

## SUPPLEMENT: CASE VIGNETTES

### Case vignette 1: Maniacal chorea

In 1882, a 16-year-old pupil teacher presented with jerking movements all over her body. She developed “a very violent choreic movements with much mental excitement”. During her in-hospital stay, she became “violently maniacal – shortly-talking incoherently and flinging herself about, trying to walk out of the recess”. She had past medical history of rheumatic fever which was treated with “confinement to bed”. Two months later, she developed a left-sided chorea and Gowers reported that her “mental state was affected”. She “desires to go home as she imagines people are unkind to her; she is afraid of other patients; she has slight delusions”. In one occasion, she was “very troublesome at night, screaming constantly, pulled off all the bed clothes and tried to tear them apart”. It was necessary to use “a straight jacket to keep her in bed at all”.

### Case vignette 2: Functional chorea

In 1903, a 17-year-old woman was diagnosed as having functional chorea. She had a past medical history of measles and scarlet fever. She developed irregular movements on both extremities, with no movements of head and face. She was “very excited and movements got worse after facts such as mother’s operation, during which she got very nervous and frightened”. Three other patients received the same diagnosis in 1901 and 1899. The first patient was a 27-year-old man, described by Gowers as “easily excited”, who developed irregular jerky movements most pronounced in neck, face and upper extremities. The second patient was an 18-year-old girl who developed a seven-week history of twitching movements on the right side of face and later in hands and legs combined with a right hemianesthesia which persisted despite movement improvement after hospitalization. She had many hysterical attacks in her past medical history. The last patient was an 11-year-old girl who presented with twitching movements for nine months and weakness of her right arm and leg. The patient “has been discharged as unsuitable for she made so much noise that she greatly disturbed the other patients; and her condition remained unimproved”.

### Case vignette 3: Huntington’s disease

Gowers diagnosed one case of Huntington’s disease in 1909 in a 42-year-old man with a gait disorder combined with chorea and cognitive impairment. Gowers noticed that the patient had a “slow mentation” and an “intelligence of a low order”. The patient “laughs frequently and spasmodically, usually with much jerking about of the head”, and the “speech was rather explosive” and “memory much impaired”. There was no family history of a similar disorder, which makes the diagnosis improbable.

### Case vignette 4: Tetanoid chorea

In 1886, Gowers diagnosed a tetanoid chorea in a 10-year-old boy with a three-month history of clumsiness. He had typhoid fever for four months at the age of three. Gowers examination depicted a “mouth spasmodically held wide open; the jaw seems open as far as is possible; no intelligible speech; his head is generally thrown back on his pillow and the sternocleidomastoids are tense and contracted all the time; spasms in the left arm which is constantly pronated and the fingers flexed; left chiefly affected foot is violently extended and somewhat inverted so as to be in a position of equinovarus”. The patient died shortly after hospitalization.

### Case vignette 5: Chorea during pregnancy

Gowers diagnosed three patients with chorea during pregnancy. In 1895, a 26-year-old woman developed a second attack of chorea during her early pregnancy. She had history of rheumatic fever and carditis. Chorea lasted two months. In 1897, a 15-year-old girl in mid-pregnancy developed her second attack of chorea. She also had history of rheumatic fever and carditis, and a cousin had suffered from chorea. Chorea has improved but worsened in the last month of pregnancy. In 1885, an 18-year-old girl was hospitalised with the same diagnosis and died after two months.