MALARIAL FEVER CONTRACTED IN PORTSMOUTH.

By Major R. J. Copeland and Major F. Smith, D.S.O.
Royal Army Medical Corps.

Gunner X, of the Royal Garrison Artillery, age 18 years, 7 months, service four years, three months, came sick complaining of headache, &c. His temperature was above normal—he was taken into hospital. He appeared to have recovered, but after a day of apyrexia he had a rigor and his temperature again rose high. Ultimately his chart showed a typical tertian ague appearance as given below. He now had considerable enlargement of the spleen.

In spite of the peculiar nature of the fever, malaria was not at first suspected in this case, owing to the history, but on June 18th, specimens of the blood were examined by means of Leishman's stain. Tertian parasites in abundance were found. The fever disappeared under quinine, and a week later the man returned to duty.

The extraordinary thing about this case is that the man has never been out of England. Malarial fever, as far as we know, disappeared from England many years ago. Certainly the disease is quite unknown in Hampshire. The last recorded prevalence in the army at home took place among some soldiers at Tilbury Fort (Army Medical Department Report, 1875, by Surgeon-Major J. G. Faught). Then how did Gunner X acquire fever? He is stationed in Clarence Barracks—new buildings in a large, dry, airy space and not near any water, except the sea, on the Southsea parade. A most careful search of the building, on the first floor of which is situated room 3 in which Gunner X lives, revealed nothing that could throw any light on the cause of fever—that is to say, there were no mosquitoes in the rooms, and there was no standing water about.
There are over a dozen men in the room. It is a curious coincidence that one of them, not long home from abroad, was suffering from fever in May and was taken into hospital on the 15th of that month with tertian fever. He was then found to have many tertian parasites—including gametes—in his blood. On May 24th, this man, Gunner Y, was discharged from hospital, and he returned to room 3. On June 12th, Gunner X was admitted to hospital. Gunner Y says he had no fever after he left hospital. No other fever cases have occurred recently in room 3. The dates of the two cases mentioned suggest that Gunner X got his fever from Gunner Y, but how? The men do not appear to have had any particular communication with each other. We are driven then to the speculation that we have here an instance in which the flea or the bug has acted as transmitter—possibly, but not necessarily, by direct conveyance of fresh blood from man to man. In any case the occurrence opens a wide field for reflection and goes a long way in explanation of the cause of some failures to stamp out fever by destroying mosquitoes. For the mosquito does not seem to have been concerned in this attack of malaria. There is a loophole for possible escape from this conclusion however. Gunner X spent the Whitsuntide holiday with his parents at the Isle of Wight, in Carisbrooke Castle, of which his father was then caretaker during the Deputy-Governor's absence. The first symptoms of illness were noticed eight days after Gunner X's first night at Carisbrooke. Duty at manoeuvres and pressure of other work has prevented our making a full enquiry on this point, but one of us (F. S.), paid a brief private visit to Carisbrooke and failed to find evidence of the presence of Anopheles or of cases of fever there. The Castle is on a dry hill. Gunner X's father was interviewed and his blood examined with negative result. He stated that he was in India twenty-four years ago, but had no fever either there or on his return. He is a healthy looking man. He said that he is much bitten by gnats sometimes when among the bushes in the grounds. At Carisbrooke midges were found in the garden—probably there are also Culex mosquitoes there. Gunner X said he was not aware of having been bitten by any kind of insect either in Carisbrooke or Portsmouth.