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CLINICAL REMARKS ON THE TREATMENT OF CHOREA.

BY DR. WILKS.

It is well known that there are fifty remedies against this disorder, and even more than this number may be discovered if it be worth while to collect them from medical writings; and yet those who have not the opportunity of witnessing the practice of others are well satisfied with their own particular remedy as the best, in consequence of having generally found it successful. Thus scarcely a week passes but we hear of some new medicine which will infallibly cure this disease; and even it is worth the time of the British Association to discuss the merits of some novel anti-choreal drug. All the while the believers in iron, zinc, belladonna, or galvanism, still exist. In Guy's Hospital iron was superseded by zinc; and then, according to Addison and Bird, both were inferior to galvanism. This, however, did not take a year to be forgotten, although lately revived by the French physicians.

Now, we think it would be tolerably evident to an unprofessional person, or to one unacquainted with the disease in question, that where a malady can be cured by so many remedies, it may be very well left to itself, and can be placed in the same category as whooping cough, and many other disorders which tend to a spontaneous cure. We had almost arrived at this conclusion when visiting some years ago the Paris hospitals, and discovering that at one time iron was the remedy; at another, no drug could equal strong coffee; and at another that certain gymnastic movements, on the plan adopted at the "Hôpital des Enfants Malades," were quite sufficient to cure the disease.

It would appear to be true that tonics are useful, and that it is important to correct any morbid state of the alimentary canal. With this idea, the late Dr. Hughes had a favorite and very useful remedy, consisting of rhubarb steeped in port wine. All other medicines acting on these principles are beneficial, and we generally administer them. But in order to impress upon students the impor-

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tance of attempting a rational treatment of disease, so that they may know with what purpose they are administering medicines, we have for some years past taken bad cases of chorea into the hospital, so that students might witness for themselves the fact of the spontaneous cure of the disease, in order to disabuse their mind of the false notion that iron and zinc cure the disease by an antidotal sort of action.

The result, we may remark, can scarcely be obtained except in a hospital, for the cure seems to depend upon the removal of all those circumstances which may have excited the disease at the onset and then perpetuated it, as well as upon the controlling the patient by the stricter discipline of an institution and the more correct regimen. Thus it is, that although amongst our out-patients recovery will ensue under the ordinary treatment in a certain time, yet this is often protracted, and sometimes even no benefit at all results. Under these circumstances, if the patient be admitted into the hospital, a change speedily takes place. We should state that as the hospital nurses are staunch believers in physic, we have been obliged to order the children a little colored or sweetened water. We append a few cases in order to prove our position that chorea is a disease which tends to get well of itself, but is assisted in the process by tonic remedies, especially of the mineral kind. This we regard as absolutely certain, and appears, indeed, to be the only explanation of the numberless remedies which are in vogue to cure this disease.

CASE I.—A girl, aged 15, had been ailing a month with symptoms of severe chorea, and had got so much worse during the last week that she was unable to stand, and was obliged to keep her bed. Her medical adviser, a very good practitioner, had treated her up to this time without relief. On admission, it was seen to be as bad a case as is usually witnessed. She was obliged to be placed in a bed with sides to it, for fear of her falling out. She was in constant motion, throwing her limbs about, the skin of which was knocked off on several parts, owing to the violence of the jactitation. She was ordered a little syrup and water to be taken three times a day. After a short period she began to improve, was soon able to sit up in bed, then to walk, and finally she left the hospital quite well, exactly four weeks after admission; the usual time, it may be said, when the most highly-vaunted remedies are said to cure.

CASE II.—Sophia B., aged 7, admitted May 6, 1858. Symptoms of chorea had been gradually coming on for two months, but she had still been able to walk about and go to school. Two weeks ago she fell down, when all the symptoms became worse. On admission she was unable to stand, the jactitation was general, so that she was obliged to keep her bed. A slight systolic bruit existed. She was ordered syr. aurantii ʒ ss., tr. cardamom. c. ℥ v., aq. ʒ ss. ter die.

On May 11th, a little better. On 14th, much better. After this

she still improved, and on the 28th all movements had ceased. She then left the hospital, but was directed to take some steel mixture with her, thinking it might be of service, and not then interfering with the natural course of the disease.

CASE III.—Maria H., aged 8, came into the hospital with the last-named patient, and left about the same time. Three weeks ago choreal symptoms came on without an assignable cause. A slight systolic murmur existed. Jactitations considerable, so as to prevent her doing anything, although she did not keep her bed. She was a very intelligent child, but her father was a lunatic. She took no medicine, and in three weeks was quite well.

CASE IV.—Emily J., aged 14. She had been ill two years with attacks of chorea, and had been an out-patient twelve weeks, taking several remedies—as zinc, iron, &c., without benefit. She was advised to enter the hospital on January 12, 1859. She took syrup aurantii 3 ss., aq. 3 i. ter die, and at once began to improve. On February 1st she walked about, and was almost steady. In two more weeks she left well.

Several other cases of a similar nature might be mentioned, where the children recovered without the administration of any medicine. We remember two cases where colchicum was given, after strong recommendation, with good result; but probably the disease had only worn itself out.—*London Med. Times and Gazette.*

ON THE TREATMENT OF PLEURISY.

BY PROFESSOR TROUSSEAU.

M. TROUSSEAU rarely employs bloodletting in the treatment of pleurisy; he scarcely ever cups, even at the commencement of the disease. As an antiphlogistic, he prefers calomel in minute doses, administered according to the method of Low, aconite and digitalis. A favorite mode of treatment in these circumstances is the following: calomel, a grain and a half; powdered sugar, a drachm and a half. To be carefully mixed and divided into twenty powders, of which one is to be taken every two hours. Tincture of aconite and tincture of digitalis, of each 15 drops; ordinary julep, 5 ounces. A tablespoonful to be taken every two hours. The pleuritic pain may be relieved by the application of a compress soaked in chloroform, or in a watery solution of opium. The part having been rubbed for five minutes, with the latter preparation, a moist rag is to be placed over it and covered with a piece of oiled silk.

When pleurisy is complicated with effusion, M. Trousseau has never recourse, in order to favor the absorption of the serous fluid, to blisters, so generally used in this state. Blisters, and especially large blisters, present several disadvantages; they cause great suffering, and are often the cause of ecthyma, abscesses, boils, carbuncles, erysipelas, and other severe accidents. Not long ago, there was