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From the Desk of the President and Editor

This is an open letter to my Officers, in whom I have a lot of faith and confidence. However, having no word from them, I would like to publicly ask each of them something.

DETROIT CHAPTER, who have taken the detail of getting all our equipment from Dave Price: What if any progress has been made? Dave tells me he has two full-size cabinets, eight or ten file drawers, six packed in transfer files and three or four loose to be boxed. Back CUBS—several packing cases plus odd smaller stuff. If you are going to carry out the idea of the Convention, let's get busy. You have also taken the job of membership. This trip to Albany was to help you. I'm afraid the year will be over before too much is accomplished.

AUSTIN BYRD, ADJUTANT. Last time you wrote you had about 200 members. How do we stand now? Can Detroit help you?

BILL FRENCH, MEMORIALS CHAIRMAN. We have already lost a good and faithful member because you did not answer his query. Have you considered any grants for the Association 2 It was definitely decided to make more grants this year than before. Surely there must be something we can do to show our constituents we are at least trying to use the money wisely that they have wholeheartedly given to the Memorial Fund. Let's get on the ball.

ROBERT KELLY, TREASURER. Will you please arrange to forward to me a full financial report as of December 31, 1955 with comparison of like period of 1954?

To MY DIRECTORS AND THE MEMBERS OF THE ASSOCIATION. What happened to all the promises at the Convention to send in material for the CUB? I've had practically nothing. It's now up to you whether we continue the way we are or grow up and realize that the Association is falling away at the seams. Unless we all pitch in and do a job, we've had it.

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Official Publication of the 106th Infantry Division Association — West Orange, New Jersey

THE CUB

106th Infantry Division Association, Inc. Box 238, Loudonville, New York

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ATLANTIC CITY-1956

There isn't too much in a line of news for the '56 Convention as yet, but at this time we'd like to have a consensus from you Convention-goers. This year in Detroit a large number expressed a desire to bring their families as the Convention was being held at a resort. Here's the question: Would you rather have more free time to spend on the beach and sightseeing, or would you rather have the Committee give you planned activities? Please drop me a post card with your opinions and we'll let the majority rule. Send reply to Bob Stack, 157 4th Avenue, Westwood, New Jersey.

We get many letters back marked by the Post Office "CANNOT BE FOUND", UN-DELIVERABLE", "NOT KNOWN AT THIS ADDRESS", etc. This can happen to you if you fail to notify the Association of change of address. If you know of a buddy who has moved, you notify us in case he forgets. Here is one prime reason we have lost touch with our original mailing lists. Lack of action on your part is lack of help on ours. The Officers, Your Editor and the Printers of the CUB wish for you and yours a Happy, Prosperous New Year

We welcome new member brought in by Dick De Heer, RAYMOND REED of River Edge.



DECEMBER 16

The New Jersey-New York group annual Memorial Dinner in commemoration of the Anniversary of the Battle of the Bulge was held at the Swiss Chalet, Rochelle Park, N. J., and 52 persons attended. As usual \$25 will be sent to the Memorial Fund.

GENERAL McMAHON, continuing to be the best CUB reporter of the Association, reports that Colonel Richard B. Weber who. commanded the 592 FABn is now a student in the 55-56 class at the Army War College Carlisle Barracks, Pa.

COLONEL ROBERT H. STUMPF, who commanded the 424th at the end of the fighting, is also there with Weber.

PRESIDENT'S LETTER

Continued from page thirteen What happened to the fellows who were going to try to activate some of our dead local Chapters? Assume no one has done anything in this respect as I have heard of only one December 16 dinner and that's Jersey. They had fifty-two people attend. What happened to the boys from Chicago? John Bieze, you were to notify me before December whether Chicago was to be our 1957 site for Convention or pass it on to Jim Wells in Georgia. There is altogether too much talking and planning at Conventions and a drying up period from then until next Convention. Fellows, please don't let stagnation ruin the best outfit any GI had the honor and pleasure to be a part of.

POLIO

Our good friend Doc Fridline, besides being a good 106er, is Department Surgeon of the V.F.W. of Ohio. From time to time he will write articles of public interest. This is the first, on the dreaded polio.

At this time I would like to discuss briefly and in non-medical terms so that it can be understood by the lay person, a condition that has been in the news very prominently for the passed four months, namely Poliomyelitis-Polio.

Polio is caused by an organism so small that it cannot be seen by the ordinary microscope. This virus requires the ultra microscope to be used to see it. There are three types of this virus, any one of which can cause polio. Once a patient has had an attack caused by any one of these three virus he is protected for life against it, but not against the other types so that the other types can cause a second or third attack. There also remains the theoretical possibility that a fourth type of polio virus exists but research to date has not been able to demonstrate it.

The area of attack by the virus of polio is the brain and spinal cord. This produces the varying types of paralysis, depending on the area most severely attacked. There may be paralysis of the arms, legs and back muscles and of the muscles connected with breathing or swallowing. These last two types of paralysis are the most dangerous to life. The base of the brain is the area involved. (Bulbar type.) This area regulates the muscles of the chest and diaphragm (the partition between the chest cavity and the abdominal cavity). There is also a type of polio that does not produce any paralysis. (Non-paralytic type.)

It has been stated that for every case of polio with paralysis, there are 200 cases without paralysis which go undiagnosed.

The diagnosis of polio is rather difficult in the non-paralytic type. It is quite typical for the patient to have been ill one week with what is thought to be a cold or a mild case of "Flu" and made a good recovery, then a few days to a week later, and frequently after over-exhaustion, to have a relapse and which may or may not develop paralysis.

As to the recognizable case of acute poliomyelitis without paralysis, the diagnosis is made possible by a history of sore throat, elevation of temperature, headache, backache and perhaps vomiting and constipation and by finding on physical examination, some stiffness or tightness in the muscles of the neck, back, thighs, and calves. There is tenderness in the muscles and the reflexes are irregular and tend to disappear. There are perhaps tremors and muscular twitchings. Examination of the spinal fluid under the microscope will show increased white cells. This does not prove out in one hundred per cent of the cases when polio is present. It merely indicates that there is an inflammatory process in the spine or brain.

The early diagnosis of polio in the absence of weakness or paralysis still taxes the best clinical judgment. There is no quick and simple laboratory test for the determination of immediate diagnosis.

In highly specialized laboratories the presence of the virus can be confirmed by tissue culture examinations of blood and stool. This usually takes too long to be of use in diagnosis.

In the matter of treatment it is most generally felt that patients should be taken to a specialized polio hospital where they can be watched carefully.

In 1952, P. M. Stimson, M.D. from the New York Hospital-Cornell Medical Center, did recommend home treatment, but felt this required close supervision by the attending physician. Very few drugs are used in the acute stage. Antibiotics are of no value. Some aspirin is used for pain. Backaches and general tenderness can best be relieved by most heat applications in the form of tub baths or hot compresses.

In the matter of prevention of polio it should be remembered that the patient can help to keep from getting this condition. The main thing is to stay away from anyone having the virus.

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POLIO

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Four precautions should be followed when polio is prevalent:

1. Don't get over-tired.

2. Don't get chilled.

3. Don't mix with new groups.

4. Keep clean.

Now we come to the controversial point of this condition—the polio vaccine. Early in April it was felt that the year 1955 marked a turning point in the direction of attack on the polio problem. For just two years before, Dr. Waldo E. Nelson, editor of the 1953 Symposium on Polio in the North American Clinics said, "Unfortunately a vaccine for other than investigational purposes cannot be expected within the near future".

This statement was justified at the time it was written, but today there is a vaccine which will make it possible to have an almost universal program of vaccination against polio.

Briefly, the vaccine is prepared as follows:

Tissue cultures are made with minced monkey kidneys and a neutrant fluid added. The different strains are grown on this material. Each type is grown separately. The virus is harvested after sufficient growth is obtained and inactivated with 1/4000 solution of formaldehyde to the point where no active virus remains. The formaldehyde is neutralized with sodium bisulfite. The three types of polio vaccine are polled into a single trivalent vaccine ready to be tested for safety and effectiveness. An elaborate procedure has been established for testing safety and effectiveness. It requires three

Bits of News from Here and There

ERNEST DICK, after seeing the notice in last CUB for address of Charles A. Stenger came up with the answer. He lives at 3980 Southwest 4th St., Miami.

COLONEL ORVILLE M. HEWITT, Regimental Exec and later Commanding Officer of the 424th died suddenly on October 29 near Newland, N. C. He was familiarly known as "Tiny" and had been an All-American football player at the Unimonths to manufacture and test each lot of vaccine. It can certainly be said that the trivalent formalized vaccine developed by Dr. Salk is safe. The present recommended dosage is two doses of 1 cubic centimeter each, administered two to four weeks apart. A third or booster dose is given no sooner than seven months later.

From the field tests of 1954 it was determined that the vaccine was 100% effective against Type II Virus, 92% against Type III, and 68% against Type I. From results of all the tests of Salk vaccine it may be said to be eighty to ninety per cent effective against paralytic polio.

Unfortunately, cases of polio developed following the first shot of vaccine and the controversy was on. Some people thought it to be due to the vaccine. The newspapers played it up because it made sensational news.

I feel that the program was started too late in the year, and that the cases that came down wih polio immediately following the first shot were already in the stage where the virus was at work. The fact that later cases developed indicated that one shot does not give enough protection.

The United States Public Health Service arranged for teams to check the vaccine used and there was a report that live virus was found in some of the vaccine.

Now the entry point of the polio virus normally is through the nose and throat. I feel that if injected intramuscular, the virus would not cause polio but would only cause an abscess at the most. One Ohio County Health Commissioner stated he would be willing to take live virus intramuscular.

versity of Pittsburgh and West Point. He is survived by his wife and one son, 16, of Asheville, North Carolina.

GEORGE GEIB of East Aurora, N. Y. who was a runner in Co. G, 424 is now working at Moog Valve Co., that city. Makes valves for jet planes, guided missiles and radar to control hydraulic pressures. These valves weigh only 11 oz. and operate at lowpower command signal