

Medical Matters.**AN INTERESTING LECTURE.**

A most interesting inaugural address, which was reported at length in the *British Medical Journal*, was delivered at the London School of Tropical Medicine, on October 3rd, by Sir William MacGregor, K.C.M.G., C.B., M.D., D.Sc., LL.D. The following are some of the most interesting portions of the address, which we regret we have not space to print in full. It dealt with the training of Colonial Medical Officers, the State Encouragement of Medical Research, Old Diseases and New Races, Typhoid fever, Yaws, Venereal Disease, Measles, Dysentery, Malaria, the Destruction of the Mosquito, Elephantiasis, Tetanus, Tinea Imbricata, Ankylostomiasis, Unknown Diseases, Dingoos and Rabies, the Jigger, Leprosy, Quarantine, and the Water Question; a wide course to cover in the range of a single lecture.

SOME PROBLEMS OF TROPICAL MEDICINES.

It is not my intention to occupy your time in speaking of the details of your training for the investigation of disease, beyond emphasizing their very great importance. I would rather in a familiar way give those of you that have not yet practised in the tropics some idea of the extremely interesting and very important work that awaits you there.

OLD DISEASES AND NEW RACES.

You will still, for example, have many opportunities, especially in new countries, of acquiring valuable information respecting the original or natural location of disease, the landmarks of which are fast disappearing before modern civilization. You will see how old diseases are being communicated to new people, and be able to watch the strange results produced. You will doubtless be in a position to add much to the existing knowledge of tropical diseases already more or less studied, and you will in all probability be able to establish the existence of maladies at present unknown and unrecognised; you will thus reduce the sum of human suffering. Can any man desire greater glory?

As different forms of disease were localized originally, and still remain more or less so, it follows that the experience of tropical medical officers differs largely according to country. Their opportunities are therefore diversified in an unusual degree. Perhaps I may personally have had exceptionally good opportunities of

assisting—as a French writer observed some time ago—at the dissemination of disease among new races.

YAWS.

The probability is that no medical officer will be long in the tropics before he is brought into contact with yaws. This disease, like most others in the torrid zone, is of course parasitic. I first met with it in the Seychelles Islands, in African slave children liberated there by our cruisers and indentured as plantation labourers. It is curious that this disease is much more mild in the African and Papuan than it is in the Polynesian. It may be that it is newer to the latter. In the African it is sometimes so ill-marked that only a medical practitioner of some experience can recognise it at first sight. It is not very contagious to Europeans, but when caught it is loathsome and troublesome. I have never looked on yaws as a disease that could be cured under from three to six months.

Though yaws was indigenous to Fiji, tinea imbricata was not known in that colony till introduced by plantation labourers. Many Line Islanders were brought to Fiji as plantation hands, and among them tinea imbricata is endemic, while yaws was unknown to them. The Fijian gave yaws to the Line Islander, and the latter gave his loathsome tinea to the Fijian.

MEASLES.

Fiji was also the centre for the distribution of measles in 1874, a disease introduced there by one of Her Majesty's ships of war. The epidemic that followed destroyed between a third and a fourth of the whole population, affording a striking example of the exuberance of a new disease among a new people. In this respect, however, measles was not more surprising in Fiji than was the usually insignificant disease of itch in British New Guinea. This latter malady, introduced in some old clothes, spread like a tidal wave along the coast, and in a few weeks thousands of people were covered from head to foot by the most exaggerated form of the disease. It probably spread much faster from the fact that one shirt might be worn by several people in one day. When matters were beginning to assume a somewhat serious aspect, the disease, having spent itself, began to abate, and soon declined to the level it will probably always keep in a community where clothes are common property and itch attacks the human face.

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