

in the thenar eminences of the hands being most marked, and is considerable in degree. The dynamometer gives right hand five pounds and the left three pounds.

The examination of the sensibility shows marked hyperalgeria over the entire body, a pin prick causing considerable pain. Tactile sensibility, as well as the sense of temperature, are somewhat exaggerated. The knee and elbow jerks are completely lost, and the same may be said of the skin reflexes. He complains of some tenderness on grasping the muscles, and the muscular sense is slightly deranged. He has no paralysis of the ocular muscles, and the ophthalmoscope shows the discs to be normal. No trouble with the bowels or urine. Other organs normal. No increase in the temperature or pulse rate. General health fairly good. Galvanic electricity shows A. C. C., equal to K. C. C. This examination took place August 1st last.

August 15th.—Patient is found to be improving. He can now move his toes and otherwise his condition is satisfactory. The application of Faradic electricity showed the muscles of the toes still inactive to it, although some mental control of the muscles was already present.

September 5th.—Patient can now walk a few steps fairly well with the aid of a stick, the gait being that of a "stepper," as described by Charcot, the feet being lifted unduly high and the heels set down with a stamp. Muscular sense good.

September 12th.—Patient now walks quite well for a short distance, without a stick, the gait being improved. The strength of the grasp is increased, the right hand doing seventeen pounds and the left ten pounds with the dynamometer.

September 19th.—The superficial and deep reflexes are still absent. The pain on grasping the muscles is much diminished, and the sensory functions of the skin are improved. The improvement in the nutrition of the muscles is very marked, the thenar eminences alone show any noticeable wasting. The dynamometer gives right hand twenty-six pounds and left twenty-one pounds. The gait is markedly better, the patient being able to walk a considerable distance without any artificial aid or feeling of fatigue.

In regard to the diagnosis I may say I first saw the case in consultation, when the opinion of myelitis was expressed. The distribution of the paralysis, the integrity of the muscles of the trunk, and the absence of any symptoms in regard to the bladder or rectum, I thought negatived this opinion, and led me to think the case one of multiple neuritis and to express a strong hope of its recovery; on which I was asked to treat the case, which I did. The treatment consisted in the administration of salicylate of soda and the use of warm baths for a few days, after which strychnine and other tonics, with massage and, later, electricity, were given with the above result. Precautions were also taken to prevent any deformity of the feet in the early stages.

The pathology of multiple neuritis would seem to be a morbid blood state which has a special affinity for nerve tissue. This would explain its symmetrical distribution and probably also its peripheral nature. It is certainly difficult to understand why two causes so different from one another, as cold and alcohol for example, should produce the same results in the blood. We may have an analogous condition in the locomotor ataxia following syphilis in which the disease seems to be due, not to the organism of syphilis itself, but rather to a chemical product of these organisms, a suggestion borne out by the public action of the ordinary syphilitic remedies in this disease that the peripheral part of the nerve is first attacked in multiple neuritis is explained by the fact that the motor nerve fibres are really prolonged processes of the ganglion cells of the anterior horn depending on these cells for their nutrition and vitality. Hence the greater the distance from the cell the less the vitality of the fibre