Under this heading, first, is the treatment of medical conditions, illnesses and injuries in mentally handicapped people. They may be vulnerable to infections as a result of impaired immunity, to the complications of congenital abnormalities, and to injuries following poor co-ordination or epileptic seizures.

The family doctor has an important role in supporting families with mentally handicapped members. Doctors who have themselves had children with mental handicap have emphasized the need for good personal communication; they stress that parents should be informed as soon as a clinical diagnosis of mental handicap is reached. Positive advice, encouragement and continuing reassurance are essential. Stimulation of a mentally handicapped child is necessary. Regard has to be given to other members of the family. Over-protection has to be balanced against risk taking. The frustration and loneliness of the affected persons and their families need understanding. The family doctor requires a working knowledge of allowances and where help and advice are available.

Second are the special needs of people with mental handicap. A quarter or more have epilepsy. Visual and hearing defects are often present; speech and communication difficulties are frequent. Incontinence, physical disabilities and deformities occur. Many mentally handicapped people need advice about nutrition and diet.

Third is the more specialized subject of the Psychiatry of Mental Handicap, but the family doctor is often the first to meet a problem. Psychoneuroses in mentally handicapped people may become more frequent as more of them live in the community. Psychoses, the schizophrenias, and affective disorders affect a minority and diagnosis may be difficult; organic states, subdural haematoma, cerebral tumours and endocrine disorders, in particular, hypothyroidism, can also arise. Epilepsy may be difficult to control completely and is associated with behavioural disturbances. Dementia occurs in a proportion of people with mental handicap. More specialized problems are those of 'mental impairment'—abnormally aggressive and seriously irresponsible conduct, patients difficult to place because of their dangerous propensities, patients discharged from the Special Hospitals, and mentally handicapped offenders for whom the penal system is inappropriate, but an alternative hard to find.

Fourth are the broader issues of prevention, causation, epidemiology and research in mental handicap. These involve a wide range of medical specialties, but need study as an essential part of the health care of people with mental handicap in the community.

D. A. SPENCER

Meanwood Park Hospital
Leeds

Artists and psychosis—Methodological issues

DEAR SIRS

The link between giftedness and mental illness remains elusive. Dr Mahendra's excellent review (*Bulletin*, February 1985, **9**, 37–38) indicates that such a link seems most likely in the area of affective illness and hints that family studies are most likely to reveal a (genetic) link. Attempts to procure creative individuals as probands for family study may be the most likely to indicate the presence of affective disorders or schizophrenia. We must echo, however, Dr Mahendra's caution and scepticism in investigating such individuals, and can report considerable difficulty in our own such study. Particular problems exist in the definition of giftedness ,or creativity. Psychometric tests have not provided a useful answer and tend to suggest an equivalence between schizophrenic thought disorder and creativity—or just the opposite. The movement toward social definition of creativity is more realistic and facilitates selection for study. 'Giftedness' or 'talent' tends to be bestowed by social consensus upon those skilled in the performing or fine arts. Thus the existence of giftedness is validated by social recognition and popular acclaim, and may describe different skills in different cultures.

The terms 'gift' or 'talent' in common usage do not differentiate between sensorimotor skills, e.g. instrument playing, and creative thinking, e.g. composing or writing poetry. Often the two seem to coexist, perhaps because each facilitates the expression of the other and separation of the two qualities may be unrealistic.

The question that seems to have been of continual fascination might be put more specifically: 'Are people acclaimed as successful artists likely to have a history (or family history) loaded towards mental illness?' 'Acclaimed artists' can be isolated for study, e.g. Dr Kay Jamison (*The Guardian*, 1984, 24 September) used possession of the Queens Gold Medal for poetry as validation of acclaimed talent in that field. Thus the social process of 'acclaim' defines a study group operationally.

Our study attempted to isolate a population belonging to institutes of national standing in the arts, and screen them with a short standardized questionnaire outlining the talent itself and any personal and family history of mental illness. Initial pilot data showed a 33 per cent return rate. We then wrote to art and music colleges, theatre, ballet and opera companies and symphony orchestras. Altogether we wrote to forty-seven institutions. When only twenty-four replies to our letter were received, and only five of these showed any agreement to participate, we began to worry about the kind of reception psychiatric investigators could expect from artists. Despite considerable persistence, only three institutions eventually distributed our questionnaire (along with pre-paid envelopes and strong written assurances of anonymity).

Altogether 500 questionnaires were given out in three very well known art and music colleges, to both staff and students. To our disappointment we must report an extremely low return rate, thirty-two replies only (6.4 per cent). Many of the replies we did receive expressed considerable suspicion and resistance to concepts of psychiatric illness or research therein. Though such a low return rate precludes useful interpretation of data, we can say that no respondents reported any personal or family history of schizophrenia or any disorder other than affective illness. Six respondents had been treated by psychiatrists for depressive illness and a further one was in analysis. Four only had been hospitalized and only one had had manic episodes. Four of these were musicians. As regards first degree relatives, seven respondents showed a family

history of depressive illness severe enough to be treated by psychiatrists, with two suicides. Two respondents had manic depressive relatives. Few respondents thought that any link existed between talent and mental illness. Many tried to distinguish between 'operator skill' and talent, rightly pointing out our inability to separate these qualities.

Though we can say that family studies of acclaimed artists should provide valid information on the linkage, if any, between talent and mental disorder, such studies may be particularly difficult to perform on populations large enough to make statistical sense. Questionnaires may be poorly tolerated by this population, and careful personal interviews would seem necessary to contact the target population adequately. Until such studies, we might return to our own creative speculation about protective genes, over-inclusive thinking, self-therapy, etc and our anecdotes of Schumann and Van Gogh.

A. EL-SOBKY
T. O'GRADY

Carlton Hayes Hosptial
Narborough, Leicester

How to get the senior registrar post you want

DEAR SIRS

Guinevere Tufnell's article (*Bulletin*, November 1984, **8**, 214–216) concerning interviews and the preparation for them makes many relevant and eminently sensible suggestions. However, there is one major area left uncovered, namely medical politics and organization.

No aspiring senior registrar or consultant can nowadays attend for interview without having a good basic knowledge of recent medico-political reports and events. Trying to keep abreast of the latest comments and political undertones of Short, Griffiths, Ethics, College edicts, etc can be time consuming (and uninspiring for those who are uninterested in politics).

To overcome these problems our department has had an 'Interview Package' in existence for over a year. This file is divided into two main sections. The first, so well covered by Dr Tufnell, concerns the candidates own curriculum vitae, its content, presentation and anticipated questions. The second part deals with medical politics. It contains a copy of all major reports and relevant recommendations from recent years together with a précis and comment on each one. As candidates use the file they update it according to recent events. We have found this to be a useful educational tool for medico-politics and one that saves candidates many wasted hours in the library.

Further details are available from the author: Shackleton Department of Anaesthetics, Southampton General Hosptial, Shirley, Southampton SO9 4XY.

S. LINTER

Southampton

'Magnet'—Sharing computer experience in psychiatry

DEAR SIRS

Quite a few psychiatrists are exploring the use of microcomputers in their own work. They are writing programs for such applications as teaching, record keeping, diagnosis, testing and history taking. It is early days and so far it is not easy to justify the usefulness of microcomputers in psychiatry. The main reason is that programs are not widely available yet. I think it would be helpful if we could share our knowledge and experience of computer use, and this is what I am proposing here—a 'magnetic magazine network' to enable users of the BBC micro to exchange ideas and programs on psychiatry. The BBC machine is chosen as it is still reckoned to be the best home computer and it is quite widely used in academic circles.

The use of flexible magnetic discs as a storage medium opens up a very cheap way of publishing information. Copies can be made very simply and the discs reused indefinitely. This is what should be done by readers who want to join in: Send me a 5¼" disc, either blank or with your contribution on—state 40 or 80 tracks. The disc should be packed in a container suitable for reuse and a self-addressed and stamped label included. I will then make a master disc of the contributions and send your disc back with the full copy on it.

Contributions could include letters and descriptive accounts of your experiences (as disc text files), or programs. News of applications or software you know about would be of interest. It is not intended to exchange any copyrighted material.

To start off this exchange I am offering a program called 'Phenomenology'. It is designed as a teaching aid for students of psychiatry. It contains 75 examples of reported speech of psychiatric patients and 59 psychiatric phenomena with their definitions. The task is to match these. The program also asks questions on diagnostic significance of the phenomena in nine common conditions. There are thus 750 questions in all. There is a running total score and also a high score competition which keeps the name of the highest scorer for presentation when the program is next used.

Please write to Dr T. F. Packer, 17 Lily Crescent, Jesmond, Newcastle upon Tyne NE2 2SP.

T. F. PACKER

Newcastle upon Tyne

Computers in Psychiatry Group

In 1983 a notice appeared in the *Bulletin* (August 1983, **7**, 156) proposing the formation of a Computers in Psychiatry Group, and asked members to write if they were interested in joning such a group. The task of the organization of this group has now been transferred. Would any members who are interested in such a group, and who have not already made known their interest, please contact Dr R. N. Bloor, RAF Hospital Ely, Cambridge CB6 1DN.