

# BRITISH MEDICAL JOURNAL

448.8  
B77

SATURDAY 9 MARCH 1974

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# CORRESPONDENCE

Owing to the Government's restrictions on the use of power in industry, including printing, we have been obliged to defer publication of some letters and print others in shortened form. We regret this inconvenience. Correspondents are asked to help by keeping their letters as short as possible.

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## Battering: Unfortunate Backlash

SIR,—I would like to give publicity to a very unfortunate side effect of the nationwide concern over the "battering" of children which was recently highlighted by the tragic case of Maria Colwell.

A patient of mine with two young children has a long history of nervous tension, but in addition to functional complaints also suffers from myasthenia gravis. She underwent thymectomy some years ago. She confesses to being strict with her daughter and son, who are frequently seen by the health visitors and doctors attached to our practice. The children are well cared for and have never shown signs of ill treatment.

Recently my patient's daughter was being rather difficult while her mother was getting her ready for a dancing lesson. She pulled her up from the floor by her arm somewhat abruptly, but at once became alarmed when the child complained of pain. She was taken straight to the casualty department of the local hospital, where the arm was examined and nothing was found wrong. However, two days later the limb appeared to be swollen, so she was brought to see my partner. Her mother said at once that she had been responsible for the incident and did not attempt to escape the blame. My partner referred her back to the hospital, who x-rayed the arm, found no bony injury, and discharged her.

The same afternoon my patient was visited by an officer of the National Society for the Prevention of Cruelty to Children who said she was following up a complaint the source of which she was not permitted to divulge. She asked to see a photograph of the child (who had by then returned to nursery school) and also looked at her bedroom. She expressed an intention to return the same evening to talk to the child. The

unfortunate mother was absolutely shattered by the experience and her husband was furious. She is now afraid to go out in case accusing eyes are watching her and has required a great deal of medical support since the incident.

I subsequently called a meeting of the health visitors attached to our group and the area officer of the N.S.P.C.C. It was a frank discussion and he showed that he felt as much concern about the matter as the rest of us. The N.S.P.C.C., under the authority of the Home Office, is obliged to investigate reports of ill treatment to children, and its members often find themselves in extremely difficult situations. Much of the difficulty appears to stem from the reluctance

of some general practitioners to recognize the staff of the N.S.P.C.C. as colleagues and the health visitors as vital members of their team. It is to be hoped that under the new area health authorities it will be possible for officers of bodies like the N.S.P.C.C. to obtain the name of the health visitor and general practitioner responsible for the primary care of a family. Closer liaison would then be possible before investigation of complaints which could be groundless.

Without adequate means of communication between members of the health team, parents who wish to chastise their children had better do it in private or some ill-meaning informer may report them.—I am, etc.,

J. W. WOODWARD

Sidcup, Kent

## Diagnostic Test for Multiple Sclerosis

SIR,—Considerable publicity has recently been given to a possible specific diagnostic test for multiple sclerosis.<sup>1,2</sup> This arose out of a short preliminary communication published in your correspondence columns (30 June 1973, p. 778) which reported an inhibitory effect of polyunsaturated fatty acids on the response of human lymphocytes to antigens; and it was postulated that the beneficial effect of linoleic acid on the progress of multiple sclerosis reported by Millar *et al.*<sup>3</sup> might be mediated by such a mechanism. These preliminary data also indicated a higher level of inhibition in cases of multiple sclerosis than in normal subjects and in patients with other neurological diseases.

From further experience we believe the finding that polyunsaturated fatty acids have an immunosuppressive effect to be valid, but double-blind trials made during the past three months have failed to con-

firm that multiple sclerosis can be confidently distinguished from other neurological diseases by this test. There may be some as yet unidentified technical reasons for the disagreement between the preliminary and the later results, and further studies of the method are clearly necessary. Meanwhile, unless the original findings can be confirmed independently, it seems necessary to reserve opinion about claims that a specific diagnostic test for multiple sclerosis is available.—We are, etc.,

J. B. FOSTER

Regional Neurological Centre,

J. MERTIN

A. M. THOMSON

M.R.C. Demyelinating Diseases Unit,  
Newcastle General Hospital,  
Newcastle upon Tyne

<sup>1</sup> *British Medical Journal*, 1973, 4, 750.

<sup>2</sup> Field, E. J., *Lancet*, 1973, 2, 1080.

<sup>3</sup> Millar, J. H. D., *et al.*, *British Medical Journal*, 1973, 1, 765.