

previously enjoyed fair health, or in whom the disease has succeeded to one of the eruptive fevers, we may commence the arsenic at once and keep it up until the movements have pretty well subsided, subsequently giving an iron preparation until the cure is complete.

Of the other remedies employed with greater or less benefit, the following may be mentioned :—

Ardeber reports 13 cases treated by antipyrine ; the drug was given in doses of 45 grains per diem, and cure is said to have resulted on the average in 10 days. Moncorvo, of Rio, also reports favorably on the use of antipyrine. He gave as much as 90 grains per diem. Von Reiss has given 1-70 grain eserine sulph. twice daily with good effect. Bastian treated a protracted case which had lasted over 8 months, by prolonged sleep. This was brought about by the administration of a chloral and bromide draught every time the patient, a girl of 20, awakened, only leaving time for food to be given. In 14 days there was an improvement, and cure in a month after. Before this he had treated 8 other patients in the same way, using chloral alone.

Jeffries reported 10 cases in infants in which he had used sulfonal in doses of 2 to 5 grains, 3 times daily. In the first 5, chorea was present for the first time. Cure was effected in 3 weeks. In 2, arsenic had given no relief. The 5 other cases were subjects of former attacks ; 3 of these were cured in a month ; the other 2 were not benefited.

Alt found chloralamide of great benefit. In 1 case, a boy of 11 was cured in 5 days—15 grains 3 times daily. Another case of a girl, under arsenic 14 weeks, was cured in 8 days. Dresch has used salicylate of soda with benefit. Of other remedies we may mention cannabis indica sulphate and oxide of zinc, belladonna, cimicifuga and galvanism.

Recent treatises and researches on the subject have not materially increased our knowledge of this disease. While British and continental authorities lay a good deal of stress on the intimate relation between chorea and rheumatism, writers on this side of the Atlantic do not attach the same importance to the connection.

Osler has lately, I believe, collected a large number of statistics in connection with chorea, and does not place much faith in the relation between that disease and rheumatism, and the experience of many practitioners is rather in his favor.

The fact of the more general prevalence of

rheumatism in Great Britain, especially among the poorer classes, as compared with its infrequency on this continent, may, in a measure, account for this diversity of opinion. Much, however, remains yet to be made out regarding the pathology of this interesting disease.

The following is a condensed report of some cases occurring in the practice of the County Carleton General Protestant Hospital.

Case 1.—A.S., aged 15, female ; admitted under Dr. Powell. History: Former attack, four years ago, due to fright ; in hospital 7 months ; remained well for 2 months ; then again in hospital for 3 months. Second attack said to be brought on by severe punishment.

Present condition: Anæmic ; no history of rheumatism or scarlet fever ; no cardiac bruit ; movements confined to right side ; is able to feed herself.

Treatment: Liq. Fowler, in gradually increasing doses, followed by tr. fer. mur. and nourishing food. Discharged cured in 32 days.

Case 2.—E.G., aged 14 ; female, under Drs. Wright and Rogers. History: Recent attack of acute articular rheumatism, affecting a number of joints, had been living with farmers in the country.

Condition on admission: Emaciated, anæmic and had bed-sores ; mitral systolic bruit at apex of heart ; movements general and very marked delirium ; frequent pulse ; elevated temperature ; movements at outset during sleep ; intercurrent attack of rheumatism affecting one hand and wrist on tenth day, gradually subsiding in 3 days. Movements pretty well controlled by eighteenth day. Improvement steady up to forty-ninth day. Second intercurrent attack of rheumatism lasting 6 days ; subsequent improvement and cure.

Treatment: Bromides, salicylates, arsenic, iron and cod liver oil.

Case 3.—Chronic chorea in a woman aged 47, under Dr. Kidd. History: Married ; 5 children ; labors natural ; no rheumatism, shock or injury ; no cardiac lesion ; came on 12 years ago, but has been growing worse.

Condition on admission: Somewhat anæmic ; movements general ; quiet during sleep ; exaggerated when she is noticed ; cannot feed herself.

Treatment: Rest, nutritious diet. Liq. Fowler, during the day, chloral and bromides at night. This treatment kept up 3 weeks, then put on tinct-