

Medical Matters.

PHLEBOTOMUS OR SANDFLY FEVER.

In the *British Medical Journal* of last week Lieutenant-Col. C. Birt, R.A.M.C., has a very interesting and instructive paper on Phlebotomus. He writes that this fever under various names has long been known to prevail in the tropics, and it was as long ago as 1804 that Pym, an army medical officer, gave the following account of cases which he had observed in the Mediterranean:—"The disease generally comes on like other fevers with slight headache, chilliness, shivering, sometimes sickness at the stomach. These symptoms are in a few hours followed by violent pain in the head, confined chiefly to the eyeballs and forehead, pain in the back, and in the calves of the legs. The face becomes flushed and the eyes have a shining, watery appearance, with a slight degree of inflammation, like those of a person half drunk. The skin is dry, the bowels in general bound, the tongue foul. The fever ends about the third day." Since sandfly fever is of short duration, and causes no mortality, its existence in Malta had been quite overshadowed by the graver infections caused by the typhoid bacillus and the *Micrococcus melitensis*. When Malta fever was extinguished among the troops by prohibiting the use of goats' milk in 1906, sandfly fever appeared in relief and called for investigation.

Towards the end of the year 1908 R. Doerr published the researches which he had made on a short febrile ailment which attacked a large proportion of the soldiers who had recently arrived at stations on the Dalmatian coast. It was prevalent only during the summer months. Doerr showed by experiment that this fever was caused by an invisible virus, present in the blood during the first day of the pyrexia, which was conveyed by the sandfly, *Phlebotomus papatasi*.

It was then suggested that a like study should be made of Pym's fever at Malta, and this was undertaken in 1909 by Lieutenant-Colonel Birt, who describes the symptoms as follows:—

THE SYMPTOMS.

The onset of phlebotomus fever is usually sudden, though sometimes the pyrexia may be preceded by lassitude, and discomfort for a few days. Chilliness may be complained of, and slight rigors observed, but never the chattering of the teeth of the ague onset. He is attacked with giddiness and a violent headache, chiefly confined to the brow and behind the eyes, exaggerated by the least movement of the head. He has pain in his back and in the calves of his

legs, and stiffness of all the muscles of his body, which render him restless, though at the same time unwilling to move in bed, since he finds that a change of position only aggravates his discomfort. He is drowsy, and resents being disturbed. Sleep is either much broken or absent. His face is deeply flushed and somewhat tumid. His eyelids are slightly swollen and are half open. His eyes are bloodshot, so that Pym's description of the half drunken look of these patients is characteristic. The eyeballs are sensitive to movement and gentle pressure. The temperature rises to 101-103 degs. Fahr. in a few hours, but the pulse remains slow, often not more than 80. It has been noted as low as 40. The patient may have vomited. This symptom occurs in about 25 per cent. of the cases. Diarrhœa with watery stools was marked in 20 per cent. Constipation is commonly observed.

The tongue becomes coated with a thin white fur, except at the tip and edges. It is inclined to be large and flabby. Taste is impaired. Loss of appetite is constant. Nausea is a frequent symptom. There is often congestion of the fauces and vesicles on the palate are frequent. Throat symptoms, however, are rarely noticed by the patient. There is no expectoration nor coryza. The skin is usually dry, though occasional perspirations may occur. But the profuse sweating, such as ends a fit of ague, does not take place. There is often much dilatation of the capillaries of the face, which causes puffiness of the eyelids and features, and gives a dissipated look to the sufferer. In the early sixties, indeed, alcoholic excess was supposed to be the cause of Pym's fever. Many of the unfortunate soldiers who were attacked were shown in the army returns under the heading "Ebriositas." The erythema may extend to the neck and upper part of the chest. Rashes are absent, except those caused by insects. The joints are not swollen.

Blood was obtained by venepuncture in 23 instances.

THE BLOOD EXAMINATIONS.

The negative results obtained in the blood examinations excluded malaria, relapsing, trypanosome, Malta, typhoid, streptococic, staphylococic, tetragenus, pneumococic, and influenzal infections, and also Rogers's seven-day fever, which he attributes to a typhoid-like organism.

It was first necessary to ascertain if this short fever of Malta was a specific disease. Here experiments on the lower animals gave no assistance, for they were all immune to 5 c.cm. of the blood of a patient in the first day of his illness. When the nature of the investigation

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