

**THE NORTHERN HOSPITAL (M.A.B.),  
WINCHMORE HILL, N.**

The Northern Hospital, Winchmore Hill, where, as we report on page 173, the Matrons' Council met on June 2nd, by the kindness of the Matron, Miss M. S. Bryson, F.B.C.N., a member of the Council of many years' standing, is under the control of the Metropolitan Asylums Board—and its 694 beds are allotted as follows:—125 for cases of tuberculosis in women, 100 for children suffering from encephalitis lethargica (sleepy sickness) and the remainder are for convalescent children from infectious hospitals under the M.A.B., which has a twofold advantage. Beds are set at liberty for the reception of acute cases in hospitals located near the homes of the children, and the environment in the beautiful breezy spaces surrounding the hospital at Winchmore Hill is ideally invigorating for children debilitated by acute infectious diseases, where under the direction of the Medical Superintendent, Dr. A. G. Borthwick, and the Matron, Miss M. S. Bryson, F.B.C.N., they receive the expert care which is so important in such cases, in order to effect a complete cure.

But the section which gripped one with the intensity of its pathos was the Encephalitis Unit. There are 50 beds for boys and 50 for girls. Nomination to these is made in the first instance, by the school medical officers in the area concerned, and the children, who must be between the ages of 3 and 16 years are then reported upon by Dr. Kinnear Wilson, Neurologist to the Metropolitan Asylums Board.

The Clinic consists of four pavilions of twenty-five beds each. Each building has a veranda, and an asphalt playground leading to a meadow; the staff of each pavilion consists of a fully-trained Sister, a staff nurse, two assistant nurses, and two night nurses. In the massage room two expert masseuses supervise physical training, remedial exercises, and various electrical and galvanic treatments, and Swedish drill breathing exercises, and country dances are also utilized. There is a male attendant for the older boys.

Encephalitis lethargica is a disease which has only been observed in this country for the last ten years, and was first noted by Dr. Von Economo in Vienna in 1917. Little is known of its origin, what is certain is that a mild and even unobserved attack may lead to serious after effects.

Dr. G. A. Borthwick, D.P.H., D.T.M. & H. Medical Superintendent of the Northern Hospital, dealt fully with this question in a paper read last year before the

Society of Medical Officers of Health (Fever Medical Services' Group) and subsequently printed in the Annual Report of the Metropolitan Asylums Board, on "Some Observations on the After Effects of Encephalitis Lethargica in Children" from which we give the following details.

**Introduction.**

In 1918 MacNalty in his report on the initial investigation carried out by the Central Health Authority into encephalitis lethargica in England expressed a guarded opinion as to the possible risks that the disease would be accompanied by serious after effects. Unfortunately, this warning has been fully justified in the progress of time by further observations.

Thos. Cruchet stated in a lecture at the Royal Society of Medicine in February, 1925, that in 1917 when he described what he believed to be a new disease, under the name of "sub-acute encephalomyelitis" which later became encephalitis lethargica, he observed in several of his cases that the immobile face of Parkinsonism existed from the

outset of the disease. Parsons quoted a case of Von Economo's as having the disease in May, 1917, and his apparent recovery was followed by remittant attacks in which pseudo-bulbar paralysis, and athetosis were conspicuous features: the patient died in January, 1919, and his brain showed both old and recent lesions of encephalitis lethargica (thus comprising the observations previously made).



**THE NORTHERN HOSPITAL, WINCHMORE HILL, N.  
MAIN BUILDING, ADMINISTRATIVE BLOCK.**

**The Hospital Unit of the Metropolitan Asylums Board.**

In November, 1925, the Metropolitan Asylums Board instituted 100 beds for the observation and treatment of the after-effects of encephalitis lethargica in children of both sexes, aged from three to sixteen years.

It is the purpose of this paper to make some observations on post-encephalitis lethargica, based on 141 of the cases received.

The 141 cases may be classified by their most predominant signs as follows, but it must be emphasised that many showed more than one manifestation of chronic encephalitis lethargica.

**CLASSIFICATION.**

38 showing the Parkinsonian syndrome as the predominant type; 57 delinquents; 30 nocturnal excitement; 3 respiratory changes; 6 hemiplegia; 2 diplegia; 4 pathological obesity; 1 excito-motor phenomenon (extra-pyramidal hyper-kinesia).

**Occurrence of After Effects.**

The acute attack, which produces the after-effects is not necessarily a severe one; indeed, it is often the appear-

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