

Sudanese priorities

Sir: Dr Hughes (*Psychiatric Bulletin* January 1996, 20, 46–47) raises important concerns regarding the provision of psychiatric care in the Sudan. He highlights “the total lack of services in South Sudan”. The main psychiatric treatment he observed in Khartoum was unmodified electroconvulsive therapy (ECT), and he invites views regarding the appropriateness of its application in the Sudan.

I have had the privilege of working in southern Sudan and have paid a number of visits to the south and Khartoum. I share Dr Hughes' impression of a people of great warmth and kindness who struggle bravely with minimal resources. However, 'people' should be distinguished from 'the State'. It has been pointed out that the war in southern Sudan largely arose as a result of the desire of the State to impose Sharia Law on the whole of Sudan, including 5 million non-Muslims in the south, and make Sudan a fundamentalist Islamic state (*Lancet*, 1986). This war has had disastrous consequences for one of the poorest countries in the world. Psychiatric care is a relatively low priority when large sections of the population are dying from starvation and physical disease. The few medical supplies available are needed to treat life-threatening infections. Juba in the south (population 120 000

before its evacuation) even before the war regularly had no antibiotics available for the treatment of epidemics of meningitis. Fuel shortage meant the University Hospital had to function without electricity for several years. The only place for severely disturbed patients was prison.

Clearly the provision of trained staff for treating psychiatric illness is very important, as are tranquillisers, but there is little point in providing ECT machines where basic amenities like electricity are not available. The Juba Medical School (now evacuated to Khartoum) was a noble attempt to provide that training locally. Much was done by the Salisbury–Sudan Link to provide shipments of medicine to Juba, and to ensure its distribution to those who needed them through the hospital staff. Any programme that helps achieve these aims: training, provision of medicines and *ensuring* the distribution to those in need is to be commended. The long-term solution depends on a lasting political settlement. Foreign investment and development could then follow.

Round the World: Strife around Juba. *Lancet* (1986) August 30.

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