Comparison of positron emission tomography, cognition and brain volume in Alzheimer's disease with and without severe abnormalities of white matter

58 Salemo IA, Murphy DGM, Howitz B, et al. Brain atrophy in older hypertensive men: a volumetric magnetic reso-

Excerpts from book cases others his was account of Mentis and disease.

1915-16 polymorphonuclear case somnolence. tent features are disturbances of oculomotor the extremities and astuteness do stupor extending consciousness rapidly, This delirious even other hand can associated with active delirium from which the are usually seen in French soldiers and an 1928. He died suddenly of heart disease in 1931.

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5 Cruchet R. The relation of paroxysmal to the parkin-

Encephalitis lethargica merits mention in contemporary reviews of Parkinson's disease. The name of von Economo is inseparably and justifiably attached to the disease since his was the major description of an illness that raged in epidemic form in Europe and North America between 1915 and 1926. Ivy McKenzie provided a scholarly account of the illness in Glasgow. Longer texts were written by Jelliffe, and by Wimmer. At first, others confused encephalitis lethargica with the pandemic of influenza (Spanish gripe). Cruched had first noted encephalitis lethargica in the winter of 1915-16 in French soldiers in Verdun, and a few cases were seen in the spring of 1915 in Rumania. von Economo published 27 papers including a book on encephalitis lethargica.

Excerpts from a translation of his classic description "We are dealing with a kind of sleeping sickness, having an unusually prolonged course. The first symptoms are usually acute, with headaches and malaise. Then a state of somnolence appears, often associated with active delirium from which the patient can be awakened easily. He is able to give appropriate answers, and to comprehend the situation. This delirious somnolence can lead to death, rapidly, or may persist over the course of a few weeks. On the other hand it can persist unchanged for weeks or even months with periods lasting hours or days or even longer, of fluctuation of the depth of unconsciousness extending from simple sleepiness to deepest stupor or coma. During the first days of the illness, isolated signs of meningeal irritation appear ... The appearance of fever and its intensity do not seem to have any effect upon the course and signs of the disease. ... As a rule these general symptoms are joined by paralysis of the cranial nerves as well as in the extremities ... a paralytic paresis often combined with partial or total paralysis of other branches of the ocular motor nerves. ... Paresis of the other cranial nerves and paralysis of the extremities with reflex disturbances can occur also" [seven case reports and an account of the clinical features are then given] .... "The spinal fluid ... showed increased pressure at the beginning; it later decreased in spite of persistent somnolence. The total protein was below the normal upper limit; ... In case 1, 43 cells/mm³, in case 2, 19 cells/mm³; ... strong predominance of polymorphonuclear leukocytes. Repeated examination...