Ottolenghi, D., d'Antona, S., and Toniello, F. ETIOLOGY OF LETHARGIC ENCEPHALITIS. [Policlinico, September 27, 1920.]

These observers report findings which confirm those of others regarding the filtrability of the virus found in the blood and spinal fluid of patients with lethargic encephalitis. This virus they report will transmit a disease to guinea pigs when injected into the peritoneum or brain. A disease is also produced contagious for guinea pigs when washings of the nasopharynx are instilled in the nostrils. Rabbits are also susceptible but only when the nasal mucosa has been scraped. Cats are also infectable, and brain substance of the cats is virulent for the guinea pig. The bacteriologic findings were negative save a streptodiplococcus was once found resembling that described by V. Wiesner.

Achard, C., and Ramond, L. ELECTRIC CHOREA. [Bull. de la Soc. Méd. des Hô., June 11, 1920. J. A. M. A.]

Achard and Ramond say that lethargic encephalitis has thrown light on the etiology of many types of chorea. It is probably responsible for certain cases of choreiform myoclonias and of acute chorea. Dubini's electric chorea is probably identical with it, but there is another form of electric chorea, the Henoch-Bergeron type, which differs completely from it, as they prove by the history of a case in 1904. It is mild and is cured by suggestion or tartar emetic, but it occurs in epidemic form. Of Bergeron's seven cases, three were encountered in one week.

Schiboni, L. LETHARGIC ENCEPHALITIS AND ACUTE MYELITIS. [Policlinico, September 27, 1920.]

This observer has seen some cases of ascending spinal paralysis of a myelitic type which were forms of lethargic encephalitis. The latter disease had been epidemic but was prevalent in the environs. He describes a case of myelitic type in a student which was fatal in six days.

Albruzzette. AMBULATORY ENCEPHALITIS LETHARGICA. [Rif. Med. January 31, 1920.]

A man, aged 44, who walked into the hospital, and while describing his symptoms, among which was a feeling of sleepiness, suddenly failed in his speech and fell into a profound lethargy. He was roused by shaking and proceeded with his conversation; very shortly to relapse into his lethargy. Two weeks previously he had a severe headache, and for three days had seen double. There was slight laryngitis, profound weakness, and intense sleepiness. After the diplopia had disappeared the sight did not return to the normal but remained misty. There was ptosis of the right eyelid. The symptoms lasted about twenty days and then all cleared up, the patient being able to be about the entire time.