When you feel the muscles you find them lax and flabby, contrasting more or less with the firmness and plumpness of those of the sound limbs, and they are more or less wasted according to the period of time which has elapsed since the paralytic seizure.

In the second class I place those cases in which the paralytic muscles exhibit a certain amount of rigidity, *which rigidity has existed from the moment of or soon after the attack.* This rigidity varies in degree from an increased plumpness of the biceps of the arm and the hamstring muscles in the thigh, and a resistance on the part of these muscles to the extension of the forearm or leg, up to a contraction almost tetanic. The nutrition of the muscles in cases of this class is not materially weakened at first, and the wasting is consequently either *nil*, or to a very trifling extent. If, however, the palsy persists, the muscles waste, although not so fast as the first class of cases. In the third class, we find cases with rigid muscles likewise. In these cases the rigidity is a late phenomena. It does not occur for some time after the paralytic seizure. The cases of the first class often pass into this. The wasted and relaxed muscles after some time gradually acquire more or less of tension, they become shortened, and appear like tight cords stretched between their origin and insertion. The tension is most manifest in the flexor muscles, and the limbs assume the state of more or less flexion, especially the upper extremity. The forearm becomes strongly contracted on the arm and the fingers flexed into the palm of the hand which is liable to be irritated by the growth of the nails." Pp. 128. The pathological condition obtaining in the first class is encephalomalacia or softening of the brain. Dr. Todd mentions white softening only, and that kind, more particularly, which is the result of defective nutrition from deceased cerebral arteries. He does not allude to "yellow softening," which according to Rokitansky is not a very rare condition, although it has attracted but little attention. This remarkable lesion occurs as a primary and idiopathic disease, or as secondary and symptomatic; the latter being the more frequent. When idiopathic, yellow softening varies in extent. It never involves the whole brain, seldom, indeed, exceeding in size a hen's egg. "The cerebral substance appears converted into a very moist tremulous pulp, of the yellow color of straw, or sulphur, and not unlike brie; when cut across it rises considerably above the level of the section; and it presents to the eye no trace of natural cerebral structure." (Rokitansky's path. anat. vol. 3, p. 316. Blanchard and Lea's edition.) On a section being made, a clear yellow fluid oozes out, which has a strong acid reaction. When the disorganization is slight, the colour is not so well marked, and the moisture is not so great as when it is ad-