

month's work with many months in between.

The Prison Medical Service has an exceptionally difficult job. Like the prison service as a whole, it is the only one which never refuses a client or a patient. The doctors are expected to provide a service for distressed but deceitful, aggressive and manipulative inmates who are apt to make distorted accusations against them, to which they have few opportunities to reply. The Service has a number of distinguished members,

and, as a whole, it is better than that of European countries except perhaps Holland, where the Service is much less overstrained by numbers. But the persistent denial that the doctors have any problems, many of which were discussed in this volume and relate to forensic psychiatry in general, does not encourage their supporters.

T. C. N. GIBBENS

## CORRESPONDENCE

### RESEARCH INTO ECT

DEAR SIR,

We are pleased to read in the *Bulletin* that the Research Committee has received a grant from the DHSS for research into ECT. In view of the controversy surrounding this treatment we are very concerned that this research should clarify the indications for ECT by a well-conducted trial rather than survey how ECT is actually being used at present.

Although the memorandum of the Royal College on ECT (September 1977) was incomplete in its review of the evidence, it reached the generally accepted conclusion that ECT is effective in severe 'endogenous' depression and its use in other conditions equivocal. The former was supported by two trials reported at the July Quarterly Meeting, but a third paper read by one of us (DG) reported the opinion of 51 consultants in one administrative region of the NHS as to the indications for ECT. Many of these consultants regard ECT as effective in hypomania, mania, catatonic and undifferentiated schizophrenia. One fifth of these consultants regard it as sometimes useful in dissociative and conversion hysteria and simple schizophrenia which is at variance with the Royal College memorandum.

It is this discrepancy between the proven effectiveness of ECT and its actual use that leads to controversy and accusations of its misuse. In response to this controversy the White Paper on the Review of the Mental Health Act proposes that the use of ECT on conditions other than severe 'endogenous' depression would be regarded as 'hazardous' or of 'unproven value' and therefore requires a second opinion. It would be much more satisfactory if the question could be settled by a well-conducted clinical trial rather than legislation (which has led to its being discontinued in parts of the USA).

ECT is not an easy treatment to research and much will depend on the methodology employed in this

research. Perhaps through the columns of the *Bulletin* we could read of the proposed methodology at an early stage. This might provoke our senior colleagues to reassess their own indications for the use of ECT and it would certainly be a constructive educational exercise for trainees to consider both the methodological problems and the implications of this important research.

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DEAR SIR,

Thank you for allowing me to comment on the letter from Drs Creed, Gill and Freeman. The Research Committee of the College has a policy that it will not try to compete with universities, research units and individuals in the sort of research it undertakes. We believe that there is a real place for the professional body of psychiatrists using its structure, organization and membership to conduct research which would be difficult or impossible to do any other way. In respect of ECT, therefore, the Research Committee would regard the important matter of controlled trials of the use of ECT in the many conditions for which it has been advocated as a matter for local clinical teams and university departments, but would agree on the need for such research. However, the equally important issue of the variety of profes-