# ZOONOSES

## edited by

## J. VAN DER HOEDEN

Israel Institute for Biological Research, Ness Ziona Hebrew University, Hadassah Medical School, Jerusalem (Israel)



### ELSEVIER PUBLISHING COMPANY

AMSTERDAM - LONDON - NEW YORK

1964

## LIST OF CONTRIBUTORS

- Bernkopf, H., M. D. Professor of Medical Virology, Hebrew University, Hadassah Medical School, Jerusalem (Israel)
- Clarenburg, A., D.V., Emeritus Head of the Laboratory for Zoonoses and Pathological Anatomy, National Institute of Public Health, Utrecht (The Netherlands)
- Davies, A. M., M.D., Associate Professor of Medical Ecology, Hebrew University, Hadassah Medical School, Jerusalem (Israel)
- Dekking, F., M.D., Lecturer in Medical Virology, Chief Virus Laboratory, University of Amsterdam; Amsterdam (The Netherlands)
- Dinger, J. E., M.D., Emeritus Professor of Tropical Hygiene, Director of the Institute of Tropical Medicine, State University, Leiden (The Netherlands)
- Donker-Voet, J., D.V.Sc., Senior Research Instructor, Institute for Veteriny Bacteriology, State University, Utrecht (The Netherlands)
- Evenchik, Z., Ph.D., Department of Epidemiology, Israel Institute for Biological Research, Ness Ziona (Israel)
- Frenkel, H. S., D.V.Sc., Emeritus Director National Institute for Veterinary Research, Amsterdam (The Netherlands)
- Goldblum, N., Ph.D., Associate Professor of Medical Virology, Hebrew University Hadassah Medical School, Jerusalem (Israel)
- Raubitschek, F., M.D., Associate Professor of Dermatology, Rothschild-Hadassah University Hospital, Chief, Medical Mycology Laboratory, Hebrew University, Jerusalem (Israel)
- Ruys, A. Ch., M.D., Professor of Bacteriology, Epidemiology and Immunology; Director, Laboratory of Hygiene, University of Amsterdam (The Netherlands)
- Tas, J., M.D., Clinical Associate Professor of Dermatology, Department of Dermatology and Venereology, Rothschild-Hadassah University Hospital, Hebrew University, Jerusalem (Israel)
- Theodor, O., Ph.D., Associate Professor of Medical Entomology, Department of Parasitology, Hebrew University, Hadassah Medical School, Jerusalem (Israel)
- Tierkel, E. S., A.B., D.V.M., M.P.H., Chief, Rabies Control Unit, Communicable Disease Center, U.S. Public Health Service, Atlanta (Ga.)
- Van Riel, H., M.D., D.P.H., Professor of Public Health, Tropical Medicine, Hygiene, Health Education and Bacteriology, University of Brussels, Institute of Tropical Medicine, Antwerp (Belgium)
- Van Thiel, P. H., Ph.D., Professor of Parasitology, Institute of Tropical Medicine, State University, Leiden (The Netherlands)
- Van der Hoeden, J., D.V.Sc., Head, Department of Epidemiology, Israel Institute for Biological Research, Ness Ziona, Clinical Professor of Bacteriology, Hebrew University, Hadassah Medical School, Jerusalem (Israel)
- Van der Schaaf, A., Professor of Bacteriology and Infectious Diseases; Director, Institute for Veterinary Bacteriology, State University, Utrecht (The Netherlands)

- Witenberg, G. G., D.V.Sc., Associate Professor of Parasitology, Hebrew University, Jerusalem (Israel)
- Wolff, J. W., M.D., Emeritus Professor of Tropical Hygiene, University of Amsterdam; Director, Institute of Tropical Hygiene and Geographical Pathology, Department of the Royal Tropical Institute, Amsterdam (The Netherlands)
- Zidon, J., M.D., Consultant Physician, Government Hospital, Tel Hashomer (Israel)

# **CONTENTS**

Introduction (J. v. d. Hoeden)
1. Tuberculosis
J. van der Hoeden (Ness Ziona, Israel)
J. van der Hoeden (Ness Ziona, Israel)
J. van der Hoeden (Ness Ziona, Israel)
4. Plague  J. E. Dinger (Leiden, The Netherlands)
5. Tularaemia
J. Zidon (Tel Hashomer, Israel)
J. van der Hoeden (Ness Ziona, Israel)
A. Clarenburg (Utrecht, The Netherlands)
8. Erysipeloid J. van der Hoeden (Ness Ziona, Israel)
9. Listeriosis
J. Donker-Voet (Utrecht, The Netherlands)
A. van der Schaaf (Utrecht, The Netherlands)
A. van der Schaaf (Utrecht, The Netherlands)
<ul><li>12. Anthrax</li><li>J. van der Hoeden (Ness Ziona, Israel)</li></ul>
13. Necrobacillosis
J. van der Hoeden (Ness Ziona, Israel)
J. van der Hoeden (Ness Ziona, Israel)
A. Ch. Ruys (Amsterdam, The Netherlands)
J. van der Hoeden (Ness Ziona, Israel)

# Chapter II. Rickettsial Diseases

1.	Introduction	
	J. W. Wolff (Amsterdam, The Netherlands)	. 27
2.	Louse-borne rickettsioses	
	a. Epidemic typhus, 284; b. Trench fever, 286	
	J. W. Wolff (Amsterdam, The Netherlands)	. 28
3.	Flea-borne rickettsioses	
	(Endemic typhus)	
_	J. W. Wolff (Amsterdam, The Netherlands)	28
4.	Tick-borne rickettsioses	
	a. Spotted fever group, 291; b. Boutonneuse fever, 294	
_	J. W. Wolff (Amsterdam, The Netherlands)	29
5.	Mite-borne rickettsioses	
	(Scrubtyphus)	
_	J. W. Wolff (Amsterdam, The Netherlands)	29
6.	Rickettsialpox	
-	J. W. Wolff (Amsterdam, The Netherlands)	300
7.	Q-fever	
	Z. Evenchik (Ness Ziona, Israel)	302
	Chapter III. Viral Diseases	
	A. NEUROTROPIC VIRAL DISEASES	
1.	Rabies	
	Ernest S. Tierkel (Atlanta, Ga.)	313
2.	Aujeszky's disease	
	H. S. Frenkel (Amsterdam, The Netherlands)	346
3.	Lymphocytic choriomeningitis	
	H. Bernkopf (Jerusalem, Israel)	351
	B. ARTHROPOD-BORNE ANIMAL VIRAL DISEASES	
1.	Introduction	
_	N. Goldblum (Jerusalem, Israel)	356
2.	Group A (Arthropod-borne viral diseases)	
	a. Western equine encephalitis (WEE), 359; b. Eastern equine encephalitis	
	(EEE), 362; c. Venezuelan equine encephalitis (VEE), 365	2.50
2	N. Goldblum (Jerusalem, Israel)	359
J.	- · · · · · · · · · · · · · · · · · · ·	
	First subgroup (SLE, JBE, MVE-WNV complex)	
	a. St. Louis encephalitis, 369; b. Japanese encephalitis, 371; c. Murray	
	Valley encephalitis, 372; d. West Nile fever, 373; e. Yellow fever, 375; f. Wesselbron virus infection	
	N. Goldblum (Jerusalem, Israel)	2/0
	Second subgroup (Tick-borne viral diseases; R.SS. complex)	368
	a. Russian spring-summer encephalitis, 382; b. Central European (or:	
	biphasic) meningo-encephalitis, 383; Louping ill, 386; d. Kyasanur forest	
	disease, 388	
	N. Goldblum (Jerusalem, Israel)	200
	*** ~ C1 ~	380

•	d arthropod-borne viral di	seases										
	alley fever											20
N. G	oldblum (Jerusalem, Israel)	• •	•	•	•	•	•	•	•	•	•	39
	C. MYXOV	IRAL D	ISEA	SES	ı							
1. Influenza												
H. Be	rnkopf (Jerusalem, Israel)			_	_		_	_	_			394
2. Newcastle			-	•	•	•	•	•	•	•	•	<i></i>
	rnkopf (Jerusalem, Israel)										_	396
				•	·	•	-	·	•	•	·	
	D. MISCELLANE	ous vi	RAL	DIS	EAS	ES						
1. Psittacosis	and Ornithosis											
	kking (Amsterdam, The No	etherland	(sh									40
2. Cowpox a			us, .	•	•	•	•.	•	•		•	<del></del>
-	kking (Amsterdam, The No	etherland	de)									411
3. Contagion	s pustular dermatitis	ctivel ictiv	us, .	•	•	•	•	•	•	•	•	41
<del>-</del>	kking (Amsterdam, The No	etherland	de)									A10
4. Milkers' n	odules	ctici iaii	us) .	•	•	•	•	•	•	•	•	412
	kking (Amsterdam, The No	etĥerlan	de)									422
5. Vesicular	stomatitis	ctiret tativ	us, .	•	•	•	•	•	•	•	•	444
	der Hoeden (Ness Ziona,	Icrael\										426
6. Pseudoves	icular stomatitis of bovines	istact)	• •	•	•	•	•	•	•	•	•	423
	der Hoeden (Ness Ziona, 1											420
7. Foot and	mouth disease	istact).	•	•	•	•	•	•	•	•	•	423
	Frenkel (Amsterdam, The	Netherla	n'de)						•			422
8. Cat scratc	i disease	1 ACCITICI 14	шаэ)	•	•.	•	. •	•	•	•	•	432
	Ruys (Amsterdam, The N	Jetherlar	del									441
9. B-virus inf	ection	CUICI IAI.	lasi	•	•	•	, •	•	•	•	•	441
												445
2 00	ldblum (Jerusalem, Israel)	• •	• •	•	•	•	•	•	•	•	•	445
		_	_									
	Chapter IV.	Funga	l Di.	seas	ses							
	A. SUPERF	ICIAL M	YCO	SES								
1. Introduction	on											440
2. Dermatop	vtoses		•	•	•	•	•	•	•	•	•	449
-	bitschek (Jerusalem, Israel	`			-							4.40
2.2000	oresoner (Jerusaiciii, Israel	<i>)</i>	•	•	•	•	•	•	•	•	•	449
	•	n										
	B. DEE.	P MYCO	SES									
1. Introduction	on	• • -	-	_	_							465
2. Coccidioid	omycosis		_		_				•	•	•	466
3. mistodiasn	IOSIS											467
4. Sporotrioc	nosis	•	• -	•	•	•	•	•	• .	•	•	469
5. American	olastomycosis			•	•	•	•	•	•	•	•	470
6. Cryptococo	osis – Moniliasis	- •	•	•	•	•	•	•	•	•	•	4/0
	bitschek (Jerusalem, Israel)	<b>)</b>										A71
<del></del>			•	•	•	•	•	•	•	•	•	471

## Chapter V. Protozoal Diseases

1.	Leishmaniasis					
	1. Visceral leishmaniasis (kala azar), 478; 2. Cutaneous leishmaniasis					
	(Oriental sore), 487; 3. South American mucocutaneous leishmaniasis					
	(Espundia), 489; 4. Treatment and preventive measures, 491					
	O. Theodor (Jerusálem, Israel)	475				
2	Toxoplasmosis	1,5				
<b>4</b> .	•	AOA				
2	P. H. van Thiel (Leiden, The Netherlands)	474				
3.	Trypanosomiases					
	1. African trypanosomiasis (sleeping sickness), 505; 2. American trypano-					
	somiasis (Chagas' disease), 516; 3. Other trypanosomiases, 520					
	J. van Riel (Antwerp, Belgium)	505				
4.	Simian malaria					
	J. van der Hoeden (Ness Ziona, Israel)	522				
5.	Balantidiasis					
	J. van der Hoeden (Ness Ziona, Israel)	525				
	, , , , , , , , , , , , , , , , , , ,	020				
	Chapter VI. Zooparasitic diseases					
	Chapter v1. Zooparasine aiseases					
	A MELMINTHOZOONOSES					
	A. HELMINTHOZOONOSES					
1.	Nematodiases					
	a. Trichinelliasis, 529; b. Dracontiasis, 549; c. Strongyloidiasis, 554; d.					
	Trichostrongyliasis, 561; e. Larval nematode infections, 564 (i. Larva					
	migrans, $564 - \alpha$ . Introduction, $564$ ; $\beta$ . Cutaneous larva migrans; $\gamma$ . Vis-					
	ceral larva migrans — ii. Gnathostomiasis, 572); f. Zoonotic filariases,					
	576 (i. Filariasis malayi, 576; ii. Loaiasis, 579; iii. Streptocerciasis, 581; iv.					
	Tropical eosinophilia, 582; v. Human infections with other animal filariae,					
	585); g. Rare human nematodiases, 587 (i. Capillaria infections, 587 — $\alpha$ .					
	Capillaria hepatica infection, 587; $\beta$ . Thominxiasis, 590 — ii. Physaloptera					
	infection, 591; iii. Human infections with animal ascarids (Butcher's der-					
	matitis), 592; iv. Human infection with animal hookworms, 593; v. Human					
	infection with animal Trichuris species, 594; vi. Gongylonema infection,					
596; vii. Oesophagostomum infection, 597; viii. Syngamiasis, 598; ix.						
	Ternidens infection, 599; x. Thelazia infections, 600; xi. Anisakiasis, 600)					
	G. G. Witenberg (Jerusalem, Israel)	529				
,	Trematodiases	J.47				
<b>.</b>	a. Fascioliasis, 602; b. Plant-borne intestinal trematode infections, 606					
	(i. Fasciolopsiasis, 607; ii. Gastrodiscoides infection, 610); c. Dicrocoeliasis					
	611; d. Fish-borne trematode infections of the liver, 613 (i. Clonorchiasis,					
	614; ii. Opisthorchiasis, 619; iii. Far East opisthorchiasis, 622; iv. Rare					
	opisthorchid infections, 623); e. Other fish-borne trematode infections, 624					
	(i. Heterophyiasis, 624 — $\alpha$ . Heterophyes infection, 626; $\beta$ . Metagonimus					
	infection, 627; γ. Extra-intestinal heterophyiasis, 627 —; ii. Nanophyetia-					
	sis, 628; iii. Rare fish-borne trematode infections, 629); f. Invertebrate-					
	borne trematode infections, 631 (i. Paragonimiasis, 631; ii. Spelotrema					
	infection, 635; iii. Euparyphium infections, 635; iv. Rare invertebrate-					
	borne trematodiases, 636); g. Schistosomiasis, 636 (i. General consider-					

#### CONTENTS

ations, 636; ii. Japanese schistosomiasis, 640; iii. Schi 641; iv. Haematobium-group schistosomiasis, 643; v						-	
646)							<b>603</b>
G. G. Witenberg (Jerusalem, Israel)	•	•	•	•	•	•	602
a. Taeniases, 649; b. Human cysticercosis, 653; c.	Ca	<b>4</b> 111	rian	<b>.</b>	<b>650</b>	. a	
· · · · · · · · · · · · · · · · · · ·				•		,	
Echinococcosis, 661 (i. Introduction, 661; ii. Unilo 662; iii. Alveolar echinococcosis, 678); e. Diphyllobo						•	
duction, 682; ii. Diphyllobothrium latum infection,			•	-			
691); f. Hymenolepidiases, 698 (i. Hymenopelis na		-	_	_	•	•	
Hymenolepis diminuta infection, 703); g. Rare zoond				-	-	•	
704 (i. Inermicapsifer and Railletina infections, 70						,	
fection, 705; iii. Bertiella infection, 706; iv. Drepanide							
infections, 706)	Otac	JIIIa	anc	1 TAT	OHIC	ZIA	
G. G. Witenberg (Jerusalem, Israel)							649
4. Acanthocephaia infections		•	•	•	•	•	047
G. G. Witenberg (Jerusalem, Israel)							700
5. Hirudiniases	•	•	•	•	•	•	708
a. Introduction, 710; b. Aquatic leeches which atta	った	the	ak;	n f	711		
Aquatic leeches which attack mucous membranes, 713	ack i · A	Line	381 al la	II,	/11 }	; C. 717	
G. G. Witenberg (Jerusalem, Israel)	, u.	Lai.	iu it	æcn	ies,	/1/	710
	•	•	•	•	•	•	710
B. PATHOLOGICAL CONDITIONS CAUSED BY ART	HRO	OPO	D F	'AR	ASI	TE	S
1. Introduction							
O. Theodor (Jerusalem, Israel).	•	•					720
2. Diptera (Myiases)							
a. Phlebotominae, 722; b. Simuliidae, 722; c. Callip stridae, 727							
O. Theodor (Jerusalem, Israel).	•	•			•		722
3. Siphonaptera (fleas)							
O. Theodor (Jerusalem, Israel).							732
4. Hemplera (bugs)							
O. Theodor (Jerusalem, Israel).		•		•			734
5. Acarina (ticks and mites)							
O. Theodor (Jerusalem, Israel).				• '			735
6. Scabies							
J. Tas and J. van der Hoeden (Jerusalem, Zess Zion:	a, Is	srae.	l)				740
Chapter VII. Diseases of man transmissible	+ <b>L</b> ,	~~	L a		I.	_	
over the state of man manishistore	<i>.,,</i> ,,,	Jug.	па	nın	Tais	<b>S</b>	
1. Introduction							751
2. Suchtococcai infections.							751
3. Diputeria .							751
To beautificococcas miscomons							756
5. Enterobacteriae	•	•	•	•	•	•	757
o. Enteroviruses.							
A. Michael Davis (Jerusalem, Israel)	_	-					757
Subject Index	•	•	•	•	•	•	750
. The second of	_	-	•	•	•		, ., ,

## INTRODUCTION

"Zoonoses are those diseases and infections which are naturally transmitted between vertebrate animals and man".

Second Report of the Joint World Health Organization/ Food and Agriculture Organization Expert Group on Zoonoses, 1958.

Since the dawn of history the diseases of man have been compared with those of animals. It was not, however, until the discovery of the pathogenic properties of certain bacteria and other lower organisms that similarities between several communicable diseases of man and animals were properly assessed. In consequence of this, many hitherto unknown epidemiological links between human and animal diseases were revealed.

Some diseases of animals, although they are not transmitted to man, may be extremely harmful to him in an indirect way. In certain remote regions of the world, epi- and panzootics deplete domestic and game animals to such an extent, that the local population is deprived of food of animal origin, serious protein deficiency following in its wake.

Until the beginning of the present century, the animal origin of only a small number of human diseases had been recognized (mainly: rabies, cowpox, anthrax, malleus, and a few zooparasitic infections). At the present time, far more than 100 zoonoses are known. Most of those which have been recently recognized are caused by viruses or zooparasites.

Not only have more zoonoses been discerned, but their pathogenesis and epidemiology have also been elucidated. It has, in fact, become evident that the animal world is a reservoir of the agents of numerous human diseases.

Zoonoses are now among the most frequent and most dreaded risks to which mankind is exposed. This is particularly true in the tropics and subtropics, where arthropod vectors play a significant part in the transmission of communicable diseases.

There is ample reason to believe that most of the present infectious and parasitic diseases of the human race have originated in animals. The pathogenic organisms adapted themselves to the environment of the human body, either as parasites or commensals, these associations being eventually reversible.

The effects produced in both man and animals are mainly determined by the invasive capacities of the pathogen and the host's resistance to it.

Several zoonoses are almost equally harmful to man and to animals (e.g. anthrax, plague, rabies, bovine-type tuberculosis). Others only rarely or slightly impair animal health, but cause serious illness in man (brucellosis, Q-fever, hydatidosis). A third group includes grave epizootics, which seldom affect man (foot and mouth disease, pasteurellosis, pseudorabies). However, the seriousness of a particular zoonosis may differ considerably in various territories and at different times.

Investigations on the presence of specific antibodies in human and animal populations in given regions have shed new light on the distribution of several zoonoses. Repetition of these investigations at intervals can provide interesting information on the natural history of infectious diseases in a particular region. This is especially true of viral infections which lead to antibody production without provoking clinically perceptible damage to the host. A prolonged carrier-state without serological response may also be established.

The recently acquired data have made necessary to revise in several respects our earlier conceptions of zoonoses.

A major role in the epidemiology of zoonoses is played by wild or domestic animals, which persistently carry and excrete organisms which are potentially pathogenic to man. This may occur not only when animals have recovered from overt disease, but may also be established in host-animals which have never shown signs of illness. Reservoirs of considerable importance are formed by those animals which are fairly resistant to the pathogens, and develop a chronic carrier-state, but are not themselves clinically affected (clinically inapparent-, subclinical-, or latent infections).

Apart from nutritional and industrial zoonotic infections, most zoonoses are characterised by their focal distribution within particular geographical territories (the "landscape epidemiology" of Pavlowsky). *Ecosystems* in these localities include defined *biocenoses* (species networks), which are composed of mutually connected animal communities, combined with the local vegetable and microbial world.

When, among the vertebrate animals living in these ranges, there are hosts of potential pathogens of man, a zoonotic *nidus* is created. Frequently, arthropods and other non-vertebrate animals serve as vectors and play an important, or often necessary, part in the cycles of infection.

Under the influence of seasonally defined climatic conditions, the ecosystem is subject to repeated changes, which affect the hosts, vectors and pathogens in their habitats. Man's infringements of the natural conditions, brought about by such practices as the reclamation of waste lands, artificial irrigation or changing crops, may contribute to alterations of the environment and therefore to the propagation or abatement of zoonoses in nature.

When man becomes involved in a zoonotic nidus, it is likely that the chain of inter-animal infections will be diverted to him. When this happens no further transmission of the parasite usually occurs, so that the human host becomes an end-point of the pathogen's existence. Occasionally, however, circumstances favour inter-human transmission, for instance, in bovine-type pulmonary tuberculosis or diaplacental infection with *Listeria* or *Toxoplasma*. Even actual epidemics may develop out of an individual zoonotic infection, as may happen in secondary pulmonary plague. This situation must be differentiated from pseudo-epidemic spread appearing when numerous individuals are simultaneously exposed to the animal reservoir of a zoonotic agent (bubonic plague in a heavily rat-infested area; leptospirosis among labourers in fields swarming with rodents).

Retrograde infections, from man to animals, only exceptionally occur. Marked differences exist in the host-parasite relationships of man having contact with infected vertebrate animals living in nature, as compared with persons keeping domestic animals in semi-natural or artificial environments. Man's repeated and intimate contact with the animals he attends, promotes the chances of the transmission of their pathogenic organisms. Under conditions prevailing in nature, man is most frequently infected along indirect routes, e.g. by means of soil and water contaminated with animal excretions, or through the intervention of blood-sucking arthropods.

As a rule, the clinical and pathological characteristics of a zoonosis have many points in common in both man and animals, although the localisation of the lesions, their incidence, and their degree of gravity may vary considerably. These differences are related to the species of the host, his state of immunity and the portals of entry of the pathogens, as well as to the intensity and frequency of the exposure. It is obvious, therefore, that most zoonoses occur among individuals occupationally engaged in the handling of animals, their carcasses and products (veterinary surgeons, slaughter-house personnel, raisers of livestock, milkers, workers employed

in factories processing animal products, etc.). Another group of people frequently affected comprises persons who repeatedly come into contact with soil, mud or water, which are readily contaminated by animal excretions (agricultural and sewer workers, fishermen, hunters, bathers). The agents causing alimentary zoonoses (e.g. Salmonella and helminths) may be present in food of animal origin (milk, meat, and their products).

It is impossible to record in a single volume the enormous amount of knowledge of the zoonoses recently acquired. It has been necessary, therefore, to impose strict limitations on the choice of the facts and problems to be discussed. Only essential historical information has been included. Diagnostic and therapeutic methods and systems have not been described in detail. Most emphasis has been laid on the discussion of epidemiological problems, comparative nosology and questions of preventive medicine.

Further it has been necessary to omit all those animal diseases, the transmission of which to man has only been surmised on weak epidemiological grounds, but has not definitely been established (e.g. bovine actinomycosis and vesicular coital exanthema).

Diseases like equine infectious anaemia or enzootic ovine abortion, which affect man extremely rarely, and under particular conditions only, have also been omitted. Likewise, no chapter has been devoted to the relapsing fevers. The importance of animal reservoirs as sources of these human infections has not been definitely proven while, moreover, certain differences have been established between the spirochaetes encountered in rodents in an endemic area and the *Borreliae* which cause relapsing fevers in man.

In addition to the zoonoses, the agents of which are found only or chiefly in animals, there are diseases caused by organisms which frequently occur in both man and the lower animals, so that it is not possible to ascertain which are their main hosts. These diseases differ from the others just mentioned in that man can not be safeguarded merely by the eradication of the causative agents from the animal-world. Because the animals are important, or potentially important as distributors of these pathogenic organisms, some parasitic diseases, such as dracontiasis, hirudiniasis and simian malaria, have been discussed in the following pages.

Considerations of space have, unfortunately, prevented the inclusion of exhaustive lists of references, and have obliged the authors to restrict themselves to the more important publications, preferably to those of recent years.

The reader who is interested in more detailed bibliographical information, may consult the books, monographs and reviews of literature which are inserted in the List of General References and in the separate lists appearing at the end of each chapter.

Ness Ziona, October 1963.

J. VAN DER HOEDEN

#### GENERAL REFERENCES ON ZOONOSES

ABDUSSALAM, M., Significance of ecological studies of wild animal reservoirs of zoonoses, Bull. Wld Hlth Org., 21 (1959) 179.

Advances in the Control of Zoonoses, Wld Hlth Org. Monogr. Ser., No. 19 (1953) 275 pp.

AUDY, J. R., The localisation of disease with special reference to zoonoses. Trans. roy. Soc. trop. Med. Hyg., 52 (1958) 308.

BROUARDEL, P. and A. GILBERT, Maladies communes à l'homme et aux animaux, Nouveau Traité de Médecine et de Thérapeutique, IV, Paris, 1906, 428 pp.

European Seminar on Veterinary Public Health, Regional Office for Europe, World Health Organization, Copenhagen, 1957, 435 pp.

GARNHAM, P. C. C., Zoonoses or infections common to man and animals, J. trop. Med. Hyg., 61 (1958) 92.

HAGAN, W. A. and others, The relation of diseases in the lower animals to human welfare, Ann. N.Y. Acad. Sci., 48 (1947) 225.

HEISCH, R. B., Zoonoses as a study in ecology, Brit. Med. J., 4994 (1956) 669.

HOEDEN, J. VAN DER, De Zoonosen (Dutch), Leyden, 1946, 444 pp.

Hull, Th. G., Diseases Transmitted from Animals to Man, IV ed., Springfield, 1955, 717 pp.

Joint Wld Hlth Org./FAO Expert Group on Zoonoses, techn. Rep. Ser., Geneva, First Session, No. 40, 1951, 48 pp.; Second Session, No. 169, 1959, 83 pp.

KOEGEL, A., Zoonosen, Basel, 1951, 243 pp.

LIEBERMAN, J. and others, Animal disease and human health, Ann. N.Y. Acad. Sci., 70, 1958, 485 pp.

MAKOWER, H., Biocenologic problems in immunology, Trans. N.Y. Acad. Sci., 20 (1958) 765.

MEYER, K. F., Animal diseases and human welfare, Advanc. vet. Sci., 1 (1953) 1.

Parnas, J., Antropozoonozy (Polish), Warsaw, 1960, 319 pp.

PAWLOVSKY, Y. N., Natural nidality of disease in relation to the ecology of the zoonoses, Wld Hlth Org. Seminar on Veterinary Public Health, Warsaw, 1957, 30 pp.

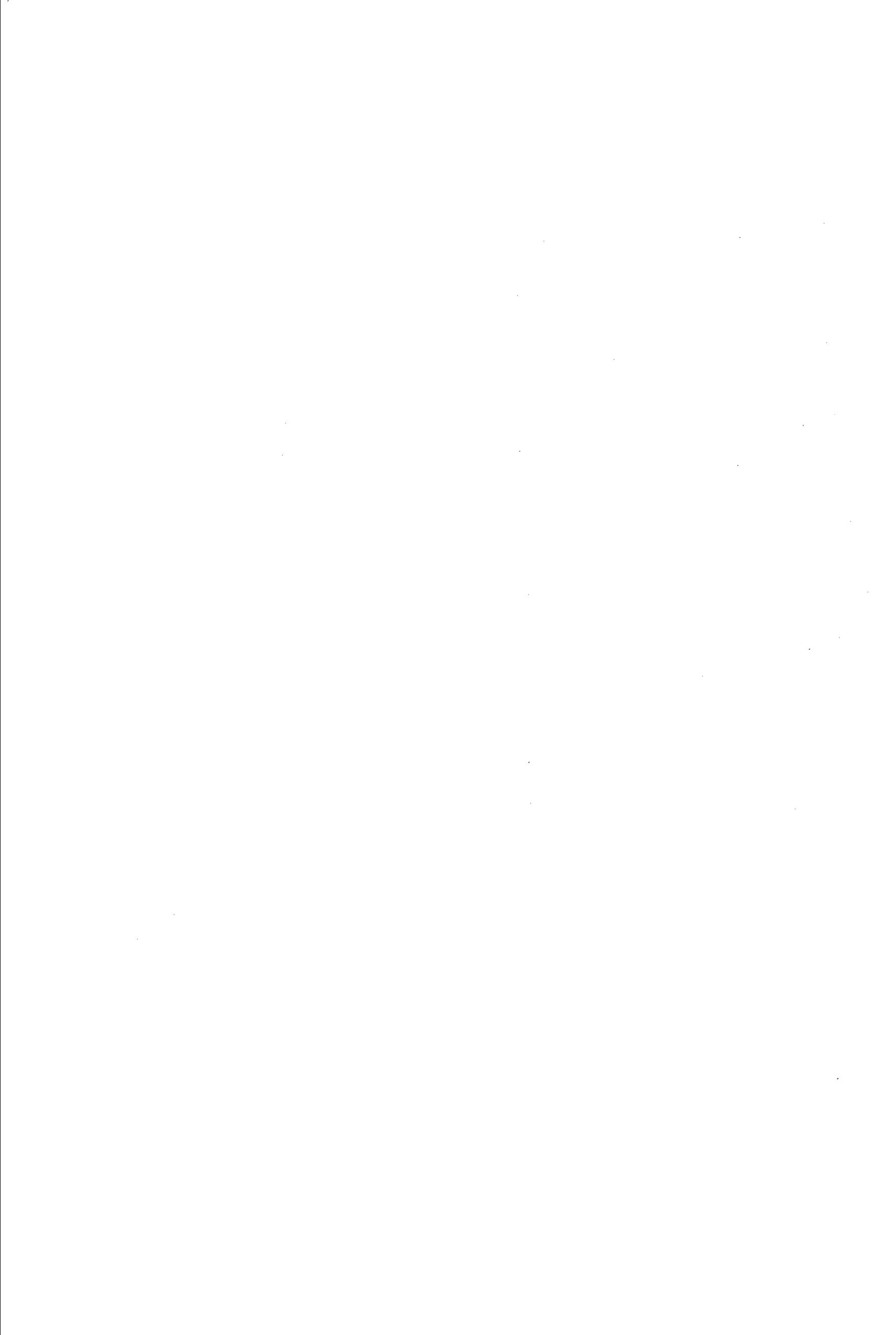
Pawlovssky, Y. N., P. A. Petrischeva, D. N. Zasukhin and N. C. Olsufiev, Naturla nidi of human diseases and regional epidemiology, Abstract *Trop. Dis. Bull.*, 54 (1957) 1266.

RUDNJEV, G. P., Zoonosy (Russian), Moscow, 1959, 284 pp.

Staffeth, H. J. and others, Comparative medicine in transition, *Proc. First Inst. Veterinary Public Health Practice*, Ann Arbor, Mich., 1958, 499 pp.

Steele, J. H., Animal diseases of public health significance, Ann. Internal Med., 36 (1952) 511; Veterinary Public Health, Advanc. vet. Sci., 1 (1953) 329.

Wld Hlth Org. techn. Rep. Ser., Arthropod-borne Viruses (Report of a Study Group). Geneva, 1961, 68 pp.



#### CHAPTER I

# BACTERIAL DISEASES

#### J. VAN DER HOEDEN

## Tuberculosis

The majority of vertebrates are susceptible to tuberculosis, a disease of world-wide incidence. Although the name tuberculosis did not appear in literature before 1840, the disease has existed among man's forbears since the dawn of history.

Tuberculous lesions have been found in mummies of the Rameses dynasties, which are some 30 centuries old. It is said that descriptions of lung lesions given in ancient Hindu manuscripts strongly suggest that these lesions were those of pulmonary tuberculosis. Hippocrates mentioned a disease of the lungs, the course of which was similar to that of tuberculosis pulmonum, and Aristotle knew that this condition is contagious. There are several indications that tuberculosis was widespread among the populations of the ancient Greek and Roman world.

The disease has also long been known in animals. The directions laid down in the Pentateuch and Talmudic scriptures for the conduct of sacrifices and slaughter-rituals, suggest that the ancient Jews were acquainted with the tuberculous lesions in ruminants.

However, considerable time elapsed before the aetiological identity of the disease in man and animals was recognized. In sixteenth century Europe it was generally believed that the multiple tumor-like tuberculous lesions in the serous membranes of cattle (pearl disease) had a syphilitic origin and that they were due to sodomy committed by luetic persons with cows ("Lustseuche", "Gallic disease"). This explains why individuals who consumed the meat of such animals were threatened with severe punishment. This baseless belief was not discredited until the end of the eighteenth century.

In the closing years of that century some physicians expressed their conviction that there was a similarity between human "consumption" and bovine tuberculosis. At that time the bovine tuberculosis was very widespread in Europe and it is beyond doubt that bovine infections affected many human beings, youthful individuals particularly.

R. and J. Dubos established that, in the nineteenth century, approximately half of the English population was afflicted by scrofula (infection of the lymph glands and