(c) for schizophrenic subjects the 4th deletion pattern was far more sensitive that the traditional 5th word pattern, which was a major finding of Silverman's study.

We agree, however, that much more work is required in examining the effect which the speech recording situation has upon the results of Cloze procedure. We would like to quote a finding from work in progress. Using 200-word speech transcripts with 5th deletion from 10 normal subjects of very different educational backgrounds, verbal IQ and personality, recorded in a standardized form for monologues on three different topics per speaker (Own Choice, Religion, Women's Rights), we found no significant difference in Cloze scores due to topic, and virtually none due to speakers. There was however, a very significant difference among the six raters who have so far completed the task.

Gerald Silverman. Vera Marcus.

St. Bernard's Hospital, Southall, Middlesex, UB1 3EU.

## REFERENCES

RUTTER, D. R., WISHNER, J. & CALLAGHAN, B. A. (1975)
British Journal of Psychiatry, 126, 571-6.
SILVERMAN, G. (1972) Psycholinguistics of schizophrenic language. Psychological Medicine, 2, 254-9.

## UNILATERAL ECT

DEAR SIR,

We welcome the study by Clyma (Journal, April 1975, 126, 372-9) on unilateral ECT and the assessment of language laterality. d'Elia and Raotma (1975) have reviewed published work which on balance considers unilateral ECT to be as effective therapeutically as bilateral, while sparing memory (Halliday et al., 1968). Memory is also spared by reducing the dose of electricity (Ottosson, 1960).

Clyma experienced occasional difficulty in establishing language laterality and attributed this in part to the larger amount of electricity delivered by the Ectron machine used in her study than that delivered by the Strauss-Macphail A.C. Transpsycon used in a previous valid study (Pratt and Warrington, 1972).

There appear, therefore, to be three factors tending to spare memory: the use of unilateral non-dominant ECT; the correct assessment of language laterality (when unilateral ECT is given); and the employment of the minimum dose of electricity required to produce a grand mal (best achieved by using a machine such as the A.C. Transpsycon

administering a small and measured dose). The last of these applies even if bilateral ECT is being used. We believe that because of the neglect of these considerations many patients at the present time are being needlessly subjected to excessive memory impairment from ECT.

A. M. HALLIDAY. H. MERSKEY. R. T. C. PRATT. ELIZABETH K. WARRINGTON.

National Hospitals for Nervous Diseases, Queen Square, London, WC1N 3BG.

## REFERENCES

CLYMA, E. A. (1975) Unilateral electroconvulsive therapy: how to determine which hemisphere is dominant. British Journal of Psychiatry, 126, 372-9.

D'ELIA, G. & RAOTMA, H. (1975) Is unilateral ECT less effective than bilateral ECT? British Journal of Psychiatry, 126, 83-9.

HALLIDAY, A. M., DAVISON, K., BROWNE, M. W. & KREEGER, L. C. (1968) A comparison of the effects on depression and memory of bilateral ECT and unilateral ECT to the dominant and non-dominant hemispheres. British Journal of Psychiatry, 114, 997-1012.

OTTOSSON, J.-O. (1960) Experimental studies of the mode of action of electroconvulsive therapy. Acta Psychiatrica et Neurologica Scandinavica, Suppl. 145, 1-141.

Pratt, R. T. C. & Warrington, E. K. (1972) The assessment of cerebral dominance with unilateral ECT. British Journal of Psychiatry, 121, 327-8.

## BURDEN RESEARCH MEDAL AND PRIZE

DEAR SIR,

May we remind your readers that entry for the Burden Research Medal and Prize is open to all registered medical practitioners who are working in the field of mental subnormality in the United Kingdom or Republic of Ireland.

The award for 1976, total value £250, may be presented at Stoke Park Hospital on or about 1 April 1976 for outstanding research work which has been published, accepted for publication or presented as a paper to a learned society during the three-year period ending 31 December 1975.

Five copies of the paper or papers, with application form, should be submitted to the Secretary of the Burden Trust by 10 January 1976.

Further information and application forms are available from the Secretary, Burden Trust, 16 Orchard Street, Bristol, BS1 5EA.

W. A. HEATON-WARD.