Correspondence.

DUM-DUM FEVER? KALA AZAR? NON-MALARIAL REMITTENT FEVER?

TO THE EDITOR OF THE "JOURNAL OF THE ROYAL ARMY MEDICAL CORPS."

Sir,—In an editorial article in your February issue, you allude to the fever associated with the presence of Leishman-Donovan bodies in the liver and spleen under the heading of “Dum-dum” fever, and two cases are reported by Mathias and Blackwell in the March issue under the same designation. The fever associated with these bodies is not, however, confined to Dum-dum or its neighbourhood. Donovan reports that he was able to verify their presence in forty-six cases in Madras in the course of three or four months; cases have been published by Manson and Low in patients from the Terai, and one by Marchand and Ledingham from Peking. Bentley telegraphs that he has found them in Assam in cases of kala-azar, and bodies apparently identical have been found by T. H. Wright in a case of oriental sore from Asia Minor.

It is obvious, therefore, that the infection is widely distributed and of diversified relationships, and the use of the topographical name of “Dum-dum” fever is much to be deprecated.

Leishman, followed by Manson and Low, sees in these cases considerable resemblance to kala-azar, but we must await confirmation of Bentley’s observations before admitting their identity. I have, however, for many years pleaded for the recognition of “non-malarial remittent fever,” on clinical grounds, in the nomenclature of tropical diseases; and the details of the published cases seem to indicate that the fever which is associated with Leishman’s bodies could be most appropriately included under that non-committal and non-topographical name. Laveran and Mesnil are apparently prepared to accept such a designation, for they recommend “a systematic search for Leishman’s bodies in the non-malarial fevers of Southern Asia, and especially of French Indo-China.”

If, as is extremely probable, these bodies are found to be the cause of fevers of irregular remittent character, in widely separated parts of the world, it would be pitiable to have them stereotyped as “Dum-dum fever.”

A. CROMHIE, M.D.