

*Chorea in an Aged Person.* By T. W. McDOWALL, M.D.

As an appendix to Dr. Macleod's paper, I may give the following facts relating to a woman at present under my care at Morpeth:—She was admitted in May of last year. The medical certificate stated that she had an imbecile look; that she could not talk rationally; that her memory had failed; that she was extremely dirty in her habits; that before she was taken ill her disposition and conduct was quite different; that she was liable to outbreaks of temper and excitement.

Only an imperfect history of her illness could be obtained. She is now 49 years of age, and married. It is said that she was in good health, perfectly sane, and attended to her husband's duties up to the age of 34. At that time, 15 years ago, a "sort of St. Vitus' dance came on her," and she became "hazy" in her mind. No information as to the further progress of the bodily illness could be obtained, but she gradually became more demented. She had her last child five-and-a-half years ago, and since then she has become decidedly worse. She has gradually lost the power of walking and standing, and lately has given so much trouble to her relatives that they could not nurse her any longer. At times she had been noisy and excited. She has been married 23 years, and has had six children and two miscarriages. Her children are all healthy and intelligent. One sister and her grandmother were insane, but not in an asylum.

Her condition on admission was as follows:—She is confined to bed, being unable to sit or stand. Her favourite position is on her right side, her legs considerably drawn up, and her naked feet pushed as far out from the side of the bed as she can get them. If a chair be near her bed she makes quiet but persistent efforts to place her feet on its back. Should she succeed in this she remains in this position till the nurse tucks her up in bed again. Her face, when in repose, has a decidedly demented expression, but the eye is still quick and intelligent enough. The hair is iron-grey, short, scanty, and brittle. Eyes are rather sunken in the orbits, and the lids are pigmented, especially the lower. The pupils are normal. The body is fairly well nourished, and there is no diminution of the muscles of the limbs. She is not at all like a person who had been confined to bed for a number of years suffering from organic disease. There is a large, firm, brawny, swelling on the right side of the chest, on the inner wall of the

**axilla.** Two sinuses upon its surface; these do not level to bone. There is a similar swelling, but not so advanced, immediately below the right clavicle. It is evidently glandular. The mamma is free from disease. There is some redness over the right hip, caused by lying in a wet bed.

Choreic movements are limited to the muscles of the face, and to those causing flexion and extension of the fingers, toes, and ankles. The muscles of the face contract moderately quickly, but by no means so quickly as is usually seen; whilst the fingers and toes move in such a deliberate manner that one is strongly reminded of the peristaltic contraction of the intestines. The movements cease during sleep, but are exaggerated when she feels herself under observation. Although there appears to be no paralysis, in the usual acceptation of the word, the patient's limbs are really of no use to her. She cannot sit or stand, cannot put her legs down in bed; if they are pulled down she resists, and draws them up again. She cannot hold a spoon, but manages to draw a corner of blanket near enough for her to catch with her teeth; then she appears pleased, and continues chewing, if unobserved, till she has swallowed a square inch or two.

The systems are generally normal. She cannot put out her tongue. When asked to do so she only opens her mouth widely. She is occasionally wet and dirty, but can be kept clean if attended carefully.

In regard to her mental state, she may be described as very demented. She can answer a few simple questions briefly. She speaks slowly and indistinctly, and she evidently is disturbed by the involuntary movements of the mouth. Instead of answering, she sometimes repeats questions. Her memory is very defective. It cannot be ascertained whether she has any delusions or hallucinations, though it is possible she has, for when asked why she weeps so loudly she may say because of her children, or make some foolish answer, as, *e.g.*, that she sees a regiment of soldiers.

As to her condition now (March, 1881), it may be said that no real change has occurred. Though still confined to bed, she has not deteriorated physically. Occasionally she has been noisy at night, weeping loudly for her children, and at the same time uttering unintelligible noises. Although the muscular movements, in the course of some months, may vary slightly in intensity, especially in the fingers and toes, they remain, on the whole, as before.

I have more than once been tempted to record this case as

one of "athetosis," for it has many of the features ; indeed, when the movements are marked in the fingers and toes, and have almost ceased in the face, the case might pass as a typical example of it. I have always considered that disease, as described by Hammond, as simply a form of limited chorea, and quite undeserving a special name and description, but where authorities differ, my opinion may not be thought of much weight.

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*On the Use of Hyoscyamine.*

1. Remarks by Dr. G. M. BACON, of the Cambs. Asylum.
2. Cases, with Remarks, by Dr. HILLS, of the Norfolk Asylum.

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(1) DR. BACON'S REMARKS.

I venture to offer my experience of the use of the above drug for the purpose of comparison with that of other observers. I am anxious not to appear as an *advocate* of this or any other medicine, having a rather limited faith in the efficacy of drugs in the treatment of disease. It is so difficult to be sure that the results observed are fairly due to the ascribed cause that it is but seldom that any drug can be credited with a direct curative effect. The effects of most medicines are so uncertain and indefinite that it is well-nigh impossible to attribute any positive results to their administration in the face of so many disturbing causes. In dealing with potent drugs the case is different. When the toxic effects of an agent are produced it only remains to ascertain whether these are beneficial or not. For this reason it is easier to pass a judgment on the value of such a drug as hyoscyamine than of morphia or chloral, &c., because its affect is obvious and ascertainable. I will not now discuss whether it is good to give a sedative or not, but only relate my experiences. The preparation I have used has always been "Merck's extractive alkaloid," dissolved in spirit, for convenience, of the strength of one grain to a drachm of spirit. I have never given more than  $1\frac{1}{4}$  grain, and I usually give either one or two-thirds of a grain as a dose. If one-third does not bring sleep, I double the dose. The usual effect is to send the patient into a heavy sleep in half-an-hour, or even less time, and this may last for six hours, or even more. I have very seldom found it produce sickness, and not, as a rule, interfere with the appetite. I fancy, from