

## EDITORIAL

## GEOGRAPHICAL PATTERN OF DISEASE

It has been universal acceptance that diseases are no respecters of status, nationalities, and human customs, and that the prince and the pauper, the white men and the negroes, the Christian and the pagan are both exposed to the ravages of ill health with all the attendant morbidity and mortality. In recent years, the World Health Organisation has done much to promote the concept that the control of diseases, especially those liable to cause epidemics such as cholera and plague, is a world wide venture, and a collective responsibility of all nations. It is not enough to rely on quarantine and isolation to keep a disease from one's shores, and the ills of a neighbouring nation will remain a source of serious danger to oneself, and it is in fact a matter of helping others for one's own good. Hence just as Neapolitan pox has become a curse of every nation even in these days of penicillin, an influenza outbreak in Hong Kong can mean loss of millions of man-hours in the United States in the months to come. The effort of developed nations in the battle against tuberculosis, malaria and many other scourges in the less fortunate regions of the world can therefore be seen as a measure, charitable no doubt, but also brimful of self-interest. The intense propaganda in the West against so-called population explosion in Asia simultaneous with their own attempt to encourage birth such as in Australia, Italy and United States becomes no more a contradiction but an understandable pattern of behaviour.

This spate of interest in the health of other nations in recent years has unearthed a fact of superlative interest in that diseases are to some extent geographical in pattern and that in addition to the effect of diet, and climate, the culture and the basic racial predisposition may also determine in some way the susceptibility or resistance to certain diseases. Thus primary liver cancer seems to be a major scourge of Chinese, Japanese and some Africans, but a negligible problem in the West; nasopharyngeal cancer seems to have three to fourfold incidence in Chinese compared with occidentals, whereas

disseminated sclerosis affecting some Western people in the region of 1/5000 spares the Eastern races almost completely. Similarly, there is marked difference in the incidence of so-called stress-linked diseases like coronary thrombosis, hypertension and peptic ulceration in the East and West, and even the humble appendix, vestigial organ it may be, chooses to require removal far more times in United States than in Singapore.

It is probable that a good deal of the difference arises as a result of the differing cultures, particularly so in psychotic diseases where the manifestations must indeed be culture-bound to a large extent, for a man unexposed to Buddhism cannot conjure up hallucinations of Nirvana, and an Englishman untaught in Chinese language can never mutter mandarin even in his delirium. However, the finding in recent years would suggest that over and above these factors, there seems to be a basic difference in disease patterns in different races. This must mean that each nation has to work out its own pattern in order to understand its own problems, and a prophet from home country becomes more valuable for once. Textbooks and educational approaches can only be truly effective if local conditions are taken into account, and figures and brains imported from abroad have to be suitably weighted in order to have reliability. Each nation has to build up its own expertise which performance must come from within, and visiting alien advisers can only be of assistance in a limited way.

This, of course, should not delude us into trends of insularism, when we seek to shut our doors. Rather such realisation must mean that we should devote our attention to home affairs to get a true understanding, so that worthwhile interchange of knowledge amongst nations can take place. Nothing is more irksome than a Singapore expert who knows more of brain tumour in London than locally, but without organised effort and purpose, such state of affairs may remain prevalent locally for yet some years to come.

Gwee Ah Leng