

observation. The limbs are not moved readily and briskly, either spontaneously or in response to stimulation, although there may be as yet no complete paralysis. This is the stage when the true condition is most often overlooked, although one must confess that paralysis is sometimes unsuspected until all the acute symptoms have passed off, and the truth revealed only when the child is removed from bed and one or more limbs are found to hang lifeless from the trunk.

MORTALITY.

The mortality of the disease is impossible to estimate. In all probability many infants die from it without the proper diagnosis being made. I am led to this belief by two facts. In the first place, a general paralysis in an infant who is seriously ill is often overlooked. In the second place, I have known an adult die from the disease within 36 hours of the onset of symptoms. Although the paralysis was recognised, the case was regarded as one of Landry's paralysis. This mistake has been made over and over again, and examples of it are scattered through medical literature. As I have already stated, cases are recognised more readily during epidemics, and for this reason the mortality of these epidemics is regarded as high. It is quite possible that the mortality rate among endemic cases is equally serious.

Is complete recovery possible? The answer to this question is undoubtedly in the affirmative, if we take the experience of epidemics. The inference is that unrecognised endemic cases may also make perfect recoveries, and I have had experience of at least one case which encourages me in this belief.

ALLIED CONDITIONS.

What *are* the allied conditions? If my contention that poliomyelitis is an acute specific fever is correct, the most closely allied conditions are the other acute specific fevers. It is certainly a fact that in the earliest stage of the disease there is often difficulty in deciding to which of these forms the case belongs. But there is another very closely allied condition—namely, encephalitis. Ample evidence is forthcoming to show, not only that encephalitis occurs alongside poliomyelitis in epidemics, but that the two conditions may be associated in the same patient even in endemic cases. They are not only closely allied, but they are pathologically and etiologically identical.

Encephalitis among infants must be a fairly common, if often unrecognised, event. Probably the majority of cases of infantile hemiplegia have this origin, and I strongly suspect

that many cases of epilepsy, even when unassociated with hemiplegia, are due to the same primary cause. Let me remind you of a very common clinical history in cases of epilepsy. An infant in the first or second year of life has a series of convulsions, lies desperately ill for a few days, and then recovers. Perhaps six months or a year later an epileptic fit occurs, and these are repeated with decreasing intervals. The case is regarded as one of epilepsy starting with "teething convulsions." Many such cases, I believe, are instances of acute encephalitis, leaving scars in the brain which subsequently form the starting points of epileptic attacks. The same history obtains in some cases of mental deficiency.

SOMERSET COUNTY COUNCIL.

MIDWIVES' ACT SUB-COMMITTEE.

An interesting report on the working of the Midwives' Act for the year 1911 has been drawn up by Miss C. C. Du Sautoy, Inspector, and presented to the Midwives' Act Sub-Committee of the Somerset County Council by Dr. W. G. Savage, County Medical Officer of Health, who states that there is an increase in the number of midwives at work, the increase being due to an additional 20 trained midwives, the *bonâ fide* having decreased by 2. There has been a steady increase in the number of trained midwives in the past five years, and the trained now outnumber the *bonâ fide* by 53. In 1907 the proportions were: trained 81, and *bonâ fide* 125, whereas in 1911 the trained numbered 155 and the *bonâ fide* 102.

The frequency with which a medical practitioner is called in by trained and *bonâ fide* midwives respectively disposes of the opinion advanced in some quarters that the trained woman is disposed to take upon herself the duties of the medical profession, while the less well-informed do not assume its functions. In 1911 trained midwives in Somerset called in medical assistance in 11.9 cases, whereas the *bonâ fide* did so only in 4.7 cases.

In connection with the new rules of the Central Midwives' Board, which came into force on July 1st, 1911, we are glad to note that the Midwives' Sub-Committee decided to supply the printed forms required by midwives for the purposes of notification, together with the postages on those required to be sent to the County Council. Midwives out of their meagre earnings should not be expected to incur these expenses.

REPORT OF THE INSPECTOR.

Miss Du Sautoy gives the following details of the experience of 155 trained midwives: 68 are "Village" nurses with one year's special training, including midwifery; 15 have had two years' or

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