## 

Your Health


The following is a message from
the Special Advisoryy Committee
the Medical Society of the State
New York on infantile paralysis. Polionyelitis may be rocognized
and diagnosed beforea paralysis ap
pears. The particular symptoms to 1. Fever.
Never high; with an
average of 102 degres F ;
2. Headache. Is severe; most fre 2. Headache. Is severe, most fre
quenty genera, but may be nuchal
and sometimes may be absent, but
then replaces by severe backt, then replaced by severe back pain.
3 Prigitity of the Neck. Distrit
resistance to anterior flexion. Rareresistance to anterior flexion. Rare-
ly is there retraction and never lat
eral limitation.
then 4. Tremor. Fine trembling of lips
and hands, especially on movement
as when taking a sass of and whans, especially on movement
as when taking a a gass of water.
There may be also coarse twitching
in sleep.
 and alert when aroused,
are sometimes irritable.
6. Vomiting.
Once or
 bulbar types.
7. Retention of Urine. When ques
tioned, the mother often remarks
ris. twelve to twenty-four hour period
without urination; it never demands
catheterization. 8. Constipation. It is almost uni 9. Sweating. This is usually seen
as beading the elips and neck
and is rarely protuse. The pre-paralytic picture present,
us a odistinct $\begin{aligned} & \text { linical entity } \\ & \text { symptoms definitely } \\ & \text { symose of a mild }\end{aligned}$ meningitis; headache, tremor, an
stiff neck constituting an outstand stiff neck constituting an outstand-
Ing triad. This coninical picture is
confrmed by an examination of the
spinal fluid. spinal furd oo these nine symp-
Every one or important although they
tomis
might not all be present in any one
 ing. If a child in in your crip
oresents any of the gymptoms list
ed above, it is urged that he be
sent mimmediatelt to the school nurse
or to whomever is designated by
or own school to your ow
cases.

## Infantile paralysis has been epi- demic recently in various parts of the

 demic recenty in various parts of thecunntry Complete information
about this oisease is given in
statement by Dr the famous head of the Rockefelle
Institut or Med
New Yedical Research, in
Need: York, which is thus summarThe microbe of infantile paral
ysis is known to belong to the class
of invisible, filt $e$ r-passing micro of inansms to which the name oressing micro
orruses is seretions virus of the been noes and thron the the
Sersons ill of infantile paralysis oo persons ill of infantile paralysis and
of well persons in intimate contact
with the sick.
ease that communication of the diss
easem person to person is ease from person to person is
brought about by personal contact
and the transfer of the secretion of the nose and throat of the sick
to the well, has been established by
observation of human epidemics and observation of human epidemics and
by experiments on monkeys. Pres
met public heanth measures.
troo of of infantile paralysis are based on this mode of personal ane infection.
ann attack of infantile paraysis
and protective for life, irrespective is protective for life, irrespective of
the intensity of the attack.
"Persons who have had infantile paralysis possess in their blood eer-
tain protective or healing substances
which can be used effectively treat persons sick of the disease,
and, perhaps, to prevent the diseas in other and exposed children. is employed in this way under
name of ounvalescent serum.
"Since many normal adults Since many normal adults de
velop immunity to infantile paralysi
as o result of exposure to the viru under circumstances not leading to
 times be substituted for the serum
of convalescents.
"There are strong reasons for be lieving that a gradual immunization
of the topulation of the United
states is taking place as a resulto of the epidemics of infantile paralysi
which have prevailed in differen
parts of the country since parts of the country since the large
Swedish-Norwegian outreak in 1905 acts upon the nervous system an and
especially upon the nerve cells o
the spinal cord which cont them movements. The muscle
thene wot directiy arfected.
Evenen the paralysis is severe cestoration of motion taks place in
part ore even wholly as the injuriou
consequences of the dit aralysis-carries the implication sctual loss of motion by muscles,
tet many cases of the disease nev
ir show paralysis ta
not all
Indee ir show paralysis at all Indeen
here are reasons for belieling tha
he cases of the non-paralytic dis
 tered by a phyysaliy, and adminis-
treme conditions of andy disease de

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| BEWARE OF CAUTION |
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