



EAST AFR. PROT
12761

12761

1914
16 inch.
previous Paper.
12756

187

Cerebro Spinal meningitis

Sends further report on recent outbreak in Nyanga Province

The Editor

Colo. 8/4/14

the suggestion in the last para but one of the attached report is a good one.

Something similar to the travelling tent hospitals that have been used in Egypt in combating ophthalmia seems to be required in the C. S. P. With this system treatment is brought practically to the patients door (vide page 27 annual report for 1909 of Dept Public Health Cairo) + also page 15 of report of same body for 1911).

H.S.S.

*Circulated to TAMS Committee 21 April 1914 9/4/14
no objection by Committee 1/5/14*

Copy sent to the Director of Hygiene

subsequent Paper.
26902

EAST AFRICA PROTECTORATE.

GOVERNMENT HOUSE,
NAIROBI,
BRITISH EAST AFRICA.

No. 246



March 16th, 1914.

12781
1914

Sir,

? 232

In continuation of my despatch No. 237 of March 13th, I have the honour to transmit herewith for your information a copy of a report by Dr. C. L. Chevallier, Medical Officer, on the recent outbreak of Cerebro-Spinal Meningitis in the Nandi District of the Nyanza Province.

Report

I have the honour to be,

Sir,

Your most obedient servant,

H. MacBeath

GOVERNOR.

THE RIGHT HONOURABLE

LEWIS HARCOURT, P.C., M.P.,

SECRETARY OF STATE FOR THE COLONIES,

DOWNING STREET,

LONDON, S.W.

March 2nd 1914.

Cerebro-spinal Meningitis in Handi.

189

Only a very short report is necessary to describe the present condition of the disease in this district as I found it. Not that the epidemic is not severe and serious but that in the short time at my disposal, 10 days, it was impossible to make a thorough investigation.

The Handi have no villages but live in isolated or at most 2, 3 or rarely 4 huts together. Often it may be half a mile or considerably more to the next hut or small collections of huts. This is mentioned because such a scattered population does not favour the rapid spread of an infectious disease. Yet the chiefs assure me that the disease appeared simultaneously throughout the different locations into which the whole district is divided. If this could only be proved it would be a point of great medical interest.

At Kapsoit, the Government station I saw no cases but within a very few miles I saw the first case and after that it is probably safe to say that I was never four miles from a case of Cerebro-spinal-Meningitis.

It is quite impossible to give the mortality or number of cases though the District Commissioner had taken much trouble to obtain information as reliable as possible.

By collecting the number of deaths from the chiefs of the locations he had reported to me 164 in the last 20 days.

On my trip I saw 19 certain cases

190

5 doubtful or very slight

Total 24

14 of these were children (8 babies) 10 adults 15 female and 9 male.

It may seem at first surprising that I should consider this a serious epidemic considering I saw so few cases, but any one who knows the country is aware that directly the main road is left travelling becomes difficult. To reach a hut which might appear but a stone's throw away often involves a crossing of a steep ravine and then the Medical Officer may find his patient suffering from a bilious headache. So much time is wasted.

Nothing fresh was noted in the symptoms. Keenig's sign was always present and strabismus invariably in children.

Having had little experience of the disease I had not heard of the following Premonitory symptom i.e. a sharp pain at the tip of one finger or in one spot on the leg or arm. This was told me on three or four occasions in districts far apart.

In Shiroore and Ross' excellent treatise it is mentioned that children are not specially effected. Certainly in Mandi children have suffered much more than adults and from what was seen and by hearsay women rather more than men.

The Mandi realise that the disease is very serious also that if the patient lives for three days the chances of recovery are much increased. The chiefs declare that they did not know the disease before and some of them are inclined to think that it is really a cattle disease which has now infected them. They say that

it started about four and a half months ago.

To combat this disease it would be necessary for a European Medical Officer to spend three or four months in Pondicherry, Madras, and other parts and treating each station with Quinine.

The District Commissioner assured me that the cases would not be given to an Indian Doctor.

I have &c., &c.,

Sd/-C.L.Chevallier.

Medical Officer.