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Typhus in Europe and Africa.

THE Weekly Epidemiological Record of the Health Section of the Secretariat of the League of Nations is still published in Geneva and reaches this country somewhat belatedly. The reason for this delay is explained on p. 127. The number for 2nd April, 1942, contained an account of the prevalence of typhus in Europe which in the issue of 16th April was continued to cover its prevalence in North Africa. From the two we can find out what typhus is doing at present and deduce what it is likely to do in the near future. The articles are unsigned, but in them we recognise the work of Dr. Y. M. G. Biraud, who is our chief authority on the epidemiology of European, or louse-borne typhus. May we suggest that the name typhus should be limited to this variety of rickettsiosis to avoid our getting into the difficulties which we had to overcome in connection with the enterics? Typhus differs from the other rickettsioses, as typhoid differs from the other enteric diseases, in the species of parasite to which it is due being limited to man and therefore having no reservoir outside our own species.

In that part of the world which was known to the ancients, there are at present three centres of typhus which are not connected with each other—in Eastern Europe, in Spain, and in North Africa. Cases do occur in France and in the Reich; the latter for certain are importations from Eastern Europe; the former might have come from any of the three foci. The points of importance are that outside the centres typhus is still very rare and the epidemic in Spain, which is comparatively recent, was not derived from the other two centres where typhus has been endemic for years. In Spain the disease appeared in 1939. In 1941 there were 6,659 cases with 1,067 deaths and in the first quarter of 1942, 2,475 cases with 300 deaths. Typhus was probably mildly endemic in Spain before the civil war, as it is in Ireland, and the epidemic was due to spread from this source, and not to importation. In France there were three cases in 1940 and three again in 1941 (at Marseilles and St. Etienne), but in the first quarter of 1942 there were 117 cases from many districts, some apparently imported from Spain, but most from North Africa. In spite of frequent importation and of the scarcity of fuel and soap, and the sufferings of the French people, typhus so far has not spread in France. In Germany there were six isolated cases in 1940, the first for many years, but in 1941 more scattered cases appeared and a small outbreak of a dozen cases in Oppeln near the old Polish border, occurred in May. In November and December, 1941, typhus was recorded in 44 out of the 74 administrative divisions of Germany, the cases being more numerous in the parts of the Reich bordering the war-front. Information from Germany is limited to civil cases, but it appears that no extensive outbreak has appeared so far in any part of the Reich, though importation from the Eastern front must be continuous and heavy.

In Great Britain there is now no *known* endemic centre of typhus. In London there was a centre which was occasionally active up to the beginning of the century and another in Glasgow which last burst into activity at the close of the last war. In Ireland there has been a centre in Connaught from time immemorial, but this has recently quieted so well that we have hopes of its extermination.

Unlike most infectious diseases, the history of typhus accords exactly with our current belief in its epidemiology, from which we are justified in claiming that that belief is founded on truth. In face of this, for us to fear typhus, that is to quake that it might do something unexpected, is ridiculous. In the past, outbreaks of typhus were bolts from the blue—generally they are so still, but we have penetrated the blue and know exactly where danger lurks and how it can be suppressed.

Importations of typhus from the endemic centres into the free countries is practically certain, but in this there is no danger unless they set up endemic foci, and of this there is no danger if the spread of lice from the diseased persons can be prevented. The body-louse is the only known vector of *rickettsia prowazeki*. It appears that it is an obligatory vector, for the rickettsia can live in it and it can live nowhere else except in *homo sapiens*. Of course the disease *might* be spread by head lice, fleas, bugs, rats, or crocodiles, but there is no historical evidence that it ever has been so spread, and biological reasons for its failure to be spread by means other than the body-louse which tell us that it is not accidental. If, in fact, there are no endemic centres remaining in Great Britain, the chances of an epidemic of typhus occurring in this island are nil, for we can prevent imported cases from establishing foci. We are not certain that there are no endemic centres here, for every person who has had typhus remains a reservoir of the parasite so long as his immunity lasts, and this may be throughout life. Immunity is not always and possibly not usually so long-lasting. We have conclusive evidence that the rickettsia may be eliminated in the person of Murchison, who had typhus twice. Unfortunately he did not leave on record the dates of his two attacks, so we know not the interval between them. There are probably in Glasgow and possibly in London, persons still living who had typhus in past years and who may still be reservoirs. If there are, they will be harmless if they are not lousy. Probably if Glasgow became lousy, typhus would become epidemic without importation. If it does not become lousy typhus will not become epidemic there in spite of importations and the possibility of a still-existing focus. What happened in Spain could happen here, but only if we are unable to keep down body lice, or fail to do so. Even in Germany typhus does not spread to any extent though it must be imported into that country daily in considerable numbers and it will not spread to any extent so long as the Germans can keep up their civil sanitary measures in which, to do them justice, they are highly efficient.

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IN view of the fact that cases of smallpox recently notified in Fife were at first thought to be chickenpox, medical practitioners have been warned of the importance of making a thorough examination of all cases of chickenpox and of bringing any doubtful cases to the notice of local medical officers of health. This advice is contained in a circular issued by the Department of Health for Scotland to local authorities. The Glasgow outbreak is recalled and local authorities are asked to consider whether safeguards adopted at that time should again be brought into operation, including the offering of vaccination to the staffs of institutions if this step has not already been taken. The Department of Health, it is added, is prepared to supply lymph if it is urgently required pending the local authority obtaining a supply through the normal trade channels.