Letter from . . . Chicago

The joy of wife beating

GEORGE DUNEA

British Medical Journal, 1977, **2**, 565-566

"The computer has selected an aisle seat for you, sir," said the clerk at the airport terminal—a reflection of how much our daily lives are being run by machines. But machines also make mistakes, so that, while "to err is human, it takes a computer to really mess things up."

One such mess occurred when the Health, Education, and Welfare Department issued its New Year's honours list—a list of all doctors who in 1975 collected more than $100 000 from Medicare, the Federal government's programme for the aged. Among those selected by the computer were a paediatrician, the Detroit General Hospital, salaried house officers and professors, deceased or retired doctors, heads of research centres and multispecialty clinics in whose names bills were sent for the activities of a whole department, and a two-man clinic in a small town of 1929 people reported to have received $22 million, having been apparently mistaken for the Mayo Clinic. Several doctors listed to have received more than $1 million in fact collected less than $10 000. Of the so-called "top earners," alleged recipients of $250 000 or more, only two out of 16 were correctly named, and the overall error rate was over 60%.

The list, released under the recent Freedom of Information Act, but apparently at the request of a forward-looking stockbrokers' firm, caused quite a stir. Many of the doctors received abusive calls, threatening letters, and their bills were returned unpaid. Medical societies called the list a malicious distortion of facts and a colossal example of bureaucratic bungling. The American Medical Association asked for a public apology. The Government, inundated with complaints, sent its sincere regrets. But the fault was nobody's but the computer's: who will be reprimanded, reprogrammed, or reassigned; perhaps given a second chance in running a national health scheme; or, if he should fail again, banished to a developing country.

Spanking children

In April the US Supreme Court ruled by a five to four majority that the spanking of school children was not unconstitutional; that the Eighth Amendment, prohibiting cruel and unusual punishment, applied only to those convicted of crimes; and that abuse of children should be remedied through State laws, local regulations, and civil courts. The decision was the result of an incident in Florida where two youths had been beaten so badly that one lost the use of his arm for a week, while the other had bruises that kept him out of school for 11 days. Both youths had, by their own admission in court, been deliberately disruptive for years, repeatedly been in all kinds of mischief, and finally been suspended or expelled for carrying knives and threatening their teachers. And to highlight the disciplinary problems in that particular district's 237 schools, teachers produced figures showing that during the 1975-6 academic year there had been 235 assaults on teachers, 761 assaults on students, 46 instances of carrying weapons, 46 sex offences, and 131 drug offences.

The court's decision leaves the problem of spanking to the States and local authorities. Currently 23 States, including Illinois, give teachers the same authority as parents over schoolchildren, without specifically mentioning corporal punishment. Thirteen States specifically allow it, four States ban it outright, and several large cities, including New York, Chicago, Washington, and Philadelphia, also prohibit it. In areas where corporal punishment is legally permitted, it appears to be rarely applied, used mainly as a last resort, and then only with the consent of the school principal and of the parents.

Although the reaction to the Court's decision was largely unfavourable, this was not universally so; and with a 1975 Gallup poll showing that three out of five Americans and two out of three teachers believed in corporal punishment, there were letters deploring the lack of discipline in schools, urging more support for the embattled teachers, and claiming that a spanking was healthier and more effective than psychological forms of punishment. The legalists praised the court for correctly interpreting the constitution and for refusing to amend it. Others emphasised the need for law and order—and scoffed at the howls of the liberals.

And howls there certainly were. The decision was denounced as incredible, dismaying, revolting, unfair, absurd, detrimental, disgraceful, morally obtuse, frightening, and sadistic; a green light for the cane, the rod, the paddle, and the fist; an affront to parents; and a set back for democracy. One correspondent suggested that children are, in fact, sentenced without due process, being forced to submit to 12 years of compulsory education. Another thought that to administer the judges their own remedy would hardly be effective since it would only increase their own fears and hostility. A political editor commented that it was all President Nixon's fault, and that getting rid of a bad president was easy compared to outliving the judges he had named to interpret the law of the land. And a Connecticut school superintendent thought that the Supreme Court's ruling "brings us back to the dark ages when a man could beat his wife."

Beating wives

Yet a book on "The Joy of Wife Beating" might not do as well these days as the popular *The Joy of Cooking*, *The Joy of Running*, *The Joy of Money*, *The Joy of the Only Child*, or *The Joy of Sex;* and there has been an increasing awareness that brutality against women is a serious and widespread problem. Statistics

Cook County Hospital, Chicago, Illinois 60612
GEORGE DUNEA, MB, MRCP, attending physician

are hard to come by, and all too often wife beating is regarded as a somewhat trivial incident. Yet each year an estimated one million women from all ranks of society sustain serious, repeated, or ongoing injuries from violence in the home.

Although wife battering is by no means confined to the less privileged classes of society, it is reported that most families affected are poor, uneducated, and somewhat isolated from the mainstream of community life. The beatings often start early in the relationship, in the first months of marriage, during the first pregnancy, or even during courtship. The violence usually occurs in the home, mainly at dinner-time in the kitchen, or later in the bedroom. There is a frequent association with child abuse and alcoholism, some men apparently getting drunk first in order to beat up the wife later. Sometimes the pattern is repeated from generation to generation, and in one study 90% of the men had received military training. The women usually sustain injuries of the head, neck, or shoulders, with black eyes being the most frequent lesion; but other kinds of injuries occur when the woman is pushed against the wall or thrown down stairs. During pregnancy, blows are often directed against the abdomen, and may represent resentment against an unwanted child. In the emergency room the battered woman may arrive with a battered child or present as a case of drug overdose or alcohol intoxication, so that the underlying problem may be missed or incorrectly diagnosed.

Contrary to commonly held beliefs, wife beating does not usually reflect a sadomasochistic relationship. The men are generally not psychotic but immature, unsure of themselves, lacking self-control, and with unreal expectations from marriage. The wife perseveres with the relationship not "to get her kicks" but from fears of further violence or of losing her home, children, and economic support. In some cases she may have sought help from relatives, doctors, or clergymen only to be told to stick it out, play her part, or not make matters worse. She may have been labelled hysterical, resorted to drugs or alcohol, attempted suicide, committed petty crimes to escape by being arrested, or tried to equalise the situation by buying, and occasionally using, a "Saturday-night special." Most cases of wife beating remain unreported, the women being reluctant to testify against their husbands or to press charges. The police are often unwilling to interfere in a potentially explosive and dangerous situation—sometimes the wife turns on the police, and policemen have been shot when intervening in a situation where both partners were out of control.

Clearly, the problem of violence in the home is complex and multifactorial. But a growing appreciation of the ordeal of some of these women has led to the realisation that battered wives need the same kind of attention and support as battered children and victims of rape. Some progress is being made in the provision of crisis-orientated social workers, shelters for women who have nowhere to go, improved legal aid, and a more sympathetic attitude in court. But the emergency-room doctors, who deal with most of these cases, emphasise that diagnosis must come first, and that the woman with a black eye may appropriately be confronted directly with a leading question such as "when did your husband beat you?"

Bartter's syndrome

And now, from the battered-wife syndrome to Bartter's syndrome, and to how our scientific horizons were recently enlarged by a case interesting not for the unusual clinical presentation but for the rather unorthodox treatment. A child, suffering from the effects of hypokalaemia, volume depletion, and metabolic alkalosis, was taken to the emergency room of the small St Elsewhere Community Hospital. The moonlighting casualty officer thought that the child was breathing rather strangely, and administered an ampoule of sodium bicarbonate, whereupon the child promptly had a convulsion. Treatment with 10 mg of intravenous diazapam resulted in a respiratory arrest, and during the resuscitation efforts one of the child's teeth was knocked out. At this stage the nurses' notes indicate that the tooth was returned to the mother, presumably to avoid a ticklish malpractice law suit.

On regaining consciousness the child was admitted to the ward. A glucose infusion was begun, and blood was sent to the laboratory. On discovering that the blood sugar concentration was raised, an injection of insulin was ordered. The pre-insulin potassium concentration was now reported as being 0·9 mmol(mEq)/l (what the post-glucose-insulin potassium concentration was God only knows) so the child received an intravenous bolus of 60 mmol(mEq)/l potassium followed by 60 mmol(mEq)/l an hour by infusion, as ordered by telephone. By now the case must have become too hot to handle, for the nurses' notes indicate another telephone order requesting a consultation to transfer the child out. The next morning, the child arrived at the nearby teaching hospital with all serum electrolyte concentrations within normal limits—which shows that one cannot argue with success.

A patient with severe Raynaud's disease complains of recent onset of sensitivity to chocolate. After eating any she becomes hot and sweaty. What might the explanation be?

I have not heard of this association, but there are theoretical reasons why sensitivity to chocolate might occur. Although chocolate does not contain tyramine, other pressor agents may be produced during fermentation of the cacao beans.[1] Sensitivity to chocolate in a patient taking monoamine-oxidase inhibitors was tentatively attributed to vanillin,[2] which is chemically related to adrenaline and noradrenaline. Some people with migraine cannot eat chocolate. Ergotamine causes vasoconstriction of peripheral arterioles, and I wonder if chocolate affects the Raynaud phenomenon in any way in the present patient? It might be possible to test a chemical hypothesis by observing the effect of pressor agents, provided these are given with care.

[1] Stewart, M M, *Adverse Drug Reaction Bulletin*, 1976, No 58, 200.
[2] Krikler, D M, and Lewis, B, *Lancet*, 1965, **1**, 1166.

What ill effects do antidepressant drugs and lithium have on the babies of lactating women treated with these drugs for depression?

Few ill effects have been recognised and described, though if these infants were very critically assessed, using, for example, the Brazelton scale, it seems likely that subtle neurological and behavioural differences would be found compared to controls. Lethargy and an electroencephalogram showing "bursts of fast activity in the frontal regions consistent with sedative medication" have been ascribed to the benzodiazepine tranquilliser diazepam.[1] The concentration of lithium in breast milk has been estimated as about half that in the maternal serum,[2] and infant serum concentrations are also well below maternal. The tricyclic antidepressant imipramine, however, has not been detected in breast milk after five days' administration.[3] The degree of ionisation of a drug at physiological pH, its lipid solubility, and protein binding capacity influence the level in breast milk,[4] as they would its passage across the placenta. Sometimes exposure to a drug during intrauterine life has already been far greater than any likely to accrue from breast feeding. When drugs have the central nervous system as their main site of action one can at present only speculate on possible effects on the immature and developing brain, and weigh them up against the proved advantages of breast feeding. Short- and long-term studies are needed before a confident answer can be given to the question.

[1] Patrick, M J, Tilstone, W J, and Reavy, P, *Lancet*, 1972, **1**, 542.
[2] Sykes, P A, Quarrie, J, and Alexander, F W, *British Medical Journal*, 1976, **4**, 1299.
[3] Knowle, J A, quoted by Savage, R L, *Adverse Drug Reaction Bulletin*, No 61, 1976, p 212.