

(A paper read before the Toronto Medical Society).

In Le Progres Medical for February there appears a clinical lecture by Professor Charcot on a very interesting case of chorea, that he designates as Hysterical Rhythmical Chorea, or Chorea Major sive Germanorum, in distinction from the Chorea Minor of Sydenham. A translation of the case, I am informed, has appeared in the London Lancet, but as probably many of the members of the Society may have failed to notice it, and several of the features are of unusual occurrence and interest, I propose translating portions from the journal above mentioned. Before doing so, it may be right to remind you that the profession in the present day do not universally recognize the propriety of the division-chorea major, and minor-as only grades of the development of the same disease. Ziemssen, in an excellent article on the subject in his "Cyclopædia, says, "it is my conviction that the group of symptoms called chorea major is not a disease sui generis, but is only the product of genuine psychoses and cerebral maladies on the one hand, and of hysteria and wilful simulation on the other, such as so often and so abundantly flourish in hysterical ground at the period of pub. erty." That proteus hysteria, which is described : under the name of chorea magna, contains in reality but one characteristic mark, and that is the associated spasmodic movements which are often performed with a certain fitness, but usually have an extravagant and violent character. But we have the same right to count all the associated spasms of hysterical patients as chorea major ; the spasms of single extremities as well as those of the whole body, those of the muscles of respiration, as well

as those of the larynx. By the same right, also, all those striking forms of associated spasm which are observed in insanity, epilepsy, cases of cerebral tumor, etc., must be added to the species chorea Ziemssen further remarks, that he does major. not consider it as justifiable, to select a single group of symptoms from diseases of such varied character, solely on account of its striking nature, and instances cases from his own practice in support of his views. I find also a case reported in the Medico-Chirurgical Review for 1846, by an Italian physician, Dr. Dubini, where the same muscles are always the seat of the convulsive movements which are generally also limited to one side of the body, and that the right side; the convulsions becoming more incessant as the derangement advanced, invading sometimes the other half of the body. In the Asylum for the Insane at Hamilton, there is a patient transferred there from either Toronto or London, I do not know which, who for years from early morn to night, rotates the head and body backwards and forwards like a pendulum; which case probably might with as much propriety be viewed as the result of insanity controlling the will of the patient, as of the psychical disorder named chorea magna. On referring to Trousseau's clinical lectures, I find that he agrees with Professor Charcot in recognizing a distinction between the minor and major forms of chorea, the latter having little in common with St. Vitus' dance, and therefore is in his judgment correctly named hysterical chorea. I translate one out of many cases that he adduces in support of his view. In vol. 2, p. 262, I find the last of the cases cited in illustration of the difference that he conceives to exist between the prodroma of the dance of St. Guy and hysterical chorea. Cases showing that, however powerless may be the will to prevent the disorderly contraction of the muscles, it still retains over these muscles consentaneous action and compels their execution with a certain amount of regularity and harmony. If the patient advances, it may be, it is true, by jumps, but she follows without deviation the course she has laid out. If she wishes to carry her hand in this or that direction, although her arm may be agitated by convulsive movements, she arrives without trouble and speedily, at the end that she wishes to attain. If she seeks to lay hold of an object, she succeeds at the first effort, without failure. Once the object is seized she does