In the course of the last 20 years, epidemics have been reported from various tropical and sub-tropical countries, and today polio is recognised as practically a world-wide disease.

From "Infantile Paralysis" to "Poliomyelitis."

During the "pre-epidemic era," polio seems to have been almost entirely a disease of children under five years of age, and was therefore known as "infantile paralysis." Up to 90 per cent. of paralytic cases were concentrated in the 0-4 age group. Later the maximum attack rates shifted to the 5-9 group, then to 7-15 and even 15-23. Today the "age-incidence" continues to rise and in a few highly developed countries it is now above 30 years.

This shift may be explained by improvements in hygiene and in living standards which resulted in children becoming infected increasingly late in life in the more developed countries, while in less developed areas, they continue to get the infection while young. Thus the "infantile paralysis" of the "endemic era" has become poliomyelitis in the "epidemic era."

This explains why it has frequently been observed that people coming from highly developed countries where polio is found in severe epidemic form, often contract the disease when they arrive in a country where polio is endemic and where it rarely produces paralytic cases, because in the latter areas, the infection is widespread throughout the population from the earliest age.

As an example, the WHO monograph mentions epidemics occurring in South Africa in 1945 and 1948, during which ten times more Europeans than Bantus were affected by paralysis.

The Dramatic Aspect of Polio.

Polio is a seasonal disease in temperate regions of both hemispheres were epidemics appear in general during the summer. In tropical zones cases occur uniformly throughout the year with peaks in November-December or February-March, and coinciding in certain countries with the rainy season.

The WHO monograph devotes considerable space to the description of the clinical manifestations of polio.

After an incubation period of about 10 days, the first symptoms appear: temperature, sore throat, nausea and vomiting, abdominal pains, constipation, diarrhoea, and abnormal fatigue.

Next comes the "pre-paralytic" phase which lasts an average of three to six days. It is characterised by a flushed face with paleness around the mouth, slight temperature, headaches, and leg and back pains. The paralytic phase usually follows a few days later, generally not more than three.

The WHO monograph presents a detailed study of the different means now available for treating the different clinical stages of polio.

The Struggle between Virus and Antibodies.

The WHO monograph states that it is now recognised that the great majority of the population of the world develops polio antibodies without any outward signs of even a mild form of the disease.

It is also recognised that the blood-serum of adults who live in epidemic areas but have never had any outward signs of the disease almost invariably has the power of neutralising the virus because of the presence of antibodies in their blood.

However, the antibodies are effective in varying degrees depending upon which of the three known strains of the virus they have to combat, and upon the age at which the individual has acquired the antibodies.

The Search for Weapons to Conquer the Virus.

After listing a certain number of quarantine measures, regarded as of doubtful utility, the WHO monograph describes the growing breadth of the researches now going forward throughout the world both in the prophylactic and the therapeutic fields. Some of the points brought out are :—

(1) The use of blood plasma from convalescent patients has not given conclusive results.

(2) The administration of gamma-globulin obtained from the blood of persons who have acquired polio antibodies has proved of little practical value.

(3) The results of numerous experiments suggest that an anti-polio vaccine "may become available to the health officer in the not too distant future."

Practical Advice during Epidemics.

The WHO monograph concludes with a list of precautions to be taken during epidemic periods in order both to reduce the spread of infection and to minimise the number of paralytic cases : frequent washing of hands; protection of food from flies and thorough washing of fruit and uncooked vegetables; avoidance of intimate associations with members of a family in which a case of polio has occurred recently; caution in treating all cases of fever; avoidance of over-exertion; closing down of unchlorinated swimming pools; and, until more information is available, avoidance where possible of operations for the removal of tonsils or adenoids, and suspension of vaccination campaigns and intra-muscular injections of an irritant character.

Cheese.

By Clive Beech

ONE OF THE OLDEST FOODS known to the human race, cheese has accompanied the civilisation of mankind. Some primitive savage first discovered it: noticing how milk carried in an animal skin became curdled or " renneted " by the acids in the hide, he tasted the thick creamy result, and found it good. Cheese had come to stay.

The first written mentions of cheese as a regular article of diet occur about 1400 B.C. The Ancient Egyptians made cheese from sheeps' milk, and the Ancient Greeks from the milk of both sheep and goats. Indeed, the Greeks must have depended a great deal on it, for apart from meat and cereals, it is the only common foodstuff mentioned by Homer. The early Jews knew and loved cheese, too, and all the references in the Bible to " butter " may be more correctly translated as " curdled milk." At any rate, they refer to a simple cream cheese made by curdling. It is fairly certain that the delicacy served to Sisera by Jael " on a lordly dish " before she killed him was a piece of choice cheese. Only the methods of cheese-making varied slightly from modern ones: Aristotle mentioned the renneting of milk with the sap of fig-trees.

The Romans, who were expert cheese-makers, flavouring their products with herbs and spices and smoking them over wood fires, took the art to Britain. Specimens of Roman cheese dug up in Saxon and later ruins may still be seen in museums.

The milk from which cheese is prepared need not necessarily come from cows; the milk of sheep, goats, mares, reindeer, even camels, makes excellent cheeses of varying flavours and types. Roquefort cheese is an example of cheese made from a mixture of sheep and goats' milk, while Gruyére was originally made from

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