

normal fashion. He had an attack of cystitis two months after the operation, from which he soon recovered.

His condition has not changed much for twelve months. If anything there has been a slight improvement for the last two months; a little more power exists in the left hand and he has some power of movement of the right fingers. He has never at any time had any convulsions or vomiting.

Present condition: The boy appears to be well-nourished, save that there is marked wasting of the upper extremities



FIG. 1

Showing wasting of the muscles of the upper extremity,
flattening of the chest and prominence of
the abdomen.

(Fig. 1, 2, 3). The trunk and lower extremities exhibit no wasting, and on palpation the muscles appear to have retained their tone everywhere, save in the upper extremities, where they are very flabby to the feel. The extent of the atrophy of the muscles of the upper extremity is noticeable in the hand, forearm and arm, and includes the muscles about the shoulders.

The amount of paralysis of the upper extremity may be noted as follows: The latissimus dorsi is very much atrophied, and appeared to be wholly inactive. He can raise the shoulders (trapezius and levator anguli scapulæ.) He can draw the shoulders forcibly backwards (rhomboids and trapezius), these