

THE PUBLIC HEALTH.

MALARIA IN ASSAM.

Dr. G. C. Ramsay, Principal of the Assam branch of the Ross Institute, recently gave an account of his investigations in Assam at a meeting of the Ross Institute Industrial Anti-Malarial Advisory Committee.

Dr. Ramsay said that hookworm had been regarded as the chief cause of anæmia and inefficiency in Assam, but his researches showed that there was no relation between hookworm and the amount of sickness. It was beyond dispute that the chief cause of the large amount of sickness, inefficiency and death was malaria. The general attitude of medical men in India was that malaria control through mosquito control was a pure dream that could never be realised. The only practical policy was to improve the health of their coolies, and enable them to fight the disease. But the result of efforts in this direction was nil. "Bonification," as it was called, was a deep disappointment.

After reading Sir Malcolm Watson's book on Rural Sanitation, Dr. Ramsay continued, and learning what could be done by studying exactly what species of anopheles carried the disease and striking at that species only, he decided to investigate malaria by these methods. There were 20 different species of anopheles in his district, breeding everywhere. His task was to discover which species carried malaria. He made some 50,000 dissections of anopheles, which he believed constituted a world record, and found that practically only *Anopheles minimus* was infected. His next researches were on climatic conditions, changes in the soil, etc., which meant a considerable time in the field. He found the malaria-carrying mosquitoes in some places and not in others, and that they bred under some conditions and not others. Generally speaking they required clear, slowly running water, exposed to sunshine.

Dr. Ramsay went on to describe the use and application of larvicides, oiling and paris green, and gave instances where oil and paris green had been used with immediate results. Biological methods were also used with success. The efficiency of the labour force was doubled, there was a reduction of cases of sickness, and the amount of drugs used had dropped by half.

ADENOIDS AND ENLARGED TONSILS.

Association with Rickets and Dental Disease.

The Committee of the Board of Education on Adenoids and Enlarged Tonsils, discuss in their second "interim report" the association of these diseases with rickets and dental disease.

"Extensive enlargement," it is stated, occurs with somewhat greater frequency among children showing signs of rickets, dental disease, and hypoplasia, than among those who show no such evidences of vitamin deficiency. The association which has been shown to exist between these conditions and the more extensive adenoid growths, though not dramatic, is too consistent to be regarded as of the nature of coincidence. These growths occur more frequently among children showing several signs of rickets, in the proportion of about five to three, among children showing extensive caries, in the proportion of $4\frac{1}{2}$ to three, and among those showing severe hypoplasia, in the proportion of five to three, as compared with children in whom such defects are absent.

"The nature of this relationship is, however, not definitely established. It is evident that the social factors which taken together enable the general 'class' of one school to be distinguished from that of another, while they definitely affect the incidence of rickets and caries have no

obvious effect on the incidence of adenoids. This is in harmony with the findings of the previous investigation, in which no substantial difference was found in the average extent of domestic accommodation between the cases and the controls. It would seem that the habits of life which predispose to the growth of adenoids are as common in the roomy houses of the comparatively well-to-do as in those inhabited by those of the poorest class."

ADVANCES IN TROPICAL MEDICINE.

When the late Sir Patrick Manson was addressing the Section of Tropical Diseases at the Annual Meeting of the British Medical Association in 1898, he said that there was not one of his hearers who did not bewail the crass ignorance in which he had lightly undertaken the care of men's lives in dangerous climates, nor one who could not pillory himself with the recollection of lives that perished owing entirely to the lack on their part of an elementary knowledge of tropical medicine.

Medical Officers overseas to-day have no reason so to reproach themselves. Manson's address came under the notice of Joseph Chamberlain, and that far-seeing statesman at once appreciated its significance and took action which resulted in the establishment of the London School of Tropical Medicine. From that School, which Manson himself directed, and its successor, the London School of Hygiene and Tropical Medicine, some 4,000 medical officers have gone to the far corners of the earth, trained in special post-graduate courses in tropical medicine.

At the opening of the 90th course of study at the School on Tuesday, February 3rd, 1931, Dr. Philip Manson-Bahr delivered a public lecture on "*The Dawn of Tropical Medicine, being an account of the Life and Work of Sir Patrick Manson*," who is now honourably known the world over as the Father of Tropical Medicine.

The lecture was given at five o'clock in the magnificent premises of the London School of Hygiene and Tropical Medicine, Keppel Street, Gower Street. The chair was taken by Sir Harry Goschen, Bart., K.B.E., and admission was free without ticket.

DENTAL DISEASE.

We have received from the following influential medical men a manifesto on the subject of Dental Disease signed (Sir) Harry Baldwin, C.V.O., M.R.C.S., L.D.S. (Hon. Dental Surgeon to H.M. the King), (Sir) Norman Bennett, M.A., M.B., B.Ch., L.D.S. (President, British Dental Association), J. H. Badcock, M.R.C.S., L.D.S. (ex-President, British Dental Association), William Guy, LL.D., F.R.C.S., F.R.S.E., L.D.S. (Dean, Edinburgh Dental Hospital), William Hern, O.B.E., M.R.C.S., L.D.S. (Consulting Dental Surgeon, Middlesex Hospital), J. Menzies Campbell, D.D.S., L.D.S., F.R.S.E. (Member, Hygiene Commission, International Dental Federation).

The signatories say in part:—

"We are impressed by the great amount of suffering and ill-health, which is caused by dental disease. Believing that most of this could, and should, be prevented, we feel it desirable to outline, for the benefit of the public, the means which, we consider, would conduce to that end.

"*Diet*.—Correct diet should begin before birth—*i.e.*, the mother should be correctly fed during the nine months she is carrying the child and the months she is nursing it. Strong grounds exist for believing that many of the mal-developments of the body, including contraction of the jaws and consequent irregularity of the teeth and also most of the 'diseases of civilisation,' arise from an insufficiency of vitamins, A, B, C and D in the food, not only during development, but also throughout life. Correct feeding, together with all the other measures which go to improve

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