

by about one third, and the cubic space per man increased in an inverse ratio, though it appears to me the increase of space is not so advantageous on account of the interference with the circulation of the air. Where space allows, a barrack table and two forms are put in the room for general use, such as brushing clothes, games of cards, &c., but not for meals, which are taken on the ground floor in the company dining rooms. Taking them all round there is an average cubic space of 1,000 cubic feet per man. The warming is done by hot water radiators in the centre of the rooms on the first floor, and 4-inch hot water pipes around the walls on the upper floors; the men prefer the latter. There are fire places in all the rooms, but they are not used.

DYSTROPHIA MUSCULARIS PROGRESSIVA INFANTUM.

BY CAPTAIN W. C. CROLY.

Royal Army Medical Corps.

THE patient was a son of a Staff-Sergeant of the Supply and Transport Corps, Cannanore, India.

Family History.—The father of the patient is one of eight sons and four daughters, who are all healthy, the parents and grandparents also being long-lived and healthy. The mother is one of a family of seven girls, all of whom, as well as the parents, are very healthy. All the uncles and grandparents were very healthy and remarkable for longevity. In fact, there is nothing to show that the child's complaint is hereditary, so the father writes.

History of the Case.—The young patient, now aged $4\frac{1}{2}$, was first treated in this station for convulsions, November, 1904; next in January, 1905, for a small incised wound on the top of his head, which was slow in healing, and was the result of a fall off a balcony. It was noticed by his parents that the boy was fidgety and restless, and backward for his age in nearly every way, and he could not concentrate his attention to learn his lessons. Though muscular and apparently strongly built, he could not support himself from a horizontal bar for more than a few seconds, whereas his younger brother could do so for about three minutes and pull himself up and down. He was given syrup calcii lact. phosp., and ordered to the hills (Wellington) for the hot weather with his mother and two brothers.

On May 30th, after six weeks in Wellington, the boy's walking suddenly became very bad. He could not step over a two-inch doorstep without help, and was continually tumbling down on the floor, toppling over on the back of his head, and remaining there till picked up, as helpless as a tortoise on his back. The mother states that she brought the boy to the Station Hospital, Wellington, where he was seen by Lieutenant-Colonel S. Townsend and Captain Crossley, R.A.M.C. His condition

that morning was more helpless than she had ever seen it. When laid on the floor and told to get up the boy could not rise, and his efforts were painful to watch, and when helped he "climbed up his legs." She was told how serious the boy's condition was, and advised as to treatment, &c.

On returning to Cannanore from the hills, the mother brought the young patient to hospital and stated what had taken place at Wellington; how "the boy had suddenly got ill there, which she attributed to a severe wetting, as the lad persisted in running out in the rain, often with bare feet," but "that she had never seen him so helpless as on the morning he was brought to the Station Hospital, Wellington," that he remained helpless for a week and then began to improve, and now, June, 1905, three weeks after his visit to Wellington Station Hospital, he was almost as well as ever, but is more restless and fidgety than he used to be, and cannot be taught lessons as his mind is always wandering. He complains of pain in his calves, and worries because he cannot run quickly.

Previous Illness.—His father states that he began to walk at the usual age, but seemed to do so with difficulty, and was easily tripped. This had continued ever since. He had several convulsions at the age of 1 year and 8 months, and was unconscious from 9 p.m. till 1 a.m. on one occasion, when he was given up by the doctor. This was in Rangoon. Then immediately afterwards he had an attack of epidemic dengue fever, and shortly after recovery got a second attack. The boy has since been subject to convulsions on each occasion of fever, of which he has had a few attacks.

On examination, May, 1905, his height was 3 feet 5 inches; weight 36 pounds. The boy was pale-faced, but his body was well nourished. His manner was fidgety, nervous and shy. The pupils were dilated, but reacted normally to light and accommodation. When stripped one at once noticed the well-developed calf-muscles, which measured 9 inches. The glutei also appeared to be enlarged; the pectoral muscles (costo-sternal part) and latissimi dorsi were slightly wasted. The attitude was characteristic, the legs were far apart, the shoulders thrown back, the spine curved, and the abdomen prominent. The gait was waddling (Osler), the legs were jerked forwards when he walked, the heels striking the ground. In getting up from the floor the patient "climbed up his legs" (Gowers). When one endeavoured to lift him the child seemed to slip through the hands, so that the "loose shoulders" (Erb) were marked. The patient complained of pains in his calf-muscles, and that he was unable to run quickly. There was no involvement of the face or hand-muscles. The knee-jerks were exaggerated, particularly of the right limb, but ankle clonus was not obtainable. The urine was normal. On ophthalmoscopic examination no abnormalities were noticed.

Treatment.—Massage and galvanic electricity, with syrup calcii lact. phosph. and syrup ferri iodidi on alternate days were ordered, with salt-

water baths, and good, plain, nourishing diet, also gentle and regular outdoor exercise.

Present Condition.—July, 1906. In appearance he is very like his mother; so is the youngest, who is a delicate child, though not showing any signs of his elder brother's trouble; the second boy, who has excellent health, takes after his father. The progress of the disease appears (as Erb states occasionally happens) to be arrested. It is now sixteen months since the sudden onset of disease, and the boy is able to run about and use his limbs nearly as well as his comrades. He came in second in a hundred yards boys' race at some sports recently held here. He is still fidgety and restless, and has made practically no progress in his education. His mother states the boy's memory is good; she only teaches him his catechism, and that he remembers very well. The difficulty is to keep his attention fixed, as his mind is always wandering. During the past sixteen months this boy has increased 2 inches in height and only gained $2\frac{1}{2}$ pounds in weight. Calf measurement of each leg had increased by 1 inch, being 10 inches in March last; now the measurements are the same as when first taken in May, 1905 (9 inches). He can get up off the ground without any difficulty, but has slight difficulty in turning quickly. He stands with feet well apart, and the abdomen is prominent. The wasting of the lower part of pectorals and latissimi dorsi muscles is more marked now, otherwise no further change is noticeable in the muscles. The parents state that the boy is stronger in the arms now and can pull himself up and down, but that he trips a good deal and falls, and he is stammering much more now. He is massaged twice daily, gets sea-water baths, and is taking Parrish's food thrice daily. His general health is good. It is interesting to note that the "loose shoulders" are not now marked, and the spine not so curved. The boy can stand easily with his feet together, but prefers to keep his legs apart.

NOTES FROM THE DIARY OF A MEDICAL OFFICER IN CEYLON.

BY MAJOR F. W. BEGBIE.
Royal Army Medical Corps.

MEDICAL practice in Ceylon offers ample opportunity for clinical work in all branches of the healing art. After looking through my notes of the cases that have come under my care, I have made a selection of some of those that appear to me to be out of the ordinary a little, yet not so rare that medical officers in the East will meet them not infrequently.

Case 1. Hydatid of Liver.—Mr. B. C., a public works officer, aged 45, the last fifteen of which had been spent in some of the most unhealthy and remote parts of the island, where food was bad and difficult to obtain. For the last seven years patient had been ailing, with no very definite