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*Cerebro. Spinal Meningitis*

*Leads report on recent outbreak in Nyanga Province.*

*Mr Siddian.*

*An interesting report, which shows how much help an enlightened & willing chief can give. The presence of the A.O.S. undoubtedly made things much easier & increased the number of the ...*

*Dr. ... Committee*

*The alleged inclusion of ...  
circumstances by natives as a  
means of curing bronchial catarrh is  
very interesting (Page 607) H.S.*

*Circulated to T.P.M.S. Committee 21 April 1914  
No observation by Committee before ...*

*Y. ...*

*Copy ...  
1914*

Last subsequent Paper.  
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GOVERNMENT HOUSE,  
NAIROBI,  
BRITISH EAST AFRICA.

EAST AFRICA PROTECTORATE.



March 13th 1914.

No. 232

Sir,

I have the honour to transmit herewith for your information a copy of a report by Dr. J.H. Thomson, Medical Officer, on the recent outbreak of Cerebro-Spinal Meningitis in the Nyanza Province of this Protectorate.

I have the honour to be,

Sir,

Your humble, obedient servant,

*A. Conwa Beyard.*

GOVERNOR.

THE RIGHT HONOURABLE

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

SECRETARY OF STATE FOR THE COLONIES,

DOWNING STREET, LONDON, S.W.

INVESTIGATION REPORT ON CEREBRO-SPINAL  
 MENINGITIS - KITOSH, by Mr. J. H. Thomson.

January - February, 1914.

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INCLOSURE

Despatch No. 37 of 1914

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Acting on instructions from the Principal Medical Officer, on the 10th January I left Nairobi for Kisumu, for the purpose of proceeding to Kitosh and Maragoli to investigate Cerebro Spinal Meningitis and Plague, the former occurring in Kitosh, and the latter in Maragoli. On Monday the 12th I interviewed the Acting Provincial Commissioner, Mr. Horne, who wished me to go to Kitosh first, as he wanted the question of the water supply of the Sub-Station there looked into, as he did not think the supply already passed enough. He wished, if I thought it necessary, that the Indian Bazaar be placed further away from the headquarters, to where another supply of water was available. Next day I left in the afternoon for Mumias, arriving there on the 15th. As there were cases of Cerebro Spinal Meningitis in Kisumu, I enquired on the journey of the various chiefs, if there was any illness among their people, but they said there was not.

On arrival at Mumias, I went to see Mr. Campbell, the District Commissioner, and got much valuable advice from him about district, and people to be visited. There was an outbreak of chicken-pox at the Jail which I visited, but the Sub-Assistant-Surgeon was doing all possible to stop it. I stayed in Mumias next day, owing mainly to the fact I could not get porters. I left Mumias on the 18th. I made a late start owing to the porters not turning up until about

noon, and only got about nine miles out travelling in a Northerly direction. The country is very monotonous with slightly undulating hills, and marshes in the valley, and is fairly thickly populated. Next day a very heavy thunderstorm delayed our start, and after about three hours march we emerged on a hill top looking over a large fertile looking plain, where a great many cattle were grazing. The place was called Sudis lower Boma. Here I saw the first walled boma, but the people are now deserting the walled enclosures, and living in huts outside, or else letting the walls go to ruin. Next day, the 20th, I did a long march of about six hours to Sudis upper boma, travelling in a North Easterly direction. The country is now very fine with steep ascents, and smaller descents. In places it looks English park-like in character. I saw the Chief Sudi, who has a small part of the Cerebro Spinal Meningitis infected area under his charge.

He said that the disease had been very bad, but was now nearly over, but that the people were terrified at my coming, as about a month ago a doctor had been up, and put a needle in a man who died afterwards, and now they say that he was killed by the needle. A very severe thunderstorm occurred in the afternoon. During the whole time I was in Kitosh we had thunderstorm and heavy rains every day, usually in the afternoon. On the 21st I arrived at Kitosh Sub-Station, after about four hours march. We left the main road, and cut across the hills towards

it by native paths. The country is well wooded and not very thickly populated. At Kitosh I met Mr. Plowman, A.D.C., who accompanied me on the safari. Next day we went round the station and examined the water supply, etc. The sub-station is in a delightful situation, nearly on the foothills of Mount Elgon. The climate is fairly cool and bracing, though a wind from the South East is troublesome at times.

Next day, the 23rd, we went in a South Westerly direction to the boma of Chief Marunga about three hours march. This chief has most of the area affected by cerebro spinal under his control. He is a most enlightened chief, having adopted Western ideas to a great extent. He accompanied us on the safari, and rendered invaluable assistance. He told me that the disease was now nearly over in his district, but had been very bad. On asking him about its origin, he said that the disease began about six months ago. A man came from the Suk country to visit a headman about three days march away, at a place called Kany Kany, bordering on the Kany Nzoia, and inhabited by a tribe of Masai. The man took ill and was very bad with a disease they had not seen before. He got better and left, but afterwards in a few days other natives in the boma took ill in the same way, and many died. From this starting point it spread all over the district, travelling in a South Westerly direction, practically round the foothills of Elgon. A

remarkable

remarkable fact was that it skipped one district altogether, and in another place started to go North, but turned and came South. It seemed to be very severe when it lasted, but its virulence was soon exhausted, and in the places where it commenced it had finished before the disease had shown itself in the districts last to be affected. Next day we left Chief Marunga's camp, and after three hours journey arrived at Kamp Kowya. The country is beautiful and well wooded. The inhabitants are of the Massai, but are called mongrel Massai. They are of a low type, and physically are of a poor standard.

In the afternoon I saw the headman, Chewasai, who told me that out of forty people in his home, fifteen took ill and ten died. All ages and both sexes were attacked. Through the tribe many people died. The symptoms were first:—the person attacked took a great shivering, then he had pains in his legs and arms, especially arms. The pain crept up his arms to the back of his neck. In bad cases great fever took place. In two days, if patient was going to die, stiffness occurred. If patient lived two days he got better usually. They called the disease 'The disease that gets you in the back of the neck'. It is said to have died out about three months ago, though no reliance can be put on native figures. The chief was told (1) if any more cases occurred to report to Chief Marunga at once (2) to allow no one to go near the hut

except

except the necessary attendant (3) all inhabitants of hut to leave and live in temporary grass shelters (4) when patient died or get better to expose furniture of hut to air and burn the hut.

The usual custom of the tribe is for all the people to assemble in the vicinity of the hut immediately after a death to dance and make a great noise to frighten the spirits away. The people of this tribe seem very apathetic in the matter of death, not caring whether they die or not. A curious fact is that vultures have appeared in this neighbourhood since the disease started. They were not known before. It is probably owing to the fact that the bodies are not buried, but carried away a distance, and left to be eaten by beasts of prey.

Next morning we left for the boma of Arab Kiftee, arriving there in about three hours. The tribe belong to the Elgon, old cave dwellers. They are timid, and of a low type intellectually. They have now deserted the caves, probably owing to the greater security now under settled rule. One reason given is that the fleas accumulated so much in the cow dung in the caves, that it drove them out.

The headman, Arab Kiftee, said that the disease started in his district about four months ago. In his own boma, of twenty people, fifteen got the disease, of whom ten died.

The symptoms were the same. They had had none of it for a month. I told him the same rules as I gave above. The interpretation had to go through Swahili - Kitoah - Elgony, so how much of the original remarks made, got to the headman's ears I don't know. I afterwards saw headman Kassisi of the same tribe who lived about four miles away. In his boma of fifteen people, five took it and three died. A great many died in the district, but now it was quite finished.

Next morning, the 24th, we left, and after about three and a half hours, arrived at Karui's boma. The district passed through was similar to the districts already gone over, well wooded and swampy in all the valleys. The water in most places is extremely bad, foul looking and smelling. Karui said that the disease came here about three months ago. It went away, but has come back. Two people died lately. One supposed to be suffering from it was waiting me at the camp. He was in a moribund condition. Temp Subnormal quite conscious. His chin was on his chest instead of being elevated. He had been ill for four days. He was too bad for doing any lumbar puncture, as if he had died the natives would have said I killed him. I gave him some medicine by the mouth, and ordered him to be taken away. No other cases were in the headman's district. Some children were brought to me suffering from bronchial catarrh for the cure of this complaint they make an incision about



about an inch long, between the ribs, just below the heart. They say they cut until they hear the air hissing out. They allow it to suppurate. It is curious that they are so frightened of the needle, when they practice cutting so much themselves. The symptoms of the meningitis were the same except that Karui said that the ones who died had had diarrhoea, those who recovered vomiting. I gave them the same instructions as the others. I also told them that they must stay in their own district and allow no one to come in. The chief promised to have askaris patrolling the roads, to see that the order was kept. The people belong to the Kitosh tribe.

This afternoon I had quite an epidemic of illness in the camp. Most of it was accompanied by sore neck. The natives are so thoroughly frightened by this disease that they imagine they have a sore neck when ill at all. Two askaris complained, one with temp. 106. My cook and Mr. Plowman's boy complained of headaches and stiff neck. My cook developed a bad attack of fever, but Mr. Plowman's boy was better next day. One porter had a temp. of 102, looked ill, complained of pain in back of neck. I isolated him from the rest, and had a special shelter built for him. I kept him in quarantine, but he went with us.

Next morning we left for Railo's camp, traveling on the lower slopes of the hills south west towards the Uganda boundary. In this district which is well populated, and in the Kitosh tribe, no meningitis has occurred up to three days ago, but then three cases, in one boma at the extreme end about two hours from here, have occurred, and

and are reported to be very bad. I purpose seeing them tomorrow. At a barasa this afternoon, at which over one hundred were present along with the chief, the people were told the usual quarantine rules. Strict instructions were given to keep the natives within bounds of their districts. They were told in language which they seemed to understand, that is in language in a parable form. Also orders were given to have three chiefs' retainers round the affected boma, to let no one in, and no one out except to their shambas. The chief was also told to let no one into his districts. I am pleased to say that the rules were carried out, as the Indian sheep keepers complained at Malakisi that their touts had all been turned back. The usual number of patients attended, suffering chiefly from lung complaints and ulcers. The natives will not have any dressings on their wounds. They say if anything is put on they suppurate, if exposed to sun they dry up. Eye trouble is fairly prevalent, a good deal of it due to smallpox. The affected porter does not complain of sore neck today, but of chest. It seems to have developed into Bronchitis. I still keep him isolated from the rest.

Next morning, 28th Jan., left Ralle's camp and after about two hours safari, left the porters to go on, and struck off to see the boma where three men were said to be ill. It was about three miles further up a valley. One of the

(9)

men I saw looked ill. He complained of his neck, and had his head slightly retracted. He had the 'don't care for anything' look, which seems to be associated with this sickness. He had slight fever, pulse normal, and complained of his chest. I did a lumbar puncture, as there were not many people about, though he frightened them very much by shouting and violence, while going under chloroform. The fluid came out quite clear and in drops. There evidently was not much pressure. I sent the slide to Dr. Pirie, the Bacteriologist, who reported that there was pus and meningococci. I also gave him an intramuscular injection of Seamin. The second patient, a lad, was not very ill, and apparently recovering. The third, a man, was better and walking about. In another home in the next district, but not far from the other one, another patient was said to be, when I went there I was told that his uncle had taken him to Uganda, which may have been a fact, but probably he was in hiding. Information was sent to the District Commissioner at Mbale, Uganda. Going on by native paths for about two hours we came to Ereka's camp, of the Walaga tribe. At a Baraza in the afternoon Ereka said that a lot of people were ill still. When pressed for numbers he could only instance five. He said it had lasted four months. A great many had it, and mostly died. He gave the same description

of

of it as the others. I said that I would see the five tomorrow, but they said that would be no use, as they would be dead, so I went and saw them in the late afternoon. The first case I saw, a girl, seemed to have very little the matter. She complained of sore neck, but was able to laugh and talk. In another boma, the next case was a case of advanced phthisis, and the third one I saw, a baby with diarrhoea. This place is in a valley surrounded on all sides by hills, and is thickly populated. I did not see any more cases, as a heavy thunderstorm came on. I am keeping the porters from mixing with the natives.

I spent the next day, the 29th, here also, making a round of the different bomas, but could find nothing. (The tale was the same in each, two or three had died, and about the same number got better.

On the 30th we went to Chief Cheikuto's boma about three hours off. There was only one man ill, who was practically better. A great many had had the disease, and seventy three had died. This number was arrived at by counting names with sticks. The hut tax was Rs.600/- so taking average of three in the hut, 4.00 people had died per hundred. More people got better than died. The fatal cases took from two to six days. They were the only tribe to use medicines. They crushed up leaves like privet leaves. (I got a

branch)

branch) and rubbed them on cuts made in the back of neck. They also used an infusion of the roots of a shrub got from the mountain. They think many lives were saved by it. They got the usual quarantine regulations.

On the same day I saw headman Chafitil, also of the Walaga. He said that one man had died of it. Today no other cases are reported. The headman had had it himself. It was very violent about a month ago, but now nearly over. One hundred and twenty six people died. Hut tax Rs. 700/- taking an average of three in hut, gives six people per hundred. It was very bad on the Uganda border about two hours away, but is now better, but there are said to be still cases.

I stayed the next day in the same camp, and went down to the Uganda border to investigate. It was raining practically all day. Two cases of illness were said to be in one boma near the boundary river. The people were emigrants from Uganda. Here the people were the first to be antagonistic. They absolutely refused to let me see one patient. The other whom I saw had been ill for eighteen days. I was not allowed to examine her closely, but there did not look much the matter with her.

Next day, Feb 1st, after about two and a half hours we came to Malakisi, travelling on the Uganda Road. There was no active illness here. Three months ago it came in here among the Wamia tribe, ten died. It disappeared in

a month and went Northwards into another section of Wamis, but here also it has finished. It came back and went Southwards into Southern Kitesh. It was reported that there was a good deal of sickness there. About two months before Dr. Moust had visited the place, as said already. From what I can make out four died in one bema at the time of Dr. Moust's visit. Since then other four have died, one a baby, this morning. There are five people ill. Where the illness is, is practically on the border of Malakisi and Chief Sudi's country. We went and encamped there about two hours journey from Malakisi. As the Chief Sudi had not arrived, we went round the bemas belonging to headman Nyamasaka on the West side of the road. One man was reported as having been sick of the fever for about ten days. On going to his bema we found that he had been removed to another, some distance off, but the exact place we could not find out. We ordered him to be brought back. We came across no other cases.

Feb. 3rd, Chief Sudi arrived this morning. We first investigated the removing of the man. We found that orders had been given by a previous A.D.C. that cases had not to be moved. The chief got strict orders that if any more people were removed when ill, the people responsible were to be severely punished.

As regards the epidemic the chief said it was bad at first, but now was better. More people recovered than died. He said that they

all had blood in their motions. He described the symptoms of the disease rather differently from the others - begins in head, then to back of neck - then to abdomen. The person has diarrhoea, then blood passes, and he dies on second day. If he lives over the second he recovers. The people bury their dead in their huts, about three feet deep. They have treated the huts in this epidemic, but they do not do so otherwise. They would not allow the huts to be burnt as it is against their custom. The chief got strict quarantine orders, also instructions to allow no one into Mumbias to celebrate H. E. the Governor's visit.

This afternoon we went to visit the sick people in the bomas. The first boma was where the man was missing from the day before. He was back. He looked ill and complained about his back. His temperature was normal, and he had no diarrhoea, and no head-pain. I was not able to do anything except treat him by mouth. At the next boma where the child had died this morning, another child was said to be ill. He was said to have been taken to another boma. On pressure we found that he was hidden in the banana patch. After a search we found him, a boy of about ten, but he was dying, and died in about five minutes. From what I could make out he died of dysentery. At a boma about a mile further on, the patient was a girl, who was only suffering from diarrhoea. They would hardly allow me to take her temperature. When we got to the boma of the last person, he

was missing. After a long search we found him among the bananas. There was little the matter with him. The chief fined him for running away. I saw in the evening another case, but it was only an old lady suffering from rheumatism.

The next day, Feb. 4th, we left for Sudi's lower boma, about five hours march. No cases of illness have been reported here.

On Feb. 5th, I left Mr. Flewmen, and after about four hours march, arrived in Mumias.

Next day I heard that seven people had died in Mumias district, of some disease, so decided to go out and investigate but having sent back my porters, I had to wait a day. A tremendous thunderstorm completely swamped my tent this afternoon.

I left this morning, Feb. 7th, for Mumias boma, about eight miles off. On arriving there I found that the disease was not there, but a good bit further West. When I wished to go they said 'tomorrow', but I managed to borrow a bicycle and get a guide, and cycled through native paths for about six miles. I was more off than on the bicycle, the path being very narrow, and very low grass completely hiding it at times. On arriving at the boma, I found that it was among a small tribe of Masai. They said nine had died, but since about two months ago, no more cases of illness had been. They seemed rather amused at my coming than otherwise. On getting back to the camp I interviewed Mumia's brother, Mumia being in Mumias. I told him the quarantine rules, but I found that Mumia had instituted even stricter ones. He had even isolated the people who carried the dead bodies



bodies, for twelve days.

Next morning the 8th Feb. I left for Mumias at daybreak. There apparently had been a very big outbreak of cerebro spinal meningitis in this district, though I was not successful in seeing many cases. I think that was because there were not any more, not as is often the case, because the people concealed the fact. For a savage timid people they were very good, and told all I wished to know, owing very much to the fact that I had Mr. Plowman with me to whom I am greatly indebted for help, and also for making it such a pleasant safari. The symptoms showed an entire lack of the usual beginning of cerebro spinal as there was no preliminary cold, and no sneezing or coughing. The type seemed to approach the septicemic order in its quick course and termination. As regards measures to be adopted to prevent its spreading I don't think much can be done, except by way of quarantine, and very little even of that. I think practically the only thing is to limit the outbreak by confining the people in the areas affected, to that area, and allowing no strangers in. Local measures such as burning huts where the disease has been, and confining the individual, etc., are very difficult to carry out except some one in authority is on the spot. I believe that the measures I referred to have been carried out to a great extent, owing principally to the superior enlightenment of the chiefs concerned. As regards the disease itself I don't think,

though

though perhaps I may be wrong, that once a big epidemic has swept the district that there will be an epidemic again, except after a cycle of years, but rather that it will settle down into a number of cases occurring yearly.

sd/ James H. Thomson.

Feb. 27th, 1914.

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