Chapter 1

History of Tropical Medicine, and Medicine in the Tropics

European doctors practised in tropical countries as early as the seventeenth and eighteenth centuries in the English West Indies (the ‘Sugar Islands’), India, the East Indies and later Africa, the western coast of which was widely termed the ‘white man’s grave’.1–3 Many also produced monographs describing their experiences, with an outline of the disease pattern at these various locations. Many infections which now fall under the ‘tropical’ umbrella were widely distributed in northern Europe and northern America during the seventeenth to nineteenth centuries. For example, William Shakespeare (1564–1616) was well aware of malaria in England: ‘he is so shak’d by the burning quotidian tertian that it is most lamentable to behold’ (Henry V, II. i. 123). Thomas Sydenham (1624–1689) successfully used fever-tree bark (containing quinine) in the management of the ‘intermittent fevers’ during the seventeenth century.4 Indigenous Plasmodium vivax infection remained a clinical problem in south-east England well into the twentieth century. Plague, typhoid, cholera, typhus and smallpox were major health hazards in Britain, London included, during the winter months; and other problems (not least noise) associated with the situation in the midst of an extremely busy part of the River Thames proved tiresome.12 The major objective was thus largely targeted at the management of illnesses (especially fevers and sexually transmitted diseases), many of which had been introduced into London from tropical and subtropical countries.7 At a meeting held at the City of London Tavern on 8 March 1821 (William Wilberforce MP (1759–1833) was among those present), the committee resolved to establish a permanent floating hospital on the Thames for the exclusive use of sick and distressed seamen; the venture was to be supported by voluntary contributions. A series of hulks, HMS Grampus (lent by the Admiralty in 1821) (Figure 1.1), HMS Dreadnought (1831–1857) and HMS Caledonia (renamed Dreadnought) (1857–1870) were all anchored in Greenwich Reach and used successively; they had been 48, 98, and 120-gun vessels, respectively.5,11,12 Although they served a valuable function, major practical problems arose: ventilation was poor, and nosocomial spread of disease occurred; lack of light was a major drawback during the winter months; and other problems (not least noise) associated with the situation in the midst of an extremely busy part of the River Thames proved tiresome.12,13 In 1870, after protracted negotiations, the Commissioners of the Admiralty granted the SHS a 99-year lease of the Infirmary (and adjoining Somerset Ward) of the Royal Hospital, Greenwich, in lieu of the loan of the ship(s).5,11,12 This move was made possible by a sharp decline in the number of pensioners residing in the hospital during the peaceful years following the battle of Waterloo (in 1815); the infirmary was therefore no longer required for them. In 1873, the hospital ceased being a permanent home for naval pensioners and
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became the Royal Naval College (previously based at Portsmouth). The Royal Hospital had been founded in 1694 by William III (1650–1702) and Mary as the naval equivalent of the Royal Hospital, Chelsea, founded by King Charles II, and is still in use for army pensioners today.

Emergence of the formal discipline in London

Following his return to London from Formosa and Amoy (where he had made his seminal discovery of man–mosquito transmission of the nematode *Filaria sanguinis hominis* (*Wuchereria bancrofti*), a causative agent of lymphatic filariasis) and Hong Kong, Patrick Manson (1844–1922) (Figure 1.2) embarked on a series of lectures devoted to ‘tropical medicine’ at several London medical schools. The Rt Hon Joseph Chamberlain (1836–1914), Secretary of State for the Colonies, was immediately impressed at the possibility of sending Colonial medical staff on leave in Britain to these lectures, to give an update on the prevention and management of those diseases which seriously affected the ‘servants of Empire’. Regular trade, efficient administration and agricultural production were all seriously hampered by disease; Chamberlain’s concept of ‘constructive imperialism’ could not be adequately developed in the presence of such a great deal of morbidity and mortality. Despite a great deal of opposition, clinical tropical medicine emerged as both an important medical specialty and scientific discipline (the importance of parasites and their vectors in transmission of disease had only recently become clear – see above). Chamberlain considered that ‘tropical medicine’ was an essential component in the future development of British economic and social imperialism. It was, in fact, to become a ‘colonial science’. At the 1898 meeting of the British Medical Association held in Edinburgh, at which Ronald Ross’s (1857–1932) work in Calcutta, India, on the role of the mosquito in avian malaria was announced (his initial demonstration at Secunderabad, India, of *Plasmodium* spp. development in the mosquito had been published in the *British Medical Journal* the previous year), a new section devoted to ‘Tropical Medicine’ was inaugurated. There were several reasons why the discipline had not previously emerged. Many ‘tropical diseases’ had formerly existed in northern Europe (including England) and northern America. There was also widespread feeling that the high mortality rate affecting the white man in the tropics was inevitable, and that climate would prevent his living and working there successfully. The ‘miasmatic theory’ still held sway. Furthermore, there was an understandable pessimism regarding the possibility of significant environmental improvement in the foreseeable future, most British colonies being situated on unhealthy coastlines. Also, research had until then taken a very low priority for medical staff working in the tropics; their perceived task was solely to provide medical advice and care to the local British community.

The Manson–Chamberlain collaboration

In order to implement effective development of the ‘new’ discipline, Manson was appointed Medical Officer to the Colonial Office in 1897. Here, with Chamberlain’s wholehearted support, he set about establishing a School of Tropical Medicine in London (LSTM). A major problem relating to the venue of the proposed institution arose. Manson favoured the branch hospital of the Seamen’s Hospital Society, situated near the Royal Albert Dock. The Royal College of Physicians was of the opinion that a new school was unnecessary. The senior medical staff of the Greenwich Hospital

Figure 1.1  HMS Grampus. The first of three hospital-ships lent by the Admiralty to the Seamen’s Hospital Society, anchored on Greenwich Reach. This disused 48-gun warship served in this capacity from October 1821 to October 1831.

Figure 1.2  Dr (later Sir) Patrick Manson (1844–1922) aged 31 years. This photograph was probably taken while he was on leave in Britain from Amoy in 1875.
felt that removal of the ‘tropical’ cases to the Albert Dock Hospital (ADH) was a slight on their professional ability and was in any case undesirable because medical students from London’s teaching hospitals were accustomed to visiting Greenwich for tuition in the diagnosis and management of these illnesses. The end result was an outburst of acrimonious correspondence in the columns of the *Lancet*, the *British Medical Journal* and *The Times*, which later involved, among others, Sir William Broadbent, Sir William Church, Sir Jonathan Hutchinson and Sir Joseph Fayrer, the doyen of the Indian Medical Service. However, staunch determination from Manson and Herbert Read (Assistant Private Secretary to Chamberlain) to proceed with the project, strongly supported by Chamberlain himself, led to the rapid establishment of the proposed school at the ADH: financial assistance to the tune of £3550 came from the Colonial Office. A subcommittee was set up to formulate a scheme for organisation and management of the LSTM in connection with the SHS; the committee of management was to be composed of equal numbers of personnel from the SHS, the medical and surgical staff of the ADH, and teachers from the LSTM.

**School and hospital in close proximity**

The LSTM was officially opened on 2 October 1899. The hospital (under SHS supervision) to proceed with the project, strongly supported by Chamberlain himself, led to the rapid establishment of the proposed school at the ADH: financial assistance to the tune of £3550 came from the Colonial Office. A subcommittee was set up to formulate a scheme for organisation and management of the LSTM in connection with the SHS; the committee of management was to be composed of equal numbers of personnel from the SHS, the medical and surgical staff of the ADH, and teachers from the LSTM.

**Figure 1.3** Newly opened London School of Tropical Medicine – situated on an adjoining site to the Seamen’s Hospital Society’s Branch (Albert Dock) Hospital – in October 1899.

In 1921, a decision was taken to relocate the school and hospital to central London; Endsleigh Palace Hotel, 25 Gordon Street, London WC1, was purchased (by the SHS with funding from the Red Cross) for £70,000 and on 11 November, 1920 the Duke of York (later King George VI) opened the joint LSTM and Hospital for Tropical Diseases (HTD) in this building. The structure, which remains extant (and constitutes the student union of University College), provided five floors (at the top) for clinical tropical medicine, and four for the basic sciences; a radiology department was situated in the basement. Sir Philip Manson-Bahr (1881–1966) considered the building ‘dark, awkward and inconvenient, with multitudes of doors and narrow passages’, but never before had there been ‘more unanimity or good fellowship among the staff of the school and the hospital’. The Wellcome Tropical Museum was nearby and provided invaluable teaching resources.

Between 1899 and 1929 the clinical specialty and the basic sciences were thus on the same site – first at the ADH and later London WC1. The close proximity was both valuable and productive, a great deal of teaching and clinical research being accomplished. For example, two research projects carried out by the clinical staff clinched the mosquito transmission of malaria saga in *Homo sapiens*. C. C. Low (1872–1952) (later in large part responsible for establishing the Royal Society of Tropical Medicine and Hygiene at Manson’s House) and three other investigators slept between dusk and dawn, for 3 months, in a mosquito-proof hut about 7 km from Rome, Italy (where *Plasmodium vivax* malaria was prevalent); by so doing they avoided a *P. vivax* infection. Also, in 1900, three batches of mosquitoes infected with *P. vivax* were sent from Rome to London; Manson’s elder surviving son – then a medical student at Guy’s Hospital, and captain of rugby football – was exposed to them, and together with a technician, duly acquired a clinical attack of *P. vivax* infection, which responded to quinine.

**Foundation of the London School of Hygiene and Tropical Medicine: the close relationship between tropical physicians and basic scientific staff ends**

In 1921, the Postgraduate Medical Committee recommended that an Institute of State Medicine Public Health be created in Bloomsbury, near the University of London; the Rockefeller Foundation was persuaded by Professor R. T. Leiper (1881–1969) to donate US$2 million to the Ministry of Health for the development of this facility. On 18 July, 1929, the London School of Hygiene and Tropical Medicine (LSHTM) was officially opened at Keppel Street (Gower Street) by the Prince of Wales (later King Edward VIII) (1894–1972). Some years after this, the SHS ceased manag-
ing the School, and clinical tropical medicine became detached from the basic sciences. Clinical tropical medicine in London suffered a further temporary setback when the Ross Institute and Hospital for Tropical Diseases (Director: Sir Ronald Ross) was opened at Putney West Hill on 15 July, 1926. It was, however, clear from the outset that there was insufficient clinical material in London to justify two hospitals devoted to the management of tropical disease; the project therefore had no chance of becoming viable from a clinical viewpoint. The institution ultimately became incorporated into the LSHTM, as the Ross Institute for Tropical Hygiene, with four beds at the HTD, in 1934; the Director had died 2 years previously. The itinerant saga of clinical tropical medicine in London continued unabated and the survival of Manson’s original concept seemed at times in serious jeopardy – not least during World War II (1939–1945), when the specialty had to make do with a mere 10 beds – with no teaching facilities, at the Dreadnought (the SHS’s land-based flagship) Hospital, Greenwich. For a brief period after the war, a nursing home in Devonshire Street, London W1, housed the discipline. In 1951, the HTD was transferred to St Pancras, NW1 and officially opened on 24 May (Empire Day) by the Duchess of Kent. In late 1999, the latest (and possibly the final) move of the clinical discipline, to University College Hospital, took place; regrettably, the facilities in that overcrowded setting were extremely limited. Regarding the clinical discipline in London, Manson-Bahr later concluded:

In recounting the chequered history of this institution, the Hospital for Tropical Diseases, a venture one would have thought essential to the greatest of all Empires, there runs the thread of insecurity . . . the hospital became the whipping boy of medical politics . . . The Board of the SHS was always a representative body of admirals whose interest lay in the sailor, but not in (clinical) tropical medicine.

The future of the clinical discipline in London remains anyone’s guess.

DEVELOPMENT OF TROPICAL MEDICINE IN LIVERPOOL

This chapter has concentrated on the LSHTM because the principal catalyst for the ‘formal discipline’ – Manson (the ‘Father of Tropical Medicine’) established his school there. However, the Liverpool School of Tropical Medicine had opened about 6 months earlier. Although the concept of a School of Tropical Medicine in Liverpool developed after that in London, the plan of action proceeded more rapidly, and the School was opened to students on 21 April, 1899. In many senses therefore, that one should be designated the Pioneer School of Tropical Medicine. The initial momentum had originated in a circular from Chamberlain to the General Medical Council and leading British medical schools (11 March, 1898), and a letter to the Governors of the Colonies (14 June, 1898). The timescale of the first appointments was impressive: 20 January, 1899 – Dean appointed; 7 February – Demonstrator in tropical pathology (Dr H. E. Annet); 10 April – Lecturer in tropical medicine (Major Ronald Ross, IMS); 22 April – School officially opened by Lord Lister (1827–1912); May 1899 – teaching started. The Liverpool School was not a ‘brainchild’ of Manson/Chamberlain (unlike the LSTM), and it did not therefore receive Government support – a source of irritation (and perhaps even anger) at the time. It owed its inception to the initiative(s) of Mr (later Sir) Alfred Jones KCMG (1845–1909), a prominent Liverpool (an important seaport) figure, and an energetic leader in the development of Liverpool’s overseas trade with the West African Colonies. He controlled the Elder Dempster shipping line, which traded with the Canary Islands and West Africa (and had a thriving business in bananas, groundnuts and oil nuts); local commerce had previously involved the ‘triangular trade’. Together with several wealthy and generous Liverpool merchants, he also provided the financial backing for the School’s foundation. The other major personality in the project was Dr (later Sir) Rubert Boyce, FRB (1863–1911) – the first Dean. The project was encouraged by the Royal Society, whose Secretary wrote to the Principal of University College, Liverpool (18 November, 1898): I think the idea of starting something at Liverpool about Tropical Diseases in connection with the College, most admirable. The opportunities of studying Tropical Diseases are greater at Liverpool than anywhere else in England, excepting perhaps London. You have to arrange: 1. For teaching. 2. For investigation. No. 2 wants, I think, more support than No. 1. If you had a ward, say at the Southern Hospital, one of the physicians might take charge of it, and give lectures, clinical at the Hospital, and general say at the College – I suppose you might give him a title. For investigation you do not, I think, need a separate Laboratory at College, but a small Clinical Laboratory and the Hospital itself . . . The next point, I am in doubt about. I am inclined to think that the Pathology of Tropical Diseases should belong to the Professor of Pathology, who should, by virtue of this have some connection with the Tropical Diseases Ward in the Hospital, have access to the cases, . . . This system of a Pathologist working with the Physician or Surgeon in Clinical charge of the sick is being very largely worked with great success in America, and in this Tropical Disease seems to offer an opportunity for it. I have talked with Lord Lister (1827–1912) [President of the Royal Society], and he generally approves of what I have proposed, at least, thinks it most desirable that the Hospital and College should lay hold of Tropical Diseases. I myself feel very strong that it is an opportunity of study of these diseases. When the experts on Malaria sent out to Africa get to work on the West Coast, as they will in time do, it will be a great advantage to have an Institution for Tropical Diseases already in work at Liverpool. The experts abroad can work with the men at home.

At a meeting convened at the offices of Messrs Elder, Dempster and Co. on 23 November, 1898, the following were present: Alfred L. Jones; William Adamson, President of the Royal Southern Hospital; R. T. Glazebrook, Principal of University College; William Alexander, Senior Surgeon of the Royal Southern Hospital; William Carter, Physician to the Royal Southern Hospital, Professor of Therapeutics, University College; and Boyce. The resulting minutes were as follows:
The following resolutions were unanimously passed: 1. That the gentlemen present form themselves into a Committee, with the approval of their various boards, for promoting the study of Tropical Diseases and to consider the best means of carrying out . . . Jones' intentions in the munificent offer he has made to further the above object. 2. That Mr Charles W. Jones (of Messrs Lamport and Holt) be asked to serve on this Committee. It was decided that the above resolutions should be printed, and that Jones would hand a copy to . . . Chamberlain . . . The Committee recommended that before the next meeting, the Professional Members should meet together to consider and suggest the best means for . . . carrying out these objects.

At a second meeting (12 December, 1898) a letter from Lord Ampthill (Colonial Office) to the Chairman (1 December) was read:

I have shown your letter of the 28th ult, with regard to the School of Tropical Medicine [to] Chamberlain. He was much interested and very glad to hear of the important work you have thus commenced. You are no doubt aware of what . . . Chamberlain has been doing himself with regard to the establishment of a School of Tropical Medicine [in London] and he considers it a great advantage that Liverpool should be co-operating on similar lines. If it would interest you, I should be very glad to send you particulars of the Colonial Office scheme and information as to what has already been done, but I dare say you have learnt all that is essential from the newspapers.

In December 1898, the Lancet reported:

. . . Chamberlain's scheme for the teaching of tropical diseases to colonial surgeons . . . has already borne practical fruit. Mr Alfred Jones [1845–1909] of Liverpool has offered £350 annually to establish and maintain a laboratory in Liverpool for the study of tropical diseases and the scheme will be carried out by a joint committee of the Royal Southern Hospital and of University College. A laboratory for immediate investigation will be built opposite the hospital, whilst prolonged research will be carried out in the pathological laboratory of University College, under the direction of Professor Boyce [1863–1911]. A large number of cases from the West Coast of Africa are taken into the wards of the Royal Southern Hospital, as Liverpool, being the centre of the African trade, is in constant communication with West Africa. We again have to congratulate Liverpool on the munificence of her citizens and would direct the attention of medical men about to practice in any capacity on the West Coast of Africa to the opportunity that is being afforded them for obtaining invaluable information.

In a letter (1 February 1899) from the Colonial Office, read to a Committee meeting, it was stated that Chamberlain was very glad to learn that it had been decided to establish this School, but regretting that the Government could not grant any financial aid; however, in the selection of candidates for medical appointments in the Colonies, preference would be given to those who had received instruction in tropical medicine, such as that provided in the Liverpool School. A further letter from Chamberlain (23 February) stated, however, that 'all doctors appointed to the Colonial Service must be attached to the ADH for at least 2 months'. The Committee resolved to: (1) write to the Colonial Office and express regret that Chamberlain did not see his way to dispense with the latter condition in the case of students from the Liverpool School; and (2) approach the Colonial Office on the subject. On 20 March, Professor Boyce announced that Lord Lister (see above) had written stating that he intended to approach Chamberlain on behalf of the School, and it was therefore resolved to postpone further action in the matter pending receipt of information concerning the result of this interview. However, Government funding was never forthcoming and there can be no doubt that this led to a significant souring of relationships (some friendly rivalry still exists) between Liverpool and London.

**Opening of the Liverpool school**

In 1899, The Lancet summarized the opening of the Liverpool School (Figure 1.4):

![Figure 1.4 Liverpool School of Tropical Medicine; this building opened in 1920.](image-url)
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This School was inaugurated under fortunate auspices on April 22nd of this year by Lord Lister. At the annual dinner of the Royal Southern Hospital on Nov. 12th, 1898, Mr. Alfred L. Jones, a prominent Liverpool citizen and West Africa merchant, made an offer of £350 a year to start a school in Liverpool for the study of tropical diseases. The offer was made in the presence of Professor Rubert Boyce of University College, Liverpool, and Dr. William Alexander of the Royal Southern Hospital... The great interest subsequently taken in the project by Mr. Alfred L. Jones, aided by the indomitable energy of Professor Boyce, resulted in subscription and donations coming in from all quarters towards the expenses of the proposed school. To those two gentlemen, warmly supported by the committee and medical staff of the Royal Southern Hospital, is due the establishment of the Liverpool School of Tropical Diseases. The management of the school is in the hands of a strong committee, of which Mr. Alfred L. Jones is the chairman and Mr. William Adamson... the vice-chairman. The committee also consists of duly appointed representatives of University College, Liverpool, the Royal Southern Hospital, the Liverpool Chamber of Commerce, the Steamship Owners' Association, and the Shipowners' Association. A sum of over £1700 has already been promised, partly in annual subscriptions and partly in donations, in support of the school, but more pecuniary support is urgently needed if the practical work already begun is to be maintained at its excellent level. A large floor in the Royal Southern Hospital has been set apart for tropical cases. This floor includes a cheerful ward containing 12 beds, now fully occupied, also an extensive laboratory for the examination of blood, urine, faeces, etc., and furnished with the apparatus applicable to modern research. Professor Boyce superintends the pathological department of the school, with Dr. Annett as pathological demonstrator. The committee have been fortunate in securing the service of Major Ronald Ross, IMS [see above], as special lecturer [later professor] on tropical diseases. The number of malarial cases treated in Liverpool in 1898 amounted to 294. In the previous year... there were 242 cases of malaria, 14 of beri-beri, 30 of dysentery, and 39 of tropical anaemia. With the means of instruction in the varied forms of tropical diseases thus afforded there will be no need for Liverpool students to proceed to London [where there were fewer cases22] to obtain that which is ready to hand at their own doors. The authorities of the Liverpool School of Tropical Medicine have lost no time in getting to real work.

In June 1899, Ross (Figure 1.5) gave an inaugural lecture: he committed himself to the practical application of his malaria researches; extermination of the mosquito, he envisaged, was the answer to the 'great malaria problem'. Ross had thus embarked on the 'sanitation' (or hygiene) tack, which was to dominate much of the Liverpool School's work for the forthcoming century.25,33

Subsequent developments in Liverpool

 Shortly after its opening (in April 1899), the Liverpool School started on a series of 'expeditions': the first embarked for Sierra Leone in July, and 11 more had been carried out by the end of 1903. Between its foundation and 1914, a total of 32 scientific expeditions to the tropics had taken place.24,30 The Annals of Tropical Medicine and Parasitology was founded by the School's staff in 1907. The School was compelled, however, to survive by subscription; there was therefore no year-to-year stability.

At the outbreak of the Great War (1914–1918), teaching had been in full swing for 15 years,24 two full courses were being given annually. An advanced practical course (of 1 month duration) was designed to meet the convenience of practitioners when at home on leave; those who attended this were excused the first month of the other course. Special courses on entomology designed for officers in the West African Medical Service and others were also given three times annually. Special research work was carried out at the School and the Runcorn Research Laboratories (about 16 miles from Liverpool). Excellent historical accounts of the Liverpool School of Tropical Medicine are due to Miller24 and Maegraith.34 The School (unlike LSHTM) has established close collaborative links with some of the recently created Universities and Medical Schools of Africa, and other newly 'emergent' developing countries.

MEDICINE IN THE TROPICS AND TROPICAL MEDICINE

The practice of medicine in a tropical country differs in many ways from that in a temperate one – where the classical specialty (exemplified by the London and Liverpool Schools) has dominated the scenario. A major problem arises in the definition of 'tropical medicine'; this was accepted by Manson himself2 in the preface to the first edition of this textbook in 1898:

The title I have elected to give to this work, TROPICAL DISEASES, is more convenient than accurate. If by 'tropical diseases' be meant diseases peculiar to, and confined to, the tropics, then half a dozen pages might have sufficed for their description... If... the expression 'tropical diseases' be held to include all diseases occurring in the tropics, then the...
work would require to cover almost the entire range of medicine . . . The tropical practitioner [he continued] enjoys opportunities for original research and discovery far superior in novelty and interest to those at the command of his fellow inquirer in the well-worked field of European and American research.

Figures 1.6 and 1.7 summarize some of the highlights in the development of these separate disciplines. In Britain (and other European countries) and northern America, infectious diseases dominated the medical scene until well into the twentieth century (Figure 1.6); however, following the introduction of improved sanitation/hygiene in Victorian England, their prevalence slowly declined, and the downward trend continued with the introduction of antibiotics in the 1940s and 1950s. Only recently has prevalence tended to increase – largely as a result of the HIV/AIDS pandemic. Tropical medicine, as an organized discipline, took off in the 1890s (see above) and reached a peak during the first half of the last century. Following World War II (1939–1945), or possibly before, a downward trend continued with the introduction of antibiotics in the 1940s and 1950s. Only recently has prevalence tended to increase – largely as a result of the HIV/AIDS pandemic. Tropical medicine, as an organized discipline, took off in the 1890s (see above) and reached a peak during the first half of the last century. Following World War II (1939–1945), or possibly before, a downward trend set in and as a result, this specialty continues to decline as a specific entity. The introduction of National Health Service ‘reforms’, following the Tomlinson report (published in 1992) and strategies of recent British governments, have rendered the future of this relatively small discipline extremely uncertain. The major priority in Britain at present is to maintain a cadre of physicians well versed in the more ‘exotic’ infections encountered in the UK (e.g. trypanosomiasis, leishmaniasis and schistosomiasis), a requirement which also applies to other ‘temperate’ countries. More emphasis should also be given to ‘travel medicine’.

In tropical countries situated in the tropics (Figure 1.7), the scenario is different. Organized medical services began with the Indian Medical Service; this was followed by the Colonial Medical Service – with a far wider influence. Although Manson had started a Medical School in Hong Kong in 1887, the first School of Tropical Medicine in a tropical country was established by Sir Leonard Rogers (1868–1962) at Calcutta (now Kolkata) in 1920; this was a pioneering achievement. When the former British Colonies acquired ‘independence’ in the 1950s and later, the ‘wind of change’ brought in its wake many newly created (indigenous) universities and medical schools, e.g. Makerere University College, Kampala; Ibadan University, Nigeria; and the University (and University Teaching Hospital), Lusaka; this led to much local teaching and research, and also simultaneously the introduction of local medical societies and examining boards. These are changing times, and the future of the formal discipline specialist Tropical Medicine is at present uncertain. But that must on no account be confused with ‘medicine in the tropics’.

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