

## Short Notes and Clinical Cases.

### REPORT OF A CASE OF POSTENCEPHALITIC RESPIRATORY DISORDER ASSOCIATED WITH CONDUCT CHANGES: APPARENT COMPLETE RECOVERY.

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IN the last number of this JOURNAL Drs. Aldren Turner and Macdonald Critchley described their experience in regard to the prognosis of the disorders of respiration associated with epidemic encephalitis. Out of their series of 29 cases they describe eight as associated with conduct or psychotic changes, and of these one only appeared to have recovered in respect of both the respiratory disorder and the conduct derangement. It is not necessary to review the literature again here, but several writers have noticed this association and either have given a bad prognosis or where recovery has ensued have attributed this to some particular method of treatment. For example, Ely Jelliffe considers that psychoanalysis is particularly efficacious in this class of case. It may therefore be of interest to describe the following case, that of a patient who has been under close observation for 21 months.

Up to the age of 12 the patient had been a bright girl and had done well at an elementary school. She was the eldest of three children, with no family history of nervous or mental disease. Except for measles and whooping-cough, her own health had been excellent. She was regarded as exceptionally intelligent and was set to work for a scholarship to the High School. During the early summer of 1925 she became sleepless at night, complained of diplopia, and was noticed to have some ptosis. It was supposed however that this was simply due to the fact that she was overworking for her examination. She was allowed to go in for this, and obtained the scholarship. She apparently recovered from her sleeplessness and the other symptoms, which were rather indefinitely described after she came under observation.

Three months after starting work at the High School she was reported to be very nervous, inclined to be mischievous with other children and unable to keep up with the work of the class. It was advised that she should be taken away from school for a time and sent to the country. This could not be arranged and she remained at her home in the town.

In September 1926 she began to suffer from bouts of panting respiration, lasting from two to 30 minutes. During these attacks, which gradually became more violent and frequent, she seemed to lose all control of herself, to be very vague as to her whereabouts, and if contradicted or crossed would

hit out with her fists and throw any missile that came to her hand, from a knife to a teapot, at anyone who was in the room. In the intervals of the attacks she was uncertain, restless and bad-tempered, slept poorly and suffered from nightmares. No reflex changes were detected nor were there any signs of bodily disease.

By December 1926 the condition had become so bad that the family were worn-out and terrified. Her mother almost always had a "black eye," and her father, who was an ex-sergeant-major, scarcely ever appeared in public without obvious scratches and contusions. She was also very destructive, broke up the furniture and the windows of her home. Funds were obtained to send her to a small private residential school for backward and difficult children, to see whether a change of environment would have any effect. For the first two or three days she behaved better, but soon struck her governess and threatened the other children. As she was inclined to throw knives about, it was impossible to retain her at the school. At this time she was 13 9-12 in actual age and had deteriorated to a mental age of 10 4-12. This would certainly seem to have been a deterioration, as she could not have gained a scholarship with this degree of retardation.

The parents were now at their wits' end to know what to do and in order to deal with her promptly the only course seemed to be to take her to the Workhouse Infirmary. This was done but the parents refused to leave her there, and apparently the child was considerably impressed by nearly being taken to this institution, and from this point a gradual amelioration set in. She was seen regularly twice a week, but no treatment was given to her except the mildest psychotherapy, in the form of encouragement and exhortation. Certain obvious fears, such as those of large animals and of deep water, were discussed with her quite superficially, but by no stretch of the imagination could the treatment be described as psychoanalytic. All that could be said was that the physician obtained the confidence of the child and that she was prepared to make a certain amount of effort for him. To begin with, however, these efforts at control had no effect on the respiratory tic, which always retained the same form of violent panting.

It is difficult to describe any stages in the recovery which has continued gradually until the present time. She has now lost all trace of respiratory tic, her conduct is exemplary and she is acting as a pupil teacher in an elementary school and continuing her study of the piano with some success. A recent mental test shows that at the age of 14 11-12 she has a mental age of 12 8-12, a gain of 28 months during the interval of 14 months. Although this mental age is still below her actual age, it must be remembered that over the mental age of 12 the tests are much less reliable and many so-called normal adults fail to score much higher marks. The recovery however is distinctly striking. She sleeps and eats well and except for a slight degree of nervousness and excitability with strangers cannot be regarded as in any way abnormal.

In view of the typical sequelæ of respiratory and conduct disorder and the definite history of derangement of sleep and interference with co-ordination of eye muscles, there seems little doubt that she suffered from a mild attack of encephalitis lethargica. The prognosis of conduct disorders is generally held to be unfavourable, as is that of respiratory disorders; this is seen in both Jelliffe's series and that of Turner and Critchley. The apparent complete recovery of this case is therefore noteworthy. It is further to be observed that the recovery seems to have been almost entirely spontaneous, for the psychotherapy which she received was scarcely worthy of the name.

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