

SELECT CLINICAL REPORTS.

(Under this heading are recorded, singly or in groups, cases to which a special interest attaches either from their unusual character or from being, in a special sense, typical examples of their class).

I.**A Case of Rhythmic Chorea (Pseudochorea?) in Early Pregnancy.***

By G. BALFOUR MARSHALL, M.D., F.F.P.S.G.,

Gynaecologist to the Glasgow Royal Infirmary.

It might be better to call the condition noted in the following case "hysterical pseudochorea," as although the movements simulated chorea they were rhythmic in character, mainly affected flexor groups of muscles simultaneously, and were evidently hysterical in origin. I have been unable to hear or find records of a similar case.

The patient, aged 21, married three months, and two months pregnant, became much excited about ten o'clock one evening, as the result of a family disagreement. Shortly after midnight she developed chorea-like movements, which continued all night, and were so continuous as effectually to prevent sleep. When I saw her next morning I thought at first glance that the case was one of severe chorea, as the limbs seemed to be in constant movement under the bedclothes, but after making enquiry into the history and cause of onset, and noting the character of the movements, I came to the conclusion that the condition was purely hysterical.

The patient lay on her right side and stated that she felt more comfortable in this position. This is readily understood when reference is made to the great frequency of the nodding movement of the head. The movements were mainly limited to the flexor muscles and affected the head, thorax, abdomen, and both upper and lower limbs. There was a shrugging forwards and upwards of the shoulders to meet, as it were, a simultaneous nodding action of the head. At the same time the fingers and hands were slightly flexed and the elbows pressed into the sides. The recti contracted sufficiently to throw the body slightly forward, but this movement was made more marked than it really was by the head-nodding, and shrugging of

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the shoulders. The knees were flexed upwards. All the movements were quite rhythmical, affecting both sides simultaneously, and occurred with persistent regularity.

I watched the patient for a considerable time and noted that the nodding and shrugging movements occurred with great regularity at about the rate of twenty to the minute. The contractions showed the same quick jerk as is seen in chorea, but the succeeding relaxation of the muscles occurred more leisurely in the proportion of 1 to 2 as nearly as I could judge by counting. The interval between the contractions was so short that the patient had practically no relief from them. The muscles of the face were not affected and the tongue when protruded could be held steadily for over thirty seconds.

A mixture was prescribed containing asafoetida, valerian and potassium bromide, to be taken every four or six hours. The patient also got a dose of chloral hydrate at bedtime each evening sufficient to ensure a sound night's sleep.

The husband informed me that the movements ceased entirely during sleep, but recurred as soon as the patient awoke. The patient was also kept quiet in bed in a darkened room with instructions that no friends or relatives were to be admitted.

There was only slight improvement during the first two days, but by the third day the movements affecting the lower limbs and abdomen had ceased, while those of the neck, shoulders and arms occurred at longer intervals, and were less violent.

Rapid improvement now took place, so that by the fifth day the movements had entirely ceased, and the patient was permitted to rise the following day.

Three weeks later there was a slight return; the movements, however, being confined to a simultaneous rhythmical flexing of the fingers of both hands and forward shrugging of the shoulders. These movements disappeared again in two days on repeating the former medicine, and have not since recurred. It may be stated that the patient had not the usual morning sickness of early pregnancy which might have been expected in such a neurotic subject. The rapid cure of a case with such a severe onset confirms the opinion first formed, viz., that the condition was hysterical.