LETTERS TO THE EDITOR

ENTERIC FEVER*

SIR—A positive Widal of 1 in 60 is no criterion of anything, either the presence or absence of the disease. A positive of 1 in 640 to 0 antigen would be no more than suggestive and a titre of only 1 in 60 in a patient ill for ten days would be strong evidence against the diagnosis of enteric fever. An explanation of why Major Pitt’s relapse rate was so low, 3 per cent compared with 23 per cent, might be that only 3 out of 23 of Major Pitt’s cases had enteric fever.

If I may briefly refer to 3 other points, I have no doubt you have had a lot of letters from amazed physicians:

1. Nose bleeding is occasionally torrential, it is usually slight and if carefully enquired for occurs in a very high proportion of typhoid cases—over half perhaps, but is uncommon in paratyphoid.

2. The Widal is invaluable and must not be maligned, but it may be interpreted in the light of experienced judgement. Nothing else gives a diagnostic answer the same day (if the laboratory’s arm is twisted and if the case is over 5 days or so old as the first case in an outbreak so often is when first seen). However physicians like positive cultures, blood in the first week or so, stool after two to three weeks, urine sometimes not until six to eight weeks after the onset (in Typhoid).

3. All the features of typhoid, many of which surprise the inexperienced, were described before any of us were born. It is not necessary to go so far back though Gerhardt (Amer J. med. Sci. I believe of 1839) gives a masterly account emphasising that typhus is really a specific exanthem with marked prostration and typhoid is not but has abdominal features; and the accounts written after World War I were excellent. But everyone can and should read Manson Bahr, William Walker (of Aberdeen—Conn’s Current Therapy 1968) and Huckstep (of Africa—Conn’s Current Therapy 1969), and if they did would avoid an undue appearance of naivety in the subject.

I am, etc.,

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T.A.B. VACCINES

SIR—I would be most grateful for information, perhaps from the older generation of R.A.M.C. officers, on the subject of the paratyphi A and paratyphi B components of our present T.A.B. vaccine.

At the present time there is much discussion and work being done bearing on the relevance, importance, effectiveness and post-vaccination reactions resulting from the incorporation of these two components in the standard T.A.B. vaccine. As a matter
of interest this subject was discussed at the Second Combined Army Health, Pathology Conference held at the Royal Army Medical College on the 15th April 1971.

Although it is well known to most of our readers, I should like to mention that our predecessors in the Corps had the honour and distinction of being the first immunologists to prepare and administer a typhoid vaccine, and to introduce and popularise the intradermal method of T.A.B. vaccination in the United Kingdom; in the process of preparing a review paper on the subject of vaccination against the enteric fevers, I chanced to come across the following passage referring to the parathyphi 'A' and 'B' factors:

"Back in Europe, Haffkine, now aged 55, was once more called upon to deal with the problem in inoculation. In the autumn of 1915 Great Britain was planning to send against the Germans an expeditionary force composed of Indian soldiers and troops drawn from the Mediterranean area. The greater part of the Allied armies had been inoculated against typhoid by that time, but not against paratyphoid A and B. It was planned to start inoculation with this expeditionary force of several thousand, but in the General Staff opinions differed sharply on the score. The conference of leading British medical officers and military, which met at Millbank in November, decided to call Haffkine as an "impartial consultant". After a study of the problem he came to the conclusion that it was essential to inoculate the troops arriving in Europe, but recommended that the vaccine be tested on 300 persons on the spot, in Millbank, in order to make sure that the inoculation would not have any disabling after-effects. Haffkine's authority was sufficient to overrule the opposition of a group of generals, and in January 1916 the paratyphoid vaccine was tried for the first time throughout the fighting area."

The above paragraph implies that the decision to incorporate the parathyphi A and paratyphi B elements in the classical typhoid vaccine, and so produce a trivalent enteric fever vaccine for the first time as far as this country was concerned, may have been taken in Millbank, and it is not unreasonable to assume that the author meant in actual fact the Royal Army Medical College.

Can any of your readers please throw any further light on this historic happening?

I am, etc.,

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REFERENCES

