

been carried out for phenylketonuria since the mid-1970s and testing for hypothyroidism since the mid-'80s. Our recent data on new mothers' knowledge of these tests suggests that ignorance is widespread.

As part of the Cambridge prenatal screening study, 1387 women from nine hospitals in four regions completed a postal questionnaire six weeks after giving birth.<sup>2</sup> All but eight women knew where the test had been done (1209 at home and 163 in hospital), with more primiparous women tested in hospital). Most women (951) said that the test had been fully explained and 222 "knew about it already." The extent to which women thought that they were informed, however, was not reflected in the answers to a question about which disorders this blood sample was tested for (table).

*Mothers' responses to question "Which of the following was your baby tested for?"*

	Yes	No	Don't know
Cystic fibrosis (n=1232)	348	163	721
Cerebral palsy (n=1202)	183	218	801
Phenylketonuria (n=1293)	584	45	664
Haemophilia (n=1183)	114	230	839
Muscular dystrophy (n=1187)	118	223	846
Hypothyroidism (n=1217)	247	111	859
Diabetes (n=1186)	125	227	834

Older, more educated women were more likely to answer the questions correctly, but only 51 of the 150 most educated women correctly identified hypothyroidism and 105 phenylketonuria. Multiparous women were no more likely to answer these questions correctly than primiparous women. Twenty one women answered "yes" for all of the disorders; these women all stated that the Guthrie test had been fully explained, as did 250 of the 489 who answered "don't know" for all of the disorders.

Phenylketonuria was the disease that was most commonly identified correctly, but still by only 45% of the sample. Only 20% identified hypothyroidism, even though this condition is more likely to be detected (three cases in our study). Six of the districts used the Guthrie spot to test for cystic fibrosis, and in these districts 306 (37%) of the 964 women identified cystic fibrosis (correctly), compared with 42 (10%) of 409 in the other hospitals, who did so incorrectly.

Most new mothers do not know what the Guthrie test is for: a considerable number incorrectly believe that it will detect more disorders than is the case. These results clearly challenge any notion that women are giving informed consent for their babies to be tested, even though they believe themselves to have been informed.

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1 Bradley DM, Parsons EP, Clarke AJ. Experience with screening newborns for Duchenne dystrophy in Wales. *BMJ* 1993;306:357-60. (6 February.)

2 Green JM, Statham H, Snowdon CM. *Pregnancy: a testing time. Report of the Cambridge prenatal screening study.* Cambridge: Centre for Family Research, University of Cambridge, 1993.

## Medical management of Duchenne muscular dystrophy

EDITOR,—James E Bowman states that patients with Duchenne muscular dystrophy are bedridden by the age of 12.<sup>1</sup> This should not be accepted as adequate medical management in the 1990s. Most patients with Duchenne muscular dystrophy lose their independent mobility and may be confined

to a wheelchair by the age of 12, but many spend some time standing with a suitable support. Patients become bedridden only when they are terminally ill or if they are allowed to develop progressive scoliosis which results in intolerance of sitting. This last can be prevented by modern orthopaedic treatment,<sup>2</sup> but, unfortunately, many patients are still referred to a suitable orthopaedic clinic too late.<sup>3</sup>

Not only does spinal stabilisation for early scoliosis in patients with Duchenne muscular dystrophy maintain sitting balance but it is also associated with a slower deterioration in lung function.<sup>2</sup> It is a major procedure in these patients, and, unfortunately, not all patients are fit enough for surgery at the time of referral. Of 169 patients with Duchenne muscular dystrophy referred to the orthopaedic muscle clinic at the Royal Manchester Children's Hospital, 117 already had a scoliosis at the time of referral; three patients had a curve between 80° and 100° and eight patients had a curve in excess of 100°. Some of the patients with a curve in excess of 100° were no longer able to sit because of the pelvic obliquity consequent on the scoliosis; they were bedridden not because of the Duchenne muscular dystrophy itself but because they had been allowed to develop such extensive spinal curves before referral to an orthopaedic muscle clinic.

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1 Bowman JE. Screening newborn infants for Duchenne muscular dystrophy. *BMJ* 1992;306:349. (6 February.)

2 Galasko CSB, Delaney C, Morris P. Spinal stabilisation in Duchenne muscular dystrophy. *J Bone Joint Surg [Br]* 1992;74:210-4.

3 Galasko CSB, Delaney CM. The effect of prolonged standing on scoliosis and lung function in patients with Duchenne muscular dystrophy. *Muscle Nerve* (in press).

## Working with adult survivors of child sexual abuse

EDITOR,—Does the surgical senior registrar who seems to have performed an unnecessary internal examination under anaesthesia without consent before an appendectomy<sup>1</sup> realise how lucky he is not to have been charged with battery?<sup>2,3</sup> According to the patient, she had made patently clear her refusal to allow him to perform a vaginal or rectal examination because of a history of child sexual abuse by her doctor father.

If the ideal course of action is not possible doctors must use their ingenuity to find another. This was not a difficult patient, rather a difficult medical problem. The surgeon apparently did not listen to his patient or respect her bodily integrity.

A defence of acting in her best medical interests fails: he could have tried to find a female gynaecologist, and, indeed, his female house officer had already examined the patient; a pelvic mass could have been shown by ultrasonography; if it was necessary to exclude pelvic disease a laparoscopy could have been performed before the appendectomy; it is doubtful whether the examination under anaesthesia served any purpose as tenderness could not be elicited; and, finally, he could have asked the patient first whether an examination under anaesthesia was an acceptable compromise.

This patient was bound to be extremely distressed at finding that a male doctor had forcibly touched her intimately. Waiting until she was anaesthetised and had no control over events re-enacted and reinforced the abuse begun by her father. The examination under anaesthesia without consent is inexplicable (unless it was to punish her for having refused examination when conscious). The surgeon also abused the patient,

and it was a misuse of professional privilege that he did so.

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1 Anonymous. Working with adult survivors of child sexual abuse. *BMJ* 1993;306:395-6. (6 February.)

2 Kennedy I, Grubb A. *Medical law—text and materials.* London: Butterworths Legal, 1989:171-229.

3 Bewley S. The law, medical students and assault. *BMJ* 1992;304:1551-3.

## Mothering skills of women with mental illness

EDITOR,—The mothering skills of women with mental illness are important for the physical and mental health of their children.<sup>1</sup> Certain crucial issues are, however, confused in Louis Appleby and Chris Dickens's editorial. On the one hand there is severe mental illness in mothers, possibly psychotic and requiring admission to specialist units. Although the incidence of psychotic illness in women is significantly greater after delivery than at any other time, it is still relatively rare (about one or two cases per thousand). On the other hand, there is postnatal depression, which is extremely common, occurring in 10-20% of mothers.<sup>2</sup> This condition is mostly dealt with in the community, which often means that it is not dealt with at all. In inner cities the prevalence of depression among mothers of young children is even greater.

We now know that babies whose mothers are depressed continue to be affected even after the mother has recovered. They tend to be more clingy and less competent, both socially and intellectually. This was well summarised by Murray *et al.*<sup>3</sup>

Many different factors contribute to the neglect and invisibility of maternal depression, not least the confusion between a rare psychotic illness and a common condition. To deal with it and to prevent its persistent effects on children, doctors and nurses need more training to develop their psychological awareness and their counselling skills. The ready availability of a screening questionnaire that mothers at risk can complete under supervision in a few minutes is potentially useful,<sup>4</sup> but only if health workers and others can rise to the needs of depressed mothers. This is a damaging epidemic which remains politically invisible but socially evident.

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1 Appleby L, Dickens C. Mothering skills of women with mental illness. *BMJ* 1993;306:348-9. (6 February.)

2 Cooper PJ, Campbell EA, Day A, Kennerley H, Bond A. Non-psychotic psychiatric disorder after childbirth: a prospective study of prevalence, incidence, course and nature. *Br J Psychiatry* 1988;152:799-806.

3 Murray L, Cooper PJ, Stein A. Postnatal depression and infant development. *BMJ* 1991;302:978-9.

4 Cox AD, Holden JM, Sagovsky M. Detection of postnatal depression: development of the 10 item Edinburgh postnatal depression scale. *Br J Psychiatry* 1987;150:782-6.

## Screening for hypertrophic cardiomyopathy

EDITOR,—We strongly support A L Clark and A J S Coats's conclusions that screening for hypertrophic cardiomyopathy is not justified at present and that more research is needed on both the effectiveness of early treatment and the natural course of minor abnormalities detected by screening.<sup>1</sup> We have recently been concerned by prominent publicity in the media in Wales relating