

How did you first become interested in catatonia?

Dr. Gazdag:

The first push I've received during my training in the department of psychiatry and psychotherapy at Semmelweis University — my tutor, Judith Tolna, was enthusiastic for the Wernicke-Kleist-Leonhard School of Psychopathology. Besides different forms of cycloid psychosis, she also taught us the classification of different forms of catatonia.

The next step was connected to my research work in the history of psychiatry. As you may know, chemical convulsive therapy was discovered by a Hungarian neuropsychiatrist, László Meduna, in the 1930s. He worked out his theory about the antagonism between schizophrenia and epilepsy and performed animal studies in the Department of Psychiatry at Semmelweis University, which was called Pazmány Péter University at that time. But due to his conflict with Professor Károly Schaffer, the head of the department at that time, he had to leave the department, and he performed his first human convulsive therapy experiments in the Royal National Hungarian Institute of Psychiatry and Neurology so-called Lipótmező. It was a great asylum.

Just before the closing of this institute, with some of my colleagues in the frames of scout work, we discovered the files of the first convulsive treated patients in the archives of the Institute. All except one patient were diagnosed with schizophrenia, but most of them showed striking catatonic symptoms.

The patient who Meduna described in his autobiography as the first patient was in a catatonic stupor for four years at the time of the first camphor injection. Meduna used camphor for the convulsive treatment. We don't know whether Meduna intentionally selected catatonic patients or by chance, but what is sure is that about 50 percent of his patients improved with convulsive therapy.

This clear connection between catatonia and convulsive therapy directed my interest towards catatonia. And I had one more experience already at the beginning of my professional career outside the department of psychiatry and psychotherapy at Semmelweis University. My colleagues knew much less about catatonia. And the impersonal conversations considered it a less important issue of clinical practice.