

appears good for recent events. 23rd—Cardiac physical signs much the same. Still has a soft systolic bruit at apex, but this has now lost its musical character; pulmonary second sound reduplicated, and accentuated. Pulse 84; a little irregular. Mentally, is quite convalescent. 20th—Weight, 134lbs. December 31st—Discharged.

Remarks.—It has long been known that some amount of intellectual deficiency is very commonly met with even in ordinary cases of simple chorea; affections of the kind here recorded are not however frequently met with. In 1870 Dr. Clouston described* two cases of this disease under the title of “Rheumatic Insanity,” and there appears to be little doubt that this affection is but one manifestation of the rheumatic diathesis; in the second of my two cases, indeed, there was no evidence of joint implication whilst the patient was under observation; but the only history obtainable as to the onset of the disease was from the patient herself, and such, therefore, might have existed previously. Putting this on one side, however, the association of endocarditis and chorea alone furnishes strong evidence in favour of a rheumatic basis. There are many striking points of contact between the cases here recorded and those described by Dr. Clouston, and also some differences; but I should like to call special attention to the well-marked disorders of special sense that were present, for although the higher intellectual faculties of attention and memory were greatly impaired, or altogether in abeyance at the onset of the malady, these were amongst the first to recover themselves. They were at least normally exercised with respect to some things at a time when the sensory disorders were still prominent.

The Use of Atropine as a Sedative. By J. R. GASQUET, M.B.

The high place assigned by Dr. Ringer to atropine as a sedative and hypnotic has lately suggested to me to try it in the cases which are so much relieved by hyoscyamine. My experience has so far been too limited to pronounce definitely on its value; but it may be sufficient to induce other observers with more ample opportunities to give it a trial, and come to some definite conclusion as to its value. I have given it only in three cases: two of chronic mania with considerable violence and destructiveness, and the third of

* “Journal of Mental Science,” July, 1870.

chronic insanity, characterised by vivid terrifying auditory hallucinations, which caused constant screaming and excitement. All three had been previously treated with hyoscyamine, and with the result of greatly quieting them. Two have now been taking the atropine for three months, and one for two months, in doses I shall presently mention, with occasional intermissions to test the action of the remedy. Comparing its action with hyoscyamine, it seems to me that it is less powerful than that alkaloid. The patients are less completely subdued and helpless: there are occasional outbursts of violence and excitement, though by no means so great as when atropine is not taken. Its effects seem to pass off more quickly, so that it needs to be given two or three times in the twenty-four hours. On the other hand, the patients are decidedly in a more natural and healthy condition; there is less stupor, oppression, and heaviness than under hyoscyamine. The pupils need generally not be dilated, but there is often much dryness of throat before the dose is reached, which quiets the patient. I ordered a solution of atropine in glycerine, of the strength of the liquor atropiæ P.B., on account of the risks from evaporation of the officinal preparation. I began with \mathfrak{m} ij of this in each case, and have now pushed it in two cases to \mathfrak{m} x, and in the third to \mathfrak{m} vj twice a day. One case I treated for a while with belladonna, giving \mathfrak{z} j of the tincture; but the atropine seems more uniform and convenient, especially as it can be administered without the patient's knowledge if necessary. I may remark that hyoscyamine is about fifteen times the price of atropine, which would be a matter of some importance in a large practice, if the action of the two drugs is not very different. I regret that I have had no acute case in which the alkaloid might be suitably tried since its use occurred to me. It might be worth trying whether the persistent use of atropine in full doses might not be useful as a curative agent in chronic mania, as it has sometimes been found to cure that cognate neurosis, exophthalmic goitre.

Note on the Chemical Constituents of Hyoscyamus. By Dr. G. M. BACON, Cambs. Co. Asylum.

Although *Hyoscyamine* in some shape or other has been used now for some time, but little is known of its chemical constitution, and one is, therefore, glad to notice that at the PHARMACEUTICAL CONFERENCE, held in London, in August,