

hand towards the symphysis pubis, and exhibiting marked flexion at the elbow, a position in which it is rigidly fixed.

On the left side the elbow is already commencing to present the same signs, but is far less marked in rigidity than the right.

The shoulders are pushed forwards and upwards, slightly rotated inwards.

Contrasting this attitude with that described by Guillain one notes the similarity in all respects as regards head, shoulders, thorax en bateau and position of the arms. Also the unilateral advance was present in four of his five cases, while the scoliosis was marked in one and present in four others.

Turning from the attitude of the patient to the minute study of the arms, emphasis must be laid on the characteristic position at each joint on the right side.

(1) The shoulder raised by the trapezius, pushed forwards on the thorax and rotated slightly in by the pectoralis.

(2) The elbow in a state of rigid flexion, although if the joint is still further flexed then some extension is possible.

(3) A most important sign at the wrist, namely, *hyper-extension of the hand on the forearm*, which will be referred to again.

(4) The position of the fingers, namely the three inner flexed firmly into the hand, while the fourth finger shows incomplete flexion; this being most marked at the terminal phalanx, and with the thumb, which is adducted, forming a position described as a "pair of pincers."

These striking points are the main diagnostic signs of the disease, together with those already referred to under the general attitude of the patient, and they are reported in all the definite cases of the disease, and may be said to be invariably the same.

True, the exact position of the fingers may show some alteration, due to the period and advance of the disease, so that this may be described as the typical position, and in a more advanced case one may expect to find more marked flexion of the fingers, in which the index will be included, as is well shown in one case of Guillain's. This *hand* has been present in the cases examined post mortem, and is characteristic of syringomyelia spasmodique, and while it might possibly be present in pachymeningitis, yet at the present time it is diagnostic of the former disease.

The hyper-extended wrist is also striking and equally important, and it may be produced by syringomyelia, and conditions copying this, as glioma, pachymeningitis and by acute poliomyelitis.