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NOTE ON THE SIMULTANEOUS OCCURRENCE, IN TWO INDIVIDUALS, OF THE INFECTING AGENTS OF MALARIAL FEVER AND ENTERIC FEVER.

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The question of the co-existence of typhoid fever and malarial fever is one which has been much discussed in the past, and the terms typho-malarial and malaria-typhoid have been used, especially in America, to describe a condition which was looked upon as a combination of the two diseases and also as a separate entity. At a later period, however, it would appear that these terms fell into disrepute, as the following extracts show:

"Typho-malarial fever is an ordinary typhoid occurring in a person who has been exposed to malarial influences, i.e., who has become infected with the malaria parasite."—Manson, "Tropical Diseases," 1903 edition.

"Typhoid fever and malarial fever in rare instances may co-exist in the same patient. Of nearly four hundred cases of typhoid fever, all with blood examinations, and a majority of them coming from malarial regions, in not a single instance were the malarial parasites found in the blood."—Osler, "The Principles and Practice of Medicine," 2nd edition.

"Occasionally the two infections may exist simultaneously in an active stage, as in a case reported by Craig."—Allbutt and Rolleston, "System of Medicine," vol. ii., part ii., 1907 edition.

Recently it has fallen to my lot to meet with two cases (in a series of about forty cases of enteric fever) in which benign tertian parasites were found in the blood film, while within a day or two cultural methods demonstrated the presence of the Bacillus typhosus in the blood-stream. The details are as follows:

Private M., admitted to hospital with "fever" on August 28th, 1908. Blood film examined the same day showed benign tertian parasites. Blood culture was made two days later and B. typhosus was obtained in pure culture.

Private Y. Benign tertian parasites were found on September 13th, 1908. He was admitted to hospital on September 15th, and a blood culture was made the same day. The B. typhosus was obtained in pure culture.

The temperature charts are appended. It will be seen that Case 1
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shows no periodicity; Case 2, however, shows it on the sixth, eighth, and tenth days of the disease.

It would be interesting to know how the diagnosis was arrived at in the case referred to above, reported by Craig. I am unable to refer to the original article, but if it should be that the typhoid part of the double infection was not diagnosed by means of cultivating the organism, these two cases may, perhaps, be allowed to stand as the first recorded examples in which the causal agents of the two diseases have been demonstrated in the same patient at the same time.

It would also seem that, in India at all events, the occurrence of the two diseases in one individual is not so rare as indicated by Osler.