hemisphere overlying the posterior portion of the frontal lobe, and the greater part of the parietal lobe, and extending almost to the longitudinal fissue was a hemorrhagic fibrinous exudate, the deeper layers of which were undergoing organization. At its centre this exudate was about 7 M.M. thick and gradually shelved toward the periphery.

At the base of the Brain, especially in the middle fossa and extending along the Medulla and upper part of the cord, (the Spinal canal was not opened) was a fibrino purulent exudate involving the Pia.

The convolutions beneath the hemorrhagic exudate were compressed and atrophic. The rest of the Brain surface was moderately oedematous, especially in the Vertex.

The woman with Huntingdon's Chorea has been in the Institution for years and was only sent to the Hospital for observation. The disease has advanced so far that her mind is in a state of profound dementia. The interesting feature in her case is the family history.

Her paternal grandfather had Huntingdon's Chorea. Her father escaped, but of his six children, five were victims of this disease, the remaining one being healthy.

Of the descendants of her grandfather, in the first and second generation, there have been nineteen cases of Huntingdon's Chorea, to date.

In the case of the woman with Paralysis Agitans, age 49, the disease began between four or five years ago with tremor in the left hand, passing afterwards to the left foot, and the right hand and right foot. The tremor was not marked at the time of her admission, but was observed only upon movement or exertion in sitting or standing. There was general rigidity of all the muscles. Her abdominal and thoracic muscles were involved. There was a contracture at left knee. While standing, the patient rested on the balls and toes of both feet. There was no incoordination on movement of the muscles.