ARE THE SEQUELÆ OF MALARIA CONTRACTED ON ACTIVE SERVICE STILL PREVALENT?¹

By Professor Dr. P. MÜHレンS,

Tropical Institute, Hamburg.

During the last two years there has again been an increase in the number of expert diagnoses concerning alleged sequelæ of malaria contracted during the War and, in particular, concerning deaths due to a variety of diseases which the dependants have attributed to the sequelæ of malaria contracted on active service in order to establish their claim to a pension. I have been called upon to give an expert opinion on deaths due to cirrhosis of the liver, heart disease, peritonitis, tuberculosis and even pneumonia, all of which were attributed to malarial diseases dating from the War.

In many of these cases the relatives actually maintained that even up to the last stages, the patient had suffered at regular intervals (sometimes every two to four weeks) from typical attacks of fever. This statement is even now frequently made by ex-Service men who are sent to us for observation pending a decision on the award of a pension. Other patients state that, from time to time, they suffer from so-called “five day-fever” (trench fever).

In reports sent to us for expert opinion, it has been repeatedly stated that malaria parasites were still being found either by medical practitioners or in the laboratories of the hospitals fourteen to eighteen years after the actual primary infection. So far, however, we have never yet succeeded in seeing with our own eyes any specimen preparation in which positive parasites were present. To all our inquiries we have received the reply that, unfortunately, specimens had not been kept but that the parasites were undoubtedly of a malarial type. In the majority of cases they are said to be tertian parasites, but sometimes also subtertian parasites (even crescents) are reported.

In all the cases re-examined at our hospital for tropical diseases during the last six to eight years, we have never been able to discover even after provocation, etc., one single parasite. The other forms of disintegration of the blood-corpuscles characteristic of chronic malaria were also absent as well as all trace of enlargement of the spleen or liver, and other symptoms.

In one case, an ex-Service man had been drawing a pension for years on the grounds of enlargement of the spleen following malaria contracted on

¹ Communication received from Professor MühlenS, who will be glad to receive any information on the points mentioned in this paper. The solution of the problem is important in the interests of ex-service men and their dependents.
Sequelæ to Malaria Contracted on Active Service

active service. We were able to diagnose that this inflammation of the spleen was really a cystic kidney and, after a successful operation, the patient's pension was withdrawn. In a great number of other cases different causes (for instance, pyelitis, T.B., etc.), were found for the alleged malarial fever or malarial sequelæ.

These few facts, together with previous experience in the treatment of malaria, will suffice to make it clear that the alleged cases of relapses due to malaria dating from the War, and malaria sequelæ, which have been reported up to the present time must be regarded with the greatest scepticism and examined with the utmost care by malaria specialists.

Obviously no ex-Service man should be caused, or allowed to suffer, any injustice. On the contrary, the new Germany is fully conscious of the individual services rendered during the struggle of the nations and is prepared to come to their aid in all cases when the injury to health can be attributed definitely, or even with approximate certainty, to the War.

For this purpose, however, it is necessary to furnish reliable proof that the injury occurred on active service or that there is an actual connection between the present illness and this injury.

All physicians, hospitals, pensions authorities, etc., can and should help in this work.

The Hamburg Tropical Institute is also prepared to devote itself entirely to the solution of these important questions and to assist physicians, hospitals and pensions authorities in clearing up doubtful cases.

I consider that the following conditions are absolutely essential to the attainment of this end:

1. In all cases when death is attributed to malaria contracted on active service, or to the sequelæ of malaria, a post-mortem examination should be made and the organs—the spleen, liver, brain and bone-marrows, in particular—examined by specialists, for traces of malaria.

2. In all alleged cases of relapse due to malaria contracted on active service, thick-drop and smear preparations must be examined by malaria specialists (before treatment is given), or sent to them for expert diagnosis. Above all, presumably positive findings are to be carefully checked.

3. In the interests of collective research I beg my colleagues to send me all reports on the observation of relapses due to malaria contracted at the front, and, in particular, of any positive blood or organic conditions in malaria relapses, or in the sequelæ of malaria still existing, which have manifested themselves or been noted more than six years after the end of the War. Any available copies of expert opinions on this subject are also urgently needed.

4. Finally, I should also like information as to where and when in Germany, during the post-War period, autochthonous cases of malaria (and of what type), or infections connected with cases of malaria contracted at the front or with artificial infections in paralytics have occurred and been definitely established.
"The observations which German doctors with experience in the tropics had collected before the War, concerning the course and sequelæ of malaria contracted in a foreign country as they appear in the climate of the German homeland tend to prove that, generally speaking, malaria is cured in Germany after a certain number of years, and also that the occurrence of relapses after an interval of five to six years must be considered as exceedingly rare."

These observations are not in any way contradicted but rather confirmed by the experience gained concerning the course and sequelæ of malaria contracted on active service. It is, therefore, of the greatest importance to insist that physicians advising ex-Service men who state that they contracted malaria during the War and maintain that they still suffer from malaria relapses, should only certify the presence of malaria: (a) After they have personally observed one or several attacks of fever; (b) when, after making blood examinations during the attack of fever and sending the preparations to a research department specializing in the diagnosis of malaria, the examination has given positive results; (c) when the probability of the fever being due to some other cause has been eliminated by a thorough clinical examination of the patient.

Until overwhelming counter-evidence is forthcoming it is impossible to disregard the views of our most experienced malaria specialists which moreover coincide with those of the malaria specialists of other nations.

I appeal to all physicians at home and abroad to collaborate in the final solution of this important scientific question, if only in the interests of the ex-Service men and their dependants.

This question is also equally important for our seamen since malaria and its possible sequelæ must be recognized as a possible "accident" in their calling. In this field also, all supposed cases of malaria or sequelæ of malaria must be immediately and thoroughly investigated, since it is to be feared that for many years or decades to come they will give rise to the same trouble with regard to diagnosis as has arisen in the case of malaria contracted on active service.

I should like to suggest that the Hamburger Tropeninstitut be chosen as the collecting centre for all post-War data. Address: Hamburg 4, Tropeninstitut.