

education and training than other team members and will often have had more professional experience as well. These are all reasons why he might rationally hold the leadership. If the Campaign for the Mentally Handicapped wants things to be different, they have to show us how the patients, their relatives and the community are going to be at least as well cared for. Who is going to be the patient's friend and defender,

the co-ordinator of care, the maintainer of continuity? Who is going to view the patient as a wholeness, if the doctor is to be displaced? Some of our non-medical professional associates are in such a hurry to get rid of us that they haven't even stopped to grasp what we try to do. However, the role will remain, even if we go. Let us hear how they propose to play it.

CHARLES SNODGRASS

REPORTS AND PAMPHLETS

Report on the Medical Services for Prisoners. Report of a Day Conference held by King's Fund Centre and the Howard League for Penal Reform. London: King's Fund Centre. 1978 £1.00

When the Howard League raised the question of holding a public meeting on the problems of the medical services for prisoners, I suggested that this would achieve very little but lead only to a series of bromides from the principal speakers and totally disruptive behaviour among the public audience from those with individual grievances, gleefully recorded by armies of the Press. The recent painful result of the well-intentioned meeting on prostitution, held in the Central Hall, is an example. The alternative suggested was to hold a private conference of at most fifty interested and professionally involved people and take care to cover every facet of the informed and experienced—prison medical officers, forensic psychiatrists, criminologists with medical knowledge, members of the Home Office, prison governors, probation officers, psychiatrists who have had experience of being medical officers. It would be chaired by a universally respected prison medical officer and governor, Dr Gray from Grendon Prison.

The King's Fund collaborated most generously by providing their excellent small conference hall, with a cold lunch between sessions, and they have now produced this fifty-page document. It should be read along and especially between the lines by all those remotely concerned with forensic psychiatry. In a way, it is even more important that it should be read by consultant psychiatrists who think they are not concerned in forensic work, though in fact all invariably are. There is no future for the psychiatric treatment of offenders if they assume that it ought to be dealt with entirely by a specialized service, however necessary this is.

From the first, the conference ran into difficulties, which increased with the preparation of a report. In a curious way, the subsequent vicissitudes of the report reveal the nature of the basic problems even more vividly than the report itself.

First, Dr Gray fell ill immediately after the conference, though fortunately he contributed valuably to the discussion. Five or six of the most experienced prison medical officers were invited, but none 'found it possible' to attend. Dr Pickering, recently retired, and Dr Orr, the present Director, could not attend, and Dr Ingrey-Senn, Deputy Director, represented the whole service apart from those few who had once been in it. It was announced that the four main speakers, Dr Ingrey-Senn, Dr Bluglass, Dr Bowden, and Dr McKeith, would have their full papers published, but there was a guarantee that the identity of those taking part in the taped discussion would not be revealed in any subsequent publication. Not everyone took part in the discussion, which was nevertheless extremely successful and interesting, touching upon every aspect—constitutional, ethical, medical, administrative, organization, etc. There are as many legitimate views as there are 'experts', and they require serious and calm discussion.

After the conference there was controversy about whether the undertaking was that the discussion would be anonymous or would not be published at all. As a result all speakers were circulated with a transcript of what they said. Only one or two had any objections to their names being attached to their remarks when suitably edited—most people repeat themselves several times in the course of their discussion. One or two preferred anonymity, which was then given to all. In order to avoid any justification for 'breach of promise' Dr Ingrey-Senn finally agreed to every word of the last and heavily bowdlerized version, in all a

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-