Netter, A. TREATMENT OF LETHARGIC ENCEPHALITIS. [Bulletin de l'Académie de médecine, March 30, 1920.]

The number of recent cases of this disorder in the city of Paris is estimated at 1,500, and at 10,000 in the whole of France. Italy and Austria are known likewise to have suffered heavily from it. The author reports the results from various forms of treatment in seventy-two cases. Considering the disease, like epidemic poliomyelitis, to be due to a filterable virus present both in the nervous tissues and in the nose, throat and mouth, he thinks the treatment should be conducted along three particular lines, viz., neutralization of the virus directly in the nerve centers by the use of a specific or nonspecific bactericidal preparation; elimination of the poison by various routes, and stimulation of the general defensive activity of the organism. The first of these objects would be attained by intraspinal injection of serum from persons already recovered from the disease, but such a procedure cannot yet be recommended in this disorder, partly because the presence of a neutralizing principle in convalescent blood has not yet been demonstrated and partly because the course of the disease is so prolonged that a very large number of injections would have to be given. Administration of hexamethylenamine by mouth is, on the other hand, always to be recommended, though its exact utility is still in doubt. Neosalvarsan injections seemed to do harm in one case. Enlargement of the salivary glands and salivation having been noted in some cases, administration of jaborandi or pilocarpine to hasten elimination of the virus with the saliva is indicated. Adrenalin is always combined with it to antagonize heart depression by the pilocarpine, as well as to combat the asthnia commonly present in these cases and probably dependent upon fixation of the virus by the nerve cells of the endocrine organs. The measure most strongly advised by the author is the fixation abscess, instituted by injecting one or two mils of oil of turpentine in the outer aspect of the thigh. Hippocrates had already noted that in patients who recovered from lethargus a spontaneous abscess generally developed in some part or other of the body. Out of twenty-seven cases in which Netter injected turpentine, in nineteen an incisable abscess formed, and of these nineteen patients only one, a pregnant woman, succumbed to the disease, although fourteen of them had the myoclonic form of encephalitis, considered more deadly than other forms. Two patients out of the eight who did not form an incisable abscess succumbed before collection of pus had occurred, and the other six, in whom the turpentine had caused no local reaction, likewise succumbed. Out of twenty-five patients who received no turpentine injections, thirteen, or over fifty per cent., died. Fochier's theory that a fixation abscess draws away virulent matter from the general circulation to the point of injection has not been confirmed by experimental work, but the abscess does in some way yield benefit, probably by awakening a reaction in the organs in which the materials for defence against

the disease are formed. Netter's pupil, Mozer, has shown, at least, that the bone marrow participates in the reaction, throwing out myelocytes into the blood stream.

Hala, W. H., and Smith, C. M. CASE OF MENINGOENCEPHALITIS LETHARGICA. [Am. Arch. Neur. and Psych., February, 1920.]

The authors report a case, clinically diagnosed as encephalitis lethargica, verified by observations antemortem and postmortem. From the clinical viewpoint the author's case was one of meningoencephalitis, with lethargy and involvement of the motor fibers of the third, sixth, seventh, tenth and twelfth cranial nerves. The etiological cause was a gram negative motile bacillus, unidentified, but probably belonging to some intermediate class of colon-typhoid-enteritidis group. Pathologically, the lesion demonstrated septic meningoencephalitis and ependymitis, with punctate hemorrhages and perivascular cell infiltration of the centrum ovale, corpus striatum and optic thalamus.

Paleani. ETIOLOGY OF ENCEPHALITIS LETHARGICA. [Rif. Med., May 22, 1920.]

The author found in the cerebrospinal fluid in two cases of lethargic encephalitis a pathogenic germ capable of reproducing in the rabbit a characteristic group of symptoms, agglutinable by the blood of other cases of encephalitis (also of influenza), and belonging to the group of organisms which were associated with the recent epidemic of influenza. The germ grows best in broth and sugar agar, does not develop in gelatin nor coagulate milk, and does not ferment mannite nor acidify glucose; it has slight hemolytic action.

Dimitz, L. CHOREIFORM TYPE OF EPIDEMIC ENCEPHALITIS. [Wien. kl. Woch., February 19, 1920.]

Thirty-five cases of epidemic encephalitis came under this observer's notice in two weeks. Common to all these cases were a comparatively low temperature—a sudden rise of temperature was indicative of a complication—dryness of the lips, with crust formation and herpetic vesicles, often of a hemorrhagic character, flushing of the face, intractable insomnia, and motor excitability. This last phenomenon was characterized by recurrent but never rhythmic clonic contractions of uniform strength, or by what the author calls choreiform restlessness. This restlessness often came on gradually, the first manifestation being hiccough, or a short catch, referable to the region of the abdomen or small of the back. On scrutiny, short contractions of the abdominal muscles, including the diaphragm, were often noticed to be unilateral; they were sometimes confined to the right, sometimes to the left side. Frequently short clonic contractions of the limbs were also observed, either unilateral or bilateral. Sometimes these contractions were curiously like the semivoluntary contractions of hysteria.