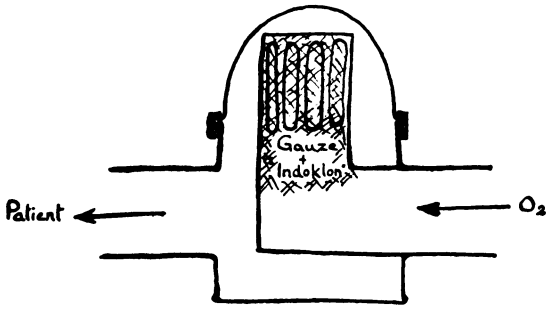
Patients: These were selected as outlined in our paper. Some had had E.C.T. in the preceding year, but to give complete details of every patient's past history would have been difficult. We considered that our method of using each patient as his own control would produce more valid comparative results.

Technique of Administration: The electrical output of the Ectron machine was manually controlled to give a two-second discharge.

Inhalation apparatus: Since I fail to see why Drs. Rose and Watson are so certain that liquid Indoklon would find its way into the patient's mouth and nose, I append a diagram of the apparatus as we used it. It requires only an elementary knowledge of physics to see that any excess liquid would flow away from the patient rather than towards him. Furthermore, we were anxious to avoid contact between liquid Indoklon and the plastic dome of the chamber because we had reason to believe that certain plastics were soluble in liquid Indoklon.



Vaporisation Chamber

Although Drs. Rose and Watson have used a dose of 0·35 ml., a number of earlier workers, e.g. Padula and Karliner, used 2·0 ml. As we have noted in our paper, there were occasions when the lower dosage failed to induce a fit. Even with the lower dosage of Indoklon side-effects were experienced in over fifty per cent. of cases, more than twice as many as with E.C.T. We mentioned also that the effective dose depends not only on the amount of Indoklon in the vaporizer but also on the number of times the patient is reventilated.

Measurement: Type and duration. Despite the assurances of Drs. Rose and Watson, there was on several occasions considerable difficulty in detecting the onset and particularly the end of the therapeutic convulsion.

Side-effects: I have dealt with this point above.

Serious side-effects: We agree entirely with Drs. Rose and Watson on the point of avoidance of interference after treatment, but when a patient is confused, and is climbing over the side of his cot, having pulled a light fitting off the wall, some degree of interference is clearly necessary.

Concurrent Medication: One of the advantages of the method we adopted was that E.C.T. and Indoklon could be compared in the same patient with the same background of concurrent medication. None of these patients was having diazepam.

Discussion: Our work preceded the publications mentioned by Drs. Rose and Watson. Our paper was clearly stated to have been received by the *Journal* on December 15, 1966.

It seems to us that our conclusion that Indoklon is no real alternative to E.C.T. is neither "faulty" nor "based upon the wrong facts". However, one must concede, as Drs. Rose and Watson seem to suggest, that with suitable modification it may some day achieve a comparable therapeutic role.

D. R. GANDER.

Queen Elizabeth II Hospital,
Welwyn Garden City, Herts.

COGNITIVE DISORDER IN THE SCHIZOPHRENIAS

DEAR SIR,

Costello (*Journal*, February, 1968, pp. 244–245) writes: "The contrast between these (i.e. Cooper's) relatively high correlations and the rather low ones found by Foulds *et al.* points . . . to a weakness in the clinical concept of thought disorder." This presumably means that the clinical concept is too easily open to misinterpretations which, impliedly, our psychiatrists made to a greater extent than his. We were concerned with replication, and consequently our psychiatric colleagues followed Bannister's procedure of using exact specifications from Mayer-Gross *et al.* We are as sorry as Costello that we did not get higher correlations under these enforced circumstances.

We pointed out some of the difficulties concerning rating of chronics; but Costello, in addition, believes that ratings of chronics would inevitably be clouded by recall of the patient's state on previous occasions. Since he also believes that acutes would have been seen much more frequently, clouding should be greater in their case.

We are not at present planning studies of thought content disorder.

G. A. FOULDS.

M.R.C. Unit,
Royal Edinburgh Hospital,
Morningside Park, Edinburgh, 10.

https://doi.org/10.1192/bjp.114.509.524 Published online by Cambridge University Press