

# IPHA History

## Don't Let the Scary Times Come Back

By Dr. Ronald Eckoff

*On June 28, 1950, when he got up, Ronnie said he felt sick and went back to bed. Spent all day there, we thought he might be taking mumps since his neck hurt. On June 29, took him to Dr. Conway. He started to examine him for polio. It was one o'clock when we entered his office and about 4:30 when I left him there. Came home and got his father and we took him to Blodgett Hospital in Grand Rapids. He spent a week and a half there and then was moved to Mary Free Bed Convalescent Home. Was there until September 21 when he was released. He has no paralysis, but weakness in his right shoulder. He made a trip back to see the doctor on October 19 and again on November 16.*

A special bulletin on Infantile Paralysis was issued by the Iowa State Board of Health in the summer of 1910. A summary of that bulletin: In 1907 New York suffered an epidemic of 2,500 cases. In 1909 Massachusetts had 1,000 cases and Minnesota

several hundred. In April 1910 a few cases appeared in Mason City, Cerro Gordo County, Iowa, and the months of May and June ushered in a well-marked epidemic of infantile or spinal paralysis in that city. The health authorities appealed to the State Board of Health, who in turn appealed to the Public Health and Marine Hospital Service of the United States Government. Past Assistant Surgeon Wade H. Frost was sent to Iowa to aid in the investigation. From January 1, 1910 to August 24, 1910 there were 186 cases of poliomyelitis reported to the Iowa State Board of Health with 29 deaths. (Cerro Gordo County, 59 cases, 9 deaths; Hancock County, 19 cases, 1 death; Grundy County, 15 cases, 3 deaths; Black Hawk County, 12 cases, 4 deaths.) The State Board of Health adopted special rules regarding polio on August 17, 1910.

### SPECIAL RULES OF THE IOWA STATE BOARD OF HEALTH, REGARDING INFANTILE PARALYSIS. ADOPTED AUGUST 17, 1910.

All cases of infantile or spinal paralysis, or suspected cases, shall be immediately reported by the attending physician or head of the family to the local board of health, who in turn must report the same at once to Dr. Guiford H. Sumner, Secretary, Iowa State Board of Health, Des Moines, Iowa.

The State Board of Health recommends the quarantine of all cases of infantile or spinal paralysis for at least two weeks after the beginning of the disease and a thorough disinfection of all infected premises after the termination of the disease. It is a well-established fact that the infectious material is found in the secretions of the nose and mouth of the afflicted persons and the Iowa State Board of Health therefore, recommends the use of sprays and gargles of perhydrol (Merck's) containing 1 per cent of hydrogen peroxide to prevent the further spread of the disease. All discharges from the patient should be disinfected by means of bichloride of mercury, carbolic acid or chloride of lime.

### SANITARY PRECAUTIONS TO BE OBSERVED IN CARE OF CASES OF EPIDEMIC, INFANTILE OR SPINAL PARALYSIS

1. Put patient in clean, bare, well ventilated room, screened to keep out insects.
2. The rest of the family should be kept at home as far as possible.
3. No person should be allowed to enter the sick room except doctor and nurse.
4. Disinfection should be thoroughly carried out. Make disinfection solution as follows:
  - Solution No. 1. For stools and urine:  
Add ¼ pound of Chloride of Lime to two gallons of water.  
Make fresh every day.
  - Solution No. 2. For hands and clothing:  
Add two teaspoonfuls of Carbolic Acid, 95 per cent to one quart of water.
  - Solution No. 3. For hands and clothing:  
Add two teaspoonfuls of Formalin to one quart of water.

5. To disinfect stool add one quart of Solution No. 1 and let stand for one hour. To disinfect urine add one pint of Solution No. 1 and let stand one hour.
6. When nurse leaves room she should wash her hands in Solution No. 2 or Solution No. 3. She should wear an over-garment and remove same on leaving the room.
7. All clothes and bed clothes before removing from sick room and all washable clothes before removing from the premises should be soaked for one hour in Solution No. 2 or Solution No. 3 as preferred.
8. All eating utensils and remnants of food used by patients should be boiled before taken from sick room.
9. All milk bottles received at the house must be boiled before returning to the dairy.
10. The rest of the family should take frequent baths and use perhydrol (Merck's) containing 1 per cent of hydrogen peroxide as a gargle and nose spray.
11. The house should be kept as free from dust as possible by sprinkling the floors before sweeping and by using damp clothes for dusting.
12. All dogs, cats and other pets should be kept from the sick room.
13. Surrounding premises should be sprinkled daily.
14. Patients shall be kept isolated until placard is removed and house has been fumigated.

The above instructions should be carried out minutely not only for infantile or spinal paralysis, but for all contagious and infectious diseases. The use of deodorants to create smell in the room is useless and objectionable.

# IPHA History continued...

Jonas Salk, the developer the first effective polio vaccine, was born in Manhattan in 1914. In the summer of 1916 a polio epidemic started in Brooklyn and spread to Manhattan. By the first of July, 350 children had contracted polio and 75 of them had died. On July 2, the health commissioner, Haven Emerson called his assistants into his office. It was a hot day and the hospitals around the city received 72 children who were rushed in for care by their parents. More than 20 of those already seemed certain to die. Emerson issued a series of orders. Of the sixty biggest celebrations planned for the night of the 4<sup>th</sup> of July, fifteen were cancelled. Plans for city sponsored open air movies were scrapped. Children under sixteen were banned from all places where large crowds gathered. Exhibitors or other businesses caught disobeying the new regulations would be stripped of their operator's license. More than a half a million leaflets were printed and distributed.

“Emerson's rules went promptly into effect-and the polio bug slapped them aside. As the week pressed on and the temperature stayed high, 113 new cases checked into hospitals on July 5, and 87 followed on July 6. For every five cases, at least one proved lethal within the first two days, as the muscles that controlled the children's breath failed along with the ones that controlled their arms and legs.” New Yorkers began freelancing solutions. Cats, many people concluded, were responsible for spreading the disease, and cats were bludgeoned and drowned by the tens of thousands. If cats weren't responsible, the people concluded, perhaps mosquitoes were, or rats. Other suggestions to the health department included high ground water, ice cream cones, excavations, flies, bedbugs, street dust, cornflakes, the subway, etc.

Flash forward to Des Moines in the early 1950s. George Mills was a Des Moines Register and later a TV reporter and an Iowa historian. One of his books was: *Looking in*

*Windows: Surprising Stories of Old Des Moines.* The title of the book came from one of the articles included in the book. (Many of the items in the book were originally articles published in the Des Moines Register or Tribune.) The title is about parents visiting their children with polio at Blank Children's Hospital in Des Moines. Since the children were in isolation, the parents visited their children through closed windows. Some of the children were on the 2<sup>nd</sup> floor which necessitated the use of ladders. The picture on the cover of the book may be that of Don Fisher, a thirty-six-year-old railway express agent from Chariton, Iowa who visited his three-year-old son Johnny every day or at least every other day. For the first ten days he transported a ladder back and forth the fifty-two miles from Chariton with one end tied to the radiator with a piece of calico, the other to a door handle with a piece of rope. One night the ladder hooked a car and was smashed to kindling. He borrowed a ladder in Des Moines after that. The peak year for polio in Iowa was 1952 with 3,564 cases reported. Salk's polio vaccine was approved and licensed in 1955.

Polio has long been absent from the United States. However, despite vigorous efforts to vaccinate, in the past year polio has been documented in nine nations: Afghanistan, Cameroon, Equatorial Guinea, Ethiopia, Israel, Nigeria, Pakistan, Somalia, and Syria.

Measles, pertussis and others are making a comeback. Don't let the scary times of polio come back.

#### *Major sources:*

Baby book of Ron Eckoff  
 Splendid Solution: Jonas Salk and the Conquest of Polio, by Jeffrey Kluger  
 Looking in Windows: Surprising Stories of Old Des Moines  
 1910 Summer Bulletin of the Iowa State Board of Health

The last outbreak of polio in the United States occurred in 1979 among unvaccinated Amish persons living in Iowa, Missouri, Pennsylvania, and Wisconsin.

Reference: Epidemiologic Notes and Reports Follow-Up on Poliomyelitis -- United States, Canada, Netherlands. Centers for Disease Control and Prevention. December 19, 1997 / 46(50); 1195-1199.

