dressed up Cebuano Sinulog costume. Other Philippine costumes were displayed by Dr and MrsRene Enriquez (NV), Dr Irma Figueroa (IL), Dr



**NOEMI B
FOGATA MD**

Emmie Ayos (NY), Dr. Sontty Lee (CA), Dr. Louie Lascano (CA), Dr Carmen Dagdagan (CA), Dr Patricio Andres (IL).

The Texans were as they are Drs Avila and Fred Arcala.

The skit interview focused on the Affordable Health Care with the Chinese monopoly of the currency and the usual Philippine street humor.

The Class⁶⁹ presentation was capped with a chorus *What Are Friends Are For* highlighted by beautiful solo interpretations of Drs Neri and Gonzalez.

FROM THE HOME FRONT

contined from page 2

high spirits. The number of silver jubilarians also increased from last year and so I expect a great turnout this January in Manila.

I am so happy that some of them are ready to be active alumni members.

I want to thank the officers, fellow alumni and former students who treated me with such generosity

and hospitality. I will try to reciprocate when you visit the campus.

I hope to see you all in January.

TENDERLY YOURS

contined from page 5

drinking water, as it was provided complimentary of the Hotel. Ding and I look around the place to get familiar with the

hotel as this was our first time to the place and also to get ready for the next day's initial activities.

We waited for the California group to come and initiate the registration for the early birds. I really admired the group, headed by newly-elected chairman Oscar Tuazon MD, assisted by his wife Ochie; executive director Boy Florescio MD and his wife Ping. Ding and I truly admire this group as it had done the same thing in the past.

The welcome reception was held at the Treasure Island. It used to be a single cross at the strip and you are there, this time, from Wynn's you have to pass the bridge going to the Fashion Mall which is a big change from the previous mall that we used to visit.

It was a good and exciting welcome reception by the Las Vegas Chapter headed by tandem Danny and Melinda Fabito, Grace Obena, Victor Bonuel. Food was good, inspite of the buffet style.

Thursday, Friday, and Saturday mornings were spent with our continuing medical education, signing in and out and turning the evaluation forms for our program accreditation approval by the ACCME. (I hope I got the right accreditation agency.)

Thursday afternoon was also spent with the annual summer board trustees meeting, moderated by our immediate past chairman Nani Tansuche MD and aided by yours truly . For the proceedings, please



NOLI
GUINIGUNDO MD

refer to the minutes of the meeting by our dear madam secretary Minda Santangelo MD.

We are happy that our dear treasurer Grace Rabadam MD decided to stay for a while pending also getting another alumnus that she can help train to take over the finances of the Alumni Foundation. We pray hard that she will stay until my turn to run the Alumni Foundation.

Most of the activities were graced by the presence of our beloved Dean Linda Tamesis MD, FEU-NRMF vice chairman Enrique Robert Reyes (son of Mr Butch Reyes, chairman of the FEU-NRMF board trustee), and Ritchie Reyes brother of our FEU-NRMF chairman.

In my coverage of the Saturday grand Ball, I mentioned the solemn awarding of Silver and Gold medallions by the ER Reyes, assisted by Dean Tamesis, Dr Tansuche, and yours truly. In the past the ceremony was held under candle light and the transfer to the succeeding Silver Jubilarians was carried out. At that time also, the room was darken for a more dramatic result. I hope this will be repeated again in the future. Our Silver Jubilarians are getting less and less here in the United States, but they are still in good number in West Fairview.

Ding and I got closer to Nani and Myrna Tansuche during this 35th alumni homecoming. Both have been real nice to Ding and I. We would cherish the times that we were together. Hats off to Nani for helping me out as president and showing us how



LINDA D
TAMESIS MD

to run an organization. I hope I will be able to return the favor in the future.

We regret we have to leave the place that Sunday morning. We were not able to go to church as we were required to be at the McCarran International Airport two hours prior to our flight.

The remaining trip was uneventful. I forgot to mention Ding meeting Dindo (Antonio Alfonso MD) well known surgeon and son of our beloved late FEU Hospital director Ricardo Alfonso MD. The latter was Ding's relative according to her tio Victor Nanagas MD, another surgeon and former teacher/ professor at the FEU Institute of Medicine.

Dindo was still young when Ding was still the chief resident and junior EENT consultant at FEU Hospital in Morayta, Manila.

Until we all meet you again. God bless you and good luck.

IMMEDIATE PAST PRESIDENT'S Report

NOLI C GUINIGUNDO MD⁶²

Our term has come to an end. The first year was slightly rough because of the July reunion where our host was not given enough recognition. I know deep in my heart that we did. I have apologized for it. Also, some leaders were not satisfied about the committee appointments and these have



NOLI
GUINIGUNDO MD

been rectified to everyone's satisfaction.

I helped our chairman Nani Tansuche MD in preparing the committee appointments; it was his prerogative to make the appointment as per our by-laws.

The much-awaited Memorandum of Agreement (MOA) had been finally approved by both FEU-NRMF MAS and FEUDNRSM Alumni Foundation. The kapihan sa piyo and *Balik*-FEU has been deleted. Everyone knows the *Balik* FEU as such *balik* FEU. The reason was not too clear. I had observed everytime there is a new FEU-NRMF MAS president, things would change. We still have to contribute for the local continuing medical education program. US-based alumni participation at the Saturday night grand ball is always limited of course to the advantage of the local alumni.

The joint meeting of the FEU-NRMF MAS and FEUDNRSM Alumni Foundation transpires between the local officers and medical school faculty, and the officers of the Alumni Foundation.

In our first year in office, the summer reunion took place at the Intercontinental Hotel in downtown Chicago, under the leadership of Drs Frank Montellano and Nida Blankas Hernaez. It was a very good homecoming.

For next and second year, the reunion will be at the Wynn's Hotel in Las Vegas.

Again, there continues the item of medical mission donation from the Alumni Foundation. The bottom line is if money is available then we make the corresponding donation.

Lately, there has been some inquiry on the status of an old donation for the professorial chair funds. Our beloved treasurer Grace Buddy Rabadam MD will try to address the status of the said professorial chair donation.

We have continued with our scholarship program.

We have continued with our Student Achievement Award. We particularly had continued with these endeavors as part of our donation to our medical school. We have done some minor amendment to our constitution and by law.

During our term, back in October, the Philippines was devastated by the deadly storm. Again our Alumni Foundation medical missionaries participated in providing the necessary manpower. We congratulate those involved in the process. I do not want to mention names because I might omit some names and I do not want to displease anybody.

I do not want to leave the office without mentioning that the outgoing president had to wait for two years before becoming a chairman. In the future, something should be done so the outgoing president did not have to wait two years before becoming a chairman.

Cesar Candari MD and I have offered to create the vice chairman position as a preliminary step towards the chairmanship but it met some opposition from people that only yours truly knew.

Again, I would like to leave the presidency with pride that I have joined the illustrious list of past presidents. We have survived and served the office inspite of numerous vicissitudes

in life. We have continued our Alumni Foundation's purposes which are to assist the medical school to build, maintain, equip, manage and operate the school of, medicine and hospitals, to establish grants, chairs and scholarship awards to members of faculty and students of the medical school, and to accept all gifts, bequests, endowments, grants or devise of real or personal property necessary for the furtherance of the aims of the alumni foundation.

I would like to emphasize that we are running an alumni Foundation, not a political organization. We should not run it with competition in running for specifically the chairmanship and presidency.

If you have worked for the Alumni Foundation long enough, then you should not be rewarded with someone trying to contest your election.

Again, much blessing to our Foundation. God bless us all.

WYNN WIN SITUATION

continued from page 3

Anyway things went well at the WR; and the dinner was buffet style. We took the easy way out by riding Dr Hernani Tansuchi's car.

The first day of the continuing medical education (CME) sessions was Thursday

morning. It started with breakfast at 7:00 am until plenary session opening at 8:00 am.

The CME committee emphasized signing the attendance sheet and also the evaluation forms as required by the ACCME for accreditation of the CME activity.

We had good speakers, lecturers, and presenters.

Right after the Thursday CME we had the annual summer board trustees meeting. I would not go into details but this was the year we have to elect the 2014-2016 officers, including the board chairman, president and 11 board trustees for the term 2014-2017.

Dr Tuazon is the new chairman; and Dr Manuel Malicay president.

Dr Florescio remains as the executive vice president and executive director.

Drs Roger Cave, Rick de Leon, and Edgar Altares are the other vice presidents with Minda Santangelo MD as secretary, and Grace Rabadam MD acquiescing to stay as treasurer pending finding a new treasurer.

Dr Rabadam has done much improvement in the financial aspect of the Alumni Foundation.

More details of the meeting will be shared by our secretary.

Members of the 2014-2017 board of trustees include Drs. Edgar Altares, Antonio Cabreira, Delfin Dano, Nida Blankas Hernaez, Cesar Jimenez, Rick de Leon, Grace Rabadam, Minerva Rivera, Tuazon, Divingagrace Averilla Obena, and some from Massachusetts.

The Filipiniana night was held at the Encore Ballroom and, as I alluded to in the **ECTOPIC MURMURS** June 2014 issue was quite elegant

with all the *barong Tagalog* and *Pilipina* dresses.

The Class presentations were excellently done and carried out.

In between the socials there were excellent speaker on different topics during the CME seminar. I especially noted the late Dr Ricardo Alfonso's son Dindo or Antonio who gave an excellent expository discussion on breast cancer, including pictures of before and after breast reconstruction; and his admonition to include a plastic surgeon in doing the procedure.

He gave a nice history transpiring between him and his father, and the latter's dream of bringing him back home during the Marcos regime. The rest is history.

The Saturday grand ball was the culmination of several months of preparation on both local host arrangement and Class presentations, and most especially the Silver and Golden Jubilarians.

I would always consider the awarding of medallions ceremony solemn. In the past the Silver Jubilee ceremony was done under candle lights; and its transfer particularly to the next Silver Jubilarians was most touching.

The main presenter of the medallions was Mr Enrique Robert Reyes, the FEU-NRMF vice chairman, ably helped by Dean Linda Tamesis MD, Alumni Foundation chairman Tansuche, and president Guinigundo.

We would not forget that the evening Bands performed superlative dancing music that most of the attendees were familiar with. The rooms are quite elegant with nice



NOLI
GUINIGUNDO MD

amenities included. The Wynn's Las Vegas is truly a win win situation; and I am looking forward to the next year's 36th celebration.

PRAISE OF CLASS⁶⁸

continued from page 3

**Q CHAN MD MBA FACC
FAHA FCCP FAASM**

RPSGT, a quadruple board certified specialist, physician to heads of state presidents chief ministers cardinals archbishops and chief executive officers of major corporations, and professor at the Stanford University School of Medicine, speaking of sleep apnea and its probable predisposition to cancer.

HERNANI TANSUCHE MD, the outgoing FEUDNRSM Alumni Foundation chairman,

aply laid claim to great successes in his term and accomplishments, and had indicated that he would remain active as *emeritus* president and chairman.

CESAR V REYES MD, the continuing medical education chair, presented a a routine and supposedly easy clinicopathologic conference but became an unrecognized predicament of endometriosis, that nobody got the diagnosis.
FEMINIA CASTRO MAC

MD was the best dancer of the whole reunion.



Finally as tradition witnesses, our Class⁶⁸ was well represented at the 35th annual reunion in Las Vegas; and at hand were:

**FEDERICO ARCALA MD,
PROCESO ARENOS MD,
CARMELITA DE LEON MD,
JOSE DELFIN MD,
MELVYN ESCARA MD,
FELY TUGAB ESCARA MD,
RENATO ESTRELLA MD,
IRMA FIGUEROA MD,
JOSEFINO MACTAL MD,
JOSIE MACTAL MD,
WILFRIDO MAGAT MD,
ALICE PIMENTEL MD,
ANDRES RAGO MD,
MANUEL SANCHEZ MD, and
CONSOLACION TABORA MD.** - cvr

A TALE OF COMPASSION

continued from page 4

bachelor of arts degree major in education. Juggling her time as mother, wife, the main provider, and a student was no easy task but none of her obligations was neglected in pursuit of further education. After her graduation, she was employed as an elementary teacher in a government school established to serve the needs of the squatter children whose dwellings were relocated by the government.

The school was given such a limited budget that Zeny found most of her own salary going toward the improvement of her classroom to make it more conducive for her pupils to attend class and to study. There were days when she would even bring snacks for her pupils as most of them would come to school with empty stomachs. To entice them more to do their homework, to attend school regularly, and to work hard, she would even buy small gifts for those deserving. It was not unusual to see her working late to give remedial classes to those who learned slowly. All this she did in the name of love! In teaching and in influencing these unfortunate children, she reaffirmed to herself who she was-a woman with passion to help the needy!

Days passed by. And as if her time was not tight enough with all her routines, she asked a friend to teach her how to do



**CESAR D
CANDARI MD**



**ANTONIO Q
CHAN MD**



**HERNANI
TANSUCHE MD**

delicate, fine hand embroidery on the edge of a handkerchief as a hobby. Intended solely as a hobby, this turned out to be a big step in her discovery of her good entrepreneurial skill. Her hobby served as a great source of income, not only for her family but also for 35 poor families in their neighborhood. Her dainty, lovely, embroidered handkerchiefs attracted a special market in the United States. She gets what she deserves.

As the demand for her beautiful products grew, the need to acquire a high-speed embroidery sewing machine was unavoidable. If only they could establish a training center to help others acquire new skills to enhance their employability or to gear them towards self-reliance, they might make a great difference in the lives of others. Out of this need, a new discovery was made. A seed had been planted long ago in their hearts.

In the depressed area of Sagay, Negros Occidental, the highest education that the fortunate young men and women could obtain was up to high-school level. Then, they usually got married and tied-up their destiny in the hacienda working from sunset to sundown earning an average of P40 a day. Most became exploited workers who possessed no social security coverage. The situation was depressing and quite hopeless.

In 1994, these two great warriors fought against poverty, Ben and Zeny, with the help of their friends and relatives spearheaded the establishment of the Philippine Negros Livelihood Development

Foundation in Bacolod City. Their aim was to reach and to help the unfortunate sector in their community and in nearby towns.

With their newfound purpose in life and with great determination, makeshift shop constructed from some second-hand lumber and galvanized iron rose up with great purpose on some rented land. The Foundation bought brand new and second-hand sewing machines and hired teachers who trained close to a hundred participants in the initial stages.

Generally, the objective of the Livelihood Development Foundation is to assist qualified and deserving individuals with training to obtain wage employment or self employment. Out-of-school youths were invited as well to learn skill that could help them earn money, skills such as painting, welding repair of appliances and motor engines, and all for free.

The Livelihood Development Foundation even went a step further by allowing a government vocational school in their locality to use the its center for satellite training.

With support from friends and generous donors, the expansion of the building became feasible. They purchased more sewing machines, shop tools, equipment, and a service vehicle. In no time, the Foundation acquired the land where the training center proudly stands today.

The Livelihood Development Foundation conducts skills training in welding, driving, practical electricity, sewing, auto-diesel

repair course, air-conditioning, and refrigeration repair for hundreds of beneficiaries on a quarterly basis for free. Those who received their training are now either self-employed or employed. Give a man a fish and he will survive for a day, teach him the man to fish and he will survive for a lifetime. In Ben's genuine charitable gestures, he kept the poor alive through their sufferings. This was the start towards possible emancipation from the bondage of the soil and degrading poverty, for all they knew was to till the soil that gives wealth only to their masters.

Embracing the out-of-school youths that come from distant places to avail themselves of their free training, the Livelihood Development Foundation constructed sleeping quarters inside the center to assure them of a place to stay. It even provides free meals during the training.

In his hometown, Ben recently spoke before more than 200 indigent students in elementary and high-school. He said, *I was just like you before, one who was unsure whether I could finish school because of poverty. I left our hometown holding a shoeshine box and twenty years later, I returned with a lawyer's attaché case. It was patience, determination, and sacrifice that made the difference in my life. I encourage you to have the courage to unshackle yourselves from poverty and to join me in that battle cry shouting, I do not want to die in poverty, I want poverty to die in me !"*

To live with integrity and to make a difference in the lives of others is the Foundation's sounding mission. A mission that is happening! Ben is an active church leader and now a First Counselor of the Bacolod-Philippine Stake (Mormon) equivalent to a bishop in a catholic church. Atty Benjamin S Candari Jr is a lawyer and entrepreneur with a big heart. He is a shining model as one of Pandan, Antique Philippine's stalwarts in humanitarian work and selfless dedication to serve the poor and the needy who, like he once was, are trying hard to survive and succeed in life.

How life can change from one moment to another! In a short period of time that I wrote Ben's story, I travelled the moment of my time! Ben is my first cousin and I am proud of him.

CAREER IN MEDICINE*

continued from page 4

Medical School. I went to

FEU in spite the fact that I do not know any thing about the university.

Entering the Institute of Medicine was not easy for me since I did not have a degree in

1964(short of 2 credit hours to graduate). I was granted probationary enrollment with the condition to finish the hours that I lack the following summer, which I accomplished and got the privilege of

unconditional acceptance in the medical school. I experienced just like every body, it was hard. I have a consolation in my heart because I had some refund for a partial scholarship in one or two semesters. Finally I took 5th place in the National Board Exam given December 1969.

Trip to America. During the last few weeks of my rotation (rural Medicine in Marinduque), a classmate and I had a conversation that goes something like this. Aren't you taking ECFMG? My response was, what is that? Oh, if you pass you can go to America. My answer was, what do I have to do? Luckily, my classmate said to me. Give me P65, your address, birth date, etc it will be done. Then, In spite of a signed contract, one way ticket, my passport was not released by the Philippine Dept of Foreign Affairs. I had to stay in the country for a full year before I will be allowed to leave for training. Meanwhile, I went back to Davao City where I did most of my undergraduate internship, as an adjunct resident. I was offered a position for training in general practice with emphasis in surgery. However, I declined the offer, since I received the result of the ECFMG. Back to Cuenca, I worked on my passport and while waiting, I decided to go to a small hospital in Lipa City with a meager income of 90pesos a month plus patient I saw in ER (P3 per outpatient encounter).

Training in the US. It was a cold fall when a flew to Milwaukee, starting rotating internship. I was not too enthusiastic about the rotation because I felt it was repeat of

what I have done; however, I enjoyed my rotation in anesthesia when I was left alone by my attending, putting patient to sleep and waking them up unharmed. By the end of my rotation, the anesthesia chief told me, *I can get you a position in anesthesia at the Medical College of Wisconsin.*

Few weeks later I received a letter from the chief of anesthesia at the college saying I can start training the following January. But, then I decided to look for training in Surgery with the intention of coming back to my home province. So, I accepted a position in General surgery in St Louis. After two years of training the program was cut by residency committee and the ACS. Luckily I was able to obtain a position in another community hospital in Johnstown PA making sure that I will be able to continue my training to the next level and to take the board of surgery. I finally got certified to practice general surgery.

Surgery Practice. All of us was in the same situation as I was. Where to practice. I was told one time by a couple of attending surgeons that we all have to decide whether we want to be a *big fish in the pond* or a *small fish in an ocean*. This time I had a family so it was necessary to stay in America. I chose the former.

Small town practice. My family and I moved to northwest corner of Missouri. I was hired by two family/general practice docs with the possibility of full partnership after two years. Eventually, we became a group of four, of which I was the only general surgeon. My referral came from



ISABELO C
CASTILLO MD

my partners (there were other groups but no cross referrals). I saw walk in patients when I was not in surgery. The type of cases consisted of thyroid, breast, gastrointestinal, genitourinary, orthopedics- mostly hip fractures, gynecology Ceasarean section, abdominal hysterectomy, A and P repair.

After 5 years another change in my life occur.

Joining the Army. When I became a US citizen, I thought of giving back something to my adopted country. I enlisted in the Army Reserve with a rank of major. During my first annual training I was fascinated by the way Army specialty medicine was being practiced. Since I was ready for a change I volunteer in the active service.

My first duty station was in Fort Campbell KY. It was and still is a very active post, with young soldiers, dependents and retired military. I was deployed in Honduras during Ortegas regime in Nicaragua.

Being one of the general surgeons that started a US military hospital in the country.

I did just about any thing that came to the emergency room (ER) from trauma, local national, elective surgery, etc. Separated from my family was extremely difficult, both for my wife and my self. At any rate my family and I survived. When I came back I was rewarded by being offered Chief of General Surgery Service position and a promotion to LTC which did not come until I was in my next duty station. During my service in Fort Campbell, I realized I will not be able to continue life as a general surgeon in the military. Not only I have

scheduled cases the following day, I still had to pull ER duty the night before (especially when ER has over 2 hours of waiting), seeing patients that are not emergency but urgent general practice. I then applied for training in Urology.

I was sent to Fitzsimmon Army Medical Center in Denver CO for my urology residency. The program was combined with University of Colorado Urology. It was totally different than community private hospital. A patient was your patient when you see him/ her. You make all the decision, test, plan of treatment an staff was rarely around. (Only one was available at any time and only for consultation).

If I have to do it again, I probably will not. Besides, I was micromanaged since I was a *bona fide* general surgeon and a lieutenant coloner (one of the staff was a major). And another thing, when I was asked why am I going through urology training. I made a mistake in my response, saying urology was easier specialty (what I meant to say was urology has less emergency and less call).

My staff made sure I have the most difficult time in my training. Yet, another factor which I believed was outright discrimination! (I heard with my own ears, a member of the staff saying "you foreigners are taking away jobs of the Americans. I am the only Pilipino and foreigner around). Having heard that, I finished and got certified.

After training I was sent to Frankfurt Regional Army Medical Center where I was chief of urology service. I was able to organize the clinic to get

an approval from the old JCAH, for which I received a meritorious service medal.

While in Germany, Desert Storm came and went. Luckily I was not sent to the front line, because a general surgeon volunteered. I was one among the few that was notified to prepare for deployment. I did the same usual cases that a military urologist encountered in the military setting. One irony though was that I was not able to do lithotripsy in Germany despite the machine was invented in the country. (Patient has to be sent out to local hospital, the cost was prohibitive, so I had to do all stone cases through a surgical incision).

Getting out of the Military into private practice. At one time I was determined to serve in the military with full retirement and benefits. However, I developed EIB. I was put on temporary profile, then permanent. Promotions in the military are also based on the ability to pass a PT test which I cannot. Also, during my residency in urology I received a less than desirable EOR since I was micromanaged.

Promotion to full colonel was not possible. I decided to separate with no benefit.

Private practice in urology. My wife and I made an agreement that the following has to be met in entering private practice. Close to family, university, small to medium size town and a need for a urologist. We found Macomb IL, the former summer camp of the St Louis Rams when they won the super bowl. Life in a small town is desirable, no problems with raising children

and with a good school. Music, cultural activities, art, recital, plays were available at the university and closer to my wife's family. Besides, I am a big fish in a small pond (the only board certified urologist in a 50-mile radius). Practice was good until recently I was overcome with the demands of solo urology practice, as well as declining reimbursement and the recent changes brought about with electronic medical record and Obama Care, it is time for me to hang it up.

Today, I am serving the military as a independent contractor paid by the hour one to days days a week, six to eight hours per day.

List of general surgical procedure I performed both in the private practice and military:

Inguinal hernia ventral hernias
 Partial & total thyroidectomy
 Modified radical mastectomy with frozen section
 Partial gastrectomy;
 cholecystectomy
 Bowel resection, AP resection
 Hysterectomy, C-section, A&P repair
 Thal procedure for reflux
 ORIF hip
 Hip femoral prosthesis
 Urology procedures:
 TURP, TURBT,
 Radical cystoprostatectomy
 Radical retroperitoneal lymphadenectomy
 Retropubic radical prostatectomy
 UPJ repair
 orchiopexy
 anterior hypospadias repair
 Radical nephrectomy
 Nephro-ureterectomy
 Ureteral reimplant
 Anti reflux procedure
 ESWL

ureteroscopy with holmium laser/stone
 PVP

***Presented during the FEUDNRSMAF 35th annual reunion, July 9-12, 2014, Wynn's Las Vegas**

FAITH CORNER

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something to fall back on when you are no longer able to work for a variety of reasons? How can you find fault with the desire to relax, eat, drink and be merry after all the work you have done to accomplish your goals? Isn't that what IRA's and 401k's and pension funds are for? The reality is, we cannot ignore the fact that Jesus intends to teach a lesson that is worth preaching about and the parable of the rich young fool is no different.

The United States is arguably the wealthiest nation in the world, yet it ranks in the bottom ten percent with regard to national happiness. The Parable of the Rich Young Fool is both scary and hopeful for me. What scares me is that I identify a little too closely with the rich young fool. After all, he is not a cheat, or a thief, or even particularly greedy. He has worked hard and made a lot of money. Money and possessions represent many things in our culture: security, power, status, self-esteem and independence, yet it also breeds anxiety and worry. It is easy to measure the quality of our lives



REV MELVIN ANTONIO MD

in the quantity of goods we possess.

When I started working as a resident, I earned barely enough to pay for my essential needs. Actually, it was a joke between Carla and I that I married her for her money. She made more as a nurse than I did as a surgeon-in-training. That changed over the years as I started earn more than she did, and this new found wealth would give rise to daydreaming what life would be like if I made more – a bigger house, a Porsche, unrestricted travel to exotic places. I was happy but I was not content. It really is scary to think how close I was to being that Rich Young Fool. And yet, I also realize that his mistake in the end doesn't even have anything to do with accumulated wealth. Rather, he goes astray by believing that his wealth can secure his future, make him independent from others and eventually, from God.

The allure of money is that it creates the illusion of independence. It promises that we can transcend the everyday vulnerabilities and needs that remind us that we are human beings created to be always dependent on others and most especially, on God.

The rich farmer is a fool not because he is wealthy or because he saves for the future, but because he appears to live only for himself, and because he believes he can secure his life with his abundant possessions. He expresses no gratitude to God or his workers. He has not expressed any thought of sharing it with others and no thought of what God might want him to do with his

blessings. He becomes blind to the fact that his life is not his own to secure, that his life belongs to God who can demand it back anytime. The rich man learns the hard way what the writer of Ecclesiastes realized quite simply, that you cannot take it with you.

Like the rich farmer, we are tempted to think that having great wealth and possessions stored up will make us more secure. Sooner or later, we learn that no amount of wealth or property can secure our lives. No amount of wealth or property can protect us from genetically inherited disease for instance, or from a tragic accident. No amount of wealth can keep our relationships healthy and our families from falling apart. In fact, wealth and property can easily drive a wedge between family members as in the case of the brothers fighting over their inheritance at the beginning of our gospel text. Most importantly, no amount of wealth can secure our lives with God. In fact, Jesus repeatedly warns that wealth can get in the way of our relationship with God.

A pastor once said, *I have heard many different regrets expressed by people nearing the end of life, but there is one regret that I have yet to hear. I have never heard anyone say, 'I wish I hadn't given so much stuff away. I wish I had kept more for myself.* Death has a way of clarifying what really matters.

I am not alone in identifying a little closely with the rich young man in the parable. It is human nature. Jesus is not really telling us to forsake all material things and wealth. It

goes much deeper than that. He knows the seductive power of possessions and he wants to clear the way for us to receive much greater blessings and joy.

The rich farmer's anxiety about the inadequacy of his barns mirrors in some ways with our preoccupation with the security of our possessions, protecting them with security systems, investing safely, constantly worrying about losing them. It is not that God does not want us to save for retirement or future needs. It is not that God does not want us to eat, drink and be merry and enjoy what He has given us. Jesus wants to be clear about where our true security lays. In this parable, Jesus is addressing the larger question of value, of our value, and he tells us that we are all precious in God's eyes so we should not worry about *stuff* or believe that a larger storehouse of treasures constitutes real wealth. He wants us instead to be rich towards God, to have an abundant life in the Spirit with an abundance of love of God and our neighbor.

ADAM, THE FIRST HUMAN? ...

continued from page 2

cave near Mexico. It was also claimed that migration from Asia to the Americas through Beringia occurred *between 26,000 and 14,000 years ago.*

As a corollary, *It is believed, on the basis of genetic evidence, that all human beings in existence now descend from one single man (woman) who lived in Africa about 60,000 years*

ago. Spencer Wells' book **Journey of Man**, is a *brief but thorough survey of human genetics in the vein of Cavalli-Sforza's The Great Human Diasporas and Bryan Sykes' Seven Daughters of Eve.* While Sykes focused on Europe and mitochondrial DNA lineages (the mother line) Wells puts the spotlight on Y chromosomal lineage (the father line). Wells gives a few reasons why the Y chromosomal lineage can yield more information—there are more points for mutations to build up and human patrilocality tends to skew toward male genetic localization and diversity.

From the biblical account, it is indisputable that Adam in Genesis was created by YHVH God. The genealogy and reality of the historical Jesus depend on this. This is traceable back to Abraham **Matthew 1:1-17** who was the tenth generation removed from Noah, being a direct descendant of Shem, (Noah's son), the father of all the *Semitic* peoples and all the way to Adam **Luke 3:23-38**.

But, as to whether the first human is this Genesis Adam or another person much earlier than him, remains to be the bone of contention. The subject of *who the first human is*, evolution and creation, evoke consternation and emotional distress that recently sparked a debate on February 4 between Bill Nye (the *Science Guy*) and Creation Museum CEO and President Ken Ham (Australian Evangelist).



ALADIN M
MARIANO MD

These scientific discoveries are undeniable and pose a problem for those who may have lived before the Genesis Adam as they in fact maybe humans like him. Religious punditry marginalizes these *finds* as misinterpretation and an existential threat to the inerrancy of the Bible.

For how can they be saved?

Does the sacrifice of Jesus Christ apply to them as well?

If so, then on what basis can this be?

Debate then continues.

These concerns must be unsettling and disturbing to Christians who hold traditional beliefs. But, they do not have to. Whether the first human started 6,000 or 60,000 years ago, rightly or wrongly, may not need to make a difference, as far as salvation is concerned and Jesus being the Savior. The *doctrine of imputation*, when understood to its fullest, explains:

Romans 5:12-21 Therefore, just as sin entered the world through one man, and death through sin, and in this way death came to all men, because all sinned -- for before the law (Mosaic) was given, sin was in the world. But sin is not taken into account when there is no law. (But it was not counted as sin because there was not yet any law to break.)

Nevertheless, death reigned from the time of Adam to the time of Moses, even over those who did not sin by breaking a command, as did Adam, (even those who did not disobey an explicit commandment of God, as Adam did) who was a pattern of the one to come.

But the gift is not like the trespass. For if the many died

by the trespass of the one man, how much more did God's grace and the gift that came by the grace of the one man, Jesus Christ, overflow to the many!

Again, the gift of God is not like the result of the one man's sin: The judgment followed one sin and brought condemnation, but the gift followed many trespasses and brought justification.

For if, by the trespass of the one man, death reigned through that one man, how much more will those who receive God's abundant provision of grace and of the gift of righteousness reign in life through the one man, Jesus Christ.

Consequently, just as the result of one trespass was condemnation for all men, so also the result of one act of righteousness was justification that brings life for all men.

For just as through the disobedience of the one man the many were made sinners, so also through the obedience of the one man the many will be made righteous.

The law was added so that the trespass might increase. But where sin increased, grace increased all the more, so that, just as sin reigned in death, so also grace might reign through righteousness to bring eternal life through Jesus Christ our Lord.

I Corinthian 15:22 For as in Adam all die, even so in Christ shall all be made alive.

The preceding Bible verses explained that death to mankind is imputed upon the sin of Adam in the garden of Eden, as in, *through the disobedience of one man the many were made sinners*. And, no one else's, as in, *by the trespass of one man,*

death reigned through that one man. Also, by the offence of one, judgment followed one sin and brought condemnation.

That is, the sin committed by anyone, whether 60,000 years before or after Adam's, did not matter an iota. Anyone's sin, as bad as it is, did not condemn the person, per se, nor mankind. It was only *by one man's disobedience*, (Adam's sin) that we were all condemned to die, as in, *even over them that had not sinned after the similitude of Adam's transgression.*

Why specifically directed to Adam? The answer is, *Adam is the figure of him that was to come*, which is Jesus.

Moreover, *...not as the offence, so also is the free gift. For if through the offence of one, many be dead, much more the grace of God, and the gift by grace, which is by one man, Jesus Christ, hath abounded unto many. And not as it was by one that sinned, so is the gift: for the judgment was by one to condemnation, but the free gift is of many offences unto justification. For if by one man's offence, death reigned by one; much more they which receive abundance of grace and of the gift of righteousness shall reign in life by one, Jesus Christ.*

This imputation is very specific, not only to the person Adam towards mankind, but also to its timing. Notice, *for before the law (Mosaic) was given, sin was in the world. But sin is not taken into account when there is no law.*

Meaning, that even before the Law was given to mankind through Moses, *sin was (already) in the world and death reigned from Adam to Moses, as*

sin and death also reigned before the Genesis' Adam. But imputation was not assigned nor activated until the Law was given. Only after the Law was given, did God assign and impute that *disobedience* of Adam in the garden of Eden, as sin for all. But, why wait till then? For 2 reasons, viz.

1. So that through the Law that defined sin, *law entered, that the offence might abound; law was added so that the trespass might increase.* The word *abound* comes from the Greek word *pleonazo*, ie, worse or bad or superabound. The Law made sin to be viewed even worse and be counted from sins committed by many.

2. *But where sin abounded, grace did much more abound: That as sin hath reigned unto death, even so might grace reign through righteousness unto eternal life by Jesus Christ our Lord.*

In a nutshell, God defined what sin to impute, who to impute it to, the extent it encompasses and when to assign. Adam's sin in the garden of Eden was imputed as sin of the whole mankind and consequently death for all. This, so that through one man also, Jesus Christ in the genealogy of Adam, his death would be counted for all mankind. The Mosaic Law has to be given first before imputation is assigned so that all of mankind's sin be counted (for sin to *abound*). Because of the *doctrine of imputation*, who the actual *first human* does not matter, as far as salvation is concerned. The sacrificial death of Jesus is effective and extends to all mankind, whether before or after the Law was given to

Moses and, for that matter, even before Adam's creation in Genesis.

Indeed, we are all blessed to participate in this arena of free-thinking colleagues. Assigning this imputation to include all humans, even those *pre-historic humans* before Adam's creation, has not been shared nor posited, until now? Truly, God be thanked for this *world premier*. Abandoning the cacophony of debate pitting one over another, we can now with one voice join the chorus *what difference does it make?!* With retort from George Will, we can now *...speak ... to improve the silence..* Let us continue to be tolerant with scientific discoveries, synchronize when appropriate and adjust, *with fear and trembling*, our long-held religious beliefs in the furtherance of truth.

LETTER TO THE EDITOR

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REV MELVIN ANTONIO MD

at all. I can serve as point of contact. My email address is: melvinantonio656@gmail.com

Whether you are interested or not, please contact me anyway as we

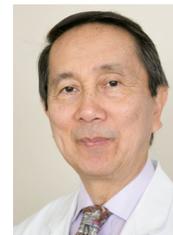
need to update our list of Class⁶⁵ alumni.

Send me your email address with a short *how goes it* that we can share with each other. Tell me also if you know any other Class⁶⁵ alumni and their particulars.

REV MELVIN ANTONIO MD⁶⁵

LETTER TO THE EDITOR

Please join us for our accredited, complimentary Continuing Medical Education lecture as well as the post lecture dinner and induction ball fundraiser.



RICHARD L MON MD

Lecture details are, as follows: Saturday, October 4, 2014, 8:00 am -12:30 pm, at the Hyatt Regency O'Hare, 9300 Bryn Mawr Avenue, Rosemont IL 60018 <http://ohare.hyatt.com/en/hotel/home.html> The topics include pulmonary, renal, gastroenterology and infectious diseases

Induction ball fund raising is from 6:30 – 12:00 midnight. Please note that 100% of the proceeds will be used for medicine, medical and surgical supplies to help the economically disadvantaged and medically underserved residents of Bangued, Abra, Philippines in January 24-27, 2016.

I look forward to seeing you there! It will be an event to remember!

RICHARD L MON MD⁷¹
FEUMAANI President

LETTER TO THE EDITOR

The FEUMAANI is a 501(c)(3) non-profit organization with Federal Tax ID #36-4458321.

A souvenir program on the occasion of its 22nd

biennial anniversary and induction ball on October 4, 2014, at Hyatt Regency O'Hare, will also be published for fund raising.

Likewise, proceeds of this program advertisement will be used to buy medicines, medical and surgical supplies for the medical

mission in Bangued, Abra, on January 24-27, 2016 to help the less fortunate.

Please submit format if necessary and kindly check the size and rate desired, as follows:

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Or Richard L Mon MD
9284 Cascade Circle
Burr Ridge IL 60527
Telephone 708-275-3167

Only pre-paid ADs received before September 15, 2014, will be printed.

RICHARD L MON MD⁷¹
FEUMAANI President

MEMORIES... MEMORIES...

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classic *Bahay Kubo*, *pipit* and *paruparong bukid* songs.

The Sapphire, Pearl and Ruby and Coral Jubilarians gave remarkable presentation as well.



**DIVINAGRACIA
AVERILLA-OBENA
MD**

The Saturday grand dinner ball was highlighted with the grand entrance of both Silver and Golden Jubilarians with

their parade.

I was amazed with the Golden Jubilarians presentation of what I call *Siamese twins* connected with white ad black stockings and boxer shorts, it was so hilarious that some of their body parts were exposed. I am just thankful they were in Las Vegas to excuse them from the indecent exposure. I call them the new *Thunder from Down Under* version. Even our own Cirque de Soleil can hire them.

I have never seen such a performance.

I have experienced that although my role as a chairperson of the reunion is challenging, it was also self-fulfilling. There is nothing comparable to the camaraderie and support I've got from my Nevada colleagues.

What about next year?

With the love and support of one another, I am sure we can tackle the job and we are all looking forward to a once more memorable an joyous event.

35th GRAND REUNION

For whom do your bells toll?
continued from page 1

convention held at Wynn's Las Vegas Hotel, on July 9-13, 2014, for your information, it is concluded as a grand reunion and so successful.

The Nevada Chapter, our savvy host, led by Chapter president Melinda Fabito MD, Grace Averilla-Obena MD and Vic Bonuel MD as the convention chairpersons, and Daniel Fabito MD, coordinator/ adviser, pulled a memorable non-stop four-day activities and have successfully entertained everyone for their hearty enjoyment and having a wonderful time.

We are very much appreciative of the great support while partnering with the officers of the FEUDNRSM Alumni Foundation, chairman Hernani Tansuche MD, president Noli Guinigundo MD, executive director Pete Florescio MD, and board trustee Oscar Tuazon.

When we vowed *music* for social activities for three nights, this writer, in the music committee, is excitingly confident we had given you the charm – *umaaliw para sa inyong kasayahan*.

Wednesday: You remembered the welcome night of a rock 'n' roll celebration? Big voices of Tom Jones and the brown Frank Sinatra of Las Vegas Art Mendoza, were amazing! And much more you listened to gig from Elvis



**CESAR D
CANDARI MD**

Presley (2), Stevie Wonder, Olivia Newton-John and John Travolta, Cher, Laura Brenegan, Karen Carpenter, ABBA, Whitney Houston, Sharon Cuneta, Anthony Castelo, and the Village People.

Believe it or not, the impact of the performance of the singers were extraordinary; appeared live and if you thought it was lip-sing made no difference to the audience in this welcome night.

Friday: The Filipiniana night with the initial few minutes of *haranal kundiman* by Doc Haranista (this writer) and the non-stop music of Bohol Song Bird Band for the top of the evening when everyone perched on that happy plateau - an entertainment that made everyone (300+) into one heart—one people and danced until midnight.

Saturday: Grand ball, Golden and Silver Jubilee gala were stunning with solemnity of the medallion ceremony and followed by spectacular special presentations of the Silver and Golden Jubilarians.

All these three nights of happening were under the limelMAELIAight of ambient music. In today's culture, music is a large part of our lives. Essentially, to me, music is like air. It has no true shape or definition, yet we need it to live. Imagine a world without music. All you are left with is dust. Music is life itself. Well, so much about music.

As usual the Continuing Medical Education (CME) were extremely excellent. The Memorial Lectures delivered by Antonio Alfonso MD and Daniel Fabito MD were outstanding.

There were meetings galore! The annual summer board trustees meeting ended with the smooth election of officers.

General membership luncheon meeting was attended by special guests from the Philippines, namely: Dean Linda D. Tamesis MD of the FEU-NRMF Institute of Medicine of West Fairview, Quezon City; Mr vice-chairman Kit Reyes of the FEU-NRMF board trustees; FEU-NRMF trustee Ritchie Reyes; and FEU-NRMF Medical Alumni Society president Ravel Bartolome MD⁸⁹.

Dean Tamesis delivered her impressive report of the medical school.

There were other Classes luncheon meetings.

To the Honorees Jubilarians and all, the experiences you have gained undoubtedly inspired all with the loving bonds of friendship, caring and camaraderie, deepening even more as years go by. It Was the Best of Times! The Wonder Years! Let it be clear that we reaffirmed our unfeigned loyalty as we continue to retain all the heady zest for supporting our Alma Mater.

Personal Motivational Points to Ponder : For whom do your bells toll? This seems to be the question I implicitly asked my co-alumni, colleagues and friends who are readers of my articles I have written in the last four years as an enduring contributor to the **ECTOPIC MURMURS, FEUMAANI News** and **PMAC News** under Cesar V Reyes MD, the untiring, dedicated and persevering editor.

While I tried to get the pleasures of being connected

with everyone and as a people observer, I tried to *get the cream* that will spur me to dig over them and use my pen in order to pass on to others for sharing. I have written a variety of subjects in all these years, from personal, historical, contemporary, politics and etc., in our e-online news for everyone to read, hear and to listen... And now this is my time to share again my piece for today after my exciting and enlightening tête-à-tête with many attendees in this reunion. With profound truism, I heard about their life expressed abundantly clear ... philosophically, factually deep and meaningful. It gave me the inspiration to write the following variegated but inspirational and motivational points to ponder.

In the hurly- burly of our daily lives, we often fail to recognize the silent whisper in our ear. It is about counting your blessings not your troubles in your life. As you read my take for today, hear not but listen. Listen! Listen ever so closely! In the silent whisper is our very soul longing to be heard so that you will know how to nurture the seed in your heart... In every heart, in your heart, a special seed of love is planted. Develop your good intentions... A personal intention, no matter how noble and great, remains a mere intention when left unattended. Count your blessings every day. Why is it important to do it every day? Because it can be too easy to fall into the habit of taking life for granted and feeling sorry for yourself when things don't go the way you had hoped. By counting your

blessings, you remember just how rich you are—in spirit, in family, in friendships, in health, in career, in education, in personality, and the list goes on. Let the beautiful thoughts impressed in your heart, in your mind and in your soul be expressed in your physical world.

Your life is a message in itself. Let your message be a message of hope to others. Many people live in quiet desperation. Put yourself in their shoes. It is easy to lend a hand when you feel someone's pain. Not fear but faith. Not success but faithfulness. Faith renews our strength and makes us to go on with our life. It is when we understand that by doing things for others that genuine happiness comes. *The person who demonstrates the most compassion toward others is the one who is destined to reap the most compassion from others. Making it a habit to be compassionate costs nothing but is worth everything.* Robert Rigler, (*The 10 Habits of Successful People*).

Many of you are successful people, especially the Pilipino-American physicians. You have demonstrated your altruistic compassion to the poor people of our country the Philippines in their decadent atmosphere by your continuing medical missions. You are more likely to have a spiritual practice. You have the fulfillment in your life's journey!

The road to life's fulfillment is to know and to believe that there is no limit to what we can accomplish. It is not what we have or what we do not have; it is not what had happened to us that matters most, it is how we

respond to what we have or do not have or to what had happened to us that matters. We can get so wrapped up in trying to get what we don't have that we don't take time to appreciate what we do have.

A person with strong belief is most likely to take action. Belief is the greatest source for achieving and maintaining positive attitude. At the end of the day, what does count in our life is our action. Spend some quiet moments alone. For in the stillness of our heart and mind, there is a message from our soul, ie, making a commitment. Recognize how fortunate we are to be able to grow spiritually and reflect on our own existence in order to reach greater contentment.

You attended this reunion and convention because you are blessed with life's fulfillment and made your commitments, ergo; there is no distance too far, no time too precious, and no expense too great than to be with friends and classmates. While you spent the money – and do it while you can - you have the happiness! We all need time to restore our body and mind, and having time to relax can be one of the most valuable gifts to receive in this busy world. As long as we have life, we can learn to be grateful for it, and uncover our unique human blessings despite the hardships.

Respect and think no harm for others. Let those be your guiding principle in human relationship. Our God is a fair God. To reach the top of your own landmark, be at peace with yourself, with others and with God.

By waiting for things to happen, one paralyzes oneself. Rise from the phantom of life's paralysis and follow your dream! Never let regrets take the place of your dream.

When you contemplate of what has happened in your life, count on those blessings. You must be thankful to God Almighty for His guidance and protection for your life.

Ponder on these queries: Are we always wanting more and never appreciating what we have in life, and thanking God for life, health, family, friends, peace of mind, job and understanding in the spiritual things in life? Are we thankful for life and health or are we busy comparing ourselves to other people and what they have more than us? Are we always competing to be like others and have all the material things and money they have or are we content in God and being thankful for little things in life?

If our lives are always about accumulating more success, money and gain and never thankful to God then we are bound by a spirit of greed, covetousness and pride. We will find fault with everybody and everyone around us because we are very unthankful in life. The bible describes idolatry of success, material and financial greed as the fruit of covetousness. Covetousness, pride and greed will always lead to envy, jealousy, unhappiness, discontent with everything and everybody around us.

I thank God for my quick recovery from a recent illness (community acquired pneumonia after a medical mission last January 2014 gone serious) and to all of you for your prayers, thank you. Bless God and thank God in all things for those are the will of God for all people in this universe.

CHAIRMAN'S

Message

continued from page 1

who willingly dedicate

countless hours in support of the Alumni Foundation and Alma Mater.

Under the excellent leadership of our last chairman, Hernani Tansuche

MD, our Alumni Foundation was able to reach out goals. Over the past two years, we successfully raised funds that were donated to our Alma Mater, and helped to support the education of future generations of FEU-NRMF graduates.

In addition, our Chapters and members worked tirelessly to underwrite medical missions that provided hundred of our fellow Pilipinos with their much-needed urgent healthcare.

As your new chairman, I would like to capitalize on this momentum to push our Alumni Foundation to greater heights. In order to become even bigger and better organization, our board needs your help. Now, more than ever, your support will be crucial in helping to ensure that our efforts continue to make an impact on FEU-NRMF, students, the Philippine medical community, and those

living in rural areas, whose healthcare needs are addressed through our members' medical mission efforts.

In an effort to ensure that our Alumni Foundation continues to strive to meet the demands of all of our alumni, and with an eye on preparing for the future, I encourage new graduates to voice their opinions and take active leadership positions within their local Chapters, as well as the national Board.

For example, this year, we were delighted to elect MA Mark Corpuz MD⁸⁸ and NJ Richell Dignam MD as board trustees.

Special thanks to Grace Rabadam MD⁶³ for extending her tenure as treasurer. Her tireless effort and diligence had contributed so much in putting the finances of the Alumni Foundation in order.

I, along with other board trustees, look forward to hearing new ideas from our younger alumni and to placing many more interested and eager young alumni onto different committees to assist with the planning and execution of our Foundation's many functions. In doing so, we can bridge together generation of FEU-NRMF graduates into one stronger, unified network.

I wholeheartedly accept the challenge of serving as you chairman for the next two years. Together, I am confident that we can help make the FEUDNRSM Alumni Foundation stronger than ever.

Thank you for your support and I will see you all in March in my home state of Southern California for the annual Winter/ or Spring meeting.

OSCAR C TUAZON MD⁷³

Message from the PRESIDENT

continued from page 1

of the president of a corporation, subject to the direction of the board trustees.

This is a formidable and challenging job. Having a large membership that ranges from

Class⁵⁷ to Class²⁰¹², allow me to introduce myself.

I belong to Class⁷², am board certified in internal medicine and a clinical hypertension specialist in full-time practice since 1976 in the western Chicago suburb. I am a fellow of the American College of Physicians and the American Society of Hypertension.

I interned at St Luke's Hospital in Quezon City, 1971-72, and led as president of the St Luke's interns' organization and 1972 yearbook editor.

I taught and was a research fellow at the FEU-NRMF Institute of Medicine pharmacology 1972-73, and passed the Philippine Medical Board Exam and ECFMG July 1972.

I again interned in straight internal medicine at St Francis Hospital, Evanston IL 1973-74, had residency in internal medicine at Hines Veterans Affairs Hospital 1974-1976.

I am an active internist at the Advocate Good Samaritan Hospital, Downers Grove IL, Adventist Hinsdale Hospital, Adventist Bolingbrook Hospital and La Grange Memorial Hospital since 1977.



MANUEL M
MALICAY MD



OSCAR C
TUAZON MD

I had served in 1999-2003 as medicine vice chairman at the Downers Grove Advocate Good Samaritan Hospital which is one of the top 50 hospitals in United States.

I am also a Du Page Medical Society director and Illinois State medical Society (ISMS) delegate from 1991 to present 1991-present. I have authored of several ISMS resolutions that benefited patients and physicians.

I was FEUMAANI president in 1991-1993 when a faculty incentive fund for the full-time FEU-NRMF faculty in basic sciences was established to provide a yearly bonus from 1993-2007; Illinois Philippine Medical Society (IPMS) president 1994-1996; IPMS Today editor 1989-96; FEUDNRSM Alumni Foundation board trustee since 1993, vice president and CME committee chairman.

With Dr Fernando Lagrimas and the late Dr Olivo Leopando, I founded and have been donating the most outstanding faculty award since 2009.

I affiliate with Rush Medical University of Chicago as an assistant professor of medicine since 2002.

I was the principal investigator of clinical trials in hypertension, diabetes mellitus, dyslipidemia and atherosclerosis 1990-2008

I am also active with the American Society of Hypertension, American College of Physician, American Medical association and Illinois State Medical Society. Among the awards I have received include citation in Marquis Who's Who in Medicine and Healthcare, Who's Who in

America and Who's Who in Science and Engineering.

I am married to Lourdes Manzano MD and blessed with five adult children: Mark, Marlo, Brian, Michael and Margaret.

MANUEL M MALICAY MD⁷²
FACP FASH

2014 Most Outstanding Alumni

continued from page 1

Dr Cruz is a full professor of maternal fetal medicine and obstetrics gynecology at the University of Florida in Gainesville, served as elected president of the prestigious Maternal and Fetal Medicine and was a board examiner in the American Board of Obstetrics and Gynecology.

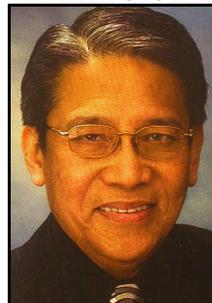
Dr De Leon was president of the Association of Philippine Physicians in America and of the Northern California APPA and is dedicated board trustees of the FEUDNRSM Alumni

Foundation for many many years, and perennially active medical surgical mission volunteers through the years

Dr Rabadam serves as the Alumni Foundation treasurer



AMELIA CRUZ MD



RICK DE LEON MD



GRACE RABADAM MD

for several presidents and board chairman and has done a great job balancing the finances for the Alumni Foundation. - **cvr**

SOLOMONIC ELECTION

continued from page 1

closely in the morning, behold, it was not the child that I had borne.

But the other woman said, *No, the living child is mine, and the dead child is yours.*

The first said, *No, the dead child is yours, and the living child is mine.*

Thus they spoke before the king.

Then the woman whose son was alive said to the king, because her heart yearned for her son, *Oh, my lord, give her the living child, and by no means slay it.*

But the other said, *It shall be neither mine nor yours; divide it.*

Then the king answered and said, *Give the living child to the first woman, and by no means slay it; she is its mother.*

And all Israel heard of the judgment which the king had rendered; and they stood in awe of the king, because they perceived that the wisdom of God was in him, to render justice.

What was the relevance of the evidence on which King Solomon relied? Is it possible that this *wisest* of all judgments was based on irrelevant evidence?

Anyway, we recently saw a King Solomon-like judgment

during our 35th annual reunion held at the Wynn's Las Vegas.

Vying for the presidency of the FEUDNRSM Alumni Foundation presidency for 2014-2016, two opposing candidates who were classmates came to the reunion election, determined to divide the board trustees. But a timely circumscription by a solomonic decision to pick a lot in lieu of casting ballots had eased and erased a certain bitter division of the board trustees.

The King Solomon-like judgement was suggested and enforced by the wisest of them, Renato Ramos MD. What happened next was calm, peaceful and satisfying conclusion.

Manuel Malicay MD picked the lot to lead the Alumni Foundation now, from 2014 to 2016; while Edgar Borda MD will be the president, from 2016 to 2018.

Pete Florescio MD who was supposedly closest to the line of succession for presidency would probably serve as the Alumni Foundation president, from 2018 to 2020.

CONGRATULATIONS to everyone, including the 11 board trustees elected/ reelected for the next three years. – **cvr**



The Philippine Medical Association in Chicago

together with

**The Auxiliary to the PMAC and
The PMAC and Auxiliary Medical Foundation**

*cordially invite you
to the*

PMAC 54th and PMAC Auxiliary 48th

Inaugural Ball

Saturday, September 20, 2014

Hyatt Regency O'Hare
9300 W. Bryn Mawr Avenue
Rosemont, Illinois
(847) 696-1234

Cocktails 6:00 P.M.
Dinner 7:00 P.M.
Attire Black Tie

Donation \$85.00
Checks payable to the PMAC
Net proceeds to benefit Medical Mission

RSVP by September 10, 2014

Ramon G. Lopez, M.D.
(815) 744-1678
rlmd17@sbcglobal.net

Atty. Percival Claridad
(847) 486-1298
pclaridad3447@gmail.com

Rogelio Cave, M.D.
(708) 442-3716
roecave@comcast.net

COMMENTS

Editorials, news releases, letters to the editor, column proposal and manuscripts are invited. Email submission, including figures or pictures, is preferred.

FEUMAANI News

for the August 2014 issue

August 13, 2014

Please address submissions to
acvrear@gmail.com

COMMENTS

Editorials, news releases, letters to the editor, column proposal and manuscripts are invited. Email submission, including figures or pictures, is preferred.

ECTOPIC MURMURS

for the August 2014 issue

August 20, 2014

Please address submissions to
acvrear@gmail.com

COMMENTS

Editorials, news releases, letters to the editor, column proposal and manuscripts are invited. Email submission, including figures or pictures, is preferred.

PMAC News

Deadline for the August 2014 issue

August 6 2014

Please address submissions to
acvrear@gmail.com

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

FEU-NRMF Professorial Chair
\$15,000

Tree of Life FEU-NRMF medical
center building sponsorship

Indigent patients fund

Arsenio Martin MD Scholarship
Legacy Fund

Interested?
Please inquire with Cesar V Reyes MD
acvrear@gmail.com 630-971-1356

SAVE THE DATE

Summer fun, outing to shake off rust, and play stressless game.

PMAC

GOLF TOURNAMENT

Sunday, August 17, 2014

Water's Edge Golf Course

7205 115th Street, Worth IL

(708) 671-1032

Pairing made by committee posted on the day of the tournament.

Registration 8:30 am

Tee time 9:30 am

Donation \$100 lunch included

Contact

LUIS MANGUBAT MD

luismangubat@att.net

847) 963-0408 Cell (224) 279-3377

LITO FAJARDO MD

litofajardo@sbcglobal.net

(708) 957-2295 Cell (708) 491-8751

INTERUNIVERSITY BOWLING TOURNAMENT

Saturday, August 23, 2014, at 5:00 pm

Lisle Lanes

4920 Lincoln Avenue (Route 53), IL 60532

Donation \$45/ person,

includes pizza and soft drinks

Contact

GERRY GUZMAN MD

Guzman21@aol.com

LITO FERNANDEZ MD

litoeagle18@gmail.com

PROCEEDS to be earmarked towards

PMAC Medical Mission

mid-January 2015

in Calamba, Laguna



**FEU MEDICAL ALUMNI ASSOCIATION
OF NORTHERN ILLINOIS**

Induction of New Officers

October 4, 2014
6:30pm Till Midnight

Hyatt Regency O'Hare

9300 Bryn Mawr Avenue, Rosemont, IL. 60018

Attire: FORMAL

Donation: \$75

CONTACT PERSONS:

Dr. Richard Mon Tel.: 708-275-3167

Dr. Melinda Tolentino Tel.: 708.460.1942

**2015 PMAC Medical
Surgical Mission**

**January 26 -29, 2015
Laguna, Philippines**

Venue

**Dr Jose Rizal Provincial
Memorial Hospital**

Hospital director

**Gonzalo C Lavarias Jr MD
Calamba, Bay, Los Baños**

Schedule of events

Monday, January 26, 2015

Arrival in Calamba

Billeting in Pansol

Welcome Dinner

Tuesday, January 27, 2015

Hospital surgeries in Calamba

Outreach mission in Calamba

Wenesday January 28, 2015

Hospital surgeries in Calamba

Outreach mission in Bay

Thursday, January 29, 2015

Hospital surgeries in Calamba

Outreach mission in Los Baños

Friday, January 30, 2015

Rest and Recreation

Villa Escudero, Batangas

**A 35th annual reunion pictorial
ECTOPIC MURMURS July 2014**

supplement issue will follow.

If you are interested, please share with/
email me a few of your favorite pictures
from Wynn's Las Vegas soon.

Please address submissions

acvrear@gmail.com