

but now its claim to being largest is being questioned.

The likely absence of a main mass, plus the fact that several million tons of meteorite would have fallen under the "plowing theory," lead scientists to think that a meteoritic explosion took place, hurling cosmic shrapnel over the desert.

"There is no main mass," meteorite expert Dr. H. H. Ninninger says.

The present record holder for the world's largest hole in the earth supposed to have been formed by crashing meteorites is Chubb Crater in northernmost Quebec. It is an immense, round-rimmed lake in a bed of impacted subarctic granite.

The circumference of the granite rims is 6.8 miles, that of the lake shoreline, 5.4 miles. The almost perfectly circular lake has a maximum depth of 825 feet, and its surface is 500 feet below the top level of the rim.

Canadian geologist Dr. Victor Ben Meen, has studied the crater, has not found any meteoritic specimens there, although magnetic instruments indicate the possibility of a big chunk of iron lying below the lake.

Definite proof of its meteoritic origin is lacking, but if this origin is denied, an extreme geological phenomenon is required to explain how 10,000,000,000 tons of rock were gouged out of the face of the earth, to be replaced by a mammoth water-filled basin.

Dr. Meen has said that if a meteoritic body similar to that which could have caused Chubb Crater were to strike Manhattan Island, "the city would be torn from the earth and life would be eliminated within a radius of 100 miles by the shock waves; the crust of the earth would ripple like pond water."

The meteor swarm that missed Leningrad by a few hours was just a baby compared to what must have dropped over Arizona.

Yet in spite of these dire facts, this remains true: no single, man-afflicting catastrophe attributable to meteorites is on record. Very little of our globe is populated by man; three-quarters of it alone is water.

The chances for a thickly inhabited area to be bombed, therefore, are almost zero—something like one in 200,000,000 for New York, calculations have shown.

Science News Letter, August 7, 1954

MEDICINE

Diagnosing Polio

Accurate diagnosis of poliomyelitis is still extremely difficult, one reason being lack of a practical, reliable and inexpensive laboratory test for it.

➤ POLIO, IN spite of all the attention given to it by scientists and the public, continues to be "one of the most difficult of all diseases to diagnose accurately," Drs. Amos Christie and Randolph Batson of Nashville, Tenn., and Dr. Robert Britt of Evansville, Ind., state in the *Journal of the American Medical Association* (April 24).

One of the difficulties, they point out, is that there is no practical, reliable, inexpensive laboratory test for the disease which all physicians could make or have made.

The laboratory studies usually made need very cautious interpretation, the three doctors warn. Counts of white blood cells do not help much. The spinal fluid white cell count is of much more importance in diagnosing polio.

However, polio patients may have a normal white cell count in their spinal fluid. Protein in the spinal fluid is usually supposed to be elevated in polio, but at least a third of a series of patients the three doctors report on had normal protein values in the spinal fluid when admitted to the hospital.

The history and physical examination are important for diagnosing polio. About half of the patients with polio have a "prodrome," that is, a one- to three-day period of symptoms of a cold, stomach upset or slight rigidity of the neck. The polio patient gets over this and seems well for several days

before the start of the paralytic, feverish period.

One suspicious sign in polio is the way the patients keep their spine in a rigid, fixed position. If sitting in bed they usually take a "tripod" position with both arms bracing them in back. This sign, however, may be present in any condition that causes irritation of the covering membranes of the brain.

Patients with hysterical reactions due to "poliophobia," or fear of polio, usually have numbness in the arm or leg that shows false paralysis.

During one year, 140 patients with poliomyelitis were admitted to Vanderbilt Hospital, Nashville. Only 10% were diagnosed mistakenly, which the doctors consider a good record.

During the same year, 23 other patients were referred to the same hospital with a diagnosis of polio who actually had other diseases. The diseases that were mistakenly diagnosed as polio included meningococcal meningitis, brain tumor, tick typhus, and hysteria with "poliophobia."


Science News Letter, August 7, 1954


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