Correspondence.

"Audi alteram partem."

PROGNOSIS IN ENCEPHALITIS LETHARGICA.

To the Editor of THE LANCET.

SIR,—In view of the notice which this disease is now receiving I am authorised by Sir George Newman to send a brief note on its prognosis so far as it appears from the collection of case reports made by me at the Ministry of Health.

A study of these reports, together with an examination of several old cases, shows that in many instances the later stages of the disease may be very prolonged and the source of much anxiety both to the patient and to his medical attendant. Facial and ocular palsies, marked paresis, and sometimes paralysis, of a limb or limbs, and tremors in the parts so affected are constantly mentioned as existing after the patient has resumed, or partially resumed, his normal occupation. In addition, the higher faculties are apt to remain for some time distinctly impaired, so that loss of memory, defects of speech, mental lethargy, and a general loss of intellectual tone result. The character, too, not uncommonly becomes changed, and often for the worse, especially in children. It may be noted in passing that MM. Harvier and Levaditi in a recent paper¹ support the conclusion reached by Marary—viz., that the sequelæ of epidemic encephalitis are often no more than the symptoms of a form of the disease with a prolonged evolution.

It will be recalled that soon after the disease appeared in this country and prior to Jan. 1st, 1919, when encephalitis lethargica became a notifiable disease under the Public Health (Acute Encephalitis Lethargica and Acute Polio-encephalitis) Regulations 1918, a special inquiry was initiated by the Ministry with the object of gaining information concerning the epidemiology and clinical characters of the disease. The material for investigation and the knowledge then available were both limited, but a full and carefully compiled report on the subject was issued by the Local Government Board in 1918.² At the time this report was issued the conclusions reached concerning the full course of the disease in individual cases and the ultimate fate of its victims were necessarily guarded and provisional in character. The mortality-rate, for instance, in Dr. MacNalty's series of 168 cases worked out at approximately 22 per cent. Of the 541 cases of encephalitis lethargica notified during 1919 from England and Wales, no less than 286 proved fatal—a mortality of 54.6 per cent. A later review of this series resulted in the elimination of a certain number of fatal cases by reason of mistaken diagnoses, but even so the death-rate figure remained at 50 per cent.—a mortality which is probably much higher than is generally supposed. The fatality is greatest in those over the age of 30.

I may add that the Ministry of Health, in conjunction with the Medical Research Council, are actively continuing the investigation of this disease in its epidemiological, clinical, and pathological aspects. This coördination has already resulted in the successful transmission of the virus of encephalitis lethargica to monkeys in the Derby case, which was reported in the annual report of the Chief Medical Officer of the Ministry for 1919–20. The detailed information regarding notified cases which we are receiving from the medical staffs of institutions, medical practitioners, and medical officers of health is proving of great value, not only as material for ultimate tabulation, but as a guide to the selection of cases for special investigation.

Possibly some of your readers can supply information on the after-history of cases notified during 1919, supplementary to that which they have already sent in reply to schedules of inquiry. Any such information would be specially welcome.—I am, Sir, yours faithfully,

ALLAN C. PARSONS,
Medical Officer.

Ministry of Health, Jan. 24th, 1921.

¹ Bull. et Mém. Soc. Méd. d. Hôp. de Paris, Dec. 9th, 1920.

² Report of an Inquiry into an Obscure Disease, Encephalitis Lethargica, New Series, No. 121.

MENTAL DEFECT AND CRIMINAL CONDUCT.

To the Editor of THE LANCET.

SIR,—In THE LANCET of Nov. 13th, 1920, there were published two interesting addresses by Sir Bryan Donkin on the mental condition of criminals and delinquents. I do not know whether he has heard of the advances in the treatment of delinquents which we have worked out in connexion with several of the criminal courts in various cities of the United States. I am myself at the head of the medical service attached to the Supreme Bench of Baltimore City, which was established by me, with the aid of the judges of the bench some five years ago. Every accused person who shows any signs of mental abnormality or who has a record as an habitual offender is examined mentally, and a report is made on his condition to the court before his trial.

Our medical service also deals with all questions of legal medicine that come up in connexion with our courts. In all cases of possible homicide the autopsy is either made by me or in my presence, and I report direct to the chief prosecuting officer. My office also takes care of other matters for the police, such as the investigation of blood stains, foot prints, and the like. I am also called into the Civil Courts as the court's expert on various questions, such as the credibility of a witness, the possible limits of pregnancy in bastardy cases, the wage-earning ability of men involved in non-support cases, &c. About half of my work is that of a psychiatrist; the other half includes all medico-legal questions. Our idea for our medical service is that it should be as it were the watcher at the gate of the Criminal Court, which examines all those who come to the gate, and turns aside into the proper institutions those cases that are mentally deficient or mentally diseased, or who show any symptoms that may make them unfit for confinement in a penal institution. In this way we attempt to keep out of our prisons the mentally deficient and the extreme physical cases, as well as those who are actively mentally disturbed. In short, we attempt to meet the very difficulty which was brought out in Sir Bryan Donkin's article, so that each case can be treated by the court, rather as an individual problem of badly adjusted personality than as a mere infraction of certain laws or regulations. In Chicago and in Boston there are these medical services attached to the courts, but they are more intimately connected with the purely mental side of the entire question.

I should be very glad to send you any further information about our medical service, if your readers are interested in the matter.

I am, Sir, yours faithfully,

JOHN R. OLIVER,

Medical Officer, Supreme Bench of Baltimore.
Baltimore, U.S.A., Jan. 12th, 1921.

THE DIET OF WELL-TO-DO CHILDREN.

To the Editor of THE LANCET.

Scene: O.P. Department of General Hospital, A.D. 1884.

Personæ: Mother with infant in arms (the latter crying and eating a piece of cake). Hospital House Physician.

H.P.: Well, what is the matter?

Mother: Baby has diarrhoea and vomiting.

H.P.: What do you feed your baby on?

Mother: A bit of what we have ourselves.

A severe lecture from H.P. to the mother on the iniquities of her treatment of a baby of 8 months old. Indignant mother leaves the hospital, saying that she, the mother of six healthy children, is not there to be lectured by a young boy!

SIR,—Was the mother right or was I right? The work of Sir Arbuthnot Lane during the last 20 years has brought forcibly before the profession a problem that it has to answer one way or the other. Is he right or not? If he is right then we have to accept that many chronic diseases, of the causes of which we have been in ignorance, are now proved by him to be in part, at least, if not entirely, due to intestinal stasis. There can be no doubt about the mechanical changes found in the bowel, for they can be seen frequently at operations by those who have eyes to see, and what is of almost equal importance, they have been shown to be present in cases, where no operation has been performed, in