

# Correspondence

## ECT wall chart

DEAR SIR,

The Royal College of Psychiatrists is to be congratulated on the production of the ECT wall chart. 'ECT' is a convenient short-hand, but some psychiatrists might prefer wider use of 'electroplexy', as the aim of modern techniques is to minimize the 'shock' and 'convulsion', so horrific to the layman.

The chart could be helpfully complemented with, or a new chart include, guidance on emergency resuscitative measures. I have seen two patients having ECT nearly die, and 'Scoline apnoea' is a hazard in susceptible patients.

Like many medical procedures and operations in theory straight forward, in practice ECT carries risks, dangers and complications which can arise suddenly when least expected.

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## Medical abdicationism

DEAR SIR,

I should like to respond to Dr MacIlwain's letter (*Bulletin*, May 1982, 6, 90) on multidisciplinary management and 'medical abdicationism'. He is highlighting a widespread malaise that amounts at times to a chronic disability. Also he just fails to quote me on the subject. In a paper called 'Myth and the Democratic Process' (Morrice, 1972), I commented: 'It is a paradox worth recognizing that a democracy, to be efficient, needs good leadership. And a further paradox is suggested: that democracy can be maintained only from a position of power.' This comment arose from bitter experience. But we are all reluctant, it seems, to learn from the experience of others. The administrative muddle most NHS hospitals are experiencing emphasizes how we seem fated to repeat the mistakes of our immediate predecessors, but with a great show of communication, wide bureaucratic consultation and spurious consensus.

It was Chesterton who said: 'Most men with any conviction in a confused and complicated age have had the almost uncanny sensation of shouting at people that a mad dog is loose or the house is on fire, to be met merely with puzzled and painfully respectful expressions . . .' This is exactly my experience, repeated endlessly, in talking to young psychiatrists, nurses, administrators and others on the subject of multidisciplinary management and planning. But who among them is familiar with such texts as *Task and Organization* (Miller, 1976), *Ego and Milieu* (Cummings, 1964) or *Therapeutic Communities: Reflections and Progress* (Hinshelwood and Manning, 1979)—to name but three? Young psychiatrists know a great deal about brain metabolism, but little

about the chemistry of human interaction, and next to nothing about administration and planning. This may be the fault of their teachers. Until this lacuna is recognized and filled, the medical leadership advised by Drs Walk (*Bulletin*, February 1982, 6, 34) and MacIlwain deserves small support from other disciplines. It would be foolish to try and deal with the matter more fully in a letter. But may I add that multidisciplinary teams work best when the units concerned are small and where daily face-to-face meetings are possible. The administration of large treatment units in this fashion demands commitment and skills that all too few possess and even fewer know they lack.

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## REFERENCES

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HINSHELWOOD, R. D. & MANNING, N. (eds.) (1979) *Therapeutic Communities: Reflections and Progress*. London: Routledge and Kegan Paul.  
MILLER, E. J. (ed.) (1976) *Task and Organization*. John Wiley.  
MORRICE, J. K. W. (1972) Myth and the democratic process. *British Journal of Medical Psychology*, 45, 327.

## A College Group for liaison psychiatry?

DEAR SIR,

An increasing number of psychiatrists are spending part of their time consulting and teaching in the medical and surgical wards of general hospitals. There is a growing body of research, and liaison psychiatry is now being seen as an important place for teaching medical students and training registrars.

Although similar changes have been taking place in many hospitals there has so far been little opportunity to share ideas and problems. Informal contacts with colleagues and friends suggests that there is a need for some national group to provide a forum for clinical, research and teaching interests in the whole field of consultation and liaison psychiatry. There has been some discussion of the proposal in College committees and we gather that the Royal College would be willing to set up a specialist Group if there is sufficient interest amongst members. This might involve sessions at quarterly meetings as well as occasional conferences.

We would like to suggest a preliminary meeting at the College of those who might be interested so as to assess opinion and to make provisional plans. In the first instance we would like to ask all those members who would consider