

**Parent and Child**

SIR,—In 1964 the then Ministry of Health<sup>1</sup> issued a warning to the family doctor that “there is evidence that separation before the age of 5 may have a serious effect on the emotional growth of children and may form the basis of neurotic reactions in later life.” A recent instance shows that one doctor at least has, properly, found it right to ignore this advice.

As reported in the *Guardian* on 16 January, a mother wished, with the support of her doctor, to place her infant in the care of the children’s department as she felt unable to care for the child. Her plea was rejected and the child died. The reason for rejecting the mother’s plea was the “likely effect of parting the child from her mother.” The coroner commented “I can’t see the point of leaving a child with its mother merely to let it die of starvation.”

This tragic instance has arisen because of the fallacious belief that separation is synonymous with deprivation. Not a single investigation has shown that separation *per se* leads to mental ill health in children. As demonstrated by this instance, deprivation can occur without separation; indeed the great majority of deprived children live at home. In a small number of instances and in the right circumstances separation is essential to overcome deprivation and to give the child an opportunity for emotional growth. Separation need not lead to deprivation if the placement of the child is carefully selected by skilled, trained professional workers. May the now Department of Health urgently reconsider its policy and advice.—I am, etc.,

J. G. HOWELLS.

The Institute of Family Psychiatry,  
Ipswich and East Suffolk Hospital,  
Ipswich.

## REFERENCE

- <sup>1</sup> *The part of the family doctor in the Mental Health Service*, London, H.M.S.O., 1964.

**Impotence from Toxic Chemicals?**

SIR,—The premise “having been unable to find any alternative cause” is hardly a satisfactory starting point for the conclusion that impotence “was probably due to the toxic effect of the chemicals . . .” and in the absence of supporting evidence—clinical, laboratory, or statistical—it can be misleading.

From time to time many drugs and chemicals are accused of causing various symptoms (including impotence) for which no organic basis is discovered. Dr. M. L. E. Espir and others (14 February, p. 423) are correct to report this “cluster of cases.” The facts are important, but I submit that the evidence is insufficient for even a tentative conclusion or probability.—I am, etc.,

A. L. LEIGH SILVER.

Fleet, Hants.

**Electric Bell Alarm for Enuretics**

SIR,—With reference to the article by Dr. W. I. Forsythe and Dr. A. Redmond, (24 January, p. 211), may I suggest the time is ripe for a consensus of opinion on this matter and a clinical assessment of the op-

timum mode of dealing with enuresis in children.

It is very difficult to understand how it comes about that the electric alarm, a most effective treatment which was first reported in 1938,<sup>1,2</sup> is still not established as orthodoxy 32 years later. Equally difficult to understand is the situation which sees this treatment wholly accepted in some areas with visible success, whereas in other areas the treatment is hardly used at all.—I am, etc.,

HAROLD PALMER.

Hill End Hospital,  
St. Albans, Herts.

## REFERENCES

- <sup>1</sup> Mowrer, O. H., *American Journal of Psychology*, 1938, **51**, 163.  
<sup>2</sup> Mowrer, O. H., and Mowter, W. M., *American Journal of Orthopsychiatry*, 1938, **8**, 436.

**Atrial Function in Man**

SIR,—Your leading article entitled “Atrial Function in Man” (24 January, p. 189) does not include mention of the importance of the atria in the control of heart rhythm. The sino-atrial node controls the heart by its higher intrinsic rate than the atria and ventricles. Disorder of the sino-atrial node with reduction of excitation of the atria is frequently followed by atrial fibrillation or flutter. In such cases reversion of the atrial fibrillation to sinus rhythm produces a bradycardia with later atrial escape beats. The patient and doctor feel better when atrial fibrillation returns.

No convincing evidence of specific atrial conducting fibres has been found. As your leader writer said, the atria act as reservoirs, particularly in the presence of heart failure, and their distension by blood might well impair the function of any specialized conducting fibres in their walls, particularly between the two atria.—I am, etc.,

S. TALBOT.

General Hospital,  
Nottingham.

**March Haemoglobinuria**

SIR,—I was most interested to read Dr. A. J. Spicer’s report (17 January, p. 155), especially as an attempt was made to reproduce the clinical situation invoked by karate exercises as reported previously by myself.<sup>1</sup> Although haemoglobinuria in the present case only occurred following running on a hard road in thin soled shoes as is usually the case, there were, in my opinion, very significant changes in the measured levels of plasma haemoglobin and plasma haptoglobin following the karate exercises.

In the previously reported case,<sup>1</sup> the patient had been performing his karate exercises daily for over eighteen months, and the force of his blows was such that when he performed his exercises under supervision the separate impacts could be clearly felt and heard on several floors of a ferro-concrete building. It would be unlikely that a novice could achieve this force of impact without suffering at best, considerable pain, or at worst, fractures, particularly in view of the duration and nature of the exercises as

previously reported. In the light of the present findings, it would appear that haemoglobinuria is not an essential feature, and that in fact many devotees of karate may well be haemolysing steadily, as they practise their exercises.

I would support Dr. A. J. Spicer’s conclusions that haemolysis is due to intravascular trauma to the circulating erythrocytes. This trauma-induced haemolysis can obviously occur in any part of the body which is subject to an intense recurrent force of short duration.—I am, etc.,

JONATHAN A. STREETON.

Alfred Hospital,  
Melbourne, Australia.

## REFERENCE

- <sup>1</sup> Streeton, J. A., *Lancet*, 1967, **2**, 191.

**Galen and the Arteries**

SIR,—I should like to offer some remarks in support of Dr. C. E. Newman’s review of Margaret Tallmadge’s new translation of Galen’s works (6 December, p. 609). It occurs to me that some readers might be surprised at the suggestion that parts of Galen’s dissertation on the contents of the arteries could remain clouded with ambiguity and mystery, in some cases until the nineteenth century. In particular, Galen’s supposed assumption that the arteries contained air was based on a mistaken comparison with Erasistratus’s theory that the arteries are usually filled with air, but that this escapes when an artery is damaged, causing a vacuum which in turn draws the blood from the veins and through the capillaries into the arteries until it is finally emitted as the last of the escaping air is ejected.

But the reason for the comparison and the mistaken view of Galen’s theory is to be found in the Stoic doctrine of “pneuma,” by which Galen’s medical theory was strongly influenced. “Pneuma” was the technical term originally used by Chrysippus (281–208 B.C.) to denote the “active principle,” which comprised the contents and qualitative elements of all matter, as opposed to the “passive principle,” which was unqualified and dormant matter. The former imparted life and purpose to the universe, ensuring that it fulfils its preordained development, while the latter was the purely passive and characterless recipient of the former. “Pneuma” is most frequently represented as being composed of two elements, air and fire, which give the body in which they reside the perceptible qualities it possesses in accordance with the ratios in which they occur. On the other hand, however, it was also occasionally used as a synonym for air itself, which, together with fire, was but an element in the “active principle.” Owing to this ambiguity of meaning by which “pneuma” was sometimes used as a Stoic technical term and sometimes as a synonym for “breath,” the translators and commentators were often in some apparent doubt about its significance in any particular context.

Galen’s interpreters were not immune to the philosophical implications of the word, and tended to assume that where he referred to “life-giving spirit” in the arteries he really meant “air.” The teleology of Galen’s outlook, each part of the body sub-