remarkable energy even when she had passed the age of 90 and who, like Max, had many friends and an iron self-discipline. Losing her husband soon after her marriage, she brought up her three children unaided. She was Swiss.

His career at University College Hospital and his work as President of the Royal College of Physicians is recounted elsewhere. Here his help to this younger College will be recorded. He made it clear early in his presidency that he intended to efface the attitude to general practice of his predecessor, Lord Moran, and the attitude to this College displayed by Lord Brain. He consistently put his intentions into practice. In particular, he served as Chairman of the Education Foundation Board. He encouraged the joint recommendation of junior hospital posts in general medicine by the two colleges and the joint working party on general-practitioner beds in hospitals. He was elected an Honorary Fellow of the College in 1969, in gratitude for his constant help.

We have lost a good friend and a man with a rare combination of fine qualities who still had much to give.

J. P. HORDER

CORRESPONDENCE

REPRODUCTION IN MALIGNANT DISEASE

Sir,

I have had the misfortune to know four young men who have died from malignant disease. Each died from malignancy in a different organ—thyroid, lung, bowel and testis but I have been struck by an odd feature about their reproductive capacity.

One, who had a carcinoma of the thyroid gland diagnosed shortly after his marriage, produced no children while his wife, who married again after his death, proved remarkably fertile. In the other three, the last born child was appreciably smaller and more 'delicate' than his siblings. This 'delicate'-ness is difficult to define but made them unlike their brothers or sisters.

I am aware of Patton & Gardner's work (1972) on deprivation dwarfism and the influence of emotional stress on size and maturation in early infancy, but in each of the three latter cases the father's first symptoms did not appear for two or three years after the child's birth.

For several years the improbability of carcinogenesis affecting the male germ plasma has deterred me, as has a disinclination to disturb the widows. On the other hand this is the type of observation which might be missed since few general practitioners will see enough men in this predicament to allow the observation to be made, while few cancer specialists will know their patients' families well enough to make the observation.

The difficulties of a trial—either retrospective or prospective—are daunting and so I would be anxious to receive any information either confirmatory or otherwise from any practitioner who has experience of this situation. If the postulate is correct, explanation of the mechanism would be necessary and might throw new light on cancerogenesis.

WILLIAM DODD

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Kirriemuir.

REFERENCE

Gardner, L. (1972). *Scientific American*, July.

ET AL.

Sir,

Painstaking medical research has surely shown that vasectomy does not affect sexual function, and yet in this paper on the subject Dr N'Yeurt has neutered whole research teams—Moriya *et alia*, Martin *et alia* (sic)—*et alii!*

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DIETARY IMMUNOLOGY—AN HYPOTHESIS

Sir,

A sudden change of environment from pure African to pure European led me to the observation that withdrawal of cows' milk from the diet considerably reduces tonsil and middle-ear disease. From other observations I formulated the hypothesis that dietary protein from heterologous species is a primary factor in vascular atheroma. Three pathways of this 'dietary immunology' are suggested. I quote examples I have experienced:

(i) non-specific protein antigenicity (cows' milk—tonsils)

(ii) organ-specific heterologous protein response. Hormone factors need study here. (Egg—ovary, Cows' milk—breast hyperplasia)

(iii) lifelong molecular damage to cellular membrane. (Cows' milk—arteries)

On the basis of prolonged treatment of a series of coronary cases, (histories available on request) I suggest that cows' milk protein with other compounding dietary ingredients requires further study from two points of view.

Firstly, it requires clinical and immunological investigation, and secondly, scientific research to invoke enzymatic or chemical pretreatment of milk to reduce antigenicity in humans. General practitioners can provide the initial assessment of this hypothesis, which I believe.

The proteins I have removed from the diet of sufferers from severe coronary disease are initially all meats, dairy products, eggs and glutens. Fish, vegetables, fruit and nuts, tailored in quantity to suit the patient have been found suitable once appetite returns. My advice, at a certain stage of