

ENTERIC FEVER AS SEEN IN INDIA AND IN OTHER TROPICAL AND SUB-TROPICAL COUNTRIES.

BY JAMES M' CARTNEY, M.D.

Since the comparatively recent general recognition of enteric fever in India, and in other countries where malaria is prevalent, a constant disposition has been evinced on the part of individual observers to describe it as something different from that fever as it occurs in Europe. There are some who go the length of naming it typho-malarial fever, and others again who, even when ulceration of Peyer's patches is found on *post-mortem* examination, still believe, from the peculiar course of the fever, that the disease is of the climatic remittent type.

Having seen enteric fever myself in climates so dissimilar as those of England, South Africa, Mauritius, and India, both in the hills and plains, I have gradually come to believe that a difference does exist, though probably one of degree only, between the home and the foreign variety; between enteric fever as seen in cool, temperate, and non-malarious countries, and that of hot, moist, malarious regions. Moreover, these differences appear to me to manifest themselves *pari passu*, as we pass from temperate zones towards the tropics.

Is it possible that these very peculiarities of enteric fever have themselves been the cause of the true nature of the disease having remained unrecognized in India for so long after it had been fully differentiated from other forms of fever in Europe?

Budd's opinion, accepted by so many, that enteric fever must be propagated from the dejecta of persons

affected with the disease, has led those who hold such doctrine to look for other causes for the fevers they meet with, knowing the improbability of such infection, and to regard them as climatic remittent fever. While it must be admitted that in many instances in England outbreaks of enteric fever have been traced to specific infection from individuals primarily affected, in India such can hardly be the case, unless, indeed, it were admitted that infection came from a masked and unrecognized type of the disease existing amongst the native population, and classed as remittent fever.

1. As showing its widespread existence in India, independent of epidemic influence, Sir Anthony Home pointed out, in his inspection report for 1883, that no station hospital for British troops was without a case when he visited, and it is the experience of most Indian observers that cases of enteric fever continue to crop up, one after another, with longer or shorter intervals between them, but without the least apparent individual connection. This would negative the specific infection theory in India, and suggests some peculiarity of etiology.

Taking it for granted then that there are certain peculiarities attaching to the disease as seen in India, and in other tropical and subtropical countries, notwithstanding the opinion of some authorities to the contrary, the pointing out and establishing, if possible, of these differences, might lead to a better understanding of the whole subject of the continued, pseudo-continued, and remittent fevers of hot countries. Having mentioned the first peculiarity of the disease—namely, its tendency to occur in a widespread manner, but without connection between individual cases as in Europe, I will pass on to the next.

2. This is its tendency to occur in many gradations of intensity. Thus,