

Dr. P. GRACE said that in his experience eligible nurses frequently refused to pay the £2 2s. fee necessary for registration.

Other members spoke in similar strain with regard to the attitude of the English General Nursing Council, but it was the feeling of the meeting that the Division need not take further action in this matter.

The CHAIRMAN then informed the meeting of the death of one of their number—Dr. Christopher Costello—since the last meeting of the Division. A motion of sympathy was passed in silence, the members standing. The Secretary was instructed to convey the sympathy of the Division to the relatives in their sad bereavement.

Following upon a discussion, it was agreed to hold the next Quarterly and Clinical Meeting in the Royal College of Physicians, Kildare Street, Dublin, on Thursday, November 7, 1929, and it was urged that an effort should be made to provide clinical material or papers, so that all these meetings should maintain their clinical status.

Dr. MILLS then kindly invited the Division to Ballinasloe for the Spring Meeting to be held in April, 1930.

This terminated the proceedings.

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#### DIVISIONAL CLINICAL MEETINGS.

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##### Limerick Mental Hospital.

A Clinical Meeting of the Irish Division was held at the above hospital on Thursday, July 4, 1929. Dr. R. R. Leeper, Chairman of the Division, presided.

Dr. C. B. MOLONY read the clinical record of the case of a moral defective with a history of encephalitis lethargica.

Female patient, C. M—, æt. 13, admitted June 18, 1929.

*History of acute attack of encephalitis.*—The patient, living in the south of Ireland, was taken ill on February 18, 1921, when aged 5, with shivering, drowsiness and headache, most intense behind her eyes. She was seen (by Dr. D. Corboy) on February 21, when her temperature was 102.6° F., the pulse 120. She was asleep, and could only be roused with difficulty; when the eyes were open the conjunctivæ were seen to be injected—the typical pink eye of influenza. She was very constipated, necessitating enemata, but had no incontinence of urine. There was a watery discharge from the nose. She had muscle twitchings—very marked in the eyelids. When roused she answered questions slowly but intelligently, but was profoundly asleep again within a few minutes. Her temperature fell to 99° F. and her pulse to 95 by February 24, but the lethargy seemed to increase, the patient only being awake when roused to take food. Dr. W. M. Crofton was then consulted, and 1½ million *B. influenzae* antigen were given on the morning of March 2 under the skin of the hip; her temperature was then 99° and the pulse 95. She was asleep again a short time after the injection. At the end of six hours she woke up quite bright and cheerful; the temperature had fallen to 97.4° and the pulse to 76. She remained awake four hours. On March 4 she remained awake from 9 a.m. to 6 p.m. The drowsiness then gradually increased again until, on March 10, she was given 2½ million. She slept for three hours and woke up bright and gay. Next day, however (March 11th), a reaction appeared. She slept a good deal. She complained of headache. The temperature rose to 99.4° F., the pulse to 115. The discharge from the nose came on again, and the conjunctivæ were injected. These symptoms passed away by the next day, and she remained normal in every way. She was given a few more increasing doses of antigen.

The rapid relief after the first dose, just as significant diagnostically as the focal and general reaction after the second dose, makes it certain to our minds that the influenza bacillus was the causative organism. Unfortunately, owing to the distance from a laboratory no satisfactory bacteriological examination of the nasal discharge could be made.

The antigen used was made from a recent growth on human blood-agar which was not killed by heat, so that nothing was done which would in any way reduce its potency.

Additional points in history of acute stage of encephalitis: Mother states she did not have diplopia, but had strabismus.

*History after acute attack of encephalitis had subsided.*—Her mother states she woke up quite suddenly from the “sleepy sickness” and, for a short time, seemed normal in every way. Quite soon, however, she noticed that, whereas heretofore she had been neat and tidy, and kept her dollies perfectly, as most female children do, she subsequently became very untidy and, in a vicious manner, tore up a doll given her; in fact, she showed a perverse tendency to tear up everything she could lay her hands on. She used to exchange her own new clothes for the more worn and tattered ones of poorer children in the village, and any dresses they would refuse to take from her she would tear up and hang the fragments on bushes. She began to steal things, but would usually throw or give them away immediately afterwards, e.g., she would steal her brothers’ and sisters’ toys just to annoy them. She became a pathological liar, simply could not tell the truth—in fact it seemed as if she preferred to tell lies, and she would brazen out the most palpable untruths. Seemed to be unable to distinguish between right and wrong, and even to do wrong from choice. She became very wild, was continually fighting and quarrelling with her brothers and sisters; used to get into most violent tempers, during which, as her mother said, she would “eat” her fingers and, on one occasion, bit her little brother. There were times when she got depressed, cried and said she wished she were dead. In one such outburst she threatened to cut her throat, taking up a carving knife to do so; on her mother coming to take the knife from her she made a most determined attempt to stab her with it—this was the immediate circumstance which led to her being certified and sent to Limerick Mental Hospital. Chastisement at the hands of her father had but the most temporary effect and was forgotten almost immediately. This is the characteristic feature of all post-encephalitic perversions of character, namely, the failure to influence them by reproof or punishment.

She began to ramble all over the country. Her mother would lock the front and back doors, putting the keys in her pocket. “Berry” (her nickname), at an opportune moment, would suddenly become docile and affectionate, throw one arm round her mother’s neck and with the other hand steal the keys out of her pocket, secrete them, and the moment her mother’s back was turned open a door and slip out in search of adventure. The next performance was to steal her father’s cob and ride into town, where she would do all kinds of queer things. On one such “joy ride” she came up with a band of tinkers on the road. She immediately proceeded to make herself at home with the tribe. One of them, with characteristic business instinct, offered to buy her pony. The deal was made for half-a-crown. Then Berry, apparently as an after-thought, suggested they might like to see the pony gallop. Very shortly Berry and the half-crown were on the gipsies’ horizon. She was sent to school, but most of the time she spent in Limerick, either not turning up at school at all, or escaping at play-hour and walking along the railway line. After a while she found the road the better way to travel, as it was so easy to get a lift. The Earl of Dunraven and the Superintendent of the Civic Guards were amongst those “held up” by this precocious little lady.

From November 10, 1927, to June 6, 1928, she was in an industrial school in Cashel, co. Tipperary. But the industrial school was not able to hold her, for she used to get on the roof and climb down the rain-pipe. Once she ran away to Fethard, stopping a motor cyclist *en route* and getting up on the pillion. After this indiscretion the nuns refused to be responsible for her and sent her home.

The only education she acquired was during the seven months in the industrial school and the two years’ desultory attendance she put in at a National School from her eighth to her tenth year, yet she was remarkably bright and intelligent and picked up reading and writing in an extraordinarily brilliant fashion—her mother said she was years ahead of her brothers and sisters at their corresponding ages. Another interesting point was that her mother was positive she got worse at the change of the moon, and was worse in summer than in winter. There had been no disturbance of sleep-rhythm (so common in other post-encephalitis cases), but she had been noticed to be jerky and restless when asleep.

An interesting episode in the history of this case occurred last May, when her mother decided to have her vaccinated, this not having been done in infancy. Ten days after vaccination she had another attack, in miniature, of acute encephalitis lethargica—she complained of feeling bad, and was very feverish,

sleepy and drowsy, just as in the original attack eight years previously. This time, however, she was ill for only four hours, but her mother is certain she became more wayward and "difficult" afterwards. Her harassed parents never knew where she was or what devilment she was up to and had to resort to the disagreeable expedient of chaining her legs together to keep her from wandering. She bore the marks of this chain on both insteps when admitted on June 18, after having run wild, climbed on to the roofs of houses and attacked her mother with a carving-knife. She was also extensively bruised from attempts to check her violence.

These post-vaccinal phenomena are all the more interesting in view of recent reports of untoward sequelæ of vaccination in older children and adults. Several deaths have followed vaccination, and there was the striking case in England recently of quite a young child who cut its throat after vaccination—it had previously had encephalitis lethargica, but recovered. It is important to distinguish clearly two types of cases, the one occurring in those who have previously suffered from frank encephalitis lethargica (the child in England and the little girl belong to this class), and the other a distinct encephalomyelitis arising *de novo* from vaccination, and now recognized to have nothing whatever to do with "sleepy sickness" or infantile paralysis. The theory is that in both cases the vaccinal lymph lights up some infection which was lying dormant in the patient—in the one series it is justifiable to assume that the activated virus must be that of encephalitis lethargica, while in the other we must assume an entirely new and hitherto unrecognized brain poison.

To revert to our little patient, her history since admission has been comparatively uneventful. A thorough examination failed to reveal any neurological abnormalities. Dr. Irwin thought there was a suggestion of spasticity about her gait. Extrinsic and intrinsic eye muscles normal in action. She complained of difficulty in reading, that things got blurred and of a constant pain across her forehead—this was probably due to eyestrain from an error of refraction. She also complained of various other aches, but we find gooseberries, a piece of cake, or sweets very good cures for these. She was giddy and pert, and "smart" in her answers, but was otherwise not very abnormal in her conduct until June 28, when she became depressed, silent, sullen and sulky. That night she got excited and pulled another patient by the hair.

The CHAIRMAN and many of the members expressed their pleasure at hearing such an interesting case-history, and they expressed their thanks to Dr. Molony for the great care he had obviously taken to set before them all the relevant facts.

Dr. MOLONY then pointed out that this patient required dental treatment and that they were greatly handicapped in the county mental hospitals by lack of this, and he urged the Division to use its influence with the Committees of Management to bring into being dental schemes for the mental hospitals.

Dr. NOLAN, Dr. MILLS and Dr. DWYER stated that visiting dentists had already been appointed to the hospitals they represented, and the CHAIRMAN stated that Cork was similarly situated.

After further discussion it was agreed that the Division should seek the advice of the Inspector of Mental Hospitals before proceeding further.

#### A PSYCHIATRIC VISIT TO VIENNA.

By HENRY HARRIS, M.D., D.P.M.

I SUBMIT a number of facts, impressions and suggestions resulting from a visit to Vienna, and especially to its psychiatric clinics and institutions.

I do so in the hope of inducing others to visit what Dr. J. R. Lord aptly calls "the Mecca of psychiatrists," and in the hope that I may be of some slight assistance to those who speak English only or German with little confidence.

I propose to give—

- (a) A few suggestions on travel and language.
- (b) My impressions of clinics and institutions :
  1. Of psychiatric interest.
  2. Of general medical interest.
  3. Of social interest.

(c) Some tentative suggestions on the art of living in Vienna.

As to *travel*, the journey to Vienna is not as formidable as it sounds One's