they were producing were producing the results they were getting. When he was assistant physician with Dr. Oswald, Dr. Oswald would say, "What these patients want is a good shaking up," and he would give them a very forcible shaking up and they would say they felt very much better. They got a good shaking, but whether it was the diencephalon or the cortex or what part of the brain was affected it was difficult to appreciate and understand.

Professor Golla had brought forward many interesting queries, and the President was particularly glad that he had stressed the fact that it was certainly not only one factor but a multiplicity of factors, and that it was not merely the electric shock but it was what it was in combination with other things. That might be the important answer to the question and he would agree that they had yet to try to find in all these methods some sort of common basis whereby they could come to some more accurate formulation.

The following took part in the discussion that followed—Drs. BIERER, FITZGERALD, MCINNES, PATERSON, PICKWORTH and STERN.

The PRESIDENT said that it had been interesting to have had the mechanistic and physiological concepts, on the one hand, associated with the psychological interpretation on the other, which did not rule out the physiological interpretation. It was interesting to think that these two points of view contrasted, and it threw up again the different lines of thought, the different ways in which members should have a chance of free discussion in regard to these problems.

Before bringing the meeting to a conclusion he would like to say how grateful were the members to Dr. Fleming and to the Chairman and Managers of Barnwood House for the very kind way in which the meetings had been arranged and which made their visit so enjoyable. While he said that to Dr. Fleming on behalf of the Association, he would like Dr. Fleming particularly to convey to the Matron and her staff the grateful thanks of the Association for the refreshments which had been provided for their bodily comfort.

SOUTH-EASTERN DIVISION.

A MEETING of the South-Eastern Division was held at the Tavistock Clinic and Institute for Human Relations, 2, Beaumont Street, W. 1, on 26 October, 1946.

There were present 72 members and 29 visitors.

The Minutes of the previous meeting were read and confirmed, and the Report of the Divisional Committee of Management received.

The following new members were elected :

EDWARD ARMSTRONG BENNET, *M.C.*, M.A., M.D., D.Sc., D.P.M., Psychiatrist, West End Hospital for Nervous Diseases ; Consulting Physician, Tavistock Clinic ; Lecturer in Psychological Medicine, Trinity College, Dublin University ; 99, Harley Street, London, W. 1.

Proposed by Drs. J. R. Rees, M. B. Wright and J. Rickman.

HENRY VICTOR DICKS, M.A., M.D.Cantab., M.R.C.P.Lond. M.R.C.S.Eng., Physician and Director of Studies, Tavistock Clinic, London ; Professor-Designate of Psychiatry, Leeds University ; 30*a*, Wimpole Street, London, W. 1.

Proposed by Drs. J. R. Rees, M. B. Wright and J. Bowlby.

GUSTAVE CHARLES HELLER, M.D.Prague, Capt. *R.A.M.C.*, Registrar, Sutton Emergency Hospital, Sutton, Surrey.

Proposed by Drs. Maxwell Jones, M. N. Pai and H. J. Shorvon.

NORMAN CRICHTON HORNE, M.B., B.S., L.R.C.P., M.R.C.S., Assistant Medical Officer, Hill End Hospital and Clinic, St. Albans ; The Shrubbery, Hill End, St. Albans, Herts.

Proposed by Drs. W. J. T. Kimber, E. D. T. Roberts and K. M. Webster.

DORIS MARJORIE HOWARD, B.A., L.M.S.S.A., 10, Wheatley Street, New Cavendish Street, London, W. 1.

Proposed by Drs. A. Maberly, J. F. Wilde and G. Calver.

HUGH ARTHUR SANDIFORD, *M.C.*, M.B., Ch.B., D.P.H., Medical Director, Ex-Services Welfare Society, London ; 4, Cardinal Mansions, Carlisle Place, London, S.W. 1.

Proposed by Drs. J. R. Rees, K. Soddy and J. J. M. Jacobs.

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JOHN DERG SUTHERLAND, B.Sc., B.Ed., Ph.D., M.B., Ch.B., D.P.M., Psychiatrist, Tavistock Clinic, London ; Wyldes Close Corner, Wildwood Road, London, N.W. 11.

Proposed by Drs. J. Bowlby, J. J. M. Jacobs and K. Soddy.

VICTOR HARRY TOMPKINS, Group-Captain, M.R.C.S., L.R.C.P., D.P.M., Senior Specialist in Neuropsychiatry, R.A.F. ; Central Medical Establishment, Kelvin House, Cleveland Street, London, W. 1.

Proposed by Wing-Commanders H. R. Rollin and J. C. Sawle Thomas and Squadron-Leader P. H. Sandifer.

HERBERT TURNER, B.Sc.Queen's Univ., Belfast, B.A.Trinity Coll., Dublin, M.R.C.S.Eng., L.R.C.P.Lond. ; Temporary Assistant Medical Officer, L.C.C., Banstead Hospital ; Banstead Hospital, Sutton, Surrey.

Proposed by Lt.-Col. A. A. W. Petrie and Drs. D. E. Sands and J. K. Marshall.

HAROLD GEORGE WILLIAMS, M.R.C.S., L.R.C.P., D.P.M., D.P.H., Assistant Physician, Northumberland House ; Assistant Psychiatrist, St. Thomas's Hospital Out-patient Dept. ; Northumberland House, Green Lanes, London, N. 4.

Proposed by Drs. R. M. Riggall, J. Flind and G. Caplan.

ALEXANDER THOMAS MACBETH WILSON, B.Sc., M.D. (Hons. in Psychiatry), Glasg., Psychiatrist, Tavistock Clinic, London; 45*b*, Carlton Hill, London, N.W. 8.

Proposed by Drs. J. Bowlby, J. J. M. Jacobs and K. Soddy.

MARION ETHEL FRANCES WOOLASTON, B.Sc.Lond., M.R.C.S., L.R.C.P., Medical Officer, St. Bernard's Hospital, Southall ; 58, Woodstock Road, Bedford Park, London, W. 4.

Proposed by Drs. J. B. S. Lewis, D. Blair and E. A. Chennell.

Drs. J. R. REES and J. D. SUTHERLAND opened a discussion on "**Trends in Social Psychiatry and the Work of the Tavistock Clinic and Institute of Human Relations,**" in which Drs. KIMBER, REES, FROST, BENNETT, TOTIE, MAXWELL JONES, MARTIN and others took part.

In the afternoon Dr. W. R. BION opened a discussion on "**The Practicability of Psychological Treatment of Mental Disorders in Relation to the Widespread Character of the Problem,**" in which Drs. KIMBER, , BIERER, FROST, BLOOR, BRODIE, SCOTT, MASEFIELD and others took part.

The Meeting concluded with a vote of thanks to Dr. Rees and the staff of the Tavistock Clinic for their hospitality, which was proposed by Dr. KIMBER and carried unanimously.

A MEETING of the South-Eastern Division was held at the Bethlem Royal Hospital on 6 May, 1947.

There were present 64 members and 14 visitors.

The following officers were elected for the ensuing year :

Chairman	Dr. Kimber.
Hon. Secretary . . .	Dr. T. P. Rees.
Junior Representative . .	Dr. M. B. Brody.
Committee of Management .	Drs. B. Reid, J. B. S. Lewis, J. Carse, J. G. Hamilton, M. B. Brody, A. A. W. Petrie, S. A. MacKeith, J. M. Crawford, J. D. Sutherland, M. Capes and M. J. Brookes.

The following new members were elected :

AUSTIN, ANTHONY CARRIER, M.R.C.P.&S.Edin., Assistant Medical Officer, The Lawn Hospital, Lincoln.

Proposed by Drs. J. F. R. Goodlad, K. K. Drury and A. Walk.

DAVY, HERBERT NIGHTINGALE, M.A.Camb., M.R.C.S., L.R.C.P., D.P.M., Fellowship in Child Guidance at Hill End Hospital, St. Albans ; Psychiatrist i/c North-East Essex Child Guidance Clinic ; Psychiatrist (C.M.P.) Military Hospital, Colchester ; Highlands, Fingringhoe, near Colchester, Essex.

Proposed by Drs. W. J. T. Kimber, E. D. T. Roberts and K. M. Webster.

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EASTERLING, RUTH CLARKE, M.A.Wales, M.R.C.S., L.R.C.P., 10, Old Tiverton Road, Exeter, Devon.

Proposed by Drs. G. A. Lilly, A. Walk and K. K. Drury.

GIBBENS, TREVOR CHARLES NOEL, *M.B.E.*, M.A., M.B., B.Chir., M.R.C.S., L.R.C.P., D.P.M., Registrar, The Maudsley Hospital, London; 5, Holland Park Mews, London, W. 11.

Proposed by Drs. A. Meyer, D. Hill and E. Guttmann.

GRAHAM, ARTHUR, B.A., M.B., B.Ch., B.A.O., Temporary Assistant Medical Officer, Cane Hill Hospital, Coulsdon, Surrey.

Proposed by Drs. G. A. Lilly, A. Walk and E. P. Wade-Evans.

HEWAT, JOHN KEATINGE, M.D., C.M., Dalhousie, L.M.D.Nova Scotia, L.M.S., Dom. Council of Canada, Medical Officer, Napsbury Hospital; 2, Park Road, Radlett, Herts.

Proposed by Drs. S. A. MacKeith, R. D. Newton and Paul Angus.

KLEIN, H. SYDNEY, M.B., Ch.B., Registrar, Banstead Hospital, Sutton, Surrey.

Proposed by Drs. D. E. Sands, K. K. Drury and A. Walk.

MARKOWE, MORRIS, M.D., B.S., D.P.H.Lond., L.R.C.P., M.R.C.S., Deputy Medical Officer of Health, County Borough of Ipswich; 117, Park Avenue North, London, N.W. 10.

Proposed by Drs. P. Banbury, A. M. MacCallum and K. Cameron.

MOODIE, WILLIAM, M.D., F.R.C.P., D.P.M., Physician i/c Dept. of Psychological Medicine, University College Hospital; 28, Welbeck Street, London, W. 1.

Proposed by Drs. E. S. Stern, S. W. Gillman and S. M. Reid.

PAYNE, SYLVIA MAY, *C.B.E.*, M.B., B.S., President, Institute of Psychoanalysis; 11, Devonshire Place, London, W. 1.

Proposed by Drs. W. C. M. Scott, W. H. Gillespie and J. Rickman.

PRATT, JOHN SHEALS, B.A., M.B., B.Ch.Cantab., 130, Harley Street, London, W. 1.

Proposed by Drs. W. H. Gillespie, K. K. Drury and A. Walk.

VASSALLO, VICTOR, *O.B.E.*, M.D.Naples, D.P.M.Eng., Professor of Psychiatry, University of Malta; Medical Superintendent, Malta Mental Hospital; 17, Hertford Street, London, W. 1.

Proposed by Drs. J. R. Rees, J. Rickman and A. T. M. Wilson.

The following papers were read, after which a discussion took place in which Drs. YELLOWLEES, CARSE and DAX took part.

"The 700th Anniversary of Bethlem," by D. WHITTAKER, M.A., M.R.C.S., L.R.C.P., D.P.M. (see p. 740).

"Repeated Pre-frontal Leucotomy," by PETER FRY, M.R.C.S., L.R.C.P.

"Some Observations on Insulin Treatment," by PETER FRY, M.R.C.S., L.R.C.P., and ELIZABETH LOBL, M.D.

[*Abstract.*]

The better prognosis said to be attached to cases when they are treated earlier does not take sufficiently into account the type of schizophrenia which is being dealt with.

It seems possible that many of the prognostic criteria mentioned in the literature, as for example duration of illness, multiplicity of symptoms, abruptness of onset, the absence of thought disorder, etc., are merely roundabout ways of expressing the differential diagnosis as between schizophrenic reactions and process schizophrenia.

The psychotic activation which sometimes takes place during the treatment can be dealt with in advance by warning the patients that they might get worse temporarily, and then, when the activation does take place, by combining the insulin treatment with convulsive therapy.

A peculiar syndrome often appears after the interruption of coma, and varies from a catatonic state at one extreme to a prolonged coma at the other. The usual mixed picture consists of psycho-motor restlessness, typically with massive athetoid movements, often an indefinite Babinski sign which is frequently found

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only on one side, and vocal expressions, varying from animal noises and screaming to a badly articulated asphasia. The patient sometimes appears to be aware of his surroundings, yet unable to control his symptoms.

It is worth mentioning in passing that among those prolonged comas in which it was decided to give a blood transfusion, a number of cases were found in which the blood group had apparently changed since admission to hospital. An unconfirmed report of changes in blood group following the injection of calcium lactate was discovered in the literature, and as these patients had been given intravenous calcium chloride previous to transfusion, it was thought that this might provide an explanation. It seems necessary to underline the customary warning to cross-group before transfusion in these cases.

We have used combined treatment by insulin and induced convulsions in unmanageable patients, who can be divided into two main groups: (1) catatonic excitements in whom it would otherwise have been impossible to continue treatment, and (2) catatonic stupors who were frequently having after-shocks owing to feeding difficulties. We have also given it to a number of patients who were making very slow progress, and who, in fact, belong to the same group, namely, catatonic schizophrenia.

Using these relatively limited indications only we have not found a single case which failed to respond; even those patients in whom the whole course of treatment may be said to have failed showed a marked amelioration during the period over which combined treatment was given. In all these cases the improvement started either immediately or a short time after the first convulsion was given.

Nevertheless, we must point out that the patients to whom this combined treatment was given came into our worst group from the prognostic point of view, and therefore produced in the end, despite the obvious advantages of the treatment, our worst results.

In our technique the patient is prepared as is usual for convulsive treatment. A nasal tube is passed before the treatment is given in order to be able to give the glucose afterwards with a minimum of delay. The customary precautions are taken when the convulsion is induced. Immediately afterwards, when a satisfactory airway is established, the patient is propped up on pillows and one pint of 33⅓ per cent. glucose is given through the nasal tube.

We have given this combined treatment now to 19 patients, at periods ranging from 5 to 65 minutes after the commencement of coma. It would appear that the duration of coma before the induction of the convulsion is not of importance in itself, but only in so far as it is related to the stage in autonomic balance reached by the patient, and as this appears to vary from one patient to another, the most favourable moment for convulsing the patient must be determined individually. The number of convulsions given to each patient by this method varied from 3 to 13, averaging 7.

"A Note on the Possibility of a Treatment for Dipsomania," by PETER FRY, M.R.C.S., L.R.C.P.

[*Abstract.*]

Dr. Fry described a case of true dipsomania who used to have a period of irritability for a few days, followed by a debauch lasting about a week; after a rapid recovery he would have an interval of 6 to 18 months, during which he had no desire to drink. He was first seen at the end of 6 days' drinking when he came into hospital to recover. Before he left he promised to return for treatment when he again became irritable and depressed.

About a year later, although somewhat unwilling, he was persuaded to come into hospital by his wife, who saw the symptoms beginning. It was later found that he had collected about 20 bottles of spirits against the anticipated debauch.

He was given a single electrical convulsion and this at once removed the desire to drink. Unfortunately he had a slight injury to the insertion of his deltoid muscle which prejudiced him somewhat against any further treatment, but he certainly went out of hospital well, and proved it by disposing of his stock.

Kalinowsky and Hoch in their book on shock treatment had reported one somewhat similar case in which they say the desire to drink was removed by electrically induced convulsions.

Dr. Fry suggested several possible advantages of convulsion treatment in the light of what is known of the psychopathology of dipsomania.

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The Meeting concluded with a vote of thanks to Dr. Hamilton and the Governors of Bethlem Royal Hospital.

THE AUTUMN MEETING of the South-Eastern Division was held at St. Bernard's Hospital, Southall, Middlesex, on Tuesday, 30 September, 1947.

In the forenoon Members and visitors inspected the Hospital and Grounds.

Members and visitors were then entertained to lunch.

After the Loyal Toast, the Chairman of the Division, Dr. KIMBER, proposed a vote of thanks to the Visiting Committee and Dr. J. B. S. Lewis for their hospitality. Dr. LEWIS replied.

The Meeting took place at 2.30 p.m., with the President of the Association, Dr. W. Gordon Masefield, in the Chair. There were 66 Members and visitors present.

The Minutes of the previous Meeting were read and confirmed.

The following new members were elected :

CHESSER, EUSTACE, L.R.C.P., L.R.C.S.Ed., L.R.F.P.&S.Glasg., Sec., Soc. Sex Educat. & Guidance ; 55, Upper Brook Street, London, W. 1.
Proposed by Drs. Ellis Stungo, J. J. M. Jacobs and D. T. Gemmell.

POLLAK, FRANCIS, M.D.Prague, L.R.C.P.S.Lond., D.P.M., Hon. Asst. Physician, The Lady Chichester Hospital, Hove ; Hon. Psychiatric Registrar, The Royal Sussex County Hospital, Brighton ; 12, The Drive, Hove, 3, Sussex.
Proposed by Drs. A. Helen Boyle, Mary E. Martin and C. Lamorna Hingston.

POND, DESMOND ARTHUR, M.A., M.B.Cantab., M.R.C.P.Lond., D.P.M., Registrar, The Maudsley Hospital, London ; Oakhill Drive, Langley Road, Surbiton, Surrey.
Proposed by Drs. Kenneth Cameron, D. L. Davies and P. Pearse O'Malley.

RADZAN, MATTHEW, M.R.C.S.Eng., L.R.C.P.Lond., M.B., B.S.Lond., D.P.M., Asst. Medical Officer, East Sussex County Mental Hospital : Physician i/c Neurosis Clinic, Lewes ; Hellingly Hospital, Hailsham, Sussex.
Proposed by Drs. B. Reid, P. C. Collingwood Fenwick and T. P. Rees.

RAE, GEORGE CORNELIUS, M.B., Ch.B.Aberd., D.P.M., Second Asst. Medical Officer, Bexley L.C.C. Hospital, Bexley, Kent.
Proposed by Drs. L. C. Cook, Francis L. Scott and D. E. Sands.

STORR, CHARLES ANTHONY, M.B., B.Ch.Cantab., M.R.C.P.Lond., House Physician, Runwell Hospital, near Wickford, Essex.
Proposed by Drs. S. L. Last, H. Astley Cooper and G. A. van Someren.

TIBBETTS, ROBERT WYNDHAM, B.A., B.M., B.Ch.Oxon., Supernumerary Registrar, Neuro-Psychiatric Dept., St. George's Hospital, London ; 8, Thurloe Square, London, S.W. 7.
Proposed by Dr. Desmond Curran, Sir W. P. Mallinson and Dr. S. M. Whitteridge.

WARREN, WILFRID, M.A., M.B., B.Ch.Cantab., M.R.C.S., L.R.C.P., D.P.M., Senior Registrar, The Maudsley Hospital, London ; St. Martin, 104, Borstal Road, Rochester, Kent.
Proposed by Drs. Kenneth Cameron, T. C. N. Gibbens and D. L. Davies.

WATT, ALEXANDER WILSON, M.B., Ch.B.Glasg., D.P.M., Hon. Physician, The Lady Chichester Hospital, Hove ; Hon. Psychiatrist, Royal Sussex County Hospital, Brighton ; Gleniffer, Roedean Crescent, Brighton, 7.
Proposed by Drs. A. Helen Boyle, K. K. Drury and A. Walk.

ZELMANOWITZ, JOSEPH, M.D.Prague, Junior Registrar, Bexley L.C.C. Hospital, Bexley, Kent.
Proposed by Drs. L. C. Cook, Francis L. Scott and Thomas A. Munro.

Dr. J. B. S. LEWIS and Miss M. L. FERARD then opened a discussion on "**Social Work in Mental Hospitals : Past, Present and Future,**" in which Dr. MASEFIELD, Dr. KIMBER, Dr. WALK, Dr. WOOTTON, Mrs. HARDCASTLE, Mrs. MCDOUGALL, Dr. FITZGERALD, Dr. T. P. REES and other members and visitors took part.

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The Members and visitors were then entertained to tea, and inspected an exhibition of books and instruments connected with the early history of St. Bernard's Hospital.

SCOTTISH DIVISION.

A MEETING of the Scottish Division of the Royal Medico-Psychological Association was held at Lennox Castle on Friday, 6 June, 1947, at 11 a.m.

Present.—Dr. Kate Fraser (Chairman), Drs. H. B. Craigie, J. D. Uytman, W. M. McAlister, J. McDougall, Laura Mill, W. L. MacDougall, E. Cruickshank, G. Ashford, M. Knight, M. M. Whittet, A. Dick, J. R. B. Robb, J. Curran, R. Stewart, D. Yellowlees, R. Gibson, R. Haigh-Mitchell, J. MacDonald, W. Boyd, W. N. J. Chapman, T. R. Spence, R. Good, J. Anderson, W. Mayer-Gross, J. M. Wilson, E. Stengel, A. M. Wyllie, E. Hewitt, W. D. Chambers.

1. The Minutes of the last two meetings were read and confirmed.

2. *Committee of Management.*—The Minutes of the last two meetings were read and approved. Arising from the minutes of the meeting held on 14 April, the subject of the Mental Nursing Advisory Committee was considered. Dr. MCALISTER again pointed out that this Committee had never met, and that as the small liaison Committee formed to negotiate with the G.N.C. had been approved by Council it had to continue in office. It was obviously unnecessary and undesirable to have two separate Sub-Committees dealing with Nursing. He thereafter proposed that the existing Mental Nursing Advisory Committee be reformed and reduced in numbers—he suggested that it should be composed of the existing small liaison Sub-Committee plus two other members.

Dr. MACDONALD agreed in principle with this, but wondered if it was in order to reverse a previous decision without having notified members in writing beforehand. After full discussion the proposal was adopted. Dr. MCALISTER then proposed that Drs. Spence and Boyd be nominated, this was seconded by Dr. HAIGH MITCHELL.

The meeting approved the nominations for the panel of examiners for the G.N.C., and the CHAIRMAN and Dr. MCALISTER both again spoke on the need to press for direct representation on the G.N.C. The Secretary was instructed to find out the actual membership of the Council and the method of election thereto, and to approach the Council again prior to the next Election.

The meeting approved the nomination of Dr. McAlister as representative of the R.M.P.A. on the newly formed Scottish Negotiating Committee of the B.M.A. Dr. MCALISTER then spoke about recent meetings he had attended of this Committee and the Specialists and Consultants Sub-Committee; he also told members that he had been appointed to three more Sub-Committees, one of which was dealing with mental health.

3. *Child Psychiatry Sub-Committee.*—The Minutes of the two meetings were read and approved. The CHAIRMAN told the Meeting about the composition and function of this Sub-Committee. Dr. BOYD read a brief report from Professor McCalman, who was unavoidably prevented from attending the Meeting and who hoped shortly to submit a full memorandum to the Sub-Committee. The meeting agreed that this memorandum, if approved by the Sub-Committee, should be forwarded direct to the G.B.C. A report should be submitted at the next Divisional Meeting.

4. *Mental After-Care Association.*—Miss H. S. RUSSELL gave a short but interesting account of the formation and work of her Association in England and outlined a possible scheme for extending its work to Scotland.

During the ensuing discussion, Dr. CHAMBERS asked if the Scottish Association for Mental Hygiene could not carry out the work. Dr. MACDONALD agreed about the need for after-care homes, but was very doubtful as to where the financial support would come from. Dr. CURRAN expressed the need for more accommodation for mental defectives, but felt this should be quite unconnected with other cases of mental illness. Dr. UYTMAN proposed that a special small Sub-Committee be appointed to investigate the whole question and to approach the Scottish Association for Mental Hygiene. After further discussion it was decided on the proposal of Dr. MCALISTER to postpone any decision until the next meeting of the Division —Dr. Uytman having withdrawn his former proposal. The CHAIRMAN agreed to

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