approach by encouraging the recognition and shared care of such patients.

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SIR: At Oslo City Hospital (Ullevål Sykehus) we are in the process of establishing a liaison psychiatric service to the obstetric unit. The service is provided by the child psychiatry liaison team rather than the adult psychiatrists, who instead respond to specific referrals from the child psychiatric team.

The prime aim is to facilitate parent-child adaptation to each other. This is based on a recognition that factors in both mother and child, and in the marriage, affect early interactions – and especially that the several factors play upon each other. With this primarily 'preventive' orientation, consultation has another angle to it that is missing when referrals are primarily of the mothers, as to an adult-orientated service. There is a reduced expectation of antenatal referrals, although these have been discussed with us.

The time is ripe to establish discussion between adult and child psychiatrists and their obstetrician colleagues about the directions for further developments in this field.

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## Practical administration of ECT

SIR: The recent publication by the ECT Sub-Committee of the Research Committee (Freeman *et al*, 1989) is a welcome step towards unifying the practice of this useful, if ill-understood, treatment. I was especially pleased to see recognition of the nursing responsibilities involved (Appendix 15).

I am, however, surprised to find the recommendation that simple observation is probably sufficient for the routine monitoring of fit length. Christensen & Koldbæk (1982) found no predictable relationship between EEG manifestations and the observed seizure duration (OSD), and bifrontal single channel EEG tracings are fraught with interpretive difficulties (Brumback, 1983). However, when the comparatively simple cuff technique was used during administration of ECT then OSD did correlate with EEG activity, although with shorter recorded seizure times (Fink & Johnson, 1982).

At this centre, OSD is routinely recorded using the cuff technique to assist with the evaluation of individual treatment progress. There is a need for formal recording within ECT departments to facilitate both within-unit and between-unit review. A brief study of inter-rater reliability of OSD is being conducted here, with a view to establishing the usefulness of its contribution in this area.

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## Haslam's schizophrenics

SIR: I applaud Persaud & Allderidge (*Journal*, May 1989, **154**, 719–720) for drawing Dr Hare's attention to John Haslam's published descriptions of schizophrenics. I would, however, dispute their assertion that the writings of Haslam suggest that schizophrenic symptoms were nothing new, or so common that they were hardly worth mentioning. In fact, in a series of 29 Bethlem case histories (Haslam, 1798), only one is described as experiencing auditory hallucinations. Haslam did devote a whole book to the study of a patient, James Tilly Matthews, with clear symptoms of schizophrenic thought disorder (Haslam, 1810), but the very title of the book, which begins *Illustrations of Madness: Exhibiting a Singular Case of Insanity* ... does not suggest that the patient's symptoms were common, obvious, or hardly worth mentioning at all. Indeed, Thomas Monro, Haslam's immediate superior as Physician to Bethlem, was in no doubt as to the