DEAR SIR,

As a middle-of-the-road, eclectic psychiatrist I am not usually given to graphic demonstrations, but I feel constrained to voice my feelings, like others have done, concerning the College Memorandum on ECT (*Journal*, September 1977, **131**, 261–72).

For some time now I have watched the onslaught on orthodox psychiatric methods by the NAMH and more recently by mass media, which seem to imply that consultant psychiatrists are at worst evil people, or at best stupid people, who do not have the best interests of their patients at heart.

Like others I waited impatiently for a rebuttal of such allegations by our chosen representatives (i.e. The Royal College), but, instead, in their eagerness to mollify the detractors, they pen the infamous Memorandum which partly states the obvious, and partly joins in the attack against, and successfully creates chaos out of confusion.

In my opinion Dr S. Spencer (*British Journal of Psychiatry*, Vol. **131**, December 1977) was correct in his denunciation of the Memorandum and represents the majority view of consultant psychiatrists in this country. It is a pity the committee formulating the Memorandum did not have a twinge of humility and did not canvass the views of the consultant psychiatrists of this country before pontificating on the subject. It is not too late for this to be done and published. How can a committee that professes concern for psychiatric patients and their liberty suggest that what is currently carried out under the umbrella of a 28-day compulsory order should be changed to give *the same treatment* under an order lasting *one year*!

It seems obvious to me that the major motivation for most of the advice given in the Memorandum was self preservation of psychiatrists, using legal 'belt and braces' methods.

A brief word regarding the Editor's comments in the same issue of the *Journal*.

The message came over as didactic and condescending and perhaps he should be reminded that the principle of the 'super-consultant' was laid to rest when medical superintendents were officially phased out.

He knows, as we all do, that the 'advice' of the Royal College today becomes the standard practice acceptable tomorrow—perhaps part of his difficulty is that living in his postgraduate ivory tower, he is somewhat divorced from the realities of the workaday psychiatry world, and therefore sees the problem as the simplistic decision between politeness and impoliteness.

The Editor does not have the monopoly of 'humanity, courteousness, or compassion', or any other decent human emotion, and it is perhaps apt to quote the aphorism 'patriotism (or in this case 'lofty ideals') is the refuge of the scoundrel'—or rather its use in public speech is!

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ELECTROCONVULSIVE THERAPY AND THE DEAF

DEAR SIR,

Dr W. G. Charles writes in the November issue (*Journal*, **131**, 551) about the effect of ECT upon nerve deafness and tinnitus.

Over the space of about 20 years I recall seeing three or four such patients who have complained of increase in tinnitus and/or deafness following ECT. I have never seen any reference to it in the literature nor have I found that my ENT colleagues were conscious of the problem. I am uncertain whether the effect is permanent and, on one occasion, have had to give further ECT to such a patient withot receiving further complaints of that nature.

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SELF-POISONING

DEAR SIR,

At the Annual Meeting of the College in July 1977, I presented the results of a clinical trial designed to answer the question: is a specialist psychiatric assessment necessary in all cases of deliberate self-poisoning?

We found (1) that, if given suitable teaching, medical teams can evaluate the suicidal risk and identify patients requiring psychiatric treatment or help from social workers, or both. We concluded that a more selective approach towards the psychological and social evaluation of such patients is preferable to the Department of Health's recommendation (2, 3) that in all cases of deliberate self-poisoning patients should be seen by psychiatrists. If a recent 'Horizon' programme on the BBC is accurate, at least 100,000 such patients are admitted to our general hospitals each year. Taking an average 25 per cent for the number of patients who may discharge themselves from medical wards before being seen by psychiatrists, perhaps 75,000 patients receive a specialist psychiatric evaluation each year.