

## AN UNUSUAL MANIFESTATION OF MALARIA.

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The following report is submitted with the hope that it may prove of value to those who are especially interested in the study of malaria—particularly of its unusual manifestations.

*Patient.*—Private G., about 11 a. m., Jan. 23, 1905, complained of an extremely severe headache, which had first appeared between 9 and 10 o'clock that forenoon, and which had rapidly increased in severity until at the time he applied for treatment it had become almost unbearable. The pain was especially severe in the temporal regions. The man further stated that previous to that morning he had been in his usual good health.

*Examination.*—The patient was admitted to the hospital; the temperature was normal. He was carefully questioned with regard to his appetite, digestion and action of his bowels, and all seemed to be perfectly normal. He felt certain that he had eaten nothing unusual or which might have given rise to some digestive disturbance. Nothing abnormal was revealed on examination.

*Treatment.*—The patient was put to bed and his bowels thoroughly evacuated by means of purgatives and enemata. A cold compress was applied to his head and his diet was restricted to liquids. By 3 p. m. on the day of admission his headache had practically disappeared, and by 6 p. m. he felt quite as well as usual.

*Subsequent History.*—On the morning of January 24 the patient felt quite well until about 9 o'clock. At that time his headache reappeared and gradually increased in severity until, according to his statement, it was even worse than on the preceding day. His temperature remained normal. He was carefully questioned at this time in order to determine whether or not there was a possibility that his headache might be of malarial origin. He stated that he had been born and raised near Altoona, Pa., and had never been any farther south than West Point, Ky. He was positive that he had never suffered from malaria, "ague," "chills and fever," or any disease of that nature whatsoever. He further stated that he had never, at any time during his life, been in the immediate neighborhood of cases of malaria, ague, etc., occurring in other people. In view of the patient's positive statements, together with an entire absence of temperature, and especially in consideration of the fact that the patient's disability had arisen in the very midst of an Alaskan winter, in a section of the country where, even in its warmest season, malaria is practically unknown, the idea of a blood examination seemed so utterly futile that it was dismissed without further thought.

During the succeeding five days, January 24 to 28 inclusive, the patient's headache continued, usually coming on between 9 and 10 o'clock a. m., and disappearing about 3 p. m. On some days it seemed to be less severe than on others.

*Further Treatment.*—Various combinations of drugs, including sodium bicarbonate, calomel, bromids, chloral, coal-tar preparations, etc., were faithfully tried, but with little or no result. Cold applications to the head sometimes seemed to give slight relief, but at best it was only temporary.

Finally at 8:30 a. m. on January 29, 1.3 gm. quinin sulphate was administered in capsules. The headache appeared as usual, between 9 and 10 a. m., but as time went on, contrary to custom, the aching seemed to be much less severe than usual.

*Blood Examination.*—Noting this change, at about 11:30 a. m. I proceeded to make a blood examination, which I should have done before, and certainly would have done had it not been for the apparently absolutely contradictory evidence. On taking a slide of the patient's blood and examining it under the microscope I found it to be fairly swarming with malarial spores, which resembled in appearance those of the tertian parasite. The examination, however, had been too long delayed, as prolonged and careful search failed to reveal any mature or segmenting parasites, hence it is impossible to say with cer-

tainty which variety of malarial parasite was responsible for the trouble.

*Results.*—On the whole, the headache on this day (January 29) was much less severe than usual. Two small doses of quinin were given during the day, and on the following morning at 8:30 another large dose of 1.3 gm. was administered.

On the morning of January 30 a very slight headache appeared about 10 o'clock. The blood was again carefully examined at this time, but nothing was found save a few scattered spores. The headache on this day was slight, and had practically disappeared by noon. The quinin was continued up to and including another large dose on the morning of January 31, after which, inasmuch as the patient experienced no pain on that date, it was stopped. From that time until the present the patient has experienced no recurrence of the headache.

It is extremely to be regretted that a thorough blood examination was not made much earlier in this case, but, as stated above, the bare possibility of malarial infection seemed so vague and remote that the examination of a blood specimen seemed an absolutely useless procedure. However, if the above report fulfills no other mission, it may at least serve to warn us against neglecting to follow up every possible diagnostic clue, however useless and insignificant it may seem.

HEMIPLEGIA OCCURRING DURING THE  
THIRD WEEK OF TYPHOID FEVER.\*

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In the *Medical Record*, Dec. 19, 1903, I reported a case of sudden hemiplegia with aphasia occurring during the fourth week of an attack of typhoid fever in a boy aged five years, and I also referred to several other reported cases. Inasmuch as this complication of typhoid fever seems to be a rare one, I have thought it worth while to briefly record the clinical notes of a second case which has since come under my observation.

*Patient.*—A married man, aged 38, a bricklayer, habits good, previous history not significant.

*History.*—The patient was in the fourth week of a simple uncomplicated attack of typhoid fever, when on Aug. 9, 1904, he developed the hemiplegia to be described. His physician saw him at 5 p. m. on the date mentioned, and noted nothing unusual. He saw the patient again at 9 p. m. the same day, when he found that he was suffering from a complete left hemiplegia. It must have developed gradually and without loss of consciousness, as a member of the family was in constant attendance on the patient and noticed nothing unusual until an attempt to move the patient between 8 and 9 o'clock revealed the hemiplegia described.

*Examination.*—An examination which I made the next day revealed a complete left hemiplegia, with exaggerated tendon reflexes on the affected side and some mental confusion and thickness of speech. The heart and arteries seemed normal.

*Course of the Disease.*—The hemiplegia persisted for four months (the patient in the meanwhile had recovered from the typhoid fever) and then began to improve, and has continued to do so slowly up to the present time. He can now move the affected arm and leg pretty freely, but a considerable degree of paralysis persists, together with spasticity.

I am inclined to regard this hemiplegia as of thrombotic origin.

\* Reported at a meeting of the Pittsburg Academy of Medicine, 1905.

**We Are Surfeited with Surgeons.**—The present "rage" in medicine is surgery, surgery. The fledgling, barely able to diagnose a case of chronic constipation, wants to be a "surgeon." The hospital interne, after a year or so in hospital service, wants to be an abdominal surgeon. The young medical man, after graduating, seeks a position in the surgical clinic, and after dressing chronic ulcers for a year or two, modestly classifies himself in the medical city directory as a "surgeon." Enough of this inane desire.—*Med. Fortnightly.*