

Pointers

Periodic Paralysis and Thyrotoxicosis : Professor A. J. S. McFadzean and Dr. Rose Yeung, from Hong Kong, found duration and severity of paralysis unrelated to toxicity and suggest that basic defect may be genetically determined (p. 451).

Respiratory Disease : Professor N. R. Grist and colleagues found that influenza in adults and respiratory syncytial virus infections in children were important causes of pneumonia (p. 456). Dr. T. Feizi and colleagues report an outbreak of acute respiratory disease in Scotland due to *M. pneumoniae* (p. 457).

Thymectomy in Autoimmune Disease : Dr. J. A. Milne and colleagues report no improvement after thymectomy in three cases of systemic lupus erythematosus and two cases of rheumatoid arthritis resistant to therapy (p. 461).

Behçet's Syndrome : Dr. T. Lehner suggests two aetiologically distinguishable groups (p. 465).

Gangrene in Infants : Dr. Anne Lloyd and colleagues report four infants with gangrene of the extremities due to polyarteritis nodosa treated with immunosuppressants (p. 468).

Surgery and Wound Sepsis : Mr. A. G. Nash and Mr. T. B. Hugh achieved reduction in sepsis using topical ampicillin (p. 471).

Prolapsed Cord : Mr. M. J. Kettle found caesarean section superior to all other treatments in improving foetal salvage (p. 472).

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Childhood Bereavement

Though orphanhood may have adverse effects on the development of personality, the ways in which it may do so need further study. W. Goldfarb¹ and R. A. Spitz and K. M. Wolf² have drawn attention to the emotional trauma entailed in removing young children to an institution and the deprivation they suffer when kept there.

The connexion traced by J. Bowlby³ between the psychopath who feels no affection and the maternal deprivation he has often suffered in childhood stimulated much research into the effects of orphanhood, separation, and institutional care. But by 1962⁴ some of the earlier ideas had been much modified. In particular, the specific nature of the trauma due to loss of the mother (or mother-substitute) and the permanence of its effect on personality development and mental health were seen to be overstated.⁵ Many of the adverse effects, especially on the very young child, were found to be the consequence of living in an institutional environment. The notion of maternal deprivation as a specific cause tended to give way to concepts such as "social," "sensory," and "emotional deprivation,"⁶ for which the orphan was at special risk, but which might also affect in various degrees and for various reasons children living with their parents. The term maternal deprivation was seen to be capable of different interpretations, such as permanent loss without a substitute at one extreme, through temporary separations (such as a spell in hospital), to the situation of the working mother or of the mother who is unable through defects in her own make-up to respond emotionally to her child. Moreover, attention was drawn to the role of the father and the effects of paternal loss, hitherto neglected,⁷ while the damaging effects of overindulgence of the child were also noted.⁸

It has become increasingly apparent that maternal deprivation is often only one thread in a network of interacting factors. The other elements include low socio-economic status (which may include illegitimate birth), the inborn temperamental characteristics of the child itself, and the circumstances surrounding the loss of the parent as well as the ensuing events. For example, the child may suffer educational handicaps.

Since bereavement can be precisely recorded, many studies have compared its frequency among various delinquent or psychiatric groups with that in control samples or in the general population. But, as a recent paper by C. M. Dennehy⁹ illustrates, many difficulties attend such comparisons. For instance, mortality rates, and so bereavement, vary by social class, from place to place, and over the years. Even so, despite these problems, it is interesting to see that in her sample of 1,020 patients recently admitted to three mental hospitals serving areas in Central London Dennehy found loss of the father to be more frequent than expected among depressives (both sexes), male but not female schizophrenics, male alcoholics, and female drug addicts. Loss of the mother was commoner among male but not female depressives, male but not female schizophrenics, and alcoholics of both sexes. More of the

differences were found to be significant when bereavement occurred between the ages of 5 and 15 years than younger, though a high proportion of female drug addicts and of schizophrenics of both sexes had experienced bereavement between birth and 4 years old.

In another study¹⁰ analysis of the effects of age on bereavement was ingeniously controlled by using the patients' own healthy sibs. It was concluded that no significant difference existed between the patients and their siblings in respect of age at parent's death. Of 13 previous studies reviewed by the author, four found that death of the mother, but not of the father, was unusually common in the childhood of schizophrenics; one study found death of the father but not of the mother was more frequent; in three studies the death of one or other parent appeared significant; and in five studies no significant differences from the control groups were found.

Among recent studies in other psychiatric groups increased parental loss has been found among depressives,^{11 12} suicides,¹³ attempted suicides,^{14 15} sociopaths,¹⁶ alcoholics,¹⁷ and elderly neurotics,¹⁸ while other studies have not shown any increase in loss of parents.¹⁹⁻²¹ The varying results emphasize the many methodological pitfalls in this field.²² At the same time the range of disorders influenced by parental loss is so broad as to suggest that the effects of bereavement are not specific but increase the general susceptibility to psychiatric disorder by adversely affecting the process of personality development. In their papers on aetiological factors in attempted suicides Greer and colleagues^{23 24} have in fact suggested that bereavement and broken homes may militate against the development of socially adjusted personalities.

Bowlby's original observations were made on juvenile delinquents, and it is here that the evidence for adverse effects of "broken homes" and parental deprivation is probably strongest. Nevertheless, the relationship between early separation or deprivation and delinquency remains problematical.⁴ While retrospective studies of delinquents usually show that a high proportion of them suffered deprivation in early childhood, follow-up studies of children who have suffered early, prolonged, and severe deprivation show that only a very few become delinquent. Apparently neglect and

distortion of father-child relationships may be more important. Prospective studies are urgently needed.²⁵

F. Brown and P. Epps²⁶ have compared the incidence of parental loss among children with neuroses and children with disorders of conduct only; the children were attending London child guidance clinics. Disorders of conduct were associated with divorce or separation of parents, illegitimacy, adoption, and having step-parents, but not with death of a parent. When the child was at home with both parents, neurosis was the commoner form of disorder. F. Brown²⁷ also found parental loss or absence to be more frequent among male and female prisoners than in the general population. Here again the multiplicity of factors is apparent, as is the difficulty of obtaining suitable control samples from comparable strata of society.

The immediate effects of parental bereavement on children have received relatively little study. Some families withdraw closely into themselves, others break up. Experience with adult patients shows that death of a parent or member of the family in childhood is often remembered as highly traumatic, and, while the current approach to this problem seems to be to encourage forgetting, there may be a case for a more direct and frank approach, at least with older children.

The long-term social consequences of bereavement may entail "the total disintegration of the child's environment as he had come to expect and understand it."⁹ If the mother must take on the role of breadwinner, the child may effectively lose both parents. Increased monetary grants for widowed parents, enabling mothers to remain at home to look after young children and fathers to secure adequate mother substitutes and to keep the family together, would seem to be desirable on social grounds. The ill effects of bereavement are attributable in some measure to the adverse social circumstances that flow from it, and these are potentially avoidable. Society has therefore the power to reduce the number of emotionally disturbed and maladjusted individuals in its midst.

Idiopathic Haemochromatosis

Some debate has recently been concerned with the aetiology and pathogenesis of haemochromatosis. So much so, in fact, that it was included along with anticoagulants in a recent book entitled *Controversy in Internal Medicine*.¹ In practice there are two types of patient that the physician is likely to encounter.

Firstly, a patient may present showing all or some of the classical clinical signs of idiopathic haemochromatosis—namely, bronzed pigmentation, diabetes, cirrhosis, and gonadal atrophy—the cirrhosis being shown by liver biopsy to be associated with massive deposition of iron in the liver. There may be a suggestive family history of the disease. Though the incidence of familial cases is only 1% of the total reported,¹ systematic surveys have shown a much higher incidence in the immediate relatives of minor clinical signs, raised level of serum iron, or hepatic siderosis. R. Williams and his colleagues² from London found excess free iron in hepatic biopsy sections from 28 of 46 relatives examined, though clinical signs of the disease were slight and only one relative had cirrhosis. L. W. Powell in Australia estimated that body stores of iron were increased in 16 out of 63

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