

INFANTILE PARALYSIS

A PLAIN STATEMENT OF THE CASE

DURING the last few decades medical science has made such remarkable progress that the causes of most of the ills that affect mankind are definitely known. The measures needed to check the spread of nearly every contagious disease are matters of common knowledge. It is not so very many years ago that small-pox, for instance, would periodically take its ghastly toll, whilst the doctors were practically impotent to deny its claim. To-day the universal terror of a century ago is, in countries where preventative measures can be efficaciously applied, an exceptional visitant that causes no tremors even in the hearts of the most timid. Research and experiment have found means to safeguard us against the dread enemy of our ancestors.

Modern Miracles

EVEN more recent is the conquest of typhoid that, up to the time of the Boer War, was to be more dreaded by the soldier than the bullet of the enemy. Medical science discovered a means of checking this peril, and despite conditions that were theoretically most suitable for its development, it was almost unknown amongst our armies during the recent war. Cholera, too, has been overcome, and the past year or two have seen vast strides made in combatting diabetes, consumption and cancer. Even leprosy, most horrible and inexplicable of diseases, is slowly being defeated.

All over the world self-sacrificing men are engaged in research that often leads them into dangers that would appal the stoutest Paladin. Unadvertised, and even in the hour of their success, unhonoured, they seek the means to combat the ills that beset frail humanity. Their reward is that they have the knowledge that their efforts may save countless thousands of lives. Other reward too often they have none, for, unless the unseen perils that so constantly beset us are vividly brought home to us by an epidemic, we begrudge the pounds, shillings and pence that are necessary to carry on the work of medical research.

We even begrudge, too, the daily few minutes that, well spent, would probably prevent any epidemic gaining foothold.

Forgetful, however, of this fact, no sooner does the Reaper stalk abroad than we turn on our doctors and demand why this should be. Why, having done so much, have they not done more? Why do they, having discovered the root of most medical matters, admit that there are still matters beyond their ken? Why are they not yet omniscient?

In fact, we have grown so accustomed to the miracles achieved by our doctors that we consider ourselves aggrieved because they have not yet accomplished quite all.

Cure-Alls that Cure Nothing

THEN comes the turn of the "quack." When our physicians

say, in all honesty, "We are not quite sure of the why and wherefore of this trouble—we can but advise you adopt a few simple hygienic rules," we become panic stricken. Rather than take the known and tried path, we prefer to seek salvation in the wilderness—and the Heathen Chinee, the wily Hindoo, and the unscrupulous charlatans of America and Europe pocket our shekels and dole out nostrums guaranteed to cure whatever the ill may happen to be for the moment—be it toothache, neuritis, or infantile paralysis—and wax fat and prosperous on the sufferings of the weak and ignorant.

The Panic-Makers

IN the meantime a certain section of our press make bad matters worse by featuring scare headlines and thus drive already nerve-racked parents, anxious for the safety of their children, into a state of panic. Probably well-meaning but misguided persons write volubly concerning isolated and exceptional cases, attempting to prove that circumstances that would probably only occur once in a thousand times make a definite rule. We are told that the epidemic is due to any number of varying causes, until the perplexed parent has

not the faintest idea what to do for the best.

What Is Known

THEREFORE, perhaps it is just as well to state, even at the risk of being prolix, what is definitely known regarding infantile paralysis: what it is, the symptoms, and how it can best be guarded against:—

It has been established, beyond argument, that it is due to an organism that can be transmitted from one person to another: experiments have isolated this organism and it has answered to all the tests that are necessary to prove its existence. The majority of cases are quite mild, and are often undetected, but where epidemics have been carefully studied it has been found that approximately only twenty per cent. develop the symptom of paralysis. Of this twenty per cent. a further twenty per cent., or but one per cent. of the total, are permanently affected. The great majority of *detected* cases occur in children under five years of age.

The symptoms are, in the earlier stages, somewhat undefined—a bad cold would show much the same evidence—feverishness, flushing, irritability, headache and constipation are usual warnings, and during epidemics these should be treated seri-

ously and a doctor consulted immediately.

The Danger Sign

THESE symptoms may simulate any of the indefinite illnesses of childhood and it is therefore very difficult to pronounce a diagnosis in the early and more tractable stages of the disease—this accounts for the fact that during the present epidemic many of the reported cases have subsequently been found to have been wrongly diagnosed as infantile paralysis, for doctors have wisely preferred to take no risks and to consider what may be only the usual symptoms of some childish ailment the possible prewarnings of more serious trouble. While this course is undoubtedly wise, it has tended to swell the published figures and to make the public believe the danger is more widespread than it actually is.

One of the common symptoms which frequently aids in diagnosis at this stage is drowsiness; the child falls asleep repeatedly in the daytime. The opposite symptom, that of restlessness, or irritability, is also encountered, even in the same patient; a naturally cheerful, playful child becomes cross and resents interference, objecting sometimes to being petted by its own mother. This change in disposition, and the stupor, are very well defined symptoms, but even though there may be absolute delirium or coma, these do not constitute certain evidence of cerebral infection.

Sore throat is not uncommon, but other symptoms referable to the upper respiratory tract are rather rare, considering the fact that according to the most generally accepted theory the virus enters the body by this route. The same peculiarity is observed in epidemic cerebro-spinal meningitis.

Hope for the Future

THE treatment now advocated and by which already a certain measure of success has been achieved, and which holds out great hope for the future complete conquest of the disease, is by means of a serum taken from recovered patients and injected into the veins or spinal column. Members of the world-famous Pasteur Institute have been working for some time on a *preventative* serum (on the same lines as that used so extensively for typhoid and cholera) and are very hopeful of early success.

Climate appears to have little to do with the spread of the epidemic, as it has been known under all sorts of climatic conditions. It is certainly true that the greater number of epidemics have occurred in the late summer, but a severe outburst was experienced in the middle of an Icelandic winter.

Simple precautions, that tend to obviate the danger will be found on this page: precautions that will be found to be far more efficacious than any weird experimental methods.

To sum up: Probably the best advice is to adopt these simple rules of health, and to avoid panic.

SIMPLE RULES

TO GUARD YOUR CHILDREN AGAINST INFECTION

ALL gatherings of young children must be avoided, and young children must not be allowed to enter any house where there is any case of sickness. Kissing and fondling of children should not be allowed. Children should not use drinking cups, etc., in common.

Parents should see that proper covering is provided for heads and necks of children to protect them from the sun.

Children should not be allowed to become overtired: whilst bathing is an excellent tonic, intermittent paddling, causing a variation of temperature at one time, is harmful. All causes that tend to reduce vitality should be avoided.

The sick, even in the case of ordinary childish complaints, should be isolated from the healthy, and if strict isolation and appropriate nursing cannot be obtained at home, the patient should be treated in an Isolation Hospital.

The sick room, even after any simple complaints such as feverish colds, and its contents, should be disinfected at the end of the illness.

Persons, especially those who are brought into contact with patients, are advised to disinfect the throat and nose. For this purpose an antiseptic solution such as either of the following, is recommended for use twice or three times daily in hand sprays or atomizers:—

(a) Permanganate of potash: Half a teaspoonful of common salt to a breakfast cup of tepid water made very faintly pink with Permanganate of Potash or Condy's Fluid.

(b) Peroxide of Hydrogen: 1 per cent. solution.

As an excellent alternative, common salt and water should be used daily: half-a-teaspoonful of common salt, in a breakfast cup of water, should be drawn up through the nostrils night and morning. This not only cleanses the nostrils and passages of all accumulated mucous and foreign matter, but promotes a healthy condition of the mucous membrane. It should be remembered that the disease gains entrance through the nose and throat.

These methods are, of course, only practicable with elder children and adults.

The strictest care should be taken both in the personal hygiene of the child, in regard to its food and drink, and even more attention than usual given to the cleanliness and sanitation of its surroundings.