

came and opened the door for us. Then we had to hunt for the oil lamp and light it. We usually sat on the couch that was used for sick pupils, but the teacher had forgotten to bring it into the classroom, so we sat on school desks. The secretary took his books out of an attaché case and put them on the table by the lamp.

"Well, there's only two things to discuss to-night," said the chairman. "The prizes for the school picnic, and the question of the dental clinic." We talked for a long time. Sometimes we talked about the school prizes and sometimes we talked about the clinic. We decided to give prizes to the value of the subscriptions we received, and not to allow any child to win more than one prize. Other years, one or two children had swept the board. We also decided that we would call a public meeting and ask a man to come in from another district and explain about the dental clinic. The chairman said he thought the buildings and equipment required under the Department's scheme were much too elaborate and expensive. I asked how much training the dental nurses have. They told me two years' intensive training. The chairman said he thought there was altogether too much fuss made over the dentistry profession. "Sending them to college for years and years," he said. "Why, they could learn all there is to learn in a year. Then look at the fees they go and charge!"

WELL, then we got talking about diet and teeth. I said I thought New Zealand children didn't drink enough milk. "The greatest dairying country in the world," I said, "and how many of the children drink milk? Tea all the time."

"Water," said Mrs. C. "Water's all right."

"Yes," I said, "but there isn't much nourishment in water. You want the calcium in milk to build your teeth."

Mrs. C. said her Mary had a glass of milk for every meal.

I said so did mine.

"Well," said the chairman, "let's get on with the dental clinic."

The secretary said he didn't feel any too confident about this public meeting. I wanted to know why.

"Some of the old identities," he said. "They'll knock it as sure as eggs. They can never see why we want anything new. Perhaps we ought to decide everything first."

"But we can't get subscriptions for the clinic without the support of the public," the chairman said. "Mr. So-and-so's all right. He'll come and explain everything to them nicely. He's slow and deliberate, but he knows how to put it. Ten years ago we ought to have had this clinic," he said. "I brought it up then, but there were some people who couldn't see what we wanted it for. Now we're getting behind everyone else. The only school in the district that hasn't gone in on it."

Well, we decided to have a public meeting. Then we got back on to the school picnic. We decided we'd buy two loaves of bread and cut it up the night before and make sandwiches in case any of the children forgot their lunch. Mrs. C. said several of them forgot it last year. And we wondered whether Mr. P.

Infantile Paralysis—Changes and Questions

(Written for "The Listener" by DR. H. B. TURBOTT, Director of the Division of School Hygiene, Health Department)

RESEARCH on infantile paralysis has led to changed viewpoints. In the past, the causal virus was thought to be spread by droplets emitted from the mouth and nose in speech, or coughing and sneezing, transferred through the air to an immediate contact's mouth and nose, and entering the body through the nerves of smell at the top of the nose. However, French, Swedish and Australian research showed the possibility of infecting monkeys with infantile paralysis virus through the mouth and small intestine. American and Swedish research isolated the virus from the faeces of children with the non-paralytic type of the disease. Later, it was found that the virus could be readily found in the faeces of children with the disease, and that in epidemics it could be isolated from city sewage.

Post-mortem research showed no signs of damage in those parts of the brain dealing with smell, although it was supposed to travel up the nerves of smell. It will be remembered that nasal sprays were advocated in past epidemics; now he who runs may read why they did no good. No! The virus is found in the mouth and throat region, the lining of the small intestine and the faeces, and in the motor mechanisms of the brain and spinal cord.

The new view of infantile paralysis is that of a virus-caused disease, infecting the intestine and possibly the throat. In most people there are no symptoms. The virus passes from the body in the faeces, and possibly the saliva. In a few unlucky folk, the virus spreads along nerves from throat or intestine to the spinal cord, causing paralysis. As the virus gets out of the body through faeces or saliva, fingers, flies and food will be mixed up in the spread of infection.

In the present epidemic in certain parts of New Zealand, every attempt to stop the spread of the virus is correct practice. Children bear the brunt of the disease, so where infantile paralysis becomes epidemic, they must be kept

would cut the grass and clean up the picnic ground for us this year, on account of the sheep. It wouldn't be very nice for the children running races, Mrs. C. said. The chairman thought he would.

WE closed the meeting, and on the way out I told Mrs. C. to be sure and let me know if there was anything to be done for the school picnic, like making cool drinks and fixing the sandwiches and so on. Corned beef, she said, was good for sandwiches, but if we had it on a Friday there were some of the children couldn't eat meat. I suggested tinned fish, only it was pretty dear. We left it at that, and I said "Good-night" and put my torch on and walked home.

I nearly fell over the gate at home, because no gate has ever been known to shut properly in W.W., and when I went indoors, the man of the house was home from Home Guard and had put the kettle on for a cup of tea.

from gathering together as much as possible. In view of new light on its spread, children particularly should be made to wash their hands with soap and water after each visit to the lavatory, and before eating food.

Infantile paralysis terrifies because it cripples and kills. The way to think of it is as corresponding to measles—lots of people have mild measles, but very few suffer from the kidney complications. When an epidemic of infantile paralysis is recognised, it has already been infecting thousands of the population in a mild way, only occasionally finding a susceptible individual, usually a child, in whom paralysis develops. A rough American estimate holds that only one person out

of 3000 is ever likely to die of infantile paralysis, one out of a thousand to be paralysed, and one out of 500 to have the disease in recognisable form.

Why do some people have it, and why do most people escape it? Why does the virus kill or cripple one or two children in a thousand while the rest who have it throw it off easily without damage? There is no answer to this riddle yet; individual resistance to disease, and individual susceptibility to infection in general, are still unsolved mysteries; the general key to this mechanism must be found before the damage from infantile paralysis can be kept from that unlucky one in the thousand.

Distinguished American Beauty

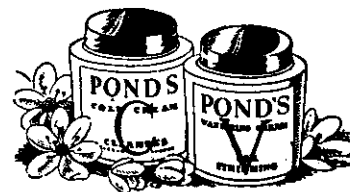
Mrs. John Jacob Astor,

one of the present leaders of the family which has dominated American society for generations, has for years observed the Pond's beauty ritual. She uses Pond's Cold Cream for cleansing and Pond's Vanishing Cream as a powder base. Used together, these two creams keep one's skin flawlessly lovely, soft and smooth.



Pond's Cold Cream for soft-smooth cleansing. Pat it in over face and throat—a little will do, because Pond's goes so much further. Now wipe off. Your face feels clean as rain, soft as silk.

Pond's Vanishing Cream—a much-loved powder base. Apply lightly before make-up. It's non-greasy. Takes and holds powder with velvet smoothness—and helps protect against wind and weather, too!



POND'S EXTRACT COMPANY, Hudson Street, New York.