July 1982, and initially a 24 bed mixed sex ward, admissions data for two six month periods were collected. For the first six months questionnaires were completed on all admissions into the unit, although some data had to be obtained retrospectively. The second period of study was in 1986 (July to December) and was retrospective.

Compared to other such units, it had a relatively higher admission rate, with a longer length of stay, and admissions were more directly from the community, with fewer forensic admissions. Examination of the changes during the unit's first four years showed that fewer patients were admitted and that it was used more selectively, with admission criteria more rigidly adhered to. The number of admissions fell from 292 during the first six month period to 116 in the second. There was a reduction in the number of informal admissions although these still accounted for about half the admissions. More patients were admitted directly from the community and discharged back there. Diagnostic categories admitted remained similar, although there were fewer with personality disorders, and an increase in schizophrenia. Length of stay on the unit increased. Our findings suggest that such units tend to be used more for young males, in the age group 20–40, with males outnumbering females by about two to one.

The unit was criticised by a Mental Health Act Commission visiting team. The admission of different types of patients onto the same unit was seen to be detrimental to patient care in having long and short-stay cases, forensic and acutely disturbed cases nursed together. This has been dealt with by separating the two elements into a small intensive care ward of six beds, and a ten bed mixed-sex ward for those with behaviour difficulties needing treatment over a longer period, including forensic cases. The number of consultants admitting cases was also criticised, and now the two new units have patients admitted under the care of one consultant for each unit.

As intensive care units have become an accepted part in managing the most acute physically ill patients, the model of the psychiatric intensive care unit has developed over the past two decades (Basson & Woodside, 1981 and Goldney *et al*, 1985). Psychiatric intensive care units may have advantages in dealing with severely disturbed cases which merit further research and investigation. The units allow more concentrated care than is available on ordinary admission wards, as well as easing the burden of nursing care there. They offer semi-secure facilities and high nurse:patient ratios and less tranquillisation with medication may be required. It is accepted that patients should be dealt with in the least restrictive way possible, but some need a high level of nursing care and may be disruptive on an ordinary admission ward. A level of expertise in managing such cases may be developed by the staff of such units which may be used in training staff elsewhere.

JEFFREY R. JONES

The North Wales Hospital
Denbigh, Clwyd LL16 5SS

K. BALASUBRAMANIAM

Bedford General Hospital (South Wing)
Weller Wing, Kempston Road
Bedford MK42 9DJ

References

BASSON, J. V. & WOODSIDE, M. (1981) Assessment of a secure/intensive care/forensic ward. *Acta Psychiatrica Scandinavia*, **64**, 132–141.

GOLDNEY, R., BOWES, J., SPENCE, N., CZECHOWICZ, A. & HURLEY, E. (1985) The psychiatric intensive care unit. *British Journal of Psychiatry*, **146**, 50–54.

ElCoT MF-1000 ECT units

DEAR SIRS

Our attention has been drawn to an inadvertent error in some of our advertising for the ElCot **MF-1000** ECT units: some of our advertisements state that this unit "... meets and exceeds ... (amongst others) ... RCP requirements ...", whereas this should have read "... **B.S. 5724-1** requirements ...". While ElCoT MF-1000 units indeed meet and exceed British Standards 5724 Part 1 specifications, the Royal College has of course never published any such standards or requirements.

We frankly do not know how this error crept into our advertisements, but we deeply regret it and have taken immediate steps to correct it and you will have noticed that the more recent advertisements all state 'B.S. requirements ...".

We would be most grateful for your cooperation in making your readers aware of this.

IVAN G. SCHICK

ElCoT Inc
14 East 60th Street
New York, NY 10022
USA

DEAR SIRS

We are grateful for this letter which clarifies the problem raised in our Report and enables us to withdraw our cautionary remarks.

The next edition of *Practical Guidelines for the Use of ECT* will be amended accordingly.

DR C. FREEMAN

Chairman
Research Committee

https://doi.org/10.1192/pb.15.1.42 Published online by Cambridge University Press