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Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters should be signed personally by all their authors.

Department of inappropriate investigations

SIR,—Dr B Golberg's article (12 November, p 1274) clearly illustrates the misuse of radiological facilities by some clinicians. While material resources dwindle in the face of a steadily increasing work load, while many radiological departments are inadequately staffed, and with increasing sophistication of available investigations, it becomes more and more important for the existing facilities to be used in a more rational manner.

Radiologists should attempt to educate their clinical colleagues in the correct use of diagnostic imaging, especially those in junior positions who are responsible for most x-ray requests, by means of tutorials and clinico-radiological conferences. Unfortunately radiologists are often too extended by routine work to provide this teaching.

Education in the appropriate use of radiological and other imaging techniques should take place at undergraduate level. Radiological teaching will also give students a new slant to clinicopathological correlations. Another possible advantage of increased exposure to diagnostic radiology may be an improvement in recruitment to the specialty. In Liverpool all medical students are now attached to the department of radiodiagnosis for one month during their second clinical year as well as having some teaching during their other clinical and preclinical years. We aim to teach students broad diagnostic principles rather than the minutiae of radiology and to give them guidelines to investigatory procedures in a clinical context, when (and when not) to order particular investigations, and to acquaint them with the hazards of these procedures.

Unfortunately there is a woefully inadequate number of academic departments of radiology in our teaching hospitals. To date only five chairs of diagnostic radiology are actively functioning in British medical schools. Despite the present financial stringency, the University Grants Committee and other responsible bodies must face up to the urgency of this situation and make more funds available for the vital expansion of academic radiology.

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ECT and the media: consequences, expectations, and some facts

SIR,—With increasing frequency clinicians and their nursing colleagues are encountering the media- and pressure-group-induced condition best described as the "ECT deprivation syndrome." Variants described include the following: (1) Unwarranted and unnecessary distress and fear by the patient and relatives, often with actual refusal (however courteously) to accept ECT even after other therapeutic endeavours have failed. (2) The secondary consequences thereafter may include continued suffering, disruption of interpersonal and job normality, physical deterioration, and possibly increased suicidal potential. (3) Valuable time and energy spent in discussion, encouragement, and persuasion by nursing and medical staff, denying other patients their

fair share of care and attention. (4) Undesirable loss of rapport and trust between patient, relatives, and therapists in debating "that treatment we have heard about," with possibly loss of informal status because of enforced compulsory management (section 26) being necessary in all good faith (with this "certification" adding unnecessary stigma and upset and possibly jeopardising the patient's future employment or even emigration prospects). (5) The loss of potential benefit from ECT, particularly in elderly or physically ill patients, with understandable hesitancy and reluctance by both medical and nursing staff to encourage ECT, with its recognised but minimal hazards, because of possible repercussions if the hoped-for improvement does not occur or any clinical difficulties arise. (6) Similar inhibition in suggesting ECT to those questionably likely to benefit although experience shows that some of these "atypical" cases do surprisingly well. (7) My most recent example is the converse of Dr J M Bird's description of the depressed patient's typical attitude, "Nothing can really help me" (19 November, p 1351). Thus a sensible middle-aged patient, subject to recurrent depression responding only to ECT over the years, presented on the verge of relapse apparently precipitated by the fear, "I have heard that treatment is going to be stopped and it's the only thing that's ever helped me"; she was suitably reassured and left relieved and vastly brighter. My clinical assistant colleague, Dr M McCoubrie, has subsequently told me of a similar case recently; the patient greatly feared that she could not have ECT but was reassured, treated as an outpatient, and is now well and happy.

Dr S Lieberman (19 November, p 1355) rightly stresses that "the psychological aspects of depression are wholly ignored" in your leading article (29 October, p 1105). He continues, "All too frequently medications and physical treatments are used as a quick