Sex Ratio of White Newborn Babies, 1924-72, by their own and their Mothers' ABO Blood Group

Blood Group		Aggregate of 15 White Series (1924-72)			White Series of Maraz et al. (1972)			Total			
Mothers	Babies	Male Babies	Female Babies	M/F	Male Babies	Female Babies	M/F	Male Babies	Female Babies	M/F	M/F
AB	A or B AB	824 141	647 135	1.27 1.04	93 23	67 18	1.39 1.28	1,081	867	1.25	1.07
A	O or AB or B A	3,496 5,633	3,083 5,560	1.13 1.01	191 326	195 349	0.98 0.93	9,646	9,187	1.05	
O	A or B O	3,291 7,520	3,194 6,839	1.03 1.10	155 227	146 168	1.06 1.35	11,193	10,347	1.08	1.08
B	O or AB or A B	1,497 1,243	1,467 1,075	1.02 1.16	134 119	156 97	0.86 1.23	2,993	2,795	1.07	
Total		23,645	22,000	1.07	1,268	1,196	1.06	24,913	23,196	1.07	1.07

of male to female babies a dichotomy between, on the one hand, mothers of blood groups B and O, and, on the other hand, mothers of blood groups A and AB. Thus babies of B mothers in this aggregate have a higher male/female ratio if of the same group as their mother than if of a different group ($P < 0.05$), and this is true also for babies of O mothers ($P < 0.05$). In sharp contrast, on the other hand, babies of A mothers in the same aggregate have a lower male/female ratio if of the same group as their mother than if of a different group ($P < 0.0005$), and this is true also for babies of AB mothers ($P > 0.1$).

It has now transpired that the aggregate referred to was incomplete in that a Hungarian series of 2,464 cases²—a series compiled in another connexion—was reported a few weeks before the appearance of the communication cited.¹ Examination shows that this new series likewise exhibits the differences listed, as may be seen from the accompanying table. This fact increases the possibility that the dichotomy described may be a real one, but proof (or disproof) of its reality must await the publication of further large series.

I am grateful for helpful comment from Dr. H. B. M. Lewis and Professors D. F. Kerridge and E. B. Ford.—I am, etc.,

T. M. ALLAN

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¹ Allan, T. M., *British Medical Journal*, 1972, 2, 528.

² Maráz, A., Keszérü, T., Kaiser, G., Annus, J., and Szontágh, F., *Orvosi Hétlap*, 1972, 113, 900.

Hazardous Wastes

SIR,—Your leading article (30 December, p. 746) refers to the fact that hospitals are Crown property and therefore may be exempt from the provisions of Acts which legislate about waste disposal.

Most hospital waste must be destroyed by incineration and the increasing use of disposable materials has completely altered the composition of refuse during the last five years. Hospital engineers should be provided with equipment which enables them to comply with the recommendations of the Technical Committee on the Disposal of Solid Toxic Wastes.¹ In its report this committee laid down that the first statutory requirement of an incinerator is that the furnace should be capable of being operated smokelessly and that when noxious gases such as hydrogen chloride are emitted a water or soda

scrubber and a cooling system should be employed.

The time has come for hospitals to comply strictly with all Acts designed to minimize air pollution and it is morally indefensible for them to be able to evade their responsibilities by virtue of their being Crown property.—I am, etc.,

P. J. HORSEY

Winchester, Hants

¹ Ministry of Housing and Local Government and Scottish Development Department, *Disposal of Solid Toxic Wastes*. London, H.M.S.O., 1970.

Contraception and Infertility

SIR,—Dr. K. L. Oldershaw and Mr. J. M. Brudenell (28 October, p. 233) state that "The best prophylaxis [of legal abortion and therefore of post-abortion sterility] . . . remains the prevention of unplanned pregnancy by adequate contraceptive measures. . . ." This opinion is frequently expressed in your columns, in Parliament, and in the booklet *Unplanned Pregnancy* put out by the Royal College of Obstetricians and Gynaecologists.

Everyone would be happy if this simple concept of human behaviour were true, but the reverse seems to be the case. As a scientific discipline we should fundamentally be concerned with facts. The evidence in Britain, as well as in every other Western country, shows that as contraception is disseminated the abortion rate, instead of going down, actually goes up.

There are two probable explanations for this interesting phenomenon, which is analogous to the encouragement of alcoholism by that other simple remedy, prohibition. One is that legal abortion and official contraception are both stimulants of sexual activity, whether within or outside of marriage. The other is philosophical—both are antinatalist (to use the International Planned Parenthood Federation term), and therefore one cannot reasonably be expected to act in opposition to the other.—I am, etc.,

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Tubal Sterilization and its Reversal

SIR,—Increasingly, women submit to tubal sterilizing operations, and seemingly the vast majority are well pleased, but a few later want their fertility restored.

I would plead that tubal sterilization should not be undertaken lightly, particularly when the patient is very young, for ordinarily this procedure leads to irrevocable infertility.

However, if after due consideration and a full explanation to the patient it is decided to sterilize by a tubal operation, then it should be performed without needless mutilation. It is sufficient to divide the oviducts about 1 cm from the uterus, to ligate the medial stump with catgut, and to bury it behind the round ligaments. The cut end of the outer portion of the tube should be ligated with thread and fixed in front of the round ligament, so that there is a physical barrier between them to prevent a fistulous connexion from developing. After such an operation it is generally quite easy to perform tubo-tubal anastomosis and to restore the oviduct to a near normal state with a 70% prospect of restoring fertility, which is virtually impossible after operations such as laparoscopic diathermy coagulation.

There was a time when radicality was the surgeons' aim, and indeed it may be very proper in an older patient, when vaginal hysterectomy is often the procedure of choice. For the young patient, however, I maintain that the surgeon should sterilize by an elegant technique that allows a prospect of restoring fertility by tubo-tubal anastomosis. The sterilizing operation that I have described has been practised at Oxford for over 30 years and offers an excellent opportunity for reversal. Moreover, tubo-tubal anastomosis is in every way superior to the old utero-tubal implantation operation that has been hitherto the operation of choice in England and which in fact gave very disappointing results.—I am, etc.,

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Consultant Negotiations

SIR,—Many correspondents who are critical of our contract proposals have questioned the competence of the Central Committee for Hospital Medical Services to negotiate on behalf of consultants. Recently the Regional Hospitals' Consultants and Specialists Association has invited those of its members (including myself) who belong to the B.M.A. to indicate whether they would prefer the R.H.C.S.A. to negotiate on their behalf and whether they would be prepared to resign from whichever association they did not wish to represent them in negotiations if it became necessary for the purpose of obtaining negotiating rights.

The R.H.C.S.A. is attempting to force the issue because the C.C.H.M.S. has refused its request for a voting seat on the C.C.H.M.S. Negotiating Subcommittee. I could understand the reasons for this if regional consultants were a minority group on this important subcommittee; but they are not. They outnumber all the other doctors on the subcommittee put together. If this absolute majority were further increased, claims for separate seats by other organizations representing those hospital doctors whose representatives are in a *minority* on the committee would be impossible to resist, and an unwieldy and divided negotiating body would result.

I could also understand the reasons if the policies on pay and conditions of service of the C.C.H.M.S. were to the disadvantage of regional consultants; but they are not. In recent memoranda of evidence to the Review Body the B.M.A. has asked for larger increases in the remuneration of the