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DEAR SIR,

Since we did not claim to have carried out 'a faithful replication study' of Lader and Wing's (1966) work, and indeed described our modifications in detail, your correspondents' dismay appears to be an inappropriate emotional reaction. But perhaps their dismay is understandable after all, as they are about to publish on the same topic and may feel that the foundations on which they have built have been somewhat shaken by our results. Turning to their specific points:

(i) We used Sternbach's (1960) criterion of counting the number of spontaneous fluctuations greater than 1 Kilohm because this happens to be a much simpler method than that used by Lader and Wing. Sternbach's (1960) own results, as well as the highly significant intercorrelations we found between spontaneous fluctuations at all times during the test, no matter what changes in skin conductance had taken place (see Table I, Greer *et al.*, 1973), support the validity of the 1 Kilohm criterion;

(ii) We were concerned to measure, not habituation to one-second sounds, but the responses of patients to arousal provoked by auditory stimuli of varying duration at irregular intervals—which might be supposed to be slightly more akin to arousal-provoking situations in real life. Incidentally, there was only one interval of 20 seconds, the remainder all being more than 40 seconds;

(iii) Like Lader and Wing (1966) we did not take into account the phase of the menstrual cycle, but our patients were tested on three separate occasions during a period of four weeks (Ramsay *et al.*, 1973). We are not aware of any published work demonstrating the relevance of McKinnon's (1954) findings to skin conductance measures in patients with anxiety states or thyrotoxicosis;

(iv) All our patients were tested between 10.30 a.m. and 11.30 a.m.

Finally, may we repeat our main finding, viz. that clinical ratings of anxiety, verified by an independent psychological test, were not correlated with any measures of skin conductance. These results cast doubt, in our view, on the validity of such skin conductance measures as indices of anxiety.

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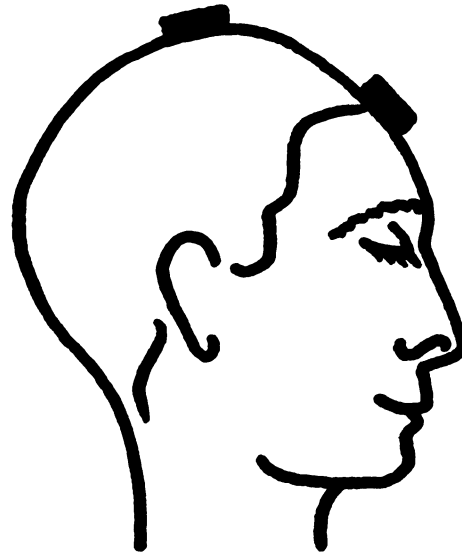
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#### ANTERIOR BIFRONTAL ECT

DEAR SIR,

After Professor James Inglis (*Journal*, August 1970, **117**, 149-56) had suggested an improved ECT technique by electrode placement as remote as possible from the temporal lobes as is consistent with the production of a convulsion, I began to use a midline fronto-central electrode application (see Figure); and having never failed to induce a con-



vulsion with 65 volts a.c. applied for 5-8 seconds during relaxed anaesthesia, I now use this technique routinely. However, Abrams and Taylor in their recent paper on this subject (*Journal*, May 1973, **122**, 587-90), using a low bifrontal electrode placement, appear to have failures, not all of which are overcome by adding an intravenous convulsant drug,