Briand, M. MENTAL DISTURBANCE IN ENCEPHALITIS LETHARGICA.

[L'Encéphale, 1920, July 10, Vol. 15, p. 481.]

Having previously called attention to forms of encephalitis with hallucinatory delirium and extreme excitement the author here continues his description of this type of cases. These patients are sometimes semi-conscious and in a state of great anxiety, sometimes unconscious or confused with states of agitation alternating with periods of intellectual torpor. They are at times so violent that by their movements of defense they constitute a danger for those about them. The zoopsic hallucinations and the ambulatory oneirism lend these cases a resemblance to the picture of subacute alcoholism, while the violence recalls the confusional state following epileptic seizures or the delirium of rabies. In these cases the diagnosis of encephalitis lethargica is established by the physical signs, fixed facies, painful muscular spasms, algesia, choreiform movements, prickings and itchings, ptosis, diplopia, pupillary inequality, dysarthria, constipation, retention of urine, vomiting, abolition, exaggeration, or dissociation of reflexes. One case of hypomania has been reported in a child. The majority of patients succumb after a few days of excitement. In the two cases cited one died in a state of delirium from syncope; the other recovered, the only residual signs being a facial tic and a slight ptosis. [J.]

Dupouy, Roger. MENTAL DISTURBANCES IN EPIDEMIC ENCEPHALITIS.

[L'Encéphale, 1920, July 10, Vol. 15, p. 485.]

The author describes two cases of epidemic encephalitis presenting two distinct varieties of mental disturbance. In the first case after two or three days of very lively pain which appeared suddenly in the lower right extremity and was followed almost immediately by contractions and myoclonic spasms, a violent psychic excitement developed. The patient, who was confined to his bed, began to talk and gesticulate, to the astonishment of those about him. He became very irritable and later fell into a state of mental confusion characterized by visual and auditory hallucinations, visions of persons with whom he held imaginary conversations, visions of animals (notably rats) running about the room; he heard various imaginary noises, telephonic communications, etc. At the time of this mental confusion the spinal fluid showed heightened pressure and excess of albumin. When the patient had recovered from his mental confusion, but was still suffering from the choreiform affections, he became gay and light hearted, expressing full confidence that he would entirely recover, or resignation, if his condition should prove chronic. The second patient was depressed and melancholy, with fixed ideas, tics of mental origin (which could be clearly differentiated from the athetosis-like and choreiform movements, so often sequellae of encephalitis), and finally by an unnatural attitude, a stiffness and contraction of the left upper member which the author attributes to an imitation

of an organic contraction from which one of her uncles had suffered—in the patient's case a complication of pithiatic nature combined with a slight organic hemiparesis with muscular rigidity of pseudo-Parkinson type. This organic and psychopathic association could be explained by pathological hereditary tendencies of the patient. [J.]

Logre. TWO CASES OF ENCEPHALITIS LETHARGICA WITH PSYCHIC SYNDROMES RESEMBLING THAT OF CATATONIC HEBEPHRENIA. (Société de Psychiatrie de Paris, meeting June 17, 1920.) [L'Encéphale, 1920, July 10, Vol. 15, p. 476.]

The two observations described by the author show that the psychic syndrome of encephalitis lethargica may to a certain degree imitate that of catatonic hebephrenia and present serious difficulties in regard to diagnosis and prognosis. It was difficult to decide that the author's first case was not hebephrenia simply; that the second case, certainly encephalitis, was not at the same time one of hebephrenia; or that the mental states in both cases were not due to a postinfection dementia precox. The outcome in both cases was towards complete mental and physical recovery and the author, therefore, leaves the prognosis out of the question and considers the cases from a differential diagnostic point of view. While there are many mental diseases both toxi-infectious and constitutional which may simulate one element of the catatonic syndrome, the catalepsy or perseveration of attitude, the entire catatonic syndrome (suggestibility with catalepsy, opposition, stereotypies) is rarely observed in any other disease than catatonic hebephrenia, or "dementia precox." According to the author's observations the main interest of the psychic picture of encephalitis lethargica springs from the circumstance that, at least in certain cases, not only the cataleptic symptom is reproduced, but all the other elements of the catatonic syndrome is imitated with such singular exactitude as to mislead the diagnostician. The relations which unite the two disease pictures may be comprehended if it be remembered that the syndrome of catatonic hebephrenia is an insanity of muscular tension "spannungs irresein" (Kahlbaum); encephalitis lethargica, by lesional irritation of the motor centers also excites spastic troubles tending to become general so that this form of encephalitis might be called a disease of muscular tension, "spannungskrankheit"—the muscular factors being common to both affections; but that which is remarkable in the encephalitis lethargica is the extensive and profound infiltration, so to speak, of the motor disturbances into the psychic sphere. When the motor disturbances attack movements and groups of movements ordinarily under control of the will motor coordinations and systematizations enter into play, involving psychic activity and the syndrome is elevated to a psychomotor level. At this stadium the ensemble of the catatonic syndrome is so closely imitated as to render differentiation impossible. On the other hand the mental background of the two dis-