

TROPICAL MEDICINE

热带医学

第2版

主编 / 贺联印 许焯燦



人民卫生出版社

热带医学

第2版

主编

贺联印 许炽燦

副主编 (以姓氏笔画为序)

王吉善 朱铁君 宋 干 杨铁生

陆道培 范明远 郭增柱 黄松如

薛燕萍

编委 (以姓氏笔画为序)

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郭元吉 陶三菊 曹玉璞 温博海

魏承毓

主编助理

周 强 姜 华

人民卫生出版社

图书在版编目 (CIP) 数据

热带医学/贺联印等主编. —2 版. —北京:
人民卫生出版社, 2004. 8
ISBN 7-117-06321-1
I. 热… II. 贺… III. 热带医学 IV. R188.11
中国版本图书馆 CIP 数据核字 (2004) 第 074109 号

热 带 医 学

第 2 版

主 编: 贺联印 许焯燦
出版发行: 人民卫生出版社 (中继线 67616688)
地 址: (100078) 北京市丰台区方庄芳群园 3 区 3 号楼
网 址: <http://www.pmph.com>
E-mail: pmph@pmph.com
印 刷: 北京人卫印刷厂
经 销: 新华书店
开 本: 889×1194 1/16 印张: 84
字 数: 2446 千字
版 次: 1986 年 10 月第 1 版 2004 年 10 月第 2 版第 2 次印刷
标准书号: ISBN 7-117-06321-1/R·6322
定 价: 278.00 元

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编者名单

以姓氏笔画为序

- | | | | |
|-----|---------------------------|-----|---------------------------|
| 万康林 | 中国疾病预防控制中心传染病预防控制所
研究员 | 卢思奇 | 首都医科大学 教授 |
| 马云祥 | 河南省疾病预防控制中心 主任医师 | 卢佩章 | 天津医科大学总医院 教授 |
| 马亦林 | 浙江大学医学院 教授 | 叶干运 | 中国医学科学院皮肤性病研究所 研究员 |
| 尹伯约 | 甘肃省人民医院 主任医师 | 叶颖江 | 北京大学人民医院 副主任医师 |
| 方允中 | 军事医学科学院放射医学研究所 研究员 | 田小军 | 北京热带医学研究所 助理研究员 |
| 王 冶 | 中国人民解放军 302 医院 主治医师 | 田庚善 | 北京大学第一医院 教授 |
| 王 恒 | 中国协和医科大学 教授 | 石佑恩 | 华中理工大学同济医学院 教授 |
| 王正仪 | 北京热带医学研究所 研究员 | 伏盛华 | 中国国际旅行卫生保健协会 研究员 |
| 王申五 | 北京大学血液病研究所 研究员 | 阮 力 | 中国疾病预防控制中心病毒病预防控制所
研究员 |
| 王光超 | 北京大学第一医院 教授 | 关桂梧 | 中国人民解放军空军医学研究所 教授 |
| 王吉善 | 北京大学人民医院 教授 | 刘复生 | 中国医学科学院肿瘤医院 主任医师 |
| 王甦民 | 北京市结核病胸部肿瘤研究所 研究员 | 刘升发 | 厦门大学生命科学学院 教授 |
| 王季午 | 浙江大学医学院 教授 | 刘月英 | 中国科学院动物研究所 研究员 |
| 王建伟 | 中国疾病预防控制中心病毒病预防控制所
研究员 | 刘约翰 | 重庆医科大学 教授 |
| 王奇璐 | 中国医学科学院肿瘤医院 主任医师 | 吕厚山 | 北京大学人民医院 教授 |
| 王英姿 | 天津医科大学 副教授 | 庄 辉 | 中国工程院院士 北京大学医学部 教授 |
| 王 殊 | 北京大学人民医院 主治医师 | 成 军 | 中国人民解放军 302 医院 教授 |
| 王涤新 | 首都医科大学北京朝阳医院 主任医师 | 朱莉贞 | 北京市结核病胸部肿瘤研究所 主任医师 |
| 王爱平 | 北京大学第一医院 教授 | 朱铁君 | 北京大学人民医院 教授 |
| 王爱霞 | 中国协和医科大学 教授 | 纪树立 | 中国疾病预防控制中心传染病预防控制所
研究员 |
| 王得新 | 首都医科大学北京友谊医院 教授 | 许炽燧 | 北京热带医学研究所 研究员 |
| 王淑纯 | 中国疾病预防控制中心传染病预防控制所
研究员 | 严 笠 | 北京热带医学研究所 助理研究员 |
| 王端礼 | 北京大学第一医院 教授 | 余力生 | 北京大学人民医院 教授 |
| 王翠霞 | 中国医科大学 教授 | 余斌杰 | 中山医科大学 教授 |
| 王静毅 | 北京大学人民医院 教授 | 吴晶新 | 北京大学人民医院 教授 |
| 贝 谦 | 中国协和医科大学 教授 | 宋 干 | 中国疾病预防控制中心病毒病预防控制所
研究员 |
| 代爱云 | 中国科学院动物研究所 研究员 | 宋 阳 | 广州军区医学研究所 副研究员 |
| 冯崇慧 | 新疆维吾尔自治区疾病预防控制中心
主任医师 | 宋大祥 | 中国科学院院士 河北大学 教授 |
| | | 张 正 | 北京大学人民医院 教授 |

- 张乃峰 中国协和医科大学 教授
 张海燕 北京热带医学研究所 研究员
 张崇洲 中国科学院动物研究所 研究员
 张嘉庆 北京大学人民医院 教授
 李子华 复旦大学公共卫生学院 教授
 李国桥 广州中医学院热带医学研究所 教授
 李若瑜 北京大学第一医院 教授
 李桓英 北京热带医学研究所 研究员
 李富华 云南省疾病预防控制中心 主管医师
 汪复 复旦大学医学院 教授
 汪俊韬 首都医科大学北京佑安医院 主任医师
 沈一平 南京医科大学 教授
 邹洋 北京热带医学研究所 主治医师
 陆宝麟 中国科学院院士 军事医学科学院微生物
 流行病学研究所 研究员
 陆道培 中国工程院院士 北京大学人民医院
 教授
 陈仁悖 中国人民解放军 302 医院 主任医师
 陈观今 中山医科大学 教授
 陈伯权 中国疾病预防控制中心病毒病预防控制所
 研究员
 陈佩蕙 首都医科大学 教授
 陈学存 中国疾病预防控制中心营养与食品安全所
 研究员
 陈新月 首都医科大学北京佑安医院 主任医师
 杨铁生 北京大学人民医院 副教授
 周际昌 中国医学科学院肿瘤医院 教授
 尚德秋 中国疾病预防控制中心传染病预防控制所
 研究员
 林放涛 武汉生物制品研究所 研究员
 林剑浩 北京大学人民医院 副教授
 欧阳宗仁 首都医科大学北京佑安医院 主任医师
 范明远 中国疾病预防控制中心传染病预防控制所
 研究员
 金大雄 贵阳医学院 教授
 郑少雄 天津医科大学 教授
 郑玲才 昆明医学院 特聘流行病学教授
 郑惠君 贵州省寄生虫病研究所 研究员
 侯树坤 北京大学人民医院 教授
 俞东征 中国疾病预防控制中心传染病预防控制所
 研究员
 姚堃 南京医科大学 教授
 姜素椿 中国人民解放军 302 医院 主任医师
 施正信 中华医学会副会长 公共卫生学教授
 祝学光 北京大学人民医院 教授
 胡永芳 北京大学人民医院 教授
 胡雨桐 北京大学人民医院 教授
 贺蓓 北京大学第三医院 教授
 贺联印 北京大学人民医院 教授
 赵鸣武 北京大学第三医院 教授
 赵冠宏 北京热带医学研究所 主任医师
 赵树馨 北京大学第一医院 教授
 唐仲璋 中国科学院院士 厦门大学生命科学学院
 教授
 唐崇惕 中国科学院院士 厦门大学生命科学学院
 教授
 聂青和 中国人民解放军第四军医大学 教授
 翁小满 北京热带医学研究所 研究员
 郭元吉 中国疾病预防控制中心病毒病预防控制所
 研究员
 郭增柱 北京热带医学研究所 研究员
 陶增厚 贵州省寄生虫病研究所 研究员
 陶三菊 中国疾病预防控制中心病毒病预防控制所
 研究员
 顾景范 军事医学科学院营养与食品卫生研究所
 研究员
 高守一 中国工程院院士 中国疾病预防控制中心
 传染病预防控制所 研究员
 高连永 中国人民解放军总医院 主任医师
 曹玉璞 首都儿科研究所 教授
 诸欣平 首都医科大学 教授
 黄松如 北京热带医学研究所 研究员
 黄敏君 北京热带医学研究所 副主任技师
 黄葆钧 中山医科大学 教授
 曾毅 中国科学院院士 中国疾病预防控制中心
 病毒病预防控制所 研究员
 曾超美 北京大学人民医院 教授
 赖永榕 广西医学院 教授
 温廷桓 复旦大学上海医学院 教授
 温博海 军事医学科学院微生物流行病学研究所 研

究员

童道玉 中国疾病预防控制中心传染病预防控制所
研究员

程之范 北京大学医学史研究中心 教授

董长岭 中国国际旅行卫生保健协会 主任医师

谢少文 中国协和医科大学 教授

韩书恩 甘肃省人民医院 主任医师

裘明华 浙江大学医学院 教授

雷秉钧 四川大学华西医院 教授

端木宏谨 北京市结核病胸部肿瘤研究所 研究员

甄 橙 北京大学医史学研究中心 副教授

潘兴昌 中国疾病预防控制中心营养与食品安全所
副主任医师

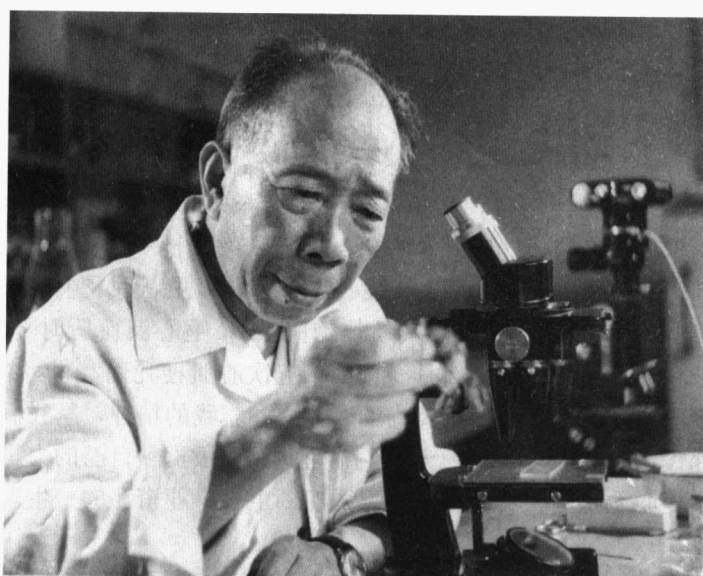
薛燕萍 北京热带医学研究所 研究员

魏建春 中国疾病预防控制中心传染病预防控制所
助理研究员

魏承毓 北京大学医学部公共卫生学院 教授

钟惠澜院士生平简介

半世纪奋斗 热带医学奠基人
一辈子认真 高尚品德爱国者



钟惠澜教授祖籍广东梅县，1901年农历6月24日出生于葡属东帝汶的叻利岛，1917年返回祖国，1929年毕业于北京协和医学院，并获美国纽约州立大学医学博士学位。1934年赴美考察热带医学及寄生虫学，1935年在英国伦敦卫生与热带医学学院进修，并被推选为英国皇家热带医学及卫生学会会员。后又赴德国汉堡热带医学及卫生学院进修，任该院研究员，并先后去丹麦、荷兰、比利时、法国、意大利、埃及、印度等国考察热带医学及寄生虫学。1936年回国，任北京协和医院内科副教授兼热带病研究室主任。侵华日军占领协和医院后，他到北平中央医院任医监并兼任内科主任及儿科、皮肤科主任，继续为广大同胞服务并培养医务人才，与日本侵略势力进行斗争。日本投降后，该院改名为中和医院，钟惠澜教授任院长，此后又兼任北京大学医学院和协和医院内科临床教授。北京解放前夕，他利用工作职务之便，掩护党的地下工作者，并妥善保护中和医院全部财产，于1950年春移交给人民政府，改名为中央人民医院，任院长及内科主任。1952年美国在朝鲜战场进行细菌战，钟惠澜教授奉命担任中央防疫委员会反细菌战科技研究组副组长，并担任调查细菌战国际学者考察团专家联络员，亲赴我国东北及朝鲜战场调查，出色地完成了任务，受到我国政府的嘉奖。由于他在医学科学方面的杰出成果，1956年他被推选为第一届中国科学院生物化学部学部委员（即院士）。1957年3月，钟惠澜教授由周恩来总理提名，被任命为中苏友谊医院（后改称北京友谊医院）院长，1979年任北京热带医学研究所所长，1982年任北京友谊医院名誉院长。1984年被聘为北京医科大学人民医院荣誉教授。他还先后担任中华医学会副会长，中华医学会名誉顾问，中华医学会内科学会，传染病、寄生虫病学会主任委员、名誉主任委员等职。中华医学杂志（英

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文版)主编。自1956年起,任历届全国政协常委。

钟惠澜教授一生从事内科、热带病及寄生虫病的临床实践和科学研究,是我国热带医学研究的奠基人之一。在内科临床及学术上有很高的造诣,享有很高的声誉,对严重危害我国劳动人民的黑热病、回归热、斑疹伤寒、恙虫病、钩端螺旋体病、华支睾吸虫病、肺吸虫病、布氏杆菌病、血吸虫病、阿米巴病、绦虫病、麻风病、弓形虫病、包虫病等疾病进行了广泛、深入的研究,他采取临床、流行病、实验室工作三者结合的办法,多次深入边远地区进行考察,取得了重要成果,对我国常见多发寄生虫病和传染病的防治工作做出了杰出贡献。钟惠澜教授十分重视医学教育及成人业余医学教育,为我国造就和培养了大批医务人才,有不少人后来成为我国医务界的骨干。

解放后钟惠澜教授曾先后出访欧、美、亚洲等十多个国家进行讲学和学术交流,他在医学上的成就赢得了国内外学术界的高度评价,多次获得国家的科技成果奖、荣誉证书和奖状。1956年前苏联科学院授予他微生物学家、流行病学家及传染病学专家称号及证书。1962年巴西政府授予他奖状及奖章,表彰他在黑热病科研工作中的贡献。1982年美国热带医学会选他为该会的荣誉会员,1986年联邦德国热带医学会选他为荣誉会员。

作为一个医学家,钟惠澜教授还对我国的人口问题特别关切,早在1957年即全国政协二届三次会议上,他在发言中就提出了控制人口增长的重要性,并对如何控制人口增长提出过不少宝贵建议,他曾任中国人口学会顾问。

钟惠澜教授为人诚恳热情、诲人不倦,学识渊博、治学严谨,医德高尚、医技精湛,对病人认真负责、一丝不苟。他勇于探索科学真理,开展科学研究,特别是党的十一届三中全会以后,他不顾自己的高龄仍坚持上班,并多次到边远地区进行现场调查,发现了一些肺吸虫新种及中间宿主螺蛳和石蟹,为医学事业作出了新的贡献。1982年他开始主编第一版《热带医学》,呕心沥血历时3年,于1986年10月出版。由于多年奋斗不息,积劳成疾,于翌年2月6日因第五次心肌梗死而辞世,终年86岁。在他生命垂危时,主动提出将遗体献给医学事业。他这种高尚的事业心和忘我的精神,是我们学习的榜样。他热爱祖国、热爱党,关心四化建设,关心祖国统一的大业,并为此而积极贡献自己的力量。

钟惠澜教授的一生是全心全意为人民服务、为祖国医药卫生事业奋斗的一生。

(根据1987年2月20日《人民日报》稍加修改)

IN MEMORIAM OF DR. ZHONG HUI-LAN

(William H. L. CHUNG)

T. S. Sze 施正信 *

My memory of Dr. Chung dates back to the summer of 1932, when I first met him at a medical ward round in Peking Union Medical College Hospital. Dr. Chung was then the resident physician of the Department of Medicine. He was shortish in stature, took big strides, looked serious and spoke mandarin with a southern accent and English with an American accent. Later I learned that he was from Meixian County, Guangdong Province. The people from this county had long been known to be industrious, enterprising and adventurous. But Chung was not born in Meixian. His father, a poor peasant, was forced to leave his native land to seek a living abroad. He sailed to the eastern (Portuguese) part of Timore Island in the East Indies. Chung was born there in the year 1901. Being poor, he had to do child labor and could not afford to go to school until he was in his teens. A few years later he returned to his native county, Meixian, to attend middle school. Afterwards he was awarded a scholarship to study in the School of Science, Shanghai College. After he graduated, he entered PUMC in 1922 and received an M. D. in 1929. Dr. Chung spent a 4-year residency in different branches of internal medicine in the same institute. He finally chose tropical medicine as his field of specialization. In 1933 he married Dr. Li Yi-zhen in Guangzhou; at their wedding I had the honor of being one of the bestmen.

Dr. Chung's choice of tropical medicine was no doubt influenced by the fact that during his youth in the tropical East Indies he must have been impressed by the high disease rates of malaria, leprosy, hemorrhagic fevers, etc which caused much suffering. In 1934 he went abroad first to England to study at the London School of Hygiene and Tropical Medicine, then to Germany at the Tropical Diseases Institute in Hamburg. He also visited the U. S. A., Belgium, France, and Holland, and on this way back home stopped over in Egypt and India to observe their research work on tropical diseases. He completed his studies abroad in 1936 and returned to PUMC to be appointed successively Assistant Professor and Associate Professor of Medicine. He was concurrently in charge of the Tropical Diseases Research Laboratory of the Department of Medicine, PUMC.

Dr. Chung's knowledge and experience of internal medicine was broad and thorough, his clinical diagnostic acumen was sharp and accurate. He was not only a good doctor but also an outstanding research worker, whole-heartedly devoted to seeking scientific truths, disproving old beliefs, breaking new paths and making new discoveries. Dr. Chung early realized that throughout this vast expanse of China there remained immense untouched problems in the field of tropical medicine and hygiene which awaited scientific exploration and that it was the responsibility of Chinese medical and health scientists to accept the challenge and solve the problems. Now fully equipped, he took upon himself the task of pioneering scientific

* Former Vice-President of the Chinese Medical Association.

investigations into China's tropical diseases. His prolific discoveries showed that his untiring efforts of 50 years research were well rewarded.

Between 1930 and 1940 Dr. Chung devoted much of his time and energy to the study of the etiology and epidemiology of kala-azar or visceral leishmaniasis, a disease breaking out epidemically and endemically in many parts of northern and northwestern China. He was interested in elucidating the relationship between canine and human kala-azar and the mode of transmission of the disease. Through epidemiologic observations and successful transmission of the disease by inoculating *Leishmania donovani* (LD) bodies obtained from dogs suffering from kala-azar into a human volunteer, Dr. Chung established that canine kala-azar and human kala-azar have the same kind of LD bodies and in China the dog is the reservoirhost, while the sandfly, *Phlebotomus chinensis*, is the insect vector responsible for transmitting the disease—a finding of great importance for the prevention and control of the disease. Dr. Chung early demonstrated that LD bodies after entering the human body through the skin quickly invade the reticuloendothelial (RE) system of the spleen, liver, bone marrow and lymph glands, in the cells of which the LD bodies multiplied until the cells burst, releasing the LD bodies to invade other RE cells. Chung and his co-workers further showed that in kala-azar the spleen became hyperfunctional, resulting in great enlargement of the organ, destroying the red blood cells and causing pancytopenia. In drug resistant cases with severe splenic hyperfunction the only effective treatment was splenectomy. In 1969 Chung discovered a new lymph gland form of kala-azar which appeared in epidemic form among Mongolians in northwest China. The clinical diagnosis of kala-azar in the early acute stage is fraught with great difficulty being readily confused with malaria, typhoid, typhus, tuberculosis, subacute bacterial endocarditis, etc. Dr. Chung was one of the first to recommend the use of bone-marrow biopsy by sternal puncture to find the LD bodies to clinch early diagnosis of kala-azar. He also introduced a complement fixation test for the diagnosis of the disease (Chung's K. A. Complement Fixation Test), using an extract of the liver and spleen from a K. A. infected animal as the antigen which proved to be both specific and sensitive with a high rate of positives and few false reactions.

Louse-borne relapsing fever was generally believed to be transmitted from person to person through the bites of infected lice. But Dr. Chung could not be convinced without actual proof. So in collaboration with Dr. LC Feng he set out to dissect large numbers of infected lice and found no spirochetes in the mouth parts, salivary glands, ovaries or eggs, but found numerous spirochetes in the coelomic cavity. He further had infected lice bite himself for 7 days by rearing them on himself, but he did not contract relapsing fever. In this way Dr. Chung produced direct evidence that the transmission of spirochetes to man is not through infected lice bites, but by contamination of the bite wounds by spirochetes released by crushine lice.

Dr. Chung made some important observations on louse-borne typhus. He pointed out that not only body lice but also pubic lice, *Phthirus pubis*, can be a typhus vector. He likewise showed that rickettsia did not invade the salivary or genital glands of the lice but multiplied in the epithelium of lice gut. Hence transmission of the organism was not through the bite of this louse. Large amounts of rickettsiae were found in lice feces after infections, and transmission is effected by contamination of the bite wound or abraded skin by the fecal material through scratching. Also, Dr. Chung and his co-researcher Dr. WT Liu were the first to isolate and identify the causative organism of flea-borne typhus, *Rickettsia mooseri*, in China isolated from the brain tissue of rats and from rat fleas caught in the house of a typhus patient. Their extensive clinico-epidemiologic observations led to the conclusion that both louse-borne typhus (epidemic form) and flea-borne or murine typhus (endemic form) exist in China. This epidemiologic fact is

important from the public health point of view because it enabled the public health authorities to apply appropriate measures of prevention and control.

Dr. Chung as an experienced clinician showed his penetrating diagnostic acumen in an episode which he related to me personally. In 1958 in four districts of Sichuan Province an epidemic of communicable disease characterized by high fever, hemoptysis and lymph gland enlargement broke out. The outbreak was sudden and spread rapidly, killing many people after a short illness. Plague was suspected, and strict quarantine applied, dislocating normal economic life in the areas involved. Help from other parts of the country was rushed in to control the epidemic, but to no avail after several weeks of endeavor. Dr. Chung was called in for consultation. He went to the epidemic area and carried out on-the-spot investigations and soon diagnosed the disease—leptospirosis—as confirmed by finding leptospira in the blood of a patient and from the rats caught in the paddy field. In three days the quarantine was called off and appropriate control measures instituted by the local authorities. Dr. Chung and his co-workers also demonstrated the existence of several new strains of leptospira in different parts of the country and showed that the urine of many animals (rat, pig, dog, cat, cattle, sheep, horse donkey and mule) was the source of infection. Chung further suggested that leptospirosis can be congenitally transmitted as evidenced by finding leptospira in the amniotic fluid of the parturient patient, in the placenta, in the blood of the fetal umbilical cord and in the liver and kidney of miscarried fetuses. Furthermore, they succeeded in isolating leptospira from patient's orbital anterior chamber aqueous humor and breast milk. All these findings were then new of academic interest and of practical value.

During the Japanese occupation of Beijing and before the surprise attack on Pearl Harbor (1937-1941) Dr. Chung remained with PUMC as Associate Professor of Medicine. At that time Dr. Chung could do little active research, so he concentrated on clinical teaching and hospital practice. In 1942 when PUMC was commandeered by the Japanese occupation army, Dr. Chung joined the Beijing Central Hospital to head its Department of Medicine until 1945 when victory over Japan came. From 1945 to the founding of New China in 1949 Dr. Chung was the Director of the same hospital, then by the name of Chonghe Hospital in Beijing, concurrently heading its departments of medicine and pediatrics and the Tropical Medicine Research Laboratory. During the same period he held the chair of clinical Professor of Medicine of the Beijing University Medical School and of the reopened PUMC. From 1950 onwards Dr. Chung at the first held the posts of Director of the Beijing People's Hospital and concurrent head of the Department of Medicine and the Tropical Medicine Research Laboratory. In 1957 he was asked by the Prime Minister Mr. Chou En-lai, to be the Director of Friendship Hospital. He held this post for 25 yrs and at one time was concurrently the head of the Department of Internal Medicine. He took along with him the Tropical Medicine Research Laboratory, so that he could carry on his research without interruption.

Dr. Chung was also active in political and social affairs. He took part in and was in charge of laboratory investigation of anti-bacterial warfare during the Korean War in 1952. Dr. Chung was honored by being made a member of the Standing Committee of the National People's Political Consultative Conference (PPCC) since 1954 until his death. On two occasions (1957 and 1963) at the PPCC he made strong pleas for birth control and family planning to check the rapid increase in China's population.

During the last two decades despite all the interruptions and difficulties, Dr. Chung never relaxed his efforts to pursue scientific research in his field. He and his co-workers did pioneering work in helminthology, particularly paragonimiasis. Their discoveries and detailed studies not only enriched and widened our knowledge of *Paragonimus* flukes in China but also contributed new knowledge to the world literature. They identified at least 8 new species of *Paragonimus*, of which 5 have been shown to be pathogenic to

man in China including *Paragonimus szechuanensis* (Chung and Tsao, 1962) *P. Westermanni var szechuanensis* (Chung and Tsao, 1962), *P. tuenshanensis* (Chung et al, 1964) *P. hueitungensis* (Chung et al, 1973) and *P. westermanni var. ichunensis* (Chung et al, 1978), the other 3 species' pathogenicity to man has not been determined.

The first intermediate host is the snail, and the second intermediate hosts crab and crayfish, also identified by Dr. Chung and co. It is interesting to note that these new species of flukes were found in places as far lung as the extreme southwestern sector—Yunnan province—to the extreme northeastern sector—Heilungjiang Province. The foot-steps of Dr. Chung and his co-workers travelled far in the search for these trematodes!

The liver fluke, *clonorchis sinensis*, which causes clonorchiasis was long thought to exist in south China only, but Dr. Chung and his colleagues were the first to show that the disease existed in the Beijing area and they worked out the life history of the fluke including its intermediate hosts (snail, fish). Dr. Chung devised ovaconcentration methods in urine and bile for the diagnosis of light and difficult clonorchiasis cases. More important are the immunologic methods of diagnosing clonorchiasis which he developed by using an extract of the adult fluke as the antigen. At high dilution, it can be used for an intradermal test, which can be read off 15 minutes after injection. The skin test is specific and sensitive, simple and time-saving, and has been widely used for mass epidemiologic screening surveys. Clonorchiasis is now known to prevail in 24 provinces and municipalities (except the border regions). The antigen can also be used for complement fixation test as an aid to clonorchiasis diagnosis.

Identical immunologic tests were devised and used in the diagnosis and epidemiologic survey of paragonimiasis and schistosomiasis.

In 1957 Dr. Chung reported the first human case of toxoplasmosis in China. In the field of therapeutics he introduced new drugs for the effective treatment of kala-azar, paragonimiasis, clonorchiasis and schistosomiasis. In the mid 50s he successfully recommended the trial use of B. C. G. vaccination against leprosy in Guangdong endemic areas.

Dr. Chung's 50 years of untiring disease fighting wrought brilliant accomplishments. He published 350 papers, mostly in the field of tropical medicine. He was elected Vice-President of the Chinese Medical Association and held the chairmanship of the Board of Councillors of the Society of Internal Medicine. At one time he was the Editor-in-Chief of the Chinese Medical Journal (English Edition). He served on the State Commission of Science and Technology as Deputy Chief of the Medicine Section. He was invited to be a member of the Board of Examiners for New Inventions of the Chinese Academy of Medical Sciences of the Ministry of Health. One of the things dear to his heart was to raise the status of his Tropical Medicine Research Laboratory. His wish was at last realised in 1979, when the laboratory was changed to the Beijing Research Institute of Tropical Medicine, of which he became the first director. Dr. Chung's outstanding work was also recognized abroad, in 1956 the Soviet Academy of Sciences conferred on him a degree and diploma as a microbiologist, epidemiologist and communicable diseases specialist. In 1962 the Brazilian government honoured him with a certificate and medal of merit for his contributions to kala-azar research.

Dr. Chung was already an octogenarian when he conceived the idea of writing a comprehensive work on tropical medicine with himself as the chief editor. He called for and obtained the collaboration of some 150 specialists of tropical medicine and hygiene in this country and completed the work and saw it printed just before his terminal illness. It is indeed an opus magnum and stands as a hallmark of the triumph and success of his lifelong career in tropical medicine.

During his last years Dr. Chung worked incessantly in preparation for the publication of a journal of tropical medicine and hygiene in the English language, and for the establishment of a society of tropical medicine and hygiene. Unfortunately, his untimely death (on February 6, 1987) will inevitably affect the realization of these two projects, much to the regret of the author and also to his fellow workers.

Dr. Chung was a man of integrity. He was forthright but sincere, serious but kindhearted. As a great clinician he was thorough and circumspect. As a teacher of medicine he was strict and exacting. As a scientific research worker he was painstakingly meticulous, and had an original imagination. His achievements are many and brilliant and his legacy rich. Our loss is irreplaceable. This incomplete memoir is written with deep respect and profound reverence in memory of a personality whom the medical profession can well be proud of.

再版序言

在一个阳光明媚的春日，年届八旬的我国著名热带医学专家贺联印教授光临敝室，嘱我为新版《热带医学》写序。面对这部热带医学巨著，面对这位热带医学的老前辈，我不免感到有些踌躇，但考虑到自己目前所处的位置，应该表明态度，予以支持。

热带医学是一门发展中的研究热带病的学科，虽然对它的内涵仍有争议，但是它的基本内涵仍然是指常见于热带和亚热带地区的传染病和寄生虫病。热带医学起源于19世纪向21世纪更迭的数十年间，垄断资本的出现使得迅速崛起的资本主义国家向热带和亚热带国家进行侵略、掠夺、扩张和殖民化统治。大批来自欧美的殖民者感染上原本在欧美没有的传染病和寄生虫病，因而，欧美本土在对这些传染病和寄生虫病的研究和防治过程中逐步形成了热带医学这一门新学科。目前，热带医学从定义到内涵均已摆脱“殖民”阴影，其包含的疾病也并非热带和亚热带所特有，亦见于温带和寒带；同时，一些非传染病如中暑、营养缺乏病、热带血液病、以地理和气候为病因的疾病，亦划入热带医学研究的范畴。

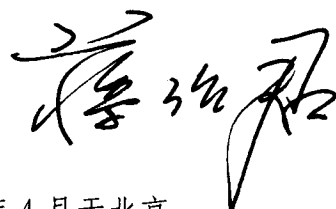
随着科学和技术的进步，过去被认为是非传染病或致病与感染因子无关的一些疾病现已证明与感染因子有关，譬如消化性溃疡和胃癌都与幽门螺杆菌有关；同时，传统的检测方法已很难对一些传染性疾病作出诊断，而必须依赖基因扩增技术及其他新技术。生物芯片、地理信息系统（GIS）和遥感（RS）技术在热带病及其媒介的诊断、治疗、临测中的应用，推动了热带医学的研究向前发展。社会、经济、地理、气候等因素的变化使人类的疾病谱发生了较大改变，尤其是热带病，譬如天花已被消灭，黑热病几近绝迹，淋巴丝虫病在国内也已基本消灭，血吸虫病也在很大程度上得以控制，但是新的热带病，如莱姆病、艾滋病、各种类型肝炎、疯牛病、口蹄疫、禽流感、埃博拉出血热、出血性大肠杆菌O₁₅₇感染，尤其是2003年春季在全球几十个国家流行的由变异冠状病毒引起的传染性非典型肺炎，对热带病的防治提出了前所未有的挑战，也为热带医学的研究提供了新的空间。这些新的热带病，有的来自动物，有的源于病原体的基因变异。过去认为，通过进化产生一种新的病原体需要比较长的时间。现在发现细菌可在短时间内发生大片段基因的获得和缺失，使致病性增加；病毒通过变异，可以跨越物种的屏障感染人类。这些都使经典热带医学的内容不断更新，控制这类疾病的策略和技术也在随之不断进步。此外，由于人类粗放型而非环保型的经济活动，影响了热带病的分布和人类对疾病的易感性，如“温室效应”造成的气候变化使一些病原生物及其媒介生存和活动的范围扩大，厄尔尼诺现象造成的洪涝灾害给一些疾病（如血吸虫病）的防治增加了困难，气候的骤变使人类对疾病的抵抗能力下降；还有，人类滥用抗生素使致病因子对原本敏感的抗生素变得耐药。这些问题使包括热带病在内的疾病控制变得更加困难。这些问题的解决，一方面要跳出热带病来防治热带病，要注重经济与社会、人与自然的协调发展，要完善热带病防治的政策环境和

法制环境；另一方面，热带病的研究要向纵深发展，依赖于对每一种热带病特殊规律的认识。

新版《热带医学》在原版的基础上，不但总结了近 20 年来我国热带医学研究的进展和热带病防治的实践，而且广泛吸收了国外热带医学研究的成果，可谓中西合璧，推陈出新。《热带医学》的再版是我国热带医学发展的一个里程碑，它必将进一步推动我国乃至世界热带医学的发展，促进人类的健康事业。

作为一位从事热带医学研究的中年人，我向老一代热带医学专家们表示深深的敬意，是你们为我国热带医学在新世纪的发展奠定了一个坚实的基础，同时寄希望于年轻一代热带医学工作者，毕竟未来属于你们。热带医学的发展，要靠一代又一代热带医学工作者的努力，此“带”要永远地“热”下去。

国家卫生部副部长



2004 年 4 月于北京

再版前言

热带病狭义地讲包括传染病及寄生虫病，在广义上讲则还包括热带及亚热带地区一些常见的疾病如热带高温、有毒动植物引起的疾病、贫血、营养不良等疾病。随着全球气温变暖，热带及亚热带地区已在逐渐扩大，并且随着交通的发展，热带病的流行区也在逐渐扩展，因此防治热带病是一个十分重要的公共卫生问题。热带医学不仅包括热带及亚热带地区常见的疾病，而且也包括热带及亚热带地区一些重要的公共卫生学问题，因而对热带医学的深入研究，对进一步开展防治工作也具有重要意义。

钟惠澜教授是中国科学院院士，北京热带医学研究所所长，也是我国热带医学的奠基人之一。泰国有位著名的教授曾称钟惠澜教授为中国热带医学之父。钟惠澜教授在生前组织编写了《热带医学》一书，是我国首部热带医学的大型综合性专著，自1986年出版以来，深受国内外特别是港澳台学者及专家的欢迎和好评。至今已近20年，热带医学在病原学、流行病学、临床学、诊断学、化学治疗学等方面均已有显著的进展，因而我们邀请国内有关知名专家（其中大部分为第一版作者）对本书第1版进行重要的修订，并添加了新的病种及旅行医学，以期能尽量包含国内外在热带医学上的最新进展，以适合当前改革开放防治的需要。为了纪念我们敬爱的导师钟惠澜院士对我国热带医学的重大贡献，本书的再版仍将保持第1版的风格，以表示对已故钟惠澜院士的深切怀念，并继承和发扬钟惠澜院士的学术思想。

热带医学包罗万象，本书因篇幅所限，不足或遗漏之处敬希指正。

贺联印 许灿燊

2004年4月

第 1 版序言

热带医学是由热带病和公共卫生两个部分组成，是基础医学、临床医学和预防医学三结合的综合性医学。卅余年，我国医学界的专家、教授和医务工作者，在党和政府的领导下，埋头苦干、刻苦钻研、顽强拼搏、勇于攻关，应用现场、临床、实验室相结合的先进方法，在血吸虫病、疟疾、丝虫病、黑热病、肝吸虫病、肺吸虫病、绦虫病、囊虫病、包虫病、阿米巴病、钩端螺旋体病、立克次体病、登革热、肠道病毒感染、呼吸道病毒感染、麻风病等方面的防治研究上，取得了显著成就。著名医学家钟惠澜教授主编的《热带医学》一书，是国内第一部热带医学的巨著，用大量丰富的文图，荟萃了我国许多著名专家、教授和医务工作者致力研究的精华，其中有些是新技术、新成果，它标志着我国热带医学进入一个崭新的阶段，它将为人类的健康事业和创造具有中国特色的现代医学，做出更大的贡献。

原卫生部部长

崔月犁