psychiatry. I also feel that the College should consider ways and means of those non-training grades with their memberships being able to get further appropriate training (higher training), if necessary, without losing their seniority to be eligible to apply for consultant posts.

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Stigma: A common sense view

DEAR SIRS

Dr Turner's admirable attempt (*Bulletin*, January, 1986, **10**, 8–9) to identify the reasons for persistent or even increasing stigma towards psychiatry and psychiatric patients misses a fundamental point. Psychiatric illness to the layman is not necessarily equated with violence or fear but is either 'not real illness' (i.e. malingering) or 'weird' irrationality. I think the point is one of unpredictability. If someone has once lost his reason in a psychotic breakdown, to what extent can his friends or colleagues really ever be completely sure of him again? Even if well on lithium or depot neuroleptics will he always take his medication? Will the drugs always be effective? Can such patients be entirely trusted in responsible jobs—in the police or armed forces, as airline pilots, as doctors or nurses?

Like epilepsy it is not necessarily lack of compassion that leads to stigma: more the question of uncertainty. I doubt if attempts to change attitudes can ever alter the reality of the disorders we psychiatrists try to treat.

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The need for communication

DEAR SIRS

I write in acclamation of the two articles 'The Psychopathology of Nuclear War' and 'Whatever Happened to Stigma' (*Bulletin*, January 1986, **10**, 2–5 and 8–9). The first because it is the least politically biased statement of its kind I have ever read, and the second as a reminder that the battle against deep-rooted prejudice in the minds of the public and their media mentors is one which must be understood and accepted as inevitably never ending.

That said, two points seem worthy of mention. While unreservedly endorsing the final paragraph and concluding quotation in the first article, there still remains an inescapable reality to be accepted: that for the total 'release of healthy emotion in the service of survival', to succeed, one obstacle must be tackled by both superpowers: the communication barrier.

The recent Summit Meeting provided a ray of hope. But while the population of the USSR are bound to remember the 20 million killed in the Great Patriotic War, they are equally conditioned to forget not only the Nazi Soviet Non-Aggression Pact in 1939, which released the final assault upon Europe and later themselves, but also to remain passive about the reality, if not actually unaware of the fact, that their own psychiatrists are still likely to be imprisoned as dissidents if they ally themselves openly with the eminently sane and reasonable conclusions of Dr Jim Dyer.

The second point arises from the Stigma article, and comes in two parts; I cannot agree that responsible psychiatrists in teaching hospitals are 'camouflaging themselves as humdrum hospital doctors'. The verb and adjective in that phrase are in my personal opinion not only inaccurate but negatively provocative. We must set the right example if we expect to earn and deserve the respect and confidence of our colleagues and fellow teachers in other fields of medicine and surgery. On the 'clients/patients' issue, I am certain that medical terminology is not only right but *essential*. A patient is a person who needs medical help: a client, a person whose health is unimpaired but who seeks professional social advice: whether it be legal, financial, domestic, or architectural, for example.

Thank you Drs Dyer and Turner for two admirable expressions of lucid and vital opinion: and please regard these comments as constructive rather than contentious.

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Psychiatry and the peace movement

DEAR SIRS

It will be fairly common knowledge that International Physicians for Prevention of Nuclear War (IPPNW) are shortly to receive the Nobel Peace Prize, and this is no small encouragement. The outcome of the recent discussions between President Reagan and Mr Gorbachev likewise are not without genuine promise. Human nature being what it is, we are tempted to believe that we can now address our minds more fully to the often pressing matters at work and at home. Indeed the dangers are decreased only by a mere fraction and the risk is that armaments may stealthily increase behind a screen of wishful thinking on the public's part and that the world will awake one day to discover that it is already well past the eleventh hour.

Can psychiatrists help in the follow-up to this? Manifestly we need a change of ideas, a reversal of some of our feelings. Consider the following:

(1) Ever since 1914—which is as far back as I can go in any memory of warring nations—we have harboured the illusion that whoever the 'enemy' is (Germany and Austria then, Russia now) is evil and unworthy; and that the way to ward off disaster is a show of military strength. But are those people different from ourselves or are their governments more greedy and grasping than our own?
(2) We have shelved much of our responsibility for poverty in the Third World and this includes (as the recent IPPNW conference in Hungary made clear) our duty in respect of preventive medicine among children. Professor Velasco-Suarez, Mexico, said, 'We shall never have peace and justice till we have a different economic order etc in the world. A fraction of what is

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spent on arms would make vast health improvement possible'. A representative of UNICEF commented on how continued increase of poverty in the Third World involved a threat of causing the explosive situation which could set off nuclear war.

(3) Jeff Clymow writes (*The Guardian*, 7 November 1985): 'People have undertaken mass protest against the arms race since 1908 at least, and there has not been one single step backwards. Alas for the apolitical of this country, nuclear arms reductions will occur only as a result of political decisions carried out by governments elected for that purpose among others. It is naive and foolish to expect otherwise'. Is this true and, if so, do we understand its implications?

I have picked out those three issues as being areas where the experience and expertise of our psychiatric colleagues could be of genuine value to the peace movement if more of our number who are knowledgeable in the operation of mental and emotional forces would come out in the open to shed light on those urgent considerations. Is this asking too much of a profession dedicated to mental health?

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ECT with music: Historical perspective

DEAR SIRS

I was interested to read of the endeavours of Drs Almeida and Tapang in providing music during ECT (letter to *Bulletin*, December 1985, **9**, 251). A veil of *déjà entendu* descended upon me as I recalled my own use of music during ECT in a day hospital in Perth, Western Australia as far back as 1959. Further reverie led me back to more uncertain memories of using music during ECT whilst I was Registrar and Senior Registrar at Middlewood Hospital, Sheffield in 1955. Since it is unlikely that I was a true innovator there must have been others employing music during ECT sessions so that the discovery of any literature on the subject may require searches back to this period.

The reason for music during ECT was not merely aesthetic nor even that it had a calming effect on the patients whilst waiting for treatment or recovering from it. I remember clearly that one of the reasons was to mask unpleasant or frightening sounds emanating from the next bed. You must remember that in those days ECT was the only effective treatment for depression and was still being used for some patients with schizophrenia so that large numbers of patients had to be treated at each session, figures of 20 to 25 being not at all unusual. It was therefore customary practice to use a large room or ward with screens between the beds and to have all the patients waiting in their beds as the treatment team moved 'along the line'.

Although its primary aim was to mask worrying noises coming from other patients being treated, it was also thought that music would be soothing, particularly for those waiting for their turn. Certainly in Perth I developed this idea somewhat and I remember we even had request programmes! Patients waiting in their beds for treatment were calm and relaxed which must have favoured the anaesthetic procedure.

I cannot remember precisely whether there was less anxiety recovering from ECT and anaesthesia but I would have thought that music might well fix the attention of semi-confused patients until they were more fully orientated. This should be particularly so since it is said that auditory perception is the last sense to disappear and the first to reappear during the induction and recovery phases of anaesthesia.

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ECT and the Media

DEAR SIRS

I read Dr Hodgkinson's letter (*Bulletin*, February 1986, **10**, 37) with interest. He wrote about the 'devastating' future effect which Disney's *Oz* films may have on patients requiring ECT. In 1982 a questionnaire-based survey was conducted on a lay sample (N = 100) to elicit their attitudes to, and experiences of, ECT.[1] The results indicated lay hostility to ECT, a receptivity to adverse publicity, a tendency not to question such adversity, and a proneness to blame all ills on ECT. A particularly influential source of such 'information' was the film *One Flew over the Cuckoo's Nest*. Briefly, 61 per cent had seen the film; 65·6 per cent of these had been 'put off ECT' by the film. Only 10 viewers, or 16·4 per cent of those who saw it, reported neutral effects on their attitudes to ECT. Our respondents, as suggested in Dr Hodgkinson's letter, imagined that some pretty terrific sequelae were the usual legacy of this treatment.

I gave up talking to newspapers about ECT when one reporter entitled his piece 'That pain went right through my head'.[2] The content of the article bore little connection to my actual words. The article was captioned by a drawing of a distraught girl with her incisors missing!

More recently, in my own hospital, I discovered that some nurses felt uneasy about talking to patients and relatives about ECT. They were unsure of their ability to answer probing questions. At their request I wrote a short piece for the hospital monthly.[3] The feedback has been encouraging.

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