

matter of the cord, and invade the gray matter of the medulla oblongata, and even the gray matter of the cortex.

The peripheral nerves in some instances are involved. The clinical picture presented to those who have seen many cases must lend strong probability to this statement as to the wide extent of nerve tissue involved.

#### SYMPTOMS.

The opportunities for close observation afforded by the several epidemics of recent years show that the early symptoms are very similar to those of other acute infectious diseases—general malaise, fever, convulsions and headaches. These symptoms may last for several days before paralysis appears; and it is quite certain that these prodromal symptoms may be present as shown in recent epidemics, and yet no permanent paralysis follow. There are manifestly abortive forms in which the affection does not produce paralysis, or results in a paralysis quite transitory in character.

On the other hand, there is observed a small proportion of cases quite fulminant in character, proving fatal in forty-eight to seventy-two hours after the appearance of the typical prodromal symptoms. In such cases there is high fever, extensive paralysis and involvement of the lower cranial nerves. The bulbar symptoms manifested in these severe cases point distinctly to the involvement of the centres in the medulla oblongata, while ataxic symptoms point to invasion of the cerebellum, or of tracts associated with it.

Results of post-mortem examinations made in some of these cases will be set forth by the New York Committee appointed to study and collate the scientific findings adducible in the epidemic of 1907.

In a considerable proportion of cases there is a meningeal involvement, so that the initial diagnosis may well be in doubt owing to mental stupor, thickness of speech, rigidity of the neck and opisthotonos. In the Ottawa Valley epidemic it was currently stated in the lay press that the affection was cerebro-spinal meningitis. The resulting paralysis, loss of reflexes and electrical symptoms place the matter beyond doubt that the infection was that found in infantile spinal paralysis.

While it must be admitted that the manifestations of the disease go far afield, showing involvement of nerve tissues far removed from the cells of the anterior cornu of the cord, yet the results following go to show that the older conception of the disease was correct in essentials.

The fact that the early symptoms have been observed to pass away in a considerable proportion of cases or at most to cause but