

insurance, and accommodations plans. Very little communication is taking place with the home services discussing the needs of individuals.

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Primary care for people with mental handicaps

DEAR SIRs

Michael Kerr (*Psychiatric Bulletin*, June 1992, 16, 364) reported on the needs of GPs in providing care for people with mental handicaps. His observations concur with the results of a postal questionnaire of GPs conducted in Greenwich. Approximately 30% of the questionnaires were returned. A number of these provided a response for the whole practice, and so reflect the thoughts of a larger percentage of GPs. Of those who did reply, 60% served a group home or hostel. While 60% of the respondents offered screening programmes (e.g. cervical cytology), only one GP offered screening specifically geared to those with learning disabilities (i.e. annual health check including thyroid function tests if appropriate). With regard to seeking specialist health advice and help, under 25% of the respondents had ever referred a patient to the Community Mental Handicap Team, and 47% had referred a patient to a psychiatrist (learning disability). Most (80%) wanted further information about the available services and some specifically requested information on the use of behavioural techniques and psychotropic medication in this group.

The result of this small survey indicated that there was a need for improved dissemination of information by the specialist services to the GPs and as a result a training evening was arranged to meet this need, where the structure of the service and various treatment strategies were discussed. This meeting was successful and it is planned that such educational sessions will continue regularly, and so hopefully improve the service to those with learning disabilities.

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'The madness of George III'

DEAR SIRs

Congratulations on your splendid review of 'The Madness of George III' (*Psychiatric Bulletin*, April 1992, 16, 249-250): it was, I fully agree, an evening in the theatre of uncompromising delight.

May I presume, however, to add one or two footnotes?

Neither Richard Hunter nor his mother, Ida Macalpine, could have dreamed that their masterpiece of clinical and historical research into George III's periodic madness would be transformed into a smash-hit theatrical success. I can afford to be categorical on this point because of the evidence in my possession.

In 1965 I had written to Richard sending him a reprint of an early paper of mine in which I pointed out that the portrait of the "mongol" handed down uncritically through generations of textbooks was "sadly erroneous". As was his wont, Richard replied immediately in his own handwriting, on 8 December 1965. He adds a postscript which reads: "We have a paper coming out in the *BMJ* in the very next few weeks on George III in which we try to do the same for that maligned monarch whose psychiatric history seems to have been equally misunderstood." The first of the relevant Hunter/Macalpine papers, 'The "Insanity" of King George III: a Classic Case of Porphyria', was, in fact, published in the *BMJ* on 8 January 1966.

Again, it is more than passing interest, and also an illustration of their generosity, that, in 1974, Richard and his mother presented to HM The Queen for exhibition in Kew Palace, memorabilia of George III which they had collected during their investigations. The gift is acknowledged in the official catalogue, "enriched" being the adjective used to describe its value.

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The environment, health and the community

DEAR SIRs

The letter by E. S. Lister (*Psychiatric Bulletin*, June 1991, 15, 373) identifies the increasing use by psychiatrists of motor vehicles in order to meet the demands created by community based services and rotation training schemes. Increased mobility for individual professionals is obviously essential to both these developments but results in additional problems. As we all spend more time driving our cars and waiting in traffic jams we also contribute to the deterioration in the atmosphere. In the aftermath of the United Nations conference in Rio de Janeiro on the environment, we may remind ourselves of the central role of the private motor vehicle in creating air pollution, traffic congestion, accidents, stress and noise. As psychiatrists we need to be mobile, but if the volume of traffic in Great Britain continues to increase at its present rate this will soon be impossible as gridlock becomes reality.

The solution to the transport requirements of the mental health services, and indeed of the population at large, is surely cheap, efficient, comfortable public transport, cycling and in only exceptional circumstances the use of the private motor vehicle. Fiona Godlee (1992) in her excellent article, outlined the policies which have been demonstrated to promote public transport use and cycling, but the responses of our political leaders at the recent World Summit illustrate their reluctance to impose restraints on private motoring. All the more imperative then that we speak out both as individuals and a body of professionals if we are to preserve a safe, healthy community in which to develop services.

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Reference

GODLEE, F. (1992) Transport: a public health issue. *British Medical Journal*, **304**, 48–50.

Psychiatry in Albania

DEAR SIRS

With pleasure I received your *Psychiatric Bulletin*. It is the first time that this *Bulletin* comes to our country.

Thank you very much for your effort to announce our needs to the College members. (*Psychiatric Bulletin*, June 1992, **16**, 383).

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Psychiatric Bulletin (1992), **16**, 668

Notice

Appeal on behalf of Dr Ahmed Osman Sirag

Dr Ahmed Osman Sirag is a 48-year-old married man with three children. He held the post of Senior Lecturer in Psychiatry at the Faculty of Medicine, University of Khartoum, Sudan, until he was detained by the Muslim Fundamentalist Military Junta in August 1989. With many medical doctors, university lecturers, trade unionists and other professionals, Dr Sirag was adopted as a prisoner of conscience by the London-based International Secretariat of Amnesty International. He was released briefly in May 1990 and was re-arrested in July 1990. Following a 'show trial' before a secret military tribunal, Dr Sirag was initially sentenced to death for alleged treason.

Dr Stuart Checkley (Dean of the Institute of Psychiatry), Professor Andrew Sims (President of the Royal College of Psychiatrists), Dr James Birley and Dr Thomas Bewley (Past Presidents), Dr Sirag's colleagues at Runwell Hospital and many other individuals, together with organisations including Amnesty International, Africa Watch (the Sudanese human rights organisation), the Sudanese Medical

Association, the British Medical Association, the Sudanese Democratic National Alliance, numerous human rights organisations in the United States, and the Association of American Psychiatrists have vigorously campaigned for the release of Dr Sirag for the last three years. His death sentence was commuted to 15 years imprisonment and he was held with many other detainees in a remote prison in the western part of Sudan (Shalah Prison).

In response to the international campaign for the release of Dr Sirag the leader of the Military Junta in Khartoum, Lieutenant General Omer Hassan Ahmed Elbasheer, finally decided to release him on 20 July 1992.

The Royal College of Psychiatrists and the Institute of Psychiatry have invited Dr Sirag to come to London for personal and academic recuperation.

Donations to support Dr Sirag and his family can be made by sending cheques made payable to the Royal College of Psychiatrists to the Finance Officer, Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG.

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The environment, health and the community

Josephine Anne Richards

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