patients were more likely: (1) to have been taking prescribed medication and/or (2) seeing a therapist prior to hospitalization, (3) to rate their chances of staying out of hospital as being good on discharge, and (4) not to have been using non-prescribed (street) drugs prior to hospital admission. It is perhaps surprising that with well over one hundred comparisons, only four variables should significantly differentiate between successful and unsuccessful patients. In fact, by chance alone at the $P < .05$ acceptance level, five out of one hundred significant differences should be found. Thus, even those differences reported here as significant should be viewed as only possibly differentiating the groups. The most important finding of this study may be its failure to uncover discriminating variables. Nonetheless, it is useful to examine those variables found to discriminate as, taken together, they suggest a possible and distinct patient type.

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References

ARCHER, R. P., BEDELL, J. R. & AMUSO, K. F. (1980) Personality, demographic, and intellectual variables associated with readiness for discharge from psychiatric treatment. *Journal of Psychology*, **104**, 67–74.

ELLSWORTH, R. B., CASEY, N. A., HICKEY, R. H., TWEMLOW, S. W., COLLINS, J. F., SCHOONOVER, R. A., HYER, L. & NESSELROADE, J. R. (1979) Some characteristics of effective psychiatric treatment programs. *Journal of Consulting and Clinical Psychology*, **47** (5), 799–817.

KEITHLY, L. J., SAMPLES, S. J. & STRUPP, H. H. (1980) Patient motivation as a predictor of process and outcome in psychotherapy. *Psychotherapy and Psychosomatic Medicine*, **33** (1–2), 87–97.

KIRESUK, T. J. & SHERMAN, R. E. (1968) Goal attainment scaling: A general method for evaluating comprehensive community mental health programs. *Community Mental Health Journal*, **4** (6), 443–53.

PEAKE, T. (1979) Therapist-patient agreement and outcome in group therapy. *Journal of Clinical Psychology*, **35** (3), 637–46.

ECT IN MENTAL HOSPITALS

DEAR SIR,

In his otherwise excellent and well-balanced review on "The Present Status of Electroconvulsive Therapy" (*Journal*, October 1981, **139**, 265–83), Professor R. E. Kendell, referring to the misuse of ECT in the USA, states—"It is easy to say that such things do not happen here, but we have the scars of Ely and Whittingham to warn us that they may." I accept his point that ECT may be misused, but as the prime instigator and a major witness for the Committee of Inquiry into Whittingham Hospital (Command 4861), I object to the implication that there was any question of abuse associated with the administration of ECT at that hospital.

The Whittingham Inquiry revealed the likely presence of ill-treatment on some long-stay wards, pilfering of patients' money, and deficiencies in the nursing, medical, and general administration of the hospital. At no time was there any suggestion that ECT treatments were being misapplied.

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ECT is not mentioned in the Report of the Whittingham Inquiry—*Editor*.

Reference

COMMAND 4861 (1972) Committee of Inquiry into Whittingham Hospital. London: HMSO.

ECT IN DEVELOPING COUNTRIES

DEAR SIR,

Two years ago the only functioning ECT machine in Botswana broke down and for predominantly administrative reasons it has not yet been replaced. Botswana, a developing African country, has a national mental hospital and an extensive community service. In contrast with Dr Shukla's (*Journal*, December 1981, **139**, 569–71) experience we have found it possible to run our psychiatric service without recourse to ECT.

Since the introduction of our community services, the average length of in-patient stay in the mental hospital has fallen considerably (66.8 days in 1978 vs. 34.4 in 1980), as has the average number of in-patients (464 in 1978 vs. 134 in 1980).

In most developing countries anaesthetists are in as short supply as psychiatrists, and unmodified ECT can be a disturbing experience for patients and staff. For us, anti-depressants and phenothiazines have proved a safe and effective alternative.

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