Thomas Wakley, King George III and acute porphyria

In his otherwise scholarly article on the origins of *The Lancet*, Professor Jones has in an aside propagated the myth that George III had 'porphyria-induced madness'.[1]

Recent detailed review of the 100+ volumes of the King's medical notes together with the correspondence, reports and diaries of courtiers and court officials has confirmed the fallacy of this claim first raised when the *British Medical Journal* unfortunately published the two articles by Drs Macalpine and Hunter in 1966–1968.[2,3] It is most unlikely that *The Lancet* would have fallen prey to this historical temptation.

The relevant papers will appear shortly in the journal *History of Psychiatry* but a summary of my findings has recently been published in *History Today*.[4] A morning in the British Library reading the relevant Willis manuscript[5] would rebut the diagnostic claims of the so-called blue particulate urine (not a feature of any of the porphyrias) and shown that the diagnosis of any of the acute porphyrias cannot be substantiated.

Professor Jones is also dismissive of 18th- and 19th-century physicians; they may not have had the MRI, CT and PET scans, and other sophisticated diagnostic procedures available to today's general practitioners at the touch of a pen, but they were certainly keen observers, and in the case of Geo III knew when to call for outside help. The arrival of the Willis family of 'mad doctors' was followed by a remission of the King's episodes of acute mania in 1788–1789, 1801 and 1804. In doing so they helped lay the foundations of modern psychiatry, developing the recognition and approaches available today. Some CME of the history of medicine is clearly needed here.

Timothy Peters

Institute of Archaeology and Antiquity, University of Birmingham, UK
E-mail: timothy@ironlock.f2s.com

Conflicting interests
None declared

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Civilized executions

I enjoyed Thomas Bewley's essay on executions.[1] I am afraid that Dean Swift, however, would certainly not have made the mistake of blaming the burning of Joan of Arc on '… British … Protestants'. Responsibility for that lies squarely with English (all right then, Anglo-Norman) and Burgundian Catholics, at a time when concepts of Protestantism and Britishness were still far in the future.

David Nichols

Raigmore Hospital-Radiology, Inverness, UK
E-mail: david.nichols2@nhs.net

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None declared

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Evaluation of contract in ISTCs

Nick Black questions whether our paper on Scotland's only Independent Sector Treatment Centre (ISTC), in which cataract surgery, knee and hip replacement, and other treatments are delivered to NHS patients by for-profit companies in mainly private facilities is the first independent evaluation.[1] Our study is the first and only independent evaluation of public money paid for an ISTC contract in the UK; it showed that in Scotland's only ISTC, the company Netcare may have been paid up to £3 million for treatment that had not been provided to patients in the first year of the contract worth £6 million a year. In contrast, Black's study,[2] to which we refer, was a questionnaire survey of patient-reported outcomes of 1895 patients treated in NHS hospitals and 769 patients treated in six ISTCs.

This week the Scottish health minister responded to our academic evaluation by deciding not to renew the contract with Netcare and to return the services to the NHS. This is in sharp contrast to England where the £5 billion ISTC programme is still unevaluated, on account of the contracts remaining commercial in confidence. Academic scrutiny of value for money claims cannot be undertaken. Furthermore, unlike Scotland any evaluation of the ISTC programme in England is further hampered by lack of data, and incomplete and poor quality data returns. Although all ISTCs are required to submit hospital episode statistics on all NHS patients treated, the Healthcare Commission (HCC) found that during 2005–2006 fewer than half of them returned any data.[3] Of the data returned, 43.4% were missing primary procedure codes and 7.6% had invalid primary procedure codes.[4] For 2006–2007, 18.8% of episodes were missing primary procedure codes and 1.3% were invalid.[4] Patients attending such centres are healthier and better off than those attending the NHS. Black *et al.* have shown that patients attending ISTCs are routine and straightforward elective cases – that is, with fewer complications and co-morbidities than other NHS patients – the HCC has shown that ISTCs also treat a lower proportion of patients in the lowest socioeconomic group than the rest of the NHS.[3] The contribution of ISTCs to reducing waiting times and improving access cannot be evaluated without complete data on all patients. While patient-reported outcomes are an important aspect of healthcare evaluations they provide a partial picture of access and quality of care. It is unfortunate that the government in England has thus far failed to place the contract data in the pubic domain or to ensure the completeness and quality of routine data on all NHS patients. Unlike Scotland, the lack of data means that policy of using private for-profit companies in the NHS is not subject to proper informed public and parliamentary scrutiny. It's time that