

he claims that such is always a sign of local lesion in the cervical region of the cord and is produced by local processes only.

Thirdly, it appears to me to be characteristic of a type of syringomyelia to have atrophic muscles present with much diminished muscular power; without demonstrable wasting of a lower motor neurone type, and by that I mean, for instance, with interosseal paralysis; without markedly hollowed out spaces between the bones, and with electrical reactions which are not typical of degeneration.

The explanation must be that in this disease either certain fibres of a muscle waste and those remaining give the electrical reaction, or else there must be a situation between the pyramidal tract and the nerve cells of the muscles, whose destruction causes the spasticity of the first and the peculiar wasting of this type of case without changed electrical reactions.

Guillain's cases evidently were of the same type, for with the same advanced condition of paralysis he only describes actual wasting in a few muscle groups, usually the small muscles of the hand or isolated forearm groups, although late in the disease more marked atrophy occurs.

This condition of spasticity and rigidity with moderate wasting and with no reaction of degeneration, in a disease making very slow advance, negatives the diagnosis of amyotrophic lateral sclerosis, and may be said to be decidedly characteristic of syringomyelia of this particular type.

The electrical reactions are most interesting, for all muscles react to faradism and to galvanism.

There is no polar change and no sluggish contraction, and in fact the muscles reacted to a current that was approximately normal.

In no case did the authority prove any R. D., even when marked wasting was present, although a stronger faradic current was required for some of the more advanced muscles or when there was definite atrophy.

The condition of the left arm will not be described, except to say that it is beginning to show in an early condition the same tendencies as the right. The elbow contraction is already present and adhesions at the joint are easily broken down. The hand shows the typical three-finger flexion and pincer position of the first two digits, and the wrist is commencing to show the extension position. Fibrillation has been observed in the triceps.

The muscles of the back must be extremely weak, since the scoliosis is so marked, but the abdominal muscles are apparently normal.