

nit-picking way the team had searched for reasons to downgrade us. If history is to teach us anything, it shows that any institution that is riddled with obsessives given free rein is destined to end in constipated chaos.

The present rigid inspection system is bringing units all over the country to their knees, usually to the advantage of over-staffed academic units and leading to real suffering amongst patients.

I am convinced that this is morally wrong, and that our non-psychiatric colleagues are correct to laugh at us for being so petty.

As an elected member of the Executive of the North Western Division, I am finding it increasingly hypocritical serving my term and supposedly supporting this inspection system, which is undermining patients' rights to care and treatment wherever they reside.

May I suggest a College meeting to bring these matters into open debate?

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Psychotherapy supervision— A contemporary view

DEAR SIRS

Drs Lieberman and Cobb's survey concerned with psychotherapy supervision in the South West Thames Region (*Bulletin*, June 1983, 7, 102–3) stimulated me to circulate a questionnaire of my own. I sent this to all senior registrars, registrars and SHOs in the St George's rotational training schemes and the consultants for whom the junior doctors were working. The total number circulated was 32 consultants, 17 senior registrars, 26 registrars and SHOs. Questionnaires were returned by 28 consultants, 17 senior registrars and 21 registrars and SHOs—giving a response rate of 88 per cent.

The results of the survey are listed below:

1. Asked about preference for the kind of psychotherapy supervision, 71 per cent of consultants and 81 per cent of junior doctors preferred specialist psychotherapists to be giving this; a further 10 per cent overall indicating that a mix of specialist psychotherapists and consultants with a special interest would be optimal, and 11 per cent of consultants and 13 per cent of juniors making the special interest consultant their first choice.
2. Of registrars and SHOs, 33 per cent felt their supervision needs were being fully met. Overall, 71 per cent of juniors felt their needs were met (either 'very much so' or 'adequately') compared with 82 per cent of consultants.
3. 86 per cent of consultants and 87 per cent of juniors felt that the current provision of about one hour for individual psychotherapy supervision per week and one hour for group psychotherapy supervision per week was 'about

right'. (A small number at all grades felt this was either too much or too little.)

4. I asked colleagues to define themselves as either 'organically minded', 'psychotherapeutically minded', or 'drawing equally on both aspects of treatment'. Of the consultants, 10 per cent replied 'organic', 50 per cent 'psychotherapeutic' and 40 per cent answered 'both'. This compared with total scores for the juniors of 13 per cent 'organic', 42 per cent 'psychotherapeutic', 45 per cent 'both'. There was no bias demonstrated towards the kind of psychotherapy supervision preferred in terms of these three kinds of orientation. (In fact, the three consultants identifying themselves as 'organic' opted for specialist psychotherapists.)
5. Asked about in-fighting and jealousy between the specialist psychotherapist and the general psychiatrist, 93 per cent of the consultants and 79 per cent of the juniors did not hold the view that such in-fighting and jealousy had to happen, as against 7 per cent of consultants and 18 per cent of juniors who saw it as inevitable. (A number of respondents made the point that a certain amount of tension and competitiveness was generally to be found among consultant colleagues, but this in itself was no more than human nature.)
6. I asked whether such in-fighting and jealousy had personally been observed—18 per cent of consultants and 21 per cent of juniors said they had noticed it, as against 78 per cent of consultants and 74 per cent of juniors who had not.
7. Asked if it had 'been the impression that specialist psychotherapists hold the view that no one but a specialist psychotherapist is skilled enough both to supervise juniors in psychotherapy and to do psychotherapy of a proper kind', 46 per cent of consultants and 66 per cent of juniors answered in the negative; 43 per cent of consultants and 28 per cent of juniors confirmed this. Regarding the corollary that 'the attitude of general psychiatrists is seen as being that if only psychotherapists can train our junior doctors, then perhaps only psychotherapists can do psychotherapy', 71 per cent of consultants and 76 per cent of juniors answered that this was not their view, as against 25 per cent of consultants and 18 per cent of juniors who said 'yes'. A number of respondents also drew attention to the distinction between supervision and the practice of psychotherapy, regarding the former as the special responsibility of psychotherapists and the latter as properly being one of a general psychiatrist's skills.
8. Finally, I asked whether or not the consultants involved in the rotational training schemes at St George's were in general felt to support an integration of physical and psychotherapeutic treatments. 82 per cent of the consultants and 76 per cent of the juniors said they thought this was true, as against 6 per cent of consultants and 8 per cent of juniors who thought not.

Several points emerge from this survey which are worth making. Firstly, the respondents, whether consultants or juniors, are giving their views about psychotherapy supervision in rotational training schemes which are now well established, in which from the outset it is made clear to juniors that they will be encouraged to get experience of supervised individual and group psychotherapy. There are sometimes problems about finding the time for this and there needs to be a mutual recognition of the difficulty, and a willingness to help when such problems arise, by psychotherapist and psychiatrist alike. But this survey indicates that both consultants and juniors in general appreciate the specific contribution being made by specialist consultant psychotherapists.

Secondly, the findings do not support Drs Lieberman and Cobb's view that where independent departments of psychotherapy have been set up, there necessarily tends to be friction between psychotherapists and general psychiatrists. The evidence suggests rather that at St George's the climate is more one of mutual respect with an overall interest in the integration of biological, psychosocial and intrapsychic aspects of personality and mental disorder.

Thirdly, the stereotyped attitudes about general psychiatry and psychotherapy which have been suggested do not prevail. The questionnaire responses underline that probably what matters most is the kind of person an individual consultant happens to be.

Lastly, Drs Lieberman and Cobb's survey was carried out as long ago as 1978, before the St George's rotational training schemes had been developed, and it is a pity that their discussion makes no reference to these changes which have had implications for so many posts in the Region. This is not the place to look in detail at the merits of rotational training schemes, but so far as psychotherapy is concerned, the advantage of having a co-ordinated supervisory resource with effective liaison at consultant level would appear to have been demonstrated, as also the continuing demand for specialist consultants in psychotherapy.

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ECT instructions concerning cerebral stimulation

DEAR SIRs

I am a Senior Registrar and on starting my appointment I examined our new ECT machine and the document that came with it and was, to say the least, surprised at one of its functions.

The machine is the 'Ectonustim' which is manufactured by Ectron. There is a setting on this machine which allows for cerebral stimulation of a low voltage, non-convulsive

stimulus.

The things that worry me most are: Firstly, the manufacturers' instructions on how the operator should understand the stimulus and be able to reassure his patients. I quote, '... position the head piece and very slowly increase the control. At a level of $\frac{1}{2}$ to 1 units on the meter a faint tingling sensation is felt. At higher levels the optic nerves are stimulated and flickering can be seen. Note that any pain with stimulus disappears immediately stimulus is slightly reduced'. It appears to me that there are hazards in this, not least of which would be an unmodified *grand mal* fit if the apparatus was accidentally misused or if the machine was faulty. It seems that insufficient warnings and precautionary notes are detailed in the manufacturers' instructions. Secondly, I am rather concerned that the manufacturers suggest the use of cerebral stimulators in the way they suggest. I have always been taught that successful ECT depends on a convulsion with the smallest dose of electricity, and the manufacturers state: 'this [the cerebral stimulator setting] may be used to give a counter stimulus after ECT to reduce amnesia and confusion or to give a painful stimulus in conjunction with therapeutic suggestions for the treatment of hysteria'.

I would be grateful for your comments on these two points and also that of the morality of giving painful stimuli in the treatment of hysteria. It would be helpful if some form of guidelines or recommendations for the use of such a setting could be issued by the College.

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'Clomipramine Challenge Test'

DEAR SIRs

A corner stone in my clinical practice is what I refer to as the 'Clomipramine Challenge Test'.

When I am in doubt about the diagnosis of schizophrenic illness, and when the doubt is shared by my colleagues and is reflected in the patient's clinical notes, I stop all medication and prescribe Clomipramine 200 mg daily in divided doses. My hypothesis is that if the patient suffers from a schizophrenic illness, the patient will develop a florid schizophrenic psychosis within two weeks of the initiation of the 'diagnostic test'. If, on the other hand, the patient improves on this regime, I feel that this is good evidence for a diagnosis of a depressive illness.

I should be grateful to have my colleagues' comments on a 'Clomipramine Challenge Test' done in this fashion.

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