

weeks from the date of last association with a patient, but the partial restrictions to their intercourse, otherwise desirable, may be relaxed if swabs from the nasopharynx examined under the conditions set out in the foregoing paragraph fail, preferably on two occasions, to show the presence of the meningococcus. Contacts should be instructed and warned that they may be a source of danger, although remaining quite well themselves, and that for this reason they must abstain from intimate personal association with others. This rule should be especially followed by contacts who have catarrh. Contacts should also be advised that an open-air life diminishes the risk of infection, both of themselves and of others. Isolation of such contacts in a hospital should not be attempted. Detection of the meningococcus in the nasopharynx of a contact is valuable evidence of his potential infectivity to others, while failure to find the micro-organism does not possess an equal negative value. Nasal sprays have been recommended for contacts, a disinfecting solution such as potassium permanganate, 1 in 1,000, being used. If spraying is employed it should be carried out under medical supervision.

*General preventive measures.*—In the presence of cerebro-spinal fever the nearest approach to open-air life should be aimed at, especially for all contacts. In view of the known association of cerebro-spinal fever with overcrowding, insufficient ventilation, and uncleanness, the avoidance of these conditions becomes a matter of prime importance. This is especially true where large numbers of persons are aggregated under one roof.

A covering letter to Dr. Newsholme's Memorandum, signed by the Assistant Secretary of the Local Government Board, requests that medical officers of health will forward to the Board, addressed to the medical officer, a report on each case of cerebro-spinal fever notified in their districts, and a schedule is appended to the memorandum indicating the form which the information should take.