

Dr. MACDONALD was concerned about the position of Mental Hospital Farms ; he had heard that these were coming under some central control. He felt very strongly that the Medical Superintendent should retain his former position, and exercise an active interest and control in this department of his hospital.

Several members spoke about the apparent lack of uniformity in the distribution of the various memoranda issued by the D.H.S. and R.H.Bs. These were being sent out to Secretaries of Management Committees, who then decided which should be passed to medical superintendents.

The Secretary was asked to write to the D.H.S. and suggest a better method of distribution.

(c) *Mental Health Committees.*—There was little change to report. Dr. UYTMAN told members of the composition of this Committee in his Region. The general position remained unsatisfactory.

(d) *Domiciliary Visits and Specialist Status.*—The CHAIRMAN told the Meeting about the Special Meeting of the Council being held in London on 18 January to discuss Specialist Status and Salary Scales. She regretted that neither she nor the Secretary were able to attend, and asked Dr. J. Milne if he would go. Dr. MILNE agreed. There was some discussion on the question of expenses in connection with this and it appeared that this would prove difficult. It was suggested that if all official sources failed, the Division might rally together and give some financial help.

*Any other business.*—Dr. SPENCE again raised the question of his car allowance, stating that he would be much out of pocket under the new scale of allowances. The CHAIRMAN sympathized, but did not think that the Association could do anything about this.

Dr. SPENCE also raised a point of some considerable importance in regard to the payment of his telephone rental charges. These were being disallowed in the future.

The CHAIRMAN asked Dr. Craigie if he could personally bring this matter and possibly the previous matter of car allowance to the notice of the appropriate D.H.S. officials.

Dr. BOYD raised a point about Mental Officers and the Superannuation Act. There seemed to be some serious difficulties about the correct designation of Mental Officers. The CHAIRMAN felt that this should be brought up at the next meeting.

Dr. McDOUGALL and other members protested about the lack of adequate publicity of the forthcoming Scandinavian Study Tour. The SECRETARY explained that he had received a few copies of a notice of this which he had circulated to the Committee of Management.

The CHAIRMAN referred to the need to call an Emergency Meeting as soon as the new Salary Scales and Conditions of Service were made known, and this was left to the Secretary to convene.

The next regular Divisional Meeting would take place some time in April, and at this the election of Office Bearers for the ensuing year would be made. The Secretary was asked to arrange for this to be held at a hospital—possibly Bangour or Springfield.

There being no further business, the Meeting closed.

#### NOTICES BY THE HON. LIBRARIAN.

The Library is open to members between the hours of 9.30 a.m. and 5 p.m. Saturdays, 9.30 a.m. and 12 noon. Books are issued to borrowers during these hours.

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

#### Library Lending Department Regulations.

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.
3. Books and journals are sent carriage paid from the Library, but members are responsible for the books from the time they leave the Library until they are received back.
4. Books damaged or lost while in possession of a member will be repaired at his expense or must be replaced by him.

Next morning we took the train through the mountains and above the snow line to Granvin, where we appreciated the peace and quiet, and many of us would have liked to have remained to enjoy the fishing. We then took a long motor drive along a perilous-looking mountain road through magnificent snow, fjord and rock scenery to Bergen, our port of embarkation. The Bergen University Psychiatry Clinic is not yet opened, but we had the pleasure of meeting Professor Rus and hearing his plans. We enjoyed seeing the old town with its live fish market and ascending funicular, and at dinner we were able to thank Dr. Ström-Olsen for his impeccable organization and unflinching patience and good humour with us all on the tour.

Words cannot describe the friendliness, kindness and lavish hospitality with which we were everywhere received in the three Scandinavian countries, the trouble taken by the local psychiatrists and officials to show us everything of interest as far as possible in the limited time available, and to answer our questions in the frankest and fullest manner, the elaborate spreads provided by the hospitals we visited, and the societies and other bodies who entertained us, the informality and uncritical spirit which enabled even the most hesitant and unaccustomed after-dinner speakers among us to return thanks with nearly as much confidence as such practised and finished exponents of the art as Sir David Henderson, the universal ability to speak understandable English, the evidence on all sides of intellectual activity and novel approaches to familiar problems, all these combined to make this study tour a memorable, enjoyable and profitable experience.

#### IRISH DIVISION.

THE SPRING QUARTERLY MEETING of the Irish Division of the Royal Medico-Psychological Association was held at the Verville Retreat, Clontarf, on the kind invitation of Dr. Mary Sullivan, on Wednesday, 6 April, 1949. Thirty-six members and two guests were present.

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

The meeting then proceeded to the clinical session, and Dr. M. O'C. DRURY read his communication, entitled, "**Report on a Series of Cases Treated by the E.C.T.-Pentothal-Curare Technique.**"

Dr. Drury commenced his paper by enumerating the exact contraindications to convulsion therapy in its unmodified form. He then described the history and pharmacology of the drug curare, and showed how it could be used to modify the severity of a therapeutic convulsion. He described the details of the technique mainly following along the lines suggested by Hobson, Prescott, though modified in certain mild details by McCormick. He followed with a statistical analysis of 86 patients in various diagnostic categories in which this technique had been used. He grouped the indications for the induction of a modified convulsion under the following headings :

- (1) Cardiovascular reasons, e.g. hypertension, arteriosclerosis, etc. (36 cases).
- (2) Skeletal reasons, e.g. old or recent fractures, bone disease, etc. (19 cases).
- (3) Pulmonary reasons, e.g. tuberculosis, convalescence from pneumonia, etc. (8 cases).
- (4) Post-operative reasons (5 cases).
- (5) Psychiatric reasons, e.g. fear of the treatment, and hysterical features in the clinical picture (17 cases).

Dr. Drury concluded his paper by posing a series of more speculative questions. He pointed out that the introduction of this new technique first widened the range of usefulness of convulsion therapy and placed fresh demands on the clinical judgement and discrimination of the psychiatrist in the selection of cases. He concluded that there were now very few contraindications to the treatment, provided the psychiatric indications were urgent. Dr. Drury suggested that from the point of view of the research worker, the new technique had provided an interesting crucial experiment. By abolishing the effect, workers could con-