

patients will have adequate seizures and satisfactory clinical response with a constant current stimulus of 275–325 mC lasting about 3.25 s at a pulse rate of 50 to 60/s. The apparatus should provide for the possible delivery of a lower or higher charge than this to meet the needs of the minority with low or high thresholds.

If results of ECT are to be compared, full details of the stimulus must be stated. This necessitates the use of up-to-date equipment which will give a readout of the actual dosage in mC received by the patient so that proper records can be kept.

For 50 years many of us have blindly used ECT on a hit or miss basis, falsely believing that the only thing that mattered was to achieve some sort of seizure. Much more is now known about ECT even than 10 years ago. This knowledge, together with adequate training in the technique, is essential for those who administer the treatment if it is to be used rationally and not to fall into disrepute.

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Chronic Schizophrenia and Long-Term Hospitalisation

SIR: May I be allowed briefly to record puzzlement that my last letter is considered by Professor Wing to contain the “new statement that attitudes to discharge from hospital are entirely explained in schizophrenic patients by the severity of their disorder.” (*Journal*, January 1988, 152, 144–145).

No such statement or any comment related to it appears in the letter (*Journal*, November 1987, 151, 708). Such a statement would be entirely contrary to my known views (Abrahamson & Brenner, 1982; Abrahamson *et al.*, 1986) and practice, which emphasise that schizophrenic patients’ attitudes to discharge are expressions of personal choice not reducible to the effects of either illness or “institutionalism”.

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References

ABRAHAMSON, D. & BRENNER, D. (1982) Do long-stay psychiatric patients want to leave hospital? *Health Trends*, 4, 95–97.

—, SWATTON, J. & WILLS, W. Do long-stay psychiatric patients want to leave hospital?: a further study. Paper to TAPS Conference, Claybury Hospital, 3rd December, 1986.

Incest and Anorexia Nervosa

SIR: We read with interest Dr D. M. Hambidge’s letter (*Journal*, January 1988, 152, 145–146), and agree entirely with his observation of a “recent large increase in the number of women referred for assessment and management of the longer-term consequences of sexual abuse in childhood and adolescence.” We also have come across several such new referrals recently.

We support Dr Hambidge’s views on a causal link, but would like to add a few points. Although Oppenheimer *et al.* (1985) and Sloane & Leichner (1986) have discussed the possible relationship between adverse sexual experiences or abuse and eating disorders, all the cases taken into consideration were of either anorexia nervosa with weight loss or normal-weight bulimia nervosa. We wish to extend this possible link to the whole spectrum of eating behaviour disorders: to include cases of obesity as well. Of the four most recent cases in our series, two were significantly overweight and two underweight, their weight on presentation being more than 20% above or below their average normal weight for their height and age.

We were fascinated by the comments made by two obese women about their ‘body image’. In view of their adverse sexual experiences in childhood, they did not wish to be seen as sexually attractive to the opposite sex, thus subconsciously eating more to distort their body shape. Both obese women were married, and there were marked differences in the premorbid personality of the obese and anorexic/bulimic patients. In our experience, obese patients also tend to have lesser degrees of difficulty in subsequent sexual adjustment.

Scott & Thoner (1986) investigated 30 female anorexic in-patients, 30 female incest victims, and 30 female control subjects using the Minnesota Multiphasic Personality Inventory (MMPI), and reported remarkable similarities between anorexic and incest groups, with characterological elevations on five clinical scales and lower scores on Barron’s ego strength scale. Details of childhood sexual experiences in the anorexic group and of eating behaviour in the incest group were not reported in the paper.

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