RECOLLECTIONS OF HUNTINGTON'S CHOREA AS I SAW IT AT EAST HAMPTON, LONG ISLAND, DURING MY BOYHOOD

By George Huntington, M.D.

He prefaced his remarks with the statement that he had seen practically no cases of Huntington's chorea during the long period that had passed since the presentation of his original paper, now thirty-seven years ago, and that without the facts and observations handed down to him by his grandfather, Dr. Abel Huntington, and his father, Dr. George Lee Huntington, the medical lives of whom were both spent in East Hampton, L. I., he could never have formulated a picture of the salient characteristics of the disease so true and so complete as to make of it a so-called classic.

Old East Hampton was settled by the English in the year 1649, and was first called Maidstone, after the old home of many of them in England. They had spread eastward from Southampton, whither they had come from New England, principally from Saybrook and its vicinity in Connecticut, and settled several years prior to the settlement in East Hampton. With these earliest settlers, in all probability, came the disease under consideration. When Dr. Huntington's grandfather came to eastern Long Island from Connecticut in 1707, he found the disease well established there, but had little or no call to treat it, though he undoubtedly treated many choreic for intercurrent disease, and was thus more or less intimately acquainted with them. The same was true of his father, who was a native of East Hampton. Years of contact with these people taught them their peculiarities; the age at which the disease generally manifested itself, its usually slow onset and gradual development, sometimes through long lives, sometimes for only a short period; for these people often ended it all by suicide before its worst features had time to develop. Some worked at their trades long after the choreic features had developed, but they gradually succumbed to the inevitable, becoming more and more helpless as time advanced, and often mind and body failed with even pace.

Dr. Huntington said the postulates taken in his original paper he believed held good to-day, namely: The appearance of the disease only in adult life, its chronicity and gradual advancement, its following in direct line from parent to offspring, and when this line was broken, its failure to reappear in future generations.

Speaking of his personal memories of this form of chorea, Dr. Huntington said: "Over fifty years ago, in riding with my father on his professional rounds, I saw my first cases of 'that disorder,' which was the way in which the natives always referred to the dreaded disease. I recall it as vividly as though it had occurred but yesterday. It made a most enduring impression upon my boyish mind, an impression every detail of which I recall to-day, an impression which was the very first impulse to my choosing chorea as my virgin contribution to medical lore. Driving with my father through a wooded road leading from East Hampton to Amagansett, we suddenly came upon two women, mother and daughter, both tall, thin, almost cadaverous, both bowing, twisting, grimacing. I stared in wonderment, almost in fear. What could it mean? My father paused to speak with them and we passed on. Then my
Gamaliel-like instruction began; my medical education had its inception. From this point on my interest in the disease has never wholly ceased."

Dr. William Browning said it was always a pleasure to meet Dr. Huntington, and to feel that appreciation was his while he was still alive to enjoy it. Scientifically, Dr. Huntington’s original classic had received universal recognition, and every American practitioner must feel encouragement and pride when the individual worker made a contribution of such signal importance.

It was the historical side of this subject, Dr. Browning said, that had largely interested him, but on that point he had had his say, and there was nothing special to add now. There were some points that still needed working out, and no one had the material better in hand than Dr. Jelliffe. The only new point that he could bring up had reference to what might be termed the collateral degenerative neuroses. It had, the speaker believed, been claimed that the tendency in this disease was only to heredity in kind. That might be too narrow a view. Dr. Huntington had told him that the eligibles who did not develop the disorder nevertheless were peculiarly excitable and more than normally responsive to nervous strain. Dr. Browning said he could also mention insanity, paralysis agitans, possibly a group of the family type of muscular atrophy, and even other affections as occurring in the chorea-free descendants. Whether these constituted merely casual acquisitions or were more closely dependent on hereditary weakness was a question. He had hoped to take up this point, but as that was not very likely, he used this opportunity to throw out the suggestion. More than one generation of the chorea-free offspring must be taken into account. As we had the original Simon-pure type here in America, and as it had been followed back farther than elsewhere, we had the best basis for its successful study.

Dr. Smith Ely Jelliffe said the side of the question that had particularly interested him was to try to trace back the various families and their intermarriages, and in this way get as close as possible to the original nucleus of this disorder. In his work, the speaker said he had been assisted by Dr. Edward D. Fisher and particularly Dr. A. R. Diefendorf. One great obstacle he had met with in his efforts to trace back these cases was that in the medical histories no record was usually made of the maiden name of the mother, and thus the family connection was lost. Another puzzling feature of his investigation had been the tracing of the illegitimate children of parents who had been afflicted with this disorder, at least half a dozen instances of this having come under his observation. Dr. Jelliffe said he had been able to trace back these original Connecticut settlers to certain towns and hamlets in England, but there his investigations were consistently blocked. Many English psychiatrists did not seem to recognize Huntington’s chorea, and the cases of that disorder that he had seen in the English asylums were variously classified as catatonia, or dementia, or chronic mania. So far as the American cases were concerned, he said he had been able to show that there were at least three nuclei—one in Massachusetts which he had not worked out, one in Connecticut and its direct relation, the one on Long Island. Dr. Jelliffe said he had been able to tie together many of the cases of Lyons, of Sinklers, Waters and others to the Long Island and Connecticut nuclei. His paper, he said, which appears in Dr. Browning’s neurographs, was a preliminary report.

Dr. A. R. Diefendorf of New Haven, Conn., said he had been very
much interested in the subject of Huntington's chorea since he saw his first case in Worcester, Mass. When he first came to Connecticut, he saw a large number of these patients in the hospitals there. They came from different localities scattered over the state, but more particularly from along the shore. The speaker said he could not agree with Dr. Huntington that the disease developed only in adult life, as he had seen one case which had its onset at the age of seventeen years.

Dr. Charles L. Dana said he simply arose to express his appreciation and pleasure at the opportunity of hearing and seeing Dr. Huntington, to whom the members of the Society were much indebted for having come here to read his paper. Just as it was always a delight to hear a poet read his own poem, so it was a pleasure and privilege to be able to carry away with them the memory of having seen and heard a man who had helped to make medical history.

Dr. Dana said that Huntington's chorea had always appealed to him as an excellent disease in which to work out and apply the Mendelian theory on the traits of heredity, and he expressed the hope that Dr. Jelliffe had not neglected this feature in his historical study of the cases.