

## Rearing children

Sir,

Your issue of May this year includes not only Dick Smithells enthusiastic review of *Child Health in a Changing Society*<sup>1</sup> but Walker's disturbing explication of government policy in relation to child benefits.<sup>2</sup> There are issues here which physicians for children, and indeed all who work in the field of child care, need first to think through and then to speak out about: only we have the professional attitude of disinterested concern about the nation's children that should enable us to spell out to the electorate where their government is taking us.

Four things have to be taken into consideration: the first, that there are both religious and biological reasons why we should not even attempt to interfere with the freedom to reproduce; the second, that the way in which other people's children are reared will inevitably affect all of us as we or our children will have to live with them at school and when they grow up. Too high a proportion of the inadequate, the unfit, and particularly the delinquent makes it difficult for a society to organise itself in a civilised way. Thirdly, poverty, which is not all a matter of income—it can be a matter of the spirit as well as the pocket—makes the task of rearing a human child extremely difficult; and fourthly, the sins or inadequacies of parents should not be visited on their children. If this is all unquestionably so, as most of us would concede, it means that we have the duty to tell the public and the government they have elected that some of the latter's policies are likely in the long run to undermine our society and that we will therefore need to take preventative action in the short run—that is, now.

Most parents would manage better with more money, especially if it were given specifically for the purpose of child rearing to their mothers; some families need the constraints of carefully drafted, well publicised, and sensibly enforced laws and regulations if they are to exercise their power over their children responsibly. All who contemplate taking on the enormous responsibility of bringing another human being into the world under the urge of biological imperatives should have been educated in what that will involve for them—and the children. Those inclined to abuse their children should know that this is unacceptable and will almost inevitably lead to their being held to account in some way. Those who have been improvident should be constrained in some other way than through their children's welfare into using their resources more wisely. And all of us should be persuaded that it is in our interests as well as a moral duty to do our best to improve the soul destroying environments in which so many of our children are brought or 'dragged up'. Perhaps buying cigarettes with money that should go on food or locking children up for a visit to a disco or pub are just the ways in which some parents, with very little in the way of inner resources, manage to keep going in the face of poverty, hopelessness, suppressed anxiety and a way of life that offers no joy, no security, and little satisfaction—no 'love' or 'work', as Freud put it when defining maturity.

If we do not, to some extent, regard ourselves as our brothers' children's keepers in their childhood, we shall

have to contain them when they grow up. What a good society offers is a framework in which it is possible for all of us to give of our best in the ordinary affairs of life and for all of us to have at least the opportunity to make the best and the most of it; and in this context we should not forget the children of the rich, if their parents end up giving them precious stones, when they ask for the bread that signifies manifest love, in the struggle to get the largest possible share of the wealth that work creates.

### Reference

- 1 Smithells RW. A gem of a book. *Arch Dis Child* 1988;63:578.
- 2 Walker R. The future of child benefits in the United Kingdom. *Arch Dis Child* 1988;63:471–2.

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## Use of growth hormone

Sir,

We feel it is important to draw the attention of paediatricians in the United Kingdom to the following statement recently issued by the European Society for Paediatric Endocrinology regarding the therapeutic use of human growth hormone. According to the third listed recommendation, a mechanism to establish a national register of treated children in this country is to be implemented.

In 1984 the European Society for Paediatric Endocrinology established a working party to consider the various implications of increasing availability of human growth hormone produced by recombinant DNA technology. The same working party was also concerned with coordinating information, within Europe, when pituitary growth hormone was withdrawn in an increasing number of countries after the occurrence of Creutzfeldt-Jakob disease in several patients from the United States, United Kingdom, and New Zealand previously treated with this product.

There are now a number of human growth hormone products either licensed or undergoing clinical trial and there is every likelihood of rapidly increasing supplies over the next few years. The value of human growth hormone in the treatment of short stature due to classical growth hormone deficiency is incontestable, as for pituitary growth hormone, but its role in management of other indications is still far from certain. Among the latter the most important could include Turner's syndrome, non-endocrine short stature, and children of low birth weight. Even in classical growth hormone deficiency there are still many uncertainties concerning diagnosis and optimal human growth hormone treatment regimen.

With these difficulties in mind, the working party has made the following recommendations:

- (1) Until the remaining problems with treatment of classical growth hormone deficiency are resolved,