The concept of tropical diseases to denote those diseases occurring in the colonies arose with Patrick Manson and the Royal Society of Tropical Medicine and Hygiene, at the very end of the XIX century. Our field of interest, known as Tropical Medicine, was born in this way, in the midst of the British Empire, and it spread to other colonial empires and to the tropical nations themselves, colonies or economic satellites of the metropolis.

Despite the efforts by Manson and other scholars to define Tropical Medicine, the modern concept remains vague and elusive. This imprecision is underscored in Wikipedia’s definition of Tropical Medicine, the modern concept remains vague and elusive. This imprecision is underscored in Wikipedia’s definition:

This game with ideas and words represents very well Tropical Medicine – truly, a Cheshire Cat. It is, without being, and is not, although being, and showing up here and there, disappearing and then reappearing, to be at times called as emerging and reemerging, as neglected or simply geographic and, almost pornographically, as Third World Medicine to incorporate the explicit connivance with its colonial origins.

Of course we consent and, therefore, this is not a case of lawsuit. We also denominate it as Tropical Medicine, as declares the name of many societies of Tropical Medicine in tropical countries, and although a bit confused in grasping the meaning of it, we are avid for repeating what is said over there. Now it is the time, though, for us, tropical minds, to give to it the meaning we need, since all meanings are given by thoughtful beings, active, soaring, independent.

What art thou, Tropical Medicine, for us, tropical minds?

Let’s start with a negative. Not only neglected diseases, since most are, but HIV is not; they are not the emerging ones, like certain epidemic of viral hemorrhagic fevers and H1N1 are not tropical; nor are the reemerging like kala-azar is, since schistosomiasis and Chagas disease are tropical and do not reemerge. They are not geographical, since there is implicit a restriction of the geographic space, and indeed many in fact are, but others are not tropical at all, like Lyme disease and tularemia. And they are not infectious, to the surprise of many, since the perception and the definition of tropical diseases are not linked to the etiology but to the space, like sickle cell disease and malnutrition almost always are. However, are they really tropical, just occurring between the Tropics of Cancer and Capricorn? Many, like plague, diphtheria, and dengue, are not. There is no cut-off point, after all. No epistemological break. No border, neither geographical nor conceptual.

For a better comprehension of the concept of Tropical Medicine there is the use of inductive logic, and one should start observing what it is, not what it is not. So, back to the start, to Manson, to the colonizers; obviously, the prototype is malaria: scarce in the metropolis, devastating in the colonies, rural, scenic, ecologic, delimited, treatable, and controllable. Malaria and its similar, yellow fever, schistosomiasis, sleeping sickness, were a tragedy for natives that limited colonial invasions. Ecological paradigms: tropics, rural, wild. This is the concept, although not restrictive to it. In fact, the idea is figurative, and it surpasses the limits of concepts, but leads to new insights. After all, between Patrick Manson and his Empire and its share of the world, the Great Wars, the freedom of Africa, and globalization, a lot has gone.

Now, the world is not rural anymore, and is not so static. In one of the most impressive movements of humanity, people left the fields massively and moved to the spectra that we call cities in the tropics. While the empty fields are transformed in an economic space perfectly fitted within the global capitalist economy, where plantations and pastures change or destroy the forests together with disease ecosystems, the subsistence farmers consummate their diaspora towards the hell of the cities, the new ecosystem. No jungle anymore, no more marshes, no more sylvatic reservoirs, monkeys, foxes, armadillos. They live now in the horror of the slums, in a demolished social texture that is rebuilt under a culture of unbreakable corruption that throws the poorest in the new famine, in the hunger for hope, the hunger for job, and which, in its scarcity, metamorphoses in a survival struggle at any cost, exactly to the situations and places of crime and violence. The sewages swelling over to the grimy streets, the mountains of garbage, the minimal space, the super-population, the super-contact, the new fauna, the new swamps. Tuberculosis, dengue, kala-azar, and leptospirosis in lethal outbreaks now court the lady, AIDS, the new queen of Tropical Medicine.
This is the space wherein the new tropical diseases emerge, now less infectious, and more volatile. In a space of new consumer goods and the seducing tech wave at vertiginous speed, where rules and laws do not command, where the infrastructure cannot recompose and the state does not exist, where the vestiges of the social basis are changed by the vertigo of consumerism, where the motorized and insane horses generate the brutal wave of death and permanent lesions like a tsunami spraying all over the Tropic, all over the tropical cities.

This is the New World. The New Tropical World, much worse, much more devastating than Aldous Huxley ever wondered. This is the space of the new tropical disease, and it is this world that the New Tropical Medicine shall face. Not only to the romantic diseases of the farthest rural places, but to the center of the stage, the disordered tropical cities. This is our challenge. We shall give up something from our culture of microbes and to the uniqueness of the anti-microbial fight, and to turn the attention to the psychopathology of sex, to the architecture of the abject, to the course of the bullets, and to the youth galloping on motorcycles.

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REFERENCES