

### Embryonic stem cells—sources and destinations

Vats *et al.* (August 2005 *JRSM*<sup>1</sup>) are correct in stating that embryonic stem cells (SCs) represent a unique opportunity to study cellular differentiation processes, and that progress in the related arena of tissue engineering depends on generation of suitable cells and their ability to perform specific biological functions. But, as the authors discussed, social and ethical discord has complicated the availability of human embryonic SCs. In the mouse, they have been produced from single blastomeres obtained from non-destructive biopsy of embryos destined for transfer, or from the isolation of karyotypically normal blastomeres from disaggregated ('dead') embryos regarded unsuitable for transfer.<sup>2</sup> As neither of these laboratory techniques harms a viable source embryo, application of such methods to human embryos might satisfy some of the objections currently lodged against this research. Indeed, the successful translation of this work to humans could potentiate further advancements in tissue engineering, where preliminary experiments have shown promise for correction of severe organ pathology.<sup>3</sup>

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#### REFERENCES

- 1 Vats A, Tolley NS, Bishop AE, Polak JM. Embryonic stem cells and tissue engineering: delivering stem cells to the clinic. *J R Soc Med* 2005;**98**:346–50
- 2 Sills ES, Takeuchi T, Tanaka N, Neri QV, Palermo GD. Identification and isolation of embryonic stem cells in reproductive endocrinology: theoretical protocols for conservation of human embryos derived from in vitro fertilization. *Theor Biol Med Model* 2005;**2**:25
- 3 Hipp J, Atala A. Tissue engineering, stem cells, cloning, and parthenogenesis: new paradigms for therapy. *J Exp Clin Assist Reprod* 2004;**1**:3

### Possession and Jinn

I was heartened to read both the editorial and the paper by Dr Khalifa and Dr Hardie on *Possession and Jinn* (August 2005 *JRSM*<sup>1</sup>). The remark about the lack of comments in medical (and academic) journals is somewhat familiar as I have spent a number of years studying the Jinn and their impact on illness, and have found it difficult to find supporting literature. I agree that this not an *uncommon lay differential diagnosis* as I have witnessed examples of it not only in patients with mental illnesses, but also with organic causes. A head injury patient was nursed and treated with conventional medicine. Concurrently, the family enlisted the help of a Sheikh to exorcise the Jinn which caused the initial accident following a family feud. The patient recovered and the family believed their *treatment* was the more successful.

The treatments, although sometimes reported as haphazard and brutal, are well organized—the beatings described are more as a result of failure to exorcise the recalcitrant Jinn rather than hostility. The identification of Jinn and their purpose are well documented in Arabic literature. The inhalation of frankincense, writings of the Koran, kohl, mercury, Jinn dances, wearing of amulets, sacrifices, hadida, wassum, application of urine, spices and rose water all appear to have an affect on the Jinn. Admittedly the overlay of faith and communal support probably has a significant affect but the added attraction of Jinn being responsible for the ills rather than the person must have some healing properties.

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#### REFERENCE

- 1 Khalifa N, Hardie T. Possession and jinn. *J R Soc Med* 2005;**98**:351–3

### Letters to the Editor

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