rhage comes, and must come, from the venous congestion of the mucous membrane of the invaginated cylinder.

There is one characteristic of pain, a classic symptom of intussusception, and that is the comparative ease which is experienced between acute exacerbations. The child, during these periods, often sleeps and looks the picture of health and comfort. This may seriously disturb the apparent justice of the diagnosis, and quite wrongly.

I have endeavoured to deal with most of the symptoms of two conditions which have only lately assumed positions of importance and widespread recognition amongst the maladies of childhood, and to touch a few characteristics in early life of appendicitis, intussusception, and vesical calculus, with the hope in the one case of elucidating what might appear obscure, and in the other of facilitating early diagnosis and early treatment.

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ART. XIII.—Chorea and its Treatment. By S. F. A. Charles, M.D., M.B., B.A. (Senior Moderator) Univ. Dubl.; House Surgeon (late House Physician), County Hospital, York.

From the earliest times chorea has been a constant companion to the physician. During the middle ages his services were not always sought, but more often a pilgrimage to the shrine of St. Vitus, where the cure was miraculous. This custom has earned for the complaint the immortal name, "St. Vitus's Dance." We in this twentieth century, having lost the gift of performing miracles, find it necessary to invoke other deities—namely, those of scientific and sound reasoning.

In the first place, the hysterical chorea, so common when the shrine of St. Vitus held sway, is quite different from that type of acute chorea to which the following remarks apply, and which is usually spoken of as "Sydenham's chorea." Here we have a condition characterised

* A Thesis read for the Degree of Doctor of Medicine in the University of Dublin, July, 1911.
with involuntary, irregular, purposeless movements associated with psychic phenomena, and without loss of consciousness. The muscular contractions resemble in a great degree the normal; they are quite unlike the persistent ones of tetanus, or the quick and jerky actions of convulsions. The movements usually subside during sleep; occasionally in severe cases even sleep does not subdue them.

Such a condition as this, with many and varied physical manifestations, must have an interesting pathology, and, indeed, we find that it is only within recent years the true nature of the disease has been discovered. From being regarded as a functional disease after the manner of hysteria, we now look upon it as a true organic condition, having the chief pathological change in the cells of the cerebral cortex. Here we find a universal chromatolysis; hardly a healthy cell can be found, so that one may assume that not only the motor cells are damaged, but also those higher cells which stimulate all voluntary movement—in fact, the law of dissolution is well exemplified. The more highly specialised cell succumbs first to the intoxication of the system, giving rise to the inability to control emotion—the first clinical symptom in chorea. In the later stages of the disease, when there is a universal dissolution of the motor cells, movements that are involuntary dominate the picture until the patient, tossing ceaselessly, appears to have solved the problem of perpetual motion.

I have mentioned that chorea is due to an intoxication of the system. This assumption is now a recognised fact, for has not every one observed the frequent occurrence of choreiform movements, arising during some acute general infection, such as may take place in the course of streptococcal or staphylococcal poisoning? The close analogy between chorea and rheumatic infection has long since been recognised. The frequent recurrence of chorea in the same individual, and the occasional development of joint trouble during an attack of acute chorea, indicate, to my mind, a general infection.