

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

actual travelling hours can be—with a little foreknowledge—as interesting as the rest of the trip. By the quickest second-class route one leaves Victoria at 10 a.m. and arrives at Vienna—*via* Ostend, Brussels and Nuremberg—at 9.40 p.m. next day. By boat one travels first class. The difference in comfort is out of all proportion to the difference in cost.

A porter from train to ship or *vice-versa* is worth while even with small luggage; especially so at fiscal boundaries, or when one travels by a route for the first time.

The "sleeper" is also worth while. One need only book to Nuremberg, and from Nuremberg on the way back. The cost is then £3 instead of £5 for the double journey; this in addition to the second class return fare, which is under £12. The attendant is well worth the 10% tip which you will give him, and will pass you on to a porter at Nuremberg, who will transfer you and your luggage to a window seat in one of the roomy second-class carriages.

Food on the train is good, but it is more amusing to take at least some of one's meals on the platform at the longer stops of fifteen to thirty minutes. Here one stretches one's legs and one dines on hot coffee, fresh fruit and lyric sausages—twin Frankfurters—served hot on dainty paper trays, in the one corner a mound of sweet mustard.

"Travel-anxiety" is common on a new route, or when one is diffident about the language or excited by the journey. A few medicinal or sandoptal tablets may make a world of difference. One at night will give refreshing sleep despite the transition from bed to "sleeper." For some reason there still survives a superstitious fear of hypnotics, although Sir Maurice Craig in this country and many others have pointed out that the newer barbitone derivatives may prevent much discomfort and do no harm.

Silk underwear is convenient for travelling. A coloured silk or almost-silk handkerchief will see one a long way. Shoes, hats and clothing that must be bought in any case might well be bought immediately before travelling. They give additional prestige when one needs it most.

As to *language*, almost everyone seems to speak English in Vienna. MacCallum, who gives English lessons on the radio, is said to be as popular as any tenor at the opera, and that is saying much. Almost all the professors and teachers instruct post-graduates in English. And yet one naturally benefits tremendously from even a slight knowledge of German, especially if one is studying psychiatry.

The simplest way is to buy a linguaphone set on the instalment plan. A few hours devoted to this—just before one sets out, and when the inducement to learn is greatest—will prove a splendid investment. Some naturally learn better and faster than others, but even with the dullest ears one derives some benefit. Moreover the accent one acquires—be it good or bad—is a cultured one. *The Briton in Germany*, published by Hill at 1s. 6d., is a phrase-book which contains a useful *précis* of the grammar in a few pages. A few intensive Berlitz lessons may help some; but the mere sojourn in Vienna is in itself the strongest inducement to learn a language which no psychiatrist can afford to ignore. It is a pity and a handicap to us that on the Continent they know our medical literature better than we know theirs.

As to *finding one's way in Vienna*, the most convenient pocket guide is Grieben's, obtainable for 3s. at the Austrian Federal Railways, 25, Cockspur Street, Trafalgar Square. By means of an ingenious device one can consult it unobtrusively in any part of Vienna, and in a few moments find out exactly where one is.

With the help of Grieben's guide and the officials at the above address one may choose one's hotel and one's locale.

Most American and English doctors make their first stay at the Hotel Hammarand, situated between the clinics and central Vienna. Bed alone costs upward of 5s. 3d. a night and is quite luxurious. If one stays for any length of time pensions are cheaper, and if one speaks a little German one can live very cheaply indeed.

It is more interesting and more sociable to have all one's meals in cafés and restaurants.

Buy Grieben's guide but borrow Mahan's *Vienna* and *The Vienna that's not in the Baedeker* by Hirschfeld. They will enhance one's appreciation of the charm and the amenities of Vienna.

As to *clinics, institutions and laboratories*, first I will discuss those of *psychiatric* interest.

Post-graduate work in all languages but English is organized by the post-graduate school of the medical faculty, whose headquarters are at the Kursbüro der Wiener Medizinischen Fakultät, Schloßelgasse 22, Vienna VIII. A subscription of 6s. entitles one to a variety of privileges, including the right to attend the organized courses and a 5% to 10% reduction at certain pensions and restaurants in the hospital district. Here I was given much valuable assistance by the lady secretary, who did some vigorous telephoning on my behalf.

Courses in English are organized through the American Medical Association of Vienna, and it is essential for all English-speaking graduates to join this. It is a large organization publishing a yearly "Blue Book" and housed commodiously at the Café Edison, just opposite the "Allgemeines Krankenhaus."

The "Allgemeines Krankenhaus" is the great central hospital of Vienna. Close by, in Lazarettgasse, are some of the newer clinics, among these the famous Wagner-Jauregg Clinic.

Clinics begin at 8, so one must rise early. When first I stumbled into the Wagner-Jauregg Clinic, the first to come to my rescue was a genial, youngish doctor. Soon I found that my rescuer was Dr. Otto Kauders, who, with Prof. Schilder, has written the most authoritative modern work on hypnosis, and whose work I had already known by repute. With Dr. Kauders I had several interesting chats, and he was continuously kind and helpful to me throughout my stay.

Later I met Prof. Pözl, who has recently succeeded Prof. Wagner-Jauregg, and who comes from Prague, where he occupied the Chair of Psychiatry. A finely built man of intellectual type, his speech has the precise drawl of the "Oxford" accent, but this, I am told, derives from Prague. As he speaks he shades his eyes with his left hand as a student would, and he has a mannerism of drawing his left hand over his forehead and head and down by his left ear and neck. Although much of Prof. Pözl's work has been neurological, on such topics as aphasia, the optic centres and so on, he is and has always been extremely sympathetic to the psychiatric and to the psycho-analytic approach to the study of mental disorder.

With Prof. Gerstmann I saw the neurological bed cases. The clinic has over 200 beds, the greater number being for psychiatric cases. Prof. Gerstmann, a pupil of Wagner-Jauregg since 1919, has continued his researches into the pyrexial—more especially the malarial—treatment of general paresis. The second edition of his book, *Die Malariabehandlung der Progressiven Paralyse*, published in 1928, with a preface by Wagner-Jauregg, presents his conclusive opinions, and badly needs translating into English.

Dr. Dattner, in out-patients, demonstrated to me his lumbar puncture needle. A modification of Antoni's needle, it consists of a double cannula. The outer one pierces skin, tissues and interspinous ligaments; the inner one is then pushed on to make a tiny hole in the dura mater. The result is a valve-like opening which tends to prevent leakage of cerebro-spinal fluid. The small amount of leakage, the thinness of the needle, the lessened amount of local meningeal irritation and the slowness of the flow—all these factors apparently permit the patient to get up and walk home after an operation which causes no more disturbance than a skilful hypodermic injection, and which he will not mind having repeated on himself as often as is considered necessary.

This "ambulatory lumbar puncture" is naturally more difficult to learn than the usual method, seeing that you deal with a thinner, less fool-proof needle. Once learned it is easy and neat. It is not intended for resistive patients, but combined with tact and sedatives it can be so used.

The ease and convenience of this method in skilled hands has enabled the clinic to do punctures on a large number—perhaps all—of its patients. It is obvious that any method which facilitates early diagnosis of general paresis is important.

Gerstmann, Dattner and others have pointed out, over and over again, that the degree of success in malarial therapy depends on the stage of the disease at which treatment begins. This is presumably why the clinic is comparatively optimistic about the results of malarial therapy, whereas mental hospitals are as a rule pessimistic.

Dattner's needle seems to be a useful aid and likely to facilitate a study in cerebro-spinal fluid findings, and their relationship to the different clinical stages of the disease, to malarial therapy and to prognosis.

I had no time to study the technique employed in malarial therapy. I observed, however, that the malaria is usually terminated after eight rigors. There is also

a tendency to advocate a prophylactic malaria—in the early stages of syphilis—as well as a therapeutic malaria.

Dr. Hartmann—tall, of an elegant profile, with brushed-back hair and a cigar dangling from his lips—is the one member of the clinic who is directly associated with the orthodox Freudian movement. He is a fascinating talker and obviously a fine clinician.

One novelty to me was the “Gitterbett,” which I saw in the wards. This is a bed with a tall, box-shaped metal framework, to which is fixed a netting of thin rope. It acts as a restraint for patients who are restless, but not violent.

At the *Neurological Institute*, Schwarzspanierstrasse 17, lectures are given in systematic neurology, and much research in experimental neurology is carried out. I was shown round the various departments by Dr. Ernst Spiegel, who has written a number of authoritative volumes. To Dr. Spiegel, whom I first consulted on my arrival in Vienna, I owe much for the smoothing of my path. I am also extremely indebted to Dr. J. R. Lord, who, in his capacity of Chairman of the Research and Clinical Committee of the R.M.P.A. and of its Study Tour Sub-Committee, gave me a letter of introduction to Dr. Spiegel.

Perhaps the best way of skimming the cream of Viennese psychiatry is to attend one of the twice-yearly courses in neurology and psychiatry which Dr. Spiegel organizes for English-speaking post-graduates. These are held in January and October, and last six weeks. Considering that one gets almost individual tuition from the best medical teachers and psychiatrists in the world, the fee of £31 is remarkably cheap. I believe the Royal Medico-Psychological Association issues a leaflet giving details.

The great mental hospital for all Vienna is the institution “*Am Steinhof*,” where Wagner-Jauregg superintended until lately, and where much of his malaria work was carried out. Here are nearly 4,000 patients, with 24 resident doctors. Dr. Schulhof, a senior medical officer, showed me round. Despite the unwieldy size of the institution it is beautifully organized. Mental defectives as well as the insane are housed here. From Dr. Schulhof I learnt much of the wisdom that I shall try to impart in the third part of this paper.

The Maria-Theresienschlüssel Hospital—endowed by the Rothschild family for over 100 cases—is a well-equipped private institution of great interest. Prof. Redlich, the Director, was on holiday and I was allowed to see the work of the hospital by his assistant, Dr. Josef Wilder, and several courteous medical officers.

Neurological cases are on one floor, psychiatric on another. There are fine laboratories in which neurological research is carried out. Psychotherapy is eclectic and favours no particular school. At the moment I noticed that some of the asthenic underweight patients were having small doses of insulin to increase their appetite and weight.

My visit was made in September, just before the opening of the academic session, when many of the professors and teachers were on holiday. There was at the moment little activity in psycho-analytic circles; but I was fortunate enough to meet—besides Dr. Hartmann, whom I have already mentioned—Dr. Helene Deutsch and Dr. Wilhelm Stekel.

Dr. Helene Deutsch is the most important woman pupil of Freud, and organizes psycho-analytic tuition in Vienna. As the authoress of almost the only significant work on feminine sexuality I expected to meet a shrill-voiced, tubby spinster. It was refreshing to meet instead a charming, capable married lady who insisted on speaking English in her very musical voice. I should have no hesitation in entrusting myself to Dr. Deutsch as a patient were the need to arise.

Dr. Stekel allowed me to attend one of his English classes, and graciously changed the subject to the prophylactic aspects of psycho-analysis, in which I professed my interest. Dr. Stekel speaks English fluently, has a fine presence, and is eminently common-sensical. It would be delightful to hear him speak in England.

His natural gift for exposition has exposed him to the charge of journalism, and this he laughingly admits.

Although Stekel's work is derived from Freud, his common-sense application of Freudian theory commands respect everywhere. His views on masturbation, homosexuality and impotence—as expressed in the second and fourth volumes of his encyclopædic eleven-volume work on psychopathology—are especially important and of practical significance. He has had the rare courage to state clearly

and explicitly the logical social consequences of certain psycho-analytic findings.

To have met Prof. Freud and Dr. Wilhelm Reich would have been a great privilege; unfortunately both were on holiday.

Dr. Reich is the author of *Die Funktion des Orgasmus*—a provocative contribution to the study of the relationships between sex-life and maladjustment. Most maladjustments have, if not a sexual cause, then at any rate a sexual consequence. In either case help and treatment are necessary. Dr. Reich has realized—as most psychiatrists eventually do—that an ounce of prevention is worth a hundredweight of psychotherapy. He has, therefore, organized “Sexualberatungsstellen,” or sexual advice clinics for workers. There they can have advice on any sexual matters that worry them.

One's general impression of the pioneer Viennese psycho-analysts from the little one saw was of their charm, tolerance and unorthodoxy, especially in comparison with their more “dour” English colleagues.

Of psychiatric interest are the medical and educational *arrangements made for mental defectives*.

As far as I could ascertain, no state institutions have been exclusively devoted to certifiable subnormals. Those in the Vienna area are housed in the “Steinhof.”

The educational authorities have provided eleven special schools or “Hilfschulen” for the city of Vienna. This in addition to “L” (langsam) classes in the ordinary schools for pupils who are educationally retarded and require special coaching.

Permission to visit schools is obtained at the “Stadtschulrat,” Burgring 9. The courtesy I received here was unusual even for Vienna. It was arranged by telephone that I should meet Schulrat Karl Gnam next day. Next morning Herr Gnam—who is actively interested in all movements which concern subnormal children—conducted me to one of the schools, where an interpreter was in readiness in case of need.

Accommodation for subnormal pupils is not provided for a definite percentage of the total school population. Actually 1¼% of the children are in “Hilfschulen” as compared to London, which allows special training, I understand, for 1¼%.

The special schools are separate self-contained schools with six standard grades, several facultative grades, and arrangements by which certain children can receive additional private coaching. Food is provided from the municipal kitchens, and where necessary it is free. Where no playground is available the parks are used.

I was struck by the large airy rooms and the efficient teaching, but most of all by the parental attitude of the teachers. The attitude here, and in most of the children's institutions subsequently visited, was remarkably free of that “spinstery” discipline that one often meets in institutions.

The pedagogical methods used are based on a three-years' research in the “Hilfschulen.” They are closely related to pedagogical theories which have been elaborated in Austria in recent years, and which have attracted much attention. They resemble Swiss and Belgian methods in insisting that everything taught must bear an immediate relationship to the practical needs of everyday life. In the “Hilfschulen” emphasis is also placed on the training in manual dexterity, so that the subnormal child is prepared for the demands of a simple vocation.

Specifically Austrian methods of mental testing have, I believe, been elaborated. A method which seems to be attracting attention at the moment is the “psychological profile” of Prof. Rossolimo of Moscow, and its modified application to subnormals by Bartsch, of Leipzig.

Clinics of *general medical interest* that I visited I can only mention by name: Wenckebach's Medical Clinic, Meller's Eye Clinic, the Surgical Clinic of Eiselsberg, the Gynaecological and Obstetrical Clinic of Peham, the Ear, Nose and Throat Clinic of Hajek, the Pirquet Children's Clinic, with its remarkable roof garden for tuberculous children. At the Pirquet Clinic I met Prof. Lazar, who is specially interested in curative pedagogy for subnormal and abnormal children.

Each clinic has its own remarkably equipped lecture theatres, where the Viennese undergraduate is systematically taught the principles of medicine with the aid of electrical devices, models, operations on animals and so on. Unlike his English colleague, he begins with much theory and little practice, which tends to breed obsession and doubt. Only when he graduates does he really begin to learn,

and then he does so with a precision and exactitude that in England would almost be considered "bad form."

In England we wade into the practical work often before we have any theoretical conception of what we are doing. Sometimes we never lose the habit of somehow muddling through. Perhaps a judicious combination of both methods would be nearer the ideal.

A few words on *speech clinics and laboratories*: In justification may I suggest that speech can be one of the most delicate indicators of maladjustment, and must therefore be of interest to every psychiatrist.

At Dr. Hugo Stern's Speech Clinic—a part of the larger Hajek Clinic—I spent some delightful hours. Dr. Stern has been a neurologist and an amateur singer for many years, so that his knowledge of speech is not merely academic.

Here I saw among other things the laryngo-stroboscope. The theory of this instrument could not be explained here, even if I understood it. Roughly speaking it is a device by which light rays from an electric bulb are interrupted in such a way that a tuning-fork whose frequency is, for example, 256 when held in front of the stroboscope will seem to vibrate at the rate of one or two vibrations a second. When such a light is reflected from a head-mirror into the larynx, the vibrating cords seem to vibrate extremely slowly, and one can observe and study the surface of the vibrating cords at one's leisure.

At the Phonetic Institute, Strudelhofgasse 4, I visited the laboratories of Prof. Scripture, the famous authority on the physiology and neurology of speech. Prof. Scripture was in England, but his assistant, Dr. Appel, demonstrated with enthusiasm the instruments of extreme precision which are used for the graphic recording of speech.

Later, in England, I visited Prof. Scripture's laboratory at the West End Hospital for Nervous Diseases, Welbeck Street. There, with his assistant, Miss Janvrin, he is carrying out further researches into the recorded speech findings in various organic nervous ailments, and the possibility of diagnosing such ailments from the speech records. The rationale of this type of work is explained in Scripture's paper, "Grundbegriffe der Sprachneurologie" (Fundamental Concepts of Speech Neurology), *Archiv für Psychiatrie und Nervenkrankheiten*, 1926.

It would be interesting to study such findings in the psychoses and in various affective states. Even if they did not surpass the trained diagnostic sense of the clinician, they might still be useful as a confirmatory objective record. One might, for example, investigate the retarded speech of the melancholic, possibly even the emotionally "blocked" speech of the schizophrenic or dementia præcox patient if this has not already been done.

As to *clinics and institutions of mainly social interest*, Vienna is the only metropolis with a Socialist government. The latter seems, however, to have governed well, for despite the economic straits of Austria, Vienna has become one of the cleanest and most beautiful cities in the world, with fine public buildings, well-kept streets, a great area of open and completely used parks, fine public baths and an excellent water supply. In all branches of public service ambitious plans have been successfully carried out.

Everywhere one meets blocks of municipal dwellings of startling beauty and remarkable conveniences, designed by the best architects of the day. Slums I could not find, but I believe they exist. They are said, however, to be nothing like the slums of London. At what price and sacrifice all this has been achieved I do not profess to know.

Socialistic legislation in Vienna provides for the individual from before birth until death.

Every child born destitute receives help from the municipality. A child under six whose parents are unable to look after it through disease or poverty is sent to the Children's Reception Office in Bastiengasse. Here it is observed for several weeks under ideal conditions before it is sent to a suitable hospital or institution. This home is well worth a visit.

One of the institutions to which such children may be sent is the "Wilhelminenberg," once a Hapsburg palace. Here one could not help remarking the absence of the usual institutional spirit and the rather superior type of nurse.

Next were visited two institutions for the treatment of delinquent and psychopathic children from the courts and the clinics. One at Kaiser-Ebersdorf was still in the process of building when I visited it and its administrative arrangements

were only temporary. The other at Eggenburg—an hour's journey from Vienna by fast train—was shown me by the director, Herr Heeger, who is obviously an enthusiast on the subject of curative pedagogy and who has worked hard and achieved much. Unfortunately I had planned my time badly, and I had to hurry away without doing Eggenburg anything like justice.

Lastly I visited the municipal "Eheberatungsstelle," or Marriage Advice Clinic. Here Dr. Karl Kautsky, who has directed the clinic since its opening in 1922, gives free advice to adults who are married or about to marry, or who have sexual worries or troubles of any kind.

The clinic is purely advisory. It utilizes information obtained from other clinics or from private physicians, and may subsequently redirect the patient to such agencies for further specific treatment or help.

In Germany there are already, I believe, a number of such clinics. Undoubtedly they will eventually arise in England.

The present tendency in psychiatry is towards the use of prophylactic advice at all stages in the life of man. Habit clinics, child guidance clinics, sexual advice clinics, marriage advice clinics—all these are expressions of the conviction that prevention may be difficult, but that cure is certainly much more so.

Permission to visit most of the places I have mentioned can be obtained at the municipal offices of Prof. Tandler at Rathausstrasse 9.

A few hints on the art of living in Vienna, based unfortunately on an intensive rather than an extensive experience, and on some knowledge of spoken German.

Vienna, Paris and Dublin have been grouped as feminine cities, and contrasted with London, Berlin and New York, which are said to be more masculine. When one but glimpses the fermenting social activities of Vienna, one wonders how they will eventually modify the feminine charm of the city.

Central Vienna is contained in the famous "Ringstrasse," an irregular hoop, whose north-eastern quadrant is bounded by the Danube canal. Just outside the ring to the north-west is the "Allgemeines Krankenhaus." Around this is centred the medical life of the city.

The Ringstrasse is—one can hardly doubt it—the most beautiful boulevard in the world. Prince's Street in Edinburgh is almost as beautiful, but its beauty is more episodic, and contingent on its flaunting hill-top dominated by the Castle. Ringstrasse—especially between the Opera and the University—presents a continuous flow of beauty in which are exquisitely blended architectures of widely different style.

Characteristic of Vienna is the "Kaffeehaus," which is more "intimate" than the Parisian café. Viennese coffee with cream must be seen to be believed. Served on a tray with a tiny sugar bowl and a glass of ice-cold water the overflowing cream is sometimes difficult to negotiate.

Newspapers—foreign and local—are brought to you "tethered to bamboo frames"; only foreigners seem to buy newspapers. When your coffee is finished it is replaced by a fresh tray with two tumblers of ice-cold water. This makes it evident that no moral pressure is being exerted to make you shorten your stay.

The Opern-Café and the Bristol Café—both near the Opera—are quite pleasant. There is also a café in the middle of the Graben, which is the "Leicester Square" of Vienna; here you sip your coffee with the traffic swirling around the point of your elbow.

Restaurants are both cheap and good. In many of the better ones, such as the Opern-Restaurant or the Imperial Restaurant, you may ask to be directed to the "Gastzimmer" or "die Schwemme." Here, in a less ostentatious setting, you will be served with the same food at a smaller cost, by three courteous waiters instead of five unctuous lackeys, and in the company of the true Viennese. A meal with beer will cost you about 3 schillings; incidentally a schilling is seven pence and contains 100 groschen. If you are at a loss what to order you will always be safe with Wiener Schnitzel, which is veal cutlet à la Viennoise.

Tipping is simple and satisfactory only when you know the technique. Ten per cent. will always give satisfaction, but on a small sum one naturally gives more. But the tip must be distributed. In a restaurant one tips three people. For a meal costing 3 schillings, one might give 2 dimes (10 groschen pieces) directly to the pay-waiter, a dime or two is left on the table for the food-waiter, and a dime is left on the plate on which beer or wine is served for the beer-boy. The

right amount of small money is always contained in your change, and to tip a single large sum is to reveal your ignorance of Viennese custom.

In a café one gives a dime to the pay-waiter and leaves another for the food-waiter. If pastry is purchased, the pastry-waiter is paid on the spot and is also tipped with a dime. To get your bill you call out "Zahlen" or "Bezahlen."

The *money* seems complicated. Only when one travels by 'bus or tram does one realize the convenience of reserving one pocket for schillings, another for dimes, and another for 1- and 2-groschen pieces.

The *opera and concert halls* are unrivalled. At the Opera one can see well and cheaply in the fourth gallery. For the young, the restless and the indigent there are "Stehplätze," where one may stand.

Theatres are interesting only if one knows German well. The Viennese are traditionally devoted to "shushing," and woe betide the man who seeks his seat or whispers overloudly in the middle of an act or aria. For he will surely be shrivelled up by the concentrated "shush" that is focused on him from all parts of the house.

Theatres and operas end at 10, and Vienna goes to bed early. For those who will not go with her there are *cabarets* which begin at 9 or 10 and end at 4. They are amusing, inexpensive and melodious. Until midnight there are cabaret "turns," linked up by the witty philosophy of a "conferencier." From midnight one may dance.

One of the most interesting public personalities in Vienna is Fritz Grünbaum, comedian and cabaret "conferencier." Exaggeratedly Jewish, and affecting a strong Jewish accent, his meek and hopelessly imbecilic expression and attitude contrast with the mordant wit, acute insight and deep philosophy of his repartee. Like Charlie Chaplin, he exploits the "inferiority complex," and in his own way he is as much a genius as Chaplin with his more universal pantomimic mode of expression. He offers a running commentary on contemporary Viennese trends that should not be missed.

Of the *museums*, the History of Art Museum and the Natural History Museum, opposite one another in the Burgring, should at least be walked through. One might spend here half a morning or half a year. Schönbrunn Palace—at the end of a tram journey—is modelled after Versailles; to my mind it is less formal and more charming. These are only a few of the places worth visiting.

Vienna is not only beautiful, but is beautifully situated. Those who must hustle should spend at least a char-à-banc half-day in the "Wienerwald" or Vienna Forest. Also a day on the trip to Semmering; close by one will ascend the Rax Alp (over 6,500 ft. high) by cable railway. From one little tin box in the clouds he may see if lucky, as I was, the timid chamois on its native rocks.

Then an evening, preferably a Sunday, in the Wurstelprater or "Coney Island" of Vienna. Perhaps on to Coblenz, high up on a hill, with its restaurant and its illuminated panorama of Vienna by night. On the way back an hour or so at a "Heuriger" in Grinzing. Here the vintners sell this year's wine, and Viennese of all classes come out by tram to hear the genuine old Viennese melodies.

A pleasant characteristic of the Viennese is his "Höflichkeit," which is similar to English "courtesy," but less formal and more sincere than the "politesse" of the French. The police are almost as courteous as in London.

Animals are treated considerably, yet one is astounded to find that all dogs must wear muzzles, and are not allowed on trams, in shops or in cafés.

A point one might criticize is the attitude towards the Jew, which in Austria seems to have become badly entangled with party politics. Although 75% of the associate professors and university teachers—a not inactive majority—are said to be Jews, not even a Sigmund Freud is permitted to occupy a chair. This despite the admitted loyalty of the Jew, and the very superior type of academic Jew one meets.

Perhaps Austria, in her growing appreciation of the English and the English view-point, will become increasingly inclined to adopt the English attitude towards the Jew, which is the most tolerant in the world.

Vienna, with her beautiful streets, her comparative absence of slums, her medicine, her music and her countryside, is—despite her economic straits—a city to live in. It is not difficult to become intoxicated with her charm, to become "Wien-betrunken."

In conclusion I must apologize for obvious defects in my paper, partly because

of the hurry in which it had to be written. Undoubtedly had it been written at my leisure I should have changed and consolidated many of the opinions expressed—some of them possibly indiscreet.

Actually it makes little material difference. My aim is to persuade English psychiatrists to test and correct these impressions for themselves. In token of the courtesy that was extended to me I shall gladly give individual and more specific advice to anyone who wishes it.

I have deliberately emphasized Vienna's various charms as the jam which may induce English psychiatrists to swallow the very "edifying" pill which Viennese psychiatry can offer.

I have no doubt who visits once will visit again.

EDUCATIONAL NOTES.

The Maudsley Hospital, Denmark Hill, S.E. 5 (University of London).—Lectures and Practical Courses of Instruction for a Diploma in Psychological Medicine, Course XIII, 1930.

Part I (January and February), commencing on January 7, 1930.

(1) Twelve lectures on the Physiology of the Nervous System. By F. Golla, F.R.C.P.

Four lectures and demonstrations on Physiological Psychology. By F. Golla, F.R.C.P.

Four lectures and demonstrations on the Bio-Chemical Aspects of Mental Disorders. By S. A. Mann, B.Sc.Lond., F.I.C.

(2) Twelve lectures on the Anatomy of the Nervous System. By G. Elliot Smith, M.A., Litt.D., D.Sc., M.D., F.R.C.P., F.R.S.

Practical Instruction and Demonstrations. Demonstrator, Charles Geary.

(3) Eight lectures on Psychology. By Henry Devine, M.D., F.R.C.P. Followed by Course of Practical Instruction.

Part II (March to May inclusive).

Eight lectures on the Psychoneuroses. By Bernard Hart, M.D., F.R.C.P.

Twelve lectures on Morbid Psychology. By Edward Mapother, M.D., F.R.C.P., F.R.C.S.

Four lectures on the Pathology of Mental Diseases. By F. Golla, F.R.C.P. Followed by Four Demonstrations in Pathological Anatomy. By Charles Geary.

Four lectures on the Legal Relationships of Insanity and Treatment. By Sir Hubert Bond, K.B.E., LL.B., D.Sc., M.D., F.R.C.P.

Six lectures on the Practical Aspect of Mental Deficiency. By F. C. Shrubbsall, M.D., F.R.C.P.

Six lectures on Crime and Insanity. By W. Norwood East, M.D., M.R.C.P.

Three lectures on Therapeutics. By A. A. W. Petrie, M.D., F.R.C.S., M.R.C.P., D.P.M.

Six demonstrations in Clinical Psychiatry. By Edward Mapother, M.D., F.R.C.P., F.R.C.S.

Twelve clinical demonstrations in Neurology. By F. Golla, F.R.C.P., and F. M. R. Walshe, D.Sc., M.D., F.R.C.P.

Two lectures on Abnormalities of the Fundus Oculi. By R. Foster Moore, M.A., B.Ch., F.R.C.S.

Two demonstrations in Laboratory Methods, including the Examination of the Blood and Cerebro-spinal Fluid. By S. A. Mann, B.Sc.Lond., F.I.C.

Posts as voluntary clinical assistants at the Maudsley Hospital may be granted without fee to practitioners of both sexes specializing in Psychological Medicine. These appointments can be either for whole or part-time work in wards, out-patient department or laboratories as desired. They can be held in conjunction with attendance at either part of the course for the Diploma in Psychological Medicine. Such an appointment will satisfy the requirements of the various examining bodies in respect of clinical experience of mental disorders for the Diploma in Psychological Medicine or for the M.D. in Psychological Medicine; its necessary duration depends on whether it is whole or part-time. There are various other opportunities for clinical study, also without fee, to all attending the course.