# WHAT YOU SHOULD KNOW ABOUT INFANTILE PARALYSIS

THE GOOD MOTHER

### By KATHLEEN ELIZABETH STEACY

NFANTILE Paralysis is becoming more common and widely spread. During INFANTILE Paralysis is becoming more common and widely spread. During 1880-1884, there were two outbreaks of about eleven cases each—a total of 23 cases. During 1905-1909 there were twenty-five outbreaks of about 322 cases each, with a total of 8,054 cases; of these, 5,514 cases, or about five-sevenths, were in the United States. A peculiarity of this disease is that it appears to prefer rural districts, out-of-the-way places "far from the madding crowd," and that it will develop in homes where there has been no apparent chance for the infection to have been

nonces where there has been no apparent chance for the infection to have been carried, no one having visited the house for weeks, and none of its inmates having been to the village, nor even to a neighbour's for an equally long period; yet the disease appeared. In the cities, it does not es-pecially strike the crowded parts. This preference has been proved by carefully

proved by carefully collected figures and records. Certainly, the rate in cities is high but, taking the cases in proportion to the population, the rural districts suffer much more

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heavily. It is primarily a children's disease, children's dues are although adults are By not immune. By far the greatest number of deaths is among children be-tween one and five years of age; and it is another baffling habit of this dread disease that it is no respecter of station —the child in the palace is attacked as readily as the child in the slums.

child in the slums. The medical pro-fession proves its greatness by frankly admitting that but little is yet known, definitely and positive-ly, about this form of disease. It may be said that, previous to 1881, nothing was known of it; since then repeated out-breaks have afforded material and scope for study and research work. That this breaks have altorded material and scope for study and research work. That this form of paralysis (known to the medical profession as Acute Anterior Poliomye-litis) must presently fall before the advance of science is a foregone conclusion. But in the meantime it must be fought with all the knowledge and skill which we new in the meantime it must be fought with all the knowledge and skill which we now possess. It is inevitable that authorities should differ somewhat, since we lack sure and certain fundamental facts and know-ledge; but in the main, all are sufficiently agreed on those points which mothers should know in order to safeguard their own children. own children.

#### Symptoms

THERE are a number of varieties of In-fantile Paralysis, any one of which may occur in combination with one or another type, and may be exaggerated or modified by the child's predisposition to this or that disease. The greatest danger is from abortive and atypical cases; that is to say, from cases when the symptoms are so varied as not to be recognized, and hence no precautions are taken to prevent hence no precautions are taken to prevent the infection being communicated. The most common symptoms are fever, headache, irritability, vomiting, pain and tenderness—severe or slight—in arms, tenderness—severe or slight—in arms, legs, trunk, spine and neck; frequently rigidity of neck and spine. These are followed in from 12 hours to 3 or 4 days by paralysis and by atrophy of the muscles. This is usually in one or both legs, but may occur in any part of the body and in almost every conceivable combination. These symptoms are not uncommon These symptoms are not uncommon; indeed, the beginning of Infantile Paralysis is not unlike that of many minor troubles, and in this lies one of the dangers—it is not recognized quickly enough to isolate the child and avoid the infection spreading. or this reason, all cases of even slight illnesses in young children should be carefully handled and isolated until their real nature is known. What appears to be carefully handled and isolated until their real nature is known. What appears to be a common cold, an ordinary case of grippe may be but a common cold or an ordinary attack of grippe, or it may be Infantile Paralysis which never develops past this stage; but it may be Infantile Paralysis,

which will develop into paralysis and atrophy of the muscles which may last for months, for years, or end in death. Herein lies the danger, and too much care cannot be taken in isolating all cases of common colds and grippe

cannot be taken in isolating all cases of common colds and grippe. Common colds and grippe have long been treated as neither infectious nor dangerous. They have been considered as not "catching" and merely as inconven-ient, but nothing serious. Right now is the time to learn better and to act accord-ingly Common colds and arigne are ingly. Common colds and grippe are both dangerous and catching, and every care should be taken to prevent the spread of these unconsidered illnesses. What looks like a common cold or grippe may be infantile paralysis in its first stages. True, many cases hever develop beyond this first stage, but those that do end either in paralysis or death. That is worth

considering. How It Spreads THE virus or in-fection of Infan-tile Paralysis is present in the saliva, in the discharges from the nose, and in some cases in the discharges from the b o wels. Care should, therefore, be taken that all these discharges are handled and des-troyed in such a way that no one is in danger of infec-tion. Rags or paper should receive the mouth and nose dis-charges and then be promptly burnedneither washed nor used a second time. The bowel dischar-

ges should - in

country places-be

buried.

It is undoubtedly true that many per-sons are brought into contact with Infantile Paralysis and never contract it. These persons are immune, probably be-cause they have had a slight attack at some time. But the fact that they do not take it themselves does not take it time. But the fact that they do not take it themselves does not prevent them from carrying it to some one else. The infection may pass from the sick child to another child, to an adult, to another and yet another, and not develop until it comes to a child— and less frequently to an adult—who is susceptible to it. That child may be rendered a paralytic for it or may die. As a rule one attack, though it may be slight, renders the patient immune for life.

slight, renders the patient immune for life. While it has never been proven beyond doubt that insects, flies and animals carry and communicate this disease, it is very probable that they do. Only by this agency can its presence be ex-plained in many an isolated, out-of-the-way home; and, since it is better to be on the safe side, keep the children away from insects, and turn the family cat and dog out-of-doors.

#### Animals as Carriers

THE family cat has much to answer for already, and this is but one more sin to be laid at her door. She is the rat catcher —that is her business—and rats are well known as carriers of disease. But Pussy is praised and patter time she

## requires the purest and best food obtain-

your Baby

**able.** If you cannot nurse him be sure of the purity of the milk you use in his food. Your doctor will tell you how to prepare the food, as nearly all babies are different and the food requires different modifications. Patented foods are modified, of course, and suit some babies, but no food is acceptable to all infants' stomachs.

The best way is to prepare it yourself, but be sure of the purity of milk. Ordinary dairy milk is not safe, even pasteurized milk is uncertain, in some cases.

"Canada First" Evaporated Milk is safe. It is unsweetened and may be modified by the addition of dextro maltose, as your physician directs.

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-that is her business—and rats are well known as carriers of disease. But Pussy is praised and petted every time she kills a rat,—and sometimes eats it— praised and petted ard fondled by the children, though she is simply swarming with germs and loaded up with infection. The family cat can't be kept clean; she has a predilection for nosing around dirt and filth; the germs and insects thick fur. After nosing around all manner of dirt, she sits down, curls her tail round sickeningly virtuous! And the baby pets and fondles and *hisses* this fount of ini-quirty if a cat hates water! Did you she hates cleanliness. She washes her licks her dirty tongue on the baby's hands! would you like to eat a piece of bread that you had rubhed over a rat hole? Try (*Concluded on next page*) (Concluded on next page)