Guthrie, "require some consideration. (*a*) Cases which, after being confined to bed for some weeks, cease to improve. Sometimes the movements continue whilst the patient is at rest, and cease when voluntary action is attempted (Weir Mitchell, Group I.) This is an indication for encouraging voluntary movements, by getting the patients out of bed and allowing them to go about. They then often speedily improve. (*b*) Sometimes the movements occur only when the child is being watched whilst at rest, and when it attempts actions requiring manual dexterity, under supervision. These children are usually timid, self-conscious little creatures. They gain confidence if patiently encouraged to use their muscles, and soon lose their ataxy. Simple drill exercises can easily be invented to meet the case. Drill exercises are also of use when the ataxy only occurs on voluntary movements, whether the child is being watched or not."

Monroe, quoted by Sajous, has also been studying with especial interest the motor symptoms in chorea. He believes motor weakness of a pseudo-paralytic character to be much more common than is generally believed. "Sometimes," he states, "it is practically the only symptom, and the diagnosis then is somewhat difficult." Sheffield (*Ibid*) notes among the rare motor phenomena of chorea the occurrence of rapid alternations of contraction and dilatation of the pupils in a choreic girl, the ciliary muscles acting several times per minute in this way.

Etiology.—As regards the etiology there is evidence in the literature of a progressive tendency towards the acceptance of the theory of some toxic or infectious agency as a cause. Among those advocating this view are Legay, who believes the exciting cause to be always some recent infection, Napier, Mei and Bishop. Rheumatism is considered the most constant and important etiological factor, by London, Marfan, Simon, Churton, Guck, Meyer and Kraft Ebbing. Sanson, on the other hand, denies the relationship, while Kraft Ebbing thinks it is more important as a factor in England than on the Continent, and he does not believe that the endocarditis *per se* is ever a cause, though it may be an accompaniment.

Quite a remarkable unanimity appears to exist with regard to the causative relationship of scarlet fever to chorea. Napier, Marfan, Cornell and Priestly all cite abundant clinical evidence in support of this belief. Priestly goes so far as to question whether chorea should not be considered a sequel of scarlet fever. In an analytical study of 125 cases of chorea published by the writer (*Medical News*,