CHOREA

(Sydenham's Chorea, St. Vitus Dance)

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This is a nervous disease characterized by irregular and ill-sustained movements of different parts of the body, due to the irregular actions of the voluntary muscles.

Aetiology

It is generally a disease of females, found between the ages of 5 and 15. It is probably due to the same infective organism which produces rheumatism. In young adults it is often found in unmarried primiparae. The predisposing factors are: rheumatism, rheumatic arthritis, gout, gonorrhoea, intestinal worms, and certain diseases of the womb. Heredity is also one of them. Sudden fright, excitement or mental shock, producing cerebral anaemia, are exciting causes. Other acute specific fevers, such as scarlet fever or measles, may precede the disease.

Morbid Anatomy

The cause of the disease is not known, but it is probably cortical in origin. It is said to be a functional disorder of the brain, caused by anaemia, hyperaemia, peripheral or central irritation, etc. The attacks may be due to small emboli of infective organisms, plugging the cerebral vessels, and obstructing the minute vessels of the brain. They also degenerate them and produce small haemorrhages in the adjacent brain substances. The valves of the heart may show vegetations.

Signs and Symptoms

These vary according to the severity of the disease, and can be described under three headings: (a) mild chorea, (b) severe chorea, and (c) chorea gravis (chorea insaniens).

(a) *Mild Chorea.* In this form the muscles show purposeless, involuntary, ill-sustained movements, and react more feebly than normal when stimulated. The muscles of the face and limbs are affected. The tongue protrudes and retracts. The eyes turn about. The head moves from one side to the other. There is no fever.

(b) *Severe Chorea.* In this form the movements are not restricted to any particular part. There is constant twitching of the facial muscles. There is restlessness, and sleeplessness, with loss of voluntary power. There may be difficulty in speaking, eating, or swallowing. Abrasions and contusions may form over the body, due to its constant movement. The movements are increased by voluntary movements or in excitement, but cease during sleep. When the movements are confined to one side of the body the condition is known as *hemi-chorea.* When there is inability to move and the limbs merely twitch, the condition is known as *paralytic chorea.* In children the expression is dull and silly; there is mental disorder and the child cries without any cause. Fever is occasionally present, and signs and symptoms of

endocarditis or pericarditis may be observed. Subcutaneous nodules may be found in the region of the elbows, scapula and occiput.

(c) *Chorea Gravis* (*Chorea Insaniens*). In this form the temperature is high and delirium or mania is present. The pulse is rapid. There is profound exhaustion due to lack of proper nourishment and rest. It is more common in adults and is often fatal. It has a tendency to recur with a fresh attack, without a fresh cause. Incontinence of urine and faeces may occur in mental cases.

Prognosis

Prognosis is generally favourable if the heart lesion is not serious. The duration of an attack is from eight to ten weeks, but recurrences are common.

Complications

Complications include tonsilitis, erythema, pericarditis, endocarditis, scarlet fever, and measles.

Treatment and Nursing

Complete rest in bed and isolation are of the first importance. Fright, shock, and excitement of any kind should be avoided. Care should be taken that the patient may not injure himself. The sides of the cot should be padded with pillows, or in very severe cases the patient may be nursed on a mattress on the floor. A good plain nourishing diet is desirable. Change of air may be recommended. Bowels should be regulated. In case a patient feels difficulty in mastication or swallowing, nasal or rectal feeding may be resorted to. As the condition improves, toys, books, or some light occupation may be allowed.

Arsenic in increasing doses is found most useful when given in solution form. Aspirin, oxide of zinc, belladonna, antimony, conium, chloroform, strychnine, phosphorus and valerians have acquired a reputation in the treatment of chorea. Other drugs, such as bromide of potash, chloretone, thyroid extract, and sodium salicylate, have their advocates. Sulphonal and trional are good hypnotics.

Massage, iron for the anaemia, and cod liver oil are excellent adjuncts in convalescence.

Chloroform inhalation may be necessary to stop the inordinate movements and give rest to the patient. For chorea of pregnancy, hydrate of chloral is very reliable remedy.

Huntington's Chorea

This is a hereditary disease. Its onset is much later (between 30 and 40). Irregular movements are seen in the hands, face and legs. The mental changes gradually progress until dementia sets in.

Cortical changes and a chronic meningo-encephalitis have been found post mortem.

The patient should be kept in an asylum. Hypodermic injections of hyoscine hydrobromide gr. $\frac{1}{100}$ can be given when necessary.