entirely absent, and the nasal a good deal contracted. In the right, vision was so little that taking a satisfactory field was impossible. Apparently, however, it had been a case of bi-temporal hemianopsia.

A NOTE ON THE TREATMENT OF CHOREA BY ERGOT OF RYE.

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ERGOT of rye has been little used in the treatment of disease in the young subject, although as a sedative in cases of nervous disease in children its value is great. I desire here to call attention to the usefulness of this drug in the treatment of chorea when given in adequate dose. How it operates in such cases—whether it exerts a direct sedative action upon nerve tissue or controls it indirectly by its influence upon the blood supply of the spinal cord—I leave to others to decide. The fact, however, remains that under its use the disorderly movements soon begin to moderate and quickly come to an end.

With regard to any possible evil influence of the drug upon patients, I may say at once that I have never seen any. The symptoms described under the head of "ergotism," if attributed rightly to the ingestion of diseased rye flour, can only have been caused by the long-continued and excessive use of grain heavily ergotized; indeed, according to Trouseau, unless rye bread contains ergot in enormous proportion, its consumption is not followed by ill-effects, even when it forms the main food of a people for years together. When given in medicinal doses it seems to be quite harmless. I have given the liquid extract in doses of 1 drachm every three or four hours for many weeks together to children of 7 or 8 years old, and in doses of 20 drops or more for many months at a stretch, and have never seen any ill-consequences to arise from its use. If it has done no good, at any rate it has done no harm, and in the majority of cases the beneficial effects of the drug have been very decided. While taking ergot the pulse falls in frequency—perhaps as much as 15 or 20 beats—but I have not noticed dilatation of pupil or heard complaints of headache or nausea or abdominal pain. These symptoms have been referred to the action of ergot, but, given in such doses as I have described, the drug in my experience has not produced them.

Although useful in other varieties of nerve disorder, it is in cases of chorea that the value of ergot is shown most plainly. In this complaint the bromides, chloral, and other similar drugs are not very satisfactory in their action. To be of benefit they must be given in doses which tend to depress, and their influence too often is only temporary. Arsenic in doses of 10 minims or more of Fowler's solution three times a day is a remedy more to be relied upon, but it is often not well borne, and, if it agree, requires some considerable time to exercise its full influence, although improvement, when it occurs, is usually permanent. Ergot acts more quickly than arsenic; never, as far as I have seen, disagrees, and is successful when arsenic has been given in vain. I order to children of all ages 1 drachm of the liquid extract to be given diluted every three or four hours, and enforce complete rest in bed. Confinement to bed, I need not say, must form an essential part of all treatment for this complaint, for as long as a child is up and about no remedy is given a fair chance of success. In using ergot or any other sedative for chorea it is important as a first step to make sure that the emunctory organs of the body are in good working order, for the action of drugs in quieting the unbidden movements may be gravely hampered by the presence of some passing disturbance of function.

CASE 1.—Thus, a little girl of 6, who when awake was in constant movement, began on November 13th to take 1 drachm of the liquid extract of ergot every four hours. On November 18th, as the child had not improved, one drop of liquor strychninae was added to each dose of the remedy. On November 21st she was still no better, so the ergot was stopped, and 5 gr. of trional were given three times a day. On November 25th, as the movements were as violent as ever, a careful examination was again made of the child, and the liver was found to project two finger-breadths below the costal margin. The patient was given a mercurial purge, and was ordered to take an alkali with bitter infusion before each meal, all other treatment being stopped. On November 28th, the liver congestion having subsided, the ergot and strychnine were given, as before, every four hours. The patient now began at once to mend, and her progress was so rapid that at the end of eight days all unruly movement

had ceased, and on the following day—the ninth—the girl left the hospital cured.

In this example recovery, no doubt, was exceptionally prompt, but the case illustrates well the speed with which the disease may be overcome in favourable cases by the united action of the two drugs. The case was a fairly bad one, and I know of no other remedies which would have brought the complaint to a successful issue in so short a time. The addition of a drop or two of the strychnine solution to each dose of the ergot seems to have a marked effect in quickening the activity of the latter. It is comparatively lately that I have made use of this combination in chorea, but I have no doubt whatever that improvement follows more speedily with it than with the ergot given alone.

It is sometimes necessary to push the dose of the remedy, for the quantity required to exercise a controlling influence over the movements varies according to the susceptibility of the patient, and perhaps according to the age. I think that boys require larger doses than girls.

CASE II.—A boy, aged 8 years, began on December 23rd to take 1 drachm of the liquid extract of ergot with three drops of the strychnine solution every four hours. The movements at this time were fairly brisk, and the boy's control over his muscles was so impaired that he could not feed himself. He took the medicine every four hours for seventeen days without improvement and then every three hours for a week longer but still without benefit. Then, on January 16th, the dose of the liquid extract was increased to 1½ drachm (50 minims) given with the original dose of strychnine every three hours as before. On the very next day (January 17th) a striking change for the better was observed, and when I saw the boy on January 20th he lay quietly in his bed, declared that he felt perfectly well, and, beyond a certain abruptness in performing a voluntary act, seemed to have completely recovered from the attack. Even in this large dose the ergot gave rise to no untoward symptoms. There was no headache or nausea, or pain in the body or limbs, or falling off in the appetite. The remedy was continued for a week longer, and the patient then left the hospital cured.

Cases such as the above, which are two out of many, may be taken to show that the ergot of rye can be given to children in large doses without risk of harm; that as a sedative to the nervous system its value is great, and that if the quantity given at first prove insufficient, no fear need be entertained of increasing the dose of the drug until a definite impression is made upon the complaint. Thus, I have given the dose of 1½ drachm every two hours during the day and several times in the course of the night without exciting any unwelcome symptoms, and continued the remedy in the same dose and with the same frequency for days together until signs of improvement were seen. In all cases the ergot was pushed until it produced a beneficial effect, and it was always noticed that complete recovery followed quickly upon the first signs of amendment. The remedy ought not to be left off directly normal control over the muscles has been restored, but should be continued as long as any abruptness of voluntary movement remains. It is only when this has completely passed away that the ergot can be stopped without fear of a relapse.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

BILHARZIA HAEMATOBIA.

SOME time ago I spent three years on the Zanzibar coast at a mission station. While there I met a great many natives suffering from bilharzia; it occurred amongst natives of both sexes and of all ages, but was more common amongst males than females. Probably fully a third of all the male natives there suffered from the disease in different degrees. In the male, if it had lasted a considerable time, it caused complete sexual impotence, and consequently there was a great demand for a cure. I may mention that it was the custom for all male natives to be circumcised, generally when young.

I tried every remedy that I could find recommended or that I thought likely to be of use, and so far as I know did not cure one single case if at all severe, though many improved under treatment.

Since then I have spent over fifteen years in Zululand, and during that period have met cases of the disease, though chiefly amongst white residents. One man I met told me that he had been cured of the disease by taking small doses of santonin every morning for some weeks, and since then I have often tried this remedy, and generally with success.