DEAR SIRS

I was indeed delighted to read the paper 'A different reading list for the MRCPsych' (*Bulletin*, October 1986, **10**, 284). The 36 titles mentioned therein are simply superb. However, I cannot resist suggesting the following three additional titles: *The Loved Ones* (Evelyn Waugh), *Siddhartha* (Herman Hesse) and *The Day of the Jackal* (Frederick Forsyth).

I earnestly wish that trainees could add one book a year to their existing burden and derive further insight into the complexities of human behaviour.

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(This correspondence is now closed. *Eds.*)

ECT practice

DEAR SIRS

The College was widely praised for its initiative and courage in commissioning its ECT survey and for reporting its disturbing findings five years ago.[1] As a result there were much needed improvements in the facilities for giving the treatment and, at least for a time, in clinical practice and the training of doctors.

As doctors appointed by the Mental Health Act Commission to give second opinions under section 58 we visit many hospitals to approve ECT for detained patients. We have become increasingly worried to observe that many of the junior doctors, who administer most of the ECT, do so without adequate knowledge or training and with little grasp of the electrical and physiological principles involved or of how to use the equipment intelligently. Named consultants should, though too often it appears to be in name only, have responsibility for ensuring that ECT clinics are properly organised and that the doctors are properly trained. Sometimes this training is wrongly left to the anaesthetist.

The Constant Current equipment now in general use requires more careful attention, than the older Constant Voltage apparatus, to such details as skin contacts and control settings if the stimulus is not to be so close to the seizure threshold that the treatment is 'missed' or relatively ineffective. Controls are often set, by clinic custom, at a level which is not changed even if the patient does not convulse; there may be no guidance on what to do if this happens.

ECT treatment recording schedules all too often include doses of atropine, anaesthetic agent and muscle relaxant and perhaps the time duration of the stimulus used from the Constant Current apparatus, but omit to state whether the ECT 1 or 2 switch position was used in the case of the Duopulse model and, more disturbingly, whether a discernable convulsion was produced or not.

We are encountering some patients with psychotic depression where a considerable number of ECTs have been given but expected improvement has not occurred and where the ECT treatment card does not record whether convulsions have occurred or not. Members of the College must surely not let themselves drift back into the complacency towards their ECT practice which the survey revealed and which, sadly, is again becoming apparent.

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REFERENCE

[1] PIPPARD, J. & ELLAM, L. (1981) *Electroconvulsive Treatment in Great Britain 1980*. London: Gaskell (Royal College of Psychiatrists)

Medical insurance

DEAR SIRS

I write to urge the College most urgently to press for some change in the current system of payment of professional medical insurance.

I am a part time senior registrar with young children. The greater part of my salary is absorbed by paying our Nanny. This, of course, I accept without question, (although I would remind you that women are given no tax relief on such payments). The second greatest expense is professional medical insurance. This I do most definitely resent.

After all expenses are paid, my resulting 'salary' is the princely sum of 65p per hour. We pay our cleaning lady at four time this rate.

Salary per annum (after tax)		£4,560.00
Essential expenses		
Medical Defence Union	£554.00	
Royal College of Psychiatrists	80.00	
General Medical Council	20.00	
Car expenses to/from work	250.00	
Child minding expenses	2,860.00	
Net income		£796.00

OR

£61.00 per month;
£13.00 per week;
0.65p per hour!

I feel truly privileged that I have work which I enjoy so much and do not expect vast payments. However, if current trends continue, I shall soon, in real terms, be earning nothing. My dedication is not so great that I would be willing to do this.

I feel I have more ability and certainly more personal rewards in continuing to be a doctor but perhaps I should be considering a career in domestic service?

Psychiatry, like other less popular specialities, relies on