Tropical respiratory medicine

Series editor: A Bryceson

Introduction

Anthony Bryceson

In tropical and developing countries childhood mortality may reach 50% in the first five years. At least one third of these deaths are due to respiratory infections. Important among these are measles, pertussis and pneumonia, and control of these infections forms part of the expanded immunisation programmes of many countries, and of their maternal and child health programmes. The World Bank Report has once again drawn attention to these problems.¹ By contrast, respiratory disease of adults has received rather less attention lately. The four articles in this short series partially redress the balance.

The most important infection of our times is the pandemic of human immunodeficiency virus (HIV). This is changing the pattern of all aspects of medicine, not least that of respiratory disease, and there are important differences between the patterns of HIV associated respiratory disease that are seen in developed and in developing countries. Daley's article looks at the impact in Africa. The impact in countries such as India and Thailand has yet to be determined.

In Africa and elsewhere the HIV epidemic has unleashed another epidemic – that of tuberculosis. The article by Nunn *et al* examines this devastating situation which is causing havoc to the health and economies of so many poor nations.

Histoplasmosis is the subject of the third article by Houston. The infection is uncommon in most of the Old World and is rarely seen in Europe, but it is common in the New World and has a number of different presentations which illustrate the complex relationships between intracellular pathogen and host and are thus of general interest to all chest physicians. More specifically, histoplasmosis has become an HIV associated infection, and is beginning to exert its own particular influence on the pattern of the epidemic in South and Central America.

The series ends with an account of the respiratory manifestations of an assortment of tropical infections by Johnson *et al*. Some of the infections are due to those tiresome worms whose life cycles continue to puzzle us; others are systemic infections such as typhoid and malaria that commonly present with cough and rhonchi and lead us astray if we are not on our toes.

You do not need to go to China to get Beijing 'flu. The aeroplane takes respiratory germs from airport to airport. Patients from tropical and developing countries fly into surgeries and hospitals in developed countries in ever increasing numbers. We all need to know about the infections that they bring.

¹ *World development report: investing in health*. New York: World Bank/Oxford University Press, 1993.

Hospital for Tropical
Diseases, London
NW1 0PE
A Bryceson