

Correspondence

UNILATERAL E.C.T.

DEAR SIR,

The letter by Drs. Cannicott and Amin (*Journal*, November, 1968, p. 1483) on the subject of unilateral E.C.T. cannot be allowed to pass unchallenged. Their plea for the adoption of this technique as the "standard practice" rests on the shakiest of evidence. It is not correct to assert, as they do, that "all studies have shown that besides being as effective clinically in relieving depression it is much more comfortable and less traumatic for the patient". There are in fact a number of studies which have either failed to confirm the over-enthusiastic reports on this method or have produced equivocal results, (McAndrew *et al.*, 1967; Levy, 1968; Strain *et al.*, 1968). Many of the earlier investigations are open to serious criticism on methodological grounds (Strain *et al.*, 1968), and even later studies are not without their defects, e.g. the Orientation Tests in the paper by Valentine *et al.* (*Journal*, August, 1968) do not appear to have been carried out using a double-blind design. There are suggestions that patients receiving unilateral E.C.T. require more treatment or take rather longer to recover, and there are also greater risks of producing skin burns since the shorter interelectrode distance increases the chances of a short circuit across the skin between the electrodes.

A more balanced assessment would be that the unilateral method is an interesting one which would repay further systematic and objective study, particularly in patients who are "at risk" as far as the development of serious memory disturbance is concerned, e.g. the elderly. It would appear that this technique does tend to produce less memory impairment, but that its advantages fade away rather rapidly, as can be seen by the comparison of the results on test 3 and test 4 in the paper by Zinkin and Birtchnell (*Journal*, August, 1968, p. 973).

I submit that the evidence at present does not warrant the abandonment of the standard bilateral method which when used with the correct indications is one of the safest and most effective methods of treatment in psychiatry

The imminent appearance of an American textbook with a chapter on unilateral E.C.T., which the authors announce with such flourish, cannot be

accepted as serious scientific evidence in favour of a new method of treatment.

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DEAR SIR,

I was very interested in your articles on unilateral E.C.T. and while accepting that it appears to be a progressive step I feel that there are simpler and more basic steps we could take to make E.C.T. a more acceptable procedure for many of our patients.

In a recent paper on the subject (1) I gave the results of a study analysing the factors which patients objected to most. It was surprising to note that memory impairment was well down on the list of results, and that factors such as "waiting for treatment", probing "for veins", "hearing other patients having treatment" and "being conscious yet unable to breathe" were much more prominent.

Another cause for anxiety is the concept of having electricity passed through the brain. This anxiety is usually allayed in most patients when it is explained to them that it is not the electricity that matters but the convulsion. Most surgical patients have the rudiments of their treatment explained to them, so why not those who are having E.C.T.?

At present in the Nassau Mental Health Service it is impossible to obtain the help of an anaesthetist without straining the health system to its limits, so all E.C.T., except in exceptional circumstances, is still done straight. Surprisingly, however, our patients make few complaints of the kind met with in England, where patients have the benefit of anaesthetic and relaxant agents. I am at the moment repeating this study (to be published later), and it is already clear that in our centres far fewer are upset by E.C.T.

While appreciating that a cultural difference exists, we must realise that the very nature of this treatment provokes apprehension. It seems that