

ORIGINAL CONTRIBUTIONS

THE SURGICAL TREATMENT OF INFANTILE PARALYSIS.*

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THE question which one must face at the outset in the consideration of this phase of the subject of to-night's discussion is: When does medical treatment end, and surgical treatment begin?

A canvass of the opinion of the majority of surgeons actively treating the results of this terrible malady, will elicit the fact that most of the cases are handed over to the surgeon too late for him to fulfil one of his chief functions, namely, the prevention of deformity. For this reason, the writer would urge that the cases of infantile paralysis should receive surgical attention much earlier than is generally the case, and would suggest that so soon as the temperature returns to normal and all pain has disappeared the case should be consigned to the surgeon. This time in most cases would be about the end of the third week.

1. One's first efforts should be directed to the preservation and restoration of muscle function.

How can this be attained? Massage here plays a very important role. It is possible by systematic and thorough massage to keep up the nutrition in the muscles which are paralyzed, and stimulate any muscle fibres which are active, to greater activity. This massage is preferably done by the parents because it must be continued over very long periods. If a masseuse is employed the apparent progress is so slight, even after long intervals, that the treatment will be discontinued. The results are negative rather than positive. One cannot see very much improvement under the massage treatment, but if it is discontinued the bad results are apparent. What the father and mother lack in scientific methods they will probably make up in faithfulness.

The massage should be started as soon as the pain has disappeared and should be given twice daily for periods of thirty minutes to one hour—depending upon the extent of the lesion. Mr. Robert Jones, of Liverpool, some time ago pointed out that a large number of muscles failed to regain their power, even after restoration of the nerve cells, because they were permanently overstretched. This feature is undoubtedly a factor in the slowness of recovery of some muscles. Therefore it will assist materially in restoration of function of paralyzed

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