

(3) The longitudinal fibres become less distinct, and are interspersed with oil globules or fat cells.

(4) The fat becomes more abundant, the muscular fibres less distinct, and the fascia becomes a discolored, shapeless mass; having lost almost all electro-contractility, and changed from a muscle into a mere fibrous bundle.

The stunted growth of the limb, the absence of cutaneous and tendon reflexes, the cold and cyanotic appearance of the extremity, all point to trophic disturbance referrible to the destruction of nerve tissue in the affected part.

"Will my child be a cripple for life?" is a question which has been asked of all of us by the parents of a child suffering from this paralysis; and this question should, I think, be answered with some reserve.

So many cases show, after a time, such great improvement in the tone of the paralyzed muscles, even when left quite to themselves, that a gloomy prognosis is often a faulty one; at the same time, the improvement may be so rapid at first, that parents may be too hopeful of a complete recovery, which I believe to be a rare event.

On the other hand, some cases, where I suppose the cornual destruction is great, from the outset do badly; and are followed by extensive contractions and deformities, which leave the child a complete cripple. In such a case a hopeful opinion leads to disappointment and chagrin for all hands.

Speaking on this point, Gowers says: "An answer cannot be given until the end of the first week or ten days, and then only by means of an electrical examination. Whatever muscles at the end of that time have lost faradic irritability will certainly waste and remain for a long time paralyzed. On the other hand, if there is no loss of irritability at the end of ten days, but it is apparent at the end of a fortnight or three weeks, the wasting will be slighter in degree, and considerable ultimate recovery may be looked for, even in the most affected part.

"When there is no loss of irritability, the paralysis will pass off in the course of a few weeks, or at least of a few months. Where irritability is lost early, the wasting will be rapid and great; the paralysis will last for several years, and it is unlikely that perfect recovery will take place."

From these remarks we see that it is unsafe to give a decided opinion as to the future, until an examination by electricity of the wasted muscles shows us in which of them we may expect recovery, and in which one of them more or less permanent paralysis.

In the commencement of my paper I called this an unsatisfactory disorder; and, as far as my experience goes, the complete cure of the paralysis is so rare an event that I think it may fairly be placed in this category.

Unsatisfactory, too, have been the therapeutic effects of any or all of the drugs I have seen given. Certain it is that the large ganglionic nerve cells in the anterior cornu being destroyed, we cannot replace them by the use of drugs, nor can I see how they may be restored by galvanism applied to the spinal cord.

During the febrile stage, antipyretic measures should, of course, be employed, and counter irritation, by mustard poultices, ice-bags, etc., is, I believe, useful.

Some authors insist on the necessity of placing the child in the prone position, believing that the dorsal position favors the congestion of vessels within the spinal canal.

In practice, however, it is very difficult to carry out; the child will certainly turn over on its back the first opportunity that presents itself; the parents will assist it in so doing when the doctor's back is towards them, and they will often lie to him when he expostulates; this, at any rate, has been my experience on more than one occasion.

Iron, quinine and strychnine may be given after the muscles begin to show some signs of amendment, with a view to their general tonic effect on the system, but of any systematic remedies, I believe Fellows' syrup of the hypophosphites has seemed to do the most good in my own cases.

With regard to electrical treatment, this should not be commenced till the end of the third or fourth week after the onset, and then all acute symptoms have passed off.

If begun earlier than this, Gowers says it is apt to excite increased excitement in the spinal cord.

The same author thinks that such treatment is in no sense a curative agent, but that its effect on the muscles in causing them to contract,