Ronchetti. CLINICAL FORMS OF EPIDEMIC ENCEPHALITIS. [Il Policlinico, Sez. Prat., June 21, 1920.]

Four types of epidemic encephalitis are described in this clinical contribution, a lethargic type, a type characterized by delirium, a spasmodic type, and a neuralgic type. Of 32 cases recently observed by him 24 presented the classical syndrome (consisting of lethargy and paralysis chiefly affecting the fourth and seventh cranial nerves) in an almost pure state or accompanied by only slight symptoms of delirium or neuralgia. In three cases the delirious syndrome, the neuralgic syndrome, and the syndrome of electric chorea respectively existed in almost a pure condition; in three the myoclonic syndrome was associated with the classical type of lethargy and paralysis; in one case the neuralgic type was combined with the delirious type, and in one the myoclonic syndrome was associated with the delirious type.

Pardee, I. H. ACUTE RADICULAR EPIDEMIC ENCEPHALITIS. [Am. Arch. Neur. and Psych., July, 1920.]

See Abstract of this in JOURNAL, New York Neurological Report, May, 1920. Abstract in J. A. M. A. says: Five cases are reported by Pardee, but as all the patients recovered, only a clinical study could be made. The chief symptoms were: (1) sharp lancinating root pains; (2) paresthesia; (3) muscular spasms; (4) hyperesthesia; (5) delirium, and (6) fever.

Michail. OCULAR MANIFESTATIONS OF LETHARGIC ENCEPHALITIS. [Clujul Med., July 1, 1920. B. M. J.]

The author records three cases of lethargic encephalitis in persons aged 23, 27 and 45 respectively, who, in addition to paresis of the internal rectus, presented signs of papillary congestion, which in one case amounted to "choked disc." The functional symptoms consisted in one case of well marked retinal photophobia, and in another of profound disturbance in the peripheral perception of colors, giving rise to great reduction of the visual field. The macula lutea was normal in all cases.

Hoffman, R. V. EPIDEMIC ENCEPHALITIS IN NORTHERN INDIANA. [Ind. St. Med. Ass. Jl., July 15, 1920. J. A. M. A.]

The use of frequent spinal drainage and the employment of hypertonic solutions intravenously in selected instances of epidemic encephalitis are advocated by Hoffman as an addition to our therapeutic armamentarium.

Creyx. ACUTE ENCEPHALOMYELITIS. [Journ. de Méd. de Bordeaux, April 10, 1920.]

The author first spends some time on the century old polemic regarding terminology. The terms lethargic and acute encephalitis are not

suitable, he says, because the disease is polymorphic in its manifestations, as in acute poliomyelitis. The classical signs may be absent if those regions which are usually attacked happen to escape; then restlessness may replace lethargy, spasms paralysis. A history is related to illustrate an unusual form of the disease, in which clonic spasms of the diaphragm, sphincter trouble (retention of urine) and delirium constituted a clinical triad. The case is compared with some reported by Sicard and Kudelski under the name "acute myoclonic encephalitis," in which the disease was ushered in by fever and joint pains, followed by delirium and myoclonic movements particularly involving the diaphragm and abdominal muscles.

Cramer. LETHARGIC ENCEPHALITIS. [Rev. Mé. de la Suisse romande, May, 1920. Med. Rec.]

Cramer reports nine cases of the lethargic and thirteen of the insomnic form. The lethargic cases are divided into deliriant and non-deliriant forms, while the insomnic cases were all of the myoclonic type, and the majority were deliriant as well. Tutrettini and Piotrowski write on the effects of lumbar puncture, which they carried out in twenty-two of the twenty-five cases treated. They find a characteristic picture which is of value in diagnosis—albumin normal or slightly augmented, chlorides and tension normal, early lymphocytosis most marked in the oculo-lethargic cases and moderate and even absent at the début of cases of other types, diminution of lymphocytosis with regression of the disease, early augmentation of glucose. Puncture has no therapeutic value. Roch writes of the electric chorea of Dubini. He calls attention to the fact that there prevailed in Lombardy at the time of Dubini's paper another malady known as convulsivo-cerebral typhus, which was of the epidemo-sporadic type. This affection was recognized and named by Frua, who was one of the first to report cases of Dubini's disease. Whether Frua recognized the identity of these two affections does not appear from the author's text, but the name is preferable to electric chorea, which does not connote an acute febrile disease. Roch now gives in detail a case of myoclonic encephalitis which conforms very closely to the disease as seen by Dubini. The terms "electric" and "chorea" are especially well adapted to visualize the disease. Gautier writes on epidemic hiccough, which is lethargic encephalitis complicated by persistent diaphragmatic contractions. He narrates five cases of this type. Strange to relate, these spasms of the diaphragm were quite isolated and none of the cases were of the myoclonic type. Whether the hiccough is to be conceived as a monoclonus is uncertain. Dufour, who saw epidemic hiccough in Paris cases of encephalitis, records that one at least was of the myoclonic type, while Beclard saw cases with and without monoclonus. Fatal encephalitis with hiccough was seen in Berlin, and it is possible that fatal cases of hiccough known to have happened at intervals in the past may have been sporadic encephalitis.