

fessional experts. The adaptation of water works to serve the extraordinary needs of disasters is the responsibility of civil defense. In view of the technical and professional requirements, the civil defense measures and services must continue to be the responsibility of the existing water works and public health agencies and individuals, but these agencies and individuals will perform their wartime disaster re-

lief functions under civil defense rules and regulations.

Civil defense in water works may, therefore, be said to be the job of everybody who is normally concerned with water works. This must not be interpreted as meaning that it is nobody's job. Each of us must do his part. Each of us must make his responsibility a part of his everyday business and affairs.

Relationship Between Inoculations and Poliomyelitis

The possible relationship of various types of inoculations and poliomyelitis has been the topic of much discussion and a number of papers since the 1950 reports from England. Last fall the State and Territorial Health Officers Association asked the Public Health Service of the Federal Security Agency to sponsor a study on the question and issue a clarifying statement. Subsequently, the Public Health Service, on March 14, 1952, sponsored a meeting of 42 poliomyelitis investigators, epidemiologists, pediatricians, allergists, and health officers. The National Foundation for Infantile Paralysis helped plan and participated in the conference.

The conference voted unanimously in favor of the conclusions contained in the following statement which has been accepted by the Public Health Service and is being transmitted to official health agencies, to the medical profession and to the general public.

There is no definite evidence that an increase in the number of cases of poliomyelitis has occurred as a result of injections of vaccines, drugs, and other medicinal agents. There is evidence that injections for the prevention of diphtheria, whooping cough, and possibly tetanus, when given during an epidemic of poliomyelitis, may, on rare occasions, localize the paralysis in the inocu-

lated arm or leg. There is no satisfactory evidence that other types of injections have any effect on the localization, frequency, or severity of poliomyelitic paralysis. In the small number of persons with localization of paralysis in the inoculated limb, the injections, for the most part, were given about 7 to 21 days prior to onset, which corresponds to the usual incubation period of poliomyelitis. This has raised the question as to whether or not inoculated persons have a greater chance of contracting poliomyelitis during an epidemic.

There is as yet no final answer to this question, but it is a fact that, even if there should be an increased chance, it is extremely small. Many thousands of poliomyelitis cases occur every year among children who have not had any injections during the preceding few months, and thousands of children have received injections for whooping cough, diphtheria, and tetanus during poliomyelitis epidemics and have not developed the disease.

Diphtheria, tetanus, and whooping cough are serious diseases which can be prevented by immunization. Unchecked, these diseases present a far greater hazard than poliomyelitis. The benefits derived from immunization against these diseases far outweigh the questionably small increased chance of contracting

poliomyelitis. However, even this questionable risk can be avoided by carrying out these immunizations when poliomyelitis is not epidemic in the community. There appears to be no good reason for withholding these immunizations during the summer months in communities that are not having an epidemic of poliomyelitis.

Furthermore, poliomyelitis is at all times so rare in infants under 6 months of age, and the danger from other infectious diseases, particularly whooping cough, is so great, that it is advisable to continue the immunization procedures for this age group even during a poliomyelitis epidemic. In adults also, poliomyelitis is relatively so infrequent, that when there is a need for immunizing or therapeutic injections, such injections should not be withheld.

Certainly no parent should object and no physician should hesitate to administer a needed antibiotic, drug, or other injection for treatment of disease at any time. When there is immediate danger from diphtheria, whooping cough, or tetanus, the preventive inoculations should be given to all threatened age groups even during a poliomyelitis epidemic. In the final analysis the decision as to when an immunizing or therapeutic injection shall be given to an individual patient must rest with the physician.