from fomites has been noted. Clinical and laboratory findings in both acute and chronic infection are described and references made to latent infection and the carrier state. The possible existence of a transient trichomonaemia is considered. Treatment of the acute stage is by urethral instillation of bactericidal drugs; chronic infection requires both general and local treatment. The medico-social aspects of trichomonal infection are discussed.

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Medical Memoranda

Huntington's Chorea in Northamptonshire

Since the report on the survey of Huntington's chorea in Northampton was published in the *British Medical Journal* of November 13, 1954 (p. 1121), a further choreic family has been ascertained in the county.

A member of the staff at the mental hospital noted that two patients with suspicious signs were related, and by tracing the family pedigree it was possible to confirm the diagnosis. At the time the survey was undertaken, therefore, (1) there were nine choreic families in the county; (2) 17 persons (not 13 as previously reported) were suffering from Huntington's chorea, giving an incidence of 6.5 cases per 100,000 of the population; and (3) 69 cases of the disease were revealed by tracing back the pedigree.

The accompanying pedigree illustrates that dyslalia presents as an early sign of the disorder, and it may be said that Huntington's chorea should always be considered in the differential diagnosis when difficulty or hesitancy of speech occurs in early adult life. The pedigree also illustrates the frequency of mistaken diagnoses of Huntington's chorea, cases having been diagnosed as general paralysis of the insane, Friedreich's ataxia, and hysteria. It is probable that the rarity ascribed to the disease is to a large extent the result of such errors in diagnosis.

In this connexion it is worth noting that some members of the family were convinced that their relatives had suffered from syphilis which had recurred as a hereditary affliction in their descendants. Rational explanation of the facts did at least relieve them of this misapprehension.

The details of the family history are as follows:

I 1.—Stated to have died in a mental hospital.

II 1.—Age of onset 44. Violent, wildly excited. Diagnosed as hereditary insanity. Choreiform movements noted when admitted to the mental hospital aged 49. Dementia with delusions of persecution; locomotor ataxia. Death aged 51.

II 2.—It is stated that he died in a mental hospital.

III 1.—Onset aged 29. Transferred from the Poor Law hospital to the mental hospital when aged 41. Demented; choreiform movements of head and hands; noisy, violent, hallucinated; ataxia. Diagnosed as G.P.I. with dementia. Death aged 44. III 2.—Onset aged 45. Threatened suicide. Admitted to the mental hospital; violent; *indistinct speech*; choreiform movements of head and eyes. Diagnosis: partial dementia, secondary to Huntington's chorea. Death aged 47. III 3.—Aged 59. No evidence of the disease. III 4.—Killed 1915, aged 17 years. III 5.—Died aged 48 following diabetic gangrene. III 6.—Age of onset not ascertained. Present age 49. Occasional involuntary movements of trunk and limbs. She is peculiar in her manner. Diagnosis: Huntington's chorea.

IV 1.—Onset aged 35. Admitted to the mental hospital aged 27. Presenting signs: *slurred speech*, ataxia, choreiform movements, dementia. Present age 44. IV 2.—No evidence of the disease. Present age 42. IV 3.—No evidence of the disease from the history. Present age 38. IV 4.—Onset aged 34. *Difficult speech*, choreiform movements. Diagnosed as hysteria in the first instance. Present age 35. IV 5.—Onset aged 24. Slow movements, change in voice, *difficult speech*, difficulty in swallowing food, all reflexes exaggerated, stiff gait, mental hallucinations. Present age 32. IV 6.—Died aged 21 in a sanatorium. She was afraid of the family affliction and, hoping to avoid it, she dieted on beans and lost weight. IV 7.—Onset aged 6 years. Attended elementary school; made little progress. Certified ineducable aged 12. Irregular movements, jerking her head, *indistinct speech*, peculiar gait, ataxia, Romberg's sign positive. Admitted to M.D. institution aged 12. Diagnosed as Friedreich's ataxia. Died aged 14. IV 13 to IV 18.—The history does not indicate that any of these persons are as yet afflicted with the disorder.

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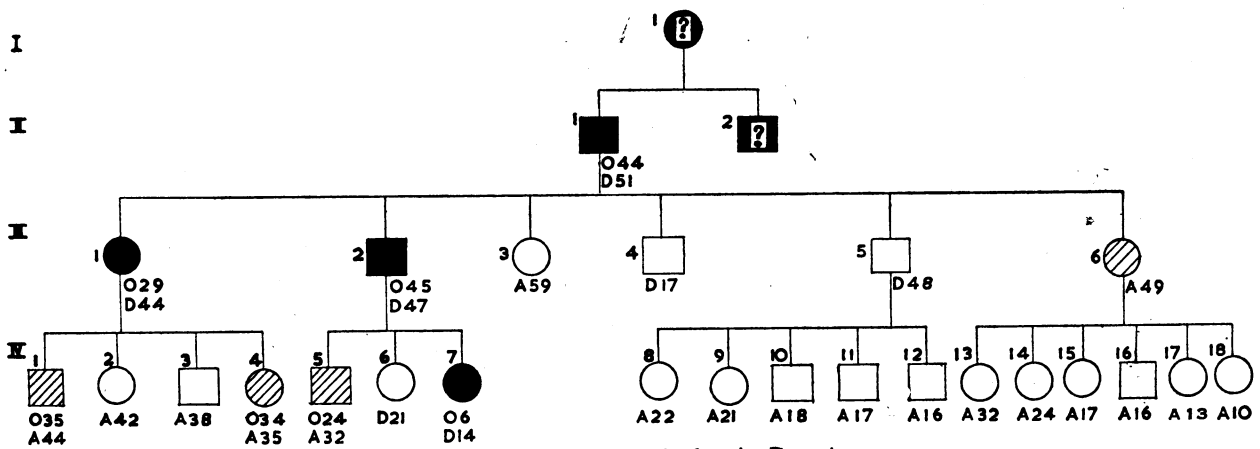

O=Age at onset. D=Age at death. A=Present age.