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

the truly wonderful X ray work of Dr. A. C. Jordan. As these changes are present there can be little doubt that some results must accrue from them, and those of us who are in general practice are quite familiar with the two types of cases described: the chronic invalid with general proptosis and continual abdominal discomfort, indigestion, and constipation; and the other type, who only suffers from a "difficulty with his bowels" or "his liver," as he prefers to call it, and who eventually develops cancer. These two types being familiar to us, are we to accept the conclusions which the author draws? That is to say, are we to prognose that the first type will develop cancer or rheumatoid arthritis in some distant organ or joint, and that the second type will get cancer locally? Or, in other words, that the person who has these changes well marked is doomed to disease sooner or later. It seems to me that this is very nearly a proved case, and that we are bound to accept the theory as a basis (for our conception) at any rate for the present, or until it can be proved by further research to be untrue. This, then, is a very serious position; certain well-known diseases of mortal importance to the sufferers, a definite anatomical cause accepted for the diseases, but no theory for the abdominal changes which are proved to exist. If these anatomical conditions of the contents of abdomen are not congenital they must be produced by some error or errors of management in childhood.

I revert now to the good lady who was so indignant with me in the out-patient department of the hospital. She insisted that the proper diet for a child was "a bit of what we have ourselves." I, in my superior wisdom, told her that the only diet for a child of 8 months was milk, which was to be continued until the child was 9 months old, and that after that time farinaceous food was to be gradually added to the milk, which was not to be decreased in quantity. Hence her contempt for me! Now in watching children grow and develop during the many years I have been in practice I have been struck with the little importance that seems to be placed on diet, so long as it is "digestible and nourishing"; these are the only two epithets ever applied to food, and what is meant by "digestible" is that there must be no overt act of indigestion, such as pain or wind. The more the child can eat of this kind of diet and the fatter it grows the more pleasure is given to the parents. The child may, and often does, require a "dose," but that is "only what all children want," and nothing is ever thought of it. An ordinary child starts the day with a breakfast consisting of bread and butter, an egg or some fish, and half pint of milk; in the middle of the morning it is given half pint of milk and some food of some sort—biscuits, rusk or bread; at from 1 to 1.30 it has a full meal of meat or fish, vegetables, and a pudding, generally a milky one; at 4.30 it has a good tea meal with jam to stimulate its jaded appetite, and half pint of milk; and at bed time it has another small meal. Altogether the child takes five meals daily, and no mother is satisfied unless it drinks at least two pints of milk in addition, and very often sweets are given as extras—I mean sweets of which sugar is the principal ingredient. All this food is of the digestible sort—i.e., all elements of it which are considered to be indigestible are carefully eliminated either by the nurse or mother. Now it must be confessed that the great majority of children pass through this period of their lives successfully, and no matter what they eat, or how much, they seem to keep well and remain free from disease. But certain of them fall by the way, and of these a good many are sufferers from dyspeptic troubles, loss of appetite, pain in the stomach, and flatulence. In many of these cases it is very easy to follow cause and effect, and if the diet, and especially the number of meals, is reduced improvement rapidly follows. A typical case is the following:—

P. A., aged 4½, was brought to me in October of last year. He had never been satisfactory; his appetite was bad, he suffered from abdominal pains, he was "anæmic," he slept badly, and was very easily tired. His bowels acted daily, but his motions were small, and sometimes there was a little "mucus" in them. He had been to many doctors, who could find nothing physically wrong, had ordered him

tonics, and told his mother to feed him up. He was a bright, intelligent little fellow, very pale but not anæmic, and I could find no physical change except a distended tumid abdomen. I told his mother to stop two of his meals daily, and to substitute fruit and vegetables for most of his farinaceous food, and only to give milk as a condiment. The improvement was miraculous, and he lost all his symptoms for two months, when he suffered a slight relapse owing to constipation returning in the very cold spell of weather which we experienced in December.

Now I believe that this lad is in the early stage of abdominal change, and that he will be easily cured by the recognition of his condition. He was suffering from overfeeding and unsuitable feeding, which I believe to be the case with the majority of present-day children, and that, furthermore, it is the cause of the changes that are described.

In order to avoid the results it will be necessary to make considerable changes in the method of feeding children for the future. First of all, there must be a diminution in the number of meals, the most that may be allowed being three in the day. This allows time for one meal to be digested before another is poured into the stomach. The latter organ is thus not overfilled, and does not tend to become distended, the food is properly digested and passed on to the intestine in a fit condition for the further processes of digestion, and no overloading will take place. Then there must be great alterations of the food itself. As I have said before, all the mother asks of food at the present time is that it shall have three qualities—digestibility, nutritiousness, and quantity. No thought is taken as to the time that this diet will take in its passage through the digestive canal, and constipation is not looked upon as indigestion. It is as a rule easily corrected by a dose of medicine, and therefore of little importance. Now what is the most important requisite of food? I unhesitatingly say its power of rapidly passing through the intestinal canal. If food passes in the proper time through these organs well and good. No matter what its quality or what its quantity no harm accrues, but if from any reason it lags by the way trouble begins. This is true stasis. Now this happens in our modern dietary, because all the laxative properties of food are carefully kept away from the child, as they are contained in that part of it which is usually called indigestible. The peels of potatoes, of apples, and other fruits, the stalks of cabbage and cauliflowers, the husks of all grain, are the necessary ingredients for stimulating the bowel to act, and they are carefully withheld from children, as they contain no nourishment and are "indigestible." Few children are allowed to eat raw fruit for the same reason, and consequently we see the results—stasis and its after-effects. Too much milk, too much straining after "nourishment," too many patent "pap" foods, are the reigning desiderata at the present time, whereas nature is quite able to pick out from even a scanty diet sufficient nourishment for the development of most children, if it is allowed to go its own way, undisturbed by tonics, digestives, and "doses."—I am, Sir, yours faithfully,

Buckingham-gate, S.W., Jan. 16th, 1921.

H. A. DES VŒUX.

ORAL SEPSIS.

WITH SPECIAL REFERENCE TO CHRONIC DENTAL APICAL INFECTION.

To the Editor of THE LANCET.

SIR,—The interesting paper by Dr. W. Bertram Watson on this subject in your issue of Jan. 1st drew attention to a special feature of oral sepsis which is, in my experience, too often overlooked by dental surgeons and medical practitioners. I refer to a chronic dental infection, often round the apex of the root, where the gums and teeth are, as far as can be judged from careful macroscopical examination, perfectly healthy, and where no tenderness or pain are experienced by the patient. Too often in these cases the healthy appearance of the teeth has caused them, or rather the bony cavities containing them, to be disregarded as possible foci of serious infection without further examination. It cannot be too strongly urged that in all cases where the symptoms may be due to a