

A CASE OF INFECTION OF A EUROPEAN WITH
STRONGYLOIDES STERCORALIS.

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THOUGH common in Africans, *Strongyloides stercoralis* seems uncommon enough in the European to warrant the publication of a case of diarrhoea caused by this worm.

Routine examination of the stools of African food-handlers, civilian and military, shows the frequency of this helminth to be about 11 per cent. Frequently these stools show no abnormality attributable to the worm, but diarrhoea stools occur more often in those cases in which it is seen than in those in which it is absent. (A ratio of 5 : 4 in a series of 300.)

In striking contrast to its frequent occurrence in Africans is the rarity with which this worm occurs in Europeans. In a series of 5,000 stools contributed by 1,952 patients, this case is the only instance in which the worm was found.

Case History.—J. M., aged 29. Service 13 years.

The patient had spent an aggregate of almost two years in Sierra Leone. No previous illness other than a doubtful glandular fever in April, 1943, and malaria in 1936. Admitted to hospital on August 3, 1943.

He was well until the afternoon of the day prior to admission, when he complained of slight diarrhoea—bowels open four times, the stools being loose and "slimy" but without visible blood. On admission, temperature 99, pulse 80. General condition, good. Tongue coated and moist. Liver and spleen not palpable. Some tenderness in the right iliac fossa but no abnormality found on palpation. No tenderness in the left iliac fossa. Heart, lungs and C.N.S.—N.A.D.

Stool: A hard brown motion with small amounts of mucus.

Microscopically no blood or pus cells, amoebæ, cysts, ova or flagellates seen. Embryos of *Strongyloides stercoralis* present in considerable numbers.

Aug. 4, 1943: Felt well, bowels open once in the night, but not during the day.

Aug. 5, 1943: Treatment begun with a course of gentian violet, gr. 2½, t.d.s., for ten days.

Progress continued to be satisfactory and the bowel actions reverted to the patient's customary twice daily. Nothing abnormal was found in stools examined on August 11 and 13. The patient was discharged fit and free from all symptoms on August 14, 1943. Further specimens examined on August 21 and September 1 showed no embryos.

The source of the infection could not be traced. All food was obtained from Army supplies, the Mess servants and their stools being examined monthly. It was the custom to exclude carriers of *Strongyloides stercoralis* from Messes, although it is not infectious when first passed. No other cases of gastro-intestinal upset were reported in that Mess.

The patient worked in a food-store, and his stools were examined each month, the last being done on July 8, 1943, and found free from any abnormality. The patient had access to a town, and it is possible he acquired his infection there.

Summary.—A case of infection of a European with *Strongyloides stercoralis* is described.

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