

the introduction of convulsive therapy as they were often painless or only caused transient pain that was often mistaken for myalgia. There were also no sequelae and no treatment was required (Kiloh et al, 1988). More serious complications such as fractures of the femur, pelvis or humerus are more difficult to miss clinically and their absence during the eleven years and 13,265 treatments audited led to our conclusions that endorsed unmodified ECT as safe and preferable to modified ECT in the absence of anaesthetic personnel.

The second comment that attempts to minimize the clinical as opposed to statistical significance of the small number of cardiac arrests with modified ECT needs to be viewed in the light of the relatively small number of modified treatments given and the potentially serious nature of this event in the absence of anaesthetists. It is not known whether the frequency of this complication would increase or decrease if modified electroconvulsive therapy were given routinely by psychiatrists assuming the role of anaesthetists and what the sequelae would be. Clearly, more data is required before this concern can be dismissed lightly.

It is a matter of concern that in spite of the interest and controversy generated by our study, there is still no data on the frequency of complications with modified ECT from other centres, especially where psychiatrists assume the responsibility of anaesthetists. It is only through the process of audit that answers can be provided of relevance to the Indian context that could guide policy making by our society.

THARYAN ET AL'S REPLY

Sir,

The comment by Dr. Andrade raising the possibility of missed subclinical fractures as a complication of unmodified ECT in some patients in our study is valid as patients were investigated radiographically only on clinical indication. The aim of the study, however, was to survey the frequency of clinically significant physical complications. Crush fractures of the vertebrae, whether overt or covert, caused during unmodified electroconvulsive therapy are clinically of little significance. They were frequently overlooked in the early years after

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REFERENCE

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