

Table 1

	Baseline	After 100 ECT	After 125 ECT
Raw scores on CAPE			
information orientation (max. 12)	12	12	12
mental ability (max. 11)	11	11	11
psychomotor skill (max. 12)	11	11	11
Premorbid IQ	103	105	108
Contemporaneous IQ	99	100	100

contemporaneous IQ, estimated using the Mill Hill Vocabulary Scale (Raven *et al.*, 1982), was almost exactly the average at the initial onset and did not differ from her predicted premorbid IQ (National Adult Reading Test; Nelson, 1982): this did not change.

A single case study cannot resolve the continuing debate about ECT and brain damage, but the present case is unique in the literature and shows clearly that a prolonged course of bilateral ECT had no effect upon the intellectual abilities assessed. Long-term prospective studies that cover a wider range of intellectual functions are still required.

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NELSON, H. E. (1982) *National Adult Reading Test: Test Manual*. Windsor: NFER.

PATTIE, A. H. & GUILLARD, C. J. (1979) *The Clifton Assessment Procedure for the Elderly*. Seven Oaks: Hodder and Stoughton.

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SCOTT, A. I. F., TURNBULL, L. W., BLANE, A., *et al* (1991) Electroconvulsive therapy and brain damage. *Lancet*, 338, 284.

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#### Volunteers to help Bosnian refugees

SIR: We are hoping to set up a project offering psychiatric and counselling support for the Bosnian refugees in the London area. The refugees have almost without exception been subjected to appalling psychological and physical trauma, including torture, rape, and detention in concentration camps. Many of the survivors suffer from post-traumatic stress disorder (PTSD), and a small proportion are affected by major psychiatric illness, including severe depression and psychotic reactions. There is a lack of appropriate and accessible health and social services for refugees and asylum-seekers and this project is a collaboration between the Traumatic Stress Clinic (Camden and Islington

Community Trust), which is a national referral centre specialising in therapeutic interventions for people with PTSD, and psychiatrists at Guy's Hospital with an interest in transcultural psychiatry and a history of service development for the Indo-Chinese refugee community.

The Bosnian project is coordinated by the Jewish Council for Community Relations and is working in association with the Department of Child Psychiatry at the Royal Free Hospital, the Marborough Family Service, the Medical Foundation for the Victims of Torture, the Refugee Council, and the Bosnian Embassy. The bulk of the therapeutic activity will be carried out by bi-cultural workers using cognitive models of intervention developed and evaluated within the Traumatic Stress Clinic using methods successfully used within a specialist service for survivors of organised violence in Turkey (Yuksel, 1990). The bi-cultural workers will screen people who have evidence of major psychiatric disorder, who will be referred to a network of mental health practitioners. This team of practitioners will be able to carry out domiciliary and community assessments, with the help of interpreters.

Psychiatrists, community psychiatric nurses and other mental health professionals who wish to participate in this project on a voluntary basis should contact Dr Edie Friedman on 081-455-0896. We are also looking for charitable funding.

YUKSEL S. (1990) Post-traumatic cognitive behaviour therapy. *Proceedings of the Second European Conference on Traumatic Stress*, p. 58. Netherlands: Noordwijkerhort.

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