anatomical changes in both cases does not permit of a conclusion regarding the origin of the choreiform movements. The cortex, as well as that of the central convolutions, was certainly the seat of only slight changes. The question then arises whether the motor disturbances are to be attributed to the degeneration of nerve fibers which was found to some extent in the basal ganglia and their immediate vicinity. But the author calls attention to the fact, that in from seventy to eighty per cent of cases of post hemiplegic chorea it was in the posterior portion of the internal capsule, in the posterior region of the optic thalamus, or the adjoining portion of the lenticular nucleus, that the lesion existed. 

DINKELSPIEL (Philadelphia.).

CLINICAL STUDIES AND DEDUCTIONS CONCERNING FAMILY MYOCLONIA AND ALLIED DISEASES. Herman Lundborg.

The author whose name is closely associated with our present knowledge of family myoclonus presents us with a second and more exhaustive monograph of the above title. The author's preface states his study of the conditions dates from 1897. A short historical sketch and a brief résumé of cases by Friedreich, Homen, Unyccricht, Sepilli and Bresler are given with the conclusions and the nosological relationship of family myoclonies with the other motor neuroses by different authors. Lundborg gives observations and investigations upon some seventeen cases of family myoclonies from his own clinics, and considers at some length the possible relationship between myoclonia, paralysis agitans, myxedema, Basedow's disease and dementia praecox. He holds that they may develop upon a common defect of the thyroid either structurally or functionally. The monograph is illustrated by photographs and accompanied by genealogic and metabolic tables in original case studies. The author concludes that family myoclonia is a distinct class of the myoclonies, autotoxic in nature, the pathology of which concerns the spinal cord.

L. PIERCE CLARK.

ÜBER NEUERE KLINISCHE GESICHTSPUNKTE IN DER LEHRE VON DER ARTERIOSCLEROSE. Grassmann (Münchener med. Wochenschr., 1902, No. 109).

The pathological anatomy of arteriosclerosis consists essentially in a diffuse thickening of the intima with a loss of the elastic structure of the media. Hypertrophy of the left ventricle takes place after somewhat advanced degeneration of the visceral arteries or thoracic aorta. The process however, may be localized in the smallest vessels. Persistent arterial tension and deficient nutrition to organs affected characteristic. Arterial strain may be very early recognized and is highly diagnostic as a premonitory symptom.

Syphilis, acute infections, alcohol, toxic substances, such as tobacco in excess, etc., are of etiological importance. Palpation of vessels, at times, of much service in examination. Persistent frequency of pulse on lying down, after erect position, quite significant if accompanied with accentuated aortic second sound. Arteriosclerosis of coronary arteries leads to angina pectoris. When the vessels of lower extremities affected, frequently have intermittent claudication. Small doses of iodide of sodium recommended, with milk diet. Baths of aqua carbonica stated, oftentimes, to have remarkable efficacy.

J. E. CLARK (New York).


In dealing with various plans for the care of feeble-minded persons who naturally fall within the numerous well-defined classes of this condition, the author mentions the following as the last kind of work recently undertaken by the Birmingham After-care Committee. It had been known for some time that there were a large number of idiots, imbeciles, epileptics and feeble-minded persons who had not passed through the regular classes of the institutions, and were not on the ordinary after-care lists of the Committee. With the help of the School Board officials and others, a list of these cases was collected. After a sufficient number had been found, it