

of the matter. One of these cases came under my notice some years ago. I made a diagnosis of pregnancy in a young woman from the lower walks of life, but she declared that it was preposterous, that it was not possible for anything of the sort to exist, as she had not been exposed in any way. She was so violent in her assertions that I accused her falsely, that I felt it my duty to defend my position. At my instigation she entered Bellevue Hospital, and when she was confined I was present and delivered her: When the child was born, and while yet attached to the placenta by the cord, I said to her, "Do you confess? She replied, "No, I do not; you put that child there."

Now, gentlemen, as physicians you must protect yourselves as well as possible against the occurrence of such complications as I have just detailed. You may ask how is this to be done? It is a little difficult to answer; but I would say, if you are a beginner, and cannot stand upon your own merits in the case, it would be best, before announcing your diagnosis, to have a consultation, and commit some other man to the same diagnosis to which you have been committed. By so doing you will fortify yourself against attacks which would otherwise prove damaging to your professional reputation.

### ON THE TREATMENT OF CHOREA.

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With regard to the treatment of chorea, rest in bed is the first and most important step to observe. In many cases drugs exert only a secondary influence, rest, warmth, and proper food being all that are required; but the class is by no means small in which iron, quinine, arsenic, phosphorus, and strychnia fail as remedial agents. I have given sixteen drachms of the succus conii in twenty-four hours, to a girl ten years of age, without producing dimness of vision or dilatation of the pupil; indeed, the patient was no more affected than if she had taken water only.

*Chloral hydrate* has been recommended in large doses in violent chorea. The principle of treatment was to give thirty grains, and to repeat the dose, or half of it, if the patient did not obtain ten hours' sound sleep in the twenty-four. On waking, a second dose was given in proportion to the ascertained effect, but always less than the first. On waking again another dose less than the second, and so on till the amount of sleep had been obtained, when the chloral was discontinued till the next night. Of two patients so treated, aged eighteen and twenty, one was completely cured in one day, and the other on the fourth day. In a case of acute chorea in a girl of nine, I found

that five grains given every night produced tranquil sleep, and it was unnecessary to continue the drug beyond a week. In another case a girl, thirteen years of age, suffering from most severe chorea, began to take ten grains every four hours on admission, as she was much exhausted, and the mother stated she had not slept for a week. In the first twenty-four hours after commencing the drug she did not obtain more than two hours' sleep; then it was given every two hours. After following this treatment for another twenty-four hours, my report says, the effect of the chloral has been to induce sleep for ten minutes at a time, but the least noise woke her. The effect has also been to raise a small weak pulse from 60 to 72 and 76 per minute, and the respirations to 20. Towards the close of the day her sleep became so sound that the eyelids could be moved upwards and downwards for some seconds before reflex action was excited; then she would screw up the eyelids, and relapse into sound and heavy sleep for an hour. The remedy was gradually discontinued as natural sleep returned, and the cure was completed by large doses of sulphate of zinc.

There can be no question whatever that hydrate of chloral is a valuable remedy in some cases of chorea, particularly in those where vascular excitement is present and the pulse is good. Dr. Althaus considers that the theory of chorea is explained by active hyperamia of the corpora striata and the parts surrounding the fissure of Sylvius, and that the beneficial action of hydrate of chloral is to be attributed to the anæmia which it produces in the structures. Its danger as a depressant is nothing compared to the repose and rest which it ensures to the nervous system, lessening as it does in suitable doses the extreme agitation of the limbs, and the violence of the choreic movements. Sleep so obtained gives the necessary time for repair to the over-excited parts, and will be found to succeed when the morphia yields no result.

Dr. Drummond, of Newcastle-on-Tyne, cured an obstinate case of chorea, in a girl seven years of age, by the subcutaneous injection of *curara*. He commenced with an aqueous solution of gr. 1-40 for two days, increasing the dose on the third day to gr. 1-20, and the next day to gr. 1-10, on the fifth day to gr. 1-8, and on the sixth day gr. 1-5, by which time the patient had recovered complete power over the voluntary muscles. Two days later gr. 1-4 was administered, and there was no return. (*Brit. Medical Journal*, June 15, 1878, p. 857.) In a chronic case of chorea which was admitted into the Samaritan Hospital, under my care, in October, 1878, I determined to try the effect of *curara*. The patient was a girl eleven years of age, and had been under my care on three previous occasions with the same disease. There