

her son's improvement rather difficult, and became uncertain how best to behave towards him, as she no longer knew exactly how he might react to her actions.

Three months after the treatment had been completed, the mother admitted that she was not happy at having lost her "baby", and found little consolation in transferring her attention to her daughter's baby. She was unhappy about the changes in her son and saddened by his developing so rapidly into an adult.

His sister, aged 21, became increasingly uneasy at her brother's changed behaviour, insisting that he had not grown up at all and was as immature as he had ever been. Possibly this was an attempt on her part to maintain their former relationship, which she had enjoyed. Four months after the completion of his treatment she telephoned the hospital to say that he had disappeared, although in fact she knew where he could be found, and had been several times to his flat.

The patient's 19-year-old girl friend visited him at the hospital in the early stages of his treatment. At first she enjoyed dancing with him at a hospital social, but as his treatment progressed she lost interest, for she could no longer implore him to stop taking drugs, which she had enjoyed doing. She decided to return to her parents in Scotland, taking her child with her, and though initially her parents were very angry, they finally allowed her to return home. The girl said that she wished to discontinue her relationship with the patient, never to return to London but to continue writing to him, but she did not do so. Five months after the patient had completed his treatment she telephoned from Scotland to say that she might return to London in the near future, but again she did not arrive. The patient is now starting to make new relationships.

When the patient was nearing completion of his treatment, an untreated addict came to his home. The atmosphere became very tense when the addict said angrily: "It's all right for you, you don't need drugs any more", to which the patient replied: "Well, you can see a psychiatrist!" It became even more difficult when the patient approached an addict who had recently been released from prison. When the addict heard that the patient no longer needed drugs for his support, he hit him, and the patient received minor facial injuries.

The patient finds that he has little in common with his former addict friends, and recognizes that he will have to find a new circle of friends. This was also observed in a 20-year-old alcoholic patient reported elsewhere (Kraft and Al-Issa, 1967), who made a complete recovery after receiving a course of treat-

ment designed to counteract his social anxieties.

While general conclusions may hardly be reached from a single study, there seem to be indications that the successful treatment of a young drug addict may cause hostile alterations in the attitudes of family and friends. In any treatment of this kind all relevant factors in the patient and social environment should be considered from this point of view.

TOM KRAFT.

*St. Clement's Hospital (The London Hospital),  
Bow Road,  
London, E.3.*

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#### UNILATERAL E.C.T.

DEAR SIR,

Following the three recent papers on unilateral E.C.T. perhaps it is not too much to hope that this might now be accepted as the standard practice.

All studies have shown that besides being as effective clinically as bilateral in relieving depression, it is much more comfortable and less traumatic for the patients; and after all it is they who count most.

The long-term benefits of reduced unpleasantness to patients are considerable, as the general ward atmosphere and desire of patients to help in their further treatment is much greater. Even more benefits are found with out-patient treatment, where the patients can be allowed to go home very much earlier without any special escort and can be encouraged to get back to their work very often the same day.

The nurses, of course, find looking after E.C.T. patients much easier and no longer need to use the so-called recovery rooms.

In this hospital, which is a typical mental hospital in a rural area, we have been using unilateral E.C.T. for in-patients and out-patients as standard technique for the last eight years, and we doubt whether either patients or staff would tolerate a return to bilateral treatment.

This technique has been widely accepted in the United States, and a textbook appearing early next year will be including a chapter on unilateral E.C.T.

S. M. CANNICOTT.

R. H. ARMIN.

*Mendip Hospital,  
Wells, Somerset.*