live births, and in 1971 it was 108/1000 live births. A 20% fall in five years cannot be considered totally unsatisfactory and the figures for survival on superintensive care units must be set against this national background.

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Role of the hospital in primary paediatric care

SIR,—We were interested to read Dr G M Komrower's article (24 September, p 787) and noted the proportion of families in Manchester having access to social services. While agreeing with many of the expressed views, we feel that some of the generalisations made may not be applicable to other urban areas without qualification.

In an attempt to examine some of the factors determining the use of the accident and emergency department of this hospital in primary paediatric care every child or accompanying adult during the week 7-13 March 1977 was questioned. The hospital is in the inner London Borough of Lambeth and serves a local population of approximately 40 000 children. During the week of the survey 212 children attended. We found an unexpected midweek peak attendance, 51% visiting between Tuesday and Thursday; 87% attended between 9 am and 7 pm. Of the children attending, 97% were registered with a general practitioner, and the proportions of single, two-man, and group practices were similar to that of the district; 55% of the GPs had an appointment system and 42% of the patients would have been seen by their own doctor out of normal surgery hours, while 64% would have been able to see their own family doctor on the same or following day. Of those with medical complaints, 70% had already seen their GP, whereas 76% of those with surgical problems had bypassed that service.

The social class and ethnic group distributions of those attending mirrored those in the catchment community, but there was differential use of the department by children from different social classes. All those in social class I attended with surgical complaints, whereas there were equal numbers of medical and surgical problems in social class V.

The population served by the hospital contains a large number of socially underprivileged. In 11% of the cases attending casualty the head of the family was unemployed; of these, 65% were single parents. The accident and emergency department has a long tradition of local service, is open round the clock, and is well staffed. There is a daily paediatric clinic and readily available paediatric advice.

Dr Komrower attributes the increase in the use of the accident and emergency department to the varying (presumably low) standard of GP care related to the lack of incentive for doctors to work in underprivileged areas, the difficulty of obtaining after-hours medical help, the use of the medical deputising services, and the relative ease of access. The increase in patronage is said to be most noticeable in the late afternoon and night. Our experience does not wholly agree with these unsupported statements. Children in St Thomas's Health District do not attend the accident and emergency department only or mainly because of a poor GP service. Other

local factors, including a reluctance to disturb the family doctor and beliefs about hospital treatment, are contributory.

We agree that the hospital should provide for community needs in primary paediatric care. What these needs are will differ from place to place and we would hope that should the Court Committee's recommendations be implemented these difficulties will not be ignored.

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ECT and the media

SIR,—I apologise in advance for the length of this letter, but the letter you published from the Medical Committee of Stratheden Hospital (22 October, p 1081) needs a comment of equal length.

It is difficult to understand whether the members of the committee are concerned about the showing of *adverse* comment on ECT or of any comment at all. In the first case I cannot see how a free press could be made to report only praise of a particular treatment; in the second case the call for exclusion of certain medical topics entirely from comment would do more harm than good in the suspicion it would generate.

As usual, with this complaint as with others which arrive after medical programmes, what has annoyed the doctors is the worry caused to patients, and it has led them to deduce that because programmes on medical topics can worry patients they should not be made. Unfortunately neither the BBC nor any other communicator can take as its guiding principle "Thou shalt not worry people." If it did programmes would be reduced to meaningless pap. There would be no programmes about smoking and health, none about the potential collapse of ceilings made of high-alumina cement, none about the nuclear deterrent, none about the uselessness of certain cancer treatments, and probably no news bulletins. Most programmes worth their salt worry somebody.

I can match the committee's quotes from one television programme, which I assume to be the recent "Panorama," with quotes from another, an "Inside Medicine" programme shown on 6 September 1976. This programme may be the one seen by the husband of the first patient mentioned in the letter. Whether or not patients were worried by the "Inside Medicine" programme, it tried to present a fair picture of ECT and included the following quotes:

"Today most psychiatrists would agree that ECT should only be used in certain types of severe depression. Depression isn't a trivial matter—it's very hard to understand what it's like unless you've been through it yourself. . . ."

"The sort of people who respond best to ECT are people with severe depressive illness who have certain physical symptoms accompanying them, such as slowing of the muscular movements in the body so that they move slowly, severe guilt feelings, possibly having hallucinations and illusions. Who wake up early in the morning worrying several hours before the usual period of their usual time and people who feel much more depressed in the mornings than the evenings. And this group of people, particularly when they have several of these symptoms, can be predicted with high confidence to respond to ECT. . . ." (A psychiatrist.)

"If by any means you stopped ECT now you would have to shut every ward door again, or else you have to have thousands more nurses and you could not run, for instance, these units in general hospitals, because people would just walk out and kill themselves." (A psychiatrist.)

"So how justified are claims that ECT is inhuman or barbaric? It's given under a general anaesthetic and I don't think that an thing done under a general anaesthetic can really be considered very barbaric. I mean if I were to remove your appendix without anaesthesia you would be justified in feeling very annoyed, but if you're asleep and don't remember it then whatever goes on is really irrelevant. It may be a bit unpleasant to watch, but then so are many operations. You can easily dramatise something and make it much more disagreeable than it actually is, so I don't think objections based on its barbarity are very valid." (A psychiatrist.)

"Although lack of resources in the Health Service means that doctors may use ECT more freely than they would wish, this is not necessarily a criticism of the treatment itself. Opponents of ECT argue that it should not be used under any circumstances, because no one knows how it works. It's quite true that after nearly forty years there are still several theories about its action but no real understanding. One theory, for example, says that people who are deeply depressed often feel a terrible sense of guilt and imagine that they should be punished in some way. They see ECT as a form of punishment and they feel better afterwards. Others claim that the electric shock itself somehow alters the brain chemistry to relieve depressions. Well, it would be nice to know how ECT works, of course, but it's not essential from the patient's point of view. After all, no one really knows how aspirin relieves a headache, and the precise mechanisms of most established medical treatments are by no means fully understood. So *how* ECT works is not so important; but being sure that it *does* work is."

Now it may be that for one reason or another the husband of the lady in question chose to ignore the considerable comment in the programme that set the usefulness of ECT in context. It may even be that this was not the programme that started his and her fears, but whatever the facts about this particular incident it is wrong to suggest that the media present a one-sided view of ECT. What is more likely is that viewers react in unpredictable ways to what they see on television because of the complexities of their own personality and experience, and it is difficult to see how such reaction can be completely avoided.

None of this is meant to suggest that we are not concerned at all about whether or not patients will be worried. We are, all the time, but not to the extent of making it our prime criterion. Only recently the BBC made late changes in a medical programme precisely to reduce the degree of anxiety that might be caused by the presentation of some particularly depressing facts.

One final point to be made is that rarely if ever does a programme discuss or criticise medicine without the backing of some doctors in the area. In fact, the Medical Committee at Stratheden is really disagreeing with other psychiatrists as much as with the media.

Of course, in the eyes of one group of doctors the other group is wrongheaded and irresponsible, but it is a bit much to expect the BBC to decide to give its support to one group rather than the other, which would be implied if we excluded genuine criticism where it exists.

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