

1923, and June 24th, 1924, it was generally agreed that the Conference was in favour of a specialised institution or institutions for certain cases of post encephalitis lethargica where such patients could be received, studied and appropriately treated.

"These two Conferences had specially in view the needs of the juvenile cases and were indeed convened because of the concern felt by the Board of Control at the presence of post encephalitis children in various Mental Hospitals throughout the country. It is rather for those children with conduct changes unaccompanied by any marked mental impairment, however, that the special institution would be required, and it was to meet the needs of such children, and as an outcome of the Conferences referred to, that the Metropolitan Asylums Board started their experiment at Winchmore Hill in 1925.

"It was recognised at these Conferences that some form of institutional treatment might also be required for those over school age, or over the eligible age for admission to Winchmore Hill, and the needs of adolescent patients have been emphasised in many quarters.

"The case for providing some special form of treatment for children rests mainly on the contention that for many of these difficult children there are at present no suitable places between those institutions (mental hospitals, etc.) where the child may receive more harm than good, and those where he is likely to cause harm to others and prove himself to be an unpopular and unmanageable nuisance.

"As regards the older child and adolescent, much the same arguments hold good, but the motives of many in urging that special institutional treatment should be made available for these patients is that they should be saved from the stigma of imprisonment following upon their sentences for anti-social acts.

"Little is known as yet about the comparative prospects of recovery in the different types of post encephalitis cases. There is evidence, however, that when young patients with conduct changes have received special institutional treatment, a not inconsiderable proportion of children quickly show signs of improvement as the result of institutional discipline and wisely directed methods of remedial training. There is also some warrant for hoping that a certain number of such children will eventually make good.

"Finally, there are patients who, though their prospects of recovery may be in doubt, yet need the special care and observation which may not be available in existing institutions. Among such are those patients, either of the helpless and apathetic, or of the excited and emotional type, who cannot be certified and placed in mental hospitals, patients whose chance of recovery is very small if they remain among their own families, and who find great difficulty in gaining admission to convalescent homes and similar institutions. It is agreed by all who advocate the creation of special institutions that post encephalitis lethargica patients should be placed under medical supervision which would include the co-operation of mental specialists and neurologists. In this way, such institutions would serve as valuable clinics where the later stages of encephalitis lethargica could be studied to advantage. At the same time it might prove to be the case that such institutions would serve chiefly as clearing stations. One of the difficulties which it is thought might attach to special institutional treatment is that association of all classes and cases might be too close, and that individual patients might suffer in consequence. At Winchmore Hill it is already suggested that there is difficulty in separating sufficiently the various grades of post encephalitis cases, so that one function of a special institution might be the preliminary sorting of patients with a view to redistributing such patients wherever and whenever opportunity offered."

The Council of the British College of Nurses respectfully petition that the Secretary of State will consider this Statement which expresses the points they desire to bring before him.

APPENDIX.

Cases recorded by Dr. Parsons as having been sent to prison.

(Reports on Public Health and Medical Subjects, No. 49.)

B. H., aged 15, suffered from an attack of encephalitis lethargica about Easter 1924. After this illness he became more and more emotional and less amenable to discipline. Removed from Secondary School in March and admitted to Hospital. He was soon discharged as being troublesome, undisciplined and unamenable to treatment. The doctor appointed by the Local Authority under the Mental Deficiency Act was unable to certify him under that Act, and the doctor appointed by the Guardians to deal with lunacy cases was also unable to certify him under the Lunacy Acts. In July, 1926, the boy was charged before the Birmingham Justices with having committed an indecent assault upon a young girl. Both the doctors mentioned above and the School Medical Officer gave evidence before the Court and the offender was placed on probation.

On September 8th he was charged with breaking the conditions of his probation by committing another indecent assault upon a young girl in a public park. It was then decided by the Justices that, as it was impossible to deal with the boy under the Lunacy or the Mental Deficiency Acts, and as committal to a Reformatory School was undesirable for all concerned, the boy should be sent to prison for two months.

F. H. M. (M), born August 2nd, 1908, convicted of burglary and larceny September 1st, 1926, after two previous convictions for housebreaking and stealing, on reception at Wandsworth, the medical officer thought that he presented signs of having had encephalitis lethargica, a suspicious illness having occurred when the boy was 13.

A. J. (M), born August 18th, 1907, convicted at Basingstoke October 19th, 1926, of false pretences, five previous convictions dating from 1924. The lad said he had encephalitis lethargica at 14.

T. H. R. (M), born August 13th, 1906, sentenced at Carmarthen Sessions April 11th, 1924, for stealing, after two previous convictions for stealing. His father stated that he had had encephalitis lethargica and the medical officer at Wandsworth agreed. At Feltham he absconded, was violent and destroyed property, and was transferred to Birmingham for special observation. Released from that prison on March 30th, 1926, to work as an apprenticed bricklayer at Llanelly, and in June was charged at Llanelly with burglary and larceny.

(a) R.4. J.L. M.705 Def.

(b) In Prison.

(c) Tried in three schools. Conduct exceedingly difficult. Unsuccessful efforts made in 1924 to have him dealt with under the M.D. Act. Since licence has served several terms in prison.

(a) R.13 A.G.M. 20.6.06. Prob.

(b) Rampton State Institution. M.D. Act.

Proved troublesome whilst under training. After release from a reformatory he was constantly in trouble, and was sentenced to hard labour on more than one occasion.

Cases of Conduct Changes reported by Dr. J. J. Butterworth.

(Reports on Public Health and Medical Subjects No. 49.)

23 (a) S. B., 4/M. 6.3.24.

(b) Squint and excitability for 3 days. Drowsy. Incontinence commenced 14.3.24. Drowsiness increasing.

(d) 19.4.26. Once a quiet, happy child, is now a mis-

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