

the fingers and soles, and this combined with the muscular weakness, and possibly some loss of joint-sensation, renders some of the finer movements such as buttoning clothes, writing, and even walking, very difficult operations.

The gait may be stamping, with a broad base, and more or less ataxic, as in Tabes. In perhaps one-third of the cases there is a distinct step-page gait, and more frequently simply halting, unsteady, or dragging gait, due purely to the weakness. Most of the patients, at one time or another, may be unable to walk at all, on account of the degree of paresis.

Loss of sense of position of the joints is uncommon, and loss of stereognostic sense is not mentioned as often as might be expected.

*Trophic Changes.*—Obvious atrophy occurs in only about 25 per cent. of the cases, and, as with sensory, motor, reflex, and electrical changes, is more apt to occur in the distal than the proximal parts affected. The atrophy is but seldom extreme and rarely as marked as in the local neurites, as, for example, in some of those caused by trauma. The parts involved in Multiple Neuritis may show localised areas of coldness, rarely of heat, infrequently of perspiration, and occasionally of glazing of the skin. The nails at times also show nutritive defects. Cyanosis and œdema of parts are also much rarer than in the traumatic forms. The muscles even of a well-nourished patient are generally soft and flabby, and those most affected may show an extreme degree of flaccidity or loss of tone.

Contracture as a result of Multiple Neuritis was uncommon in this series.

*Electrical Reactions.*—These vary from diminution of faradic reaction to complete reaction of degeneration, the former being almost inevitable, the latter rather exceptional. In different muscles and muscle groups supplied by the same nerve may be found all stages of faradic decrease, frequently of galvanic decrease, and more rarely do we find that the anodal closing contraction is greater than the cathodal. In addition electrical sense, i.e., susceptibility to pain from a strong electrical current is generally diminished. Very rarely do we find increase of electrical reaction or electrical sense.

*Reflexes.*—The reflexes in the areas affected are generally lessened or lost, particularly in the lower extremities. The Achilles reflex and the knee-jerk are usually the first to go and the last to return. Increased reflexes, one or more in number, associated, or not, with abnormal reflexes such as Rectus and Achilles Clonus, Oppenheim and Babinski signs occur in about 10 per cent. of cases. These usually have been found not at the commencement of the disease, as might be expected.