

present in one-third of the cases, the next frequent, perhaps, being sciatica. Syphilis was noticeable by its relative absence, having been present only three or four times. There were numerous associated diseases their coincidence apparently only being casual, with the possible exception of Cardio-Vascular disease, which was rather frequently present in the alcoholic cases. Recurrences were infrequent, there being one patient with two attacks, one with three, and one who for eight years in succession had an attack every spring. The general condition of the patient was usually good, sometimes very good, and but seldom very poor.

*Symptoms.*—The symptoms, limited in extent though varied in detail, consist mainly of sensory, motor, electrical, trophic, and reflex disturbances. The onset may be sudden or gradual; when sudden it is more commonly with weakness, when gradual with pain, sometimes with both combined. Many complain for weeks or months of numbness or tingling, before they perceive any weakness. Often the onset is with sharp lancinating pains, or there may be itching, burning, or sensations of heat and cold in the limbs. Rarely the patient is suddenly paralysed, as if struck down; more usually there is a feeling of weakness which steadily increases to its maximum.

To obtain a more adequate mental picture of the usual course of the average case of Multiple Neuritis we might adopt a more graphic illustration along the following lines. Suppose we imagine the victim of the malady on "all fours," resting on his fingertips and heels, and the toxine creeping on him from the floor in an icy flood. Soon the cold will be felt in the feet and particularly in the toes, then the fingers and hands will resent it, and, as is often the case with cold, a burning sensation will follow. These sensations will tend to send lancinating advance guards higher up the limbs. By now through weakness the toes are drooping and bunched together, and perhaps the stream has already swept away the Plantar Reflex. The foot now descends until the sole is flat on the floor, and we have "foot-drop," while the muscles there, now weakened to voluntary effort, return an unwilling contraction to the electrical stimulus—there is diminished faradic reaction. And, as we watch and observe the outstretched fingers gradually fold into the palm, the Achilles reflex is carried off, and the cramped calves begin to lose their firm outline and become flaccid, only less flaccid than the more rapidly yielding Anterior Tibial and Peroneal groups of muscles. By now the weakening wrists will flex under the pressure from above and we will have "drop-wrist." The burning pain is now inclined to give way to tingling and feelings of "pins and needles," which may ascend high to knee and elbow, or even to hip and shoulder. The knee-jerk has disappeared and perhaps the Radial and Ulnar reflexes; the muscles lower down now lie