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G.P. Obstetric Units

SIR,—I was very disturbed to read in a leading article on general-practitioner obstetric units (7 September, p. 567) the following sentence: "and so it follows that every town, suburb, and large village should have its own general-practitioner unit, a small maternity home provided with a well-equipped delivery room and several bedrooms. . ."

If anything were more calculated to put the clock back and to ensure a rise in maternal and perinatal mortality it is this suggestion. The evidence is plain for those who care to read without prejudice that the small isolated general-practitioner maternity unit is at best one of the least safe places in which a patient could be delivered. To

suggest that these units could easily be converted from any four- or five-bedroomed house and provide accommodation which in 1968 our National Health Service should provide is really quite shocking. As we move towards a 100% institutional confinement rate some definition is clearly needed as to what constitutes an institution, but such accommodation as you visualize would surely not qualify for inclusion. However, I cannot believe that any responsible Ministry could possibly provide it.—I am, etc.,

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Subdural Haematoma and "Battered Baby"

SIR,—I read with interest Mr. K. Till's paper (17 August, p. 400). He estimates that 40% of his cohort "had been injured in the recent or distant past," when factors were considered such as fractures (skull and other bones) and scalp bruising. Since Caffey¹ described the association of subdural haematoma and fractures of the long bones, much literature has accumulated on the battered baby syndrome, as described by Kempe² and others.^{3,4}

It would be of value, in view of present research interest into the problem of the abused child, to know if Mr. Till has information on the psychosocial history⁵⁻⁷ of the parents or other guardians of the children in his reported series, and whether his suspicions were aroused as to physical abuse being responsible for the various lesions reported. Russell⁸ gave a history of suspected deliberate assault in three of the eight children suffering a subdural haematoma in the postnatal period. Mr. Till refers to the "pathognomonic" significance of retinal or subhyaloid haemorrhage in subdural effusion. Description of fundi in the physically abused child by Gilkes and Mann⁹ opens up the possibility of retinal haemorrhage being found in the absence of subdural haematoma and due to physical attack elsewhere in the body, such as associated gripping of the thorax with ex-

cessive body shaking.¹⁰ Maroteaux and Lamy¹¹ add a further account of retinal lesions, in the absence of subdural haematoma, in the physically abused child. Information would also be welcomed on whether there has been evidence, during the follow-up period, of further trauma (fractures) sustained by these children in view of the tendency, when physical abuse has taken place, for additional assaults to occur.

To show the possible difficulties in diagnosing a "battered baby situation," in my own experience, a child who had been physically assaulted showed a fracture of one radius, metaphyseal injuries to several long bones, a fractured rib, and meningitis in the absence of subdural haematoma. The abuse came to light only when the mentally disturbed mother reported her anxiety at excessive squeezing of her infant's chest.—I am, etc.,

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Solar Retinopathy

SIR,—You are no doubt aware that there will be a partial eclipse of the sun on the morning of 22 September, and that the Ministry of Health has already, at the instigation of the ophthalmic specialty, circulated some general advice about the potential dangers to vision of sun-gazing or watching, particularly during celestial events such as this. I think the following case perhaps serves to underline these dangers, apart from its intrinsic interest.

A young man aged 24 was admitted to a mental hospital in April 1968 with a variety of hallucinations and delusions, among which was a belief that he could influence the course of the stars and sun. A diagnosis of acute schizophrenia was made and electric convulsion treatment in association with drug therapy was instituted. The present episode of his general condition is now regarded as being almost remitted, but recently he has complained, on a number of occasions, of failure of vision. It had been thought that this might be an ocular complication of the drugs which he was receiving. He was referred to the ophthalmic department. His visual acuity was 6/12 in either eye, the refraction being myopic. There was a tendency to miss some letters even in this line. Otherwise his eyes appeared to be healthy and normal with the exception of bilateral macular "holes" or cysts accompanied by areas of surrounding retinal oedema. Leading questions prompted by the details of his psychiatric history revealed that he had stared at the sun for long periods at a time during his recent acute mental episode. There seems little doubt that this is in fact a case of bilateral solar retinopathy.

The condition is, of course, well documented, and, although usually stated to be unilateral, bilateral cases have been reported in the literature. An interesting feature of