

2. The underlying tenet is precisely that of Professors Sackeim and Malone, ie. "... basic research has yet to determine the strength-duration functions necessary to finalise the choice of optimal ECT parameters".
3. We, therefore, challenge the use of the unit mC in ECT, as it assumes that all stimulating parameters are of equal importance and cannot be related to the patient's current threshold.
4. Research into EEG monitoring may soon provide useful information on ECT parameters as measures of treatment adequacy. At the moment it appears more often to give a spurious air of precision and scientific credence to a process which is poorly understood.

We recommend the abandonment of the use of the unit mC to describe the treatment dosage in ECT. We recommend that details of current, pulse width, frequency and train duration be recorded. Parameters which are varied during the treatment course to obtain the best results for that particular patient should be noted. The link between stimulation parameters, benefits and side effects may then become clearer.

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Sir: We write to draw attention to a Letter of Concern that has been circulating within the psychotherapy profession. The Letter arose from the invitation by the Association for Psychoanalytic Psychotherapy in the NHS to Professor Charles Socarides to give its Annual Lecture last April. Socarides, a psychoanalyst, is well known for continuing to argue against the decision of the American Psychiatric Association to declassify homosexuality as a mental illness in 1973. He has also campaigned against lesbian and gay rights on the grounds that homosexuality is a perversion that threatens to "turn the world upside down".

In writing the letter, we did not seek to have the lecture cancelled. It was threats of disruption from other quarters that caused this to happen. Our aim was to raise two crucial issues highlighted by the invitation that interlock and deserve serious public debate; these issues have been problematic for some time.

The first was the apparent discrimination (direct and indirect forms have been documented) against lesbian and gay men applicants for training at the Institute of Psycho-Analysis and other psychoanalytic psychotherapy organisations. The second concerned the undue preference given to the graduates of the Institute of Psycho-Analysis for appointments to posts at senior registrar and consultant level in psychotherapy (mainly in London and the South-East).

A private (and apparently homophobic) institution has a significant but unregulated role in public sector mental health provision. This does not occur elsewhere in the health service.

We are also concerned about the nature and quality of psychotherapy services available in the health service to lesbians and gay men.

The letter was signed by approximately 200 psychotherapists including professors of psychiatry, psychotherapy and psychology, consultant psychiatrists and psychotherapists and private sector psychotherapists from all schools. This response is, we believe, without precedent in the history of psychotherapy in this country.

As a major controversy, this attracted much media interest. This was, in the main, accurate and sympathetic. It culminated in extensive reporting of a public statement by the Parliamentary Under-Secretary of State for Health (John Bowis) condemning those mental health professionals, including psychoanalysts and psychiatrists, who continued to regard homosexuality as a mental illness or aberration.

Department of Health officials have given direct and written assurances that all the issues raised in the letter are being looked into.

The full text of the letter and list of signatories and further information are available from the address given below.

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