Discussion.

THE PRESIDENT (Dr. J. Ivison Russell) said that the papers so far read had already shown some difference of opinion. They must all strive to develop accuracy of diagnosis and judgment in selecting cases for treatment. As Dr. Sargant had said, the temptation was to put every patient through the whole battery of treatments.

Dr. HENRY WILSON supported Dr. Sargant in his observations on depressives. He agreed that patients who had difficulty in going off to sleep were not likely to benefit from E.C.T. His impression was that these enquiries were not made often enough ; the questions, however, had to be put with care. It was best to ask the patient—" Don't you feel better in the morning than in the evening ? " A negative reply could then be taken as reliable. He would also like to give a warning concerning patients whose depression was associated with physical causes—in these cases one should go carefully. Depressives in late life responded well, and he had seen cases improve after treatment at the age of 75 or over.

He would stress the importance of a follow-up after three months and again after nine months. No clear picture of the final result could be obtained at the time of improvement. Especially in depressed cases with suicidal ideas one should be cautious, and one should give the patient at least two weeks' observation before undertaking E.C.T.

He would also like to refer to cases of cyclothymic psychopathy, with exacerbations of depression ; in such cases there was a temptation to give E.C.T. Often, however, the exacerbation was reactive or due to exogenous factors, and recovery occurred rapidly without any treatment.

Dr. ACKNER said that he had no doubt that insulin *treatment* benefited schizophrenics. He had purposely stressed the word " treatment." The benefit might well be due, not so much to the insulin, as to the setting in which the treatment was given. Patients undergoing it were generally in a special insulin unit ; they were part of a group and the treatment was perhaps a form of group therapy. He suggested a control experiment in which a number of patients were treated under exactly the same conditions, but were given intravenous barbiturate instead of insulin. It would be difficult to arrange, but would be well worth doing.

Dr. YOUNG referred to what had been said of physical contra-indications to E.C.T. He thought that the use of the new drug—Decamethonium Iodide or C 10 should have been mentioned ; with this, no one was unfit to have E.C.T. unless absolutely moribund. He was certain that there was a group of depressives in the late 70's or early 80's who could still be salvaged. He suggested that, in using intensive E.C.T., the complications mentioned by Dr. Stengel might perhaps be avoided if they were given adequate oxygen during treatment so that all cyanosis was avoided.

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Dr. WEIL spoke on the relation between insulin coma and convulsions. He was always pleased if fits occurred about the 5th or 6th coma, and he never attempted to stop them.

Dr. JONES said that he had studied his own E.C.T. registers and he realized that he had been treating a very mixed lot of patients. He asked himself why the treatment had proved so useful. He though that in all those patients there had been a failure of repression, and in consequence reality was altered for them in a way of which they were aware. In depression they remained, so to speak, " below the line " ; in mania they battled with the alteration in reality and so remained " above it." In reactive depressions symptoms arose from different levels of personality and it would be found that the deeper the level, the better the response to E.C.T. Similar considerations applied to schizophrenics, and in order to assess the probable value of E.C.T. one should always analyse the symptoms in relation to personality levels and alterations of reality.

Dr. COOK said that he could not agree with Milligan as to the value of E.C.T. in neurotics. In his opinion no neurotic benefited for any length of time, and in these cases E.C.T. should be reserved for acute emergencies only. On such occasions it might be better to give 12–15 convulsions spread over three days than to use the heavy sedation which was the only alternative. Like Dr. Stengel he had seen massive amnesia of hysterical type after such treatment. For the rest he agreed with the views expressed by Dr. Sargant.

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