PRESIDENTIAL ADDRESS

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"My desire is . . . that mine adversary had written a book"—Job, 31:35.

It has been the custom in the past for the President of this society to sum up, in his annual address, the advances made in tropical medicine during the preceding year. With your permission, I will reverse this procedure and will attempt to point out a few of our faults, for we must all agree with Doctor Andrew Balfour that "it is sometimes more profitable to remember our deficiencies than to glorify our achievements." The physician is perhaps of all types of scientists, the worst offender in his disregard of facts and principles discovered previously and in his tendency to under-rate the importance of these. In case an observation was one of ancient times, with its description distorted by having passed through one or more languages in translation, the physician makes little effort to put a modern and sensible interpretation upon it.

Whether my understanding of Job's meaning is correct or not, viz., that the best way to meet an adversary is with his own words, we do know that if a writer has put himself on record in a book which has sufficient merit to have come down to us from the olden times, the book will have some value whether the author's observations are correct or not, for the only way we have of "communion with our ancestors" is by means of the books they have left us.

We hear that it takes but a few months for a poor observation or a faulty method to find a place in our text books and start its vicious career down the ages. On the other hand, it often takes several centuries to get such a fallacy out of the literature. It

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would be profitable if some one would reproduce the treatment of some of the longest known diseases as exemplified by the best authors back, say, for five hundred years at intervals of fifty years. Many of our medical fallacies doubtless would find origin in the "great open spaces" beyond that, for we moderns find ourselves participating in racial and even religious prejudices dating back to the Middle Ages and beyond.

Even after one of these fallacies has been outlawed, it will often bob up serenely and show its unholy head again perhaps years later. To illustrate let me quote a paragraph from Winterbottom having to do with inoculation in yaws. His work was published in 1803.

The yaws is said to be rendered more mild in its symptoms, and quicker in its progress, by means of inoculation, a practice totally unknown to the natives round Sierra Leone. Mr. Edwards (History of the West Indies) was informed by a black woman who came from Annamaboo, "that the natives on the Gold Coast gave their children the yaws (a frightful disorder) by inoculation;" and she described the manner of performing the operation to be making an incision in the thigh, and putting in some of the infectious matter. I asked her what benefit they expected from this practice? She answered, that by this means their infants had the disorder slightly, and recovered speedily; whereas by catching it at a later time of life, the disease, she said "got into the bone," that was her expression.

Even the non-medical historian, Bryan Edwards, whom Winterbottom here quotes, registers his resentment at such a practice in the parenthetical exclamation "yaws (a frightful disorder)."

Now then, let us compare this semi-savage's statement with the vision pictured by the author of a popular volume published 124 years later (in 1927) on "Immunity in Syphilis."

If it is true that an attack of yaws is capable of protecting man against syphilis, one cannot help wondering if it might not be possible to protect human beings against syphilis by systematic inoculation with yaws virus, even to the extent of producing a mild attack of the latter. Perhaps the tropics will yet see a new Janner. If there is anything in the idea that yaws protects against syphilis one might be justified in raising the question as to whether campaigns to eradicate yaws are after all of
real value in communities exposed to syphilis. Which would be better, yaws in childhood with concomitant immunity to syphilis later in life, or no yaws and susceptibility to syphilis?

After reading this paragraph we are inclined to wonder what those Immortals would think about it, who by their sacrifices and toil, have shown us what a “terrible triad” of human miseries and woes is wrapped up in the phrase “the venereal disease:” the unfortunate John Hunter, Bell, Mairion and Ricord and those two great teachers of the truths about this triad, Sir Jonathan Hutchinson and Sir William Osler.

Many examples of “throwbacks” like this could be shown among the several diseases we are called upon to handle as teachers and as physicians. By losing sight of facts and principles discovered long ago, we repeat work that is entirely unnecessary, or from prejudiced reasoning upon known facts we complicate the whole matter and come to unjustified conclusions. If we follow through upon the venereal diseases which, after all, are among the most important diseases occurring in the tropics, we are confronted with the childlike reasoning and childlike proof that syphilis had its origin in America. After we have proved (?) this to ourselves in a half dozen different languages (including the profane language, for all of us get a bit worked up when trying to place this family skeleton in our neighbor’s closet) we then tactily admit that we were talking about five distinct diseases instead of just one, to wit: leprosy, syphilis, gonorrhea, chancroid, and yaws, for these were not differentiated until long after America’s discovery. We cannot prove an American origin for one without proving it for all of these. We would be highly amused over such inconsistencies if the scientist within us rather than the partizan were allowed to control our reasoning. It happens that true leprosy (elephantiasis graecorum) is of Eurasian origin and we know that it is a disease of great antiquity. Now meditation would solve many of these medical riddles, but we often resort to research when meditation would serve better. During the past four hundred years one or another of our confrères has been able to prove an American origin for nearly all the human diseases except leprosy, seasickness and perhaps “tularaemia.”
We are familiar, of course, with the service which the Biblical, but none-the-less bibulous, Noah rendered to the Earth when he perpetuated all animal species thereon by his adventure in the Ark. Few, however, are aware of the dis-service which the Great Discoverer was guilty of when he sailed back to Spain with the Pinta and the Niña, for he had left the Santa Maria upon the rocks of Hispaniola. According to one or another of the "researches" spoken of, he carried back to Europe a great many of the diseases to which the flesh is heir. Our personal understanding of the affair is that these diseases were immediately recognized by the physicians of 1493, were given their exact and proper names and after being released in the ports where the two ships landed, spread thence to Europe, Asia, and Africa in a perfectly orderly manner. This is considered the most unfortunate voyage ever made from the tropics in historical times. We may be pardoned however, for expressing surprise at several features of these discoveries in the geography of disease. First, recalling the small size of the crews of his two ships, for only 44 of the complement of the first voyage ever returned to Europe, and remembering the slowness of travel in those days, surprise at the Discoverer's resourcefulness in managing to have enough pabulum to carry back to Europe the several diseases with which the Indians infected his crews. He must have had to exercise considerable care to prevent his yaws virus getting mixed up with his syphilis virus for instance; and second, surprise at the fact that anybody in Europe, Asia, or Africa should have been so stupid as to have found it necessary ever to die before Columbus got back with these Arks of Infection. Furthermore, when the virus of syphilis was confronted with the necessity of spreading, within 56 months, from this small beginning over the three continents mentioned, a surprising alteration in its epidemiology was required and it was several years before the virus returned to the normal performance it manifested in its "West Indian home."

This spread of lues is the more remarkable when it is recalled that Columbus and his Valiant 44 landed at Lisbon just 416 years before the development of the aeroplane. It would be difficult to figure how those 44 carriers, granted that they were all carriers,
could work the havoc which the "researchers" have found they did work in the three aforementioned continents, even if they had been provided with aeroplanes. Those, however, were the days of the conquistadores! Perhaps that explains it.

It would be worth the time of those who have not done so to read Astruc's account of the reasons why pre-Columbian physicians were "addicted to the use of mercury." This author's remarkable work "A Treatise of The Venereal Disease" was translated into English in 1737. Astruc was an intense partizan and takes great pains to prove the American origin of syphilis. Chapter VII, of Book II is entitled, "Of the different use of Mercury or Mercurial Medicines in the cure of the Venereal Disease from the first appearance of the distemper to this day."

Though a finished scholar, Astruc did violence to the definition that "to reverence superiority and to accept a fact though it slay him are the final tests of an educated man." After describing the use of mercury by the Greeks and Romans and its wide employment by the Arabian Physicians, he proceeds to a discussion of why these ancient and mediaeval physicians used this specific. Of course the reason they used it was to cure their syphilis, but Astruc proves the very reverse of this. It is a wonderful example of what the scholar may do in the way of bringing forward evidence to support his thesis. The partizan is everywhere in evidence, however, and his sly acknowledgment that it should not be expected of him that he give both sides of the argument stamps him unmistakably as such. It is through the influence of such uneducated scholars as Astruc that many fallacies are perpetuated in the literature.

Three such fallacies are now being carried along in this same class of diseases. These are, first, that mercury will not cure yaws; second, that there are demonstrable morphological differences between Treponema pertenue and Treponema pallidum; and third, that the so-called gangosa is an entity. The first of these is at least a century and a half old. It is alluded to in Winter-bottom's work above referred to, and it may be seen in most of the books published down to the present time. Amongst others, the United States Navy experience at Guam and in Haiti has
given this a complete "knock out," but the ghost will not down. It is one of those things which violates the laws of nature in that hoary age seems to better its health.

The second, that relating to the morphological differentiation of the treponemata, is starting out as a fairly lusty youth. Each of us here knows that he can not make any such differentiation, and he would feel foolish if some one should ask him to look at a dark-field preparation and say which organism was there. It is stultifying to give elaborate directions for the student to apply, directions which we teachers can not ourselves use. The sound view to teach here is that no such differences exist.

The last I shall speak about is the "gangosa" fallacy. What the truculent Job referred to when he brought the Lord to carpet in those ever-to-be-remembered words "My bone cleaveth to my skin and to my flesh and I am escaped with the skin of my teeth," (Job, 19:20) was, I am sure, that which in Guam would be called gangosa. And while it is evident from the howl he made about it, that Job was pretty hard hit, his syphilis was not so hostile to him as that of Guam to the inhabitants of that Island, for many of these unfortunates were not even spared the skin of their teeth. Rhino-pharyngitis mutilans, to employ a Latin Verse which Captain Leys finds should be used to designate this condition, "infected" the medical literature as a distinct disease about 1905. Several of our best text books on tropical medicine still give it a special title and all the honors extended to such important diseases as malaria and schistosomiasis. As a matter of fact, there is no more need for such special consideration than there is for giving "side boys" to a saber shin or a syphilitic iritis. It has gotten into the literature in that form, however, and very likely will complicate the descriptions of syphilis and confuse the medical student for the next couple of centuries.

Not only do we initiate and, by our teaching, perpetuate ideas and theories that will not stand critical investigation, but our medical journals, hoisting the bogy of "controversial material," will often tabu articles and manuscripts tending to show the fallacy of some of these ancient bulls and pronunciamentos.
This spirit of coerciveness is essentially the same as that which would enact laws in order to make the other fellow's thinking and conclusions correspond with our own.

Within this current month there has been completed one of the most important literary works of all time. I refer to the Oxford English Dictionary, which has been nearly forty years in the making and has used many of the foremost scholars of the Age. This work was constructed by applying "the historical method to the life and use of words," that is to say, by digging up the exact sentences by which the vast multitude of authors have introduced, or changed the meaning of the words of the language, this dictionary shows the progress of the particular word through the centuries to its present-day meanings or to obsolescence and death. It is a veritable necromancer for putting us in touch with the spirits of our ancestors. To the physician it is a great boon for he can not read the references to the vast literature of medicine therein contained without gaining more respect for his calling and for the memory of that army of physicians whose march through the past has presented us with the medicine of today. By means of the dated quotations from the medical literature it is possible to run down many of our medical fallacies and to place the responsibility for them where it properly belongs. It is rare indeed that a term such as "influenza" or "yaws" can show an uncontaminated record as far back as three hundred years. A term will usually become more inclusive as it courses backward. Thus, when the term "leprosy" was incorporated into English from the Greek, it included several conditions which we now know are entirely distinct from true leprosy. So also with a great number of terms used in medicine. One of the beneficial effects of such a work as Murray's Dictionary is that it stabilizes and gives precision to scientific terms.

On looking into the origin of the terms about which we have been speaking, we find that the name syphilis while given to the disease it connotes by Fracástoro as early as 1530 and perhaps used in the medical Latin of the period, was first used in English by J. F. Nicholson in 1718 in a work called "Modern Siphilis: or
the true method of curing every stage of the venereal disease."  

*Chancre* was first used in our modern sense in 1605.  *Chancroid* is a mere infant, for it was apparently introduced into the language by Bumstead in 1861.  *Gonorrhoea* harks back to an ancient Greek ancestry in its present form, while the term *yaws* and its several synonyms first appeared in English in the early part of the Eighteenth Century.

To epitomize what we have hoped to convey in that which has gone before, it would seem that we who practice and teach that specialty we are pleased to call Tropical Medicine, after all but a small branch of General Medicine, should strive to be:

1. As quick to apply *long-known* facts and principles as we are industrious to discover new ones;
2. As much pleased to nail *ancient* fallacies as we are to shoot down modern ones, and
3. In the interest of the future student, as earnest in the desire for simplicity and clearness in our statements of medical facts and principles as the circumstances will permit.

This is but another way of expressing the economic law, that regardless of the fact that some of us may think "she is taking her own time about it," nevertheless, we may be assured that in the end, "truth will prevail."