

## REVIEW OF REVIEWS

### HOW TUBERCULOSIS MORTALITY HAS BEEN REDUCED IN THE UNITED STATES

Beyond question the greatest single public-health fact of 1927 was the large reduction from tuberculosis to a new minimum for all time. The death rate was 93.5 per 100,000, which is 4.8 per cent below the previous minimum of 98.2 established in 1925. Since 1920, when a figure of 127.9 was recorded, the reduction has been 32.2 per cent; since 1915 it has been 52.7 per cent; and since 1911, when the rate was 224.6, there has been the remarkable drop of 58.4 per cent. The death rate from tuberculosis of the respiratory system, which causes almost nine-tenths of all the deaths from tuberculous disease, has dropped 59.3 per cent since 1911.

—(Statistical Bulletin—Metropolitan Life Insurance Company, January 1928.)

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### TROPICAL MEDICINE IN THE UNITED STATES

The following is taken from an address by George C. Shattuck, President of the American Society of Tropical Medicine, which appeared in the January number of the *American Journal of Tropical Medicine*:

“The practice of tropical medicine is an outgrowth and an extension of the general medicine of the temperate zone, but it demands a superstructure of special knowledge and experience not easily acquired. Moreover, the application of preventive medicine in the tropics requires special knowledge of tropical disease and of conditions of life in the tropics, and requires, at times, special methods for applying hygienic principles.

“There are those, however, who seem to feel, either because no large group of diseases is confined exclusively to the tropics or because the usual laboratory methods can often be used for investigations of tropical diseases, that instruction in tropical medicine, as such, is superfluous. It seems to me that this view is unsound in that it ignores practical needs and essential facts.

“Sir Andrew Balfour, Director of the London School of Hygiene and Tropical Medicine, regards a special hospital for tropical diseases as an absolute essential for successful teaching of tropical medicine, and funds are now being raised to provide such a hospital in London. Wherever the clinical aspects of tropical medicine are taught, clinical facilities are needed for the same reason that all other clinical branches of medicine require clinical facilities. Moreover, the clinical aspects of tropical medicine should be taught for the same reason that the clinical aspects of general medicine are taught.



"In this country clinical teaching in tropical medicine still suffers from inadequate hospital facilities. When these facilities become available in larger measure, as they must, a broader horizon will open not only for workers in the special field of tropical medicine, but also for students of all the sciences upon which general medicine and tropical medicine depend.

"It is clear that investigations of great variety may have important bearings upon tropical medicine. For example, studies upon dietary deficiencies and upon vitamins wherever made, may shed new light upon pellagra, scurvy, or beri-beri. Recent investigations of pernicious anemia, in like manner, may cause us to change our opinions regarding sprue. The bacteriologists and pathologists generally, are notable but irregular contributors to the field of tropical medicine. Other contributors can be found among specialists in almost any of the sciences upon which human or veterinary medicine depend. Thus, knowledge of importance for tropical disease is widely scattered. But the specialist in any field has a synthetic function. He must collect and correlate all knowledge pertinent to his subject. He must interpret this knowledge in the light of his own experience and must conduct investigations upon lines indicated by the needs of his subject. This synthesis of knowledge of tropical disease, its interpretation to serve the medical needs of the tropics, and the maintenance of constant warfare upon the medical problems of the tropics are primary functions of the professors, the departments, and the schools of tropical medicine.

"With but scant time for the inquiry I have attempted in a measure to appraise the present status of teaching and of research in tropical medicine in the United States. To obtain the necessary data, letters of inquiry have been written to a number of medical schools and to a few other institutions where I had reason to believe that work falling within our special field of interest was being performed. The information gathered is probably typical of conditions in our medical centers generally.

"The first important fact elicited is that parasitology is being more and more emphasized and that parasitologists throughout the country are contributing more and more to knowledge of some of the diseases most common in the tropics. Tropical medicine is now being widely taught, but incidentally and in part only by professors of internal medicine, by parasitologists and by other teachers primarily interested in other specialties. This increase of teaching, incomplete though it is, represents a gain to the subject. Of greater importance are the facts that chairs of tropical medicine are increasing in number and that schools of public health of recent growth give an important place in their curricula to the prevention of tropical diseases and provide a new stimulus to the study of tropical hygiene.

"The greatest recent advance in academic organization, however, was the opening in 1926 of the new School of Tropical Medicine of the University of Porto Rico under the auspices of Columbia University. Clinical teaching finds an important place in the curriculum and a new hospital is in process of construction. Here at Harvard we have an excellent scientific staff in the Department of Tropical Medicine and a most varied corps of able specialists in other medical and biological departments which cooperate in the teaching of tropical medicine, but thus far, we have been unable to obtain anything like adequate clinical facilities. No special hospital for tropical diseases yet exists anywhere in the United States. This is unfortunate not only from the standpoint of research in tropical medicine but also from that of the individual afflicted with



some tropical malady. Our Department feels that such a hospital could be utilized to very great advantage at Harvard and hopes that effort will be made to provide for this need."

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#### SPLEEN RATE IN UNITED STATES

About seven thousand school children have been questioned and examined with a view to obtaining positive information or evidence regarding malarial incidence, and the point is considered under the heads of history, spleen index and parasite index. The spleen index was obtained with the child standing, bending forward and deeply breathing, the blood examination by a thick smear. The history index was positive in 1,689 of 7,143 children or twenty-four per cent, the maximum being 61.9 in white children in Leflore County, Miss., and the minimum 7.4 in white children in Chatham County, Ga. The spleen index in 7,108 children was 4, with a minimum of 0.2 in colored schools in Chatham County and a maximum of fifteen colored children in Leflore County. The parasite index in 5,103 children averaged about 7, with a minimum of 0.9 in South Carolina, the children being nearly all white, and a maximum of 29.7 in white children in Taylor County, Fla. The low infection rate is attributed to the short period of transmission (mid June to end of September), an economic status which can afford food and quinine, and to the observation that "the disease has a definite trend downward in this country, already having disappeared from large areas."

—(*Tropical Diseases Bulletin.*)

