

MEDICINE

Plans Made to Prevent an Infantile Paralysis Epidemic

Conference Urges that Outsiders Refrain from Visiting Children Located at Summer Camps or Institutions

PLANS to prevent a widespread epidemic of infantile paralysis this summer were formulated at a conference of health officers held on the invitation of Dr. Shirley S. Wynne, commissioner of health for New York City, and Dr. Thomas Parran, state health commissioner.

A large outbreak of cases has been reported from New York City, particularly from the borough of Brooklyn, which is where the terrific epidemic of 1916 started.

Should Report Cases

The conference ruled that state health officers should advise directors of all summer camps to discourage visiting of the children by parents or friends from outside the camp. State health officers are also to advise superintendents of all institutions housing children, such as orphan asylums, boarding homes and special schools, to forbid any outside visitors to the children.

The experience in such institutions during the 1916 campaign was that in the institutions forbidding outside visitors outbreaks of the disease were averted. The conference also urged complete reporting of all cases as a measure which would help to keep the outbreak somewhat under control. When it is necessary to move an infantile paralysis patient from one place to another, such as from the country to the city to get hospital treatment, the local health officer must notify the state health officer of the move, so that the latter may take steps to guard against spread of the infection in the new locality.

Participating in the conference were representatives of the health departments of the New England states, Pennsylvania, New Jersey, Maryland and Ohio, and two medical officers from the U. S. Public Health Service.

"The disease is so striking in its ill effects that we are more alarmed than the number of cases usually make necessary," Dr. William H. Park, director of the bureau of laboratories, New York

City department of health, declared in a radio talk given under the auspices of Science Service and broadcast over the Columbia network. "However, the disease is so tragic that we cannot blame parents for worrying."

The germs of infantile paralysis, or poliomyelitis as it is called in scientific circles, are much smaller than the germs of diphtheria or scarlet fever. They are so small that they pass through the pores of porcelain filters. This type of germ is called a virus.

"Can we do anything to stop the spread of the disease? Something but not much," Dr. Park said.

"There are certain things that we know. The infection is spread by the infected secretions of human beings; the nasal secretions, the throat secretions, the intestinal discharges. This material when expelled from the human body remains alive for some days or weeks.

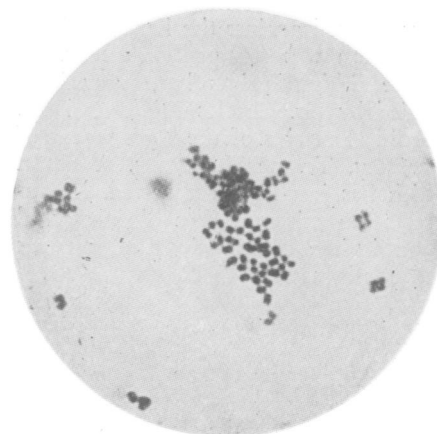
"If it comes in contact with the mucous membranes of very susceptible children, some light infections and some severe ones will probably develop in a fair proportion of the cases. In two instances the virus was transferred to a few children in raw milk.

"We try therefore to limit as far as possible the contact of those who may be infected with those who are not. Therefore we treat any case of infantile paralysis in the same way we would a case of diphtheria. The secretions from the eyes, nose, mouth and the intestinal discharges are immediately disinfected. The one who nurses the child abstains as far as possible from mingling with healthy children.

Nerve Cells Injured

"Infantile paralysis almost never affects the intelligence. The injury done is confined to the nerve cells and the muscle fibers supplied by them. Usually a small or a larger group of muscles is wholly or partially affected.

"When the convalescence is established we try to do what we can to strengthen the muscle fibers left intact in a muscle or if this is impossible we



FLU GERMS?

This may turn out to be the first picture of the influenza germ. Prof. Arthur I. Kendall, of Northwestern University, thinks these paired germs, called diplococci, are the visible stage of the usually invisible flu germ. Prof. Kendall devised a special culture process for making these and other invisible germs visible in the microscope.

try to accustom other muscles to take over to some extent the function of those injured.

"It was discovered that those who have suffered from muscular atrophy because of paralysis can be benefited by exercising while in the water."

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ANTHROPOLOGY

Eskimo's Fingerprints Reveal Racial Difference

NOW it is the anthropologists who are finding finger prints and hand prints and foot prints useful in identifying human beings. It appears that an individual's race is marked on his hands and feet, and that scientists skilled in dermatoglyphics can tell the difference between the hand or foot prints of the Japanese race, the white, negro or Eskimo.

Application of prints to anthropological uses is still a new possibility. Only a few racial groups have as yet been printed, but the racial differences do exist in those groups that have been tested.

The latest people to be identified by their prints are Eskimos. When Henry B. Collins, Jr., of the Smithsonian Institution, was at St. Lawrence Island, in Alaska, last summer he lined up Eskimo children and adolescents and some adults, too, to be "printed." With much giggling and amusement the Eskimos submitted to having an inked roller run over the sole of the foot and an inked