Correspondence

CHADWICK PUBLIC LECTURES IN MAY AND JUNE, 1935.

<table>
<thead>
<tr>
<th>Date and Time</th>
<th>Place</th>
<th>Lecturer</th>
<th>Subject</th>
<th>Chairman</th>
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<tr>
<td>May</td>
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<tr>
<td>Thursday, 23,</td>
<td>LONDON:</td>
<td>Miss Noel Tidy,</td>
<td>Physical Exercises: Educational and Preventive.</td>
<td>Sir James Crichton-Browne,</td>
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<td>5.30 p.m.</td>
<td>Manson House,</td>
<td>C.S.M.M.G.</td>
<td>(Illustrated by lantern slides and films)</td>
<td>M.D., F.R.S., Chadwick Trustee</td>
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<td></td>
<td>26, Portland Place, W.1.</td>
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<tr>
<td>June</td>
<td>LONDON:</td>
<td>Sir E. John Russell,</td>
<td>Modern Changes in Food Production: Their Influence on Our Sources of Supply</td>
<td>Sir William J. Collins</td>
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<td>5 p.m.</td>
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CLASSIFICATION OF TYPHUS GROUP OF FEVERS.

TO THE EDITOR OF THE "JOURNAL OF THE ROYAL ARMY MEDICAL CORPS."

DEAR SIR,—In the case of the typhus group of fevers the connection between the antigen and the virus is so uncertain that I doubt if a classification based on serological findings can be termed scientific. At any rate from the point of view of a practical health officer, I feel compelled to enter a mild protest against the adoption of a classification which includes in the same sub-group two diseases so etiologically different as classical epidemic typhus and Brill’s disease, and would ask you to picture the feelings of say a D.A.D.H. of a base, on receipt of a wire to the effect that X19 typhus is raging in the area in which a labour force is being recruited.

The classification based on the vector is admittedly unscientific and even somewhat confusing. It is, however, practical and information based on it conveys a definite picture of the actual conditions.

Army School of Hygiene,
Aldershot.
March 16, 1935.

H. A. Emerson,
Colonel.

TO THE EDITOR OF THE "JOURNAL OF THE ROYAL ARMY MEDICAL CORPS."

DEAR SIR,—In reply to Colonel H. A. Emerson’s letter on the classification of the Typhus Group of Fevers may I mention the following points:

(i) Brill’s disease is now considered by some American workers to be
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recrudescent classical typhus in patients who have already had an attack of that disease. If this work is confirmed the aetiology of the two diseases is identical.

(ii) Endemic typhus is considered to be distinct from Brill’s disease—it never occurs except as sporadic cases and, therefore, could not “rage” in any community—nevertheless it may in a lousy community become the starting point of classical epidemic typhus. (Reference Mooser and Dummer, 1930.) The hygienic problem he postulates resolves itself therefore into the simple procedure of “Bringing forth the Thresh.”

(iii) As regards the dropping of the vector classification we read of cases reported from India with others labelled “Tick Typhus” with a + + + reaction to X19. We hear much of “Tick Typhus” without one shred of evidence in many cases that the patients have ever been bitten by ticks, and none to show that they may not have been bitten by mites or fleas. Some of these cases are stated to be + + + to XK, others indefinite.

It is no longer possible to cover the typhus group on a vector classification without making this so complicated that the ordinary medical officer will not bother with it, or without accepting as gospel statements which have no supporting evidence—hence our effort to adopt a simpler classification which fits known facts and is based on simple laboratory tests. There can be no objection to making an additional statement with regard to the transmitting vector whenever this is definitely known. But it is misleading to suggest that it is possible or ever will be possible to determine the vector responsible for each outbreak or for each sporadic case of the disease.

The first statement in Colonel Emerson’s letter may be strictly true—medicine is not an exact science. However, I think this matter may be safely left in the hands of one of the originators of the Weil-Felix reaction, who so kindly co-operated in drawing up the table.

I am, etc.,

J. HEATLY-SPENCER,

Colonel.