

twenty cases which seems to indicate that the diagnosis of poliomyelitis by means of a serum reaction is not possible and throws no light on the etiology of the disease. The pathologic findings are discussed; the results of the later work in this direction have merely confirmed the statements of previous observers. As regards the bacterial origin of the disorder, authorities differ. Starr concludes from the facts, so far as known that while the clinical history of the disorder implies an infection, it must be admitted that up to the present time the organism responsible for the disease has not yet been discovered, and that it is still a matter of uncertainty whether the causative agent is a micrococcus or a toxin. The weight of evidence, however, is in favour of the latter. Starr has collected accounts of thirty-seven epidemics of poliomyelitis of which he gives brief summaries. Some interesting points regarding prognosis are noted. The mortality of sporadic cases is very low, but in the epidemics it reaches the rather alarming figure of from 6 to 10 per cent. On the other hand they have shown that in 25 per cent. of cases there is complete recovery, compared to the very general persistent paralysis in sporadic cases, and while in many cases some permanent paralysis remains, a marked improvement almost always occurs. Thus a certain hopefulness is warranted in all non-fatal cases. For treatment, he advises dry cupping of the back to relieve the congestion in the early stages, or ice bags may have a like effect, and cool sponging may help to keep down the fever. Sedatives are usually required for pain; the child should be kept very quiet, a brisk purgative should be given, and the food during the first two or three days should be chiefly milk. Cushing has shown that the administration of hexmethylenamin results in the presence of formaldehyd in the cerebrospinal fluid, a fact which Starr has been able to confirm, and he suggests therefore the use of small doses of this drug during the onset of the disease or until fever subsides. Salicylate of soda has been used and good results reported. Starr prefers salicylate of strontium as less likely to irritate the stomach. After the onset is over and pain has subsided, it is best to suspend treatment for two weeks, and begin the use of strychnia, which should be pushed as far as consistent, with safety. Massage, manipulations and electricity are also useful. It is especially important to ward off deformities by the proper use of orthopedic measures and it is never wise to delay them till deformity has been produced. The orthopedic treatment of these cases is more important than any other.