

but more usually at later stages. They may, however, have been due to associated conditions.

*Diagnosis.*—The diagnosis in a well-marked case is very readily made from the sensory, motor, trophic, electrical, and reflex changes, and the majority of cases do show all these changes. However, cases appear in which the sensory symptoms are uncertain or absent, where the motor weakness is not marked, where there is practically no atrophy or other alteration of nutrition. But cases in which all of these are absent are extremely rare, and almost invariably some diminution of faradic reaction, and of some important reflex in the area invoked, will establish the diagnosis. What is more important, because more commonly a source of error, is the establishment of the exact amount of territory involved, to avoid the assumption of a localised neuritis for a multiple one. It must be remembered that a patient complaining of pain or weakness in a single limb may have all involved, though to so slight an extent as not to be evident to a superficial examination. It is therefore necessary to go over every limb, in fact every muscle of every limb, very thoroughly; to compare limb with limb, and, in cases of slight or apparently no involvement, to compare with a normal individual, say the examiner himself, especially as regards the electrical examination. Again, different groups of muscles balance each other, so that when one group is weakened, the other through this loss of balance is also weakened. The consideration here then is to estimate how much of, say, the flexor weakness is intrinsic, and how much due to the paralysis of the extensors. A few practical hints of value in order to avoid pitfalls in the particular, rather than the general, diagnosis might now be referred to. Diminished motility and reflexes are due to stiff joints occasionally, caused by the involvement of articular nerve branches, sometimes to the knee, more often to the shoulder. Faradic examination of the extensors will often give an apparent contraction, which, on careful scrutiny, will be found to have been not of the extensors, but of the underlying flexors. This is a particularly common source of error in the forearm, and less so in the leg. Often a muscle that will not contract to faradism, when the electrodes are wide apart, can be made to do so by their approximation. A faradic reaction nearly gone, or barely returned, can often be elicited much earlier than by the ordinary method, by one or two closures with the finger, of the slow vibrator of the faradic battery.

The confusing factors of spasmodic movements, increase or reappearance of pain, or hyperaesthesia, increased reflexes, and rarely increased faradic reaction or electrical sense, all the results of irritative action on the involved nerve rarely all occur in the same patient or at the same