

Matthew S. Meselson, 17:53 10/01/01 , Re: Christie

To: "Matthew S. Meselson" <msm@wjh.harvard.edu>
From: Julian Robinson <j.p.p.robinson@sussex.ac.uk>
Subject: Re: Christie
Cc:
Bcc: qsff6@central.susx.ac.uk
Attached:

Dear Matt,

I have at last found the file containing my correspondence with Dr A Barnett Christie during the period May 1980 to March 1981. I am copying it all to you by snail-mail.

The undated letter of his that you mention I have dated to around 20 October 1980. He was referring to an article by Nicholas Wade in *Science* [vol 209, pp 1501-2, 26 Sep 80, "Death at Sverdlovsk: a critical diagnosis"] in which he had been quoted, a copy of which I had sent him by -- as you will see -- my letter of 15 October. I think you will remember that article well, if you haven't done so already.

I am very much looking forward to learning more about your exchanges with Zelicoff.

As ever,
Julian



.At 04:41 08/11/00 , you wrote:

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>Dear Julian,

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>Do you remember where it was that Dr. Benett Christie (spelling?) the anthrax expert was quoted as saying something to the effect that he doubted that clinical examination could distinguish anthrax infection caused by inhalation from that caused by ingestion? I do have the third edition of his textbook in which such a statement appears. Was there another relevant statement by Christie published somewhere else?

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>Later, Christie wrote to you saying that he took no exception to how his views had been represented. I have a copy of his (undated) letter to you but not of your earlier letter to him.

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>Could you let me have a copy of your letter and a copy or a reference to the publication to which Christie refers?

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>Best,

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>Matt.

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>_____
>_____
>Matthew Meselson

>Department of Molecular and Cellular Biology
>Harvard University

Memorandum from telephone conversations with Dr A B CHRISTIE, 31 May 1980

NOTE: Dr Christie, a leading British clinician, is now in retirement (a very active one). Formerly head of the Dept of Infectious Disease at the University of Liverpool and a Senior Consultant Physician at Fazakerley Hospital, Liverpool, he is the author of the standard British work in this field, namely Infectious Diseases: Epidemiology and Clinical Practice (1st ed 1969, 2nd ed 1974, 3rd ed due out shortly). His clinical experience of anthrax in man is probably unsurpassed in Britain, for he has seen more than half of the cases that have occurred in the country over the past thirty years.

His address is 2 Beach Lawn, Waterloo, Liverpool, L22 8QA; telephone (051) 928-8645.

(1) He stated that, if he were confronted with a case of what was in fact intestinal anthrax but in which the symptoms did not include gastro-intestinal pain, he probably would not diagnose the disease correctly, even though the possibility of anthrax would, because of his past experience, be more likely to occur to him than it would to most clinicians. He qualified this by remarking that if the case displayed pustules on, say, the chin, that observation might possibly set him thinking about intestinal anthrax. In his book he had remarked that intestinal anthrax "is unlikely to be diagnosed clinically unless it is known that infected meat has been eaten".

(2) He thought it unlikely, though not inconceivable, that gastrointestinal pain would in fact be absent from intestinal-anthrax symptomatology. He remarks in his book that the intestinal lesions that have been reported on autopsy in cases of intestinal anthrax closely resemble the sores of cutaneous anthrax--which, despite their often hideous appearance, are accompanied by little, if any, pain. But he stated that anthrax sores in the stomach or the intestines would, in his opinion, be likely to give rise to an irritation manifest as gastrointestinal pain. This opinion was, he stressed, pure conjecture on his part--since he had never seen an actual case of intestinal anthrax--and could well be wrong (see para 3 below). He observed, moreover, that abdominal pain is uncommon in cases of typhoid and paratyphoid fevers, even though the most characteristic lesion produced in these diseases is an often extensive ulceration of the intestinal mucosa: there was usually pain only when the ulceration culminated in perforation of the intestinal wall. This, too, he has noted in his book.

(3) He stated that it was conceivable that gastrointestinal symptoms might not be apparent in cases of intestinal anthrax, especially fatal cases; the dominant feature might instead be a state of severe shock. Supporting this possibility, which he has noted in his book, is the relative commonness of apoplectic death in mortally anthracose cattle; this appears to be due to the 'lethal factor' (anthrax toxin) acting at some central site and dominating the course of the disease.

(4) Several times he reiterated the point that, because of the rarity of the intestinal form of anthrax, there was very little that could be reliably stated about the characteristics and course of the disease. Anybody who might venture an opinion on such matters could do so only in the most speculative of terms. There could be no solid empirical evidence to support that opinion, only a small body of anecdote.

(5) Though he doubted whether anyone else in Britain could add much to what he had said about intestinal anthrax, one person that might be worth contacting is Dr Joan R Davies, who is a Deputy Director of the Public Health Laboratory Services and whom he knows. She is the PHLS's listed anthrax person. Address: PHLS, Colindale Avenue, London NW9; telephone (01) 200-6868.

JPPR

167-80

Dr A B Christie
2 Beach Lawn
Waterloo
LIVERPOOL
L22 8QA

18 July 80

Dear Dr Christie,

You may remember our telephone conversations towards the end of May on the subject of gastric anthrax. I think I explained to you that my interest in this question stemmed from the efforts currently under way in Washington to ensure that the Government's appraisal of the allegations that the Russians have a secret germ-warfare factory at Sverdlovsk is solidly founded. Enclosed are copies of recent articles from New Scientist (10 July) and the International Herald Tribune (30 June) which describe something of the background.

Also enclosed is an aide-memoire I wrote for myself after our telephone conversations. May I trouble you, first, to look it over to see whether it reflects your views accurately, and, second, to consider whether you would mind my showing it (amended as necessary) to people in Washington? If I were to do the latter, there is a slight chance that extracts from the memorandum might find their way into a Congressional publication.

I have taken the liberty of giving your address to an American friend of mine who is deeply involved in all this, namely Matthew Meselson, the geneticist, a professor of biology at Harvard. He has been in close touch with Dr Brachman (and several other US authorities inside and outside government, and he has some points that he wishes to take up with you.

I must apologise for putting you to this bother. I do hope it will not deter you from assisting in resolving this murky business, in which there has so far been far too much muddled thinking and jumping to unjustified conclusions. I should perhaps add that our own Government, despite being one of the three co-depositaries (with the USA and the USSR) of the 1972 Biological Weapons Disarmament Convention, has chosen to leave investigation of the affair to the Americans. I hope very much that I shall hear from you soon.

Yours sincerely,

J P Perry Robinson
Senior Fellow

22/7:80

Dr A. Barnett Christie

Telephone:
051 - 928 8645

2 Beach Lawn
Waterloo
Liverpool L22 8QA

22 . 7 .80

Dear Dr Robinson,

Thank you for your letter of 18th July, 1980,
and for the enclosed articles which I find most interesting.

The side-memoire of our telephone conversations
is very accurate and I have no objection to your showing it to
people in Washington.

I am reviewing the newest, and much the heaviest,
book on infectious disease from America. The section on anthrax
is not very full. There is one paragraph on intestinal anthrax:-
'Symptoms of gastrointestinal anthrax appear 2-5 days after the
ingestion of raw or inadequately cooked food. Symptoms are
initially quite non-specific with abdominal pain, nausea,
vomiting and anorexia. This is soon followed by bloody
diarrhoea, often with toxæmia and shock. Commonly the
diagnosis is made too late unless an adequate epidemiologic history
is obtained'.

I am not sure whether this reflects personal
experience of the gastrointestinal disease or not. I suspect the
latter. The author is Dr Donald M. Poretz, Fairfax, Virginia.
There are 173 authors in this book and except in Dr Poretz's
case there is a note of their appointments etc. So Dr Poretz may
be retired. The title of the book is Principles and Practice

of Infectious Diseases. Editors Mandell, Douglas and Bennett;
John Wiley & Sons, New York etc. ¹⁹⁷⁹ It might be worthwhile
contacting Dr Foratz. I would be interested in anything he might
add if he has personal experience of intestinal anthrax.

I will be happy to answer, if I can, anything
your friend, Matthew Meselson, may wish to discuss.

Yours sincerely,

Barnett Christie
A.B. Christie

Dr J P Perry Robinson,
Senior Fellow,
Science Policy Research Unit,
University of Sussex.

25/7:80

Dr A B Christie
2 Beach Lawn
Waterloo
LIVERPOOL
L22 8QA

25 July 80

Dear Dr Christie,

Thank you very much for your letter of 22 July. It's
most good of you to have taken such trouble.

I'll keep you informed.

Yours sincerely,

J P Ferry Robinson

1/8:00

Dr A B Christie
2 Beach Lawn
Waterloo
LIVERPOOL
L22 8QA

1 Aug 80

Dear Dr Christie,

May I bother you with another tricky point to do with
the Sverdlovsk anthrax outbreak ?

On autopsy in cases of gastric, as opposed to pulmonary,
anthrax would you expect the mediastinal lymph nodes to
appear haemorrhagic ? Might that be a rare or a common
finding, do you think ?

Sorry to go on like this.

Yours sincerely,

J P Perry Robinson

6/8:00

Dr A. Barnett Christie

Telephone:
051 - 928 8645

2 Beach Lawn
Waterloo
Liverpool L22 8QA

6th August 1980.

Dr. J.P. Perry Robinson,
University of Sussex,
Science Policy Research Unit.

Dear Dr. Robinson,

Thank you for your letter of 1st August re anthrax.

I would not expect to find haemorrhagic mediastinal lymph nodes in a case of intestinal anthrax: the mesenteric nodes would be affected. It is, I suppose, possible that while masticating infected meat one might inhale some anthrax bacilli and so get both pulmonary and intestinal anthrax but I would expect that to be very rare and I don't know of any such reports. If it were suggested as a common occurrence I would simply not believe it.

I have discovered that there was a large outbreak of intestinal anthrax in Haiti in 1943. It was reported by Steele (mentioned in Van der Hoeden's Zoonoses, Elsevier Press). The only reference given to Steele is Steele J D and Helvig R J Public Health Reports Washington, 1953, 68,616. I don't know if this deals with the Haiti outbreak or if it is the same Steele. The librarian should be able to find Public Health Reports for you-- public health departments in this country used to take it.

I go abroad for a short tour next week and am very busy clearing up: otherwise I would have gone to the library myself to look things up.

Yours sincerely,

Barnett Christie

A.B. Christie.

26/8:fo

Dr. A. Barnett Christie
2 Beach Lawn
Waterloo
Liverpool L80 2BA.

26th August 1980.

Dear Dr. Christie,

Thank you very much for your letter of 25th August. Julian Perry Robinson is currently away but I will draw your letter to his attention when he returns at the beginning of September.

Yours sincerely

M. A. Holly (Miss)
Secretary to J. P. Perry Robinson

15/ro:fo

Dr A B Christie
2 Beach Lawn
Waterloo
LIVERPOOL
L22 8QA

15 Oct 80

Dear Dr Christie,

I enclose a copy of a recent article in Science about the Sverdlovsk anthrax affair, in case you haven't seen it. That you are mentioned is, indirectly, my fault, I'm afraid; but I hope it won't have disturbed you.

Also enclosed is a copy, plus English translation, of the Bezdenezhnykh & Nikiforov article referred to in the Science piece.

With best wishes,

Yours sincerely,

J P Perry Robinson

encs: Science 209: 1501-2 (1980)
Zh Mikrobiol Epidemiol Immunobiol (1980), 5, 111.

ca 20/10:80

Dr A. Barnett Christie

Telephone:
051 - 928 8645

2 Beach Lawn
Waterloo
Liverpool L22 8QA

Dear Dr Perry Robinson,

Thank you for sending me the articles on the Sverdlovsk affair. I find it all very interesting, and not a little puzzling. The Russian article is difficult to assess. If this was a matter of scattered cases always related to the slaughter of an animal why all the testing of air samples, hospital wards, walls, dishes etc, emergency antibiotic prophylaxis and immunization of the population? There was no 'outbreak of cases' but all this complicated investigation and preventative measures! It is very strange.

I am not at all disturbed at the way my name is mentioned although I usually try to keep out of controversy.

Dr J P Perry Robinson,
University of Sussex.

Yours sincerely,

A.B.Christie

Barnett Christie

11/3: F1

Dr A B Christie
2 Beach Lawn
Waterloo
LIVERPOOL
L22 8QA

11 March 81

Dear Dr Christie,

May I once again ask for your help with regard to the Sverdlovsk anthrax affair ?

A surprising new twist has caused the American authorities concerned to embark upon a complete reassessment of the affair. I understand that the question of differential diagnosis as between the gastric and inhalation forms of the disease remains crucial. One of the American officials primarily involved in the reassessment, namely Dr Robert Mikulak of the US Arms Control & Disarmament Agency, has just telephoned me to say that he would very much appreciate an opportunity of meeting with you to discuss the affair. He has other duties which require him to be in Geneva during 23rd March to 3rd April, and is wondering whether by any good chance you might be in London at one or the other end of that period and be willing to meet him (and me) then. From his standpoint the best time would be the morning of 23rd March; but I imagine that this would hardly be convenient for you.

Mikulak, whom I know well, is a chemist by training, but I think you would find him at least as competent as any chemist to comprehend and discuss the minutiae involved. He has already spent many months seeking out expert American opinion on the points at issue; I know he has had long discussions with Dr Brachman. I have the strong impression that, if the American reassessment is to arrive at well balanced and well founded conclusions, it is essential that Mikulak be as well informed as possible. So I do hope very much that you and he will be able to get together. He will be telephoning me again around 16th March to learn whether anything can be arranged.

Under separate cover I am sending you various papers on anthrax that have recently come my way in case there may be some among them that you have not seen, for example those in translation from the Soviet epidemiological and military-medical literature.

With best wishes,

Yours sincerely,

J P Perry Robinson
Senior Fellow

19/3/81

Dr A B Christie
2 Beach Lawn
Waterloo
LIVERPOOL
L22 8QA

19 March 81

Dear Dr Christie,

Here at last are the papers on anthrax I promised in my letter of 11th March. I am sorry it has taken so long.

I spoke with Dr Mikulak the day after you very kindly telephoned me, telling him of your readiness to meet with him. We left it that he would telephone you from Washington to make a definite date once he had checked the possibilities of travelling to Geneva from Manchester. I haven't heard from him since, but expect to do so this evening.

With best wishes,

Yours sincerely,

J P Perry Robinson

encs

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- Dallwitz + Beall, Arch Pathol 83: 154-161 (1967)
- Perl + Dooley in Binford + Connor (eds) Pathol. of Hospital & Extrahosp. Disease (1976): 11f-12j
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- Eikin (ed) Atlas in Epitomi (R. 1961): 491-7
- Man 5th Edn 9 Feb 80 + NYT 26 Sep 80
- Marchuk + Boyatyrar, Feldsher. Akush 40(2): 10-15, 1975
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