

mental powers in patients suffering from this complaint. He has found that the majority of cases of chorea are complicated by perversion of the mental processes more or less marked. The psychical symptoms may be divided into two groups: in the first he places those which include alterations of moral sensibility, of character, of intelligence, want of attention, and loss of memory and of affection for those nearly related to the patient; and in the second those which occur more rarely, such as "night terrors," hallucinations, and what Dr. Breton terms "folie choréique." The first class of phenomena are so common as almost to form one of the ordinary symptoms of chorea. Fright, terrors, and hallucinations are rare, while "folie choréique" is very exceptional. Hallucinations are generally observed at night, just when the patient is falling asleep, but they may continue for some time, interrupting or preventing sleep; those of sight generally predominate, but more rarely there may be observed those of hearing, taste, smell, or even touch. Affections of speech may also be mentioned, affecting the muscles of the tongue and lips, not caused by chorea, but due to mental causes. "Folie choréique" may take the form of simple mania, of delirium, of mania with hallucinations, or revert to a melancholic form, with profound depression and suicidal tendencies. Recovery from the mental symptoms in acute cases of chorea usually follows the cessation of the motor symptoms caused by the chorea: they cease when convalescence from the primary disease is established. But the neurosis may pave the way for permanent psychical trouble, such as moral degradation, mental alienation, and dementia. Dr. Breton, however, believes that the more pronounced psychical phenomena met with in the course of chorea are not directly due to the disease, but only receive from it special characters. They are complications rather than symptoms proper, and hereditary taint can always be traced; and he would look upon them as mental phenomena occurring in patients who have a hereditary tendency to such attacks, which have been precipitated by the chorea.—*Lancet*.

**THE INFLUENCE OF THE ABORTIVE TREATMENT OF SYPHILIS ON THE NERVOUS SYSTEM.**—Deutsch, *Archiv f. Dermatologie u. Syph.*, calls attention to the fact that symptoms of involvement of the nervous system are often among the first of those which show that syphilis has become a constitutional disease. Thus, among the prodromatic, pain in the head, kidneys, psychical disturbances, pallor, and nausea are well recognized, and are attributed by Lang to meningeal irritation. Occasionally sluggishness or inequality of the pupils is noticed, neuralgia, greediness, excessive thirst or drenching sweats, all these signs denoting

irritation of the brain and its meninges. A similar condition of the spinal cord and its envelopes is indicated in the prodromal and exanthematous period by very marked increase in the reflex excitability of the skin and tendons, followed by a rapid diminution, sometimes amounting to complete absence, which may last for several weeks after the exanthemata have disappeared. All these signs show early involvement of the nervous system, and suggest the advisability of attacking the poison at the earliest possible moment and weakening its virulence. As a matter of personal experience, Deutsch states that in patients who were treated with mercury early,—that is, immediately after the appearance of the chancre, or at least before the development of secondaries,—symptoms denoting involvement of the nervous system did not develop; whilst in those not treated until secondaries were well marked, such symptoms were the rule. Moreover, so far as tertiary manifestations are concerned, these did not attack the nervous system in cases which received early treatment.—*Therap. Gaz.*

**A TRUE STORY.**—A correspondent sends the following, for the truth of which he vouches: A young doctor who began his practice in Texas, west of Houston, was called to a confinement case in which he, being green and nervous, naturally had some trouble, the patient seeming unable to make the supreme effort for final expulsion. The only other occupant of the wretched quarters was an old crone in a sun-bonnet, who was silently but steadily rocking herself near the foot of the bed. Finally the old woman croaked out, "Doc, I wouldn't bother any longer with that woman, I believe I'd quill her and have done with it." The medical man not knowing what "quilling" meant, answered that he did not quite see the necessity for that yet. The old woman repeated this suggestion several times, until finally the nervous, exasperated man turned angrily on her and said, "Madam, I'll be d—d if I will do it. If you want to quill her you can do so, but I won't." The crone took from the wall a turkey wing, and, drawing a feather from it, proceeded to fashion something like a long quill toothpick, and filling this with snuff from her own private stock, leaned over the patient, and as the next pain came, blew the snuff into the woman's nostrils. Quick as a flash the woman responded with a giant sneeze, and the child was born with a sneeze. "Thar," said the old woman, radiantly, "I knowed mighty well that thar bust would make her break her holt." And it did, to the great instruction of the attending physician.—*Medical Record*.

**THE LASH OF ANTI-VIVISECTIONISTS.**—The Anti-Vivisection party are never sparing in their abuse of the scientific workers in the profession,