

We have previously reported that the diagnosis of typhoid fever, when the results of culture are unknown or negative, is a probabilistic diagnosis dependent upon several objective, clinical and laboratory features.<sup>2</sup> That the WOAB titre alone cannot be used to diagnose typhoid fever is illustrated by the fact that one third of our ST(+) cases had an initial titre within the reference range. Nevertheless, it is one of the most useful tests and in our study, each rise in titre doubled the odds in favour of culture positive typhoid, such that a febrile patient with a titre of 1:160 had a 61% probability of being a ST(+) case.

If our own criteria, i.e., an initial titre  $\geq$  1:40 or a fourfold rise in titre, were to be applied to ST(-) cases rather than the Ministry's criteria, then twice as many cases would be confirmed. Use of the Ministry's criteria may lead to undernotification of typhoid and an overestimation of the efficacy

of typhoid fever control measures. Due to the variability of background WOAB titres in different communities, diagnostic titres are best calculated by individual laboratories.

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## REFERENCES

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- 2 Ross I N, Abraham T. Predicting enteric fever without bacteriological results. *Trans R Soc Trop Med Hyg* (in press).

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# STAB WOUND IN HEART OBSERVED IN 1961

Dear Editor

I refer to the article on stab injury to the heart *MJM* 1985; 40(3) : 260-262 and wish to congratulate the author on the successful management of a penetrating injury to the heart.

It is claimed that this may be the first operation of its kind in this country and that it is "even incredible it occurred in a district hospital".

I was house surgeon to Mr K. D. Frazer when a similar case was admitted on my call night in early 1961 in GH, KL. Mr. Frazer repaired the stab wound in the left ventricle with chromic catgut. This patient walked home alive. The anaesthetist was Dr. F. R. Bhupalan.

In 1962 Datuk K. A. Menon operated on a similar case in Ipoh, GH where the anaesthesia was given by Dr A. S. Manavalan.

In the early 60's our General Hospitals were worse than the present day District Hospitals.

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### *Editorial Note:*

*Advice to all authors on inadvisability of making claims on being the first to perform "such and such a procedure".*

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