

fied, that most of the cases occur in warm weather."

The prevalence of the occurrence of this disorder during the warmer months of the year has been noted by most of the authorities I have had an opportunity of consulting.

Thus Eustace Smith, quoting from statistics of 149 cases collected by S. Smith, of Philadelphia, notes that 77, or rather more than 50 per cent, occurred in the months of July and August; while out of 111 cases reported by Dr. Barlow, of Manchester, 48 occurred in the same two months, and adds that although these are the two hottest months of the year, they are also those in which alternations in temperature are more rapid and unexpected, and in which, therefore, sudden chills are likely to be incurred.

In a case which I saw last year, Willie S., aged 3 years, walked with his mother on the 12th July to the exhibition grounds to see a procession of Orangemen.

The child had been perfectly well up to that date, of a bright, sanguine disposition, rather precocious for his age, and always climbing into all kinds of mischief.

The day was very warm and he perspired freely. On returning home he refused his tea, and became fretful and peevish and vomited during the evening.

I saw him at about 9 o'clock and found him somewhat feverish, his temperature being 103°; he had a slight pain in the back. I prescribed an effervescent saline mixture, and ordered cold water to be applied to the forehead and nape of the neck, thinking him to be suffering from a mild form of sunstroke.

The next day his mother called my attention to the fact that he had lost the power of his legs, and on my lifting him out of bed and standing him on the floor his legs collapsed under him; the reflexes, especially in the right leg, were absent, and the diagnosis was then easy.

Now, in this case, both parents and child were perfectly healthy; they were in comfortable circumstances; dentition was not in progress; it was the height of summer; to what then may we attribute this attack of paralysis? Was it to a chill following after the long hot walk, or was it as suggested by clinical history?

The onset of infantile paralysis is generally, as

in the case just quoted, sudden; in many cases the child shows no symptoms of illness whatever, it goes to bed perfectly well, and in the morning a limb hanging motionless and paralyzed is the first sign of any mischief.

In other cases there may be high fever, great constitutional disturbance, headache, pains in the loins and back, together with cerebral symptoms, stupor, twitchings or general convulsions. After this initial period has passed away the child is attacked by a more or less extensive paralysis.

This paralysis spreads rapidly, either both legs or the legs and one arm, or all the extremities become affected in a very short time. There is no paralysis of the face or the parts supplied by the cranial nerves, and the mind, after the febrile stage has passed off, is not affected, nor is there loss of power over the sphincters of the bowel or bladder. Sensibility in the paralyzed part remains normal, there is no pain, nor tendency to the formation of sores or sloughs.

The general health becomes completely restored, the child eats heartily and sleeps well, but there remains an inability to use the affected limb. A flaccid, atrophic paralysis. Together with this flaccidity of certain muscles or groups of muscles there is a loss of electro-muscular contractility, so that they respond but faintly or not at all to the faradic current.

An important feature of infantile paralysis, however, is that the muscles, which will not respond to faradisation, will exhibit contractility under the galvanic current, so that in the treatment both currents are necessary—the faradic for the purpose of diagnosis, the constant for therapeutics.

Together with these signs of loss of reflex action, we have atrophic changes in the limb, which, however, come on later. It becomes cold and purple, the pulse is small, the fat becomes absorbed, the muscles wasted, ligaments of the joints become relaxed, and the whole extremity is backward in its growth, so that the bones are often considerably shortened.

The paralysis is at first much more extensive and complete than it becomes later on; after some weeks, probably, a partial recovery takes place in those muscles whose contractility was not altogether destroyed at the outset.

In some fortunate cases the paralysis may