

December 18, 1991

Mr. Bert Ellis
7 High Trees
New Barnet, Herts., EN4 9QQ
England

Dear Mr. Ellis,

I am rather surprised that anyone could have gotten anything positive from the third hour of MADNESS. After viewing my copy, I thought that the hoopla of history and dramatization had destroyed the message.

The diagnosis of schizophrenia is difficult, and the rules for such determination have changed three times in my professional career. Electroconvulsive therapy has been in active use since 1938, and many reports argue that patients with severe psychoses and severe affective illnesses (mania and depression) respond well to ECT. The major complaint against its use has been the high relapse rate, but that followed the attitude that the shorter the course of treatments the better. That attitude was spawned by public antipathy and fears that patients receiving treatment were 'brain-damaged'. Recent determined studies find the fears of brain damage unfounded. The development of techniques for treatment which minimize risks has made the treatment more available.

These experiences led to the use of maintenance treatment, and my statement in the interview in MADNESS.

The question of suitability of ECT for your daughter is not to be determined by the diagnosis, but by her symptomatology and course. Mood changes, vegetative symptoms, positive symptoms of psychosis, periodicity, and signs of catatonia are some predictors of good outcome with ECT, independent of the perception or diagnosis of 'schizophrenia'.

While there are many competent psychiatrists with a knowledge of ECT in Great Britain, the ones who have written the most recently are Sydney Brandon of Leicesterhire and John Pippard of London and I commend them to your attention.

Thank you for your inquiry.

Sincerely yours,

Max Fink, M.D.
Professor of Psychiatry