I am bound to confess, are liable to become wearied with work, and who consequently find moderate relaxation a great boon; but all are not so constituted. There are giants in these days, even as in days of yore—giants in science and giants in mind—who can go on pursuing the same course, and getting through a large amount of work without fatigue or sensation of weariness, and who would feel it rather a bore than otherwise to get away from home. To these, gentlemen, what can we prescribe better than an increase of work, by taking charge of the patients of those among us who desire to absent themselves for a while, and so mutually to increase each other's pleasure? There have been times when medical men have feared to leave their patients, knowing that undue influence and rivalry have often prevailed amongst them; but we must hope those days are fast disappearing, and all such unworthy conduct will be for ever set aside; and I believe the more this Association is heartily supported and friendly intercourse kept up, the more liberal-minded and generous-hearted will the profession become, and the greater will be the endeavour to work harmoniously, not only in our own locality, but in a wider field; whilst the golden rule of doing to others as we would they should do to us will be better understood and more perfectly acted upon. With such principles actuating us, we shall be better able to combat all those trials and annoyances so often met with, when even our best intentions and efforts for good are misinterpreted and but little understood, as is now too frequently the case.

CLINICAL LECTURE ON CHOREA, AND ITS TREATMENT.

Delivered October 28th, 1872.

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GENTLEMEN,—We have such a vast number of cases of chorea in this hospital, that no doubt your attention has been already attracted to it, and you have observed its ordinary and funny characteristics. You will have noticed that the great majority of these cases are those of children from six or seven up to fourteen or fifteen years of age. Cases are sometimes, but not often, seen above this age; and of those which are above twenty, most are instances of chorea developed during pregnancy.

With regard to the pathology of the disease, some very able and trustworthy physicians believe that it consists of definite disease of the corpus striatum, of an hæmorrhagic or embolic nature. Those who, with myself, are not prepared to admit that this explanation of the disease is proved, have no other alternative explanation to offer, and consider that its pathology is at present unknown. The fact that chorea is frequently associated with rheumatism and with rheumatic disease of the heart, lends support to the embolic theory, because the rheumatic vegetations which form on the valves of the heart may be, and undoubtedly sometimes are, detached therefrom, and carried by the moving blood up to the arteries of the brain, where they are arrested. On the other hand, we see many cases of chorea where, so far as we know, there are no vegetations to be detached. We see every possible relation between chorea and rheumatism—rheumatic fever or subacute rheumatism, preceding chorea, or succeeding it, either immediately or at some considerable interval, developed during the existence of chorea; or chorea developed during the existence of rheumatism, either acute or subacute. We see both forms of rheumatism, and also valvular disease, occurring in children of a suitable age, without any subsequent chorea, and chorea without any subsequent rheumatism. I am much disposed to think that the connection is accidental. Birmingham is a very rheumatic place; and feebleness is a common precursor of rheumatism, as it also is of chorea. In other places, the association of rheumatism and chorea has not always been noticed.*

There are many other interesting features about chorea—such, for example, as the frequent presence of oxalate of lime in the urine, which is often of a high specific gravity—a noteworthy fact, considering the symptoms which are often associated with oxaluria in the adult. But these I will not enter into, because I want to occupy the time at our command with the treatment of the disease.

Like all other diseases which are not necessarily fatal, cases of chorea may be primarily divided into those which die in spite of all treatment, those which recover without any treatment, and those

which are favourably affected by judicious treatment; the last class comprising those which would have died, or suffered more severely or longer, without treatment. And there are also three classes of practitioners—those of an enthusiastic and self-applauding credulous disposition, who are invariably satisfied that, had they not done exactly what they did do, and exactly at the moment it was done, the result would have been very different—*i. e.*, much less satisfactory. This is a most enviable disposition, for it is a source of inexhaustible happiness to its possessor throughout his life. It is also the most unphilosophical conceivable disposition, and almost fatal to self-improvement. There is a second, much smaller class, though now-a-days too numerous, whose excess of incredulity leads them always to think that all efforts to treat disease by drugs are futile, and that things would have gone on just the same without their treatment as with it.* This disposition, which is often not without a considerable admixture of vanity, is not truly philosophical. If you would be found, as I hope you will, in the third class, you must remember that many cases get well of themselves; that in many cases the drugs we administer do not affect the course of the disorder; that you cannot do a thing and let it alone; that in no case in which you have interfered can you say with absolute certainty what would have happened without your interference. You must carefully watch the apparent effects of remedies, and endeavour to determine whether the effects are apparent only, or real. To do this, you must eliminate from your minds the vanity which leads every one to commend his own efforts, and the envy which leads every one to disparage the efforts of his neighbours. And you must ever remember that judgment is a faculty which, above all others, requires to be assiduously and continuously cultivated. You cannot brutalise it in small things and cultivate it in large. If you will only bear these things in mind, you will, instead of ignoring or aping philosophy, become philosophers.

The first question you should ask yourselves, if you are called upon to treat a case of chorea, is, whether it is so severe that the patient may die from it; and secondly, whether, although not likely to be fatal, it is so severe as to make it desirable, for the patient's comfort, to reduce it to what we may call ordinary dimensions. If so, there are several drugs which I have found of great service, though I do not think that they will cure the disease. These are opium, chloral hydrate, bromide of potassium (the two latter generally best in combination), and tincture of cannabis Indica, which I introduced into use for this purpose whilst house-physician of this hospital. It is also of great importance that nutrition should be attended to; and the condition of these patients often necessitates the use of fluid nutriment only. In some instances, alcohol may be indicated; but I have not thought that, as a rule, its use is beneficial.

It is also of the greatest importance that the patient should be secluded, and spared all mental emotion or excitement. Two cases occur to my mind as illustrating the evil effects of mental excitement. When I was senior physician of the Queen's Hospital, a young pregnant woman was admitted under my care with so severe an attack of chorea that I scarcely thought she could survive it. Nevertheless, in a little time the symptoms subsided so much that she was almost well. Unfortunately, a medicine-bracket with several bottles on it, which was affixed to the wall just by the head of her bed, fell down, and the crash so startled her that the symptoms immediately returned in all their intensity, and, in spite of all treatment, she died in a few days. In another case, which came under my notice when physician to the Dispensary, a young man aged eighteen went up to the top of St. Philip's Church and out into the balcony which surrounds the tower. He immediately felt that horrible pang or shock which affects many people, myself among the number, under such circumstances, an idea of which it is impossible to convey by words to those who have not felt it, and of which those who have would rather not be reminded. He came down and went home, not feeling any particular effect from it. This was on a Saturday. The next day, at dinner, his mother noticed that, in helping himself to salt, he twitched the spoon and spilt the salt. As he had had an attack of chorea some years before, she recognised the meaning of this accident, and said, "You are getting the dance again." The symptoms increased rapidly, and before the end of the week he was dead.

I repeat, then, that in severe cases of chorea you are throwing away a great chance unless you secure the patient as far as possible from emotional excitement. I will not dwell on the details of the treatment applicable to this class of cases, because you will doubtless have an opportunity of seeing some such actually treated during the period of your attendance here.

[To be continued.]

* An anæmic constitution affords a frequent predisposition. The rheumatic predisposition noted by English medical men, was rarely traceable in the cases that have presented themselves to my observation.—Romberg on *Diseases of the Nervous System* (art. Chorea), vol. ii, p. 64 (Sydenham Society's translation).

* "The spirit of medicine is easy to be caught; you study through the great and little world, and let things go on in the end—as it pleases God."—(Mephistopholes in) Goethe's *Faust*.