

## DYSENTERY.

There are few scourges that require the same thorough and exhaustive study that dysentery calls for. This disease, in its epidemic and contagious forms, was unknown in British New Guinea half a score of years ago. In recent years it has caused many deaths there. It began in Fiji with the advent of a European population, and led to considerable mortality among them, even before annexation. But during the prevalence of measles, and frequently afterwards, it assumed an epidemic form. From the first introduction of the disease there it was regarded as contagious. When settlement became better established, and the houses of Europeans were provided with rain water stored in metal tanks, dysentery among them became much rarer. But on large plantations, and in native villages, it took on at times a very malignant form. Instances occurred in which even 50 and 75 per cent. of the Polynesian labourers on an estate died of this disease, which was new to them. Excessively high mortality from the same cause occurred also on some of the Queensland plantations among the Polynesians employed there. I was once received at a certain plantation by an interesting-looking boy of about fourteen years of age, who was evidently not of the usual class of recruits. On being asked who he was, he said he was so-and-so from New Britain. To the question, "How many are there of you," he replied, "Plenty all die, only me." I found there had been 115 of them, and that he was the sole survivor. This was the work of dysentery. The treatment in each epidemic was at first like groping in the dark. In a very deadly outbreak that occurred amongst some three score of recruits landed out of a vessel in which they had been battened down for thirty hours during a hurricane, an examination of the contents of the intestines of those dead but an hour or two showed that these consisted of a mass of what was then called vibrios. In consequence of this observation a mixture of corrosive sublimate was given to the two score survivors, all in hospital. The remedy acted like a charm and not another case ended fatally. But this remedy failed utterly in two or three succeeding outbreaks elsewhere in the colony. During one season salicylic acid acted with extraordinary success. Then it in turn ceased to be of any use.

From many observations of this kind it appeared that dysentery is made up of entirely

different diseases, or of one disease that presents widely diverse stages. It offers a splendid field to the humanitarian and to the enthusiastic scientist that we trust may be sent out from this school. Were I to judge from my own personal experience I should say dysentery causes more deaths than any other disease in tropical countries.

Dysentery is the chief agent in the rapid depopulation of the Pacific. It swells the death rate in West Africa but not so much amongst Europeans as amongst natives. But there one does not see the wholesale depopulation from this disease that is sometimes so clearly observed on a Pacific Island from the return home of a single labourer suffering from contagious dysentery.

The man that will work out an effective and practical means of dealing with contagious dysentery will be the greatest benefactor of the races that live in the tropics. He may claim to be the saviour of the Pacific Islander, the most loveable man of men now living. It is a study that I most earnestly commend to your attention and on which I trust you will all turn the searchlight of science. Dysentery is a destructive giant compared to which strong drink is a mere phantom.

## MALARIA.

Speaking of malaria and of the brilliant investigations already made in connection with it, Sir William MacGregor expressed his conviction that the prediction that malarial fever would be found to be due to a parasite, having its cycle in man and the mosquito, is fit to be compared with Goodrick's theory of the cycle of Algol; with Leverrier's and Adams' assigned position of Neptune; with Murchison's prediction of gold in Australia. He went on to say: To my own mind it recalls the early teaching of the germ theory of antiseptics by the immortal Lister. It may not improbably lead to an equally great revolution in medicine.

In these modern investigations into malaria the Italians have nobly done their share; so have the Germans, through the illustrious Koch. We owe, further, a very great debt to Laveran. I have often been asked by non-medical friends who has done this great work, whether it is all British? It appears to me to be more or less like this: Manson was the surveyor, Laveran made the road, Ross built the bridges and laid the rails, and Grassi, Bastianelli, Bignami, and Celli provided the rolling stock.

(To be continued.)

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