and Stenning, 1997). Identification of patients at an earlier stage, prior to induction therapy may allow patients predicted to do badly with cisplatin/ifosfamide based therapy to receive alternative experimental approaches.

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A possible cause of testicular cancer

Sir

Fosså and Kravdal (2000) found that men with testicular cancer were subfertile both before and after diagnosis. Møller (1998) reported that men with testicular cancer sired significant excesses of daughters both before and after diagnosis. Fosså and Kravdal (2000) wrote that 'the low fertility after diagnosis may be partly due to the continuing inherent influence of a sub- or in-fecundity that also had a bearing on the development of the disease'.

Any cause of both the subfertility and the low offspring sex ratio (proportion male) would therefore seem a promising candidate also as a cause of the disease, so I should like to suggest one.

I have adduced very substantial quantities of data to support the hypothesis that the sexes of mammalian (and among them, human) offspring are partially dependent on the hormone levels of both parents around the time of conception (James, 1996). *Ex hypothesi*, low androgen levels in either parent are associated with the subsequent production of daughters. Moreover, levels of androgens (particularly dihydrotestosterone) in men are positively associated with coital rates (Dabbs and Morris, 1990; Mantzoros et al, 1995); and coital rates are powerfully and positively associated with fecundability, the probability of conceiving in a month at risk (Potter and Millman, 1986). Accordingly, I suggest that one cause

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of testicular cancer is suboptimal androgen levels. These, in turn, may be influenced by the intrauterine environment in which the patient gestated.

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