EXCESSIVE LIABILITY OF EUROPEAN WOMEN IN AFRICA TO TRYPANOSOMIASIS:

ITS CAUSE AND PREVENTION.

By SIR PATRICK MANSON, K.C.M.G., M.D., F.R.S.,
PHYSICIAN TO THE SEAMEN'S HOSPITAL SOCIETY; MEDICAL
ADVISER TO THE COLONIAL OFFICE.

So far as I am aware, there is no anatomical or physiological reason for thinking that the European female is more susceptible to trypanosome infection than the European male. Considering the very small number of European women and their relatively slight exposure as compared to European men in tropical Africa, one would expect a case of trypanosomiasis in the female European to be a rare event. Of every hundred Europeans there, I do not suppose that five are females. I have no accurate statistics, but I believe that 5 per cent. is an overestimate. Nevertheless, of the 14 cases of trypanosomiasis in Europeans (2 from the River Gambia Colony, males; 2 from Northern Nigeria, males; 2 from Uganda, males; 5 from the Congo, 1 male and 4 females; 1 from the Congo-Rhodesia Frontier, male; 2 from Loanda, 1 male and 1 female) with which I have had to deal, 5 were females. Assuming that the above estimate of the proportion of the sexes of Europeans in these districts of Africa is approximately correct, and assuming that the susceptibility of the sexes to this terrible disease is equal, then one would expect that instead of 9 males afflicted with the disease, I should have encountered at least 95.

Having recently met with the fourth and fifth cases (included in the above) of trypanosomiasis in European ladies from Africa, the conviction has been borne in on me that this relatively enormous disproportion in liability to this very grave infection in the European female is no mere accidental coincidence. I am induced to call attention to the subject in the hope that, the fact and the probable cause being indicated, European ladies in tropical Africa will see to it that by quite simple measures a terrible risk may be obviated in the future.

Of my 5 trypanosome cases in females, 3 gave a definite history of a bite by some insect on the leg. Immediately on being bitten the part became very painful, inflamed, and swollen, and within a few days the initial fever and eruption symptomatic of trypanosome infection supervened. When I saw the patients some months later there was still distinct evidence in the local erythema and swelling of what had occurred. In one case only the infecting bite was apparently on the finger. With regard to the fifth case my impression was, though I have no record of the fact, that the bite was, as in the other three cases, on the leg. However that may be, it is certain that in three-fifths of the cases the infection was introduced by a bite on the leg.

These facts indicate that in the present European female dress *Glossina palpalis*, or possibly some other biting vector, has its opportunity, and that the petticoat and skirt should be discarded for some other type of garment, and one more resembling the male trouser, which apparently confers a relative immunity to the wearer. Skirts and petticoats should be discarded in Africa, and a Bloomer costume, or loose trousers of some sort, securely tied round the top of the boots, as well as loose sleeves similarly tied round the wrists, substituted. Thus, in my opinion, the grave and excessive risk to which the European female is unnecessarily exposed in tropical Africa might be obviated. Men, too, should have their trousers and jackets similarly secured. One of my male patients was infected by a bite on the leg while lying asleep with legs exposed on the deck of a river steamer. Manifestly the bathing-drawers style of trouser, so much affected by European travellers, residents, and sportsmen in Africa, should be abandoned for a safer kind of leg covering.

THE number of medical practitioners in Russia in 1907 was 18,315, of whom 986 were women. Of lower grade practitioners there were 20,279, of whom 3,150 were women.

RESULTS OF ONE HUNDRED OPERATIONS FOR CARCINOMA MAMMAE.

By PRIESTLEY LEECH, M.D., B.S.LOND., F.R.C.S.ENG.,
SENIOR SURGEON TO THE ROYAL HALIFAX INFIRMARY.

It has been in my mind for some time to put down in actual figures the results of my operations for cancer of the breast, but although I had made some steps towards that end it was the coming of the Yorkshire Branch of the British Medical Association to Halifax that gave the necessary impetus to the finishing of the task, which has been no light one.

The impressions formed by a surgeon as regards the results of a certain operation are not to be trusted unless these impressions are verified by a complete overhauling of the cases during some years. The successful cases are very apt to be remembered and the unsuccessful to be forgotten—not necessarily through any natural human desire to forget the unpleasant things in life, but because the old proverb, "Out of sight, out of mind," applies to patients who have died just as forcibly as it does to other persons and things. I confess that in my case I had formed an impression that my results in cases of breast cancer were much better than they actually are, simply because I have come in contact at intervals with cases which were operated on several years ago and have had no recurrence; the cases which had died some time after operation did not present themselves for review, and it was only those who happened to have been under my personal charge that occasionally made me wonder what the percentage of non-recurrence after operation really was. At one period during the collection of the statistics for this paper I was forcibly reminded of the saying of a French physician about tuberculosis, that *l'étude de la tuberculose est une méditation sur la mort*.

In this connexion I should like to draw the attention of both medical and lay journalists to a comparison of these two diseases from the point of causation and cure. The profession has been subjected to a good deal of obloquy and cheap sarcasm by newspapers because it has not yet discovered either the cause of or a cure for cancer, and even the medical papers continually lament the apparent want of progress in this direction. I well remember the enthusiasm with which Koch's discovery of the tubercle bacilli was hailed, but I should like to ask how many cases of tubercle even now die, although we know the cause. When the cause of cancer is discovered—and some day I believe it will be discovered—we shall yet be a long way from curing most cases of cancer, unless both the profession and the public are much better educated as to the insidious commencement of most cases and our means of diagnosis improve.

In certain cases of cancer a practical cure can be assured by operation. As regards other means of cure I have had a limited personal experience of the treatment of external cancer by the x rays; by oöphorectomy and thyroid gland; the results have not been satisfactory. In rodent ulcer, mammary carcinoma and sarcoma the growths have diminished in size under treatment by x rays, but the patients have died from internal recurrence although life has been rendered more comfortable, and perhaps lengthened by a period of some weeks. I have also seen cases which have been treated by cancer curers by injections, with appalling consequences as I will show later. How any one with the most elementary knowledge of the pathology of cancer could expect to cure a malignant growth by injections round it passes my comprehension. The results of trypsin and similar injections have been equally fruitless. As far as can be seen at the present time successful results can only be hoped for from a properly planned operation and possibly from the use of radium if the favourable results of its action recently published can be obtained.

From the very beginning of my surgical career I was thoroughly imbued with the idea that cancer had a local origin at first, and that its later manifestations were due to infection from the primary focus, just as in syphilis. This idea had a profound influence on my practice, and from the writings of Gross, Mitchell Banks (who never received the recognition due to him for his work on cancer of the breast), and Heidenhain, I have always extended my