PARKINSONISM TOGETHER WITH THE "APACHE TYPE" IN ENCEPHALITIS LETHARGICA.

BY

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AMONG the many late manifestations of encephalitis lethargica those met with in children and young adults are most striking and varied, and victims of this disease are found attending the out-patient department of most hospitals in increasing numbers. Whether such late manifestations are sequelae of the disease is doubtful; it seems more probable that they are rather the effects of a still active virus living in the nervous system, like that of syphilis—a view held by Netter, Mott, Wimmer, and others. A classification by Hall has put such juvenile cases under one of the following classes: (1) idiot type; (2) Parkinsonism; (3) apache type; (4) naughty child type. Of these Nos. 2 and 4 are especially common, and there are many of type 4 which nearly approach the true apache type, although not really bad enough in their moral defect. Such cases, however, cause great anxiety in their homes, and institutional care is usually called for. It is agreed by observers in this country, and on the Continent, that a combination of the apache type with Parkinsonism is of rare occurrence, and it is for this reason that it is felt that the following case, in which certification was necessary, may be of interest.

A labourer, aged 19, had a history of "influenza" in November, 1922, was "ill in bed for ten weeks"; "would sleep all day," and "has been sleepy ever since." After this illness he showed great moral deterioration. His report from school was an excellent one, and in it he was described as "diligent, attentive, regular, punctual, and respectful." After leaving school he was described as "of steady habits, hard-working, and a pleasant lad." In June, 1924—that is, nineteen months after his acute attack—he began to change in his attitude towards his relatives, who say that he "became bad-natured, excitable, punched and kicked his mother and his small sister, threw knives about." In October, 1924, he was admitted to a mental hospital, his certificate stating that he had been charged at a police court with making a murderous attack on his mother. Inquiry showed that this was the third time he had been before the court on a similar charge. On the first occasion he was "remanded for medical examination"; on the second he was given "fourteen days' hard labour"; while on the third he was again remanded and sent to hospital, where he was certified.

On admission he was dull, retarded, sullen, and suspicious, and fabricated freely when his past was discussed. He was irritable in manner and abrupt in speech, and usually answered questions shortly and in an explosive manner. He was well nourished, pale of face, and had a greasy skin. His face was fixed and expressionless, his head bent forward towards the ground. Heart, lungs, and kidneys appeared normal. The knee-jerks were brisk, equal; plantars, flexor response; abdominal reflexes, present and equal. Pupils: react to light and accommodation, equal, regular outline, and not eccentric; no diplopia; movements of eyes complete. Ophthalmoscopic examination revealed no abnormal findings.

His gait was slow and stiff, and, when walking, he showed an absence of the normal swing of the left arm, which was held rigidly at the side. Myoclonic movements of the right shoulder were present, as were rapid blinking of both eyes. When agitated he showed frequent and regular sucking of the teeth, quite different from that observed in certain people when "on the defensive." His mother states that all these movements were not present prior to his illness. No abnormal sensory changes were detected. As is generally found in this disease, examination of the cerebro-spinal fluid showed no marked changes. It was clear; there was slight increase of pressure; Pandy's test was negative; protein not above 40 per cent.; the Wassermann test was negative; there was no excess of cells; Lange's test 0001110000; sugar 0.05 per cent.; chlorides 0.71 per cent.

Since admission he has shown some improvement at times, but remains bradyphrenic, rather slow and explosive in speech, and markedly bradykinetic. The Parkinsonian facies persists, but he has shown no violent tendencies and his behaviour has been satisfactory, although he has always been irritable and abrupt when addressed or examined.

The history of this case goes to show that this distressing disease is one that may raise difficult questions from a medico-legal point of view.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

HYDATIDIFORM MOLE.

HYDATIDIFORM mole is sufficiently uncommon to make the following case appear worthy of record.

The patient, aged 22, was admitted to a nursing home on October 26th, 1924; she gave a history of first pregnancy dating from about the middle of June. She had been losing blood for rather more than two weeks, and had been kept in bed under medical supervision, the case apparently being one of threatened miscarriage. On admission, after an uncomfortable journey of about forty miles by train and car, the pulse was 80 and the temperature 97.6° F. There was a slight brownish discharge not accompanied by pain. The uterus was enlarged to an extent corresponding with the history. The cervix, which was high up and quite soft, was only slightly dilated. The ovaries appeared normal. On October 28th an anaesthetic was administered and the cervix dilated. Pituitrin and quinine were given and the uterus massaged, but expulsion did not result. On October 30th the cervix was further dilated under an anaesthetic and the uterus carefully emptied of its contents—a vesicular mole. The patient made an uninterrupted recovery.

With regard to the frequency of this complication of gestation the figures of different observers vary from 5 in 4,000 pregnancies (=1 in 800) given by Engel, to 1 in 20,000 recorded by Madame Boivin. At the Rotunda Hospital, Dublin, in a series of 46,700 pregnancies the condition was found 22 times (=1 in 2,122.72); Fairbairn considers the average incidence to be 1 in 5,000. The condition is found most often in multiparous women towards the close of the child-bearing period.

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CONGENITAL FAMILIAL JAUNDICE.

THE note by Dr. T. R. Thomson on congenital familial jaundice, in the JOURNAL of January 10th (p. 72), prompts me to record a similar family history from my own practice.

The father and mother both belong to families of two only. Neither knows of any family tendency to jaundice of the newborn, haemolytic jaundice, or haemophilia. Their ages are now 38 and 34 respectively. The history of their children is as follows:

1. Girl, born August, 1911. No jaundice; healthy.
2. Boy, born April, 1913. No jaundice; healthy.
3. Girl, born March, 1916. No jaundice; healthy.
4. Boy, born March, 1920. Jaundice from second day. Haemorrhages (of blood that did not clot) from umbilicus and bowels, beginning on eighth day. Died on tenth day.
5. Girl, born June, 1921. Jaundice from birth. Similar haemorrhages, beginning on eighth day. Died on tenth day.
6. Girl, born June, 1922. Slight jaundice for a few days. Survived; healthy. For four months prior to the birth of this child I got the mother to take calcium (syrup. calcii lactophos. 3ss daily).
7. Girl, born December, 1924. Jaundice from second day. Haemorrhages from axilla and bowel beginning on eighth day. Subcutaneous ecchymoses over the whole body. Died on the fourteenth day.

The last baby was given 1 grain of calcium chloride every three hours from the second day, and an injection of 2 c.cm. of haemoplastin (P. D. and Co.) on the thirteenth day. The latter had not a fair trial. I had to get it from London after trying Glasgow unsuccessfully, and so lost a few days after making up my mind to use it. The mother had no ante-natal treatment, for a double reason. Owing to a housing difficulty and the possibility of having to leave the district, she did not engage me till five or six weeks before her confinement was due. I had—and still have—doubt as to whether the fact that the sixth child survived was really due to the prolonged treatment of the mother with calcium, and for the few weeks remaining it did not seem worth while to commence it again.

The age of the mother makes it probable that there will yet be opportunity of testing the effect of the calcium treatment. I have advised her that if she becomes pregnant again she should take it throughout the whole period of gestation.

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