

himself whilst still a medical student, and has since been amply confirmed by experts.

*Previous History.*—Ever since the patient can remember, he has been afflicted with a painless stiffness and cramp on first attempting any voluntary movement, especially after rest. This was first noticed by others at about seven years of age, and was always attributed to "rheumatism." It was also recognized that the stiffness quickly wore off on continuing the particular movement, *e.g.* in running, but that it recurred after a brief rest. This "stiffness" affected all his muscles, and gave to his initial movements of any kind a peculiar clumsiness. He often suffered falls and minor injuries as a result of the cramps and his inability to "limber up" his muscles quickly. Rather unusual strength and muscularity were early evident, though he tired easily, and profuse sweating, especially about the head and neck, was rather noticeable on exertion. As a schoolboy the stiffness seemed to increase and was a source of great disability in all the sports and games. His schoolmates thought he was "ham-strung." Even his eye, tongue and jaw muscles were stiff at times. There was never any pain—only a tense, cramp-like feeling during the "limbering up" process; and, if he caught cold, he seemed to suffer more than most people from general muscular soreness. He was always considered a nervous and highly-strung lad, and was himself well aware that mental stress aggravated the cramps. *Pari passu* with the muscular development the disability progressed up to early manhood, since which time there has been no appreciable change in the condition.

*Present condition.*—*Æt.* 45; height, 5 ft. 8½ ins; weight, 150 lbs.; lean. The station is rather characteristic. There is a moderate lordosis. Both upper and lower limbs are carried with a slight flexion at the elbow and knee joints, which is only straightened out with a sense of effort and strain, due apparently to permanent hypertonicity of the more powerful flexor groups. The gultei are massive, the scapulae rather prominent. Thus the moderate lordosis, winged scapulae, slightly bent knees, and arms carried slightly flexed in front of the lateral line of the body give a picture quite different from that of pseudo-hypertrophic paralysis and from that of any other disease. The whole muscular system is very well developed—the different groups standing out sharply on being thrown into contraction. Some groups are, however, noticeably better developed than others; thus, the neck is both long and thick (the right sterno-mastoid rather heavier than the left); and the forearm muscles, glutei, vasti, internal obliques and the intrinsic muscles of the hand are all those of a trained athlete, although no systematic