

Type.	Number of Cases.	Deaths.	Recovery	Sequelæ.
Foudroyant or Severe	6	5	1	The case which has recovered has complete paralysis of legs. Muscles are atrophied.
Ordinary	14	0	14	Four cases have more or less residual paralysis either of arms or legs; all are able to walk but one poorly.
Chronic	8	0	8	One case has paralysis of left upper arm with atrophy of Deltoid.
Abortive	1	0	1	

N.B.—No lesions of special senses were left as sequelæ in any of the cases which recovered. It will be noticed that in 32 % of the cases which recovered there lingers some grade of paralysis, though in but two cases (10 %) is the paralysis severe enough to interfere with locomotion.

It was July 1st, 1905, that I was called to see my first case. I found the patient, a boy of thirteen, in bed, to all appearances not very ill. His temperature was 103° F., pulse 120, respirations 26 to the minute. The history of the case was of little importance. The boy was at a pic-nic the previous day, and was taken very suddenly ill with vomiting and a most distressing headache, principally frontal. Upon examination I found total paralysis of the legs; the back muscles were not involved at this time, nor were the arms. A peculiar feature of this case was a well-marked dysphagia present. Respiration was uneven and at times of the sighing character. The pupils were dilated, even, and responded to light quickly. There was a total loss of appetite, and the vomiting, which was of the projectile character, gave the patient but little relief. There were no skin symptoms, save a small patch of herpes on the left cheek. The child suffered from pains in joints and back, and especially in the nucha. There was some rigidity of the neck muscles, but not at all marked. The mind was clear and remained so until death, which occurred the following day from paralysis of the breathing centre. This case was