

Noguchi's Lead Still Followed

Pathology

Not for months and perhaps years will the medical world be able to estimate the importance and value of the varied researches undertaken by Dr. Hideyo Noguchi, internationally known bacteriologist, and latest addition to yellow fever's long list of scientific martyrs.

From the germ cultures he has left, perhaps from samples of his own blood that he insisted be taken from his body for inoculation of monkeys, it may be found whether or not there are two forms of the disease, one American and one African. It may be that when his assistants who are at work on his material have their results ready to give the world, the ancient controversy will be settled and it will be established whether the dread "yellow jack" was one of the New World's questionable gifts to humanity or whether it was brought over from Africa with the importation of slaves.

During work on yellow fever in South America in 1918 Dr. Noguchi isolated a germ believed to be the cause of yellow fever. From it he developed a preventive vaccine and a causative serum that proved fairly efficacious if used within two or three days after the onset of the disease. Campaigns against the deadly stegomyia mosquito, carrier of the disease, practically stamped out the infection in the Western Hemisphere. Nevertheless, it continued to be a serious menace in West Africa.

Epidemiologists stress the importance of suppressing yellow fever in the west of Africa before a trans-continental railway is opened up to carry the disease to the East. The stegomyia flourishes in the warmer countries of the Orient, and once these mosquitoes became infected the havoc that a disease like yellow fever would wreak amid the unsanitary conditions of India and southern China would be appalling and should be prevented at any cost.

Anxious to smother the disease before it could spread afresh from its last stronghold, the International Health Division of the Rockefeller Foundation established a laboratory at Lagos, Nigeria, where a trained staff have been at work on the problem for many years. In South America, Dr. Noguchi was able to transfer the disease to monkeys and even guinea pigs, but workers in Africa found it impossible to inoculate any animals for a long time, a condition

that argues in favor of two distinct entities for the disease in the two countries. In all outward aspects, however, they are much alike. Finally Dr. Adrian Stokes, a British investigator at the Laboratory at Lagos, succeeded, along with a group of colleagues, in infecting monkeys of the variety known as *Macacus rhesus* with typical African yellow fever. Dr. Stokes also succumbed to the disease. But his work constituted an important step, since it did away with the necessity in studying the African form for volunteer human victims, such as were called for by the U. S. Army Commission in Havana years ago. At the same time the workers were unable to find the causative *Leptospira* in the patients' blood. It almost seemed as if the two diseases had different origins.

Since Dr. Noguchi was generally

conceded to know more about this particular group of germs than any other living person, he undertook the African trip last fall to see if he could personally sort out the two diseases. Perhaps his skillful crippled hands, famous throughout the realm of bacteriology for their technique with test tube and microscope, could demonstrate *Leptospira icteroides* where others had failed, or even show an entirely different cause. While at work he contracted the disease and died. Whether or not he found what he sought, authorities at the Rockefeller Foundation refuse to affirm or deny. Only after his co-workers and assistants have some concrete results to show from his research will the world know. In the meantime, the work at Lagos goes on.

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