In connection with another study and had given them quite detailed explanations of what the treatment involved, yet several of these were adamant that they had never been given any explanation. It might, therefore, be beneficial to patients to give them a second explanation of the treatment after they have completed the course and are symptomatically improved.

It is worrying that two patients from the 1976 sample died during a course of ECT. Both were elderly females, had preexisting cardiac disease, were taking tricyclic antidepressants, had longer than usual courses of ECT, and died of myocardial infarctions which were clinically silent until death. It is not possible to draw firm conclusions from two cases, but they raise the question whether in such "at risk" patients ECT and tricyclics should be given together.

Finally, we would like to emphasize the great trust that patients put in doctors. The majority of subjects in this study were more than happy to leave all decisions about their treatment to a doctor. There was hardly any concern about consent procedures being inadequate. This is perhaps best illustrated by two patients who misunderstood the initial appointment letter and came fully prepared to commence a course of ECT. Neither had been near the hospital for nine months and both were quite symptom free.

**References**