obsessions about food." Reports also exist^{1,2} of anorectic patients responding well to oral pimozone. In each case weight gain and general improvement were associated with disappearance of an "implacable obsession with weight"¹ or a "delusion of fatness."²

Fluspirilene and pimozone are closely related members of the diphenylbutylpiperidine class of neuroleptics. They differ from the majority of such agents by being selective blockers of central dopaminergic neurotransmission, at least part of this blockade occurring in the hypothalamus. Barry and Klawans³ have demonstrated how many of the features of anorexia nervosa may be attributed to increased activity of dopaminergic neuronal systems in the hypothalamus.

Anorectic patients may be most likely to respond to a diphenylbutylpiperidine agent when a delusional disturbance of body image is central to the psychopathology. Bruch⁴ and others believe this to occur commonly, although substantial doubt about this must be entertained. Where such "delusional fatness" is present the patient may be considered to exhibit a monosymptomatic hypochondriacal psychosis. Patients within this general category appear to respond well to pimozone,^{5,6} and increased central dopaminergic neurotransmission has also been implicated in this condition.⁷

I intend to test the above hypothesis and am currently planning a controlled study of the effects of pimozone in anorexia nervosa.

TERENCE M REILLY

St Mary's and Maudsley Hospitals,
London

¹ Plantey, F, *Lancet*, 1977, **1**, 1105.

² Reilly, T M, *Proceedings of the Royal Society of Medicine*, in press.

³ Barry, V C, and Klawans, H L, *Journal of Neural Transmission*, 1976, **38**, 107.

⁴ Bruch, H, *Psychosomatic Medicine*, 1962, **24**, 187.

⁵ Riding, J, and Munro, A, *Acta Psychiatrica Scandinavica*, 1975, **52**, 23.

⁶ Reilly, T M, *Lancet*, 1975, **1**, 1385.

⁷ Reilly, T M. In preparation.

Cardiac arrhythmia after mushroom ingestion

SIR,—In the past few years there has been a great increase of popular interest in fungi from those interested in natural history and in culinary experiments and from those seeking a psychotropic effect.

Many popular books quote and requote each other regarding toxic effects. One agaric that has been suspect but considered by some a case of mistaken identity¹ is *Coprinus atramentarius*. It was therefore particularly instructive to read the report by Drs M J Caley and R A Clark (24-31 December, p 1633). There seems no doubt that this toadstool has unpleasant (and dangerous?) disulfiram-like properties. It is unfortunate that a writer suggested recently in a countryman's journal² that *C atramentarius* could be eaten on toast at cocktail parties as a sort of "divertissement."

Some members of the British Mycological Society have been concerned with the possibility of an increase in the instances of mushroom poisoning occurring in Britain. We are also aware that there is little authentic documented information regarding the frequency and severity of poisoning. I would be pleased to hear from any reader who has experience of poisoning or allergic reaction following ingestion of species which have

been determined with certainty. I will pass on such information to Mrs Ray Cowell, who is collecting the data.³

May I finally defend Drs Caley and Clark in their use of the word "mushroom" (Dr A P Radford, 14 January, p 112). In Britain we have no single collective term for our "champignons supérieurs." The word mushroom may be restricted to species of the genus *Agaricus* (which contains at least one poisonous species) by mycologists but it also serves as a general lay term for the larger fungi. This term is commonly used in the titles of books¹ and headlines in newspapers, and quite correctly in the title of an article in the *BMJ*.

P A JONES

Avenue Villa,
Llanelli, Dyfed

¹ Jordan, M, *A Guide to Mushrooms*, p 167. Blandford, Dorset, Millington, 1975.

² Lockhart, L B, *Field*, 7 April 1977.

³ *Bulletin of the British Mycological Society*, 1977, **11**, 151.

Snap-happy parents

SIR,—Recently much attention has been given to the importance of bonding of mothers and babies, particularly as studies have suggested a much higher incidence of non-accidental injury and associated problems in babies weighing less than 2.5 kg at birth or when separated from their mother either at birth or during the first year of life.¹⁻⁴

Babies requiring intensive neonatal care must usually of necessity be cared for in units separated from their mothers. Similarly maternal ill health or the design of the hospital may dictate this. Many units encourage mothers to visit to handle their babies as much as possible to encourage bonding, but inevitably a gap exists. We too have followed this policy. Since October we have attempted to reinforce this by providing, as far as possible, each mother of any baby that is likely to remain in the special care unit for more than a minimal period, or which requires transfer elsewhere for further care, with a photograph taken with a Polaroid camera as suggested by Klaus and Kennel.⁴ This is easily done by the nursery staff and does not require the services of a hospital photography department.

To date the scheme has been enthusiastically received by the mothers and by the nursing staff of the special care nursery and postnatal wards. An unexpected complication became apparent after some weeks during rounds of the postnatal wards. It was noted that while many mothers had photographs prominently displayed, some did not. Further inquiries showed that these had usually been taken away by proud or amazed fathers.

It thus seems possible that these photographs may help bonding not only between the mother and child but also between father and child. The importance of the latter tends to receive less attention than perhaps it should and is probably even more difficult to encourage, but in our hospital at least the fathers' behaviour demonstrates that they are important and are keen to get involved in more than a merely supportive role. As a result of our recent experience we now provide two photographs of each baby, one for each parent. The cost of this is approximately 58p per baby and we estimate the annual cost at around £50. We consider this a small expenditure compared with the cost involved in the

treatment and management of non-accidentally injured children.

We acknowledge the generosity of Wyeth Laboratories, who supplied the Polaroid camera.

J A SILLS
J E HANDLEY

Paediatric Department,
Bangour General Hospital,
Broxburn, W Lothian

¹ Lynch, M A, and Roberts, J, *British Medical Journal*, 1977, **1**, 624.

² Lynch, M A, *Lancet*, 1975, **2**, 317.

³ Sils, J A, Thomas, L J, and Rosenbloom, L, *Developmental Medicine and Child Neurology*, 1977, **19**, 26.

⁴ Klaus, M H, and Kennel, J H, in *Recent Advances in Paediatrics* 5, ed D Hull. Edinburgh, Churchill Livingstone, 1976.

Bronchiectasis in acute leukaemia

SIR,—We thank Dr J W M van der Meer and his colleagues (14 January, p 111) for their comments on our paper (1 October, p 857) and their interesting case report. We noted that an improvement on chest x-rays may have been influenced by prophylactic rotating antibiotics, but we did not "ascribe great value" to the use of antibiotics, which we believe is still an open question. Prophylactic antibiotics are not in fashion, but a recent double-blind controlled trial reported from St Jude Children's Research Hospital, Memphis, of cotrimoxazole in patients on immunosuppressive therapy is of interest.¹ The authors showed a significant reduction of bacterial infections as well as of *Pneumocystis carinii* pneumonia in the treated group.

The patient with aplastic anaemia and bronchiectasis reported by Dr van der Meer and his colleagues is not exactly analogous to our cases as children on combination chemotherapy are immunosuppressed as well as myelosuppressed. Like their patient, regular physiotherapy was an integral part of the management of our children. One of these children has now stopped all combination chemotherapy and prophylactic antibiotics have been stopped as well. The Dutch group's reliance on sputum cultures for determining the aetiology of lower respiratory tract infections is not applicable to children, in whom traditional bacteriological techniques are frequently irrelevant and may be misleading when compared with needle aspirates of the lung.²

P J KEARNEY
C R KERSHAW
P A STEVENSON

University Department of
Child Health,
Royal Hospital for Sick Children,
Bristol

¹ Hughes, W T, *et al*, *New England Journal of Medicine*, 1977, **297**, 1419.

² Silverman, M, *et al*, *Archives of Disease in Childhood*, 1977, **52**, 925.

Ferritin and iron overload

SIR,—In reply to Dr M Worwood and Mr M Wagstaff (21 January, p 177) I should like to make the following points.

(1) In our investigation (19 November, p 1327) tumour ferritin isoelectric point was determined in an LKB 110-ml focusing column.

(2) I agree with their comment regarding the form of ⁵⁹Fe in the serum of this patient. However, unlike many of the other patients with