ceeded in cultivating the bacteria from a case which presented the picture of unmistakable influenza encephalitis with grippe pneumonia on both sides. The author states, however, that this virus, like other similar agents, would not always give rise to the same clinical or anatomical syndrome, the disease being a resultant of various factors. In the author's fourth, very atypical case, cocci were discovered which were probably identical with v. Wiesner's, and the author cites this case to show the ultimate possibility, when all the atypical modifications of the more constant phenomena are recognized, of isolating a characteristic histological picture to correspond to the very rich clinical picture of encephalitis lethargica described by v. Economo. Hope of attaining this result, the author believes, lies in the direction of classifying the histological complexes of the various forms of acute exogenous toxic-infectious brain diseases into inflammatory and noninflammatory types (understanding by inflammatory the three processes, alternative, exudative and proliferative, or if it be preferable to reject the concept of inflammation from histology, the division exudative, ectodermal and mesodermal, following Schroeder, may be substituted). The author suggests the name encephalosis for the noninflammatory encephalopathies in analogy with nephrosis used for degenerative kidney disease to distinguish it from inflammatory nephritis, with subdivision into vascular and parenchymatous encephalosis. Many types of so-called influenza encephalitis described by v. Economo would belong to the vascular encephalosis. To the objection that the clinical pictures would be sundered by the histological differentiation according to this point of view the author replies that the lumbar puncture would probably serve as a transitional bridge between clinical and histological syndromes, as the meninges are nearly always involved in inflammatory encephalitis. The peculiar predilection of encephalitis lethargica for the region of the central gray matter and the large ganglia may perhaps be most naturally explained by assuming greater vulnerability at these points due to the special distribution of the blood vessels, with the assumption of a primary injury of the blood vessels apparatus, and not, with v. Economo, of a purely lymphogenous origin of the disturbances. [J.]

Briand, Marcel, and Rouquier, A. RELATIONS BETWEEN CERTAIN PITHIATIC OR ANORGANIC STATES AND EPIDEMIC ENCEPHALITIS. (Société de Psychiatrie de Paris, meeting June 17, 1920.) [L'Encéphale, 1920, August 10, Vol. 15, p. 520.]

Since the beginning of the present epidemic of encephalitis the authors have observed at Val-de-Grâce a certain number of patients who, without any direct or indirect suggestion simulated paretic or choreiform syndromes, or the picture of pseudo athetosis with all the characteristics attributed to those conditions designated pithiatic or anorganic. All these patients were, intellectually considered, debiles, and their mental

make-up was a factor in modifying, transforming and finally fixing their symptoms. The authors question whether at the foundation of certain motor disturbances which arise suddenly and without apparent cause in individuals presenting constitutional signs of hysterical temperament there may not be an infectious element—a more or less violent toxic influence with cortical localization. [J.]

Cramer, C. D. LETHARGIC ENCEPHALITIS AND INFLUENZA. [Psychiat. en Neurolog. Bladen, 1920, Nos. 3-4, May-August, p. 161.]

In the influenza epidemic of 1890 many cases of involvement of the central nervous system were recorded, but during the recent ones of 1918-19-20 a larger number of more serious cases have been seen. We often see the so-called cerebral form of influenza develop in connection with the pulmonary form. Cramer here records two cases of lethargic encephalitis occurring during the influenza epidemic of 1918-19. In the first there was meningismus, high temperature, diplopia, ptosis, somnolence, masklike facies, muscular rigidity, katatonia, hypertension of cerebrospinal fluid and choreiform movements. In the second case there was meningismus, high temperature, diplopia, ptosis, nystagmus, somnolence, masklike facies and facial paresis. He records also a case of metapneumonic empyema, on an influenzal basis, in which numerous attacks of lethargy occurred over a period of many months without any of the other common signs of lethargic encephalitis. He goes fully into the literature and discusses the questions whether lethargic encephalitis is due to a filterable virus and whether it is a disease "sui generis." He lays great stress on katatonia which occurs so often both in lethargic encephalitis and in influenzal psychoses. This fact may be adduced in favor of the theory that lethargic encephalitis is etiologically of influenzal origin. Cramer concludes that lethargic encephalitis may be regarded as "a paragrippal syndrome." [Leonard J. Kidd, London, England.]

Bremer. MENTAL FORMS OF EPIDEMIC ENCEPHALITIS. (Société de Psychiatrie de Paris, meeting of June 17, 1920.) [L'Encéphale, 1920, August 10, Vol. 15, p. 517.]

The author describes four cases of this disease where the psychic symptoms were intense and of definite duration, at certain stages of the disease constituting the entire clinical picture. Two cases presented the syndrome of acute delirium; one, of mental confusion; and one, a child of nine years of age, of mania. In the cases of acute delirium and of mental confusion the symptoms did not differ from those usually met with in various toxemias; in fact in one of the cases they were such as to suggest the diagnosis of typhoid. There were no psychic sequellae in these three cases. It does not seem necessary, therefore, to assume any special cortical localization for the infectious process. None of the