

## Vol.3 Dr Wolf-Peter Schmidt



Dr Wolf-Peter Schmidt had visited Nagasaki University in 2009-2010 as a JSPS Postdoctoral Fellow. A bunch of these individual research exchanges between LSHTM and Institute of Tropical Medicine, Nagasaki University have now developed into institutional collaboration. Dr. Schmidt tells what led him to Nagasaki and his days in Japan.

My home town is a small seaport in northern Germany. It is famous only for its annual sailing festival, hosted by the snobbish Kiel Yacht Club. In early 1993, a Japanese delegation came to learn from the club's experience in hosting large sailing events and invited a high ranking club official to attend their event in Japan. Someone decided to send along two young sailors from the club. My friend and I were chosen because we were the only club members under 19 years able to leave for Japan within 48 hours. We spent a memorable fortnight in Kamakura, sailing with Fuji-san in sight, often into the wrong direction and either too early or too late over the starting line. Our Japanese hosts celebrated us nevertheless. It was the old Japanese tradition of glorifying the efforts made by a losing party, as depicted in the famous Tales of the Heike.

Sixteen years later I was working as an epidemiologist at the London School of Hygiene and Tropical Medicine. Over much of this time I had been ready to leave for Japan within 48 hours or even less if needed. But time and again the Japanese delegations coming to the School walked past my desk down the corridor towards the office of Professor Brian Greenwood who they awarded the first Hideyo Noguchi Africa Award for outstanding achievements in the field of Tropical Medicine.

### **Dr Wolf-Peter Schmidt**

Lecturer, London School of Hygiene and Tropical Medicine (LSHTM) and Medical Registrar, Christian Medical College, India

#### **Biography**

1993-2000 Medical Studies, University of Hamburg  
2002-2003 Research Fellow, University of Muenster  
2003-2004 MSc Control of Infectious Diseases, LSHTM  
2005-2008 Research Fellow, LSHTM  
2007-2009 PhD Epidemiology, LSHTM  
2009-2010 JSPS Research Fellow, Nagasaki University  
2010-2016 Lecturer, LSHTM  
2014-2016 Medical Registrar, Christian Medical College, India

#### **JSPS Concerning**

• 2009.12-2010.12 JSPS Postdoctoral Fellowship (Short-term)

Brian had contacts at the Institute of Tropical Medicine at Nagasaki University who were keen to collaborate with LSHTM. He introduced me to Professor Koya Ariyoshi of the Department for Clinical Medicine at the Institute. One of their Researchers, Dr Motoi Suzuki, was at the time doing his Master in Public Health at the School. Motoi was already an expert in International Health, with an impressive CV, but he wanted to obtain more quantitative, analytical skills. It turned out that in Nagasaki, there was a large dataset from Vietnam which they had collected a couple of years earlier but never got around to analysing it much. Motoi and I developed a proposal for a one-year fellowship at the Institute, which was approved by JSPS.

When I came to Nagasaki it was winter and the city was under a rare layer of snow covering the dense subtropical vegetation of the mountains surrounding the city on all sides. At the Institute of Tropical Medicine, there were researchers from many countries, especially from Vietnam. Most were involved in molecular and microbiological studies, but there was also an interest to link these fields with the epidemiological data collected at field sites in Vietnam and Thailand. With our experience from LSHTM, Motoi and I contributed to the works of others in the department, apart from pursuing the research plan

agreed by JSPS. I became involved with the analysis of an HIV cohort from Thailand led by Dr Naho Tsuchiya who after years of research in Thailand had finally returned to Japan. She was married to a Thai who was a good cook and a devoted Buddhist. I worked with a PhD student from Vietnam, Dr Huong, on her analysis of pneumococcal infections in Vietnamese children. Huong had been in Nagasaki for over three years. Apart from being a skilled microbiologist, she knew everything about Japanese people, Japanese festivals, Japanese proverbs and Japanese food. She knew which Japanese flower blossomed at which time of the year, which pickled vegetable to eat when, how to prepare and when to avoid it. Her group was led by Dr Lay Myint who originated from Myanmar. He seemed to be very happy in Japan, and had adopted the surname Yoshida. Lay Myint was deeply involved with the department's work in Vietnam. A further PhD student from Vietnam, Dr Thiem, was working on diarrhoeal diseases, which was my own area of interest.

Motoi and I analysed the existing dataset from Vietnam from various angles, but finally settled on the dengue fever data. Dengue is one of the few tropical diseases assumed to be more common in cities than in rural areas. Outbreaks in cities attract considerable attention, because this is where politicians, journalists and public health professionals tend to live. Efforts to control the mosquito vectors transmitting the virus usually focus on cities. Motoi and I were able to show that Dengue was in fact much more common in the rural areas surrounding the urban centres at our study site, and provided a mathematical model exploring why this might be the case. We published our findings in *PLoS Medicine*<sup>1</sup>, which is widely regarded as the best of the mediocre journals.

For the first nine months in Nagasaki I was living in a students' accommodation off site which had apartments meant for foreign guest researchers, and then moved to a private flat near the institute, just opposite the shrine with the large Camphor tree, which had earlier been torn in half but still blossomed. Although I have not seen that much of Japan I would prefer Nagasaki over

any other Japanese city. On weekends I explored the prefecture

by bus, along the coast of the hidden Christians, the Omura-Bay, or the area around Mogi which was famous for Biwa fruits. Mogi was also good for swimming and mountain walks, if one were able to avoid the wild boars. The villages lie along the slope of the Nagasaki peninsula. Steep orchards of Biwa, mandarins and grapefruits extend into the mountains. A Japanese sense of nostalgia can be felt in these villages where the average age of the population must be above 70, and where some old farming houses were already abandoned and terraced fields had become overgrown with jungle and giant bamboo. Old grannies were breaking their backs in the orchards wielding their machetes. Their husbands if they had not already died of chain-smoking could be found by the sea, sitting on the volcanic rocks fishing, or diving into the water in search for sea urchins which are best eaten raw. The food was better here than in Nagasaki City, where owing to earlier Portuguese and Chinese influence, dishes are traditionally prepared with too much sugar and oil.

In the *Tales of the Heike*, the bells of the Gion Temple announce the impermanence of all things. Towards the end of my year in Nagasaki I realised that I did not know what to do next. I flew to Hanoi to spend some time at the home institute of our Vietnamese colleagues, meeting Dr Thiem and Dr Huong who had both returned to Vietnam. Professor Ariyoshi had alerted me to some PhD emergency faced by Dr Thiem, and asked me to help sort it out, but on arrival it turned out the situation was not quite as dire as feared. We quickly resolved the issues, and Dr Thiem submitted his paper. From Hanoi I flew to India, where my own group in London had set up a new field site. I was meant to stay in India for two weeks, but these turned into months and years, and I am still in India while writing this article. I often think back to my time in Nagasaki, where the people are calm, the air is fresh, and the food clearly identifiable. In the meantime, LSHTM and the Institute of Tropical Medicine in Nagasaki have established a more formal collaboration. The institute has been transformed into a major school of public health. While I am still in frequent contact with Nagasaki over joint projects for our Master students, I am hoping for another opportunity to spend time there myself.

1. Schmidt W-P, Suzuki M, Dinh Thiem V, White RG, Tsuzuki A, Yoshida L-M, et al. (2011) Population Density, Water Supply, and the Risk of Dengue Fever in Vietnam: Cohort Study and Spatial Analysis. *PLoS Med* 8(8): e1001082