

world, and should love them (the parents). They readily become responsible for new children, only to ill-treat them again. Contraceptive advice, however skillfully given, appears to be ignored *to start with*.

Selwyn Smith *et al.* (1) emphasize the 'high incidence of personality disorders and youthfulness (of the battering parents)'. They conclude '. . . that various birth control measures are unlikely to be effective in reducing the prevalence of battered babies'. Their data seem to point to the conclusion that birth control measures (in Birmingham) have so far been ineffective in influencing this group of battering parents or in reducing their tendency to breed before they are capable of rearing.

We are cited in support of pessimism about birth control for abusive families (2, 3). This aspect was taken up in the Press. It is easy to be disheartened when a battering mother has her third or fourth child when she is failing to rear the first two by acceptable standards. However, we see family planning as part of the treatment of large problem families with poorly reared youngsters, and believe this helps prevent battering and neglect in this and the next generation. Some of the abusive parents with whom we discussed family planning three or four years ago now accept it, even if they do not remember the people who originally first discussed the issue with them, and whom they originally ignored, resented, or disbelieved.

I concur fully with the main findings of the Birmingham team. '. . . Baby battering occurs alongside a constellation of other social inadequacies, or failure of adaptation, rather than in isolation'. Nevertheless this is no excuse for not being insistent in the provision of contraceptive advice.

Family planning must also be directed at the much larger numbers of less severely pathological families

to raise the quality of rearing in this and the next generation. One cannot easily stop a disturbed child who repeatedly damages or neglects a doll or pet, from wanting more dolls or pets. Nevertheless, by a combination of concern, firmness and reason, one tries! The same applies to family planning for abusive or neglectful parents.

J. E. OLIVER.

*Burderop Hospital,
Wroughton,
Swindon, SN4 0QA.*

REFERENCES

1. SMITH, SELWYN M., HANSON, RUTH & NOBLE, SHEILA (1974) Social aspects of the battered baby syndrome. *British Journal of Psychiatry*, **125**, 568-82.
2. OLIVER, J. E. & TAYLOR, AUDREY (1971) Five generations of ill-treated children in one family pedigree. *British Journal of Psychiatry*, **119**, 473-80.
3. — COX, J. & BALDWIN, J. A. (1974) *Severely Ill-Treated Children in North East Wiltshire*. Oxford University Unit of Clinical Epidemiology, Research Report No. 4.

FILMS ON PSYCHIATRY

DEAR SIR,

The New York University Film Library is soliciting new films by psychiatrists, behavioural scientists and institutions. These films, with our collection of over 1,300 films, would be distributed throughout North America on a commission basis. If interested, please contact Dr. D. Lesser, Director, New York University Film Library, at the address given below.

M. ALBERSTEIN.

*New York University Film Library,
26 Washington Place,
New York,
N.Y. 10003, U.S.A.*