

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

NASSER LOZA

*Behman Hospital  
Cairo, Egypt*

### *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.

GERALDINE HOLT

*Goldie Leigh  
Lodge Hill  
Abbey Wood, London SE2 0AY*

### *'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.

HENRY R. ROLLIN

*101 College Road  
Epsom, Surrey  
KT17 4HY*

### *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.