

Fifty-eight questionnaires were returned (58/100): 17.2% nurses had never experience physical violence; 44.8% had rarely experienced physical violence; 32.7% had sometimes and 5.1% had often experienced physical violence. No-one said they had never and only 1.7% rarely experienced verbal violence; 55.1% had sometimes and 43.1% often experienced verbal violence. Of injuries, 1.7% had received many; 31% some and 67.2% none. Of these, only 6.9% required treatments and none needed time off work.

The verbal violence most frequently encountered was obscenities, 45.4%; non-specific threats, 35%; threats to the person, 24.8% and sexual harassment, 9.4%. The majority of verbal abuse came from relatives then medical and then psychiatric patients. The opportunity to discuss incidents was had by 56% but only 9% had a support group; 39.2% had received training in physical violence and 30% in verbal violence. In most cases this was a day course or a lecture.

Our results concur with other studies that physical violence is rare in hospitals but verbal assault is extremely common and seems to be a relatively neglected area in training.

Staffing levels and stress in the department may effect violence. An association has been shown between violence and agency staff levels in psychiatric hospitals (Fineberg *et al*, 1988). We support Drs Kidd & Stark in calling for more formal teaching in aggression management. Provision of support for victims of physical and verbal violence appears lacking. A standardised method of recording verbal violence needs to be developed (Palmistierna & Wistedt, 1987). These issues need urgent consideration to improve safety at work and enhance training and hopefully morale of all health workers.

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Ancestral spirits

DEAR SIRs

I enjoyed Jack Piachaud's article 'A Week in Zimbabwe' (*Psychiatric Bulletin*, March 1992, 16, 164–166), written in his refreshingly direct style. In it he refers to ancestral spirits which guide the practice of medicine, often through a living "medium".

Is it not so that we too are guided, in the developed world, by the spirits of our ancestors? Two of them appeared on the back cover of the yellow journal, in the form of bronze busts of Stengel and Maudsley. In psychoanalysis particularly, one gets the feeling that the closer an eminent analyst has been to the inner circle of Freud's disciples, the more he functions as a "medium" for Freud's ancestral spirit.

The language may be different, but as Dr Piachaud brought out, the human experience is much the same.

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'The madness of George III'

DEAR SIRs

In his review of Alan Bennett's 'The Madness of George III' (*Psychiatric Bulletin*, April 1992, 16, 249–250) Hugh Freeman rightly points to the conceptual muddle in the play's conclusion which is exemplified by "Ida Macalpine" who declares that the king was "not mad but suffering from porphyria". However, he wrongly traces this to non-medical historians. I am afraid that the real villains of the piece were the distinguished medical historians Macalpine and Hunter who also incorrectly overemphasised the diagnosis of porphyria which has never been proven. It might amuse your readers to read my review of their book from the *British Journal of Psychiatry* (Levy, 1970) which, *inter alia*, puts the case against the diagnosis of porphyria.

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Reference

- LEVY, R. (1970) Review of *George III and the Mad-Business* by I. Macalpine and R. Hunter. *British Journal of Psychiatry*, 117, 106–107.

Screening of the over-75s

DEAR SIRs

Further to Dr MacKenzie's article (*Psychiatric Bulletin*, March 1992, 16, 146–147), I write to describe related work in Manchester. The continuing development of the Department of Old Age Psychiatry in South Manchester includes the introduction of a liaison service to interested general practitioners. As part of this process I am engaged in a project to assess the feasibility of helping GPs to screen their patients, aged 75 and over, for dementia and depression in a reliable and valid way.

At the planning stage of this work 55 local GPs were sent a questionnaire about screening for