presumably because the EEG changes were not lateralized, which would seem to bear out one's suspicion that once the current has overcome the resistance of extra-cerebral tissues it will pass into a highly conductile medium in which any kind of localization is impossible.

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DEAR SIR,

We are pleased that Dr. Levy shows such interest in our paper. May we comment on his points?

(1) From our study, we are impressed that bilateral ECT is no more effective than unilateral ECT in relieving depression. As is clear in our paper, our method of measurement was to allow psychiatrists in the hospital to recommend the number of ECT treatments in each case on their own clinical judgement of relief from depression. They were throughout quite unaware which sort of ECT was being given. Table I shows that the average number of treatments given in each group was not significantly different, thus indicating equal clinical effectiveness of each type of treatment.

(2) The double blind measurements of confusion after ECT were easily done. We had no need to employ an 'Olympic sprinter', but we did employ professionals who could read. If Dr. Levy would look at Table V again he will note that the '1·45 seconds' he alludes to in his letter is in fact 1 minute 45 seconds.

(3) It is not true to say categorically that the EEG assessor 'was quite unable to guess correctly which treatment had been given'. It is apparent from our paper that although she was unable to guess correctly in 100 per cent of cases, she did make 35 correct forecasts from 59 patients. This is significantly better than by random assignment. In 25 cases EEG changes were lateralized (see Table III). We would not like to draw conclusions from this, except to say that in some of our cases 'there are persistent detectable changes' in EEG's four days after completion of the course of ECT.

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UNWANTED PREGNANCY

DEAR SIR,

Dr. Heller, in his review of Prof. Schulte's book on Unwanted Pregnancy (*Journal*, August, 1969), seems to assume that because serious minded psychiatrists in Switzerland should interpret the Abortion Act there illiberally, only light-hearted psychiatrists whose balances need adjustment ought to be liberal in England.

I am sure that, while extrapolation from Switzerland to England may be justified, Dr. Heller himself would not wish his comments to be regarded as being applicable in every society. But it might be worth while to emphasize this point.

In Zambia, as in Switzerland, attempted suicide following refusal of termination is extremely rare among both the African and the European populations. However, septic abortion is extremely common, particularly among the African population, and deaths from this cause are also frequent. One of the gynaecologists working here has found that all of the patients whose requests for termination on psychiatric or social grounds were refused recently later returned to him as emergencies with septic abortion.

Alternative solutions to termination rarely work here, as the patient usually rejects one's proffered advice as soon as she gathers that one is refusing the termination that she wants; indeed, it would be rather surprising if the support that Prof. Schulte offers in Switzerland were always accepted.

In this country, therefore, the most important 'psychiatric' indication for termination is a determination on the part of the mother to go to an abortionist if she cannot have her pregnancy ended legally. Any psychiatrist working here who was burdened with a 'modicum of conscience' in Dr. Heller's sense would find himself contributing a good deal to the miseries of an already overburdened people.

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COMMUNITY PSYCHIATRY

DEAR SIR,

In reply to Dr. Levine's letter (*Journal*, October, 1969, p. 1227), I am not aware that I have any 'powerful drive to reduce the number of beds' under my care. The reduction in bed occupancy has simply taken place in response to the needs of the situation.

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