The following day there was retraction of head and neck, well marked; also *tache cérébrale*. The slightest movement of the head caused great pain, and the spine was somewhat bowed. Lumbar puncture was performed the same night, 2 to 3 drachms of fluid being withdrawn, clear and came away drop by drop. This proved to be sterile. The next day the child seemed somewhat relieved. For two or three days, however, the child was very irritable, diarrhoea was present, and faeces and urine were passed involuntarily. There was slight delirium at night. Lumbar puncture was again performed, 6 to 7 drachms of fluid being withdrawn, this time under marked pressure. Dr. Gordon reported on this: Albumen, 6 per cent.; sugar, *nil*; filth and cultures sterile; lymphocytes but no leucocytes present.

The lumbar puncture was followed by marked improvement in the child's condition. Pain lessened and the child much more comfortable.

The child is now left with both legs paralysed, with wasting, especially of the vasti and the anterior tibial muscles. Drooped foot on both sides and no movement of either leg. The deltoids are slightly affected.

GROUP IV.—TRANSIENT TYPE.

CASE XXI.

T., female, aged 16. First taken ill on June 18th, and seen on June 20th. She complained that she had loss of power in the left arm. No temperature, rash, or headache. In short, there was no constitutional disturbance. There was complete loss of power in the left deltoid and biceps accompanied with pain.

June 26th. Power of movement returning, but still painful.

June 30th. More power and less pain.

July 6th. Good movement and some slight pain. Returned to work.

EPIDEMIC ANTERIOR POLIOMYELITIS IN HUNTINGDONSHIRE.

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In view of the interest recently manifested in infantile paralysis, and of the statements which have appeared to the effect that the disease is caused by an ultramicroscopic organism and that it has been transmitted experimentally from man to the higher ape, the following series of cases is worthy of consideration.

The cases Nos. I to XII occurred in a small village, and within an area of about 200 yards square; Nos. XIII, XIV, and XV were in the adjacent village a mile away. The period between the date of onset was practically one week in all the cases in one family, with the exception of No. XIV. The interval between XIII and XV was, however, one week. Constipation was a prominent feature in all the cases except the last three, and the mothers noticed that in families where one member was attacked, some other member suffered from malaise accompanied by diarrhoea, which apparently rendered the disease abortive in its initial stages, as the child recovered without any further symptoms. This information was freely given without any leading questions. Happily there has been only one death, but the condition of Nos. V, VIII, and IX is still very serious, and shows no signs of improvement.

There does not seem to be any association between the sanitary condition of the houses and the disease. All the cases occurred in decent village cottage homes, no better and no worse than their neighbours, and the children all seemed to have good mothers and homes. Neither can school be held responsible, for at the time of the outbreak the schools were closed for the summer holidays. The weather at the commencement of the outbreak was very hot.

Dust infection has been suggested as a causal agent, but at any rate in this instance it is unlikely, for all the cases with one exception occurred in houses off the main street, where the traffic is very light and the road treated with tar.

I have received information that there are other cases in this and the surrounding districts of quite recent date (see No. XI), but until something more is known about the bacteriology and etiology of the disease it is very difficult to frame a plan of campaign to combat it.

I am very much indebted to Drs. Hallett and Robinson for the valuable assistance they have rendered to me in enabling me to trace several of these cases who were under their professional care.

CASE I.—C. T., aged 1 year 6 months. Attack began August 21st. He was drowsy and febrile, and had clonic spasm and opisthotonos. Paralysis, which extended to all four limbs and back, set in on August 23rd. Dr. H. stated that the patient had intermittent coma, retention of urine, and overflow. He died on August 28th.

CASE II.—C. M., aged 4, sister of Case I. Attack commenced on August 28th. She was drowsy, febrile, had pain, headache, and clonic spasm with slight opisthotonos. Paralysis, which extended to the left leg, with pain in hip, commenced on August 31st. Observations between October 14th and 24th showed combined paralysis and wasting in left leg, chiefly extensors. Recovery was very slow.

CASE III.—S. W., aged 3. Attack started on September 4th. Was drowsy and febrile, and had clonic spasm and opisthotonos. Paralysis, which set in on September 4th, extended to both arms and legs. When seen between October 14th and 24th the patient showed recovery of all except extensors of left leg, which was wasted and cold.

CASE IV.—A. B., aged 4. Attack started on September 4th. Was drowsy for four days, was febrile, had no pain, had headache, but no clonic spasm nor opisthotonos. The paralysis, which began on September 8th, extended to back and both legs, and the patient was unable to sit up in bed. The condition on observation between October 14th and 24th showed right leg, chiefly extensors, weak, otherwise the patient had recovered.

CASE V.—R. B., aged 1 year 4 months. Attack commenced August 30th. Was drowsy for three days, was febrile, had clonic spasm and opisthotonos. Paralysis, which extended to all limbs and back, commenced on September 1st. The condition on observation between October 14th and 24th showed that the patient was no better, with the exception of slight improvement in right forearm, and is still seriously paralysed and shows no sign of improvement.

CASE VI.—W. H., aged 4 years. Illness started on September 20th. Was drowsy for two days, was febrile and had pain, headache and clonic spasm, but no opisthotonos. Paralysis, which extended to both legs, set in on September 22nd. When seen between October 14th and 24th the patient was quite recovered and about.

CASE VII.—M. F., aged 5 years, brother of Cases VIII and IX. Attack commenced on September 8th. He was not drowsy or febrile, and had no pain, headache, clonic spasm, or opisthotonos. Patient awoke on the morning of September 8th with both legs paralysed. He recovered, and is now back at school.

CASE VIII.—M. I., aged 1 year and 4 months, sister of Cases VII and IX. Attack commenced on September 15th. She was drowsy and febrile, and had clonic spasm but no opisthotonos. Paralysis, which extended to the back and all four limbs, set in on September 17th. The condition on observation between October 14th and 24th showed the arms were slowly recovering, but there was no other sign of improvement.

CASE IX.—M. S., aged 4, brother of Cases VII and VIII; onset September 22nd, the patient then being drowsy and febrile; headache and opisthotonos were present, but no clonic spasms. On September 24th there was paralysis of the back and all four limbs. When seen between October 14th and 24th there was slight improvement in the right forearm but nowhere else; there was still great pain and incontinence of urine.

CASE X.—H. J., aged 10; onset September 13th, being drowsy and febrile, and complaining of headache and pain. On September 19th both legs were paralysed, and on further observation between October 14th and 24th, the left leg was found to be still weak and wasted.

CASE XI.—B. W., aged 3; onset October 20th, being drowsy and febrile, and complaining of headache; no clonic spasm or opisthotonos was present. On October 22nd the right leg was found paralysed, and showed no improvement on October 24th.

CASE XII.—K. M., aged 5, onset September 29th, being drowsy, febrile, and complaining of pain and headache; no clonic spasm nor opisthotonos was present. On October 1st there was paralysis of the arms, back, and legs. When last seen all paralysis had passed off. The mother reported that the child had vomited.

CASE XIII.—M. H., aged 4 years 11 months, brother of Cases XIV and XV; onset September 1st, being drowsy, febrile, and complaining of pain and headache; there was no clonic spasm or opisthotonos. On September 3rd the left leg and thigh were both paralysed. On inquiry between October 14th and 24th the mother stated that there was no improvement and that the child was getting worse.

CASE XIV.—M. K., aged 3, sister of Cases XIII and XV; onset September 4th, being drowsy, febrile, and complaining of pain and headache; no clonic spasm or opisthotonos was present. On September 17th both legs were paralysed. When last seen between October 14th and 24th the left leg was found still very weak, but the patient could just walk.

CASE XV.—M. T., aged 8, brother of Cases XIII and XIV; onset September 8th, being drowsy and febrile and complaining of pain and headache, but no clonic spasm or opisthotonos being present. On September 11th both legs were paralysed. When last seen between October 14th and 24th the right leg was found to have improved, but the left leg was still very weak.

The onset in all cases was sudden except in No. VI. All the cases had severe constipation except XIII, XIV, and XV, whom the mother dosed. The information as to the onset has been taken from the parents.