commonly the patient becomes more alert and cheerful when his fits stop, and I have no fear that in using a drug that will arrest fits we are doing the patient any disservice, provided that we are satisfied that the drug itself has no prejudicial effect upon him.

It is, of course, not claimed that luminal sodium, or any other drug, has any curative effect upon the disease; at best it only arrests or lessens the frequency of the convulsive attacks.

Mental Disorder resulting from Encephalitis Lethargica.(1) By H. D. MACPHAIL, O.B.E., M.A., M.D.Edin., Medical Superintendent, Newcastle Mental Hospital, Gosforth, Newcastle-on-Tyne.

THE following brief notes refer to a case which I think presents certain features of interest. It is quite a common thing for children of tender years to be sent to mental institutions, but it is somewhat unusual for mental disorder of such a degree as to require certification to occur in a boy æt. 10 who had previously been of sound mind. For this reason it is thought that a few details about such a case may be worth recording.

The patient, æt. 10, was certified and admitted to the Newcastle Mental Hospital on December 29th, 1920, the medical certificate stating that he was irresponsible, subject to frequent and sudden periods of excitement, when he became unmanageable, that he had tried to jump over the window, to put his head in the fire, and to stab his mother with a knife.

There is no previous family history of mental disorder. The patient did well at school, and was regarded as perfectly normal in every way until he had an acute illness in the summer of 1920. This illness began about July 8th, the first symptom being pain in the head. Two days later twitchings affecting the whole body developed. About this time he became very drowsy, and on one occasion slept continuously for sixteen hours. His medical attendant diagnosed epidemic cerebro-spinal meningitis, and had him sent to the local fever hospital.

He was admitted to the fever hospital on July 12th. Here the case was kept under observation, and the diagnosis of encephalitis lethargica was subsequently made. Lumbar puncture was performed on fifteen occasions, temporary improvement resulting from each puncture. Nothing was found in the cerebro-spinal fluid to justify either a tubercular or septic meningitis. The patient was discharged on August 25th apparently fit and well, and with no mental derangement.

(1) Paper read at the Spring Meeting of the Northern and Midland Division on May 12th, 1921.

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On his return home he came under the care of his own doctor, who says: "When he came home he had some inversion of the left foot, but his mother tells me he was then normal mentally. About the beginning of October he began to give way to uncontrollable temper in which he threatened violence both to himself and others, and he also developed twitchings of the left side. I have never seen these attacks of violence, and so depend entirely on the mother's description; but I can answer for it that the whole family is terrified."

His mother tells me that since coming out of hospital he slept badly, and refused to stay in bed. He was excitable, unable to control himself, and had violent fits of temper. She states that this violence occurred by night, her description of an attack being that "he becomes restless, runs about, loses control of himself, shrieks, and becomes violent. Next morning he is depressed, quiet, has little appetite, but is then no trouble." Ultimately he became quite unmanageable at home, he took a knife to his mother, and threatened to cut his brother up. He was sent to the workhouse on November 6th, where he remained till December 6th. His mother states that on his return home he was in no way improved—he took a hatchet to his sister. He was again sent to the workhouse on December 20th, where he remained till his certification.

On account of his violence the day-school authorities refused to have him at school with the other children; and I can quite imagine that it was rather a difficult problem for those concerned to know where to send him.

On admission his general appearance struck one as being different from that of the patients usually admitted. He looked a bright, intelligent boy, rather pert and forward in manner. There were certain features of note in the nervous system. There was inversion of the left foot, with some liability to trip while walking. The plantar response was flexor, knee-jerks normal. There was twitching of left arm and leg. This was most marked in the arm—an involuntary sudden movement of the whole limb occurring at frequent intervals. As regards his mental state, the prominent feature was lack of self-control. He was restless and kept getting out of bed and interfering with the other patients. At night he became very troublesome and was a source of great annoyance to his fellow patients. He persistently asked to be sent home. His intelligence as estimated by the usual education tests is quite good; he has a fair knowledge of the elementary subjects, but there is marked lack of power of concentration, his attention being very easily diverted. There also appears to be some loss of the moral sense.

There is one feature in which he differs considerably from the imbecile and the commoner type of mental case, namely his general alertness to things about him.

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So far there has been no real improvement in his general mental condition; he is, as one might anticipate, rather more easily managed after some weeks' residence, but from the point of view of permanent improvement the outlook does not appear hopeful.

To summarise, the points of interest in this case appear to be that we find definite acquired mental disorder occurring in early life, following on an acute disease which has quite recently been described and which has attracted a good deal of attention; that the mental disorder is associated with manifestations of cerebral lesion, and that the disorder itself differs in several respects from imbecility and the commoner forms of insanity.

Since writing the above a second case of a somewhat similar nature has been admitted. This was a boy, æt. 15, who was sent to the fever hospital on January 19th, 1921, suffering from encephalitis lethargica, and was there for ten weeks. He developed mental symptoms while at the fever hospital, and was sent from there to the Union Hospital.

He was admitted to the Newcastle Mental Hospital on April 27th. The prominent features in this case are childishness, irresponsibility, and a marked loss of the proper fitness and proportion of things, well shown by his contradictory statements about ordinary events. In this case there are no physical manifestations to note. He is described by his mother as being always a "nervous" boy, but he did quite well at school, and the acute illness would appear to be the cause of the mental breakdown.

Occasional Notes.

The Trend of Psychiatry in England and Wales.

THE Journal published by authority of our Association would be singularly incomplete did it fail to chronicle some recent occurrences affecting the world of psychiatry in England which may have perhaps more than a passing effect on lunacy administration and the care and treatment of the mentally afflicted.

Our Association has never been unmindful of the defects in the present Lunacy Acts, and for many years has steadily pressed for reform, especially in the direction of some better method of dealing with cases of insanity in its incipient and acute stages.

In 1911 it appointed a committee to consider the "Status of Psychiatry, etc.," the outcome of which was a valuable report issued in 1914 (1) advocating the establishment of clinics in connection with the universities, medical schools, and general hospitals, admission thereto to be on a voluntary basis, except in certain cases where it might be

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