

LETTERS TO THE EDITOR

Maternal diet and atopic eczema

I read with great interest the findings of Burr *et al*¹ on the environmental factors and symptoms in infants at high risk of allergy. They have studied an exhaustive list of environmental factors. I would like to draw the attention of the authors to the role of mother's diet during lactation on the development of atopic eczema in high risk infants.

Ranjit Kumar Chandra *et al*² in their prospective randomised control trial showed that eczema was less common and milder in babies who were breast fed and whose mothers were on a restricted diet (exclusion of milk and other dairy products, eggs, fish, peanuts and soya beans). The omission of this variable of mother's diet may lead to some amount of confounding bias in studying the association of breast feeding and development of atopic eczema. Burr *et al* have recommended a few precautions for mothers with the family history of eczema who breast feed their children. Based on our present knowledge regarding the role of mother's diet during lactation these mothers should be advised to avoid allergenic food during lactation. Obviously the nutritional state of the mother should be closely monitored and she should be given professional dietary advice.

1 Burr ML, Miskelly FG, Butland BK, Merrett TG, Vaughan-Williams E. Environmental factors and symptoms in infants at high risk of allergy. *J Epidemiol Community Health* 1989; 43: 125-32.

2 Chandra RK, Puri S, Hameed A. Influence of maternal diet during lactation and use of formula feeds on development of atopic eczema in high risk infants. *Br Med J* 1989; 299: 228-30.

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The authors reply as follows:

I agree with Dr Badrinath that the trial by Chandra *et al* shows that the incidence and severity of eczema in breast fed infants can be reduced if their mothers avoid certain foods. In our study the lactating mothers in the intervention group were advised to restrict their intake of milk to $\frac{1}{2}$ pint (284 ml) daily, but otherwise we did not restrict their diet.

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Could natural killer cell activity be linked to the reduced incidence of cancer in schizophrenic patients?

In a recent issue of your journal (Vol 43: 43-7), Dr P B Mortensen reported on his findings of alterations in the incidence of cancer among schizophrenic patients.¹ Of particular interest was his finding of the reduced risk of cancer among male patients in

general, and reduced risk of certain types of cancer among females. Dr Mortensen very eloquently described a number of possible explanations for these findings, including: differences in diagnostic practices, altered exposure to carcinogens, reduced sexual activity of hospitalised female patients, and possible inhibition of tumour growth by neuroleptic medication.

I would postulate an additional explanation linked to possible intrinsic immune differences between schizophrenic patients compared to the general population. Wang *et al* have reported increased natural killer cell activity (NKA) in a group of forty non-medicated schizophrenic patients in comparison to matched controls.² Natural killer cells are a type of non-B, non-T lymphocyte which directly attack and destroy tumour cells.³ An increase in NKA could play a role in protecting these individuals from neoplasia. DeLisi *et al* tested this hypothesis in 1983 by studying NKA in a group of schizophrenic patients. They found the mean NKA similar to controls; however, their results were difficult to interpret as the majority of subjects were medicated at the time of evaluation. Although Dr Mortensen points out that neuroleptics have been reported to inhibit tumour growth in animal experiments, they have also been shown to impair immune function by decreasing lymphocyte mitogen stimulation and NKA.^{4,5} Therefore the findings of Wang *et al* may more accurately reflect the status of NKA in schizophrenic patients.

As future psychoimmunological investigations study this patient population, perhaps research findings will further elucidate possible explanations for the reduced incidence of cancer among schizophrenic patients.

1 Mortensen PB. The incidence of cancer in schizophrenic patients. *J Epidemiol Community Health* 1989; 43: 43-7.

2 Wang QD. Preliminary study on natural killer cell activity in peripheral blood lymphocytes of schizophrenic patients. *Chinese J Neurol Psychiatry* 1987; 20(4): 215-6.

3 Herberman RB, Ortaldo JR. Natural killer cells: their role in defenses against disease. *Science* 1981; 214: 24-30.

4 DeLisi LE, Ortaldo JR, Maluish AR, *et al*. Deficient natural killer cell activity and macrophage functioning in schizophrenic patients. *J Neural Transm* 1983; 58: 99-106.

5 Ferguson RM, Schmidtke JR, Simon RL. Concurrent inhibition by chlorpromazine of concanavalin A induced lymphocyte aggregation and mitogenesis. *Nature* 1975; 256: 744-5.

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BOOK REVIEWS

Social Dilemmas in Cancer Prevention. Ed B A Stoll (Pp 140; £25.) Macmillan Press, 1989. ISBN 0-333-48733-8.

There is little doubt that if the incidence of cancer in a local community might be drastically reduced by employment of a

public health physician continuously to wave a magic wand, the career opportunities, prestige and even remuneration of such doctors would be immeasurably better than they are today. At present, all that communities get from the public health physicians they employ is advice about smoking, drinking, diet and sexual activity and about the need to subject selected individuals from within the community to regular examinations of an uncomfortable and embarrassing nature.

This little volume examines very many of the issues relating to whether most cancer might be avoidable and exhibits many of the dilemmas confronting both individuals and society in seeking to apply available knowledge of cancer aetiology and preventive and screening techniques to the attempt to reduce cancer incidence and mortality. The issues range from general public ignorance of cancer (although a comparable medical professional ignorance is not mentioned) through economic imponderables to questions of the potential conflict between public good and individual autonomy.

Much of the book is the work of its editor, and indeed these sections are so comprehensive and well informed that one wonders why others were invited to contribute. These others have contributed a useful and clear chapter on diet and cancer, a mildly provocative one on leisure related cancer, an excellent summary of the evidence on radiation and cancer and on social class and cancer. There is also a rehearsal of the familiar Dublin scepticism about screening related to breast and cervical cancer.

The book is directed to the general reader rather than to doctors and so far as its exposition of the medical issues is concerned I should judge it to be very successful. I wonder, however, if the general reader might not be more demanding than doctors usually are about the treatment of the social and ethical issues that are raised but hardly discussed, and perhaps about the occasionally sloppy use of expressions such as "value-judgment" and words such as "disinterest". Nevertheless, as an overview of issues in cancer prevention it must be assessed as both well informed and balanced. This combination of virtues is sufficiently rare to merit commendation when it arises and to make this book well worth reading.

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Child Health: The Screening Tests. A Macfarlane, S Sefi, M Cordeiro. (Pp 57; £4.50.) Oxford University Press, 1989. ISBN 0-19-261768-0.

Until recently, child health surveillance has been in some disarray. Responsibility for the service has been divided among general practitioners, health visitors and clinical medical officers; there has been little agreement about the tests that should be performed, by whom and when; and, perhaps reflecting this diversity of approach, remarkably little evidence has come to light about the advantages accruing to children who are screened regularly in the preschool years.

A measure of order began to emerge in 1989 with the publication of two important documents. The first was the report of the Joint Working Party on Child Health Surveillance, *Health for All Children*. Reflecting the interests of the Health Visitors'