

these children makes the issue even more complicated. Runaway girls are the most at risk. An unofficial report shows that 60% of the runaway girls have been a victim of sexual abuse in the first week out of home(3). The strategic geographic situation of Iran and its long borders with the countries of the Golden Crescent (Afghanistan and Pakistan), where a substantial proportion of the world's heroin is produced, have confronted Iran with the problems of drug trafficking and concomitant drug addiction within the country(4). The youth are not an exception and make up a considerable population of substance users! The rate of substance use is some 80% among the street children in Tehran(3).

The growing number of runaway and street children is alarming! Poverty, dysfunctional and disintegrated families of the runaway children, failure of the families and the government to establish financial and emotional support for the youth, loose ties of the new generation with the national, social and religious values, unreasonable social restrictions, high rate of demand and supply for drugs, inappropriate legislation and lack of a definite law in support of children's rights(5), all are responsible for the bitter fact in the society.

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Conversion Disorder Presenting as Pseudohydrophobia

An eight-year-old girl was referred to the Institute of Maternal and Child Health, Calicut with a diagnosis of "Rabies". On admission, she showed the characteristic signs of aerophobia and hydrophobia. Fanning a current of air over the face or switching on the

fan could elicit the characteristic fear reaction. She could not swallow water and bringing water close to the mouth elicited abnormal spasms of the face and muscles of deglutition. The features of aerophobia and hydrophobia were consistent. She also showed bizarre movements involving all four limbs. Except for the aerophobia, hydrophobia and bizarre movements, the nervous system examination was normal.

There was history of being bitten by a cat one month back and the cat died, few days after the incident.

A provisional diagnosis of rabies was made and the girl was given supportive treatment. Two days later, she improved dramatically and the symptoms disappeared completely. A child psychiatric evaluation revealed the following facts. She belonged to a lower socio-economic class family, consisting of her parents and two brothers. Her developmental mile-stones were normal. Her maternal aunt had some chronic psychiatric illness. There used to be frequent quarrels between the siblings and she had the feeling that her parents gave more attention to the brothers. She had normal intelligence. Her academic functioning was above average. She was well adjusted at school. The girl had a sensitive temperament. On the particular day she had a quarrel with her younger brother at school. She was insulted by him when she developed fainting episode. While friends and teachers were attending to her, the brother expressed aloud, that he was not bothered even if his sister died. This precipitated the bizarre movements.

Corneal impression smears for rabies antigen and serological tests for antirabies antibodies (done from Pasteur Institute, Coonore) were negative. So a retrospective diagnosis of conversion disorder was made.

Conversion disorders are closely associated, in time, with traumatic events, or disturbed relationships. The term conversion implies that the unpleasant affect caused by the conflicts that the individual cannot solve is transformed into the symptoms(1). Several studies have documented a close association between psychosocial stress and conversion disorder and sibling rivalry is reported to be one of the factors involved(2,3).

Pseudorabies or pseudohydrophobia, where the person after an animal bite behaves as if he is afflicted with rabies, is well documented in literature and is one of the most important differential diagnoses of rabies(4). The psychodynamics of the present case is different. Here the child had a painful experience, which was traumatizing to her ego, and this precipitated the conversion symptoms. Development of the symptoms helped to reduce the psychological distress and anxiety resulting from the conflict (primary gain). It also helped to gain more attention from the parents and teachers and classmates (secondary gain). Abrupt onset of the symptoms, association with stress, dramatic recovery and the presence of primary and secondary gains are all characteristic features of conversion disorder.

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