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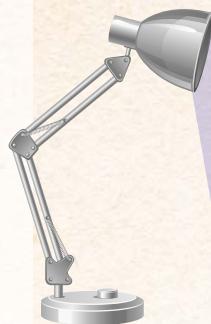
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## Highlights from our 1950 archives



*This image appeared in an advertisement for ultraviolet lamps, which were used "both for tonic and curative effects", and shows children receiving ultraviolet irradiation therapy at Bermondsey Solarium, London.*



## Pharmacodynamic therapy

Dr Lawrence explained the method of pharmacodynamic treatment of the psychoneuroses by carbon dioxide inhalation.

A mixture consisting of 30% carbon dioxide and 70% oxygen gas was prepared in a cylinder, to which were attached a reducing valve and an inhalation mask.

The mask was applied to the face, the gas mixture was turned on and the patient was told to breathe deeply.

For the first treatment, 25 respirations were allowed the patient, and he was then probably unconscious.

If the patient did not become unconscious, then 30 to 35 respirations were given on following days until a suitable dose was found.

After he woke up, he was asked what dreams or ideas had entered his mind, and those were recorded for later reference.

There were certain effects noted. In phase (a), the heart rate quickened, the blood pressure rose, and the respiratory rate increased; that phase lasted 6–12 respirations. Phase (b) was a stage of narcosis in which the patient lost contact with the environment; it lasted 6–30 respirations. Phase (c) had mainly an emotional content; the

patient lived through his pathogenic experiences again and again, and discharged his emotions often with great force; that happened perhaps after 40 respirations.

From 30 respirations onwards, there might be tremor and spasms of hands, feet and, later, the face and trunk. Decerebrate rigidity could be produced if enough gas was used, and epileptiform attacks might occur.

The fits had no therapeutic value at all and did not, as a rule, appear under 60 or more respirations of the gas mixture.

Dr Lawrence commented that after 30 treatments, given at the rate of three to five a week, a close examination should be made of the patient's mental state, and if there was no improvement, the therapy should cease.

If improvement was occurring, up to 100 or more treatments, if necessary, should be given.

There was considered to be no danger to life from the treatment. Some patients had no violent reactions, and passed gently into unconsciousness. Others abreacted violently, and some abreacted indirectly in dreams.

*British Medical Association News  
7 January 1950 (edited extract)*

## The planning of medical services

Sir: I would like to appeal to the members of the British Medical Association (BMA) in Australia to examine the attitude of the BMA towards the government's schemes to socialise the medical services.

The BMA declares that it is "wholeheartedly in favour of a scheme to spread the cost of medical care over the whole community". This can only mean that the government is to tax the whole community.

Can anyone think that if the government is going to pay for all medical services that they will not demand the power, and rightly so, to

control the monetary distribution and those to whom such monetary return is made? This is in accordance with the popular axiom that he who pays the piper calls the tune.

Unless the idea is fought in a total manner — refusing any interference by governments in the practice of private medicine — then the medical profession can only blame themselves when they will have become the servants of the totalitarian socialist state.

*Paul G Dane  
(edited extract)*

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