

of the lethargy that was formerly its chief feature. On the first outbreak of Encephalitis Lethargica many efforts were made to obtain knowledge of the germ which causes the disease, but failure attended all such efforts and that failure still remains; we know little more about the bacillus causing encephalitis lethargica than was known at the time when the disease first appeared. In theory, the germ is believed to be air born. Owing to lack of knowledge of the bacillus, there is no specific treatment, therefore its treatment must be of a type calculated to combat bacteria generally. The patients are kept in the wards with bed-isolation methods and there is very little risk of contagion. The disease is one which attacks the central nervous system and the peripheral nerves; it does no definite damage to other parts of the body. The sequelæ of an acute attack are usually mild and those following a mild attack are acute.

After a study of many cases Professor Hill, of Sheffield, came to the conclusion that, as a result of the acute stage of encephalitis lethargica, twenty-five per cent. of the patients died, another twenty-five per cent. recovered completely, and the remaining fifty per cent. suffered from one or other of the sequelæ of the disease. Other research workers say that seventy per cent. suffered from mental or nervous effects of the illness.

The conditions arising from an attack of encephalitis lethargica come on gradually at first, but later progress very quickly. Certain forms of sequelæ are more common than others; often they take about five years after an acute attack before becoming prominent. It may be taken from this that the germ is still active and treatment is carried out, on this assumption for such period. Further evidence, for such an assumption, lies in the fact that during the third or fourth year a second attack may arise and the sequelæ to this are generally very severe. The portion of the brain which is attacked by the germ is that which controls muscle tone. Probably the commonest of the sequelæ arising on an attack of encephalitis lethargica is Parkinson's disease, a condition chronic and permanent. It results from the destruction of nerve cells and fibres, and such destruction can never be made good. There is little, if any, impairment of the intelligence, but the muscles become hypertonic, and the skeletal muscles are much affected. Both opposing groups of muscles are affected (*i.e.*, flexors and extensors). As a result, we find that it requires force to flex or extend the arm and there is a curious sensation of jerkiness. There is marked slowness in movement, and, in a patient suffering from the disease, you find none of the natural, involuntary movements which we see in an ordinary person. A patient affected by Parkinson's disease, does not blink the eye lids, he will sit for hours and make no movement, he never crosses his legs nor makes the gestures so habitual in normal people. His face is frequently absolutely expressionless; it is like a mask. The great majority of patients develop more or less peculiar attitudes, some, for instance, stoop or carry their heads in a backward direction. They are often unable to maintain their balance and are liable to lose control when walking in one direction or another.

Behaviour disorders are among the sequelæ of encephalitis lethargica. The actions of a person may be said to arise from a blending of instincts and the parts of the brain concerned with these lie very close to the centre more particularly affected by the disease. Behaviour disorders are most common among children; their intelligence and memory remain normal, but their instincts may be said to over-function. They become irritable and naughty, tend to collect things and to develop habits of theft. Frequently these habits persist in adult life, and in many cases persons have been punished as criminals when their infirmities, rather than moral degeneration,

were the cause of their misdemeanours. Children with behaviour disorders, often eat excessively, will, in fact, eat almost anything—grass, dirt, clothing, for instance; some also show a tendency to drink in large quantities, and one case is on record where the patient would take 40 pints of water in 24 hours. After an attack of rage and irritation, a child will frequently repent, but it is not to be taken that he can avoid a recurrence, and punishment is practically useless.

Among the less common sequelæ of encephalitis lethargica is paralysis agitans, characterised by tremors, weakness and stiffness of the muscles. Dr. Hill also referred to affections arising from encephalitis lethargica in connection with the pituitary gland. He gave a description of the position and functions of this gland and explained how the results of encephalitis lethargica interfered with its functioning, producing urinary disorders, excessive obesity and interference with growth of bone. As a result of the latter condition a child of fifteen might appear to be about the age of six. Abnormalities of respiration might also arise after an attack of encephalitis lethargica; the patient might breathe very loudly and quickly, then a period of breath-holding might ensue. In some cases the face becomes blue, there are convulsions, an excessive flow of saliva sometimes. Ultimately the patient will probably quite recover and cease to suffer from attacks of respiratory interference. Another result of the disease is habit spasms or ticks. The patient spits, coughs, sniffs or perhaps kicks; he cannot prevent himself from performing such actions, and is often very distressed afterwards. In other cases there are involuntary tremors, spasmodic movements of the head, arm or trunk. In certain cases hemiplegia has arisen as a result of encephalitis. The principal drugs used are one in a thousand of flavian, solution of iodine, bolbina capsin, pituitary extract, and in cases of sleeplessness, intra muscular injections of sterile milk are given up to 2 c.c.

At the close of the lecture, Dr. Macintyre, Medical Superintendent at Plaistow Hospital, proposed a vote of thanks to Dr. Hill for his most interesting lecture. He remarked that the disease dealt with was one in which the medical men had to rely, to an enormous extent, upon the skill and efforts of the Nurses.

LEAGUE OF PRIVATE NURSES.

A Conference is being arranged by the League of Private Nurses for Friday, March 7th, at 3 p.m. The subject of the Conference will be "The present position of Private Nurses in relation to the Hospitals, the Medical Profession and the Public." Miss Macdonald, President of the League, will open the Conference, but her speech will not be a long one as it is hoped that the Private Nurses themselves will confer and come to a definite decision as to the line of policy which the League should adopt in connection with matters of great moment at the present time to Private Nurses. Never were the conditions of private nursing more chaotic, and while a few Nurses joining together have inaugurated the League, as one of the means whereby they hope to bring about a better condition of things, it must be remembered that although those who are responsible for the inauguration of the organisation are willing to take an active part in promoting its usefulness, their efforts are *bound to be wasted unless their colleagues in private nursing are prepared to support them in every possible way.*

The Conference will take place at the Rooms of the Royal British Nurses' Association, 194, Queen's Gate, London, S.W.7.; the questions before the Conference will relate chiefly to the affairs of the Private Nurses but it is hoped that others will attend, and give the members of the League the benefit of their views.

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