

Medical Matters.

TROPICAL MEDICINE.

The advances made in tropical medicine of recent years have contributed enormously to the preservation of health in tropical regions. Only a decade or so ago those whose life work lay in these regions were quite unarmed against the diseases they encountered because their origin was unknown. The white man, therefore, was vulnerable at all points with the result that disease and death decimated the ranks of residents in the tropics, and many valuable lives were lost.

Sir Patrick Manson, in an interesting address delivered at Livingstone College on commemoration day, indicated the lines on which advance has been made.

Thirty years ago, he said, no man knew what malaria was; no man had the slightest conception of how it was caused, how it was transmitted, nor what was the nature of the germ. . . . Nowadays we know that malaria is a minute animalcule that lives in the blood of man. Further, we know that this animalcule is transmitted from one human being to another by means of mosquitoes; these biting an infected man become themselves infected, and can thus infect someone else. These are indubitable facts, and enable anyone acquainted with them to prevent malaria. In the same way, the discovery that yellow fever is conveyed by a mosquito has enabled scientists to grapple with the disease, with the result that a place like Panama, formerly a veritable death trap, is now more healthy than New York. Relapsing fever has been recognised with precision only within the last three or four years. It is produced by a form of "tick," common in the hovels of African natives, and by avoiding the huts where the ticks reside the fever also is avoided.

Again, the health of British troops in Malta has been enormously enhanced by the discovery that the germ of Malta, or Mediterranean, fever is transmitted by infected goats' milk, and the consequent boiling or avoidance of this milk.

The rat is now known to be the principal disseminating agent of plague. The rat flea leaves the rat which has died of plague, and, finding a host in man, infects him.

The simple fact that cholera is disseminated through drinking water indicates at once how the disease may be prevented.

The tsetse fly is now known as the disseminator of sleeping-sickness, and the disappearance of the disease will be co-incident with the extermination of the fly.

A practical suggestion made by Sir Patrick Manson is that some elementary hygiene should be taught in all mission schools, in the hope that gradually the native mind may be impressed with the necessity of healthier modes of living, and so natives may escape these diseases.

THE NOTIFICATION OF TUBERCULOSIS.

We briefly referred last week to the important announcement made at the International Congress at Washington by Dr. Newsholme, on behalf of the President of the Local Government Board in this country, concerning the notification of cases of phthisis occurring amongst Poor Law patients. The voluntary notification of this disease is carried out in many towns with excellent results, and in some instances, as in the case of the town of Sheffield, notification of cases coming under the notice of medical practitioners is obligatory under a special Act. Compulsory notification cannot be generally applied until Parliament decides that phthisis is to be included amongst the notifiable diseases; but, meanwhile, the President of the Local Government Board, who has power to issue Orders in regard to Poor Law administration, has found it practicable to issue an Order directing all medical officers under the Poor Law, whether their patients are in Poor Law institutions or in their own homes, that they must, when the local medical officer of health requests them to do so, send to him the names and addresses of all patients suffering from pulmonary tuberculosis within 48 hours of the nature of the disease becoming apparent to them.

It is anticipated by Mr. John Burns and his medical advisers that this Order will have far-reaching results, as a large proportion of the total number of deaths from phthisis (over one-third) in London last year took place in workhouse infirmaries, and in the earlier stages of the disease most of these cases had been under the care of the parish doctor in their own homes. It is precisely these parish cases which are most dangerous from the point of view of the spread of infection, both on account of the insanitary and overcrowded condition of the houses in which they occur and the ignorance of the sufferers as to the infectious nature of their expectoration.

By means of the system of notification proposed by the Local Government Board, the attention of sanitary authorities will now be directed to houses or areas in which the spread of consumption has been fostered by overcrowding and insanitary conditions.

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