which may throw some light on this possibility. The evidence, in the form of messages in a secret method of communication, was concealed for posterity by Hans Holbein the younger, court painter to King Henry VIII. Expert opinion seems to leave little room for doubt about the existence and origin of the messages. One part message concealed in Holbein's portrait of the King in the National Gallery of Rome is interpreted as: "The King's obsessiveness [which the artist appears to relate to the remarriages] unbalances him. Most of his extremes of behaviour are concealed. He has two secret 'love-nests.' The central cause is a sexual impediment [in 1540]."

Consensus of opinion among authoritative historians seems to be that the bad obstetric and birth record might have been due to contemporary lack of obstetric knowledge and antenatal care. This undoubtedly must have been a factor. We suggest, however, that in the light of all the evidence this may not have been the only, or even the prime contributing cause throughout all the King's marriages, as Holbein carefully appears to imply.⁴ Holbein further appears to comment that the King's sexual interest was not significantly diminished in 1540, which might contradict Maclennan,¹ who postulates sterility rather than impotence in the King.

In view of our interest in the King's extraordinary medical history, we would like, through the medium of this correspondence column, to ask colleagues specialising in genetics, and others, for relevant information or plausible conjecture on the central puzzling aspect of the King's dead children, so that we may be enabled to continue our research.

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¹ Cokayne, G E C, *The Complete Peerage*, 14 vols. London, St Catherine Press, 1910-1960.

² McLennan, H, *Medical History*, 1967, 11, 66.

³ McNulty, A, *King Henry VIII: A Difficult Patient*. London, Johnson, 1952.

⁴ Leslau, J. In press.

Haemodialysis-triggered asthma

SIR,—We were interested to read the report of haemodialysis-triggered asthma by Dr P Aljama and his colleagues (22 July, p 251) suggesting that the polyacrylonitrile (PAN) membrane of the Rhône-Poulenc RP6 dialyser is less likely to cause pulmonary leucostasis than the Cuprophane dialysers. Arterial hypoxaemia, which characteristically occurs within the first hour of haemodialysis, may have serious consequences for severely ill patients with compromised cardiopulmonary function. Although stable patients on maintenance haemodialysis tolerate this adverse change, it is clearly important to discover which of the dialyser membranes is "safest" in this respect. It would therefore have been additionally interesting had the authors included blood gas measurements in this study, particularly as the same group recently reported no difference in the fall in arterial oxygen tension between PAN and Cuprophane dialysis.¹

The mechanisms involved in dialysis-induced hypoxaemia remain unclear and complement activation and pulmonary leuco-

embolism² may not be the whole story. We have documented marked falls in arterial oxygen tension using Cuprophane coil dialysers without concomitant leucopenia. Although dialysis-induced thrombocytopenia is an inconstant finding, it is possible that platelet and leucocyte release of histamine³ or serotonin⁴ contributes to small airways constriction and increased closing volumes.² Accumulation of acetate may exert a further cardio-depressive action.⁵

We agree, however, that trials of other membranes are worth while; our preliminary findings are that arterial hypoxaemia is less severe when PAN is used in place of Cuprophane.

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¹ Aljama, P, et al, *Proceedings of the European Dialysis and Transplant Association*. In preparation.

² Craddock, P R, et al, *New England Journal of Medicine*, 1977, 296, 769.

³ Grant, J A, et al, *Journal of Immunology*, 1975, 114, 1101.

⁴ Lawson, L T, et al, *Proceedings of the European Dialysis and Transplant Association*, 1966, 2, 63.

⁵ Aizawa, Y, et al, *Clinical Nephrology*, 1977, 8, 477.

Sexual pressures on children

SIR,—The four letters (12 August, p 499) criticising an earlier letter from members of the Responsible Society seem muddled. Pace the Reverend J B Metcalfe, what is at issue is not "premarital sexual intercourse" (with its implication of pending marriage) but intercourse between adolescents who are usually not contemplating marriage at all. Lady Brook's and the immediately succeeding letter make clear that the Brook Advisory Centres "refer" girls for abortion, so it is disingenuous to take umbrage at the suggestion that they "provide" it. Dr Felicia D Hutchinson and others in that third letter state that 99% of the under-16 girls who visit them have "already had a sexual experience" and 1 in 5 are pregnant but later that they see much of their work with the young at the Brook Advisory Centre "as a means of buying time for them to mature . . . and make an informed decision as to how to act responsibly." But if 99% are already sexually experienced and 1 in 5 pregnant how is time bought and what informed decision is this that they take and as to what responsible act?

The same three doctors find use of the term children in the context of sexual activity to be emotive, but their own reference to girls under 16—the main subjects of their letter—as sexually mature adolescents instead of as children is as much a fudging of the issue as their use of termination instead of abortion. The usage of "children" to which they object seemed not to trouble Madeleine Simms, who uses the word herself but is concerned with the Responsible Society members' misrepresentation of the Brook Advisory Centres and other bodies for political (sic) purposes. Will she tell us which political party she thinks is using the Responsible Society as a front?

To be more positive: it seems to have escaped the attention of Ms Simms and Dr Hutchinson and others that if an organisation run by adults, some of them doctors, offers advice on sex, and in particular on contraception, to adolescents and is generally known to do so it can properly be described as "promoting juvenile sex" and as doing so

among many adolescents who, as the three doctors indicate, never come into direct contact with the organisation. Ms Simms states that the Brook Advisory Centres and other bodies take the view that "if adolescent (or any other) sexual activity does take place, then contraception must be used unless both partners positively desire a child." How, I wondered, does one negatively desire a child? And note: "must be used" (my italics). Lady Brook says that the centres "are primarily concerned with helping young people to accept the responsibility of contraception" (again my italics). It is interesting therefore that Dr Hutchinson and her two colleagues, who work in the centres, state that "the young are disturbingly anticontraceptive, believing romance is all." Dear me, harbouring romantic notions! And more important: the centres are apparently failing to achieve what Lady Brook states is their prime concern and what Ms Simms says is a must for all copulators. Could the teenagers who go to the centres, I wonder, be wiser than those who purport to help them? Do they at least know in their hearts that there is something to sex finer than mere copulation, deeper than counselling, and referral? Because a similar distaste for contraceptives of any kind is reported in American teenagers.¹

I should like to end with a reference to two recent articles. The first¹ states that in 1978 there will be 1 000 000 teenage pregnancies in the USA, 300 000 ending in induced abortions, 100 000 in spontaneous abortions. Some of the pregnant children will be only 12 years old. It is estimated that there are 630 000 American girls under 15 who are sexually active. The second article² contained a diagram illustrating the tracing of 35 cases of gonorrhoea in East Anglia following a visit to a clinic by one sufferer. She was 14 years old. She is shown as having had intercourse with 15 males: intercourse, that is, relevant to the contact tracing—she may well have had intercourse with many more males before her gonorrhoeal episode. The diagram is captioned "Fun in the Fens."

I confess to being nauseated by the thought of American teenage girls, some as young as 12, having 800 induced abortions every single day of 1978, and of a 14-year-old child having intercourse with 15 separate males in quite a short period. The Rev Metcalfe may be right: perhaps I am reactionary or in my dotage; perhaps I am not seeing things in "sober perspective." Or Ms Simms may be right: perhaps I am nauseated because I do not understand my own 12-year-old daughter (though I hope I may be allowed to love her). But then too nausea at the thought of promiscuity, abortion, and gonorrhoea in girls of 12, 13, and 14 is perhaps the right and proper reaction in a civilised society. Clearly, of course, we do not now live in one.

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¹ *Journal of the American Medical Association*, 1978, 239, 1477.

² Reynolds, V J, *Update*, 1978, 1 August, p 327.

SIR,—With reference to your correspondence (12 August, p 499) regarding sexual pressures on children and the replies from the Brook Advisory Centres to the Responsible Society's letter, I would like to tell you a little of the