

birth—the time when the worst cases of paralysis with rigid muscles occur. With this exception, the two classes of cases agree as to the ordinary period of seizure being from six to eighteen months—during the first dentition; but both also occur at later periods, as the result of various febrile disorders; and both also frequently result from convulsive seizures. The flaccid class, however, are sometimes ushered in by a febrile attack, accompanied by an acute pain in the limbs, at first supposed to indicate an attack of rheumatic fever. Cases of this kind occur as late as five or seven years of age, but I have never known this condition precede an attack of paralysis with rigid muscles.

*Mental Faculties.*—2nd. In the cases of infantile paralysis with flaccid muscles, even in its worst form, the mental faculties are never in any way affected; whilst in the cases with rigid muscles they are often seriously impaired.

*Muscles involved.*—3rd. Generally speaking, fewer muscles are involved in the flaccid than in the rigid class—single muscles, or groups of muscles, either in the leg or arm, are often involved in the flaccid class; but all the muscles in the limb or limbs are generally involved in the rigid class.

*Temperature.*—4th. In the flaccid class the temperature of the paralysed limbs is always much lowered, and in severe cases the normal temperature cannot be restored and maintained by any means; whilst in the rigid class the normal, or very nearly the normal, temperature is always maintained.

*Tendency to Recovery.*—5th. In the flaccid class there is always a tendency to spontaneous recovery—often perfect in slight cases and to considerable extent in the more severe. In the class of rigid muscles no tendency to improvement ever occurs.

*Fatty Degeneration in Muscles.*—6th. In the flaccid class, when the affection is too severe for recovery, there is always a tendency to fatty degeneration in the paralysed muscles; whilst in the class of rigid muscles no tendency to fatty degeneration ever exists.

*Tenotomy and Mechanical Extension.*—7th. In many cases belonging to the flaccid class, in which contractions and deformities of the limbs have resulted, tenotomy may be dispensed with

when the contraction is of a moderate degree; and mechanical extension alone will be found sufficient to correct the deformity. But in the rigid class mechanical extension always fails; and tenotomy offers the only prospect of improvement. Contractions may, however, often be prevented, in both classes, by shampooing, and the daily use of passive exercises.

*Reunion of Tendons after Division.*—8th. After tenotomy, employed to remedy the persistent deformity in the class of flaccid muscles, the risk of feeble union is from defective reparative power, and not from a too wide separation of the extremities of the divided tendon, as in the class of rigid muscles in which there is no fear of defective nutrition. In both classes, however, good union will always be obtained if the surgeon regulates the extension after tenotomy with sufficient care.

*Galvanism.*—9th. Galvanism, especially the mild continuous current, is of the utmost value in the flaccid class, and as far as my experience goes it is of no use whatever in the rigid class; though Dr. Tibbits has recently found some good derived from galvanism of the sympathetic, in the rigid class.—*Obstetrical Journal.*

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EFFECTS OF INHUMANITY.—There is abundant evidence to show that not only is the flesh of over-driven and exhausted animals greatly deteriorated in quality, but that it is in many instances positively unwholesome. According to Prof. Gamgee, the flesh of over-driven animals is said to contain a poison which often produces eczema on the skin of those who handle it. If it has such an effect on the comparatively hard cuticle of the hand, what may be its action on the more sensitive mucus membrane of the human stomach that is unfortunate enough to receive it?—*London Lancet.*

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PASSING THE UTERINE SOUND.—It has been said that in certain cases “the uterine cavity was directed to the left side, and that the sound would not pass.” A writer in the *British Medical Journal* says that in most instances the difficulty has disappeared when he has turned the patient over on her right side. Where the cavity is directed forwards, the woman is, of course, placed on her back.