

"Typhoid Carriers."

Some attention has been recently directed to the subject of "Typhoid Carriers" as a means whereby the infection of enteric fever is distributed. These are simply patients who have suffered from an attack of enteric fever, but in whom the organisms, instead of dying out, have become saprophytic, that is to say, are growing and multiplying in some part of the body, without having any further effect on the patient himself. As they are discharged in great numbers in the excreta, further cases become infected, while the original patient, being no longer ill, is not suspected to be a source of the resulting epidemic.

The attention of the general public has been called to this phenomenon by a paragraph in a lay paper referring to a report by Dr. D. Davies, M.O.H. for Bristol, on the occurrence of an epidemic of enteric fever which was traced to the presence of a woman who suffered from the disease six years previously, and who was subsequently in good health.

This is, however, no new thing. Kayser, in 1906, reported the case of a baker who had suffered from enteric fever ten years previously, but whose faeces contained typhoid bacilli in large numbers. Klinger investigated the stools of 482 cases, and came to the conclusion that 1.7 per cent. became chronic typhoid carriers. Additional work on the subject has been published by Nieter, Levy, Friedel, Dehler, and Soper, while quite recently A. and J. G. Ledingham have discussed the subject fully with some very instructive and careful additional work of their own.

The origin of the bacilli is probably in the gall bladder of the carrier, where the organism has for many years been known to linger for some time after the patient is apparently well. From this situation the bacilli are discharged into the faeces.

From the public health point of view the subject does not present any serious difficulty, inasmuch as the blood of these carriers always gives the serum reaction in a marked degree. All that is required, therefore, is to examine samples of the blood of the inmates of the institution, or of those with whom the patients affected have come in contact. The carrier can, therefore, be isolated without difficulty.

The treatment of the carrier is another matter. Removal of the gall bladder has been suggested, but this is rather a heroic measure. It remains, however, to be seen whether any other method is possible, such as the efficient disinfection of the gall bladder by the administration of antiseptics internally.

A. KNYVETT GORDON.

Angina Pectoris.

Sir Hermann Weber presided at a most interesting lecture given on Thursday, January 9th, at 7, Fitzroy Square, W., by Sir T. Clifford Allbutt, K.C.B., Consulting Physician to the Mount Vernon Hospital for Consumption and Diseases of the Chest.

The lecturer stated firstly that the accent in pronouncing angina should be placed on the first, not on the second syllable—*angina* not *angina*. Concerning angina, it was important at the outset to make clear what was being talked about. Even eminent authorities were assuming that there was no such disease, but this did not follow merely because pathologists were unable to demonstrate any morbid processes. Others again said angina was a symptom, but there were several reasons why this term was inadequate. Blindly to deny to angina pectoris the name of disease raised the question of what was implied by the term disease.

It was disconcerting to hear physicians speaking of a morbid entity in this connection. A disease was an abstract conception in the minds of clinical observers. There was nothing objective about it, but it might be likened to a compound photograph, something in the observer's own mind, a convenience of thought.

Angina pectoris exhibited a very definite series of symptoms. It was true that some of these were exhibited in other diseases also, but it had been well said that by the stepping stones of any one disease it was possible to walk round the whole continent of morbid processes and return to the starting point.

These processes in angina pectoris were very distinct. In some diseases they are not so clearly defined. For instance, into the idea of epilepsy many other processes were thrust because convulsions are associated, not only with this, but with many diseases. The term "rheumatoid arthritis" also covered a multitude of inaccuracies.

The root of the reluctance of physicians to allow that angina pectoris was a disease was that it was only half understood. Yet, in reality, there was more ignorance as to the pathology of measles than as to that of angina which had its own particular well defined pathological features. Unfortunately classification was often done with a shovel, and the host of pseudo-anginas and other nerve-storm ailments were classed with it, but, as a student of cardiac diseases, the lecturer declared that no physician of experience was deceived by the pseudo-anginas for more than a minute.

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