birth had been followed by the usual capillarity or larger hemorrhage or effusions in brain, and the transformations and consequences to the nervous tissue; and the degree and variety of impaired function of brain may be due to the degree and variety of situation of these hemorrhages.

Reference to more than fifty cases of injury of mind or body from abnormal parturition which are appended, will show that whilst in many cases the subsequent symptoms indicated that the brain and medulla oblongata had permanently suffered, the only one of the nervous centres which invariably presented symptoms of lesion was the medulla spinalis.

If—from analogy with the contractions of limbs observed to follow well-known diseases of spinal cord in later life, and from the fact of capillary apoplexy, larger blood- extravasations, and serious effusions being met with after death in spinal cord of infants who have died still-born from premature birth, descent of funis before head, &c., without mechanical injury to head and neck—I am justified in referring the spastic rigidity which follows apoplexy at birth to lesion of spinal cord, and not to lesion of brain or medulla oblongata, it is obvious, from the greater frequency of this evidence of lesion of spinal cord than of lesion of brain and medulla oblongata, that some cause this nervous centre suffers most often from the apoplexy, or least frequently recovers its scanty. It seems almost superfluous to add, as further proof of non-dependence of spastic rigidity of limbs upon mechanical injury at birth, that the lower extremities are oftenest affected and are the slowest to recover, although they derive their nerve-power from the lower part of the spinal column, which is assuredly the part of the cerebrospinal axis least obnoxious to mechanical injury.

I trust the views of the pathology of the lesions of mind and body referable to the influence of the act of birth upon the child, which I hope to have somewhat unravelled, will promote the beneficial treatment of the disorders when detected in the early stages. In the later stages, the general principles of orthopaedy, and mental training when the intellect is affected, are successfully applicable in the inverse proportion to the extent of the permanent disorganization of the nervous centres and of peripheral structures. The length to which this paper has already extended prevents my dwelling upon the subject of treatment. I have had many of these cases under observation from one to twenty years, and may mention as an encouragement to other practitioners that treatment based upon physiology and rational therapeutics effects an amelioration surprising to those who have not watched such cases. Many of the most helpless have been restored to considerable activity and enjoyment of life. Even cases which exhibit impaired intellect may be benefited in mind and body to an unexpected extent.

XVI
Sydenham's Chorea

RHEUMATIC chorea is named for Thomas Sydenham, who first described this disorder and mistakenly called it St. Vitus's dance.

St. Vitus's dance was actually an entirely separate phenomenon. During the Middle Ages, in a setting of widespread religious mysticism, ignorance, and superstition, mass outbreaks of wild emotional dancing occurred throughout Europe. The victims were frequently brought to the chapels of St. Vitus, a Sicilian boy who had been martyred in the year 303 during the persecution of the Christians by Diocletian. St. Vitus thus became the patron saint of those afflicted with the dancing mania.

...So early as the year 1374, assemblages of men and women were seen at Aix-la-Chapelle, who had come out of Germany, and who, united by one common delusion, exhibited to the public both in the streets and in the churches the following strange spectacle. They formed circles hand in hand, and appearing to have lost all control over their senses, continued dancing, regardless of the bystanders, for hours together, in wild delirium, until at length they fell to the ground in a state of exhaustion. They then complained of extreme oppression, and groaned as if in the agonies of death, until they were swathed in cloths bound tightly round their waists, upon which they again recovered, and remained free from complaint until the next attack. While dancing they neither saw nor heard, being insensible to external impressions through the senses, but were haunted by visions, their fancies conjuring up spirits whose names... they shrieked out; and some of them afterwards asserted that they felt as if they had been immersed in a stream of blood, which obliged them to leap so high...

In 1666, the famous English physician, Thomas Sydenham (1624-1689), described a different disorder. Sydenham, who has been called the English Hippocrates, made important contributions to medicine by accurately recording the natural history of a variety of diseases. He relied upon his powers of observation at the bedside and had little interest in theorizing. Rheumatic fever and chorea were two of the entities that he described. However, he did not relate them, and his account of chorea was brief and incomplete.

The relationship between Sydenham's chorea and rheumatic arthritis and carditis was emphasized by Sée in 1850. Many, but not all, cases of Sydenham's chorea are now considered to be part of the clinical picture of rheumatic fever. The disease is rare in adulthood except during pregnancy when it may be especially severe. In addition to the adventitious movements and weakness noted by Sydenham, psychic disturbances also occur in acute chorea. Since most of the victims of Sydenham's chorea recover completely, there have been few pathological studies, and these have shown no striking or consistent abnormalities.

Although Thomas Sydenham's account of this disease was limited and his treatment preposterous, nevertheless his priority has caused it to become known as Sydenham's chorea.

References
6. Sée, G.: De la Chorea: Rapports du rhuma-
ON THE APPEARANCE OF A NEW FEVER.

... Saint Vitus's dance is a sort of convulsion which attacks boys and girls from the tenth year until they have done growing. At first it shows itself by a halting, or rather an unsteady movement of one of the legs, which the patient drags. Then it is seen in the hand of the same side. The patient cannot keep it a moment in its place, whether he lay it upon his breast or any other part of his body. Do what he may, it will be jerked elsewhere convulsively. If any vestel filled with drink be put in his hand, before it reaches his mouth he will exhibit a thousand gesticulations like a mountebank. He holds the cup out straight, as if to move it to his mouth, but has his hand carried elsewhere by sudden jerks. Then, perhaps, he contrives to bring it to his mouth. If so, he will drink the liquid off at a gulp; just as if he were trying to amuse the spectators by his antics.

Now this affliction arises from some humour falling on the nerves; and such irritation causes the spasm. Hence the treatment is first to bleed and purge, and then to restore the strength. To this end I act thus: I bleed from the arms to seven ounces, more or less according to the patient's age. Next day I order half (or more) of the previous purgative of camarinis, sena-leaves, etc.; the quantity being regulated by the age, habit, and appetite for purgative medicines of the patient.

In the evening I order as follows:

**Rx**
- Water of black cherries, 3 f.
- Aquae epipolicae Longii, 3 1/2 f.
- Venus treacle (old), 3 f.
- Liquid laudanum, viij.

Make into a draught.

This cathartic draught I repeat three times on alternate days, with a purgative the same three nights. Then I bleed afresh; then purge. So I bleed and purge, in turn, until a vein has been breathed three or four times, with purges proportionate—this being regulated by the strength of the patient. All the while, however, I look carefully lest, between the alternate evacuations, any bad symptoms should arise.

The days when there is no purging I order—

- Conserve of Roman wormwood, 3 f.
- Conserve of orange-peel, 3 f.
- Conserve of rosemary, 3 f.
- Venus treacle (old), 3 f.
- Candida nutmegg, 3 f.
- Candied ginger, 3 f.
- Syrup of lemon-juice, q. s.

Make into an electuary, of which take a part the size of a nutmeg, every morning at five p.m.

Wash this down with—

- Peony-root, Elecampane, Masterwort, Angelica, 3 f.
- Rue-leaves, Sage, Betony, German worm-hoarhound, Tops of lesser centuary, of each a handful; Juniper-berris, 3 f.
- The rind of two oranges. Slice and steep in six pints of Canary wine.

Strain and set by for use.

**Rx**
- **Rue-water**, 2 f.
- **Aquae epipolicae Longii**, 2 f.
- Compound brewer-water, 3 f.
- Syrup of peonies, 3 f.

Mix, and make into a jupet. Take four spoonfuls, every night at bedtime, with eight drops of spirit of harrnorn. Apply to the feet the emulsion a caramus.

If the patient improve, he drags his leg less, keeps his hand steadier, and lifts a cup more readily to his mouth. These are the surest signs of recovery. To accomplish this I do not recommend bleeding beyond the third or fourth time. Cathartics and alteratives, however, may be kept on until the cure is complete. Since, too, the disease is liable to return again, I think it well for the patient to be bled and purged about the same time, or a little earlier, the following year.

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**References**


