The muscular changes consists in atrophy of the muscular fibres, with here and there fibres which have undergone hypertrophy. In advanced cases hyperplasia of the connective tissue is very marked, and lying between the connective tissue fibres is seen only a small quantity of muscular fibres in an advanced state of atrophy, which, however, still retain their transverse striation. The most important change is the hyperplasia of the interstitial connective tissue, and next to this is the deposition of a more or less quantity of fat. It is probable that the increase in the muscular fibres is the first phase of the morbid change, and that the later appearing connective tissue hyperplasia gives rise to atrophy of the muscular fibres. These changes, as we will presently discuss, are essentially those found in cases of pseudo-hypertrophic muscular paralysis, and the so-called hereditary form of progressive muscular paralysis. This hereditary form of muscular atrophy has been described by Friedreich and others, but it is essentially the same disease as we are now considering. When the disease is hereditary and sets in about puberty, the muscles affected are those of the upper arms and trunk, while if it sets in during childhood the atrophy is principally confined to the muscles of the lower extremities.

The disease commonly called pseudo-hypertrophic muscular paralysis, differs but little, if at all, from the disease with which the patient before you is affected. Clinically, the only difference appears to be, that in the pseudo-hypertrophic paraly-