

## Medical Matters.

### MISSIONARIES AND THE CAMPAIGN AGAINST MALARIA.

A most interesting and suggestive address, prepared by Major Ronald Ross, C.B., F.R.C.S., Nobel Laureate, and Professor of Tropical Medicine in the University of Liverpool, for the recent Commemoration Day proceedings at Livingstone College, has now been printed in pamphlet form.

Major Ross shows that during the beginning of civilisation in Egypt, Greece, and Rome the priests were also the physicians, and the temple was also the hospital, and that there is no doubt the progress of medical science not only in these countries, but also in India, was due to the ancient priesthoods. The temple was always the centre of local civilisation, at least in rural areas; the priests were the first to collect information about disease, and certainly collected more than we have at present any conception of. Thus in Egypt and Greece they learned the connection between rats and plague, that the bile of a snake is antidotal to its own venom, and that immunity against that venom can be acquired by repeated inoculation.

Major Ross believes that the missionary of to-day may still hold a similar position among the barbarous people he is called upon to educate. To-day, as in ancient times, the mission house and the church and chapel are the centres of local light, that though the priest and the physician now tread separate but parallel paths, they still walk in advance of the civilising army, which has yet to conquer many of the darker areas of the world. He therefore desires to induce missionaries to come to the front again in connection with the remarkable development of science which we have witnessed during the last ten years in connection with malaria and other insect-borne diseases. He believes that the missionary can play a part in the prevention of such diseases which will add both to the greatness of his calling and to the happiness of those to whom he ministers. Often called upon to live in the remotest districts, far from hospitals, municipalities, health departments and officials, he is now exactly in the position of the priest of old, and to him still belongs the double duty of curing both mind and body.

The missionary will have observed, we are told, that numbers of the children whom he asks to his chapel or school are suffering from enlarged spleen or from fever; that many of the infants die shortly after birth; that many of the parents, especially the mothers, suffer from prolonged fevers, and he knows that malaria is caused by a parasite of the blood

which is carried by a certain species of mosquito.

Methods by which he may fight malaria are then detailed. First, he must endeavour to measure the amount of malaria within his domain. If there is a mission hospital, the admissions for malaria should be compared with the admissions for other diseases, and the ratio will give some indication of the proportion (often amounting to from 25 to 50 %) of the total admissions. He should then endeavour to discover the spleen rate of the locality by examining all children of 15 years of age or under, and carefully recording the proportion with enlarged spleens. This is about equal to the proportion affected with malaria. These records are indispensable, because without them it is impossible to judge whether the disease really diminishes in consequence of the efforts made.

The administration of quinine to all children with fever or splenic enlargement is the next step. Major Ross advises one dose every day just before the first meal. The children are the principal homes of the parasites, and from them their elders become infected through the agency of the carrying Anophelines.

In regard to the use of quinine as a prophylactic, Major Ross considers that in very malarious districts all white men may take the drug in this way, but he doubts the advisability of giving it to healthy natives.

Of the various prophylactic measures, he is of opinion that for densely populated localities mosquito reduction will probably be the best and cheapest measure in the end, but that quinine is more useful for thin populations. Again, it is best to begin by doing whatever may be done most cheaply. It is absurd to continue forcing quinine down the throats of everyone in a village which is really infected by a small stagnant pool or two, but, where the source of infection is a great marsh or river, quinine should be used. An interesting point is that, to reduce malaria, even to banish it completely, it is necessary not to destroy every mosquito in a place, but simply to reduce their numbers below a given figure. Again, quinine and mosquito reduction can sometimes be usefully combined.

The screening of mission hospitals is advocated, and the adoption of mosquito boots.

Major Ross' pamphlet may be obtained from the Principal of Livingstone College, Leyton, E., price 2d., and he is shortly issuing a book, "The Prevention of Malaria," to be published by John Murray. As the duties of many nurses take them to countries in which malaria is prevalent, they should make a point of learning as much as possible concerning this disease.

[previous page](#)

[next page](#)