OUR PRIZE COMPETITION.

WHAT DO YOU UNDERSTAND BY CHOREA? WHAT COMPLICATIONS MAY OCCUR, AND, WHAT POINTS REQUIRE SPECIAL ATTENTION IN NURSING A PATIENT SUFFERING FROM THIS COMPLAINT?

We have pleasure in awarding the prize this month to Miss Amy Phipps, Longmarton, Ashford, Middlesex.

PRIZE PAPER

Chorea, popularly known as St. Vitus's dance, is a disease principally affecting children, though not entirely

confined to any particular age.

There are two definite types of the disease, wholly unrelated in nature and incidence, but both characterised by irregular and spasmodic involuntary movements, rendering certain voluntary movements incoordinate, and also occurring during rest.

These types are :-

Huntingdon's Chorea (occurring in adults);

(2) Sydenham's Chorea (occurring in children). Huntingdon's Chorea.—This is a rare disease, usuallý

occurring in or after middle life, in either sex.

It appears to be hereditary, and is thought to be due to degenerative changes in the brain, probably in the cerebral cortex or basal ganglia. The movements resemble those of Sydenham's chorea, but are usually more sweeping in character. The face and hands are usually involved first, and simultaneously the patient's mental condition undergoes progressive degeneration, usually ending in dementia. Facial involvement is often severe, and articulation often unintelligible. Under this heading may be mentioned "Apoplectic Chorea," which occurs as the result of hæmorrhage into the region of the substantia nigra and corpus subthalamicum. The chorea is of strictly unilateral distribution, and death frequently follows from exhaustion in a few weeks.

There is little treatment beyond sedatives to allay spasm. The nursing needs the patience and skill of all chronic cases. The patient must be kept as happy as possible, and every effort made to secure regularity of the excretory functions, the administration of nourishing digestible foods and all the various nursing points which go to make the life of the chronic invalid as comfortable as possible.

Sydenham's Chorea.—This is a disease occurring between the ages of five and twenty, in nearly all cases,

and most frequently amongst girls.

It is essentially a manifestation of rheumatic infection of the cerebral hemispheres, usually associated with a history of sore throat, acute rheumatism, "growing pains," rheumatic nodules and erythema.

The essential lesion is a disseminated meningoencephalitis affecting the cerebral cortex, corpus striatum and pia-arachnoid, the microscopic examination revealing changes closely resembling those of lethargic encephalitis; the organism responsible is probably that which causes rheumatic carditis and arthritis, etc. The simultaneous occurrence of chorea and other symptoms of rheumatic infection is uncommon; rheumatic endocarditis shows more frequently in second and subsequent attacks of chorea.

Predisposing factors include: a neuropathic inheritance, emotional instability, debility, unfavourable

hygienic conditions both mental, physical and domestic. Existing causes include fright, shock and emotion, intestinal irritation from worms, toxaemia due to putrefactive changes in the alimentary canal, and heart

The disease is characterised by irregular purposeless involuntary movements, often more marked on one side of the body than the other. The disease, though always serious, is rarely fatal.

Symptoms.

The common mode of onset is sub-acute, the child probably being fretful, restless, easily tired, and sleeping badly, in the first stage. This is followed by a general motor restlessness: the child becomes fidgety and clumsy, drops things, knocks against chairs, etc. Obvious involuntary movements then appear: the patient grimaces, shrugs shoulders, twists jerkily, and makes sudden irregular movements of the head or limbs, often followed or accompanied by disordered articulation. There is a generalised muscular weakness and wasting, sensory disturbances, anæsthesia or hyperasthesia, emotional instability, and in severe cases, definite mental excitement and derangement. Muscular contraction is intermittent in character and irregularly sustained, there is unsteady gait and general incoordination, causing irregularity of the functions of the heart and lungs. Systolic murmurs at the apex of the heart due to endocarditis or homic murmurs at the base, with slight dilation, are frequent.

Apart from complications, the temperature is usually normal. Definite rheumatic phenomena are usually

discernible.

Complications.—Rheumatism, followed by organic heart disease, tonsillitis, erythema and delirium, are to be watched for, and treated at the onset.

Treatment.—Good nursing in quiet, calm surroundings,

is of supreme importance.

The bedstead should be padded, if necessary, to prevent self injury, and should be placed in a light,

airy position.

The diet should be full and nourishing, with an abundance of milk, cream, eggs, fresh fruits, with a limited amount of protein and carbohydrate. Every effort should be made to get the child to take a sufficiency of food of the right kind: in severe cases, nasal or esophageal feeding may be necessary. The bowels must be kept regular. To procure rest and sleep, drugs most useful are "aspirin" (this is well tolerated by children) and luminal, and chloral or bromide.

Liquor arsenicalis is valuable, but is apt to result in peripheral neuritis after long use. In very severe

cases, chlorotine is often necessary.

During convalescence, cod liver oil, malt, iron and hypophosphates and arsenic are often prescribed,

with massage and gentle exercises.

Every effort must be made to encourage sleep, such as tepid sponging, hot drinks, etc. During the day, the child should be kept calm, but amused, unless too ill. While the child must never be scolded, it is well during a mild attack that she be encouraged to control herself, and engage in some simple occupation such as easy

knitting, coarse sewing, etc.

Chorea, sometimes develops during the first three months of pregnancy. Besides the motor restlessness

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