It is easily distinguished from the common cerebral type of hand seen in diplegia and hydrocephalus in which marked flexion frequently is found.

Considering now the muscular power of the right arm. Movement at the shoulder is limited; elevation is possible, but adduction and abduction are very weak, while no power of rotation is present. At the elbow a very small extent of flexion and extension is possible, and, strange to say, if the power is tried, despite the contracted condition of the biceps, yet the extension of the triceps is greater than the biceps power, and if the arm be still more flexed it is noticeable that the extension is the stronger. So that the muscle in contraction is weaker than the muscle which has given way. The same fact applies to the other arm.

At the wrist slight extension and flexion are possible, and here the contracted extensors are more powerful than the flexors at the reverse condition to that in the upper arm.

The last three fingers can be flexed to a certain degree and partially extended; the first finger to a greater extent and the adducted thumb also to a certain degree.

But the characteristic pincer movement is better shown by the less involved hand, as the right, while presenting the same position has passed into a condition of rigidity where the movement of the thumb is difficult.

In Guillain's series, the muscular power varied according to the extent and stage of the disease, but he also lays stress on the fact that it is the spastic and rigid condition far more than the atrophic condition which causes the loss of power.

The trophic condition of the muscles is such that no actual wasting of any group of muscles beyond disuse wasting can be made out and the condition conforms to an upper rather than a lower motor condition. True, the biceps is in a peculiar contracted condition, and the triceps is extremely small, and the extensors appear wasted, but there is no valid proof that such is the case with the exception that I have observed fibrillation of the left triceps, and this is characteristic of a lower motor neurone disease.

But to offset this important point it must be stated that despite the equally spastic condition of the legs, yet there is no corresponding atrophic condition there, and they look large and well nourished, although one must bear in mind that their affection is much more recent.

Secondly, it is necessary to add that the cases described by Guillain showed the same position of the upper extremity, and