On the motion of the Acting Chairman (Dr. N. R. PHILLIPS) a vote of thanks to the above-named for their papers was proposed, seconded and carried unanimously.

A hearty vote of thanks was proposed to the Committee of Visitors and Dr. N. Moulson for the kind hospitality extended to members and guests.

Dr. N. R. Phillips was thanked for acting as Chairman in the absence of Dr. R. W. Armstrong.

Members and guests were then entertained to tea.

During the day an opportunity was afforded members and visitors to inspect the Hospital and grounds.

IRISH DIVISION.

THE SPRING QUARTERLY MEETING of the Irish Division was held at Grangegorman Mental Hospital, Dublin, by the kind invitation of Dr. J. Dunne, Resident Medical Superintendent, on Thursday, April 20, 1939.

The following members were present:

Dr. T. A. Greene in the Chair (and subsequently Dr. R. Thompson), Drs. J. Dunne, J. Scroope, S. Blake, Dora Allman, Evelyn O'Brien, J. O'C. Donelan, J. Fitzgerald, Mary Fitzgerald, C. J. McCarthy, F. O'C. Walshe, J. Glass, Annie Dunleavy, B. Moran, D. Hegarty, R. Taylor, D. Brennan, D. J. Geraghty, J. Kearney, T. J. Foley, W. N. Eustace, H. J. Eustace, J. Delaney, H. St.G. Smith, R. Brennan, W. R. Wright, P. Doherty, P. J. Aird, B. Lyons, B. Honan, M. A. Collins, R. Leeper, T. A. Conlon, J. N. Moore, J. Boland, and P. Moran (Hon. Sec.).

Apologies for unavoidable absence were received from Drs. D. Lothian and C. Moloney.

Dr. T. A. GREENE proposed and Dr. THOMPSON seconded that the sympathy of the Division be extended to the widow and family of the late Dr. Boyd, Resident Medical Superintendent, Antrim Mental Hospital.

In speaking to the motion Dr. THOMPSON paid a striking tribute to the late Dr. Boyd; gave an appreciation of his excellent work in the Antrim Mental Hospital; and said that, personally, he felt keenly the loss of an excellent colleague and a kind friend.

The motion was passed in silence, all the members standing.

The Minutes of the previous meeting were read, approved and signed by the Chairman.

The SECRETARY read correspondence with the Grangegorman Mental Hospital Committee *re* the provision of facilities for general training for mental nurses.

The Grangegorman Committee had taken Counsel's opinion as to their powers in this matter, and Counsel advised that the Minister's interference in this matter was *ultra vires* and that his sanction to any such scheme was not necessary.

The SECRETARY then read a letter from the Irish Mental Hospital Matrons' Association asking the Division to arrange for post-graduate lectures for mental nurses and for courses in occupational therapy.

Consideration of this matter had been adjourned from the November meeting.

After discussion it was decided to ask the Matrons' Association to formulate a scheme to meet their views in this matter, and submit it for consideration at the next meeting of the Division.

The following were, after ballot, elected members of the Association:

JOHN NORMAN PARKER MOORE, M.D., B.A., M.B., B.Ch., B.A.O., Assistant Medical Officer, St. Patrick's Hospital, Dublin.

ANTHONY EUSTACE, M.B., B.Ch., L.M., Assistant Medical Officer, St. Edmondsbury, Lucan, Dublin.

The Meeting then proceeded to the election of officers of the Division for the year 1939–40, and the following were, after ballot, elected:

Hon. Secretary: Dr. P. Moran.

Representative Members of Council: Dr. T. A. Greene and Dr. R. Thompson.

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It was proposed by Dr. GREENE, seconded by Dr. COYNE, and passed unanimously, that Dr. R. Thompson be elected Chairman of the Division for the ensuing year.

Dr. THOMPSON then took the Chair, and in returning thanks for his election, said that this was the " medical honour " that he valued most highly. He thanked his proposer and seconder for their appreciative remarks as to his work as Secretary of the Division, and said that it was rendered easy by the enthusiastic help he got from the members. He said, " Ours is an active Division and much useful work has been done, but there is much still to do, particularly in the matter of getting governments to appreciate our demands for better facilities. If the standards of energy and enthusiasm at present evident in the Division are maintained there is no fear for the future of psychiatry in this country ".

Mental Nursing Advisory Committees to the General Nursing Councils were elected as follows :

For *Eire :* Drs. S. Blake, J. O'C. Donelan, R. R. Leeper, C. J. McCarthy and P. Grace.

For *Northern Ireland :* Drs. F. J. Deane, D. Gardener, W. B. Graham, M. J. Nolan and J. Watson.

Drs. J. O'C. Donelan and M. J. Nolan were re-nominated Examiners for the Association's Certificate in Psychological Medicine.

In accordance with the new regulations the following names were submitted for the panel of Examiners :

Preliminary Examination : Drs. C. Carey, E. O'Brien and Ada English.

Final Examination : Drs. F. Aird, T. F. Conlon and F. Walshe.

Dr. JOHN FITGERALD extended an invitation to hold the next meeting of the Division at the Mullingar Mental Hospital, and the invitation was accepted with pleasure.

It was left in the hands of the Secretary to arrange a date to suit Dr. Fitzgerald.

Dr. C. J. MCCARTHY raised the question of representation of the Division on the General Nursing Council of Eire.

He stated that Dr. D. L. Kelly had ceased to be a member of the Nursing Council, and suggested that the Division should press for the appointment of one of its members resident in Dublin to replace him.

It was decided to make formal representations to the Minister for Local Government, and to put forward the name of Dr. J. Dunne as a suitable representative of the Mental Hospitals on the General Nursing Council.

Dr. J. O'C. DONELAN, in proposing a vote of thanks to the outgoing Chairman, paid a high tribute to the manner in which he had conducted the meetings, and to all the excellent work he had done for the Association and the Division. He hoped that, although Dr. Greene was retired from active work he would not retire from the Division, and would long continue to give it the benefit of his knowledge and experience.

Dr. DUNNE seconded, and the vote was passed with acclamation.

Dr. GREENE suitably replied.

CLINICAL MEETING.

Dr. T. A. CONLON read a paper entitled " **Triazol *v.* Cardiazol** ", and Dr. GERAGHTY gave a " **Survey of the Results of Cardiazol Therapy at Grangegorman Mental Hospital** ".

Dr. D. J. GERAGHTY : " **A Survey of the Results of Cardiazol Therapy at Grangegorman Mental Hospital.**"

In this survey we present an analysis of the results obtained by treating with cardiazol fifty male cases of schizophrenia. The technique used was that of Dr. Meduna, and in all cases thirty epileptiform seizures were produced except in those cases which improved or recovered after a smaller number of seizures or where

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some contra-indication arose. Taking these fifty cases and classifying them as schizophrenia simplex, hebephrenia, katatonia and paranoides, we have the following results :

	No. of cases.	Recovered.	Improved.
Schizophrenia simplex	10	7	1
Hebephrenia	21	3	1
Katatonia	6	1	*nil*
Paranoides	13	7	2
Totals	50	18	4

Seven cases of schizophrenia simplex recovered out of ten and one improved.

Three cases of hebephrenia recovered out of twenty-one and one improved.

One case of katatonia recovered out of six and there were no improvements.

Seven cases of dementia paranoides recovered out of thirteen and two improved.

The hebephrenic, who was discharged improved, relapsed after a couple of weeks and returned to the institution. The one case of katatonia, a case of stupor, that recovered and was recommended for discharge, relapsed after two weeks just as he was about to leave the institution.

Two of the seven cases of dementia paranoides that were discharged recovered relapsed and returned to the institution.

Deducting the four relapsed cases from those successfully treated, we find that 70% of schizophrenia simplex improved sufficiently to be discharged recovered, 13% of hebephrenia, 38% of dementia paranoides, and in katatonia there was no percentage of recoveries at all.

There are, then, fifteen cases discharged recovered and three discharged improved that have not returned to the institution. Six of these have now had a complete remission for seven months, five for six months, one for five months, two for four months and four for three months. Eleven of the eighteen patients discharged have returned to their former occupations.

Now on reviewing the results according to the duration of illness, we find—

	No. of cases.	Recovered.	Improved.
Under 6 months' duration	19	11	2
,, 12 ,, ,,	8	2	*nil*
,, 18 ,, ,,	3	1	,,
,, 2 years' duration	4	*nil*	,,
,, 3 ,, ,,	1	,,	,,
,, 4 ,, ,,	6	1	,,
,, 5 ,, ,,	5	*nil*	1
Over 5 ,, ,,	4	,,	*nil*
Totals	50	15	3

Eleven cases out of nineteen of under six months' duration recovered and two improved.

Two cases out of eight under twelve months' duration recovered and there were no improvements.

One case out of three under eighteen months' duration recovered and there were no improvements.

There were no recoveries or improvements out of five cases of under three years' duration.

There was one recovery and one improvement out of eleven cases of under five years' duration.

There were no recoveries or improvements out of four cases of over five years' duration.

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In cases of six months' duration or under 53% recovered; in cases of twelve months' duration or under 25% recovered and so on, the recovery-rate continuing to fall according as the duration of illness increased.

Six of the eleven recoveries from an illness of under six months' duration were cases of schizophrenia simplex, four were paranoid and one was a hebephrenic.

Taking these fifty cases and classifying them according to the most prominent clinical feature, we find—

	No. of cases.	Recovered.	Improved.
Apathetic	11	8	1
Stuporose	5	*nil*	*nil*
Impulsive	4	,,	,,
Confused	12	1	,,
Impulsive and confused	6	1	,,
Paranoid	12	5	2
Totals	50	15	3

Eight of eleven apathetic cases recovered and one improved. No case of stupor out of five recovered. No case of impulsiveness out of four recovered. One out of twelve confused cases recovered. One out of six impulsive and confused cases recovered. Five out of twelve paranoid cases recovered.

The highest percentage of recoveries, 80%, was shown in those cases with loss of emotional tone that showed no impulsiveness or confusion, but some of which had mild delusional states.

The paranoidal cases showed a 41% recovery-rate, and in all those that recovered a definite depressive phase was noted during their illness, but clinically they showed sufficient manifestations of schizophrenia to be classed under that heading. Confused and impulsive cases showed a markedly low recovery-rate. There was a 16% recovery-rate in impulsive and confused cases, and only an 8% recovery-rate in cases that were merely confused. It was found that most of the impulsive and confused cases became more impulsive and confused as a result of the treatment.

On grouping the fifty cases treated according to age we find—

	No. of cases.	Recovered.	Improved.
20 years and under	5	3	*nil*
20 to 25 years	12	6	,,
25 to 30 ,,	18	2	1
30 to 35 ,,	13	4	2
Over 35 years	2	*nil*	*nil*

Three recovered out of five of 20 years of age and under.

Six recovered out of twelve between 20 and 25 years of age.

Two recovered and one improved out of eighteen between 25 and 30 years of age.

Four recovered and two improved out of thirteen between 30 and 35 years of age.

There were no recoveries out of two over 35 years of age.

The highest percentage of recoveries, 60%, was shown in those cases of 20 years of age and under. From 20 years of age to 25 years 50% of recoveries were recorded. From 25 years of age to 30 years there was a marked fall in the recovery rate, only 11% of recoveries being recorded. From 30 years of age to 35 years the recovery-rate rose again to 30%; after 35 years of age there was no percentage of recoveries at all.

Summary.

On reviewing the foregoing analyses, we find that the greatest number of recoveries occur in schizophrenia simplex, and that the paranoidal type form the next highest percentage of recoveries. On glancing at the record of recoveries according to duration of illness, we find that these two groups, simplex and paranoidal, record the greater number of recoveries under six months' duration, and so

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on. On examining the analysis according to the clinical manifestation, we again find that the simplex or apathetic type and the paranoidal type also show the highest percentage of recoveries. In only a very small percentage of these two groups was there any impulsive tendency. On the other hand, the hebephrenic group, which formed the greater number of impulsive and confused cases, and in which the duration of illness appeared to be longer, recorded a much smaller percentage of recoveries. On an analysis according to age, we find that the greatest number of recoveries occur under 25 years of age, and that most of these are of the simple schizophrenic type. The recovery-rate then definitely falls from the age of 20 to 25 years, when most of the cases are composed of the hebephrenic or impulsive and confused type—cases, in other words, which have been received into the institution after they have been a considerable period ill; cases that have probably already gone through the simple schizophrenic stage and when the process of deterioration has begun to set in. The recovery-rate again rises from 30 to 35 years of age when cases of paranoides with an acute onset are received into the institution and treated.

Further, it is interesting to note that the majority of cases that recovered did not receive the full course of thirty convulsive seizures; the greater number had recovered after having reacted to from twelve to fifteen cardiazol injections. Cases in which cardiazol injections were continued after the onset of a stage of anxiety definitely unimproved.

We remark, also, that three of the patients who recovered had a recorded history of unilateral heredity, but in none of the patients who recovered was there any history of a prepsychotic personality, such as shyness or oddity in childhood, nor was there, either, any mental deficiency taint. In several of the patients who did not recover there was strong evidence of a background of mental deficiency.

Conclusions.

Cardiazol therapy appears to offer a good prospect of recovery in the simple or apathetic form of dementia præcox, of short duration, when there is an absence of any tendency towards impulsiveness, and when the previous personal history does not reveal any psychopathic traits, such as oddness or shyness in the early years. Similarly, in dementia paranoides, of short duration, cardiazol therapy appears to offer a fair prospect of recovery, especially when the clinical picture shows a depressive phase with absence of impulsiveness and when there is no evidence of previous psychopathic history. Unilateral heredity does not appear to preclude a favourable result In the other types, hebephrenia and katatonia, with their associated impulsiveness and confusion, cardiazol therapy appears to be definitely limited.

On the suggestion of the Chairman both communications were grouped together for discussion.

Convulsion therapy is widely used, and many members took part in the discussion on the papers read. Some conflicting views were expressed, but the general opinion was that this form of therapy justifies itself, and for certain types of cases is most beneficial. Complications and accidents are rare, and when they do occur are generally not serious.

Drs. Conlon and Geraghty replied to queries and points raised by speakers in the discussion.

Dr. J. Dunne then read a note on **"After Care"**, and gave an account of the establishment and working of the "After-Care" Committee operating in conjunction with his hospital.

Several members took part in a subsquent discussion, and it was agreed that in large centres of population such After-Care Committees can do excellent work, but in rural and sparsely populated areas their range of usefulness would be limited by the difficulty of making contacts with cases in remote places.

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Owing to the lateness of the hour it was decided to postpone Dr. O'Brien's and Dr. McCarthy's papers until the next meeting.

At the close of the meeting Dr. GREENE proposed a very cordial vote of thanks to Dr. Dunne for the facilities and the hospitality provided.

The proposition was seconded by Dr. THOMPSON, and passed with acclamation.

Dr. DUNNE suitably replied and the meeting terminated.

NOTICES BY THE HON. LIBRARIAN.

The Library is open to members between the hours of 10 a.m. and 6 p.m.; Saturdays, 10 a.m. and 1 p.m. Books are issued to borrowers between 10 a.m. and 1 p.m., and between 2.30 and 4.30 p.m.; Saturdays, between 10 a.m. and 12 noon.

The Hon. Librarian will endeavour to obtain, as far as possible, any books on psychiatry and allied subjects required by members.

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1. Books shall be lent only to members within the United Kingdom and Eire who are not in arrears with their subscriptions.

2. No member may borrow from the Library more than three volumes at one time.

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8. All communications should be addressed to " The Librarian, Royal Medico-Psychological Association, 11, Chandos Street, Cavendish Square, W. 1 ".

Addition to Library.

Presented to the Library by Dr. K. K. Drury, *Sketches in Bedlam*, by 'Constant Observer', London, 1823.

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