

often present at post-mortem and which probably represent a terminal condition." Mayo analyzes his experience with thirteen cases, three conservative operations and ten splenectomies. Brief histories of all these cases are given. The article is illustrated.

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**Latent
Chorea.**

An article from the pen of Reginald Miller, entitled, "Latent Chorea: A Contribution to the Study of Sydenham's Chorea," appears in the *Lancet* for December 18th, 1909. Miller remarks that rheumatic chorea declares itself first by symptoms significant of general nervous instability. In dealing with children suffering from nervous disorders of many kinds special care should be taken to exclude the possibility of their having originated from slight rheumatic infection. The well known association between rheumatic and nervous instability is not to be explained by considering that the infection is specially prone to attack neurotic children, but by regarding the nervousness as in most cases the outcome of an infection already present (latent chorea). The mental depression and headache in rheumatic children are usually to be attributed to the disease and not to its treatment by salicylates. The recognition of latent chorea in children suffering from obvious acute rheumatism affords strong evidence that chorea is a rheumatic condition.

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**Arterio
Sclerosis.**

The treatment of arteriosclerosis is summarized by A. G. Brown, in the *Journal of the American Medical Association*, for January 8th, substantially as follows: In the early arterial stage, a strict diet, regimen and anti-

toxic treatment, consisting in elimination, intestinal disinfection diaphoresis, and diuresis. When hypertension persists, the nitrites and iodides should be given, the latter in effective doses, and kept up for a given length of time. When the blood-pressure has become lowered, the intoxication relieved, the kidneys act normally, and the symptoms of arterial spasm disappear, the patients may be considered cured, though a careful observance of the prophylactic regimen must still be kept up. In the cardioarterial stage, a permanent cure is not to be expected but much can be done to relieve symptoms and to ward off a grave termination. Relief of symptoms, elimination of intoxicants and stimulation of kidney activity are the chief indications. This is accomplished by catharsis followed by nitrites, spartein sulphate, etc. With the tension lower and the skin, bowels and kidneys active, and diet carefully regulated, the use of nitroglycerin, erythrol tetranitrate, potassium or sodium iodide, thyroid extract, and general medical supervision, the disease may be arrested and the serious accidents forestalled. In the myovalvular and cardiocentric stages, which merge into each other so as to form one continued progress to broken compensation, with dilation of cardiac cavities and frequently orifices, lowered arterial tension, more or less visceral congestion and oedema, and dropsy, are to be treated with the digitalis group, theobromin, interdiction of salt intake, restriction of diet to milk, and careful elimination of fluids. In these cases, often appearing hopeless, much can be done to restore the patient to modified activity, and the subject offers a field for the skill of the best powers as physicians.