symptoms. Results to 3-month follow-up. *British Journal of Psychiatry*, **182**, 303–311.

Johnstone, E. C., Frith, C. D., Crow, T. J., *et al* (1992) The Northwick Park 'Functional' Psychosis Study: diagnosis and outcome. *Psychological Medicine*, **22**, 331–346.

Pilling, S., Bebbington, P., Kuipers, E., *et al* (2002) Psychological treatments in schizophrenia: I. Meta-analysis of family intervention and cognitive behaviour therapy. *Psychological Medicine*, **32**, 763–782.

Turkington, D. & McKenna, P. (2003) Is cognitive–behavioural therapy a worthwhile treatment for psychosis? *British Journal of Psychiatry*, **182**, 477–479.

K. Marlowe South London and Maudsley NHS Trust, Lambeth Early Onset Services, 3–6 Beale House, Lingham Street, London SW9 9HG, UK

NICE guidelines and maintenance ECT

The recently released National Institute for Clinical Excellence (NICE) guidelines on the use of electroconvulsive therapy (ECT) discourage the use of maintenance ECT in depressive illness, the reasons being that: '. . . the longer-term benefits and risks of ECT have not been clearly established . . .' (NICE, 2003).

The only result of this will be to limit the patients' right to choose their treatment. The few patients who are considered for maintenance ECT live in the community and, therefore, are not subject to the Mental Health Act 1983. They will receive ECT because they want to and will have at any time the right to withdraw from it. These patients will have already tried, unfortunately without success, any other possible maintenance treatment and tend to respond only to ECT during their frequent acute episodes. Because of these experiences they know very well the pros and cons of ECT in their individual cases.

These are patients who, knowing their illness and the effects of ECT, have reached the conclusion that they prefer to receive ECT on a monthly basis rather than having to accept a life sentence of constant and frequent relapses of their depressive illness. If the maintenance ECT works and keeps them functioning in the community, it is my experience that they will be happy to continue with it for a long time. If it does not work, after a few attempts they will stop, encouraged by their psychiatrist.

Every patient is different and we still know very little about depression. The only result of the application of the NICE guidelines on maintenance ECT will be to deprive informed and intelligent patients of the freedom to choose a treatment that, if used appropriately, can make the difference between a life of misery and a relatively normal existence (Andrade & Kurinji, 2002).

Andrade, C. & Kurinji, S. (2002) Continuation and maintenance ECT: a review of recent research. *Journal of ECT*, **18**, 149–158.

National Institute for Clinical Excellence (2003) *Guidance in the Use of Electroconvulsive Therapy* (Technology Appraisal Guidance 59). London: NICE.

M. Procopio The Priory Clinic, Hove, 14–18 New Church Road, Hove BN3 4FH, UK

Flashbacks and PTSD in US veterans

We read with interest the article by Jones *et al* (2003), who reported an absence of flashbacks in the symptom reports of ex-servicemen from the Second World War awarded pensions for post-combat disorders. As acknowledged by the authors, a limitation of the study is the retrospective review of historical descriptions of post-combat disorder symptoms in their sample population.

We administered the Clinician Administered Posttraumatic Stress Disorder Scale (CAPS) (see Weathers, 2001) to 82 American combat veterans of the Second World War who had also been held as prisoners of war (POWs). These veterans were seen as part of a compensation and pension examination conducted by the US Veterans Administration to examine the overall health status and presence of service-connected disabilities in these highly stressed veterans. CAPS interview question B-3 specifically asks the frequency (range: 0=none to 4=daily) and intensity (range: 0=none to 4=extreme) of flashback phenomena. Six of 41 ex-POWs (14.6%) who met criteria for post-traumatic stress disorder (PTSD) reported flashbacks in the month prior to the CAPS interview at a combined frequency and intensity score of 4 or greater. None of 41 ex-POWs who did not meet criteria for PTSD reported flashbacks at this level of frequency and intensity. In contrast, 75 of 124 Vietnam-era veterans (60%) who had been diagnosed with combat-related PTSD and were administered the CAPS while participating in a Veterans Administration PTSD treatment programme reported flashbacks at this level of severity.

Consistent with the report of Jones *et al*, we found a striking difference in the prevalence of flashback symptom severity across generational cohorts. However, with specific questioning about this symptom using the standard diagnostic instrument for PTSD, the Second World War cohort who suffered extreme stress and currently meet criteria for PTSD did report flashbacks. The six former POW subjects who reported a current clinically significant level of flashbacks have informed us that this phenomenon was present in the 1940s. Of course, we cannot know whether these subjects would have reported flashbacks in the 1940s without having been exposed to the interim cultural changes.

Jones, E., Vermaas, R. H., McCartney, H., *et al* (2003) Flashbacks and post-traumatic stress disorder: the genesis of a 20th-century diagnosis. *British Journal of Psychiatry*, **182**, 158–163.

Weathers, F., Keane, T. & Davidson, J. R. (2001) Clinician-administered PTSD scale: a review of the first 10 years of research. *Depression Anxiety*, **13**, 132–156.

T. Kimbrell, M. Myers, T. Freeman North Little Rock PTSD Program, North Little Rock VAMC, Mail Code: 116AP/NLR, 2200 Fort Roots Dr., North Little Rock, AR 72114, USA

Counselling and psychotherapy: media distortion

As the authors of the Cochrane Collaboration review on 'psychological debriefing' (Rose *et al*, 2002) following exposure to a traumatic experience, we were concerned to see our research taken out of context during the recent media debate on counselling and psychotherapy. Our research related to the lack of evidence supporting a 'one-off' intervention following trauma. Even its proponents would not regard this intervention as counselling or psychotherapy. Yet journalists have cited this research as new and generalised its findings to the extent of proclaiming that all counselling and psychotherapy is not useless but dangerous. This is unjustified.

The research is not new. We first published this as a systematic review in 1998 (Rose & Bisson, 1998) and it continues to be updated in the normal way. The generalisation of our findings is scientifically unacceptable and, more importantly, potentially harmful. It is clear that counselling and psychotherapy are not beneficial to everyone. However, there is good evidence that many psychological treatment approaches are effective, including multiple-session early

https://doi.org/10.1192/bjp.183.3.263-b Published online by Cambridge University Press

intervention following traumatic events for those with acute stress disorder (Bryant *et al*, 1999).

Mental health problems are stigmatised, yet we now have powerful evidence-based psychological treatments for many common but serious disorders such as depression, phobias, panic disorder and obsessive–compulsive disorder. It would be regrettable if the legitimate debate on the role of counselling for everyday problems and difficulties were to inadvertently prevent people with treatable disorders from accessing helpful psychological therapies.

Bryant, R. A., Sackville, T., Dang, S. T., *et al* (1999) Treating acute stress disorder: an evaluation of cognitive behavior therapy and supportive counselling techniques. *American Journal of Psychiatry*, **156**, 1780–1786.

Rose, S. & Bisson, J. (1998) One-off psychological interventions following trauma – a systematic review of the literature. *Journal of Traumatic Stress*, **11**, 697–710.

—, — & Wessely, S. (2002) A systematic review of brief psychological interventions ('debriefing') for the treatment of immediate trauma related symptoms and the prevention of post-traumatic stress disorder. *Cochrane Library*, issue 4. Oxford: Update Software.

S. Rose Berkshire Healthcare NHS Trust, UK

J. Bisson Cardiff and Vale NHS Trust, Department of Liaison Psychiatry, Room 222, Rawnsley Unit, Monmouth House, University Hospital of Wales, Heath Park, Cardiff CF14 4XW, UK

S. Wessely Guy's, King's and St Thomas' School of Medicine and Institute of Psychiatry, London, UK

One hundred years ago

A hospital for the insane in Syria

THE treatment of lunatics in the East has not yet fully emerged from the clouds of ignorance and barbarism which have surrounded it for ages. One of the first reformers who attempted to introduce the methods of humanity and science in this field in the near East was Mr. Theophilus Waldmeier, a gentleman resident in Syria, who commenced in the spring of 1896 the work of helping and providing for the numerous sufferers from mental disease in Syria and Palestine. His efforts were crowned with success and within two years a hospital for the insane was built near Beyrout on the slopes of the Lebanon Mountains. This institution has been in full working order and has been doing good work for two years. In the fourth annual report recently issued there is an account of the institution and of its work for the year ended March 31st, 1902. The building, which includes wards for male and female patients, is of stone; the grounds, which were hitherto barren, have been cultivated; and at the time of the report (1902) there were about 35 patients in the hospital. Patients come and go without much difficulty being experienced, as relatives are sometimes prone to take them away before recovery is complete. "One poor Jewish woman was brought to the hospital suffering from acute mania. . . . She was left by her relatives apparently under the idea that she would be miraculously healed in a day or two by the doctor. After a few days they returned and found her about the same, and being disappointed at this they immediately took her away, probably to put her in some dungeon or cave noted for casting out evil spirits, there possibly to die in chains." Fortunately, adds the report, such cases are becoming rarer as the results of the work of the hospital are becoming more known amongst the people. 14 patients were discharged as recovered during the year. New wards are nearly completed for increased accommodation, so that the hospital will shortly be able to house 100 patients. 52 patients were admitted during the year.

REFERENCE

The Lancet, 17 January 1903, 189.

Researched by Henry Rollin, Emeritus Consultant Psychiatrist, Horton Hospital, Epsom, Surrey

https://doi.org/10.1192/bjp.183.3.263-b Published online by Cambridge University Press