



SPOTTED FEVER.

CEREBRO-SPINAL MENINGITIS.

THE attention of the members of the Medical Profession in the Isle of Man is called to the following Order in Council of His Excellency the Lieutenant-Governor, dated the 26th day of February, 1907, declaring that the disease known as "Cerebro-Spinal Meningitis" is an infectious disease for the purposes of the Local Government Acts.

A Memorandum on the disease, issued by the Local Government Board at the same time, is also appended hereto.

By Order,

B. E. SARGEAUNT,

Government Secretary.

Government Office,
Isle of Man,
12th March, 1915.

(Isle of Man to Wit.)

By the Lieutenant-Governor.

A PROCLAMATION.

Whereas by the Local Government Act, 1886, it is enacted that the term "Infectious disease" includes, in addition to the disease mentioned in section 4 thereof, such other diseases as the Governor in Council may from time to time, for the purposes of this Act declare to be infectious.

And whereas the disease known as "Cerebro-Spinal Meningitis," otherwise called Spotted Fever is reported to exist in various parts of the United Kingdom between which and the ports of this Island there is intercommunication.

Now, I, the said Lieutenant-Governor, by and with the consent of the Council, do hereby declare that the disease known as Cerebro-Spinal Meningitis is an infectious disease for the purposes of the Local Government Acts.

Given this 26th day of February, 1907.

(Signed) RAGLAN,

Lieutenant-Governor.

ISLE OF MAN.

LOCAL GOVERNMENT BOARD.

**Memorandum on Cerebro-Spinal Meningitis, commonly known
as Spotted Fever.**

Cerebro-spinal Fever, known also as epidemic cerebro-spinal meningitis, and by other less frequently used names, has recently attracted attention by reason of the serious mortality occasioned by disease of this class in the surrounding countries.

Cerebro-spinal fever is not of rare occurrence in the United Kingdom. In the course of the last forty years the malady is known to have been prevalent in a considerable number of localities in England and Wales, several of these local outbreaks having taken place in recent years. The disease has also appeared in epidemic form in Scotland and Ireland. There is, indeed, as will appear later, reason for belief that this disease is even less uncommon than the foregoing particulars would seem to indicate.

Cerebro-spinal fever is defined as "An acute epidemic disease characterised by profound disturbance of the central nervous system, indicated at the onset chiefly by shivering, intense headache or vertigo, or both, and persistent vomiting. Subsequently by delirium, often violent, alternating with somnolence, or a state of apathy or stupor; an acutely painful condition with spasm—sometimes tetanoid—of certain groups of muscles, especially the posterior muscles of the neck; occasioning retraction of the head; and an increased sensitiveness of the surface of the body. Throughout the disease there is marked depression of the vital powers; not unfrequently collapse; and in its course an eruption of vesicles, petechial, or purpuric spots, or mottling of the skin, is apt to occur.

If the disease tend to recovery, the symptoms gradually subside without any critical phenomena, and convalescence is protracted: if to a fatal termination, death is almost invariably preceded by coma.

After death the enveloping membranes of the brain and spinal cord are found in a morbid state, of which the most notable signs are engorgement of the blood vessels, usually excessive, and an effusion of sero-purulent matter into the meshes of the pia mater, and beneath the arachnoid.

Local prevalence of a malady distinguished by the foregoing features would no doubt attract attention and would, it may be presumed, lead to early recognition of its true nature. But while these features are characteristic of cerebro-spinal fever of typical and severe sort, experience has shown that this fever may and does appear in milder forms which render identification difficult and which lead to its being mistaken for other ailments of more common occurrence.

In the latter forms of cerebro-spinal fever, many, or even most of the symptoms associated with the recognised type of the disease may be absent, while, in mild cases, they may be so slight or of such brief duration as to escape notice. It is, however, for such cases that it is necessary to be on the outlook, whether in relation with a definite occurrence of cerebro-spinal fever, or by reason of the prevalence of illness not clearly referable to definable cause.

In these circumstances, there would be advantage in the local medical officer of health endeavouring to secure, by arrangement with medical practitioners in his district, information as to the existence of cases of the kind in question.

Failure to recognise cerebro-spinal fever is also apt to happen when the malady is of the pronounced variety, in which death ensues rapidly. In these instances the disease has been mistaken for typhus fever, idiopathic tetanus, or malignant measles.

Whether cerebro-spinal fever is spread by direct infection from person to person is a matter of uncertainty; indeed there is, as yet, no definite knowledge as to the way or ways in which its transmission may take place. Since, however, the possibility of direct personal infection cannot, on the evidence available, be excluded, it will be wise to endeavour to secure, as far as practicable, the isolation of the sick from the healthy. It will also be advisable to apply suitable measures of disinfection to premises that have been occupied by the sick, and to articles that may have been in relation with them.

In view of the fact that the germ believed to be the cause of this disease (*Weichselbaums diplococcus*) has been observed in the mucus of the nose and mouth, not only of the sick, but also of those attending on the sick, there may be advantage in resorting to periodical ablutions of mouth and nasal passages of the sick, and their attendants.