The patient, aged 37, received a severe blow on the parietal region of the head two years before. After a day in the sun he had a generalized epileptiform attack and the following day a Jacksonian attack involving the left side of the face and conjugate deviation of the head and eyes to the left. Similar attacks continued to occur and about a month later he developed a sudden flaccid paralysis of the left upper extremity and became comatose. An operation showed the skull to be negative. At autopsy two weeks later there was found an encephalitis of the ascending parietal convolution. There were numerous round cells and plasma cells. The condition was attributed to the blow two years before and with a long latent period. The author referred to similar cases reported by Behague. [Camp.]

Prince, A. TUBERCULOUS MENINGOENCEPHALITIS WITH THE SYNDROME OF ENCEPHALITIS LETHARGICA. [L'Encéphale, 1920, June, Vol. 15, p. 384.]

The essential symptoms of lethargic encephalitis are encountered in a number of other affections—a fact which has been emphasized by Baudoin and Lantuejoul, Claude, Roger and Chaix, Page and others, and Lesage and Abrami have described a somnolent form of tuberculous meningitis. The case published by the author is of an epileptic having a subdural ossifluent abscess of the anterior cerebral fossa with tuberculous meningoencephalitis of the base particularly accentuated at the level of the mesencephalic region. The case presented the complete syndrome of encephalitis lethargica—a constant tendency to sleep which it was very difficult to conquer, febrile conditions, bilateral ptosis, but more pronounced on the left, myoclonic spasms of the members, rhythmical and of short duration, more marked on the right than on the left, similar to the spasms observed in encephalitis by Sicard and Kudelski. The resemblance to encephalitis lethargica was further emphasized by the absence of paralysis of the members, of pronounced disturbances of the reflexes, and of irregularities of the pulse aside from those associated with the temperature. There was a moderate degree of lymphocytosis in the cerebrospinal fluid, which is not rare in lethargica. In the light of the present knowledge of physiological pathology a plausible interpretation can be given of this case. In encephalitis lethargica the principal lesions are situated at the level of the mesencephalon. There are few macroscopic lesions. Though there are sometimes punctate hemorrhages, the lesions are for the most part histological, situated in the locus niger, the oculomotor nucleus and surrounding region. Mauthner supports the view that there is a sleep center in the mesencephalon, and this would be the center also of pathological sleep. Claude and Lhermitte localize it in the infundibular region; Salmon in the hypophysis. The author's patient was not subjected to an histological examination, but the gross lesions were situated in the mesencephalon. The abscess, per-

fectly isolated by the dura mater, involved only the inferior face of the frontal lobes and played no rôle in the lethargic syndrome. These symptoms also had no repercussive effect on the epilepsy of the patient. [J.]

Boveri, Piero. EPIDEMIC ENCEPHALITIS AND THE CHOREA OF DUBINI. [Revue Neurologique, March, 1920 (Soc. Neur. et Psych., Paris, Seance, March 4, 1920).]

Epidemic encephalitis is divided into two groups, the ordinary type in which somnolence, extraocular palsies and fever are the cardinal symptoms and the second type in which agitation, excitement, delirium and myoclonia predominate.

The first case reported was a girl, aged 19, who had influenza in October, 1918. In January, 1920, she began complaining of pain in the knees and shoulders and a few days later had fever and delirium (temperature 38.2, pulse 104). There were no extraocular palsies. The pupils were normal. The spinal fluid was normal and the leucocyte count 9062. About two weeks after this the temperature dropped to normal but the patient began having short rhythmic contractions of the flexor muscles of the forearm at the rate of about 66 per minute. There were also synchronous contractions of the diaphragm. These contractions persisted in sleep. In the second case a woman, aged 40, complained first of pain in the left arm and shoulder, later in the neck and right arm and rhythmical contractions in the sternocleido mastoid, trapezius and diaphragm, about 48 per minute. There was profuse sweating, agitation and delirium. Five days later the contractions disappeared in the arms but persisted in the abdomen and adductors of the thigh. The affection resembled very closely the electric chorea described by Dubini in 1846. [Camp.]

Russel, C. K. LETHARGY IN EPIDEMIC ENCEPHALITIS. [Can. Med. Assoc. J1., August, 1920.]

This author assumes that the lethargy of epidemic encephalitis may be explained on the basis of an acute functional hydrocephalus from blocking the foramen of Magendie.

Bénard, R. SPINAL FLUID IN EPIDEMIC ENCEPHALITIS. [Paris Méd., June 5, 1920.]

Whereas in many instances the C. S. F. may be normal, this seems to be the exception in the patients examined later in the last epidemic. Lymphocytosis is common, but the fluid is clear. Albumin may be present or absent, and glucose is not constant. It is so frequent, however, that a glucose content of from 0.67 to 1.06 gm. is a material aid in the diagnosis. The urea content is unaltered unless there is uremia.