

OUR PRIZE COMPETITION.

WHAT DO YOU KNOW OF CHOREA, ITS ORIGIN AND TREATMENT? WHAT ARE THE PRINCIPAL NURSING POINTS?

We have pleasure in awarding the prize this week to Mrs. Jean M. Jepson, 22, Philbeach Gardens, S.W.5.

PRIZE PAPER.

Chorea, an acute nervous disease, characterised by irregular and involuntary movements, occurs generally in children, girls being more subject to it than boys. Six to ten weeks is the time given to the duration of an attack, but it is difficult to determine this, as the choreic state, in a subdued form, may continue for two or three months.

Causes.—The actual cause is unknown; it is thought to be cortical in origin; some describe it as a functional brain disorder, caused by anæmia, hyperæmia or peripheral or central irritation. It is closely related to rheumatism, and has been considered as rheumatism of the brain, both diseases giving rise to endocarditis. One theory is, that the attacks are due to small emboli plugging the cerebral vessels; experiments verifying this have been carried out on animals.

Age is a predisposing factor, chorea often developing at the time the permanent teeth are making their appearance.

A predisposition to nervous troubles, especially if the general health becomes lowered, is another cause, or some distant source of irritation, e.g., worms in the intestine, and teething.

Scarlet fever or other specific fevers may precede the disease; other existing causes are strong emotions (e.g., fright), ill-usage, overwork and anxiety. Chorea is a complication of pregnancy, occurring more frequently in unmarried primiparæ.

Signs and Symptoms:—

(1) Mild Chorea. The muscles show purposeless and involuntary movements, one hand only, or the face and hand are affected; there is no fever.

(2) Severe Chorea. The movements are generalised, those of the facial muscles being very pronounced; there is great debility. Excitement and observation increase the condition, which subsides during sleep; the voice is lower than normal.

(3) Chorea Gravis (Insaniens). In this condition there is great exhaustion, rapid pulse; insomnia is a marked symptom. Death may be preceded by a sudden cessation of the movements or hyperpyrexia.

Hemi-Chorea is a condition confined to one

side of the body, but both sides of the face are affected.

Paralytic Chorea, where there is merely twitching, the limbs being incapable of movement.

Chronic Chorea (Huntingdon's) is a hereditary condition of adult life; there are irregular movements, impaired speech and gradual general dementia.

Treatment and Nursing Points.—Suitable hygienic conditions help to control the disease; the diet should be light and nutritious. All source of annoyance (mimicry) or irritation (worms) should be removed.

In severe cases, confinement to bed and isolation are necessary; in a ward the bed may be screened and a quiet corner chosen. As soon as possible the patient should be taken into the open air, and partake of gentle exercise. Change of air is beneficial; massage and electricity improve the weakened condition of the muscles. Relapses occur frequently; great care of the general health should be taken for some time after recovery, as more serious nervous disorders may result. Arsenic and iron are the drugs most generally given; others include strychnine, salicylate of soda, aspirin, &c. Bromide of potassium and chloral are given as sedatives.

Inhalations of chloroform, only palliative in their effect, are only to be resorted to in the rare and acute form.

Care and skilful nursing are essential. Sores caused by constant friction are difficult to avoid, and, if present, should be treated with aseptic precautions. As a preventive measure the knees, elbows and ankles should be bandaged and padded. When restraint is permitted the legs may be bandaged together, the arms bound, and a draw-sheet fastened across the abdomen. All exertion on the patient's part should be prevented, on account of cardiac trouble. The feeding is important; there should be no attempt at hurrying. When swallowing is difficult, nasal feeding must be employed—here the risk of the catheter entering the trachea is accentuated; a general anæsthetic is necessary in severe cases. A watch for symptoms of arsenical poisoning must be kept when this drug is being given.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Marion Zeigler, Miss E. A. Walford, Miss M. Robinson, Miss P. Thomson.

QUESTION FOR NEXT WEEK.

How is diphtheria spread? What are the special points to be observed in caring for a patient suffering from this disease?

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