

Polio History

5
ULTIMATE DIAGNOSIS OF 1000 SUSPECTED POLIOMYELITIS ADMISSIONS

S.W.P.R.C. (Five-year Period)		
	Number	Per Cent
Non-Poliomyelitis	151	15%
Non-Paralytic Poliomyelitis*	258	26%
Paralytic Poliomyelitis	591	59%
Total	1000	100%

* Diagnosis not changed on 1 year follow-up.

PHI periodically receives calls from individuals who thought they had polio but are now told they did not. These pages are excerpted from *Treatment of Acute Poliomyelitis (Third Edition)*, which was published in 1956 by Charles C Thomas, Springfield, Illinois. Written by William A. Spencer, MD, the Medical Director of the Southwestern Poliomyelitis Respiratory Center (SWPRC), Jefferson Davis Hospital, Houston, Texas, the charts show that in a five-year period, 15% of suspected cases received a non-poliomyelitis diagnosis. Spencer attributes the original misdiagnoses to the complexity of diagnosing polio and pressure from an apprehensive public.

FINAL DIAGNOSIS OF NON-POLIOMYELITIS ADMISSIONS

TOTAL 151	
78 CNS INFECTIONS	26 MISCELLANEOUS INFECTIONS
27 encephalitis etiol. not det.	3 pneumonia.
6 mumps encephalitis.	2 influenza.
1 pertussis encephalitis.	2 U. R. I.
1 post-vaccinal encephalitis.	2 roseola.
1 herpes zoster encephalitis.	3 otitis media.
1 post-rabies vaccinal encephalitis.	1 tonsillitis.
10 pyogenic meningitis.	1 sinus infection.
5 lymphocytic choriomeningitis.	2 gastroenteritis.
3 tuberculous meningitis.	1 infectious mononucleosis.
1 herpes simplex meningo-encephalitis.	9 infection etiol. unknown.
1 arachnoiditis.	1 serum sickness.
4 cerebral abscess.	
1 acute pyogenic cerebritis.	
1 CNS syphilis.	
11 infectious neuritis.	
3 Coxsackie virus infection?	
1 tetanus.	
16 OTHER CNS DISORDERS	31 OTHER
4 brain tumor.	2 rheumatoid arthritis.
4 cerebral vascular accident.	1 arthralgia.
1 idiopathic epilepsy.	1 rheumatic fever.
1 infantile hemiplegia.	1 sprain-lumbar muscles.
1 acute cerebellar ataxia.	1 trauma-left arm.
2 acute meningo-myelitis etiol. undet.	1 neuropathy.
1 spinal cord neoplasm.	1 cervical adenopathy.
1 general muscular rigidity.	1 tenosynovitis.
1 post-partum post L. P. headache.	2 infantile scurvy.
	7 hysteria.
	1 angioneurotic edema.
	12 not determined.

The above diagnoses were those made on patients admitted to the hospital following outpatient admission screening in most instances. It is apparent that many disease entities mimic poliomyelitis so that careful historical and physical examinations are needed to identify poliomyelitis-like disorders.