

## Selections: Medicine.

### TREATMENT OF INFANTILE PARALYSIS.

Dally, in this exceedingly able and instructive paper (*Journal de Thérapeutique*, March 10th), prefaces his remarks by a definition of the disease and a description of the present views as to its morbid anatomy. This he does, since great misapprehension has existed by confounding several very different diseases, some curable, others not, under the title of infantile paralysis, and thereby he makes it quite clear to what ailment he refers. The essential paralysis of children is clinically characterized by a sudden onset without prodromata, generally feverishness and of short duration; paralysis rapidly supervenes, and in twelve or twenty-four hours is usually complete. After the first week movements reappear here and there, but often some limbs or some scattered muscles remain paralyzed and atrophied, such paralysis becoming the cause of very various deformities. Dr. Dally quotes from M. Buchheim's article on the spinal cord in the *Dictionnaire Encyclopédique des Sciences Médicales*, the description of the morbid anatomy of this affection. Referring to the various observations of Laborde, Cornil, Prevost, Vulpian, Lockhart, Clarke, Charcot, Geoffrey, Roger, Damaschino, Parrot, and Jeffrey, extending from 1861 to 1871, he proceeds to sum up the results as being sclerosis, or simply atrophy of the antero-lateral columns of the cord, and granular disintegration of the large cells in the anterior cornua, the latter being a constant lesion. The question as to whether the degeneration of the nerve-cells is secondary to the pressure caused by sclerosis of the spinal cord, or whether the atrophy of the nerve-elements is primary, he leaves unanswered; indicating that Charcot and Vulpian supported the latter view, as Roger and Damaschino incline towards the former. The sudden onset, the diminished faradaic contractility, and the rapid muscular atrophy, all point to a primary affection of the nerve-cells, which alone may be sometimes found affected. Speaking of the cause of the disease, Dr. Dally points out that no diathesis,

or hereditary predisposition, nor the usual accompaniments of growth, will account for it, but refers to a case that came within his own knowledge, and which he has previously placed on record, of three children in one family who were attacked, two in one day, and the other within twenty-four hours, that almost justified the suspicion of some poison being the cause. The cases were seen by Trousseau, Duchenne, and others, and no doubt as to the nature of the malady existed. Coming to the main purport of the paper, the writer, following Laborde and Duchenne, divides the treatment into three periods: 1. That for the acute phenomena of the onset; 2. For the paralysis and atrophy; 3. For the subsequent deformities. In respect to the first stage, Dr. Dally confesses to having had no experience of it; but assuming that a stage of vascular congestion precedes the destructive state, he agrees with the treatment recommended by Duchenne, Laborde, Simon, and Bouchut, and which may be summed up as means for withdrawing the blood from the vertebral region by the ventral decubitus, manipulation, sinapisms, etc., to the calf, and intestinal derivatives, especially calomel. The diet should be milk. Following the recommendation of Bouchut to employ the constant current, as Duchenne recommends the faradaic, he would only wait for the cessation of the fever to apply them to the affected muscles. The second period is essentially that of repair; spontaneously in the greater number of cases the disease limits itself when it is not completely cured. The problem is to prevent the sclerosis of the antero-lateral columns, which is secondary to the affection of the nerve-cells. Duchenne states that the application of local faradization at the commencement of the paralysis would cut short the duration of the paralysis; diminish, if not prevent, the atrophy of the muscles; and, perhaps, prevent their fatty degeneration. Keeping this dictum in view, Dr. Dally followed out the treatment in a dozen cases, over periods of three weeks to three years, with almost always the same results, viz., the re-establishing to a degree of the locomotive power, the prevention of deformities, and the arrest of the progressive atrophy. In one case, a perfect cure followed a complete paralysis,