

remained the predominant feeling there was a move towards indifference and a change in some to relief and security.

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Junior psychiatrists and ECT practice

DEAR SIRS

I read with interest the article by Henderson *et al*, 'Administration of electroconvulsive therapy: training, practice and attitudes' (*Psychiatric Bulletin*, March 1993, **17**, 154–155).

This paper addresses some important issues and is a welcome contribution to the important debate which is emerging about the administration of ECT and junior psychiatrists. It is reassuring that 93% of junior psychiatrists were "confident" about their ECT practice. However, despite being a deceptively simple procedure, ECT administration requires a high level of skill and knowledge. My own confidence has decreased over the past two years as my understanding of ECT has increased.

Clinical outcome in patients receiving ECT may be influenced by a diverse range of variables including patient age and sex, electrode placement, stimulus frequency, duration and energy, wave form (sinusoidal or square) and whether bi- or uni-directional (Abrams, 1992). Most of these factors can now be manipulated by the clinician (usually the SHO/registrar) using a variety of commercially available machines. A thorough examination of ECT practice in relation to these factors is now long overdue.

It has been my personal experience over the past couple of years that the relationship between these variables and response to ECT are very poorly understood by junior psychiatrists, as well as by a considerable proportion of senior colleagues. Since junior psychiatrists are in the "front line" in relation to the administration of ECT, much greater emphasis on training and understanding of ECT is needed. Greater knowledge of the ECT process will enable ECT to be tailored to the needs of the individual patient. This will help to minimise side

effects and foster optimal conditions for clinical efficacy.

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The museum at Wakefield

DEAR SIRS

Dr Spencer (*Psychiatric Bulletin*, March 1993, **17**, 177) draws attention to the museum at Wakefield. A book which throws a very particular light on the history of mental hospitals in this country is that written by the curator of the museum, Mr A. L. Ashworth and the late Dr John Todd, *The House: Wakefield Asylum, 1818*. It is of special interest since the chapters are based on successive medical Directors from the opening of the Hospital in 1818 to the termination of the Directorship system of management in 1933. The book therefore describes the ideas and work of these luminaries, from William (later Sir William) Charles Ellis to Professor Joseph Shaw Bolton. The backdrop to these descriptions is the development and life of the hospital, with vignettes of staff, patients, treatments and entertainments.

The West Riding Pauper Lunatic Asylum, later called Stanley Royd Hospital, was the sixth asylum to open in Britain following the County Asylums Act of 1808. Samuel Tuke, of The Retreat at York, played the major role in the planning of the hospital and, in *Practical Hints on the Construction and Economy of Pauper Lunatic Asylums*. The House, provides vivid descriptions of the humane William Ellis and the influential Sir James Crichton-Brown (the 'orator of medicine') who invited such men as J. Clifford Allbutt and Hughlings Jackson to contribute, as well as instituting teaching for medical students from Leeds. Crichton-Browne produced and edited the famous West Riding Lunatic Asylum Medical Reports. Sir David Ferrier pioneered research into the localisation of cerebral function in mental illness. The reclusive Dr William Bevan-Lewis wrote an early British text on psychiatric disorder. Joseph Shaw Bolton became one of the earliest (if not the first) professor of psychiatry and continued the tradition of education about mental illness. Henry Maudsley gained his introduction to treatment of the mentally ill at Wakefield before going South to found

*The book is in limited circulation. It is obtainable on direct application to: The Administrative Department, Stanley Royd Hospital, Aberford Road, Wakefield, West Yorks WF1 4DQ. Cost: £15 (£16.50 inc. postage).