

it is important to know how appropriate is the scope of their doubt-erasing "appropriate trials".

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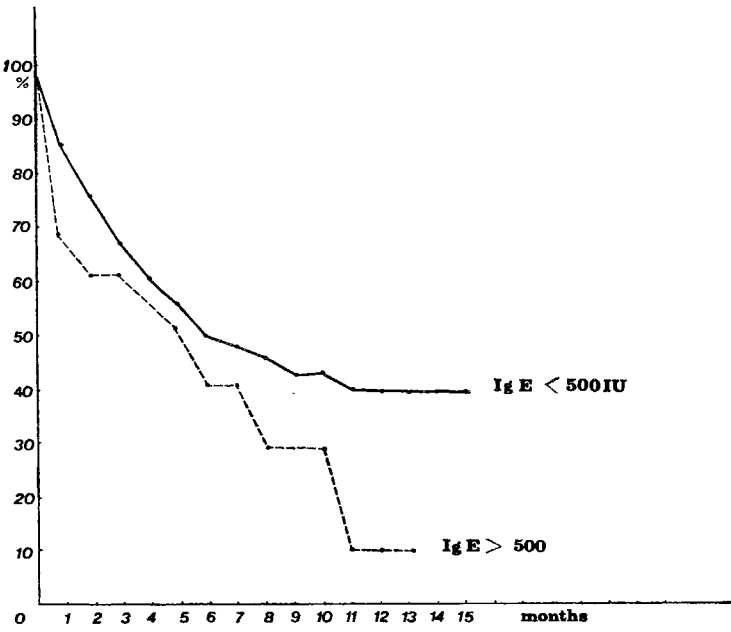
CIRCULATING IgE LEVELS IN PATIENTS
WITH CANCER

SIR,—We read with great interest the paper of Dr McLaughlan and Dr Stanworth (Jan. 11, p. 64). After the paper of Jacobs et al.¹ we decided to study serum-IgE levels in bronchial-carcinoma patients since the airways are an important production centre for IgE. Serum-IgE was measured by the commercially available radioimmuno-sorbent technique in 80 patients with histologically proven bronchial carcinoma.

The IgE levels in patients with bronchial carcinoma showed no statistically significant difference compared with the values in a group of 100 apparently healthy individuals of the same age. In addition, neither the histological type of the tumour nor the operability of the carcinoma influenced the serum-IgE level. When we compared the actuarial survival-rates of patients with a normal IgE and of patients with an IgE above 500 I.U. per ml., then we found, rather surprisingly, two quite different curves (see figure), although the differences are not statistically significant, probably because of the low number of patients with raised IgE levels.

If raised IgE levels are related to a bad prognosis, this could be explained by suppression of cellular immunity in terminal carcinoma patients; in rats, suppression of cellular immunity is associated with enhanced formation of reaginic antibodies.^{2,3} This hypothesis could not be confirmed in

- 1. Jacobs, D., Hourii, M., Landon, J., Merrett, T. G. *Lancet*, 1973, ii, 1059.
- 2. Tada, T., Ishizaka, K. *J. Immun.* 1970, **104**, 377.
- 3. Tada, T., Okumura, K., Taniguchi, M. *Mechanisms in Allergy*; p. 43. New York, 1973.



Ig E ACTUARIAL SURVIVAL RATE								
	1m	2m	3m	4m	6m	8m	10m	12m
Ig E < 500 IU	85	76	67	60	50	46	43	40
Ig E > 500 IU	69	61	61	61	41	29	29	10
P	> 0,05	> 0,05	> 0,05	> 0,05	> 0,05	> 0,05	> 0,05	> 0,05

Actuarial survival-rate related to serum-IgE levels.

our group of patients. We compared IgE levels in bronchial-carcinoma patients with and without a positive dinitro-chlorobenzene (D.N.C.B.) reaction using the Catalona technique.⁴ There was no statistically significant difference in IgE levels between D.N.C.B.-positive and D.N.C.B.-negative carcinoma patients. We are now extending this study to a greater number of patients.

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* * A letter last week (p. 530) reported that many of the original results in cancer patients were invalid.—ED. L.

NATIONAL DRIED MILK

SIR,—The correspondence on this subject prompts me to make two points which I do not think have been brought out.

Firstly, inquiry of the health clinics selling N.D.M. in the Yeovil area show that far from falling sales, there has been a fourfold increase on comparing the two 3-month periods, November, 1973, to January, 1974, and November, 1974, to January, 1975, inclusive. In the first period there were 133 sales of N.D.M. and in the second 546. This is to be expected in the present economic difficulty, which is putting the family budget under additional stress, and must be another reason for hastening the revision of the N.D.M. formula to bring it into line with the present medical support for lower-solute milk powders. It was surprising to learn from Dr Baum and Dr Harker (Oxford) (Jan. 18 p. 159) and Dr Nourse (Ipswich) (Feb. 8, p. 336) that N.D.M. sales have been falling in their areas.

My second point is that N.D.M. requires the addition of sugar to correct its lower energy value, compared with human milk, as is pointed out by Professor Arneil and his colleagues (Feb. 22, p. 450), writing as members of the working-party on infant feeding, advising the D.H.S.S.

We are, I believe, all trying to prevent obesity in infants caused by excessive carbohydrate feeding, and I suggest that instructions to mothers to add cane sugar in order to make up feeds correctly may place undesirable emphasis on the carbohydrate constituent of the feed, and thus set a pattern for future feeding in conflict with the view that excessive cane-sugar intake is a major dietary fault in this country.

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SIR,—Dr Chambers (Feb. 15, p. 404) calls for a new-look National Dried Milk. Why go to all this trouble and expense when it is common paediatric knowledge, confirmed by the evidence of his own table, that there are modern milks which in respect of sodium and other constituents are relatively safe substitutes for breast milk?

We have at present a Government which is not averse to the policy of food subsidies. There should, therefore, be no political or financial bar to subsidising these better milks, thereby providing the country's young with a more satisfactory if still second-best food when breast-feeding has been rejected or failed.

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4. Catalona, W. J., Taylor, P. T., Rabson, A. S., Chretien, P. B. *New Engl. J. Med.* 1972, **286**, 399.