Dr. DREVER gave an account of the types of case seen in the Psychological Clinic, and of the methods of investigation and treatment.

Dr. ANGUS MACNIVEN described the work of the Out-Patient Department.

Dr. T. R. C. SPENCE, in an analytical review of 100 consecutive cases admitted to the wards, described the forms of mental disorder and the results of treatment, and Dr. M. E. MCLAREN gave detailed descriptions of some illustrative cases.

An interesting discussion followed, which was contributed to by Drs. HARROWES, AIDAN THOMSON, R. M. BARCLAY, J. H. MACDONALD, A. J. BROCK, DODS BROWN, T. C. MACKENZIE, R. D. CLARKSON and Dr. J. IVISON RUSSELL, the Secretary of the Northern and Midland Division. Prof. ROBERTSON shortly replied.

A vote of thanks to the Chairman terminated the business of the meeting, after which members were kindly entertained to tea.

IRISH DIVISION.

THE AUTUMN QUARTERLY AND CLINICAL MEETING of the Irish Division was held at Portrane Mental Hospital, Donabate, co. Dublin, on Thursday, November 6, 1930, by the kind invitation of the Committee of Management and Dr. J. O'Conor Donelan, Medical Superintendent.

The following members were present: Dr. Richard R. Leeper in the chair, Drs. J. O'Conor Donelan, J. Mills, D. L. O'Kelly, W. Eustace, J. C. Martin, G. H. Keene, F. J. Deane, Stanley Blake, B. Lyons, Eveleen O'Brien, D. E. Allman, John FitzGerald, P. J. Cassin, B. F. Honan, C. B. Molony, K. Dillon, J. Dunne, J. Kearney, and R. Thompson, Hon. Sec.

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

Before the business of the meeting was undertaken, the Chairman informed the members of the sad news he had just received of the death of Dr. Owen Felix McCarthy, Medical Superintendent of Cork Mental Hospital. He paid a high tribute to the personal and professional qualities of Dr. McCarthy, and proposed that a letter, conveying the deep sympathy of the Division, be sent to Mrs. McCarthy.

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

FRANCIS DE SALES MCMENAMIN, *M.C.*, M.B., Ch.B.Edin., 28, Upper Pembroke Street, Dublin.

Proposed by Drs. J. O'Conor Donelan, R. R. Leeper and John FitzGerald.

JOHN JOSEPH FITZGERALD, M.D.Durh. & Brux., Assistant Physician, Mental Hospital, Cork.

Proposed by Drs. Owen F. McCarthy, J. O'Conor Donelan and P. Moran.

GEOFFREY J. HARRISON, L.R.C.P. & S.I., Assistant Medical Officer, St. Edmondsbury, Lucan, co. Dublin.

Proposed by Drs. R. R. Leeper, R. Taylor and R. Thompson.

The meeting learned with pleasure that the General Nursing Council of the Irish Free State had invited Dr. O'Kelly to allow his name to go forward for election to the Council.

The Spring Meeting was fixed to take place on Thursday, April 2nd, 1931, at the Royal College of Physicians, if convenient.

PAPER.—"Some Aspects of Dementia Præcox, with Special Reference to Modern Methods of Treatment," by J. KEARNEY, M.B., D.P.M., Assistant Medical Officer, Portrane Mental Hospital.

After a comprehensive review of the work done to elucidate the pathology of dementia præcox, the author gave the following account of his own results with the sulfosin treatment:

Few diseases have led to so many therapeutic and other efforts to find a cure as dementia præcox. Hence, when Dr. Loberg, of Sweden, instituted the treatment of dementia præcox by sulfosin, for the introduction of which treatment here we have to thank Dr. P. J. Dwyer, Deputy Medical Superintendent, we decided to adopt it with quite open minds. You will recollect that during Dr. Loberg's visit here last May, he read a paper on this subject before the members of this

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Association at the Royal College of Physicians. In the course of that paper he mentioned that the fever therapy in cases of dementia præcox was not of recent growth, and recalled the early attempts of Donath (1907) and Lundvall (1909) with sodium nucleinate. Pascal and Davesne in recent years claimed improvement in 58 dementia præcox cases out of 103 by the treatment known as "Fixation Abscess."

We have followed the same procedure with sulfosin treatment as that adopted by Dr. Loberg, that is to say all cases have first been examined with a view to excluding other organic diseases, such as phthisis, etc., and have had their temperatures recorded morning and evening for a period of seven days prior to the commencement of the injections.

The injections are given intramuscularly in immediate proximity to the periosteum, at the junction of the middle and upper thirds of the thigh and on the external aspect. The important precautions to be observed are (1) that the sulfosin must be homogeneous. This can be effected by immersing the ampoule in tepid water for about 30 seconds and then shaking thoroughly. (2) Care must also be taken not to inject into a blood-vessel. The injections, especially the larger ones, are liable to cause a certain amount of local pain, but compresses of Burrows' solution give much relief.

The outstanding effects of sulphur applied parenterally in therapeutic doses are fever, leucocytosis, and lowering of blood-pressure and of the blood-sugar value. On account of the lowering of the blood-pressure it is advisable to administer either digitalis and strychnine or strophanthus during the course of the treatment.

We have in this mental hospital treated 27 cases in all, 6 females treated by my colleague, Dr. O'Brien, and 21 males by myself. The recorded duration of the disease in these cases ranged from one to ten years. The initial dose was in each case 1 c.c., and was given about 5 p.m. As the temperature begins to rise after ten to twelve hours, a record is taken every two hours from 3 a.m. the following morning. Each succeeding dose is increased by 1 c.c. up to 10 c.c., and is given after 24 hours' normal temperature.

Of the 6 females treated, one was sufficiently improved to be allowed to go home. Another patient showed obvious improvement, but unfortunately this only lasted about six weeks, and she relapsed to her previous condition. She is, however, undergoing a second course of treatment at present, and some improvement is perceptible. Of the other 4 females, 3 became more or less excited after each injection, and show no improvement, while the other remained unchanged.

With regard to the male patients, improvement has been noted in 8 cases. One of these has been in the institution for ten years, and his mental condition improved to almost normal. Prior to the commencement of treatment he was quite listless and apathetic, and only smiled inanely when questioned. He became quite rational in converstaion and conduct. At the end of six weeks, however, he relapsed, and is gradually falling back to his previous condition. In 3 other cases there was marked improvement, and in the remaining 4 improvement was perceptible. In no case, however, was it maintained, and they relapsed in periods of from three to six weeks.

These figures show that of the 27 cases treated improvement was noted in 10, or 37%. Dr. Loberg's figure was somewhat higher, being 45·9%. He treated in all 135 cases and got improvement in 62. The improvement was of short duration in 50 of these 62 patients; in the remaining 12 it was maintained for periods varying from $3\frac{1}{2}$ to $15\frac{1}{2}$ months. Similar results have been recorded by Marcuse and Kallman, who obtained improvement in 16 out of 40 cases.

Dr. Loberg states that he found a distinct positive correlation between the average maximum temperature during the course of the treatment and the therapeutic results, but I have not found that to be the case. Furthermore, he noted a poorer reaction in the case of his female patients. In my series the reaction, in the case of female patients, as shown by the temperature, has been equal to that of the males.

With such a small number of cases, which were taken at random, the results may not appear at first sight very encouraging, but the fact that some improvement was obtained should stimulate us to further efforts in the treatment of this disease.

I am indebted to the Medical Superintendent, Dr. J. O'Conor Donelan, for his permission to carry out these investigations, and to quote work done in the hospital; to the Deputy Superintendent, Dr. P. J. Dwyer, for his assistance and

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encouragement in adopting and carrying out the treatment, and to my colleague, Dr. E. O'Brien, for detailed information on the cases treated by her.

The paper was followed by a lengthy discussion on the ætiology and pathology of dementia præcox, in which the majority of the members took part.

At this stage Dr. Donelan took the opportunity of conducting the members to the newly-built farm houses and byres, where the members saw, amongst other things, the tubercle-free dairy herd and the recently installed modern milking plant.

PAPER.—"**Treatment of Epilepsy**," by EVELEEN O'BRIEN, M.B., B.Ch.N.U.I., D.P.M., Assistant Medical Officer, Portrane Mental Hospital.

[*Abstract.*]

This is a brief account of the treatment carried out in this hospital during the past few months. Chemotherapy solely was employed, and in all cases the general hygienic condition was kept at as high a level as possible. The procedure was as follows:

Every female epileptic patient was put under observation during the months of June, July and August. All fits were recorded on charts specially ruled for the purpose. Treatment for fits was in abeyance, but intercurrent infections, if any, were, of course, attended to if and when they occurred. On September 1st the charts were examined and those of the patients who showed no fits for the three months were eliminated; the others, numbering 37, were listed for treatment. I divided these into eight groups of 4 and one of 5. The cases were not picked—merely grouped together as their charts came to hand.

Group I was put on luminal ½ gr. twice daily for 1 week.
,, II ,, luminal sodium ½ gr. twice daily for 1 week.
,, III ,, gardenal ,, ,, ,,
,, IV ,, gardenal sodium ,, ,, ,,

Dosage of all above to be increased by ½-gr. up to 5–6 gr. if necessary.

Group V was put on rutonal 3 gr. twice daily, increasing to 12 gr. if necessary.

,, VI was put on Gelineau's dragées 2 daily for 1st week.
3 ,, 2nd and 3rd weeks.
4 ,, 4th week,

but increasing less rapidly if there was any improvement or if the individual was of delicate constitution.

Groups VII and VIII were put on mixtures:

Group VII:	Pot. brom.	āā gr. x.
	Sod. brom.	
	Ammon. brom.	
	Mag. sulph.	
	Liq. arsenicalis	℥ij
	Aquam ad	ʒj.
Group VIII:	Pot. brom.	gr. xx.
	Mag. sulph.	gr. x.
	Boracis purif.	gr. v.
	Tinct. bellad.	℥v.
	Liq. arsenicalis	℥ij.
	Aquam ad	ʒj.

The mixtures were given in ounce doses three times daily.

Group IX was put on weekly hypodermic injections of 5% solution of peptone (Auld's No. 2), beginning with ℥v doses and increasing by this amount for the following three doses. A month's interval is allowed before the second course, which commences with ℥x and three further doses of ℥xx. Any subsequent dose will consist of four injections of ℥xx.

In all cases the maximum dose was given as nearly as possible to the expected occurrence of the fits. If nocturnal the main dose was given at bedtime; if diurnal, in the morning as soon as the patient awoke. The Gelineau's dragées were always given after a meal, and where one dose was larger than the others it was given after the evening meal.

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Notes on the drugs employed.—In the first four, luminal, luminal sodium, gardenal and gardenal sodium, the replacement of the ethyl group by the phenyl apparently modifies the depressant action on the cerebral functions in the direction of producing an earlier effect in the lower tracts, *e.g.*, the motor tract, than is produced by the typical narcotics of the fatty series. Rutonal is of the same class, but is much milder. This drug proved unsatisfactory, and after the first fortnight I gradually substituted the three bromides mixture in its stead. Gelineau's dragées consist of potassium bromide, picrotoxin, and arseniate of antimony. The picrotoxin in small doses curbs the attacks by controlling the spasmodic contraction of the vessels of the brain, and thus overcoming the cerebral anæmia. Arsenical preparations act on epileptics in several ways, but their chief value lies in their general tonic effect on the nervous system and in their bactericidal properties. This particular preparation is admirably borne even in doses twice as large as those of the other arsenical preparations. The combination of these similar drugs produces an effect more prompt and certain, and more marked than the equivalent dose of a single substance. Borax is said to facilitate the action of bromides—how I do not know. Moreover, as it acts in the blood like an alkali it flies in the face of Pierre's theory that epilepsy is due to a failure of the neutralizing powers of the blood, resulting in a fall of the hydrogen ion concentration—an alkalosis in fact. The treatment by peptone injections is based on the allergic theory of epilepsy, peptone being given on the assumption that it acts as a desensitizer.

Results.

The treatment has been in force for two months only, so I am comparing the number of fits during that period with the number occurring in two previous months when patients were under observation.

	June–July (observation).	Sept.–Oct. (treatment).
No. of fits	459	113
That is	57 per week	14 per week.
That is	8 per day	2 per day.

In other words, the number of fits has been cut down to one-quarter of what they were, giving an improvement of 75%.

Taking the groups individually there has been an improvement in each one. The best results were from:

	Before.	After.
Luminal:		
M. J. C—	5	2
M. D—	1	0
A. F—	3	0
M. S—	16	7
	25	9

Improvement of 64%.

Sodium luminal:		
T. C—	3	0
B. C—	22	2
M. D—	12	4
W. H—	62	10
	99	16

Improvement of 83·8%.

Gardenal:		
M. J. D—	61	2
M. Mc—	52	15
A. F—	32	4
B. K— (died of intercurrent disease)	..	..
	145	21

Improvement of 85⅛%.

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Sodium gardenal:

M. T—	13	0
J. McG—	3	9
J. C. C—	11	3
M. G—	14	4
	41	16

Improvement of 60·9%.

Gelineau's dragées:

B. K—	33	5
K. McE—	24	6
M. Mc—	11	4
M. A. S—	13	2
	81	17

Improvement of 79%.

Three bromides:

C. J—	3	0
E. C—	2	1
K. H—	17	7
B. S—	2	4
	24	12

Improvement of 50%.

Bromide and borax and belladonna:

M. McD—	1	0
E. S—	5	0
G. P—	2	0
A. K—	1	0
	9	0

Improvement of 100%.

Peptone injections:

B. R—	2	1
M. R—	24	12
M. R—	13	8
A. L—	0	3
	39	24

Improvement of 38·4%.

There was an increase of 6 fits in one patient on sodium gardenal, an increase of 2 fits in one on the three bromides mixture, and an increase of 3 fits in one on the peptone injections. With the latter group there was a tendency for the fits to occur shortly after the injections, and there was no diminution in their intensity and not much in their frequency.

After-Effects.

I must mention that there may be secondary effects, drowsiness, hebetude, nausea, rashes—urticarial and morbilliform. These generally appear with the larger doses of 5 gr. or more—so far I have not gone beyond—and have had no ill-effects. The symptoms may pass off in a day or two, but if persisted in treatment must be suspended. There is a real element of danger here. If any of the five drugs of the barbituric acid group is suddenly discontinued, the seizures may return with greater intensity and frequency, and status epilepticus supervenes. One should, therefore, reduce gradually, substituting bromides in increasing doses.

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As regards the treatment in general, it involves a considerable amount of work, pharmacological as well as medical, but the results I think are a fair recompense for the labour involved.

On the motion of Dr. Deane, seconded by Dr. Martin, a vote of thanks was passed to Dr. J. O'Conor Donelan, Medical Superintendent, and the Committee of Management of Grangegorman Mental Hospital for their kind hospitality.

This terminated the proceedings.

"The Treatment of Epilepsy," by JOHN FITZGERALD, M.D., D.P.M., Assistant Medical Officer, Grangegorman Mental Hospital, Dublin.

[*Abstract of a paper read at the Summer Meeting of the Irish Division, held on July* 10, 1930, *at the Stewart Institution, Palmerstown.*]

After a short historical introduction the author discusses the general treatment of epilepsy. He warmly advocates colony life for the epileptic, and points out the shortcomings of the usual mental hospital treatment. He then gives detailed instructions as to diet and general management of a case. Passing to "medical treatment," the principal drugs used are reviewed and their mode of action and methods of administration discussed. The author then gives his personal results with drug treatment as follows:

The tables give the results of eight groups of medical treatment on 40 epileptics under observation for twelve months. They were grouped without any consideration of the frequency and severity of their seizures. The number of fits—*grand mal* seizures—was recorded for a period of three months before patients were placed on a particular treatment, and then for subsequent periods of three months. In those cases in which there was no improvement after three months on one drug a change was made to another group, and so on.

GROUP I.—*Gardenal.*

Case No.	Number of fits for 3 months before treatment.	Number of fits for first 3 months on drug.	Number of fits for second 3 months.	Number of fits for third 3 months.
A_1	8	0	2	9
A_2	10	2	1	10
A_3	111	44	3	1
A_4	10	0	0	0
$*A_5$	22	19	*	*
A_6	2	0	0	0
$\dagger C_2$	5	9	0	Died of intercurrent disease.

Of this group $*A_5$, who showed no material change in the number of his seizures, was transferred to Group III.

$\dagger C_2$ was placed in this group, having shown an increase in fit incidence when in Group III.

GROUP II.—*Sodium gardenal.*

Case No.	Number of fits for 3 months before treatment.	Number of fits for first 3 months on drug.	Number of fits for second 3 months.	Number of fits for third 3 months.
B_1	9	2	0	3
B_2	73	40	4	7
B_3	42	12	4	2
$*B_4$	47	54	*	*
B_5	7	1	0	0
$\dagger H_3$	12	13	3	5

$*B_4$, who showed an increase in his fit incidence, was transferred to Group III.

$\dagger H_3$ was placed in this group, having shown an increase in fit incidence in Group VIII.

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GROUP III.—*Luminal.*

Case No.	Number of fits for 3 months before treatment.	Number of fits for first 3 months on drug.	Number of fits for second 3 months.	Number of fits for third 3 months.
C_1	71	4	0	0
*C_2	5	9	*	*
C_3	9	2	2	2
C_4	9	4	0	0
†A_5	22	19	15	23
‡B_4	47	54	80	§

*C_2, who in this group showed an increase in fit incidence, was transferred to Group I.

†A_5, who showed no material improvement in Group I, was transferred to this group

‡B_4, who showed an increase in fit incidence in Group II, was transferred to this group.

§B_4, who again showed increase in fit incidence in this group, was transferred to Group VI.

GROUP IV.—*Sodium Luminal.*

Case No.	Number of fits for 3 months before treatment.	Number of fits for first 3 months on drug.	Number of fits for second 3 months.	Number of fits for third 3 months.
D_1	38	15	11	1
D_2	77	39	8	2
D_3	13	4	0	0
D_4	12	0	6	5
*G_3	27	35	4	10
†E_1	13	12	22	7

*G_3, who showed increase in fit incidence in Group VII, was placed in this group.

†E_1, who showed increased fit incidence in Groups V and VIII, was transferred to this group.

GROUP V.—*Rutonal.*

Case No.	Number of fits for 3 months before treatment.	Number of fits for first 3 months on drug.	Number of fits for second 3 months.	Number of fits for third 3 months.
*E_1	13	12	*	*
E_2	25	10	2	6
E_3	8	0	0	0
E_4	1	0	0	0
E_5	36	10	7	2
†H_5	11	14	2	0

*E_1, who showed no improvement in this group, was transferred to Group VIII.

†H_5, who showed an increased fit incidence in Group VIII, was transferred to this group.

GROUP VI.—*Mag. sulph., Pot. brom., Sod. brom., Ammon. brom., aa. gr. x, Liq. arsenicalis* ℥ij, *Aquam ad* ʒj. *Ft. haust. Sig. t.d.s. p.c.*

Case No.	Number of fits for 3 months before treatment.	Number of fits for first 3 months on drug.	Number of fits for second 3 months.	Number of fits for third 3 months.
F_1	67	13	5	4
F	20	2	5	3
F	8	3	5	5
F_4	5	0	0	2
F_5	6	1	0	0
*B_4	47	54	80	60

*B_4, who showed increased fit incidence in Groups II and III, was transferred to his group.

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GROUP VII.—*Mag. sulph. gr. x, Pot. brom. gr. xx, Boracis purif. gr. x, Tinct. belladonnae* ℥v, *Liq. arsenicalis* ℥ij, *Aquam ad* ℥j. *Ft. haust. Sig. t.d.s. p.c.*

Case No.	Number of fits for 3 months before treatment.	Number of fits for first 3 months on drug.	Number of fits for second 3 months.	Number of fits for third 3 months.
G_1	48	19	3	6
G_2	31	4	9	Died of intercurrent disease.
*G_3	27	35	*	*
G_4	11	1	1	4
G_5	5	1	1	0
G_6	4	1	4	0

*G_3, who showed increased fit incidence, transferred to Group IV.

GROUP VIII.—*Gelineau's Dragées.*

Case No.	Number of fits for 3 months before treatment.	Number of fits for first 3 months on drug.	Number of fits for second 3 months.	Number of fits for third 3 months.
H_1	22	15	12	12
H_2	45	21	7	7
*H_3	12	13	*	*
H_4	13	3	4	3
*H_5	11	14	*	*
†E_1	13	12	22	†

*H_3 and H_5 of this group, who showed no improvement, were transferred to Group II and V respectively.

*E_1, who showed no improvement in Group V, was transferred to this Group. He also showed increase in fit incidence in this group and was transferred to Group IV.

A study of the above results shows that in no one group was there a constant result. In all groups there were some cases which showed a marked improvement, some no change, and others an increase in fit incidence. The latter, on being transferred to other groups, in some cases showed an improvement, and in others no change, or even an increase.

These results are, of course, incomplete and inconclusive. It is evident that a year's observation could not possibly allow of all the different transfers from group to group; and again, where a patient was in a group after his fit incidence had been reduced, say, 50%, it is quite possible that trial in another group might result in a 75% reduction. However, from the results one may conclude that a drug which reduces the fit incidence in one epileptic does not necessarily do so in another, in whom an entirely different drug may effect the desired change.

A physician should never be satisfied with placing a patient on any particular drug. He should carefully note the effect of the drug on the fit incidence, and in the event of an unsatisfactory result try another remedy, in the hope that ultimately he will hit upon the drug which gives the maximum amount of relief. Obviously such a procedure will entail a lot of trouble, but one is fully recompensed if one can allay the condition, even in a limited number of cases. The promiscuous dosing of epileptics with one particular drug to the exclusion of others is to be deprecated—a practice only too prevalent.

During the last few months dialecetin has also been tried on a few cases. Its chemical composition is allylparacetamino-phenol and diallyl-barbituric act gr. 4½ and 1¾, in tabloid form. No opinion can yet be expressed as to its advantages or otherwise.

Various theories of epilepsy—the toxic, the vaso-motor, the metabolic and the allergic—are reviewed, and forms of treatment based upon these are described.

The ketogenetic treatment is an attempt to increase the H-ion concentration of the blood by increasing the fats and diminishing the proteins and carbohydrates in the diet. The diet as used in this institution was as follows:

Breakfast: Olive oil 1 oz., margarine 2 oz., 1 egg, bran biscuits, and tea without sugar.

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Dinner: Fat bacon 4 oz., cabbage, 1 pint beef tea, olive oil 1 oz., bran biscuits.
Tea: Tea or cocoa without sugar, margarine 2 oz., cheese 1 oz., and bran biscuits.
It was given a trial for a period of six months.

The results were very disappointing. It must be remembered, however, that all these cases were of well-established epileptic habit and many were well advanced in years. Several claims of excellent results have been reported from America, where the treatment has enjoyed an extensive trial. It would appear that the earlier a case is treated the better the prospects of amelioration or cure, and also that a favourable result is more likely in the younger subjects.

In the technique of the peptone treatment, introduced by Auld in an attempt to induce non-specific protein desentization, there is little to quote beyond strict asepsis. Patients are treated by a course of hypodermic injections of a 5% solution of peptone (Auld's No. 2). The commencing dose is ℥v, and this is increased each week, rising to *M*x the second week. The third week's dose is ℥xv, the fourth ℥xx.

At least a month's rest is then allowed before a second course is started, and this has a commencing dose of ℥x and three further doses of ℥xx. Subsequent courses consist of four injections of ℥xx.

Up to date only two full courses of the treatment have been completed, the results of which are appended below.

The subcuticular route has been used in all cases, but it can also be injected intramuscularly or intravenously. There have been no complications, but sometimes a skin eruption, simulating the bullæ found in scabies, results. It subsides in a few days. The intravenous route gives rise at times to slight malaise and rigor.

In all cases the medical treatment has been reduced to half the dosage of the particular drug on which the patient was being treated previous to the injection.

The following is a tabulated result of the findings in 12 cases on whom the treatment was tried:

Case No.	Number of fits during 2 months before medical treatment.	Fits during 2 months on medical treatment.	Fits during first course of injections and subsequent month.	During second course of injections and subsequent month.
1	111	45	3	1
2	73	40	4	6
3	69	41	9	0
4	30	26	4	10
5	35	4	9	1
6	43	21	2	7
7	22	15	11	12
8	14	12	22	8
9	11	12	3	7
10	43	12	4	3
11	47	55	79	60
12	35	9	7	2

An examination of these results will not give any definite idea as to the success of this line of treatment, because the first course of injections was started too soon after medicinal treatment, and a fall in fit incidence might be due to a further beneficial action of the drug. However, it will be noticed that with the "critical dose" reduced by a half there was no increase in fit incidence, except in one case, which would go to show that this treatment is well worth a tril, when the beneficial effects of the drug treatment appear to be stationary. At a later date it is hoped to try this treatment as an initial treatment, and also on cases of *definite* stationary fit incidence, so as to be in a better position to decide as to its efficacy.

The psychogenic theory is considered at length, and the author concludes his paper with some general observations on treatment, thus:

Firstly I would like to stress the importance of a thorough investigation of the various bodily functions in all cases, and the paramount importance of restoring the various systems to correct functioning.

Focal sepsis should be remedied as far as possible by careful attention to dental hygiene. All sources of sepsis, sinus trouble, etc., should be cleared up, and errors of refraction corrected when possible.

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Of the utmost importance is the care of the alimentary tract. Every effort should be made to restore it to a clean condition, regular elimination encouraged and constipation avoided.

The diet should receive careful attention, a point which I think I have fully stressed in the earlier part of this dissertation.

With regard to the medicinal treatment, I would urge careful methodical investigation of the effect of the various drugs, so that "no stone is left unturned" to find the drug of maximum benefit to each individual epileptic. Personally, I am convinced of the importance of this point, and fear that even at the present day the habit of prescribing one drug for all epileptics is only too prevalent.

Now, if at any stage the patient's condition becomes stationary, other lines of treatment should be tried—for example, the ketogenetic and desentization treatments.

Having followed this line of treatment for even such a short period as twelve months I have had very encouraging results. I kept careful records of the cases of 38 patients for that period. The total number of fits for the three months previous to treatment was 993, and for the last quarter of the year 201—a decrease in fit incidence for all cases of just 80%.

In conclusion I would like to thank Dr. Steele, of Middlesbrough, for his kindness and assistance, which was always forthcoming whenever I approached him.

I am indebted to the Medical Superintendent, Dr. J. O'Conor Donelan, for his permission to carry out these investigations and to quote work done in the hospital.

ANNUAL MEETING, 1930.

The following contribution to the discussion on Dr. Gibson's paper ("Mental Changes in Cardiac Disease") was inadvertently omitted from the October number:

Dr. A. Helen Boyle said: Having greatly enjoyed Dr. Gibson's paper I should like to contribute a suggestion on one point he mentioned.

He said, if I did not misunderstand him, that he had no explanation to offer why in cases with apparently similar lesions one did not get similar mental conditions. May it be that in some of the cases the necessary excretion of noxious substances was interfered with to the extent of causing confusional mental states, while in the others, with less of these toxins, the brain was less affected by the similar circulatory condition? In cases of high blood-pressure (such as 240 systolic) the mind is as a rule clear, but should the pressure in such cases fall the mind frequently becomes confused, with disorientation for time and place and sometimes hallucinations. That this is due to the fall may be shown by the fact that when it is again raised the brain clears with rapidity, and the high pressure, if menacing in other ways, can be reduced safely, from the mental point of view, only if excretion can be effectively secured by means such as steam baths, colon douches, very free consumption of liquids, etc.

I suggest that in the cases which showed little mental disturbance the eliminative organs were efficiently excreting, even with a low pressure and poor circulation, but that in those which were mentally perturbed, the patients, with lowered blood-pressure and poor circulation, were unable to rid themselves of substances which irritated their brains.

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 XIV, 1931, Part II.

Twelve Lectures on Morbid Psychology. By Edward Mapother, M.D., F.R.C.P., F.R.C.S. On Wednesdays, commencing March 4, 1931, at 2.30 and 4 p.m.

Six Clinical Demonstrations in Psychiatry. By Edward Mapother, M.D., F.R.C.P., F.R.C.S. On Wednesdays, commencing April 22, 1931, at 2.30 p.m.

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