

EPIDEMIC SPINAL PARALYSIS.

The Medical Officer to the City of London in his quarterly report mentions that another disease has been added to the list of notifiable infectious diseases in London—namely, polio-myelitis, or polio-encephalitis—by an Order under the Public Health Act. This does not mean that a new infectious disease has appeared, but rather that the public health authorities are on the alert, and wish to keep themselves acquainted with the occurrence of this unusual form of epidemic illness.

The disease is more commonly known as infantile paralysis, or infantile spinal paralysis, and, pre-eminently a summer disease, has been prevalent in various parts of the country during the past season. In Cornwall and Devonshire the outbreak has extended over a large area, Plymouth being the town most affected. There Dr. Soltau, Physician to the South Devon and East Cornwall Hospital, collected statistics of 73 cases occurring in Plymouth, Devonport and Stonehouse, and recently read a Paper on the subject before the local medical association. The earliest of these cases occurred in July, and the latest in October, and Dr. Soltau is of opinion that the total number considerably exceeds those of which he has obtained records. In the area outside Plymouth 154 cases were notified between May and the middle of September, with a mortality of 22 per cent. The disease is more prevalent in the country than the town, and an interesting theory advanced by Dr. Soltau is that the recent outbreak is connected with the dry weather and the consequent prevalence of dust, combined with the motor traffic. Against this it is urged that undoubted cases have occurred in which it has been communicated direct from one person to another, and even conveyed from the sick to the healthy by an intermediary carrier. But if the disease is caused by a microbe (at present unrecognised) there seems no reason why it should not be conveyed both by dust as well as by direct or indirect infection from a person suffering from it. Its incidence is extremely capricious, and sometimes occurs, as was the case at Plymouth, in good quarters of the town, and spares some of the worst.

Incidentally we may observe that the habit in some of the best quarters of London—notably in the medical quarter, of collecting dust and refuse in the afternoon is a dangerous custom which should be abolished. To watch this process on a stifling summer day, and observe load upon load of decomposing refuse emptied into dust carts, while the prams of spotless babies

were wheeled by equally spotless nurses straight through the evil smelling cloud which filled the air in consequence, was to wonder if any of the babies would escape infection. Surely every parish should have its by-laws limiting the collection of dust and refuse to the early morning hours. This is the case as regards the contents of small dustbins put out on the pavement for collection, and should be extended to the collection of rubbish from the larger houses.

Polio-myelitis is an acute inflammation of the spinal cord, though it must not be confused with spotted fever as cerebro-spinal meningitis is colloquially designated. It considerably resembles hydrophobia, and it has even been suggested that the death of a gentleman in Wiltshire, attributed at the time to hydrophobia, was really due to polio-myelitis, for though children are most often attacked—perhaps because their powers of resistance are less—adults also are liable to the disease. The youngest victim in Dr. Soltau's series of cases was eleven weeks old, and even younger cases have been recorded, though children between one to three years of age are most usually attacked.

SYMPTOMS.

The characteristic feature of the disease is the paralysis, and though preliminary fever usually occurs this is not universally the case. The rule is for the paralysis to appear after a day or two of fever, and usually the arms or legs are attacked, sometimes both. The paralysed muscles become flaccid, and, unless recovery takes place they eventually atrophy. Dr. Soltau records complete recovery in 10 per cent. of the cases which he has observed, while, when he presented his Paper some paralysis remained in four-fifths of the cases under observation. In more than half the cases the legs were affected, and in three all four limbs were paralysed. As to the nature of the virus, nothing certain is yet known. It is at present ultra-microscopical, or at any rate has defied staining.

As it is very likely that district nurses, and possibly school nurses, may be called upon to attend these cases, it is important they should be acquainted with the nature of the disease, and the probability of its infectious nature. Notification has been adopted by the authorities of the City of London in order to keep a watch upon it, though at the present time there are no cases, and it is to be hoped that in view of the possible recurrence of the disease next summer that other sanitary authorities will adopt this precaution. On behalf of the Local Government Board, Dr. Reece, one of its inspectors, has watched and investigated it, and the publication of a report may be expected.

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