

expert, disregarding the needs of the less gifted exponent—hence the adulation of the professional and the tendency of people in general to spend their leisure hours in watching contests rather than in taking part in them.

The lecturer continued: "Such was the position in this country before the war. Characteristically, the Englishman never sees the blow that is levelled at him until it has almost reached his nose, but at that moment he sees it more clearly than anybody else. The strides which we have made in the fields of physical development, rehabilitation, and re-vocation in order to meet a national emergency are very considerable, and have placed this country for the moment in a position of respect. This success has been achieved by the pooling of knowledge of those interested from widely different angles—in other words by team work."

ABREACTIVE TECHNIQUES—ETHER.

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PSYCHO-ANALYSIS first came into being as the result of Freud's observation that the recovery of the memory of incidents which had apparently been forgotten, in the case of one of his patients, appeared to result in benefit to the patient.

Although extremely little is known concerning the physiology of the higher central nervous system, psychiatrists have speculated as to the beneficial effect of the emotional catharsis resulting from this process of recovery of "repressed" memories.

A further step in this therapeutic attack on buried memories and their attendant emotion was made when their recovery was achieved under intravenous barbiturate narcosis, a technique known as "Narco-analysis."

In handling acute war neuroses it frequently appeared that the patient made considerable improvement following the recovery of amnesic material under both hypnosis and narco-analysis but the methods were time-consuming and it now appears that ether administration achieves similar results.

It is important to consider the possibility that treatment by hypnosis, treatment under intravenous barbiturate administration and treatment by the method presently to be described are not altogether similar in the processes involved.

The technique is as follows: A typical instance would be that of a patient who is complaining of headaches, insomnia, mild depression and general feelings of tension-anxiety, who has returned from the front line as a battle casualty. He appears scared, tremulous and torpid. The patient may or may not recall spontaneously that his symptoms date from being "blown up." On inquiry the history is somewhat as follows: He may or may not have been aware of a gradual oncoming loss of grip and there may or may not have been immediate antecedent circumstances, such as the death of a close comrade, bad news from home, or a "near miss." The patient frequently describes having felt that he was in such a tight spot that there was no way out and he did not expect to survive. Often, under such circumstances, he will have taken cover in a slit trench and become mildly jittery; shells are dropping around him when suddenly he hears an explosion, maybe sees a flash, and then recalls nothing until he is in an M.D.S. being attended to by the orderlies. An observer would, however, probably fill in the details somewhat as follows: Following the explosion, the man may have gone "berserk" or may lie cringing or jittery in the slit trench or lie, apparently stuporose, or he may simply appear dazed and only require modified assistance to reach a truck. On coming to the M.D.S. the symptoms described above assert themselves.

Treatment is as follows: A full and detailed account of all the incident is first obtained. The patient's confidence is enlisted. It is then explained to him that an explosion is not only

capable of blowing metal into his flesh but it can also "blow fear into his mind," but that until that fear is removed, his symptoms will persist. He is persuaded that this process is easy and effective and a brief description of what is to transpire is given. He is then asked to lie on a couch and told that he is going to be given a little ether during which he must attempt to live it over once again in his mind's eye as vividly as if he were watching the whole of the events he has already described being re-enacted on a cinema screen. He is then told to close his eyes and slow ether administration is commenced with an open mask, the physician starting him off by saying somewhat as follows: "Now there you are again in the slit trench—you can see it all perfectly clearly again—who is with you and what is happening?"—and very rapidly he is encouraged and persuaded to commence his narrative. After a minute the physician assumes a more dramatic and vivid form of address, a towel is then placed on the mask and, in the classical case, the patient rapidly changes his narrative fashion from a reflective to a vivid topical mode; as if he were taking part once more, in the events on the battlefield. He comes to the point where the shell exploded—at which point he may pass into a state closely resembling that which existed on the field of battle. At this point further research is necessary to determine what is the correct procedure but, on the whole, one tends to stop the ether at this point, smartly rouse the patient, and obtain from him details of his subsequent behaviour by a mixture of persuasion and encouragement. This only need be done in the barest outline and, as soon as one has got him back to the point which he originally remembered, he is rapidly and thoroughly woken up and the whole story recalled to him. Once again what follows requires research to determine the correct procedure. In many cases the patient spontaneously bursts into a flood of tears. Where this has not occurred an attempt has frequently been made to induce an emotional re-action, often to the extent of employing maudlin suggestion. Strong suggestion is then given him that he feels better and that his symptoms will disappear and he is sent back to the ward to sleep for a varying period up to twenty-four hours under sedatives.

I have formed the impression that this technique is of value and has a place in the clinical programme of a forward psychiatric centre dealing with acute battle casualties. It appears as if the sooner the patient is so handled the better. This seems certainly to be the case after forty-eight hours. The justification for this impression is entirely clinical and is based on the apparent disappearance of symptoms and the patient's testimony.

One can only speculate concerning the essential effective component parts of the technique and there are many points to consider, the most obvious being the emotional catharsis and the reintegration in consciousness of the previously forgotten material.

This is a preliminary report and it is preferred that exaggerated claims be not made and that one should content oneself with suggesting that the technique has a sphere of usefulness and commending it to skilled research workers for its proper evaluation.

An interesting development of the technique has been in the case of some psycho-somatic syndromes where a patient, e.g. one complaining of gastric symptoms, is invited to dwell on his symptoms as ether administration is commenced and, thereafter, invited to talk freely with some general guidance. Using this technique it frequently happens that the first occasion on which the symptoms were experienced is recalled, giving a valuable clue to the functional nature of the complaint and, where this has been associated with a strong emotional setting, beneficial effects seem to have occurred.

Summary.—In conclusion, the suggestion is put forward that a technique has been evolved which is rapid, convenient, cheap and practical under active service conditions for the recovery of amnesic material. Benefit appears to have followed the exhibition of this technique but there appear multiple possibilities to consider before one determines which are the critical therapeutic factors and which are the precise indications for its employment. Rapid reintegration of the lost memory with the present stream of consciousness and the emotional release seem to be possible therapeutic factors. It is suggested that the technique does not involve entirely the same mechanisms as either hypnosis or "narco-analysis" (pentothal) although all these methods have common factors.