A REPORT ON THE
TWENTY-THIRD ANNUAL MEETING
OF THE
FIJI MEDICAL ASSOCIATION
Suva, Fiji Islands

A Report Prepared BY:
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EXECUTIVE SUMMARY

The consultant, Kurt Benirschke, was asked to participate in the 23rd Annual Meeting of the Fiji Medical Association, which was held in Suva, Fiji Islands, from Friday, September 5, to Wednesday, September 10, 1980. Because of a prior commitment in Europe, the consultant was able to attend only the session held on Saturday, September 6. The meeting was held in the hospital at Suva and was attended by 100-150 physicians from Fiji. Included in this group were some medical students, nurses, and ancillary personnel.

The consultant gave four speeches, each approximately an hour long. The first, presented on Monday, September 8, was on the "Development and Function of the Human Placenta." The second, on Tuesday, September 9, was on the "Pathologic Lesions of the Human Placenta." The third, also on September 9, was titled "Multiple Pregnancy." On September 10, the consultant spoke on "Perinatal Infection and the Placenta" and participated in press conferences. On September 11, he was asked to review slides with the pathology staff and to give informal sessions at University Hospital.

The meeting was organized by Dr. Haydn P. Didier; in addition to Mr. Benirschke, Dr. Leon Chesley from New York, two physicians from New Zealand, one doctor from Australia, and several local speakers participated in this well-received annual meeting, which amounted to a postgraduate course.

The following is a summary of each of the consultant's lectures:

1. Development and Function of the Human Placenta

In this lecture, the development of the fertilized embryo was traced to the implantation stages and the formation of the early human placenta. After fertilization, the egg was traced through its earlier multiplication, to progress through the fallopian tube to implantation, with the setting aside of various specific germ layers, development of trophoblast and villi, depth of invasion of placenta, and formation of the membranes of the final placenta. The early evolution of the embryonic disk, its folding, and its development into small embryo were then traced. The formation of the yolk sac and the allantois, the development of the umbilical cord, and the establishment of the placental circulation were explained and illustrated with a large number of slides and drawings on the blackboard. Finally, the transfer of substances from maternal to fetal circulation was discussed and current thought on the control of this transfer elucidated. The consultant also briefly touched on the immunologic relationship between mother and fetus.
2. Pathologic Lesions of the Human Placenta

In this lecture, the major pathologic lesions of the human placenta were discussed, with the exception of infectious diseases. Form abnormalities, such as succenturiate lobe, placenta previa, velamentous insertion of the umbilical cord, single umbilical artery, amnionodousum, and, in particular, lesions relating to toxemia of pregnancy (e.g., infarcts, vascular lesions in the placental bed, tumors and hydatidiform moles) were illustrated in numerous slides and discussed with the audience. There was extensive exchange with the audience. This lecture was specifically directed toward setting the stage for Dr. Chesley's discussion of hypertension in pregnancy.

3. Multiple Pregnancy

The consultant discussed the causes of twinning in general and the different types of twins in human pregnancies. He discussed incidence in various countries and the relationship of the twinning phenomenon to age, and to the possible intervention with teratogens, and the placentation of twins. The syndrome of inter-twin placental transfusion, hydramnios, causes of early delivery, causes of fetal and neonatal death, and abnormalities of placental circulation were highlighted. The phenomenon of intravascular coagulation with transfer of thromboplastins from one fetus to the other, discordant monozygotic twins, and other abnormalities of the twinning process were illustrated and explained in detail.

4. Perinatal Infection and the Placenta

Perinatal infection is a frequent problem in obstetrics. Its causes vary. The ascending root of infection through the membranes with chorioamnionitis and aspiration pneumonia was illustrated and its causes discussed in detail. The reason for believing that this is a cause rather than a sequel of membrane rupture was illustrated, using the twinning phenomenon as an example. The consultant also spoke on listeriosis and fungus infections. The second part of the lecture addressed the transplacental route of viruses and other organisms, such as trypanosomes, toxoplasma, and syphilis. Here, fetal immunology was highlighted; the response of the fetus to such infectious agents and the morphology of the placenta, as well as possible preventive mechanisms that might be used to prevent such infections, were covered.
At the end of the fourth day of the conference (at noon on Wednesday), a case presentation by local pathology staff of a set of twins with marked abnormalities—and in particular a presentation of a fetus with sacrococcygeal teratoma—was an occasion for another half-hour lecture on the phenomenon of extragonadal teratomas and the pathology of acardia in man. The consultant again illustrated his talk with slides and had an extensive discussion with the staff in an open forum.

The material selected by the pathology staff for discussion with practicing pathologists consisted of numerous slides of neonatal death and of obstetric and gynecologic pathologic lesions, particularly ovarian tumors, that presented difficulties in the differential diagnosis of malignancy versus benignancy.

This meeting marked the first time that outside speakers were invited to present lectures to the Fiji Medical Association. Previous meetings, apparently, were relatively low key and lectures were presented only by local physicians and attended by a relatively small number of practicing physicians. In contrast to previous meetings, this one was, apparently, a great success. The faculty, as well as the participants, were insistent that the performance be repeated in future years to upgrade the level of medical care in the country. One consequence was that several of those attending final discussions at the house of Dr. Karam Singh, where the Minister of Health and other high-ranking officials appeared, suggested that next year a symposium that highlights perinatal medicine and pediatrics be held. The attendees recommended specific speakers from America, New Zealand, and Australia. They suggested that by selecting speakers from the West Coast of the United States, transportation costs could be reduced.
The Fiji Medical Association held its twenty-third conference on September 5-10, 1980. The theme was "Current Thinking in the Practice of Obstetrics and Gynecology." The conference was followed by two days of lectures and sonography demonstrations.

The five guest speakers, who gave nearly all of the lectures, were:

1. Dr. Florence Fraser, Consulting Obstetrician and Gynecologist and Specialist in Ultrasound, National Women's Hospital, Auckland, New Zealand

2. Dr. Wilhelm Lubbe, Associate Professor of Medicine, University of Auckland, and Consulting Physician, National Women's Hospital, Auckland, New Zealand

3. Dr. B.L.G. Kneale, Senior Gynecologist and Director of Oncology, Royal Women's Hospital, Melbourne, Australia

4. Dr. Kurt Benirschke, Professor of Reproductive Biology and Pathology, University of California, San Diego, California

5. Dr. Leon C. Chesley, Professor Emeritus, Obstetrics and Gynecology, State University of New York Downstate Medical Center, Brooklyn, New York

The conference was well organized by Haydn P. Didier, M.B., B.S., D.A., M.R.C.O.G.; it went smoothly and on schedule. One afternoon and each evening were given to interesting entertainment and dining. The guests met the Ministers of Health, Finance, and Labor and leaders of the loyal opposition in both the House and Senate of the Fiji Government.

Dr. Chesley was asked to remain in Fiji for the two weeks following the conference, as Visiting Professor in the medical school. No plans had been made, however, and he was left to his own initiative. He did give two lectures, one on Thursday and one on Friday. Drs. Fraser and Lubbe had planned to leave immediately after the conference but were persuaded to stay on for the two-day post-session, held on Thursday and Friday. They remained through Sunday because of the limited airline service. Dr. Lubbe was kept busy for a day and a half with lectures and ward rounds. Dr. Fraser was asked to demonstrate sonographic examinations of patients, but she spent much of the time waiting because few patients of the scores available were provided for her. All three were completely abandoned early Friday afternoon, and Drs. Lubbe and Fraser had to find their own transportation to the airport when they left.
The following story illustrates the general state of confusion in the administration of the medical school. On Friday, September 12, Dr. Chesley was moved to an apartment in the school from the Grand Pacific Hotel, where Drs. Fraser and Lubbe remained. He was told that his meals would be served in the apartment. After 24 hours, during which Dr. Chesley saw no one, Dr. B. Pathik, the principal of the medical school, called on him. After ascertaining that Dr. Chesley had had no breakfast, he said that the housekeeping staff do not work on Saturdays and Sundays. Dr. Chesley tried to initiate a conversation—with little success—and suggested several lectures for the medical students. Dr. Pathik agreed and scheduled two. For meals, Dr. Chesley walked the two miles or so back to the hotel, where he dined with Drs. Fraser and Lubbe. In a recent letter, Dr. Lubbe stated that he had called Mr. Didier and strongly expressed his opinion about the consultants' abandonment and, in particular, about Dr. Chesley's isolation. On Sunday afternoon, Dr. Didier invited Dr. Chesley to move into his home. This invitation was accepted.

Perhaps the grossest example of disorganization is the case of an eminent ophthalmic surgeon from Australia. The Colonial War Memorial Hospital, the base of the clinical teaching, had advertised for a visiting surgeon to fill a desperate need. The Australian surgeon responded and, when his offer was accepted, he closed his lucrative practice for six weeks. Upon arrival, he was told that he had not been expected so early (when Dr. Chesley talked with him, he had been in Suva for three weeks and had done nothing). The medical staff had made no effort to bring to him the many patients who needed his attention.

When Dr. Chesley gave his first lecture to the medical students, he was not introduced to his audience; after waiting 10 minutes after the scheduled hour, he decided to introduce himself and then gave the lecture. Shortly after the lecture, another man appeared to give a scheduled talk on epidemiology, but the students had left for yet another lecture scheduled for the same time. Dr. Pathik appeared and said that because of the conference the preceding week, the schedule had not been worked out; the students were just returning from an eight-day vacation. Dr. Chesley's previously unscheduled lecture may have caused the confusion. Again, on his own initiative, Dr. Chesley made the rounds in obstetrics and visited the school and hospital, talking with several students and registrars, as well as with staff members.

In the time "set aside" for obstetrics and gynecology, the students must attend lectures in other subjects throughout the morning and they may be called away at any time for other activities. The establishment of full-time clerkships should improve that situation.

The Ministry of Health seems to be ambivalent about medical care; it makes health care available but seems reluctant to improve its quality. Patients are charged 10 cents for each visit to the clinic; the fee includes all necessary laboratory tests, roentgenograms, and medications. Often, the pharmacy runs out of medications, and the patients must either buy them in drug stores or ignore the prescriptions. Inpatients are charged 20 cents per day; unless they are private patients, they pay no physicians' or surgeons' fees. Thus, a cesarean section typically costs $1.00. The hospital is desperately short of supplies. As an example, private physicians use disposable needles but, instead of discarding them, they give them to the hospital, where they are sterilized and used again and again.
The student's education is completely subsidized by the government and upon graduation he is committed to six years of work for the government. The expression of any uncongenial opinion may lead to an appointment in some remote area and separation from the family. When Dr. Chesley left Fiji on Friday, September 19, a nationwide strike by the doctors had been scheduled for the following Monday.

One of the registrars said that he had won a fellowship to study in New Zealand but that it had been withdrawn. He said that he knew of many such instances, and he interpreted the action to mean that the Fiji Government intervenes to prevent the loss of doctors who might not return. Incidentally, the medical school does not grant the M.D. degree; it gives a "Diploma of Surgery and Medicine."

The student library contains fewer than a dozen books, and most are outdated textbooks of surgery. A new teaching laboratory for pathology was opened in 1978, but it shows little sign of use; the insides of the centrifuges and water baths are spotless, the several large incubators still contain unpacked accessories, and the fume hood appears to be virginal.

The hospital's clinical laboratories are good, especially in parasitology, virology, and bacteriology. The pathologist, Karem Singh, is the first, and probably the only, graduate of the school to earn a fellowship in a Royal College. Pathologist Frank Sims, M.D., Ph.D., F.R.C.P.A., is working on contract. The man responsible for the development of the laboratory is Dr. Lee, a Japanese who has been there 10 years under WHO sponsorship.

Indians completely dominate the professions and businesses. Dr. Chesley did not meet a single native Fijian socially. The Fijians are represented in the government, and efforts to improve their lot are in progress. The standards for admittance to medical school have been lowered for them. Candidates take a New Zealand test similar to the Medical School Aptitude Test (MCAT) required in the United States; an Indian must score at least 261 to be considered, but any Fijian scoring 200 or higher is accepted. Dr. Chesley was told that most of the Fijians who begin medical school drop out before completing the four-year course.

Infestation by hookworms and other nematodes is almost universal. Several people said that almost every patient seen in obstetrics is infested and often anemic. Dr. Chesley was advised to de-worm himself upon his return home.

Haydn P. Didier, who organized the conference, is the tutor in obstetrics and gynecology in the medical school. His two-year contract will end soon; renewal has been denied. Several of the staff are serving under such contracts. Mr. Didier is a West Indian; trained in England, he is a highly qualified obstetrician and gynecologist. Unfortunately, he is strongly opinionated and totally lacking in tact and diplomacy. If he had not aroused such animosity, he could have been the best thing that ever happened to the medical school. In Dr. Chesley's opinion, what he says is discounted on the basis of his personality. He brought with him a Sonocaid (an electronic amplifier that permits the detection of fetal cardiac sounds as early as the tenth week of gestation); he persuaded the Rotary Club of Suva to buy six of these machines for the hospital. He also introduced
laparoscopy, raised the money to purchase the implement, and has taught several
doctors to use it. He is trying now to raise about $125,000 in the hope that the
Ministry of Health will match the amount, giving the hospital an opportunity to
purchase a sonograph. He keeps insisting on improvements in prenatal care. He
has been opposed at every turn by Chief of Obstetrics and Gynecology, Dr. Mary
Schramm, who goes back to colonial days; she told Dr. Chesley that she ignores
the American literature in her specialty.

Dr. Chesley's major recommendation concerns the improvement of libraries in
the developing countries. He believes it would be possible for AID, WHO, or some
such agency to subsidize the shipment of books and journals to these countries.
Many physicians merely glance through their current journals and discard them at
once. They may tear out a paper that interests them, even though they could make
a Xerox copy and keep the journal intact. If an agency such as AID would adver-
tise for such material and undertake its shipment, much could be done to improve
library holdings. Dr. Chesley found no market for his personal library when he
retired, and the only thing he could give away was a complete run of Physiological
Reviews. He did learn of the interest of a church-based organization, but the
staff merely suggested where to send the material; Dr. Chesley would have had to
crate the books and journals and pay for shipping. In the end, the material was
thrown away--an unfortunate waste.