

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 carcinogenesis.

WILLIAM DODD

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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 glutes. 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

recovery, is to restore gluten but to remain for life off such products as eggs, beef, pork and all cow-derived meats. The arteries may be target organs in sensitive strains to antigens from ingested foods, and the removal of antigens lowers the immunological sensitivity in damaged areas. The 'clotting' of the acute attack I ascribe to an immune adherence phenomenon between cells. I would appreciate letters from interested practitioners.

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REFERENCES

- Annand, J. C. (1967). *Journal of Atherosclerosis Research*, 7, 797.
Annand, J. C. (1971). *Journal of Atherosclerosis Research*, 13, 137.
Davies, D. F. (1969). *Journal of Atherosclerosis Research*, 10, 253.
Davies, D. F. (1971). *American Heart Journal*, 81, 289.

EPIDEMIOLOGY IN COUNTRY PRACTICE

Sir,

One out of ten to the Council of the Royal College of General Practitioners for producing an expensive and limited facsimile edition of *Epidemiology in country practice* and to you for encouraging them in your editorial (*August Journal*).

It would have been more appropriate to have issued it in paperback in an unlimited edition at a lower price and attempted to sell it more widely. You hope that it will inspire the next generation of general practitioners; how can it as a limited edition (one copy between 20 general practitioners)?

Pickles would turn in his grave.

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REFERENCES

- Journal of the Royal College of General Practitioners* (1972). Editorial, 22, 495.
Pickles, W. N. (1939). *Epidemiology in Country Practice*. Facsimile edition. Republished 1972. London: Royal College of General Practitioners.

BOOK REVIEWS

Reports on Confidential Enquiries into Maternal Deaths in England and Wales 1967-1969.
Department of Health and Social Security. Reports on Health and Social Subjects No. 1. 1972. Pp. 129. London: H.M.S.O. Price: 85p.

These triennial reports are by the Department's consultant advisers in obstetrics and anaesthetics with the help of the Office of Population Censuses and Surveys. They are based on reports of individual cases by obstetricians acting as regional assessors, and try to show whether there were any avoidable factors which might have contributed to death. They are intended not to apportion blame but to show where a further reduction in the maternal death rate might be made.

As obstetric standards rise, assessment becomes more strict; although there has been a considerable reduction in maternal deaths, the proportion in which avoidable factors were considered to be present is higher than ever at 56 per cent in this report. It assesses 86.3 per cent of the deaths due to pregnancy and childbirth known to the Registrar General, and, as pregnancy is not always recorded on certificates of death due to other causes, even more cases of associated death than are known to the Registrar General.

During the triennium, the birth rate continued its steady fall from the 1964 peak down to 16.6 in 1969, and the maternity rate fell in all age groups except under 20 years. Although the number of women in the 20-30 years age group rose, the total number of births fell by 6.3 per cent to 808,192 in 1969.

In 1969, the first full year of the Abortion Act, 6.2 per cent of all known pregnancies were terminated. In that year the fall in the number of births was at the rate of 2.75 per cent, the most rapid for several years, but the excess over recent averages accounted for only about 8,000 fewer births. This crude measure of the effect of the Act suggests that most of the 54,158 terminations would not have progressed to births in this country if the Act had not been passed.

Hospital delivery of 8,000 patients needs about 60,000 bed-days. These were saved, surely enough to have accommodated the National Health Service share of terminations, except that they were obstetric, not gynaecological beds. Is there a case for making early termination part of the maternity service?

Abortion, pulmonary embolus, toxæmia and haemorrhage are still the major causes of maternal death, in that order as toxæmia and haemorrhage have changed places since the last report. As before, if cases of septic abortion are added to those of puerperal and postoperative sepsis, it is apparent that sepsis is the major cause, abortion without sepsis taking third place after pulmonary embolus. As deaths from illegal abortion fell from 28 in 1968 to 17 in 1969, there may in the future be a fall in illegal and therefore in septic abortion.

Deaths from toxæmia fell by 20 percent to 53, but the number of deaths from eclampsia has not fallen since 1961. Avoidable factors were present in two thirds of the cases of toxæmia and a rather higher proportion of the 41 deaths from eclampsia. This is the field in which general practitioners are most likely to be able to play a significant part in