TEACHING OF TROPICAL MEDICINE IN THE SERVICES.


I count it as one of my greatest advantages that my serious education in tropical diseases began in the first course of the newly formed School of Tropical Medicine at the Albert Dock Hospital, in 1899, under the guidance and teaching of the late Sir Patrick Manson, whom we all revered and loved as the Father of the English School of Tropical Medicine. He was a most delightful clinical teacher, always arresting attention and holding his hearers in a grip of silent admiration by his lucid and often humorous descriptions. He was, however, not only a great clinician, observer, and research worker, but a great judge of character and ability also, never failing to bring out any latent ability in his class; always encouraging all to give their best.

This great teacher recognized the enormous importance to the Empire of sending out fully instructed medical officers to practise medicine and surgery in our "wide-flung Empire." His example for the Civil and Colonial services was followed by the establishment of more efficient schools and teaching, both in the Navy and Army.

In "Health Problems of the Empire," Dr. Andrew Balfour has given a most lucid and interesting account of the insanitary conditions which prevailed in past times, and the steady progress of knowledge which has been acquired and used in transforming these deplorable states into those of comparative health at home and abroad. In this educational work the establishment of the Ministry of Health and the formation of such bodies as the Royal Sanitary Institute have been most helpful. Balfour quotes the words of the late Mr. Joseph Chamberlain: "I would be prepared to give preference in filling up medical appointments in the Colonies to those candidates who could show that they had studied tropical medicine and hygiene, especially if some certificate or diploma to that effect was forthcoming." We know that this has been established, and his suggestion has been more or less strictly enforced for colonial medical officers.

In regard to my own Service, I hold it as an article of faith that it is almost criminal to send out medical officers to tropical countries to be in charge of large bodies of men, without giving these officers an efficient training in the recognition and treatment of such tropical diseases as are common in the locality where they are to serve. As our knowledge increases, this becomes all the more imperative.

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1 The paper was read at a meeting of the Naval, Military, and Royal Air Force Hygiene Group of the Society of Medical Officers of Health, held on July 27, 1927.
In the Navy we had great pioneers, such as Sir Richard Hawkins, who, in 1593, provided distilled water for men in his ship, the "Dainty"; Dr. Lind, Sir Gilbert Blane, Dr. Trotter, and Sir William Burnett were others who taught and practised the importance of the adequate diffusion of knowledge in the fight against tropical and communal diseases. The last-named in 1827 made arrangements for the instruction of medical officers in the Navy; in 1881 a school was opened at Haslar, and in 1900, following Manson's lead, special tropical courses were instituted there with clinical and laboratory instruction. In 1912 the school was transferred to Greenwich, where it was more in touch with other teaching centres in London. In the planning of this school we had the ready and invaluable help of the late Sir William Leishman. There were provided not only large bacterial and chemical laboratories, in association with clinical cases in the Dreadnought hospital, but also research rooms in anticipation of special requirements. The Navy was thus ready and able to take its place in Imperial medicine, and worked hard for the prevention of the diseases which affected it most. Men were turned out efficiently instructed to take up their duties in any part of the world, for frequently they might be more or less isolated units—up rivers or on unhealthy coasts—where this previous instruction was of enormous importance and value. It must be remembered that the course of such diseases as plague, cholera, and yellow fever may be extremely rapid, and early recognition and the application of preventive measures are of the utmost importance.

A young medical officer, after leaving his own school or college, having obtained his ordinary qualification, knows practically nothing of the bacteriological, zoological, and entomological facts required for tropical medical practice. Some have obtained the Diploma in Public Health only to find that they have just started upon the road, and that the course of training for the Diploma in Tropical Medicine and Hygiene—even the Diploma itself—though rarely obtained, alone furnishes what is wanted.

The course at the Royal Army Medical College is most excellent. In pre-war times our newly joined surgeons were, as I have shown, fairly well equipped, but since 1914 this has, with us, been allowed to lapse, and until the full course on entry is established, the men will be badly prepared for tropical practice.

I think it is essential that not only should men be given courses of instruction, but that every encouragement should be provided for them to obtain special qualifications, with specialized pay and opportunities for research. I should like to emphasize the extraordinary efficiency, as a teaching centre, that the collection housed in the Wellcome Museum in London provides for those who will use it; every tropical disease is most admirably portrayed, and he who runs may read easily, so that final clinical study is enormously assisted when opportunity offers, for it must be generally recognized that the lack of cases is the greatest difficulty for the tropical student in London.
Recently the importance of a thorough course in tropical hygiene in its widest sense has been demonstrated by the munificent gift of the Rockefeller Foundation, and the issue of a Bulletin of Hygiene—already a sturdy child. Each medical officer must be able to act as an adviser and example to others; to do this he must be properly taught. Take, for instance, the effects of heat and protection from the sun. How different are the results in varying geographical areas. In India it is madness to go about without adequate head protection where the humidity is so often high, and yet in North Australia it is less important, for the air is so dry that evaporation is very rapid, heat dispersion is much greater, and the danger of sunstroke is much less. The importance of avoidance of alcohol, protection of the eyes by efficient glasses, the danger of chills to the abdomen, and the regulation of the dietary to the conditions present, with a full understanding of the frequency with which food may carry infection, also need emphasis. Think of the case of three medical officers on cholera duty, one of whom returning to lunch, in his haste, omitted to wash his hands properly; he was dead the next morning. An object lesson for carrying out hygienic precautions. We know that also typhoid, dysentery, and undulant fever are all food-borne diseases. All these, and many other facts, have to be taught, and this requires time—time well and profitably spent. Natives as a rule are totally ignorant of hygienic rules, and when employed as servants, as they usually are, require the strictest supervision. “Ignorance is not bliss.” Abroad, water and milk have practically always to be sterilized, and green vegetables are taboo. Safeguard from bacterial infection, never mind the vitamins! Think what a mass of suffering and loss of health would have been avoided had we always boiled our milk in the Mediterranean area. It is impossible to go into detail as to what should be taught, but it must embrace a good knowledge of vaccine therapy, parasitology, entomology, particularly of the blood-sucking forms and the infections carried by them, with a working knowledge of the common entozoa, etc.

I should like, however, to enter a protest against overloading the course of study by restricting these special lines of instruction to insects and parasites definitely known to affect or act as carriers to the human species.

For a moment I should like to refer to the possibility of the medical units of the fighting services being amalgamated, when, presumably, the teaching centre would be the Royal Army Medical College, and the initial course would take place there. From a purely tropical point of view I think that such a combination would be a great advantage both from a laboratory and a clinical point of view. Nevertheless, full use should be made of the cases and clinical instruction from the newly established Professor of Medicine at the Royal Naval Hospital at Haslar; this latter would probably be most useful for officers returning from a sea commission and preparatory to going out on foreign service.

I have only touched superficially on the subject, in the hope that
discussion will be favoured by those who have much greater experience than I have. Every year research into tropical diseases reveals facts of importance in relation to prophylaxis, but which require teaching if full advantage is to be obtained from them. Before such teaching can be given, those who are to teach must, and should, acquire the necessary knowledge themselves in order to fit them to occupy positions of great responsibility for safeguarding the health of masses of more or less ignorant men.

Finally, with regard to study, the wise words of Confucius should be remembered:

“Study must be pursued with discretion, and can no more be divorced from thought than thought can be from it.”

“Learning without thought is labour lost; Thought without learning is perilous.”