

tial response may be regarded as very small. Thus sub-grouping of patients results in wide confidence limits on any estimate of a treatment effect.

Fortunately some remedy to this limitation is at hand. Since the publication of our paper another study (the Leicester trial) has been completed. This trial had some comparabilities of design to our own and the outcome was in certain respects similar. By combining the samples of the two trials it may be possible to arrive at a firmer conclusion concerning the possible predictors of response to real ECT, e.g., whether they include delusions or retardation separately or together, or some other clinical feature. With the collaboration of the Leicester workers such an analysis is now in hand.

We hope that in due course it will contribute an answer to the question that interests Dr Stuart, other clinicians and ourselves, of what are the reliable predictors of response to real ECT.

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Reference

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What Price Psychotherapy?

DEAR SIR,

The nub of Dr Ryle's argument (*Journal*, August 1985, 146, 209–210) in his criticism of Professor Shepherd's advocacy of controlled evaluation of psychotherapy is that psychotherapists find the question "Is psychotherapy effective?" inappropriate. This is true insofar as psychotherapy makes no pretention to being a specific therapy and it is then correctly placed among other activities—teaching, parenting—for which Dr Ryle judges the question of effectiveness to be unproductive: a list which, from this point of view, could be extended to include friendliness, kindness and mutual succour. However, where a specific effect, which exceeds that of placebo, is claimed the validity of the claim is crucial: a matter of public concern, for example, when NHS funding of psychotherapy is under consideration.

The issue is fudged by Dr Ryle's inclusion of psychiatry among activities where he judges the question of effectiveness is not appropriate. Many specific therapeutic methods incorporated within

psychiatry, somatic, psychological and social, have been either submitted to controlled evaluation or the need is acknowledged. Broadly (e.g. excepting behaviour therapy) the effectiveness of psychotherapy *qua* therapy has not been demonstrated although this has been attempted (Candy *et al*, 1972) and failed for lack of patients judged by psychotherapists as suitable for controlled comparison. Thus their conviction that psychotherapy has a self-evident specific therapeutic effect and the attitude to evaluation it engenders in psychotherapists are obscurantist and explain the commendable persistence of Professor Eysenck and Professor Shepherd in dragging the matter into public view—which Dr Ryle so deplures. That, given the will, the effectiveness of psychotherapy can be weighed in the balance is evident from the study of Sloane *et al* (1975). It is to be hoped that Dr Ryle will see the necessity and wisdom of encouraging such efforts.

It is also worth pointing out that Prioleau's (1983) paper is a re-analysis of studies cited in a report purporting to demonstrate the effectiveness of psychotherapy but which, incredibly, included placebo effect as a mode of therapy. His paper arranged this material so that the effect of psychotherapy was *compared* with placebo effect. The shortcoming of the Prioleau study, which Dr Ryle cites, arises from the dearth of material on which to judge the effectiveness of psychotherapy. He suspects that the attention it has received is attributable to its conclusions. He is right. These tentative as they are, cannot be brushed under the carpet without consigning the credibility of psychotherapy to the dust heap also.

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Munchausen's Syndrome

DEAR SIR,

We should like to report an unusual case history which seems to illustrate an emerging syndrome—Munchausen's syndrome presenting with psychiatric illness.

The patient, a 34 year-old man, presented at a