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.

https://doi.org/10.1192/bjp.77.316.280 Published online by Cambridge University Press