Unquiet Rest

Sir,—Chauvinism in medical research is to be deplored, but your leading article on unquiet rest (23 September, p. 715) does less than justice to the pioneering British work of Masterton1 on sleep patterns of junior medical staff. As early as 1965 he drew attention to the lack of sleep obtained by busy residents on a surgical service and the effects this could have on the feelings they had about themselves and their work. The experiments of Friedman and his colleagues referred to in your leading article now confirm objectively for medical performance what has been known for some time in other fields—namely, that in prolonged intellectual tasks ability declines with acute sleep lack.2 However, doctors are not yet sufficiently impressed with this to order their lives properly and, as Masterton showed, the pressure of external affairs in a hospital environment may be the overriding factor which produces the sleep lack state.

The lack of sleep in hospital staff units has been recognized since 1964, when Edgerton and Kay1 and Kornfeld, Zimbarg, and Mavericks first postulated that it might be of importance in the acute delirium-like syndrome following the use of drugs and in the intensive care environment. This hypothesis, which was extended by one of us (Dudley) to include other problems of sensory barrage and deprivation, has proved somewhat too simplistic.

While by definition we can regard sleep lack as bad and from observation recognize that it may contribute to the patient's disturbed convalescence, its aetiological role in delirium and its influence upon the physiology of recovery require much further study.—We are, etc.,

H. A. F. Dudley
M. W. Johns

Department of Surgery,
Monash Medical School,
Prahran, Victoria,
Australia


Success of Adoption

Sir,—Dr. J. E. G. Vincenzii (30 September, p. 831) states that 51 out of 1,000 children referred to a local authority child guidance clinic were adopted. This incidence of 5-1% is lower than that of 2-9% in a survey of about 1,600 referrals to a children's neuropsychiatric unit.1 Moreover, he gives no information on the proportion of these children adopted after the age of 6 months. Presumptive trauma or lack of opportunity to form normal social attachments can lead to maladjustment, which cannot then be attributed to the child's adoptive status.

It is possible indeed that Growing Up Adopted2 gives an over-optimistic view of adoption, and it is certain that the situation of the illegitimate child kept by his unmarried mother would be improved by better social support. However, Dr. Kellmer Pringle and her colleagues have been careful to point out, both in this report and elsewhere,3 that evidence from biased samples of the kind collected by psychiatrists is inherently suspect.—I am, etc.,

MIA KELLMER PRINGLE
London W.I

Pigmentation in Megaloblastic Anaemia

Sir,—Your leading article on scrotal cancer (7 October, p. 3) stands in need of correction on one point. Percival Pot died in 1788, so it was not he who described the case of epithelioma on 'the wrist of a gardener in 1808. This case was added in a footnote to Pot's original description of cancer scroti by James Earle, who edited the posthumous editions of Pot's book of surgery. It was one of two cases which Earle mentioned. The book was designed to illustrate the dangerous nature of scrotal cancer. In addition to the patient described, the gardener Earle recounts a case of scrotal cancer in a man who was not a sweep but who had lodged for some years in a sweep's house in the room where the bags of soot were stored. He developed signs of scrotal cancer only when he had moved out into more pleasant lodgings.

Earle's reason for adding these cases was, he said, because "Mr. Pott seemed to suppose that this species of cancer was peculiar to chimney-sweepers; but I have strong grounds for thinking that he was mistaken in that idea." And so he was.—I am, etc.,

H. A. WALDRON
Medical School,
University of Birmingham

2 Sir,—I refer to the most unsatisfactory comment made by you in your editorial on 12 September, p. 607, which states that "so far as is known there are no drug-resistant strains [P. falciparum] in Africa." This is an obviously incorrect statement so why not admit it and explain that "when discussing resistance we are referring to treatment and not prophylaxis." In the original statement (9 September, p. 607), which states that "so far as is known there are no drug-resistant strains [P. falciparum] in Africa," in my experience this is far too high.—I am, etc.

C. V. FOLL
Wellcome Foundation Ltd., London W.1


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