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Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters should be signed personally by all their authors.

Grief and stillbirth

SIR,—Your leading article on this subject (15 January, p 126) raises many important issues concerning an area of patient care on which there seems little written evidence. But the article also includes some comments and opinions which should not be allowed to pass without qualification.

The suggestion that, in face of the natural hurt and disappointment experienced by the distressed parents, the medical and nursing staff usually withdraw and avoid communication should not be accepted as the norm in all maternity hospitals. My own experience in Aberdeen is that, despite a certain lack of training in dealing with bereavement and despite their own natural inclinations to avoid involvement, nevertheless most medical and nursing staff readily make themselves available to talk, to listen, and to answer such questions as are expressed at the time.

The argument quoted from Lewis that "the parents should be given something tangible to remember and so should touch and see the dead baby" must be challenged. I have known a number of mothers who wished to see their dead child; I have known one or two who wished the child placed in their arms for a little while; I have known many more who, for reasons valid to themselves, wished neither to see nor to hold their baby. I would suggest that the decision here must be left to the mother, or to the parents together, and that the most effective role of the staff is not to make such decisions for the parents but to support them in whatever decision they reach. It cannot be part of our role to give to parents, either explicitly or implicitly, the feeling that we are critical of their decision.

Similarly, the decision as to the form of the funeral, the appropriateness of a headstone, and the attendance of mother and/or father at

the funeral, all these are subjects on which the feelings and wishes of the parents must be paramount. Some will wish to be there; some will equally wish not to be present. And this is right. My experience is that the overriding consideration in the minds of most parents is that whatever is done, it should be done decently and in order. For the rest I would think that the role of doctor, nurse, or chaplain is simply to be there so that the parents can give voice to their thoughts and so that, in doing so, they can take their own decisions and demonstrate their maturity.

ALAN SWINTON

Chaplain to Aberdeen Maternity Hospital

Aberdeen

Possible allergic reactions to soya flour

SIR,—In view of the recent introduction of meat substitutes containing soya flour as a source of protein into the meals of school-children I would like to bring to your attention two cases, one of urticaria and the other of angioneurotic oedema, possibly caused by this substance.

The patients were fit and healthy girls with no history of allergy. In one case the soya flour was introduced into the diet in the Spring term of 1976 and from that time onwards the patient presented regularly at the surgery with rashes and episodes of urticaria. In the second case soya was introduced into the school diet in September 1976 and the patient presented with angioneurotic oedema on several occasions after that date. Typically the oedema appeared in the afternoon following a school meal containing soya flour.

The two girls were patch-tested with soya

flour; in the first case the patient developed a red, papular rash and in the second a weal-and-flare response was demonstrated. It was suggested that the patients stop eating foods containing soya, and since doing so they have not had any further allergic episodes.

I append the formula of the soya proprietary preparation used as I feel that we should be aware of the possible side effects of a food which is used increasingly, especially in schools. The formula is as follows: soya flour, caramel colour, ferrous sulphate, niacinamide, calcium, pantothenate, vitamin B₆, riboflavin, vitamin B₂, vitamin B₁₂.

DAVID SKIPP

Ditchling, Sussex

Consultant responsibility

SIR,—I was interested to read your leading article on "Consultant responsibility" (19 March, p 736). I have no doubt that this was written provocatively. May I write in a personal vein?

I have much sympathy with the wistful looking back to former days when the mental hospital world was ruled by benevolent autocrats like Conolly. Scotland had some outstanding men who made an immense contribution in this field. I have lived now under both régimes and while I confess to being exasperated at times by the sheer complexity of administration in a mental hospital where, for example, one has to wait for the right person to return from leave before an electric light bulb can be obtained, on the whole I still prefer our present system.

An old friend of mine once said, "The Kingdom of Heaven is the kingdom of good relationships"; so is a good hospital. I believe that there is less resentment and tension in this present régime, where various departments have the responsibility for running their own show. Unfortunately the sheer number of people makes intimate acquaintance more difficult, but within our individual clinical team units, nursing staff, domestic staff, and