

CLINICAL.

Fever of Nervous Origin.—Duvernet (*Gazette des Hôpitaux*) publishes the case of a woman, aged 58, who had previously been healthy and never exhibited symptoms of hysteria. On the 12th of May, 1891, she was taken sick with a moderate fever, malaria, headache and insomnia. These symptoms lasted one month, when a mild diarrhoea appeared. On June 15th the temperature suddenly rose, accompanied with great agitation. The morning pulse ranged from 80 to 90 and rose at night to 120. The patient also had a chill followed first by a dry hot skin and then a profuse perspiration. The axillary temperature was taken several times daily, with every precaution to avoid fraud. On the evening of the 21st it was 40°6 C. The following morning 37.7 C. For some days following the evening temperature did not go above 39.5 C. and in the morning it remained at 37.7 C. This continued till July 6th. On the 7th the evening temperature suddenly rose to 41 C. Then for a few days it continued at 38.5 C in the morning and 40 to 41 C. or more in the evening. There also developed subsultus tendinum, tympanites, and some lenticular rose-colored spots which made the author think of typhoid fever, but later he concluded that these symptoms were of nervous origin. During the following four months the morning fever continued at 38.5 C. and the evening at 41.1 C.; exceptionally it would mount to 42.7, 43.4, and 43.7, C. The patient made a sea voyage and then later went to Rome and spent the winter, but all this time the fever continued. Finally in May, 1892, it disappeared, but the diarrhoea, insomnia, and tendon twitchings have continued without interruption during the years 1893 and 1894. The treatment has been unsuccessful. Quinine, all the antipyretics and bromides have failed. Opium and chloral have appeared more useful. Sulfonal alone has seemed of any value for the sleeplessness. Cold lotions and warm baths were without effect.

Duvernet considers this a rare case of nervous fever in a now hysterical patient. It shows, he says, that the danger of hyperpyrexia depends less upon its intensity than upon the cause which produces it.

FREEMAN

The Prognosis of Acute, Non-purulent Encephalitis.—Oppenheim (*Deutsche Zeitschr. f. Nervenheilk.*, Vol. vi., Part 5 and 6, 1895).

The conception of encephalitis from a symptomatic point of view is an incomplete one and very difficult to define, but with one form of this disease we are sufficiently familiar, clinically and anatomically to separate it and differentiate it from other types of the disease. And the term to which Oppenheim refers by this opening sentence is the acute non-purulent encephalitis, a form which almost always ends in complete or partial recovery. It differs materially in its etiology, its course and prognosis from other forms of encephalitis, and is characterized in a way by its sudden onset, its acute course (although the author reports a case in which the disease ran a subacute course and ended in recovery) and its favorable termination.

The history of the disease, as it occurred in five patients, is given. The first, a girl of sixteen, of good family and personal history, without history of recent acute disease, was taken with severe headache immediately after having made a short railway journey; accompanying the headache was loss of appetite, thirst and intense feeling of heat in the head. About a week later she noticed that it was impossible to speak. In this patient there was no vertigo, spasms or paresis of the extremities. Although consciousness was never entirely lost, there were times when it was not fully intact. When admitted to the hospital the bodily temperature was slightly elevated; the patient answered questions partly, incorrectly, or not at all; percussion of the head seemed to annoy