character, and there was a marked history of tuberculosis. At the age of three the child had a severe fright, followed by an epileptic attack. On recovering the trembling of the hands and general weakness were first observed, and remained permanently. A detailed history follows, from which it appears that the definite symptoms of multiple sclerosis became more and more marked, and at the same time mental weakness also developed, so that at the age of nineteen or twenty a definite slight imbecility was present. Epileptic attacks also occurred from time to time, and the patient, although capable of learning to a certain extent, was never in a position to perform the regular duties of a trade. The account is most full and complete, and forms a valuable record of a rare condition. JELLIFFE.

HYPERTHERMIE HYSTERIQUE (Hysterical Hyperthermia). J. Rendu. (Lyon Médical, 1900, No. 3).

The paper reports a very carefully-observed case where hyperthermia, without hyperpyrexia, lasted for several days. The patient was a young lady, aged 21, physically well developed, of pleasing appearance, and given to great attention to dress and toilet. She was, it appears, of a romantic disposition. She talked about having exophthalmic goitre, but a doctor, she admitted, had made use of the term when examining her throat; the thyroid was slightly enlarged, and she seemed to make her eyes appear prominent. When 17, acute tuberculosis was suspected, and a year or two later a similar attack, with high temperature, occurred, and disappeared at a pilgrimage. After being in good health for a year she fainted at dessert, and for two days afterwards suffered from vomiting and diarrhoea. The temperature was carefully watched for a week, three thermometers were used, being always placed in the rectum. The period came on at this time. The temperature repeatedly exceeded 43° C. (109.4° F.), but oscillated in a strange manner. On the fourth day it was in the morning 99.5° in the evening 109.4° ; two days later it touched 110° ; three days later it marked 108° in the morning and fell to 98.4° in the evening. The skin never felt intensely and pungently hot as in pneumonia and eruptive fevers; perspiration was free, and the pulse rapid. There was no physical or other evidence of tubercle or typhoid fever. After dropping suddenly at the end of a week the temperature rose two days later to 105° through excitement at a visit from a friend, and then fell to normal permanently.

JELLIFFE.

ETIOLOGY OF CHOREA MINOR. T. Frolich. (Nork. Mag. F. Laeger, 1900, Sept., p. 901).

This paper deals with 47 cases of chorea minor treated during seven years in the hospital of the University of Christiania. The age of the patients varied from 3 to 16 years, and in 28 of them the disease had begun from seven to eleven years previously; 39 were girls and 8 boys. In 24 cases there was the family history of rheumatism or of psychical affections. Among the 47 patients there were 15 who had had rheumatic fever, either before or during the chorea, and in 16 (34 per cent.) the chorea had begun or had been accompanied by febrile phenomena with angina, articular affections, or erythema nodosum. In these 31 cases the author recognises the element of infection; in 4 others the chorea had undoubtedly followed infectious diseases, such as scarlet fever and influenza, and in the remaining 12 instances there was some slight evidence or possibility