

time, and there is practically never any difficulty in arriving at a correct diagnosis, due to the preponderance of symptoms clearly pointing to a depressed condition. The arrangement and nerve supply of the muscles or muscle groups attacked will often serve to identify the general disease, or the etiological factor, thus groups of weakened muscles supplied by an individual nerve suggest neuritis, groups supplied by a special spinal segment suggest anterior poliomyelitis; escape of the supinators usually points to lead as the cause of the neuritis.

About the only diseases which call for differentiation are anterior poliomyelitis and tabes. The former is excluded from multiple neuritis by its abrupt onset, and by its asymmetrical distribution, and from localised neuritis as well, by its segmental distribution and the absence of sensory symptoms. Tabes is excluded by its lack of muscular weakness, and electrical changes, by its different trophic changes, and by the presence of the Argyll-Robertson pupil and of changes in the organic reflexes.

*Course and Duration.*—This condition which seldom attacks two limbs without involving all, seems at times, through the mildness of the infliction, to have allowed the uppers or lowers, more commonly the former, to escape. Such, however, is not the case, and at some stage of the ailment examination will show that all are involved, though may be in very different degree. The duration varies from months to years, although the average attack may be said to last from onset to conclusion about six months. As a general rule the tendency of the disease is to gradually rise to its acme, and, if the cause has been removed, to more gradually descend to normal. Complications and death due to this disease are very rare, the few cases so resulting in the present series, 4 per cent., being caused primarily by the involvement of the phrenic nerve. The general tendency, however, is not only recovery, but complete recovery.

*Prognosis.*—The prognosis in any particular case depends on the cause, its removability, the extent of nerve degeneration it has led to, and the locale of the involvement, i.e. have vital nerves been attacked or not, as for example the phrenic or pneumogastric. It might be apropos in connection with the prognosis to advert to the general value of the faradic battery. This cheap single-celled instrument is an invaluable aid, not only to the treatment, but to the diagnosis and prognosis as well. With its aid we can not only exclude a malingerer who simulates pain and weakness, but establish as genuine the malady of an individual who, on account of the absence or doubtfulness of other symptoms, appears to be malingering. For the diminished or lost reaction of the muscles in question to a normal faradic current will often tend immediately to establish