from the figure that the rise in the inhibitory activity of the whole serum is the result of increased linoleic acid-like activity, the inhibitory activity of the protein fraction remaining unaffected.

Clearly, in applying the analytical methods of a modern biochemical approach, it is important to realize the frequently multifactorial origin of an end effect and assess or attempt to assess individual influences. In this case the activities of PUFA and linoleic acid-like activity appear disjunct, but this may not always be so.

Heavy animal fat meal at beginning of experiment. Serum separated into ether-soluble (linoleic acid-containing) and ether-soluble (L.D.F.-containing) fractions. 1 in 60 whole serum or fractions added to the in vitro test system in the M.E.M. test. The ordinate shows the percentage reduction in lymphocyte-antigen interaction. The rise in effect of whole serum is entirely due to the linoleic acid-like activity in the ether-soluble fraction, the L.D.F. fraction remaining unchanged.

The illustrative figure is part of a study designed to evaluate the effect which saturated fat may have on the absorption of a dose of linoleic acid. At zero time in the figure a heavy animal fat meal was taken followed immediately by the unsaturated acid. For many years it has been urged that cutting down animal fat intake may have a beneficial effect upon the course of multiple sclerosis.⁷ Clearly, before embarking upon a prolonged double-blind study of the effect of linoleic acid supplementation of the diet in multiple sclerosis (where it has been reported to be beneficial,⁸) it is important to know whether reduction in the ingestion of saturated fats might facilitate the development and maintenance of high linoleic acid-like activity in serum. Our first results do in fact show that the presence of animal fats does delay and diminish the plateau of linoleic acid in blood.—We are, etc.,

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Return of the Foster-child

SIR,—Like a large number of medical men I have been distressed to read the recurring accounts of children weeping bitterly when taken from foster-parents and returned to parents they have often not seen for years. This has culminated in the tragic case of Maria Colwell and no doubt there are many similar ones which have not been given publicity.

It seems to me that this is a matter which cannot be properly investigated by social workers, who have so often failed in the past. The judges and magistrates are often ignorant of psychiatry and paediatrics so they cannot have a proper understanding of the traumatic results of tearing a child away from someone it has learned to love and putting it into the care of those it considers strangers—even if they are close blood-relations. Surely this matter rests to some extent on the medical profession and we should make ourselves heard regarding it. Might I suggest that we should state loudly and clearly that children should not be separated from those they love unless it has been shown without doubt that they are in some sort of moral or psychiatric danger, and if separation is considered necessary by the courts their decision should be confirmed by psychiatric opinion.

Those of us who have practised psychiatry are only too well aware of the neurosis, criminality, and psychological instability which occur later on as the result of such cases.—I am, etc.,

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Deliberate Injury of Children

SIR,—Your leading article on deliberate abuse of children (13 October, p. 61) draws attention only to the effects of physical battering, which are for the most part visible. It makes no mention of the other more subtle and sinister form of battering—namely, psychological abuse.

This form of injury is just as real and probably just as prevalent as its physical counterpart. Some parents, who cannot vent their feelings in physical violence, can often execute a vicious campaign of psychological attack performed in the name of discipline, good behaviour, or proper upbringing. We find it hard enough to convince ourselves that a child is being physically abused, though our standards of physical behaviour towards children have evolved considerably in the past century. We are much less expert at spotting a situation in which the emotional growth of the child is being wilfully distorted. After all, who are we to decide what kind of behaviour is appropriate for our children? Where does deliberate neglect become distinct from ignorance? When has an authoritarian upbringing given way to primitive excesses?

For the children with physical abuse we can at least mobilize the social agencies and call on the law when necessary. It is far more difficult to be persuaded in cases of psychological abuse; the idea of this type of battering is so novel that we still seem to demand tangible evidence before being able to take legal action. And yet the consequences of this kind of wilful abuse may be longer lasting than some of those associated with

physical damage. The emotional turmoil produced by a vindictive parent may persist into adult life long after the trauma has occurred.

This letter is a plea that we become aware of this problem and that we try to explore the psychological aspects of child abuse in order to develop a better medical, social, and legal system for handling such cases.—I am, etc.,

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I.Q. of Parents of Battered Babies

SIR,—In a recent report by Dr. Selwyn M. Smith and others on "Parents of Battered Babies: A Controlled Study" (17 November, p. 388) they report that nearly half of the mothers were "of borderline subnormality or below." They base this claim on the averaged scores of four of the subtests from the Wechsler Adult Intelligence Scale (W.A.I.S.). I would suggest that this is not a permissible way to use the subtest scores. Either the subtests maximizing factor differences should be used or a full-scale test carried out in the usual way.

The failure to distinguish between verbal and non-verbal abilities has bedevilled even such little research of this kind as has been carried out into the intellectual functioning of battering parents. It prolongs the myth that simple stupidity explains their behaviour. In a recent study (to be published), in which a short form of the W.A.I.S. was used, I found no differences in the battering and control parents' spatial-perceptual abilities. It was in their ability to use verbal concepts that differences emerged. This verbal inability was not, however, nearly as gross as that reported by Dr. Smith and his colleagues and appears to be part of a consistent personality pattern in the batterers reflecting withdrawal, depression, and non-communicativeness. This was borne out by their scores on Cattell's 16 PF test.

While my findings on the mothers' youth and psychological immaturity confirm those of Dr. Smith and his colleagues, I believe that it would be mistaken to take their findings on global I.Q. at face value, based as they are on a statistical misunderstanding of the test construct validity.—I am, etc.,

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Glucagon and Duodenal Ulcer

SIR,—Your leading article on "Glucagon Therapy in Acute Pancreatitis" (1 December, p. 503) reflects the increasing interest in the use of pancreatic glucagon among clinicians, and the encouraging reduction of mortality reported by Condon *et al.*,¹ albeit in a small and uncontrolled study, will no doubt add to this interest. It is most important that further clinical assessment of this promising treatment should be undertaken, but it may be salutary to bear in mind that the actions of glucagon are multiple and could lead to undesirable complications in some situations. In particular its powerful action as a