

to be easily digested should be made from bread well dried, slices cut thin and heated through.

The fever seldom requires special attention, and when it does, sponging or a cool enema most safely meets the indication. Coal-tar derivatives should be avoided entirely. As a routine treatment McClanahan recommends the use of hexamethylenamin (urotropin). It is generally well tolerated by the stomach. Certain types of the disease require special consideration. By the cerebral type is meant cases beginning in a stormy way with fever, delirium or stupor, muscular rigidity, etc. It usually happens that these symptoms subside in two or three days, and if the physician has called it cerebrospinal meningitis, he begins to doubt his diagnosis. Lumbar puncture is now recognized as the only positive method of early diagnosis, but is also useful as a therapeutic measure.

In the polyneuritic type, with cutaneous hypersusceptibility, morphin may be required, at least in some cases. Relief can often be attained by the use of a suppository: Powdered opium gr. $\frac{1}{2}$, extract of belladonna gr. $\frac{1}{2}$, sodium salicylate gr. 5, oil of theobroma enough for one suppository. One suppository is to be inserted every three hours until relief is attained. Here again the hot pack, as above described, will sometimes give relief. When the stomach will retain it, sodium salicylate is of benefit.

The mortality in this disease is chiefly from the involvement of the medulla, leading to respiratory failure. I think it is well to remember that this complication will occur in any type of the disease; hence such symptoms as shortness of breath, pallor of the skin with slight cyanosis, of the lips, unwillingness to talk and an anxious countenance, should warn the attendant of approaching danger. Oxygen might be of benefit. If McClanahan should again see a case of this type he would do a

lumbar puncture, on the theory that the bulbar paralysis might be due to pressure and that the withdrawal of fluid would tend to relieve this pressure.

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Orthopedic Treatment Of Acute Poliomyelitis. John Ridlon, Chicago (*Journal A. M. A.*, October 22), states that the treatment of this disease consists of massage, use of braces and surgery. In nearly all cases of anterior poliomyelitis contraction deformities develop sooner or later. In most cases, fortunately, it is later, some months after the acute attack with its usual accompaniment of sensitiveness and soreness of the limbs has passed, and when it is comparatively easy with splints or braces to prevent it. But in a few cases contraction deformities, even of severe degree, develop during the first eight or ten days, while the sensitiveness is still so great that it seems a positive cruelty to move the child at all. But if the attending physician allows contraction deformities to develop, whether it be early or late, he should realize fully the responsibility he is taking, and should stand ready to admit that to his neglect of a simple precaution the child must have all the rest of his life more useless limbs than he needed to have. For no orthopedic or surgical treatment can ever make these contracted muscles as good as they might have been had he prevented the development of deformity. In regard to braces, Ridlon says that here and there an orthopedist can be found sufficiently competent to correct some slight contraction deformities by braces constructed to stretch the shortened muscles, but of these there are few, for most young orthopedists seem to have a greater ambition to perfect themselves in surgery than in mechanics. As a rule, braces should be used only to prevent the development of deformities at joints where the tendency is not