

public estimation. They are equal in impecuniosity. I submit that by pooling their resources, their prestige, and their energy, they will provide a better service for the sick, offer a better education to the medical student, and advance the cause of knowledge.

NOTES OF ANOTHER CASE OF ENCEPHALITIS LETHARGICA.

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LAST February Dr. O'Carroll and I reported some cases of Encephalitis Lethargica which we had just encountered. Our paper was published in the *Dublin Journal of Medical Science* for May, 1919. Since then I have come across a few scattered cases, and I have had the following very typical one recently under my care in the Hardwicke Hospital. As the disease does not appear to have attracted much general attention in this country, possibly on account of its infrequency, I have ventured to submit a further brief account of it.

J. W., male, age 15, was carried into hospital in a completely unconscious condition on Saturday evening, 25th October last. As meningitis was immediately suspected, an attempt was made to obtain cerebro-spinal fluid for diagnosis. The boy's comatose state rendered the operation of lumbar puncture easy, but after several very careful attempts we failed to obtain any fluid. In previous cases fluid of normal character was always obtained without difficulty, generally under increased pressure. During the repeated punctures the boy evinced little or no sign of pain, and lay literally like a log in whatever position he was placed.

The history, as given by his mother, contained some points of interest. Though on the whole a healthy boy,

at the age of seven he had a discharge from both ears, which continued for some time. It was not present during the past few years, but a fortnight before admission he got a pain in his ear and a bad headache. About a week before, he had fallen on his head while engaged in the pastime of walking on his hands in the street. From this time on he was noticed to be getting drowsy and losing interest in his surroundings. He developed some fever with flushed face and free sweating, and some muscular twitchings were observed. During the few days before admission he gradually became less and less conscious, till finally his family grew seriously alarmed, because he could not be roused at all.

On examination he was, as stated, deeply comatose. He lay as if in a deep and very placid sleep. His colour was good, pulse 68, full and regular; temp. 99 deg. There was no dyspnoea, stertor, or other notable sign. His limbs were slightly stiff, with no evidence of paralysis, but a remarkable catatonic condition was present—*i.e.*, when a limb was raised to an unnatural position it remained elevated for a few moments before slowly sinking down on the bed. The same curious phenomenon was noticed on sitting him up in bed—he subsided gently back on his pillow as if he were made of wax which was slowly melting. Our utmost efforts to rouse him only succeeded in getting him to open his eyes feebly. His neck was a little stiff, but not rigid or retracted. His face was unduly immobile, though there did not seem to be any definite paralysis of the facial nerve. There was distinct strabismus, but the light reflex was present though sluggish. Knee jerks were slightly increased, a painless “Kernig” was present, and “Babinski” positive. He had incontinence of urine and fæces, but a catheter specimen of urine contained neither albumen nor sugar. The other organs were normal.

Next day his condition was unchanged, though during the night he had been roused sufficiently on one occasion to answer questions, which he did intelligently. When lifted up and given a drink, he dribbled most of it out,

held some in his mouth for a few moments, and then gulped it down. Dr. Cummins examined the eyes and ears, and reported nothing abnormal in the discs. The ears were also normal, and, in his opinion, an intracranial lesion of the ordinary type might be excluded.

The general aspect of the case impressed one in that it did not fit any of the text-book varieties of coma, and though stupor of mental origin—*e.g.*, dementia præcox—suggested itself, I had very little doubt on account of the striking resemblance to the cases I had previously seen, that we were dealing with Encephalitis Lethargica. Accordingly, in spite of the boy's apparently serious condition, I gave a hopeful prognosis.

The subsequent history of the case was rather uneventful, but quite satisfactory. He was taking so little food that, after a few days, I had to feed him by stomach tube, and during this time his coma had, if anything, deepened. On 29th October some improvement was noticed. He woke up when spoken to, and replied quite clearly, but when left alone he immediately dozed off again. This feature of all the cases has impressed me particularly, and is, I think, of great importance in diagnosis. While the case was being demonstrated to the class, he betrayed no sign of consciousness during the complete physical examination. When those around the bed were quite convinced of his profound coma, I spoke loudly to him, and shook him up, when to the general amazement he opened his eyes and spoke quite naturally. This remarkable phenomenon is well illustrated in the accompanying photographs, taken one immediately after the other. The first gives a very good impression of the somnolent condition in which he lay for about ten days; the second, taken after he had been roused, shows the somewhat characteristic mask-like facies. Progress was continuous till about 5th November, though he still slept most of the time, but he could be roused more easily. He then had a relapse in which he became almost as comatose as before, but by 10th November he had again improved. He was taking food well, was in fact very hungry, was easily

roused, but always slipped off to sleep again when left alone. Strabismus had disappeared, nystagmus was still present. On 14th November for the first time I found him awake, and he asked to be allowed out of bed. Convalescence was rapid, and he was discharged quite well on 4th December, 1919.

There is some evidence that this curious disease is an ancient one, but its recognition as a distinct entity dates from its simultaneous description in 1917 by Netter in Paris and by Von Economo in Austria. In 1918 a considerable number of cases occurred in England, and were mistaken for Botulism. These cases were thoroughly investigated by the Local Government Board and the Medical Research Committee conjointly, and the results were published in the form of a "report on a new disease."

The clinical course was found to be divisible into two periods, but without any sharp distinction. The prodromal stage was indefinite, frequently with initial catarrh, emotional changes, drowsiness, headache, vertigo, and sometimes diplopia. It lasted about a week. In the acute illness the most characteristic sign was stupor. Many cases presented evidence of cranial nerve paralysis, particularly of the ocular nerves. This paralysis was often transitory and frequently bilateral. Optic neuritis did not occur.

The pathological findings are comparatively slight, and consist of minute hæmorrhages in the pons and fourth ventricle, with some round cell infiltration about the small vessels. They resemble those of sleeping sickness. Bacteriological investigation has, so far, proved negative. Treatment is, therefore, entirely symptomatic, but prognosis is better than might be expected from the serious aspect of the cases, the mortality in the English cases being about 25 per cent.