

Progress of Medical Science.

MEDICINE AND NEUROLOGY.

IN CHARGE OF

J. BRADFORD McCONNELL, M.D.

Associate Professor of Medicine and Neurology, and Professor of Clinical Medicine
University of Bishop's College; Physician Western Hospital.

THE TREATMENT OF CHOREA.

By W. ESSEX WYNTER, M. D., F. R. C. P.

Assistant Physician to and Medical Officer to the Electrical Department of the Middlesex Hospital.

In perhaps the greater number of disorders of the nervous system, the chief interest centres in exact diagnosis, owing to the complexity of the mechanism involved and the refinement of the symptomatic manifestations, together with the inaccessibility (comparative only in the days of modern surgery) of the nerve centres. The modern history of abdominal and pelvic diseases shows that with increased facility and security in direct investigation and interference the interest in inferential diagnosis is subordinated to ocular demonstration of the exact pathological condition. Such may one day be the case in some diseases of the nervous system. The very features, however, which compel our interest in diagnosis in the case of nervous diseases tend to render their treatment more difficult and perhaps less hopeful.

St Vitus' dance stands rather in contrast to most diseases of this class, inasmuch as the nature of the disorder is usually manifest, even to unskilled observers, from the first, and happily also in the prospect of recovery being complete and capable of acceleration by suitable remedies. The frequent association of chorea with a rheumatic history or actual rheumatic attack, nearly half the cases occurring subsequently to rheumatism or scarlatina, and about the same proportion being followed by functional or organic heart disease, points to the necessity of more care in such cases than is commonly exercised. It is a general practice to keep a patient with rheumatic fever to his bed long after this is necessitated by pain or fever, because of the probable involvement of his heart in the morbid process, yet the proportion of cardiac affections after rheumatism scarcely exceeds that following chorea. As a counterpart to the joint pain of rheumatism, which does not tolerate movement, may be instanced the sense of unrest in chorea, which makes control of the movements unbearable, but which is in part relieved by rest in bed; and this may also be counted on to save the physical fatigue of the movements and the state of apprehension and excitability of the mind, besides keeping the child in a place of security out of the reach of sources of excitement, persecution and accident at a time when she is unfit to take part in the studies or amusements of her companions.