

group of symptoms, and among them chorea, which yield as if by magic to special treatment, show that there was an organic lesion, and make it highly probable that this lesion was vascular. And this vascular lesion, in turn, was most probably occlusion of the minute vessels of the corpus striatum and neighborhood by inflammatory and degenerative changes, which are among the most common forms of developments due to syphilis; while the progress of the disease strongly favors the view that it was due to syphilitic thrombosis.

With regard to Dr. Sturges' theory, that chorea is due to a shock of the whole nervous system brought on by fright, I must say that although I regarded it at one time with feelings of derision, I afterwards met with so many cases in which the chorea came on suddenly after fright, that I am forced to admit that it is a frequent cause. Here are two such cases from the East London Children's Hospital.

CASE X. A chubby rosy-faced little boy of 6, while sailing his boat in the pond at Victoria Park, fell into the water. He was immediately rescued and conveyed home. He remained pale and unconscious for several hours, and next morning he was noticed to be the subject of choreic movements in *all* his limbs. Before this accident he had never had a day's illness.

CASE XI. Somewhat similar. A little girl who had always previously enjoyed good health was running down the street towards home, when a big dog ran out from a neighboring court, caught her by the dress and shook her. A woman who had witnessed the occurrence picked her up and tried to stand her on her feet. But though apparently conscious and crying, she was unable to stand. That evening she was noticed to be choreic on *both sides equally*; and she was brought to the hospital next day. In neither of these cases was any medicine given, and they both recovered within a couple of weeks.

Although as far as I am aware Dr. Sturges does not explain his theory, I may venture to say that it is evident to me that the shock to the sympathetic caused a spasm of all the vessels in whose walls the muscular element predominates; hence the pallor of the skin and the anæmia of the brain; which, immediately after the fright, was so great as to entirely deprive it of function, but which, as it passed off,

allowed the brain ganglia to send out only weak and inco-ordinated impulses. The cause being general, the chorea was bilateral. Such cases do not require much treatment. Those medicines which increase the vascular supply of the brain, such as opium and stimulants, are rationally indicated. But with rest and quiet the spasmodic condition of the vaso-motor nerve naturally passes off in the course of a few weeks.

There are cases of chorea, however, which are not so easily explained by the theory of defective nutrition of the motor ganglia. There was one such in the East London Children's Hospital nearly all last summer. She was a girl 13 years old, so well developed that she looked more like 16. She had never had rheumatism, she had never been frightened, she was fat, full blooded and had rosy cheeks, the picture of health. All the usual anti-choreic medicines were tried upon her, but in vain. The only thing which quieted her was a six-drachm dose of succusconi repeated every four hours, but the funds of the hospital not permitting such large quantities of the drug to be used for an indefinite period, that plan was abandoned. She had breasts that would have looked well on a married woman, but she had never menstruated. Although it did not strike me then, I now believe that this latter fact was the key-note to the tune of her movements. Knowing as we do the intimate connection between the sympathetic nerves and the generative system, might not the irritation caused by suppressed menstruation to the ovarian and uterine branches of the former be sufficient to produce spasmodic impulses in the branches of the carotid plexus, which, as you are aware, regulate the blood supply of the area of distribution of the middle cerebral artery.

Finally there are cases of what the Germans call chorea major. In the receiving rooms of the London Hospitals they are called emotional attacks. I have frequently seen one of the fair and gentle sex borne in by four stalwart policemen, who tottered like nine pins in attempting to restrain her wild movements. The breath of such patients frequently exhales a strong odour of gin. I need hardly say such movements are not choreic at all, as the infallibility of the following treatment proves. Tell the bystanders that you can surely cure her in a very short time. Then squeeze a small stream of water from a sponge into the nostrils, at the