Preface

What’s in a Name and Why “Tropical Medicine” Matters in 2019

This issue of *Infectious Disease Clinics of North America* is titled “Updates in Tropical Medicine.” Today, even more than in the past, terms like “tropical medicine” and “tropical diseases” are nearly impossible to define sensibly. Once upon a time, the terms applied to conditions found predominantly in those parts of the world known as the “tropics” (ie, warm and far away from Europe or North America). Clinical parasitology was a dominant component. Over time, new terms meant to refine, expand, subdivide, or amalgamate these groups of illness came into use. Geographic medicine, travel medicine, and migration medicine are a few of these. Many of the illnesses were more properly diseases of poverty, crowding, and poor access to health resources, and so they remain too often today. In recent years, “tropical medicine” has to some extent been subsumed into the broader notion of “global health,” a term whose current ubiquity owes much to the fact it means nothing specific.

Yet, in 2019, “tropical diseases,” or whatever we choose to call them, still carry a huge burden of illness and are expanding their range in many cases. Several illnesses are now seen more frequently in regions where health care practitioners have little familiarity with their presenting features, diagnosis, or management. Climate change and accelerating urbanization have expanded the range of several geographically restricted pathogens or their vectors in the last decade. Human mobility, via ever-increasing international travel and unprecedented mass migrations between distant corners of the globe, has also entailed the spread of imported exotic diseases. Human intrusions into new habitats can uncover new emerging infections, typically zoonotic, or spread disease into new populations. Already several times in the twenty-first century, unexpected mutations in pathogens or vectors have led to altered transmission, virulence, or clinical presentations of known pathogens. The proliferation of immune suppressive therapies and better survival with immune
compromising conditions in middle-income countries have allowed old infections to manifest as new clinical syndromes.

Thus, our aim with this *Infectious Disease Clinics of North America* issue was to provide a state-of-the-art update for infectious diseases clinicians on tropical infections or envenomations rarely seen in most high-resource settings. Our main focus is on the diagnosis and management of these conditions in settings where the availability of resources generally allows the use of technically sophisticated testing and treatment. We have commissioned 15 reviews from leaders in the field to address those areas that have seen the most changes in recent years. The field of medical diagnostics has seen major breakthroughs, especially as molecular technologies have become easier, faster, and cheaper, and this is reflected in almost every one of the articles in this issue. We have also emphasized topics not traditionally regarded as “tropical,” such as advances in medical imaging and the crisis of antimicrobial resistance. Kaminstein and colleagues summarize the relevance of accessible ultrasound equipment to tropical diseases, while Semret and colleagues summarize emerging data on antimicrobial resistance in low-resource settings and its implications for local populations as well as for the spread of resistance around the world.

In summary, we hope this issue will equip clinicians to provide the best possible care for tropical diseases, wherever they are encountered.

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