

cases appears to be that in their case, the cow's milk protein induced element of the enteropathy resolved at the age of 8½ years, while our patient was still intolerant of both proteins at the time of publication. This situation, however, has changed in the last week.

In August 1982, the child was clinically well and had a normal jejunal biopsy while on a gluten free and cow's milk free diet. Cow's milk only was reintroduced at this time and after a symptom free year a further jejunal biopsy was performed (Figure). This showed a normal villous pattern and normal surface epithelium though there was still a



Figure Jejunal biopsy, PAS stained $\times 125$ (original magnification). The biopsy appearance has returned to almost complete normality on a gluten free, cow's milk protein containing diet at the age of 8½ years.

mild increase in the number of lymphocytes and plasma cells in the lamina propria. Although the biopsy is not completely normal there is a good reason to expect that histological normality will be achieved, and a further biopsy will be undertaken to confirm this. Our patient is now 8½ years of age.

It is of interest that in both these cases the cow's milk protein intolerance resolved, but this resolution was, at least histologically, delayed to the age of 8½ years. We feel sure that some of the other interesting questions posed by these two cases will only be answered when our immunological colleagues have finally elucidated the mechanisms involved in intolerance to dietary proteins.

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Factors affecting mortality and morbidity after surgery for obstructive jaundice

Sir,

Following the recent publication of our paper in *Gut* 1983; **24**: 845–52, we have had a number of enquiries requesting further information on the relationship of age and mortality. We reported that patients over 60 years of age had a significantly higher hospital mortality than those below 60 but that age was not of independent significance when other factors, such as bilirubin, haematocrit, and malignancy were taken into account. The complete data relating age and mortality (Table) show that in our series, hospital mortality does not increase significantly in any decade in patients over 60 years of age. If one looks at other conditions where one would expect

Table Relationship of age and hospital mortality for 373 patients undergoing surgery for obstructive jaundice

Age (years)	Patients (no)	Patients (no)	Hospital mortality* (%)
<50	66	0	0
50–59	55	3	5.5
60–69	96	11	11.5
70–79	123	15	12.2
80+	33	5	15.2
Overall group	373	34	9.1

* Hospital mortality – death within 30 days of operation or during the same hospital admission.

age to be a significant factor, such as pulmonary embolism, it has been shown from epidemiology surveys that the apparent increase in frequency with age is likely to be due to an increase in associated conditions such as malignancy and heart disease,¹ a conclusion similar to that reached for age and hospital mortality in our series.

It is thus our conclusion that age alone should not be a discriminant in the selection of patients for surgical treatment of their obstructive jaundice.

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Reference

- 1 Coon WW, Collier FA. Some epidemiologic considerations of thromboembolism: *Surg Gynecol Obstet* 1959; **109**: 487–97.