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ON NEPHRITIS OF MALARIAL ORIGIN.

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THE fact that albuminuria may occur in the course of malarial fever as well as during other acute infections is well known. Martin-Solon<sup>1</sup> estimated that it was to be found in a quarter of all cases. Laveran,<sup>2</sup> however, believes that this is a high percentage for the simple non-pernicious fevers. Joseph Jones<sup>3</sup> refers to its occasional occurrence, but says: "In several hundred examinations of the urine of the different forms of malarial fever in the Marine Hospital at Savannah, Georgia, albumin was found in only one case, which was complicated with typhoid fever. This fact is important in its bearing upon typhoid and yellow fever." Anders,<sup>4</sup> in 1780 cases collected from the records of various hospitals in Philadelphia, noted only eighteen instances in which albuminuria ("marked") was found. Hertz<sup>5</sup> asserts that "it is no very uncommon thing to find albumin present in considerable quantities." . . . "Albumin is to be found in the urine either only on the fever days or during the intermission as well (fibrinous tube-casts have also been observed), and disappears on recovery." Atkinson<sup>6</sup> studied the urine in seventy-six cases of intermittent and remittent fever, in which albuminuria occurred five times; in a second series, however, occurring during the late summer and fall of 1883, forty-five in number, albuminuria was noted in six instances. Kelsch and Kiéner<sup>7</sup> assert that in ordinary malarial fevers "the presence of albumin is not rare in paroxysms of a certain intensity, but it is particularly common in relapses in old sufferers, where the kidney is

<sup>1</sup> Gaz. Méd. de Paris, 1848, iii. s., t. iii. Année, xix. 618.

<sup>2</sup> Traité du Paludisme, 1898, 8°, Paris.

<sup>3</sup> Medical and Surgical Memoirs, vol. ii. p. 772.

<sup>4</sup> Journal of the Amer. Med. Asso., 1895, vol. xxiv. p. 916.

<sup>5</sup> Ziemssen's Cyclopædia, American edition, vol. ii. p. 641.

<sup>6</sup> Amer. Journ. Med. Sciences, 1884, vol. lxxxviii. p. 149.

<sup>7</sup> Maladies des pays chauds, p. 144.

already altered." They say that in the more severe bilious and gastric fevers (page 453) "albumin is frequent enough but inconsiderable and transient; it may be intermittent and disappear with the paroxysm, or it may continue during the intermission."

Despite the relative frequency with which some observers have noted albumin in the urine of malarial patients, its presence or absence has been used as a point in the differential diagnosis between certain forms of severe malaria and yellow fever, in which latter affection the early appearance of albumin is the rule. McLean, in *Reynolds' System of Medicine*, says: "Albuminous urine is almost invariable in yellow fever—only occasional in remittent." Again, of the urine in remittent fever, he says: "It seldom contains albumin . . . albuminous urine is the rule in yellow fever, a rare exception in remittent."

Ascoli,<sup>1</sup> Dubujadoux,<sup>2</sup> and others have noted the existence of peptonuria in association with the malarial paroxysm.

The occurrence of acute nephritis in connection with malaria has also been recognized for many years: Chénouard,<sup>3</sup> Hertz,<sup>4</sup> Soldatov,<sup>5</sup> Dewalsche,<sup>6</sup> Verhaeghe,<sup>7</sup> Schmid,<sup>8</sup> Pepper,<sup>9</sup> Busey,<sup>10</sup> McLean,<sup>11</sup> Da Costa,<sup>12</sup> Wood,<sup>13</sup> Rosenheim,<sup>14</sup> Atkinson,<sup>15</sup> Bermann,<sup>16</sup> Stefanowicz,<sup>17</sup> Dods,<sup>18</sup> and many others noting this condition.

Throughout the Southern States, as testified to particularly by the admirable records of Joseph Jones,<sup>19</sup> the condition is not very infrequent. The grave and often fatal acute nephritis following hæmoglobinuric attacks is well known. These cases have been well studied by Bastinelli<sup>20</sup> and Kelsch and Kiéner,<sup>21</sup> who have described at length the changes in the kidneys following acute malaria. They believe that severe acute, diffuse, or glomerulo-nephritides may directly

<sup>1</sup> Lav. d. Cong. d. Med. Int., 1892, Milano, 1893, vol. v. p. 350.

<sup>2</sup> Arch. de Méd. et Pharm., Paris, 1892, p. 437.

<sup>3</sup> Rec. des travaux de la Soc. Méd. du Depart. d'Indre-et-Loire, 2s, 1845, p. 101.

<sup>4</sup> Op. cit.

<sup>5</sup> St. Pet. Med. Woch., 1878, iii. 345.

<sup>6</sup> Arch. Belges de Méd. Mil., 1859, xxiii. 20.

<sup>7</sup> Ibid., 1860, xxvi. 81.

<sup>8</sup> Deutsche Klinik, 1852, 442.

<sup>9</sup> Amer. Journ. Med. Sci., 1866, ii. 405, 408.

<sup>10</sup> Ibid., 1878, lxx. 128.

<sup>11</sup> Op. cit.

<sup>12</sup> Med. Record, N. Y., 1880, xvii. 54.

<sup>13</sup> Ibid., 1888, xxxiii. 320.

<sup>14</sup> Deutsch. med. Woch., 1886, xii. 752.

<sup>15</sup> Op. cit.

<sup>16</sup> Internat. klin. Rundschau, Wien, 1894, viii. 1844.

<sup>17</sup> Wien klin. Woch., 1893, vi. 365.

<sup>18</sup> Edinb. Med. Journ., 1888, xxxiii. ii. 1890.

<sup>19</sup> Op. cit.

<sup>20</sup> Ann. di Med. Navale, Anno ii. 1896.

<sup>21</sup> "Maladies des pays chauds," 8vo, Paris, 1889, and Arch. de Phys. norm. et path., Paris, 1882, 2 s., ix. 278, 458.