CONVULSIVE TIC. H. T. Patrick (Journal A. M. A., Feb. 11, 1905).

Convulsive tic may be said to be a habit spasm, a sort of motor expression of an imperative impulse. It may develop from some peculiar motion incident to the patient's occupation, but its original cause is generally sensory—some uncomfortable sensation which an attempt is made to relieve by a movement which finally becomes habitual. It does not affect voluntary movements, is diminished by quiet, rest or mental diversion, and is aggravated by self-consciousness, observation, excitement, etc. The prognosis varies. In children it is ordinarily good, but in adults it is often rebellious. The patients are generally nervous and unstable, and in cases of children, unwise parents and rearing are often responsible. With them the habit may be broken by judicious diversion or correction. With adults the treatment is apt to be unsatisfactory, but Patrick thinks the soporific treatment, keeping the patient asleep for two or three weeks at a time, using hypnotics judiciously with frequent changes of the drug, followed by the educational exercises of Brissaud, will be found to be most effective in the spasmodic torticollis of the adult.

HYSTERICAL MOVEMENTS. H. T. Pershing, Denver (Journal A. M. A., Feb. 11, 1905).

The author gives the diagnostic points of hysterical movements as compared with chorea and convulsive tic. One characteristic is that they are always movements which can be produced voluntarily, though this also may be the case with convulsions from organic disease. The more regular the movement the greater the probability that it is hysterical, but the possibility of hysteria complicating other conditions must not be forgotten. The most characteristic movement is a rhythmic oscillation involving one part, and next are certain highly coordinated movements, such as jumping or dancing, with or without impairment of consciousness. Chorea may simulate hysteria and be due to similar emotional causes, and the diagnosis may be difficult. Hysterical movements are more likely to be regular and grouped in distinct paroxysms and to have more of the staccato movement, but most of the rules for distinguishing these diseases require qualification. Hysterical movements of a limb may simulate Jacksonian epilepsy, but there is no rise of temperature, no paralysis nor mental deterioration. Prognosis and treatment must be guided by general principles. A cure is always possible, though the condition may be obstinate. Moral treatment is imperative. If the patient's mental processes cannot be happily directed, everything else will be useless. If they are so directed, the rest will be easy.

CHOREA IN PREGNANCY. J. M. Semple (Northwest Medicine, Dec. 1904).

This type of chorea is uncommon. Occurs about once in a thousand pregnancies. Prognosis unfavorable, as compared with Sydenham's chorea in children, the death rate varying from 17 per cent. to 36 per cent. with the former type, while death rarely occurs with the latter. Disease, in majority of cases, occurs for the first time in primiparæ. Symptoms may occur any time from conception to ninth month, but more frequently found during the first three. Unless as a secondary attack, the later the onset the graver the prognosis. In chorea of pregnancy, interference in speech, deglutition, and sleep, more marked than chorea of childhood. Mental disturbance often of maniacal type.

J. E. CLARK (New York).

CLINICAL STUDIES IN ARTERIO-SCLEROSIS. Alfred Stengel ((The Cleveland Medical Journal, December, 1904).

Wide divergence in the nature of arterio-sclerosis developed in pre-senile period, as a result of more or less well-recognized causes, and that

which occurs during true senile involution. Senile form of disease is one of a process that is essentially diffuse and, perhaps, involves the extra vascular tissues simultaneously with the vascular apparatus, while the pre-senile form, or pathologic arterio-sclerosis, is, in the beginning, a disease of the blood-vessels alone. Rapid degenerative changes in the organs, possibly due to restricted involvement of vessels and the character of lesions, are more characteristic of the pre-senile than the senile type. Later stages of senile form, and to less extent with pre-senile type, patients' color would suggest cachexia or high-grade anemia. Blood examination in these cases shows no commensurate reduction in number of corpuscles or of the coloring matter. Pallid appearance, thought to be due to the contracted vascular channels. Marked fluctuation in quantity and variability of specific gravity of urine quite noticeable. Paroxysmal sweating a symptom in many cases during earlier stages of disease. Author's observations as to blood pressure have shown comparatively high diastolic pressure, thus during the earlier period there is a peculiar prolongation of the first heart sound.

J. E. CLARK (New York).

MENTAL SYMPTOMS ASSOCIATED WITH PERNICIOUS ANEMIA. William Pickett (The American Journal of the Medical Sciences, June, 1904).

From an examination of seven cases of paresis the author draws the conclusion that when the spinal cord bears the brunt of the disease process a simple anemia with leucocytosis is found; when mental symptoms alone appear the blood state is not characteristic, and from this it appears that perhaps anemias, or the toxins of anemias, are a factor in the cord lesions even of paresis. Abstracts of five cases of pernicious anemia are given, and a composite picture of the mental disturbance in these cases presents a shallow confusion with impairment of the ideas of time and place, more marked on awakening from sleep. The patient fabricates, relating experiences of "yesterday" in a circumstantial manner. Illusions, particularly of identity, are common. Hallucinations of any of the senses appear at times. Persecutory delusions may arise. They are usually transient, causing episodes of fear and agitation, but they may persist for considerable periods. Korsakoff's disease and *folie Brightique* resemble it closely.

C. D. CAMP (Philadelphia).

TABES DORSALIS AND ITS RELATION TO SYPHILIS. Lesser (Berl. klin. Woch., Jan. 25, 1904).

The author discusses the connection between locomotor ataxia and syphilis, chiefly from the pathological side of the question, and attempts to bring further proof from the post-mortem room that tabes is a syphilitic affection. In the first place, in answer to the question, How many persons who have had tabes show post-mortem signs of undoubted syphilis, and how many persons who have died over 35 years of age show signs of undoubted syphilis post-mortem? he found that 28 per cent. of the tabes cases had post-mortem signs, while of all persons who died over the age of 35 only 9.5 per cent. showed syphilitic signs. He realizes that a number of cases of former syphilis will not leave any signs behind, but it is clear that tabes and syphilis stand in a causal relationship together, at all events in some cases. The next question which he sets himself to answer is: Is the tabes to be regarded as a direct syphilitic affection in those cases in which the connection can be ascertained? In order to reply to this question, he finds it necessary to go fully into the pathology of syphilitic lesions. The changes may be best divided into: (1) Simple hyperplastic growths, having the characters of inflammation, and which leave no anatomical changes behind; and (2) gummatous growths. One must recognize infiltrating papular inflammations and proliferating interstitial