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Obstetric complications in schizophrenia

SIR: Günther-Genta *et al* (*BJP*, February 1994, **164**, 165–170) found an excess of obstetric complications (OCs) in schizophrenic patients when compared with siblings, normal controls, or other patients. As in most such studies (Lewis, 1989) their findings reveal differences in the main at a low level of statistical significance.

As they point out, their sampling of schizophrenic in-patients leads to a selection bias towards chronicity, and they suggest that the only way of avoiding such bias would be a community study. In our community study (McCreadie *et al*, 1992) we failed to find a difference between schizophrenic patients and their siblings in their history of OCs. Our community of schizophrenic patients contains some who have had fewer admissions and probably a better prognosis.

Günther-Genta *et al* question the validity of studies which rely on maternal recall as the source of information on OCs, but O'Callaghan *et al* (1990) have shown that maternal recall is reliable, and using maternal recall found a rate of definite OCs in their schizophrenic population of 33%, which is comparable to the 45% found in Günther-Genta *et al*'s studies and which is close to the 35% that we found. Günther-Genta *et al* draw attention to the low rates of definite OCs found in Lewis *et al*'s study (1989) (with 'definite' complications in 17% of schizophrenics and 8% of controls); they suggest this reflects a low sensitivity of maternal recall. In fact these figures were drawn from information obtained solely from psychiatric records, which will clearly underestimate the proportion of patients with complications and only indirectly reflect the accuracy or otherwise of maternal recall.

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Early responses to electroconvulsive therapy

SIR: Rodger *et al* (*BJP*, January 1994, **164**, 106–109) draw attention to the important question of the speed of response to electroconvulsive therapy (ECT). This prompted me to review data from a previous study of ECT and pterin metabolism (Anderson *et al*, 1992). The original protocol required all subjects to be assessed after two ECT applications, although these data were not reported.

Subjects met DSM–III criteria for major depression with melancholia or psychosis (American Psychiatric Association, 1980). ECT was administered twice weekly using bilateral electrode placement and an Ectron 2 Series ECT device. Severity of depression was measured by the Hamilton Rating Scale for Depression (HRSD; Hamilton, 1969) and the Montgomery–Asberg Depression Rating Scale (MADRS; Montgomery & Asberg, 1979), but only