

A CASE OF ST. VITUS' DANCE.

A COPY-BOOK STUDY.*

BY

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THE following extracts from the copy-book of a Tasmanian State school child are worthy of note. They represent with remark-

able clearness the effects produced by the onset of St. Vitus' Dance (Chorea), a nervous affection which, if undetected, may be productive of much misery and distress to its victim, and may even result in irreparable damage.

This particular child was a girl, aged 11, in the Fourth Class of a large Hobart school. Up to August, 1907, she was a bright, intelligent child, writing a fairly good and clear hand, of which a sample is given below (July 17th).

Transcription 17.7.07
Penith with a rapidity
and a brilliance that
I had never seen before.

About August she began to experience a good deal of homestress, owing to domestic reasons. This worried her, and she was noticed to be tired and "fidgety" in class at

times. Her writing fell off in quality, and some jerkiness became evident, especially in the long strokes. This may be seen from the following example (September 16th):—

Transcription 16.9.07
Now that the British
are building school

From about this time the writing deteriorated badly, and she began to earn a reputation

for slovenliness. The jerkiness increased, and smudges and blots appeared (October 21st).

Transcription 21.10.07
s.s. s.s. s.s. s.s.
s.s. s.s.

* From the "Educational Record," Tasmania.

The teacher remonstrated with her concerning this carelessness and slovenliness, and

some apparent improvement had resulted at the dictation lesson on November 4th.

Dictation - 4. 11. 07
 It may be well to point out the changes that most

On November 13th the writing was still bad.

much and grows rapidly. The second stage is a curious

At the transcription lesson of the same date it was almost illegible at the beginning.

Transcription
 I should like just the chance to show

The teacher remonstrated during this lesson, with the curious result given below. One line, it will be observed, is written in a very fairly clear hand, the next is irregular, and the last has reverted towards illegibility. This was

caused by the rapidly increasing loss of control as the child grew tired from the great effort involved in attempting to steady her jerky muscles.

Who has slept undisturbed
 in his casket
 He is little two-thirds of
 a year
 I should like just the
 chance to show you

The teacher then decided to recommend her for examination by Dr. Clarke, the school visiting medical officer, in order to ascertain whether or not this remarkable "carelessness" was the fault of the pupil. This was done on the same day. Examination showed that she was suffering from severe St. Vitus' Dance. She was promptly sent home, with a note advising her parents to have her treated. The advice was taken, and she is now stated to be improving rapidly.

St. Vitus' Dance usually begins with slight twitchings of the face or jerky movements of a hand. The child "fidgets," and deliberate movements become clumsy and jerky. Objects are picked up with difficulty, and with some preliminary irregular or hasty movements of the hand. The child often drops things or knocks them over. These twitchings and fidgetings increase, especially under any strain (such as that caused by reproof or punishment), until severe contortions affect almost every voluntary muscle of the body. The contortions nearly always cease during sleep, and at first they may often be controlled to some extent by a strong effort, as in the case described above. Speech is often affected, and in some cases word-memory suffers. The child often becomes emotional, and bursts out crying if corrected for fidgeting or clumsiness.

The average duration is about two months, but if not attended to the disease may go on for one or two years. Relapses are common. It is a serious disease from the educational standpoint. The sufferer requires very careful and kindly handling at school. Heart disease is a fairly frequent sequel of chorea.

Exclusion is not, as a rule, necessary, except in such an advanced and serious case as the present one ultimately became. Light school work is often an aid to recovery, but errors due to the disease should be very leniently dealt with. It is sometimes necessary to make sure that the sufferer is not worried by other children out of school.

A child who develops "fidgets," together with a tendency to deterioration of handwriting, should always receive careful attention on this account. Twitchings of the hands or face should be watched for. If these are noticed, the child should (if in a city school) be at once reported for examination by the visiting medical inspector, or (if in a country school) the parents should be advised to secure medical advice.

The present case illustrates well the necessity for close attention to the physical side of child life as an essential feature of skilful and effective teaching. Children do not suddenly become "stupid," or "dull" or "slovenly" in their work without some good physical cause to explain it. It also illustrates the value of skilled medical advice as an adjunct to school work.

MEDICAL INSPECTION IN PUBLIC SCHOOLS.*

By THOMAS F. HARRINGTON, M.D.

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DR. HARRINGTON has recently published a highly interesting and suggestive pamphlet with the above title, in which he traces the development of school hygiene in the United States, and describes in detail the organization of the Department of School Hygiene in Boston. We give the following extracts from Dr. Harrington's pamphlet.

"The idea that medical science had any relationship to the problems of public school life was not entertained prior to the great awakening in preventive medicine during the epoch 1880-90. During this remarkable period, Robert Koch discovered the bacillus of tuberculosis; Eberth, the organism of typhoid fever; Klebs and Loeffler, the bacillus of diphtheria; Lavan, that malaria was transmitted by mosquitoes; Fehleisen, the streptococcus of erysipelas; Kitasato, the bacillus of tetanus—discoveries that transferred tuberculosis from the class of diseases supposed to be inherited, and placed it in the category of diseases preventable and curable; that proved diphtheria to be a specific, communicable disease, and not a filth disease; that suggested that skin affections may be contagious, that lockjaw may be epidemic; and that night air is as healthful and as free from disease as day air.

In such a renaissance it was but natural that attention should centre upon those affections which for ages had been known to be communicable and most prevalent at the earlier periods of childhood. The legal authority to carry out such an investigation was the Board of Health; the most likely place to find the facts was in the aggregation of children in school. Thus originated the first scientific basis for medical inspection of schools. This was at Boston, Massachusetts, in 1892.

The relationship of public-school life to medical science since this introduction of medical inspection is one of interesting evolution. First came the movement to prevent the schools from becoming centres of infectious or contagious diseases; then followed the attention to such hygienic

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