

and are soft even when the leg is flexed. This limit is 2.5 c.m. less in circumference at lower and middle thirds than the right. The glutei are markedly atrophied on this side. Knee jerk is present, and ankle clonus is absent. The left arm cannot be lifted above a right angle with the body. The thenar muscles of left hand are flattened and she experiences some difficulty in making the finer movements. The muscles of the right side are but little impaired. In walking, however, the right foot is not lifted so readily as the left nor can the right leg be extended as readily. On attempting to sit up in bed she first turns upon her side, supports herself upon the elbow and then with the aid of the other arm lifts the trunk into the erect position. When prone upon the floor, in order to rise she elevates the hips until the legs are extended, then with the hands she lifts herself into the standing position.

In November Dr. Bingham, with the assistance of Drs. Baines and Powell, performed a nephrorraphy for the relief of the floating kidney. He used the operation which is recommended by Jacobson, in which after making the initial incision and removing the intervening perinephric fat, he incised the capsule of the kidney along the upper and outer border, stripping it from the lateral surfaces, and then suturing the flaps to the edges of the muscular wound. The operation was markedly successful and the patient at the time of writing (three weeks later) has had a good recovery, is experiencing no discomfort whatever, and is ready to return to her home.

DIAGNOSIS.

The atrophy with the absence of all sensory symptoms suggests a condition of muscular dystrophy, though the sudden paralysis with complete absence of hereditary history will hardly bear this out.

The history of the so-called attack of dysentery, which appears rather to have been an attack of enteric fever, and the succeeding paralysis, with pain, etc., suggest a multiple neuritis complicating typhoid. If this be so, the case is worthy of remembrance, in that multiple neuritis complicating typhoid fever according to Osler and other authors is generally recovered from, but in this the paralysis and atrophy of the muscles have been permanent.