

*et al* 1989). A well-informed general practitioner (GP) can perform an interview followed by a physical examination, and if necessary, specific laboratory tests. However, the GP needs a lot of support to be able to do this properly in the chronic psychiatric population.

A more feasible approach therefore for any community mental-health-care worker is to alert oneself to possible signs and symptoms of physical disease whenever a patient is seen. When in doubt, the supervising community psychiatrist or the patient's GP should be consulted. If necessary, a direct contact between the patient and the GP should be established even if this would mean accompanying the patient to the GP's surgery and explaining the problems. This procedure would promote the reintegration of the patient back into the appropriate ambulatory medical service. A close co-operation between the community mental health service and the patient's GP would be more effective, of higher medical quality (clinical assessment, physical examination and specific laboratory tests) and less expensive than the suggested routine checks in the day-hospital setting. This physical screening procedure is satisfactorily in use in our Community Psychiatric Unit.

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#### Was Hitler a Christian?

SIR: I found myself agreeing with the central anti-racist thrust of Samuel's letter (*Journal*, October 1989, **155**, 568–569) but cannot let pass his extraordinary assertion that "Stalin, Hitler, Mussolini, Franco and Rudolph Hoess were all Christians". The Shorter Oxford Dictionary defines a Christian as a "person believing in, professing or practising the religion of Christ . . . a person showing character

consistent with Christ's teaching". My nodding acquaintance with 20th century history suggests that none of these figures fit even this wide and non-denominational definition. Stalin was actively anti-Christian while Hitler, Mussolini and Franco saw the Church as a useful institution to be manipulated for political ends, nothing more. I know no details of Herr Hoess' theological views.

Dr Samuel's letter perhaps reveals a common misuse of the word 'Christian' as a synonym for 'Western'. It is inaccurate, misleading and potentially offensive to both Christians and non-Christians.

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#### Intestinal permeability in schizophrenia

SIR: Lambert *et al* (*Journal*, November 1989, **155**, 619–622) recently reported that the intestinal permeability of schizophrenic patients, determined by urinary excretion of ingested <sup>51</sup>Cr EDTA, was not significantly different from that of normal subjects. They concluded, "schizophrenia is, at least in the majority of cases, unrelated to coeliac disease" since the latter shows a highly significant increase in intestinal permeability to <sup>51</sup>Cr EDTA.

These authors imply their results are relevant to my hypothesis of the genetic relationship between the two diseases (Dohan, 1988). They overlook the possibility that *some but not all genes* necessary for susceptibility to coeliac disease are also present in those hereditarily susceptible to idiopathic schizophrenia. This possibility was suggested by clinical observations indicating the two diseases occurred in about 2–5% of patients with a primary diagnosis of either disease – at least 10 times as frequently as chance expectancy. As expected from the co-occurrence of the two diseases noted above, two of the 24 schizophrenic patients (8%) studied by these authors exhibited intestinal permeability well within the coeliac disease range. However, no diagnostic studies for coeliac disease were mentioned.

I have hypothesised (Dohan, 1988) that abnormal alleles in both diseases code for enhanced gut-cell receptor activity for the glutamine-rich gluten peptides and that aberrant alleles at two or three loci coding for defective systemic enzymes catabolising gluten peptides are the same in coeliac disease and idiopathic schizophrenia. In addition, I postulate idiopathic schizophrenia also requires a schizophrenia-specific gene. This I suspect causes brain dysfunction because of preferential binding of opioid peptides, exorphins, derived from glutens