

MEDICAL MATTERS.

EPIDEMIC POLIOMYELITIS.

We have previously referred to a memorandum on the subject of Epidemic Poliomyelitis issued to Sanitary Authorities by the Local Government Board in December. Some further reports on the subject have now been issued in a volume preceded by a letter by Dr. Newsholme. Dr. Reece contributes a report on the prevalence of the disease in Devonshire and Cornwall, Dr. Reginald Farrar one in reference to the Midland Counties and Dorsetshire, and Dr. Mervyn Gordon on etiology and histology with reference to immunity, and a report from the same pen in reference to cases in Cornwall and Devonshire. Some notes on epidemiology are also contributed by Dr. Hugh A. Macewen.

The disease was at first supposed to be cerebro-spinal meningitis, but on investigation Dr. Reece arrived at the conclusion that the outbreak was poliomyelitis, and not concurrently with cerebro-spinal fever.

Dr. Reece reports that when he first visited Bude, Stratton, Holsworthy, etc., he impressed on the district councils concerned that they should use all available means to ascertain the number of cases which had occurred and were arising, and get ready suitable isolation hospital provision in view of the probable infectiousness of the malady, the large number of summer visitors in the neighbourhood, and the difficulty of giving satisfactory treatment and isolation at the homes of those attacked. The Stratton and Bude Urban and the Stratton Rural District Councils were then conjointly erecting an isolation hospital; but as the building had not advanced very far they promptly provided tents erected on the hospital site.

Dr. Reece reports further that the Holsworthy Urban and Rural District Councils had been well advised by Dr. Gray, the Medical Officer of Health of these districts, and he refers to various cases to show that prompt isolation of individuals might have done much to limit the spread of the disease. He found, however, in these districts, and later had similar experiences in both counties, that there was great reluctance on the part of the local authorities to do anything which would either involve expenditure of money or in any way advertise the fact that the disease then understood to be "spotted fever" existed in their districts, as they feared that by so doing their holiday traffic might be prejudicially affected.

In the Holsworthy Urban District Dr. Reece reports "the clerk of the authority went out of his way, in my opinion without any justification, to allay the public anxiety by claiming that hospital accommodation was available." He appends photographs of the isolation hospital representing a tumble-down, unfurnished hovel, with several inches of water in the ground floor rooms after a month's dry weather.

The Urban District of Ilfracombe arranged for a voluntary system of notification, fearing to frighten visitors from the town. Dr. Reece considers the wisdom of this course open to question, as in the first place visitors might have greater confidence in compulsory notification; and secondly, in the absence of statutory duty medical practitioners are loth to notify such cases. In most of the districts hospital provision was not available, and in the case of a nurse who contracted the disease while nursing a confinement case in a cottage, the difficulties of isolation were so great that eventually the medical attendant, in the face of adverse criticism, took the nurse into his own house, isolated her as far as possible, and engaged a nurse to attend her.

TSETSE FLY AND SLEEPING SICKNESS.

A correspondent from Rhodesia informs the *Standard*, in reference to the statement to the effect that Dr. Kinghorn, who is now in North-Eastern Rhodesia with the British South Africa Company's Sleeping Sickness Commission, had succeeded in transmitting trypanosoma rhodesiense (sleeping sickness) by means of the common tsetse fly (*Glossina morsitans*), Dr. Fleming, the medical director, expresses the opinion that if it be proved that the Luangwa outbreak of sleeping sickness is being transmitted by *Glossina morsitans*, and not by any other biting fly, then as far as Southern Rhodesia and the rest of South Africa is concerned the outlook is quite hopeful, *morsitans* being so scattered in Southern Rhodesia that it would be easy to prevent the immigration of infected natives to other areas.

The outbreak at Luangwa, Dr. Fleming adds, is apparently very scattered and sporadic in type, while in view of the large native population the cases of sickness were comparatively few in number, the spread of the disease being by no means rapid.

The B.S.A. Company's Commission in North-Eastern Rhodesia and the Imperial Government's Commission, under Sir David Bruce, in Nyasaland, are in active communication with each other on the subject.

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