

Malthus' remedy for over-population, with its attendant evils of poverty, war, disease and premature death, is the postponement of all sexual relations till relatively late in life. This requires a very extreme degree of sexual inhibition; under the Neo-Malthusian practices of contraception the sacrifice of sexual satisfaction is far less.

The effects of the recognition and application of these principles are traced. The writer considers that "in birth control we possess a weapon for rendering the individual human being longer lived, more amply provided for with the necessaries of life, and less exposed to the rigors of the struggle for existence—in other words, for attaining those ends which the majority of social and political reformers have principally in view." Rational insight and conscious control will be substituted for methods of blind prohibition and taboo. The inhibitions due to over-reproduction will be entirely removed, but the need for sublimation will remain and will continue to necessitate a considerable degree of sexual inhibition.

This enlightening article deals in detail with the many sides of the problem, only the fringe of which can be touched upon in this epitome.

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2. Neurology.

The Hereditary Transmission of Huntington's Chorea [*Chorea degenerativa*]. (*Zeitschr. f. d. ges. Neur. u. Psychiat.*, Bd. lxxvi, April, 1921.) *Harms zum Spreckel, H.*

The author gives a genealogical tree of certain agricultural families in the Erzgebirge (Saxony), showing the incidence of Huntington's chorea in four generations of descendants of a woman (*A*), who was born in 1785 and who herself at the age of 43 became affected with the disease. The taint seems to have originated with her, for though there was some question whether her mother may not have had the disease, the evidence that the author has unearthed leads him to reject a diagnosis of chorea in that instance, and none of *A*'s 4 grandparents was affected. Besides 2 children who died young, *A* had 2 sons (*B*, *C*) and a daughter (*D*). *C* and *D* had chorea; *B* escaped the disease, but died at the age of 37, *i.e.*, before expiry of the age-period of liability to it. Seven of *A*'s 20 grandchildren, at least 10 of her 43 great-grandchildren, and, up to the present, 2 of her 51 great-great-grandchildren, have become choreic. They are: 1 of *B*'s 5 sons (but none of this son's descendants); 3 of *C*'s 10 children, and 2 of his 9 grandchildren; and 3 of *D*'s 5 children, 8 of her 25 grandchildren, and 2 of her 25 great-grandchildren. Ten of the cases have occurred in men, 12 in women. In ten instances the author has been able to confirm the diagnosis by personal study of the patient. He adds that among *A*'s great-grandchildren, besides the ten here reckoned as affected, there are 3 others in whom slight choreic movements have been noticed by relatives, though he himself in his personal examinations has hitherto failed to detect them. In twelve cases the disease has been inherited from the father, in 9 from the mother. Except in the solitary instance of *B*'s son, the transmission has always been direct, without

any skipping of a link, *i.e.*, if a member of the family has escaped the disease, none of that member's descendants has become affected; the single apparent exception to this rule—that afforded by *B's* son—seems sufficiently explained by the fact of *B's* dying from other causes before expiry of the critical period of life. Further, it may be noted that the three doubtful cases referred to with slight choreic movements, in which the diagnosis is not yet confirmed, are all in offspring of affected children of *C* and *D*.

The onset of the disease is commonly insidious. It occurs mostly in robust persons who have married and had families, and it begins at ages varying from 26 to 51 years. The author does not find any evident raising or lowering of the average age of onset in successive generations, such as some writers have alleged. In particular instances the illness has been ascribed by members of the family to various causes, but the only causal factor whose influence is at all clear is the hereditary factor.

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Global Aphasia and Bilateral Apraxia due to an Endothelioma compressing the Gyrus Supramarginalis. (*Arch. of Neur. and Psychiat.*, June, 1921.) Bremer, F.

Two cases are described where a knowledge of Marie and Foix's syndrome of the supramarginalis—slight paresis of the right arm with marked sensory disturbances, global aphasia and ideo-motor apraxia—enabled the localisation of the tumours to be correctly made. In each case the symptoms disappeared after the removal of the tumour. Pressure on the corpus callosum was impossible as the tumours were so small. A lesion of the left gyrus supramarginalis was found responsible for a true bilateral apraxia in thirteen cases out of forty-one (von Monokow).

In two other cases a small gliomatous cyst of the frontal region produced the type of aphasia characterised by an intensity of dysarthria contrasting with a relative conservation of the understanding. This represents the syndrome anarthrique of Marie and Foix, which they showed to be produced by a lesion in the posterior part of the second frontal convolution and the adjacent part of the ascending gyrus.

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Reflex Epilepsy [Über Reflexepilepsie]. (*Zeitschr. f. d. ges. Neur. u. Psychiat.*, Bd. lxxiv, February, 1921.) Rosenhain, E.

In 1850 Brown-Séquard divided a guinea-pig's sciatic nerve, and after some weeks observed the development of an epileptic condition, and of an epileptogenous zone on the injured side. The attacks occurred sometimes spontaneously, but they occurred regularly when the epileptogenous zone was stimulated or touched. From the spasms of a guinea-pig to human epilepsy is a big jump; nevertheless, a number of cases of convulsion in man were described as analogous to what Brown-Séquard had observed. For example, in 1871 Westphal reported the case of a girl, *æt.* 17, in whom pressure on the left supraorbital nerve regularly produced a tonic spasm, which ended with vigorous weeping and howling.