

## **FIRST SESSION**

### **THE EARLY DETECTION OF IMPORTED AND ENDEMIC DISEASE**

#### **INTRODUCTION**

**Dr W. V. Howells, O.B.E., M.A., M.B., B.Chir. (*Faculty  
Provost*)**

**I** AM delighted to welcome you all here, with a special welcome to Dr Annis Gillie, president of the Royal College of General Practitioners. My task is a simple one, namely that of introducing you to Lord Platt, Emeritus Professor of Medicine in Manchester University, past president of the Royal College of Physicians. You will also remember that he was instrumental in the tremendous reorganization required to move the College of Physicians from Trafalgar Square to Regent's Park. He has always shown a keen interest and readiness to help us in every possible way.

#### **IMPORTED DISEASE**

#### **OPENING REMARKS**

**Lord Platt (*Chairman; Emeritus Professor of Medicine in the  
University of Manchester; past president of the Royal College  
of Physicians*)**

THE two subjects of the programme are 'Imported disease' and 'Screening for endemic disease' and they are two problems of medical care to which it is easy to give insufficient attention. The speakers are well chosen people, many of whom you will know about, and I will only just give you a little anecdote which shows the importance of what we are going to talk about. This was during the war and I was in hospital in Tunis, just at the end of the North African

Campaign, I was very surprised when my C.O. came to the tent and said that my brother was there to see me; now my brother was an engineer and a civilian, I did not expect to see him in Tunis, but he had come to see some of the German tanks which had been captured during the campaign. The next I heard of him was that he had had an extremely serious illness with which he had a high temperature and convulsions and in fact quite obviously would have died but for a young man who is now a professor in one of the African Universities who spotted that this was malignant malaria, and of course the cure was known and the patient recovered. But here to me was a most vital example of the importance of being aware of the possibility of imported disease, and this of course applies much more so today where people make journeys all over the world in comparatively few days. I think that's all that the chairman need say at this stage and I will now ask Professor Macgraith if he will start with his talk on "Imported disease and its early detection".

## IMPORTED DISEASE AND ITS EARLY DETECTION

**Professor B. G. Macgraith**, M.A., B.Sc., D.Phil., F.R.C.P. (*Dean and Professor of Tropical Medicine, Liverpool School of Tropical Medicine*)

On the second day of January this year a man died in the Royal Infirmary in Liverpool from malignant tertian (*falciparum*) malaria.

The patient came in too late to save. The diagnosis had been missed for a fortnight simply because the doctors who saw him did not think about malignant malaria and did not realize until the end how sick the patient was. The doctors did not think about the diagnosis. Had it been made in time, the man's life would have been saved. I wonder how many of you would have made the same mistake in dealing with a dangerous but unexpected disease in which the diagnosis would have been easy once it had been considered.

I intend here to talk about some clinical and diagnostic aspects of imported infectious diseases, particularly those commonly labelled 'tropical'. Of these undoubtedly the most dangerous to the individual is malignant tertian (*falciparum*) malaria. This disease, if missed, is a killer. The other forms of malaria are not. *Plasmodium falciparum* malaria is protean in its clinical manifestations and it is