tive, no filaria being found either of diurna or nocturna variety. Also there was no eosinophilia.

On the treatment of rest, bandaging and the use of Thiosinamin, marked improvement was the result. In two months the measurements were reduced by a maximum of eight inches and a minimum of six. As a great deal of improvement took place before the administration of the medicine, probably by compressing the lymph from the lymph places, it was difficult to say how much of the improvement was due to the Thiosinamin. There is no doubt the case is due to filaria, but this parasite was not found in the blood.

Muscular Dystrophy.

Dr. Julian Loudon presented a case of muscular dystrophy. Relating shortly the peculiarities of the disease, Dr. Loudon said that muscular dystrophy was a disease of the muscles, differing from the spinal forms such as progressive muscular atrophy, and in children spinal muscular atrophy. The general characteristics of this disease to note are, first, the heredity; second, distribution of the atrophy; third, absence of fibrillary twitching; fourth, diminution in electrical excitability but no typical reaction of degeneration, this showing to faradism as well as to galvanism. The disease he classified under the headings:—

1. Simple atrophic. 2. Pseudo hypertrophic; here there is atrophy with the false hypertrophy. 3. Erb's Juvenile or scapular form. 4. Facio scapulo humeral form, where the muscles of the face, especially around the mouth, and sometimes around the eyelid, are involved. 5. Pelvic type. 6. Myotonia atrophica. 7. Transitional form. 8. Distal type.

A characteristic sign for diagnosis is that these patients, when arising from the recumbent to a standing posture, turn first into a prone position and drawing up the feet rise in that way. The gait is waddling and the pelvis is raised unduly. Also the gait is high stepping, and it is difficult for the patient to climb stairs.

The case presented was Erb's Juvenile form of the muscular dystrophy. She had no atrophy of the muscles in the lower extremities, and the ordinary superficial reflexes showed no change from normal. This young girl had three sisters married and quite healthy; three sisters younger than herself, quite healthy. She showed a marked lordosis and drooping of the shoulders, with weakness of the shoulder girdle. The protruding abdomen and waddling gait were features of the case. It was a case of congenital disease.