IS SIMPLE CONTINUED FEVER ENTERIC FEVER?

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LIEUTENANT-COLONEL BIRT, in his able article on typhoid and paratyphoid fevers in the Journal for August, 1907, expresses the opinion that cases of mild pyrexia which are frequently, for want of a better name, diagnosed simple continued fever are cases of mild enteric fever. I must confess to some difficulty in accepting this dictum, and for the following reasons maintain an open mind on the question.

In ten cases of continuous fever, varying in duration from four to ten days, and in which the diagnosis rested between enteric and simple continued fever, I have obtained a micro-organism from the blood in one only. The method used was the planting of 5 to 10 cc. of blood into 500 cc. of plain broth. Using the same method in nine cases of declared typhoid of normal or nearly normal duration, and in which the diagnosis was made by clinical signs, blood-culture, Widal reaction, or all three, I obtained typhoid bacilli in six. The one case of the former series was one of what is known amongst Assistant Surgeons as “ten days’ fever” and showed the signs and symptoms of mild enteric, but the temperature dropped to normal on the tenth day. The micro-organism isolated was proved by morphological cultural reactions (including the use of bile-salt-sugar media), and as tested by specific typhoid and paratyphoids A and B sera, to be the paratyphoid bacillus.

Quite possibly, by using the Conradi bile medium, which I now use, I might have obtained a greater proportion of positive results in the first-mentioned series of cases, but the difference between the proportions of successes to failures in the two series seems too marked to be accounted for by this. I have not had any cases of the type under discussion since commencing to use the Conradi medium, so cannot give any results.

In twenty cases of continuous fever of eight to ten days’ duration, and in which the diagnosis rested between enteric and simple continued fever, I tested for a Widal reaction against typhoid and failed to obtain any reaction at all in eighteen. The remaining two gave a reaction of 1 in 20 in an hour as watched by the microscope.

I have often had the same men under my care for this disease
more than once, and the intervals between the attacks were much too long to be accounted for by their being just relapses from the first attack. Since commencing a routine of administering a dose of calomel followed by saline next day as a start off in such cases, I have had very many of this type.

I am quite aware that the above are insufficient reasons for declaring that simple continued fever is not enteric, or for basing any conclusions on, but as the material for the bacteriological work was furnished by British troops, I think they justify a doubt as to whether the question of simple continued fever has been settled as regards British troops, in the Punjab at any rate. Biffi and Galli and Perquis appear to have obtained more positive results, but quite possibly under different conditions, and I cannot see that the results of these observers settle the question as regards British troops serving in tropical and sub-tropical countries. In regard to simple continued fever, statistics must be fallacious, considering the very wide differences of opinion which prevail as to its nature: in my short experience I have known exactly the same type of case diagnosed simple continued fever, enteric, remittent, ague, hepatic congestion, according to the idiosyncrasy of the medical officer in charge. In the absence of more scientific diagnostic facilities, such differences could not be wondered at.

The question is an important one from many points of view, and I would name two reasons for our making an effort to settle this question. One is that if by any chance simple continued fever is not enteric and the dictum is accepted that it is, there will be a heavy balance against inoculation statistics. If inoculation is a real protection against enteric, it should be our object to show it in its true light and not to condemn it on insufficient evidence. Another reason is this, that the isolation to which a soldier is subjected when diagnosed enteric is irksome and lengthy, and, speaking from a personal point of view, I know that if I were a private soldier suffering from fever, and knew if it lasted a week it would be diagnosed enteric, I would do my best to avoid going sick to avoid the risk of the resulting isolation. This is my excuse for trespassing on your valuable space and for advancing this plea that the subject should be investigated on bacteriological lines.

I suggest that a competent medical officer, detailed in each of a few large stations providing plenty of material to investigate the question, would be able to throw a considerable amount of light on it, provided that the work of investigation were not “in addition to other duties.”