

have a well deserved break from caring, and the HD sufferer to have an enjoyable time away from the daily routine. Similar programmes have now been adopted by other HD societies around the world.

As Secretary of the International Huntington Association I would like to point out that there are also well established HD societies in Canada, Belgium, Denmark, France, Italy and Norway.

At the recent IHA Meeting held in Vancouver, Canada 21 countries were represented and included not only those previously mentioned but also those countries who are developing lay organisations such as South Africa, Sweden and Switzerland.

The member countries of the IHA share a common concern for patients and families affected by HD. Each society promotes lay and professional education, patient and family support, psycho-social, clinical and biomedical research, as well as ethical and legal considerations.

The International Huntington Association is a strong, vital organisation, determined to continue to improve the quality of life for all HD sufferers and their families.

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DEAR SIRs

I was delighted to read Robyn Kapp's letter. In fact, I had written to the Australian HD Association, and to the equivalent Belgian organisation. The Belgian questionnaire was sent back replete with post-office markings which I assumed indicated that some considerable trouble had been gone to by the postal authorities to no avail. I received no communication from Australia. This may have been my fault, since the addresses which I used came from a 1982 source (Phillips, 1982). *Mea culpa!*

My study was a qualitative investigation of consumer activities and satisfaction of a deliberately small sample. To report the findings of such a study which embraced every country which belongs to the International Huntington Association would have meant an article of inordinate length. The central question which I set myself, that doctors in general provide little support for such organisations (Black, 1988), was, I believe, answered in my paper. I note that Robyn Kapp uses the phrase "familiar with the illness" when describing doctors to whom HD patients are sent. This does not tell us about how

many doctors, including GPs, are interested in, or familiar with, the problems of HD in Australia. Many doctors are sparing in their choice of reading material.

I did give brief mention to the good work being done in Australia in my article (p. 410). My source for this was Lorree Adam of New Zealand. I am glad to see it confirmed by an Australian. The Australian HD Association deserves all our congratulations.

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References

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Introducing speakers at College meetings

DEAR SIRs

I am a trainee fortunate enough to be able to attend regularly the College quarterly and annual meetings as the health authority for which I work is at present able to fund study leave for psychiatric trainees.

There are many reasons why I attend all the College meetings. I consider it useful by way of contact with other trainees to learn of variations in the training and experience received on other rotations in different parts of the country. It is also useful to learn of variations in the practice of psychiatry in different regions; one day I might have to leave my region. It is important to hear the latest developments in psychiatric research. I have heard that it is possible to generate ideas for one's own research by being present at these meetings; I still wait for that sudden flash of inspiration. College meetings provide a forum to see and listen to distinguished eminent psychiatrists.

It is with mounting irritation that I observe that it is common practice for the chairperson to introduce the speaker with the phrase "so and so needs no introduction" as there are some who will be listening to the speaker for the first time. May I appeal through this medium for the chairperson to recognise that so long as psychiatric trainees are able to attend College meetings there will always be a need to provide an introduction for even the most eminent of speakers.

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