increase of 64 per cent. in the best class of recoveries obtained with continuous narcosis on the percentage obtained without such treatment. Though the difference is considerable the numbers are too small to have convincing statistical significance ($\chi^2=5.273$, $P>0.05$). We think, however, that the factor of treatment by this method also contributes to the difference between Briner's results and ours. It will be interesting to see whether, in the course of time, insulin and cardiazol treatment will be capable of producing a substantial improvement on either series of results.

Summary

1. A prognostically favourable group of 188 schizophrenics has been followed over an average period of over three years.
2. Of this group 41 per cent. are now in mental hospitals and over 50 per cent. are invalids at home or in hospital. Over one third have made total or social recoveries.
3. The course of the illness over the whole of the three years is illustrated by diagrams and the recovery and relapse rates during that period are given in tables. The influence of sex and age at onset are studied, and it is found that the prognosis in females is generally better than in males.
4. The results obtained are compared with those of other authors, and the possible influence of treatment by continuous narcosis is discussed.

We wish to thank Professor E. Mapother for permission to use the clinical material and the facilities of the Maudsley Hospital, and for his interest in our work. Two of the writers (M.-G., E. G.) have worked with the support of the Rockefeller Foundation.

REFERENCES


ADDENDUM

Since this paper has been concluded further statistics have appeared which, however, differ so materially that discussion would exceed the bounds of a footnote. The reader is referred to various articles in the Psychiatric Quarterly for July, 1938 (Vol. 12, No. 3), and further to the Board of Control Report on Cardiazol Treatment and on the Present Application of Hypoglycaemic Shock Treatment in Schizophrenia by W. Rees Thomas and Isabel G. H. Wilson, London, 1938.