

In his Lumleian Lectures, Dr. W. Roberts* states that "pancreatic extract is peculiarly adapted for administration with nutritive enemata. The enemata may be prepared in the usual way with milk-gruel and beef-tea, and a dessert spoonful of pancreaticus should be added to it just before administration. In the warm temperature of the bowel the ferments find a favorable medium for their action on the nutritive materials with which they are mixed, and there is no acid secretion to interfere with the completion of the digestive process."

In actual practice I have departed considerably from this plan of Dr. Roberts, preferring to inject food in the already peptonised form, and ready to pass from the bowel by absorption. For enemata, therefore, I have used, in a slightly modified form, his method of preparing the food as if for administration by mouth. A thermometer being employed throughout, and either kept in the liquid or frequently introduced to test the temperature, a pint of milk with one-fifth or one-fourth pint of water is heated in a clean dish to 140° F. At that temperature, two drachms of Benger's liquor pancreaticus are added, and twenty grains of bicarbonate of sodium dissolved in a spoonful of water. The whole is put into a covered jug or dish, and kept near a fire for from an hour to an hour and a half, and still kept constantly at a temperature of 140° F. At the end of that time it must be thoroughly boiled for two or three minutes. Each step should be carefully carried out to secure success. Thus prepared, the food keeps for half a day or more. For convenience, I have given the process as for one pint of milk, but multiples of that measure may be prepared. In feeding by rectum, I prefer to keep to this peptonised milk solely.

The following, from Dr. Roberts, chiefly useful for administration by mouth, may be given by rectum also.

For peptonized gruel; wheaten flour, oatmeal, arrowroot, sago, pearl barley, pea or lentil flour, gruel well boiled, thick and strong, Oj; put in a covered jug, cool to about 140° F., add liq. pancreatici 3 ss. Keep warm under a cosy for two hours, boil and strain.

For peptonized milk gruel, thick hot gruel, cold milk, equal parts. To each pint add liq. pancreatici 3 ij—iij., and sodii bicarb. grs. xx. Keep warm in covered jug for two hours; boil for a few minutes and strain.

For a peptonized beef tea: half pound finely minced lean beef, water a pint, sodii bicarb. grs. xx.; simmer for one hour and half; cool to 140° F.; add liq. pancreatici 3 ss. Keep warm under a cosy for two hours; occasionally shake. Decant liquid portion and boil for five minutes.

CHOREA SUCCESSFULLY TREATED WITH HYOSCYAMINE.

In a clinical lecture recently delivered in the Pennsylvania Hospital by Prof. Da Costa (*Med. Times*, January 23, 1886), a patient was exhibited suffering from what Dr. Da Costa described as the worst case of chorea that he had ever seen. The patient was a boy about 11 years old, pale and weakly, and described by his friends as having always been nervous.

Four weeks before the date when he was admitted (on the 14th of December) he had an attack of acute rheumatism, which involved all the larger joints of his body. The rheumatism lasted about three weeks, but as it declined choreic symptoms began to be manifested. His hands and arms were first affected, and afterwards his legs.

When admitted, he was actually unable to walk; he was even unable to feed himself, and seemed in risk of starvation. He was wretchedly weak and emaciated. He could perform no co-ordinated movements with his arms or legs, and unless there was always somebody about to give him a drink of water and food he would have perished. This was not due to actual want of power in the muscles, but to the impossibility of performing any voluntary act requiring co-ordinated movements; yet when food was placed in his mouth deglutition was readily accomplished. When admitted he could not speak, he could not articulate a word. He could not put out his tongue, although he could open his mouth and move his jaws, but he could not ask for food. His expression was that of an imbecile, and he was reduced to a mere shadow.

At first his arms and legs were constantly moving, both sides being equally affected. No power of grasp existed in his hands, though sensation did not seem impaired. He complained of pain when he was pinched. The patellar reflex was normal, and not exaggerated. No marked change in the electrical reactions was observed. His pupils were very much dilated; his pulse was only 50 per minute, and rather weak; there was a systolic mitral murmur heard at the apex. These involuntary muscular movements did not continue at night when he was asleep. His urine had been examined but neither albumen nor sugar was detected. His bowels tended to constipation.

The ordinary remedies for chorea act slowly; arsenic, though one of the best of our therapeutic agents for this disorder, acts slowly: it takes time, and the loss of time here might be fatal. Dr. La Costa then recalled a case of tremor which he had seen rapidly influenced by hyoscyamine, the active principle of *hyoscyamus niger*. He concluded to try it here. He ordered him to take $\frac{1}{16}$ grain to begin with, a decided dose for a boy of his age; but, not finding any marked influence, he concluded that it would be advisable to increase the dose to $\frac{1}{8}$ grain, given three times a day. Now the effect was admirable. From the first few days the boy began to improve, and at this time he had

* *Lancet*, May 29, 1880, p. 828