

## POLIOMYELITIS

In the July 10, 1943 issue of the J.A.M.A., Dr. P. M. Stimson summarized our present-day knowledge in regard to the prevention of poliomyelitis in the following instructions:

"In the presence of the disease in a community:

1. Avoid the use of any water that is possibly contaminated with sewage either for drinking, swimming or washing utensils. We know that sewage can carry the virus considerable distances and for an appreciable time.
2. Avoid exhaustion from exertion or chilling. We know that overexertion and chilling during the incubation period tend to augment the oncoming disease.
3. Avoid injury to the mucous membranes of the nose and throat, such as that resulting from a tonsil operation. We know that poliomyelitis exposures in the early post-tonsillectomy period are liable to result in severe--even fatal--infections, usually of the bulbar type.
4. Treat every minor illness as a possible case of poliomyelitis, particularly if there is fever, headache and some spasm of the neck, spine and hamstrings. We know that very mild cases of poliomyelitis without recognizable paralysis are much more numerous than paralytic cases. Suspected patients should be kept quiet in bed for several days, and until passed as well by a competent examiner.
5. Strive for proper sanitary conditions and, in particular, destroy flies and their breeding places. We know that flies can carry the causation virus of poliomyelitis, although it has not yet been proved that they can carry enough to infect human beings.
6. Avoid unnecessary physical contacts with other people, wash hands carefully before eating, and don't put unclear objects in the mouth. We know that many healthy people carry the virus in their intestines and that for some cases, perhaps most, the port of entry of the infection is the mouth.
7. Don't prescribe or take drugs or chemicals that are intended to protect against the disease. As yet we know of none that will do this."

Though poliomyelitis is occurring in California and Texas in much larger numbers than is usual, the tendency for this disease to increase through June, July and August and reach its peak late in September should be recognized.