CORRESPONDENCE

Correspondents are asked to be brief

Parkinsonism—a so-called New Disease

SIR,—Dr. C. A. Pallis's admirable account of the natural history of Parkinsonism (18 September, p. 683) is assuredly one of the clearest and best in current medical literature. It does, however, contain one statement which fails to do justice to a most fascinating and important aspect of the subject. Dr. Pallis writes: "That infection of the nervous system might cause the syndrome of tremor, rigidity, and hypokinesia does not seem to have been recorded before the epidemic of encephalitis lethargica in 1917." This is by no means the case; on the contrary, the older literature is full of vivid accounts of feverish somnolent illnesses followed, within months or years, by the development of characteristic slowness, poverty and difficulty of movement, masking, rigidity, tremors, and, on occasion, torticollis, dystonias, oculogyria, strabismus, blepharoclonus, myoclonus, catatonus, somnolence, etc., etc. The unique symptomology of such cases, so circumstantially described in the older literature, is scarcely compatible with any other illness *but* encephalitis lethargica with Parkinsonian and other typical sequelae. Many such accounts are collected and critically scrutinized in the encyclopaedic works of von Economo[1] and Jelliffe.[2 3] Von Economo, while allowing that such retrospective diagnoses can only be tentative, concludes: "We may assume with some degree of certainty that encephalitis lethargica had already appeared *repeatedly* before the Great War, both sporadically in the shape of isolated cases and in epidemics which again and again attracted notice for a short period on account of the . . . singular combinations of symptoms displayed" (*op. cit.* pp 8-9).

A few of these former cases and epidemics may be recalled. In 1580, Europe was swept by a serious febrile and lethargic illness ("Morbus epidemicus per totam fere Europam *Schlafkrankheit* dictus . . .), which led to Parkinsonian and other neurological sequelae. A similar serious epidemic occurred in London between 1673 and 1675, and is described by Sydenham as "febris comatosa"; hiccough was a prominent symptom in this epidemic (as in the Vienna encephalitis of 1919). Albrecht of Hildesheim, in 1695, provided an elaborate account of oculogyric crises, Parkinsonian symptoms, diplopia, strabismus, etc. following an attack of somnolent brain-fever in a 20-year-old girl ("De febre lethargica in strabismo utriusque oculi desinente"). A severe epidemic of *Schlafkrankheit* occurred in Tübingen in 1712 and 1713, and was followed in many cases by persistent slowness of movement and lack of initiative ("aboulia"). Minor epidemics of "coma somnolentum" with Parkinsonian features occurred in France and Germany during the latter half of the eighteenth century, alternating with hyperkinetic epidemics of hiccough, myoclonus, chorea, and tics. It seems probable that Dubini's "electric chorea" (of 1844) was a myoclonic form of encephalitis lethargica. Many isolated cases of *juvenile* Parkinsonism, variously associated with diplopia, oculogyria, tachypnoea, retropulsion, tics, and obsessional disorders were described by Charcot, and were almost certainly postencephalitic in origin. In Italy, following the great influenza epidemic of 1889-90, the notorious "nona" appeared—a devastatingly severe somnolent illness which was followed by the development of Parkinsonian and other sequelae in almost all of the few survivors. (It is just possible that one or two of your oldest readers will remember first reading of the "nona" in your columns 81 years ago).[4]

A knowledge of such historical accounts, and of the peculiar comings and goings of encephalitis lethargica in previous centuries, is of more than academic importance. A graphic description of the "nona," given by his mother to the young von Economo, enabled him to recognize and characterize this illness when it re-appeared in its catastrophic form in 1917; this is movingly described in the preface of his book. Jelliffe, in his many writings at the time of the great encephalitis epidemic, asks again and again how it could happen that a disease which had obviously existed since the days of Hippocrates could be "discovered" only *now*, and how it was possible for an illness which had been described unmistakably innumerable times to be "forgotten" anew by each generation. Such forgettings are as dangerous as they are mysterious, for they give us an unwarranted sense of security. In 1927, with the virtual cessation of new cases of encephalitis lethargica, the medical profession heaved a huge sigh of relief, and did its best to forget the horrors of the previous decade. Von Economo warned against this, saying that the causative virus was not extinct, but only in a dormant or non-virulent phase, from which it would inevitably re-emerge as it had done innumerable times since the dawn of recorded history. At least a million, and perhaps nearer five million people, were stricken by the encephalitis lethargica following the first world war, and it is probable that almost none who survived escaped Parkinsonian or other sequelae.

Virology, at this time, was not yet born. One hopes that *we* will be better equipped to deal with the encephalitis lethargica when it re-appears among us or our children.—I am, etc.,

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1 Von Economo, C., *Encephalitis Lethargica: Its Sequelae and Treatment*, Oxford University Press, London, 1931.
2 Jelliffe, S. E., *Post-encephalitic Respiratory Disorders*, Nervous and Mental Disease Publishing Co., Washington, 1927.
3 Jelliffe, S. E., *Psychopathology of Forced Movements and the Oculogyric Crises of Lethargic Encephalitis*, Nervous and Mental Disease Publishing Co., Washington, 1932.
4 *British Medical Journal*, 1890, 1, 748.