THE
FLESHERTON ADVANCE

Published on Collingwood Street, Flesherton, Wednesday of each week. Circulation over 1000, Price in Canada $2.00 per year, when paid in advance $1.g0; in U. S. A. $2. per year, when paid in advance $2.00.

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A CHURCH PROBLEM

The preachers are coming back from their holidays and are rounding up their flocks. They have a problem which gives much concern to the "temporal boards." Closing of the churches for one of the usual Sunday services, now fashionable, are found to vitally affect the collection plate, as many members fail to keep up their payments, and what is more disconcerting to the pastors, too many of their flocks drift away. A striking statement with regard to this phase of the "kirk's" work was made at a Scottish conference recently. It was then asserted that in the last ten years no fewer han 170,000 communicants in the Church of Scotland, had lapsed—the equivalent of the whole population of two big cities. The "purging of the rolls" takes place periodically, but not thoroughly, in the old land as in this new world, and the lure of the summer excursions away from Sunday services is a problem in church management that is proving increasingly embarrassing in many centres of population.

EDITORIAL NOTES

R. B. Bennett has hay fever. While he coughed in talking at Calgary the other night, the pesky complaint did not impair his ability to orate.

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A Canadian dentist claims that worry is one of the chief causes of decay in teeth. Only one of the causes, though. Poor digestion, caused by intemperate eating, is another.

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The Jap-Chinese was in a nut-shell: The struggle becomes bloodier and more deadly than ever. Thousands have been killed and wounded in the past week, and the end is not yet. Too bad that the originators could not be made to fight it out between themselves. The innocent should not be the chief sufferers.

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It is only ninety years this week since the last auction sale of slaves was held in the city of Montreal. About the same time a Niagara "social leader" advertised that a "wench," belonging to him had run away, and that he would pay a liberal reward to anyone capturing her and returning her to him.

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In the first six months of 1937, there has been an increase of 18 per cent in the number of visitors entering Canada, and ready reckoners tell us that if the influx continues until Christmas the holidaymakers will leave three hundred thousand dollars in the country. We hope the prognostications will be realized and that a good share of the money will filter through to those of us who pay the taxes, provide the roads, and ensure the comfort of the spenders. Generally speaking, our visitors are good pay, and get fair value for what they disburse.

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Canadian members of the Clan McLeod, who have been visiting the Old Land, had an unique invitation to attend the celebration of the 1,000th anniversary of its "first mentioning" in history. Not often in the Highlands has a lady been placed at the head of a Clan, but the chief of the McLeods is now Flora, Mrs. McLeod of McLeod, and it is recorded of her that she proved a most hospitable hostess in the series of entertainments organized by her in the old home of the Clan—the hereditary Castle of Dunvegan, Isle of Skye. Her guests embraced leading members of the Clan, not only from the Old Land but from British Dominions far and near, as well as various foreign countries.

MAXWELL

We are pleased to report that Miss Ida Hill improving nicely from her attack of infantile paralysis.

Miss Isabel McWhinney of Ottawa visited her aunt, Mrs. Geo. Ross, the past week.

Mr. and Mrs. Chester Cameron of Owen Sound spent Sunday with friends here.

Mr. and Mrs. Chas. Heron visited their daughter at Listowel Sunday.

Miss Jean Ross is visiting friends at Brampton and Cheltenham.

Miss Merle Hawton of Nottawa visited her cousin, Mrs. Joe Wright, the past week.

More than 370 alleged spies have been executed in Russia during the last few weeks, indicating that some of the comrades have lost their comraderie.

FEVERSHAM

Miss Chadwick of Toronto is visiting with Mrs. Hughes at present.

Mrs. E. C. Pedlar gave her ladies' Sunday school class a very enjoyable trip recently, with Miss Nellie Short as driver of the car. They visited Midhurst, Midland, the Shrine and other points of interest on the shores of the Georgian Bay in that district.

Miss Edith Heitman has taken up her duties as teacher at Loring, not very far from the home of the Quints. Edith's many friends wish her success in her new school.

Mr. J. J. Edgar, miller here, has returned after a visit to his home in Egansville, near Ottawa.

Mr. and Mrs. James Eby of Collingwood and Mr. and Mrs. Thomas Forsythe of Owen Sound spent Sunday with Mr. and Mrs. G. Eby.

Mr. W. MacAleer of Hammond, Indiana, and Mr. Geo. Mitchell of Flesherton were callers in the village on Monday. Mr. MacAleer called on Mr. and Mrs. Colquette, who were acquaintances of his boyhood days when the MacAleer family resided in this village about 50 years ago.

Mr. and Mrs. John Smith and two daughters have been visiting at Port Elgin, St. Catharines and Niagara Falls and returned home Saturday.

After all, the saying that pretty nearly tops the popularity list is "I'll pay for this."

A dispatch from England says that millions in England exist on $1.00 weekly food outlay! Could you do it?

SAUGEEN JUNCTION

Mr. and Mrs. Neil Allen of Toronto visited with Mr. Jos. Badgerow and sons last Sunday.

Mr. H. White and Mr. D. McLean of Toronto were callers at the home of Mr. Robt. White on Sunday.

Mr. and Mrs. Sam Batchelor and sons visited the latter's mother at Hillsburg over the week end.

Mr. Hodgin and Lockhart are at present threshing in this locality.

School opens on Wednesday with Mr. G. B. Littlejohns in charge.

Mr. and Mrs. George Seifried of Dromore and Miss Goatz of Guelph were recent visitors at the home of Mr. Jos. Watson.

Mr. A. McGlashen of Toronto called on Mr. Jos. Badgerow one day last week.

That Georgetown boy who tried out a new knife by slashing nine calves should be treated so that it would be impossible for him to stage a sit down strike for weeks.

Maybe the machine gun isn't a modern contraption after all. Dan Cupid must have used one of 'em istead of a bow and arrow when he did his shooting at Solomon.

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ONTARIO

A Statement by the Ontario Department of Health on

POLIOMYELITIS

("INFANTILE PARALYSIS")

In view of the prevalence of "infantile paralysis" in Ontario at the present time, and in recognition of the deep concern felt by parents over the protection of their children, the Provincial Department of Health is issuing the following statement concerning the nature of the disease and the question of what can be done to reduce the danger of infection.

Nature of the Disease

Like measles and scarlet fever, "infantile paralysis" is a communicable or "catching" disease. Like them also, it is mainly a disease of childhood. Yet the term "infantile" is apt to be misleading. While it is true that the majority of cases occur among children under ten years of age, the disease does occur, especially in rural districts, among older children and young adults.

The term "paralysis" is likewise misleading since it conveys the impression that some loss of muscular function is characteristic of every case of the disease. This is not true. It is now known that only a small proportion of those who contract the disease actually develop paralysis.

Since the disease is not limited to infants and since paralysis does not occur in all cases, the name "infantile paralysis" is now regarded as a misnomer. The correct name for the disease is "polio-myel-itis", which simply means acute inflammation ("itis") of the grey matter ("polio") of special portions of the spinal cord which control movement of the muscles. This inflammation is believed to be due to a special sort of infection which probably gains entrance to the nervous system through the upper part of the nose and throat.

Cause of the Disease

Poliomyelitis has been definitely recognized as a communicable disease since 1909 when investigators succeeded in securing from humans, ill with the disease, a minute living substance called a "virus" which was found to be capable of producing poliomyelitis in monkeys.

Much remains to be discovered about the nature of this virus but a good deal has already been learned. In size, it has been found to be less than one millionth of an inch in diameter. The virus is present in the nervous tissue of humans who have died from the disease. It is also found in the nose and throat, not only of persons ill with the disease, but also of persons who have been in contact with the disease.

How the Disease Spreads

The exact manner in which the disease is transmitted from one person to another is not known. However, the disease does not arise spontaneously. The source of infection is a human being who is carrying the virus. Such a person need not necessarily be suffering from the disease. Yet the mere presence of the virus in the nose and throat affords ample opportunity for spread of infection. In such cases minute particles are given off by coughing, sneezing and talking. Fingers are constantly being carried to and from the mouth and nose and in this way articles, such as improperly washed eating and drinking utensils, common towels, children's toys, etc., may become contaminated.

Any set of circumstances which permits the frequent and rapid transfer of nose and throat secretions from one person to another increases the possibility of infection.

There is no evidence that flies or other insects play an important part in the spread of poliomyelitis.

Chlorination of municipal water supplies as now practised, and the proper pasteurization of milk have eliminated water and milk as possible sources of infection.

Signs and Symptoms of the Disease

The early symptoms of poliomyelitis are neither constant nor regular in their appearance, but certain of them are sufficiently suggestive to warrant the summoning of the family physician.

The onset is usually sudden, with rapidly rising TEMPERATURE, fluctuating between 101-105 degrees. HEADACHE is another common symptom. The young child is apt to appear irritable and cries easily when disturbed. The patient is usually willing to stay in bed, appears drowsy and takes little interest in his surroundings.

VOMITING is fairly characteristic. Constipation is often present, whereas diarrhoea is unusual. Food is refused.

Often the characteristic symptoms of COLD or SORE THROAT are present.

SORENESS IN THE MUSCLES of the back and STIFFNESS and pain in the joints of the arms and legs may occur.

In many cases of poliomyelitis the condition does not go beyond this stage, and terminates after four to ten days' illness.

However, in other cases, the disease proceeds into a second stage, in which the elevation of temperature and rapid pulse are accompanied by marked irritability and drowsiness. The patient becomes mentally disturbed and takes on an anxious, frightened expression. Sleep may be disturbed by twitching and the hands may shake and tremble.

The following specific signs are of particular importance:

STIFFNESS OF THE SPINE. The head may be bent on the neck but efforts to bend the neck on the shoulders cause pain and are resisted. The child is unable, while sitting up in bed, to bend his head down to touch the knees. If he bends at all, it is at the hips with the back held rigid.

PECULIAR SITTING POSTURE. When he sits up he props himself behind with extended arms supporting a tender or painful spine.

Preventive Measures

The precautionary measure of first importance is to protect the child from contact with infection. Since other human beings are the primary source of infection, then children, who are evidently much more susceptible than adults, should be protected as far as is reasonably possible from contact with people.

"Keep your child in your own yard" is a wise precaution. In crowded stores, street cars, motion picture theatres, bathing pools, picnics,—in fact, in any setting where there is a large number of people, the chances of exposure to possible infection are tremendously increased.

Of equal importance for the protection of children is the prompt calling of a physician if the child shows the indications of illness described above.

Convalescent Serum

Medical opinion is divided concerning the effectiveness of the so-called "Convalescent Serum" in poliomyelitis. In the absence of conclusive evidence, the Department is continuing to supply this serum to physicians on request. Owing to the limited supply available, its use must of necessity be limited to cases suffering an attack of the disease.

Nasal Spray

Based on the assumption that the virus enters the body through the upper part of the nose, attempts are being made to prevent its entrance by spraying the nasal passages with certain chemicals. Since this method is still entirely in the experimental stage, it is not one which can be recommended for general use.

Precautions in the Care of Those Ill

When a diagnosis of poliomyelitis has been made, the patient must be isolated for a period of at least three weeks. Since other members of the family are likely to be carriers of the virus, the protection of the community requires that they be quarantined until the danger of further spread has been eliminated. Care should be taken to see that articles which may have become contaminated by the patient are disinfected or burned. Special precautions should be taken in regard to the disposal of nasal and alimentary discharges. Those who are handling the patient should exercise special care regarding their hands and person before coming in contact with other people.

Arthur Sarundson

MINISTER OF HEALTH