epiconus. The patient, a man, had bilateral foot-drop, slight on right side, intense on the left side, but in other parts of the limbs the voluntary power was good. The muscles of the legs below the knees were wasted. The patellar tendon reflexes were exaggerated. Ankle clonus was obtained on each side but was soon exhausted. The ankle clonus with the pronounced foot-drop of the left side was very striking. Micturition and defecation were not disturbed. Sensations of touch and pain were normal in all parts of the lower limbs. Babinski reflex was obtained feebly on the right side.

The third case was a man who on November 6, 1905, fell and struck his back on the lumbar and sacral regions. At the present time the sensations of pain, heat and cold are diminished, but not lost, over the outside of each leg and dorsum and sole of each foot, especially on the right side, but are normal on the inside of each leg and on the back and front of each thigh. Tactile sensation is normal everywhere. The patellar reflex is present on each side but is much diminished. The Achilles tendon reflex is nearly normal on the right side but is weak on the left side. Complete foot-drop is present on each side. Babinski sign is not present on either side. The flexor muscles on the back of the thighs are a little weak. He has no disturbance of bowels or bladder.

Lesions of the epiconus have attracted little attention.

THE PHILADELPHIA NEUROLOGICAL SOCIETY.

November 26, 1907.

The President, DR. ALFRED GORDON, in the Chair.

SYMPOSIUM ON ACUTE ANTERIOR POLIOMYELITIS.

THE POLIOMYELITIS EPIDEMIC IN THE STATE.

By Spencer M. Free, M.D., DuBois, Pa.

Dr. Free presented three cases illustrating the various types of the disease which has been epidemic in the interior of the State of Pennsylvania. Dr. Free gave the histories of about one hundred cases of poliomyelitis which have occurred in his own observation and that of others in the immediate vicinity. He told of the onset, duration and course of the epidemic and the cases he had observed. Apparently the disease was not limited to any one part of any infected town. It appeared suddenly and was quite severe, but the prognosis in most cases was good in as much as there were only a few deaths. The disease seemed to involve both lower limbs and presented meningeal symptoms and considerable pain. Among other interesting facts, Dr. Free related how some lower animals such as pigs and chickens were also affected with the disease.

A CASE OF ACUTE ANTERIOR POLIOMYELITIS WITH INVOLVEMENT OF THE MUSCLES OF THE CHEST.

By C. S. Potts, M.D.

S. P. Aged 10 years. When three years old had a fall. Two days after had a convulsion followed by high fever. On the next day it was noticed that the arms and legs were paralyzed. Some improvement grad-

ually took place and at present there is marked atrophy of the shoulder girdle muscles on the right side, some atrophy of the muscles of the arm and forearm, and marked atrophy of the intrinsic hand muscles with "claw hand" deformity. On the left side there is a complete disappearance of the deltoid, more pronounced atrophy and weakening of the muscles of the arm and forearm than is present on the right side, and apparently complete paralysis of the intrinsic hand muscles with very marked "claw hand" deformity. There is also disappearance of the pectorals on both sides, and the latissimus dorsi and back muscles appear to be atrophied. The patient can walk but has atrophy and weakness of the muscles of the right leg and thigh with absent knee jerk. Electrical examination showed that the muscles of the arm and forearm of both sides responded to the faradic current that KCIC was increased and modal change was absent. The shoulder girdle muscles did not respond to either current. The leg was not tested. The patient has some use of the right hand, can write, etc., but has no use of the left hand.

EPIDEMICS OF POLIOMYELITIS IN PHILADELPHIA.

By Wharton Sinkler, M.D.

The writer remarked that in the *American Journal of the Medical Sciences*, April, 1875, he had made the observation that the great majority of cases of poliomyelitis occur during the summer months. This fact was confirmed by Barlow in 1878, and subsequently by Gowers and other writers.

Dr. Sinkler has recently studied all the cases of this disease that have been treated at the Philadelphia Orthopedic Hospital and Infirmary for Nervous Diseases with reference to the season of year at which the onset of the attack occurred, and finds that of 509 cases, 294 occurred in June, July and August. In September and October there were 122 more. Therefore, about 82 per cent. of the total number of cases occurred during the warm months.

During the past summer an unusual number of cases of poliomyelitis have occurred in Philadelphia; but not enough, in the opinion of the writer, to constitute an epidemic—probably about 30 per cent. more than usual. There has been a very distinct epidemic of the disease in Ridgeway, Dubois and adjacent towns in Pennsylvania, which will be reported by Dr. Free. Gibney has seen at the Hospital for the Ruptured and Crippled, New York, from October 1, 1906, to October 1, 1907, 550 cases. Of these 387 were observed during the hot months. He does not say whether the onset of the disease was during these months, or whether the patients applied for treatment at that time.

There have been a number of epidemics of poliomyelitis recorded. The first occurred in 1841, and is spoken of as an epidemic of paralysis in teething children. All the epidemics in which Dr. Sinkler could find the season of the year noted occurred in the summer months. It is evident that poliomyelitis is due to an infection, and that this infection is developed in some way by hot weather. The fact that in a great number of cases of this disease there are intestinal troubles at the onset would suggest that the intestinal tract may be the avenue for the micro-organisms causing it.