

I suggest that we have reached the stage where no progress is being achieved, and it is surely time that we pushed forward with further research. All those engaged with ECT would appear to be trying to achieve two things:

- (1) Still further improvement in clinical efficacy.
- (2) Reduction in side effects.

May I suggest the following subjects as a possible interest to those concerned with ECT:

- (1) The use of tryptophan with ECT.
- (2) An attempt to reduce the amount of electrical energy used by means of:
 - (a) Photic stimulation;
 - (b) Evoked potentials;
 - (c) Positive polarization by DC current before applying the shock.
- (3) Investigation into the path of the current taken in unilateral ECT. This could be done on cats or rats.
- (4) Further investigation into electric parameters generally, for which we should have to go to the neurophysiologists. Quite a considerable amount of this has been done, especially on the octopus which has the great advantages of no skull and large simple neuronal masses.
- (5) Further pursuit of the excellent investigations that have been done on depression and metabolism.

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SELF-APPLIED CONSTRICTING BANDS

DEAR SIR,

In their interesting presentation of a number of schizophrenics and patients with severe brain lesions, Dawson-Butterworth, Wallen and Gittleson (*Journal*, November 1969, pp. 1255-9) emphasize 'the almost complete absence of any complaint of pain or discomfort despite often quite severe injury. This needs further elucidation'. Actually this phenomenon is well documented in the literature. It was first described by Stengel and Schilder in 1928 as 'pain asymbolia'. References to it can be found in a number of publications, among them by Mayer-Gross, Slater and Roth, by Szasz, and by Weinstein and Kahn. Schilder has demonstrated the connection between pain experiences and body image. Those patients whom he described as having asymbolia for pain also have a very incomplete reaction to dangerous situations in general.

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NURSES FOR CHILDREN'S UNITS

DEAR SIR,

Recruitment and training of staff to work in in-patient units for disturbed children and adolescents is a matter which is becoming increasingly important at the present time. The Child Psychiatry Section of the R.M.P.A. is currently engaged in an investigation of the situation and hopes to be able to make a statement, with recommendations for future plans.

One of the first steps is to discover what are the staffing arrangements in units throughout the country. Dr. Christopher Wardle is collecting data and has already circularized psychiatrists known to be in charge of in-patient units for children and adolescents. There may well be some units which have been inadvertently missed, and the Section would be most grateful if anyone who is in charge of a unit, or who may be planning to start one in the near future, and who has not had a letter from Dr. Wardle would write to him at The Child Guidance Clinic, 97, Heavitree Road, Exeter EX1 2NE. He is seeking information on numbers of patients and staff, both registered and non-registered, the qualifications of registered nurses employed and the designation of non-registered nurses and their rates of pay. He is also interested in methods of recruitment and advertising, forms of in-service training and other training programmes and the qualities sought after in the selection of staff.

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GOFFMAN ON ASYLUMS

DEAR SIR,

I must protest at the grossly unfair review of Goffman's, *Asylums* by Dr. H. C. Beccle (*Journal*, January 1970, pp. 111-12). In my opinion, *Asylums* is a book of fundamental importance. Many of us who have worked through those years during which