

Correspondence

DENTAL CARE IN ELECTROPLEXY

DEAR SIR,

Dr. B. W. Durrant is to be congratulated on his suggestions regarding investigation of dental state before electroplexy. But why use a gag at all? In the edentulous it is not necessary, in the full dentition it is not required because the tongue remains in its natural domain and if the teeth are approximated by the attendant nurse and kept closed, no biting can arise. Also there is no injury to lips.

The decision about leaving partial dentures *in situ* can be a problem. A good dental fit should give no trouble, the dentures being left in place and jaws held approximated. Partial dentures can be a worry left in or taken out and may necessitate an expert opinion, especially when there is an irregular overlapping of teeth of both jaws. On balance I suggest it is better to leave good fitting dentures *in situ* during electroplexy but there are occasions when an airway is required and great difficulty experienced in insertion owing to tightly clenched jaws approximating the teeth. What is required, as Dr. Durrant suggests, is the "ideal" gag, and further researches should be made. Conditions (a), (b), (c), and (d) are enumerated and give rise to much speculation for design. Having used no gag for years I hope someone will evolve the "ideal" gag airway.

As the incisors must be spared undue pressure, a divided airway could be passed over the tongue to reach the lips on each side of the mouth, the molars taking the gag pressure on each side. This would be inserted before giving E.C.T.

One is still faced with the problem of partial dentures, which if a proper fit should be left *in situ* with the use of a suitable "ideal" gag.

With electroplexy and no gag, some patients protrude the tongue against the roof of the mouth and soft palate, obstructing respiratory movement of air. It is at such times that it is difficult to insert a gag, especially if there is a risk of disturbing partial dentures. That is why most operators of E.C.T remove all dentures where possible. Most important is to know that a partial or complete denture is present.

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THE ESTABLISHMENT OF A PSYCHIATRIC SYNDROME

DEAR SIR,

Discussion of Professor Moran's interesting and important paper, published in the *Journal* for November, 1966, with some of my colleagues, has revealed that perhaps one or two points should be raised. I would have discussed these points previously with Professor Moran had I realized their implications.

First, Professor Moran's remark (p. 1169) that component and factor analysis are "empirical methods which may or may not work even when heterogeneity is present" seems to be misunderstood as a criticism of these methods of analysis. But this does not follow; Professor Moran goes on to say that in the problem under discussion "some empirical approach is necessary".

Second, it seems to be thought that the situation illustrated in Professor Moran's third figure (p. 1169) is both common and insoluble. In two dimensions, the chance of the best discriminating line being at about 45° to both the major and minor axes is relatively small, because the probability of any line drawn at random through the origin of two orthogonal axes being more than 40° from either axis is less than one ninth. Moreover, when this does occur, the distributions along both the axes will be flatter than the usual approximately Gaussian (normal) distribution generated by summing either a number of approximately normally distributed variables or a reasonably large number of dichotomies or both. This is because both these distributions will be a mixture of the bimodal discriminating distribution and of the orthogonal unimodal non-discriminating distribution. Thus an investigator who fails to obtain a bimodal distribution along any component should look for any suggestion of flatness. If any distributions appear at all flat, then plots can be made of the people's scores along these flat components against every other important component (usually 1, 2, or 3 in number). It will then become apparent whether any grouping exists. If desired, although not necessarily, the axes can then be rotated so that one of them becomes parallel to the best discriminating line. Thus, even when the axes are at about 45° to the best discriminating line the situation is by no means hopeless.

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