

There was almost as much tendency to increased as to diminished reflexes, especially in the old-standing cases.

*Special Symptoms.*—Mental change in this series was extremely rare, and, such as there was, was much more suggestive of an associated condition, due to the primary toxic agent than of an integral part of the neuritis. Insomnia was frequent and due to the pain. Fever was present at the onset in a few cases and persisted for some time in some of them. There was only one doubtful case of sphincteric involvement. Diarrhoea occurred in many of the cases with an acute onset. Constipation was present in almost every case, and was probably due to the change from an active to an inactive life. Headache occurred mainly in the cases suffering most from constipation, and was more likely due to that condition, than to a neuritis of the nerves of the head.

*Sensory Symptoms.*—Subjectively there were itching, burning, heat and cold, tingling, pins and needles, lancinating pains, and numbness; objectively there were tenderness, delayed sensation, referred sensation, and anæsthesia. All these sensations were more marked in the distal parts of the limbs. The extent and variety of the sensory changes varied with the patient, the stage of the illness, and the part of the body affected. Subjective disturbances were almost invariably present, as also was tenderness, which was usually most marked in the calves and in the forearms. Anæsthetic areas were by no means invariably present. Tactile sensation was most vulnerable, followed in frequency by confusion to heat and cold, and comparatively infrequently was a pin-prick not felt. Delayed and referred sensations were rare.

*Motor Symptoms.*—The motor symptoms vary from the slightest grade of weakness to the most complete paralysis whether of a single muscle, a group, a whole limb, or all the extremities, and sometimes even the trunk may be involved, as well as some of the muscles of the head and neck. Again, all grades of paresis and paralysis may coexist in the muscles of the same or different limbs, and, as already mentioned, the tendency, in the great majority of cases, is for the more distal muscles of a limb to be more severely affected than the proximal ones. Twitching and spasmodic movements occasionally, and tremor frequently, occur. Wrist-drop and especially foot-drop are among the commonest manifestations of extensor susceptibility, although flexor deficiency, most obviously indicated by weakened hand-grasp, is not far behind. Flexor weakness, however, is often overestimated, owing to its exaggeration by the lack of balance, or disturbance of synergic action, produced by the greater extensor trouble.

Inco-ordination is mentioned in perhaps one-half of the cases and may be present in the hands and feet. It is due primarily to anæsthesia in