

I had always been interested in medical research and, with my newly found freedom from administrative chores, I felt that, at last, I had the time to pursue a major project. Furthermore, my success in the M.R.C.P had whetted my ambition and I began to aspire to higher things: an academic Cambridge postgraduate medical degree - the much vaunted M.D. (Cantab). The subject I eventually selected, Madura foot or Mycetoma, turned out to be a very happy choice indeed. This was a fungus disease caused by an organism lying dormant in the soil which, when introduced into the tissue, usually of the foot or leg, caused hideous destruction. Thorns abounded in the area and small injuries to the bare legs of those working in the fields were commonplace. It was usually through such minor lesions that the fungus entered the tissues and once it had gained a foothold, it spread slowly, devouring and destroying all the tissues and even the bones in its path. In its early stages the tumour it produced was painless and was usually ignored; it was only when it had reached an advanced stage and was causing disability that the sufferer was likely to report to hospital. No drugs had been found to be of any value the only effective treatment being total excision of the fungus tumour. This was an easy task in the early stages but, by the time many were seen, amputation of the affected limb was only solution. What made it such a suitable subject for study was the fact that Mycetoma, though comparatively common in the Sudan, was rare in the rest of the world and had been little studied; the text books of tropical medicine were still basing their description of the disease on a paper by Boccardo (1893) in which he analysed 100 cases seen at Hyderabad Hospital. Here was an opportunity to do some really valuable work on the clinical aspects of the disease, its epidemiology and the organisms which caused it. Furthermore we were now in an age when antibacterial and antifungal drugs were coming on to the market in increasing numbers and it might even be possible to find a treatment which would save the limbs of the unfortunate sufferers.

In 1952, I started seeing and documenting every case of mycetoma which came to Wad Medani Hospital. In June that year, on leave at home, I spent a lot of time in the library of the Royal Society of Medicine reading up and making notes on the world literature of the subject from the first reports in 1842 to the present day. In November I was loaned an incubator by Robert Kirk from the Stack Laboratories and started work on the causative organisms though Professor Kirk was very sceptical about the results I would achieve with it. "You'll grow plenty of fungi" he said "but they'll be contaminants." He proved to be very wrong. All cultural work, including the making of media, had to be done in the sitting room of my bungalow in the evening after the day's routine work was done; a sore trial for Mary. She, however, was of great assistance and even camouflaged the incubator with print curtains. Jane, six years old at that time was, inadvertently, not so helpful. One of my experiments was designed to

demonstrate that the grains of fungus could survive under the extremes of temperature found in the topsoil. I buried, one inch deep in my garden, tubes containing sterile soil together with the grains of a causative fungus, M.mycetomi. I intended to test the viability of this fungus after some months in the ground but Jane found the tubes, washed them and brought them proudly to me. She was surprised to find that her father was not as delighted as she had expected.

By June 1953, when I went on leave again, I had collected 126 cases and the project was going really well. Then disaster struck; my car, a very respectable looking Daimler which I had bought second-hand, parked in a London Street while I went into a pub for a drink after a day working in the library, was broken into and my attaché case was stolen. It contained all my notes on the literature of mycetoma collected laboriously over the previous year and, more seriously still, the details of all the cases seen since January 1952. This was a cruel blow indeed. I was thoroughly dispirited and felt like giving up the whole project as I drove back to Burley in the New Forest where we were spending our leave. Then I remembered how T.E. Lawrence had suffered a similar blow and overcome it. He, apparently, had been taking the final draft of his book "The seven pillars of Wisdom" to the printers when it was stolen at Victoria Station. He started again from scratch and achieved fame. If he could start again, I felt, so could I. It was a hideous setback but all was not lost; the literature was still available and could be studied again and the hospital records of the 126 cases were still at the hospital but the mind boggled at the amount of work which would have to be done all over again. In the event, the outcome of all this was that my final dissertation was better than it might have been although delivered some six months later than it should have been. I was able to stand back and take a long cool look at what I had done and, with my increased knowledge of the subject, recast the work in a more suitable mould.

To summarise and to cut a long story short, by July 1954 when the Dissertation was completed, it was based on 213 cases; the longest series ever to be published. I had isolated Madurella mycetomi from no less than 44 cases and my description made it clear that a significant number of named organisms, thought to cause the disease, were reduced to synonymy. I had tested out some antibiotics and had clarified the epidemiology of the disease. I submitted the Dissertation and was proud and delighted when I heard that I had been elected a Doctor of Medicine of my old university.

Two years later, after I had left the Sudan and was doing a course for the Diploma of tropical Medicine prior to joining Shell, I was invited to give a lecture to the Royal Society of tropical Medicine. This was a great honour and,

I am happy to say, it was well received. At the end, during the Discussion, Sir Philip Manson-Bahr, the author of the standard textbook on tropical medicine, delighted me with the following remarks -:

"Dr Abbott has certainly cleared the air as regards mycetoma and has simplified the subject in a manner not hitherto achieved. He has made me realise how inadequate are the descriptions in the text books so that the chapter in "Tropical Diseases" on this subject will have to be re-written..... I consider that papers of this calibre not only do a great deal to further knowledge in an obscure subject but are also a great credit to this Society"

I found that I had, indeed, written the "seminal" paper on the subject. (1956. Trans. R. Soc. trop. Med. Hyg. 50 11-30.)

More gratifying recognition was to come. In 1958 I was invited to read a paper on Mycetoma at the Sixth International Congress of tropical Medicine in Lisbon (Proc. VIth. Internat. Congress Trop. med. & Malaria 4. 565) and subsequently I found myself quoted in almost every article on this subject and, more particularly in the standard textbooks on tropical medicine and on fungus diseases. (Manson's Tropical Diseases, Conant's Manual of Clinical Mycology etc.). But to complete - or almost complete - this story of my connection with Mycetoma, for references to my "seminal" paper kept on giving me pleasure for many, many years, I have jumped a long way ahead. So - back to the main tale.

