

## DISCUSSION

These camps have been conducted for seven years, and there is no doubt of their value. The children learn a great deal about the control of their asthma, and delight in the physical activity. As the camp progresses, they begin to develop a better idea of working in groups and realize that they are not unique or ill. For doctors, physiotherapists and teachers attending such a camp, it is a most rewarding and educational experience. No one can know what asthma is really like until he has lived with 35 asthmatics for a week. The doctor who has coped with asthma only as a hospital emergency or during the 2 a.m. house call will be amazed at the snuffing, snorting, wheezing and coughing that go on in the night, the efficacy of medication given early, and the value of physiotherapy in removing secretions and teaching efficient breathing. Teachers come to lose their fear of

asthma when they see what the children can do, and learn techniques of dealing with attacks.

The ratio of helpers to children must be high with the need for night duty and specialized services, so that catering and accommodation are costly, but donations from generous individuals and drug firms have made it possible to keep the cost for the children reasonable; fees cover only half the cost of camp. The work of organizing the camp and the extensive programme for swimming and physical education carried out during the year by the Asthma Welfare Society is falling too heavily on a few people, and the Society will be pleased to hear from doctors and other people interested in the physical education and the rehabilitation of asthmatics. It would also be very encouraging if more doctors became members of the Asthma Welfare Society and encouraged their patients to join.

*Point of View*

## BREAST FEEDING—SUCCESS (OR FAILURE) DUE TO ATTENDANTS AND NOT TO PREVAILING FASHION

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Find some common desire, some widespread unconscious fear or anxiety; think out some way to relate this wish or fear to the product you have to sell; then build a bridge of verbal or pictorial symbols over which your customer can pass from fact to compensatory dream, and from the dream to the illusion that your product, when purchased, will make the dream come true.

—ALDOUS HUXLEY.

ISBISTER (1961) brought attention to the unscientific artificial feeding of babies; ten years later, we are realizing the content of this warning. Davies (1971) has written a most informed article on the subject of infant feeding, and she states that breast feeding must surely rank as sound preventive medicine. She lists the conditions to which artificially-fed babies are more prone as allergy, obesity, ulcerative colitis, coronary artery disease, atherosclerosis, hypernatraemia, neonatal tetany, gastroenteritis, cot deaths, and upper and lower respiratory infections. It is possible, she says, for mistakes to occur in preparation of artificial feeds. Intestinal obstruction due to milk curds is a hazard for the artificially-fed

newborn baby (Leading Article, 1969). Naish (1956) showed that in a general practice, breast-fed babies suffered from fewer illnesses. We are also becoming aware of the importance of suckling in the development of normal maternal behaviour (Cook, 1970; Klaus and Kendall, 1970; Nurcombe, 1970; Newton *et alii*, 1968). Angel-Lord (1966) says: "In short, artificially-fed babies and breast-fed ones are different animals, both in their body composition and in their reactions." We can no longer say that there is no difference between the breast-fed and the artificially-fed baby.

A report (1971) from the Third International Congress in Psychosomatic Medicine in Obstetrics and Gynaecology, emphasized that it is a world-wide experience that the breast-feeding rate reflects the type of care and the degree of understanding given by attendants, especially in the early puerperium, and that it has nothing at all to do with prevailing fashion. This is borne out by Blaikley *et alii* (1953), Gunther (1955), and Waller (1959). Reference to a similar American study is made by psychologist and nurse, Audrey Palm Riker (1964), in her persuasive booklet "Breastfeeding". Why is it that a mother in Pakistan will breast feed her baby for at least 12 months, and has virtually a 100% chance of success, but if a Pakistani woman migrates to England (where the methods of encouraging lactation are similar to our own here), her baby is most

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likely to be removed from the breast before he reaches the age of three weeks (Aykroyd and Hossain, 1967)? Although we profess to encourage lactation, the results (Lovric *et alii*, 1972) speak for themselves, as in Figure 1. We can no longer brush off the decline in breast feeding with the comment that mothers today will not feed their babies.

Although instilling the fear of future ills into the mother of the newborn is unlikely to help the mother breast feed her child, a more positive attitude and encouragement towards breast feeding from doctors, nurses, hospital administrations and Departments of Health are surely called for in the interests of preventive medicine. We are unlikely to be thanked by mothers for concealing the situation from them.

Why does not the medical profession as a whole take steps to see that the position is corrected? Merrington (1966) says that the medical profession is making a

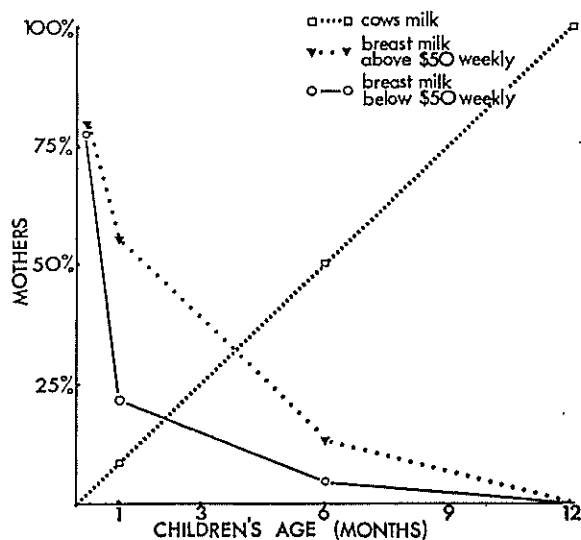


FIGURE 1: Feeding patterns (Lovric, V. A., Lammi, A. T., and Friend, J. C. M., 1972) "Nutrition, Iron Intake and Haematological Status in Healthy Children", *Med. J. Aust.*, 1: 11.

negligible contribution toward better equipping mothers for their responsibility. Among doctors and the lay public there appears to be a general lack of appreciation of the immense advantages of natural feeding—to the child, to the mother and to the community—and there seems to be insufficient training of medical students in the necessity of breast feeding (Green, 1967). The medical profession is at a disadvantage in the encouragement of breast feeding, many doctors never having seen a woman breast feeding, and prudery today regarding breast feeding can be likened to that regarding obstetrics in the days of Sairey Gamps, when doctors were literally kept "in the dark". While expressing concern over the nutrition of infants and their exposure to infection through the decline in breast feeding in Guatemala, it was said that women there were under pressure from their contacts with medical personnel; in many cases, the private physicians and the public health doctors and nurses strongly advised weaning the infant before it reached the age of one year, and in some cases they discouraged breast feeding entirely (Gonzales, 1963).

Tatz (1971), Professor of Politics from the University of New England, speaking of the Australian Aborigines, says: "Why do these women persist in breast feeding infants, even 2-year olds? The sisters and doctors don't know and don't particularly care: in our terms, it is just plain deleterious and the practice must cease." In the same journal, there is a photograph of an Aboriginal grandmother feeding her grandchild with a bottle. The caption: "It's never too late to learn . . . her own daughter may not have been reared by modern child-care methods, but Mrs . . . is making sure that her grandchild receives the best possible start in life." In an Aboriginal community, rife with infantile gastro-enteritis, where the principles of hygiene are poorly understood, one hesitates to think that bottle feeding is the best possible start in life. Gastro-enteritis is rare in breast-fed babies (Bullen *et alii*, 1972; Ironside, 1970).

It is reported (Comment, 1971) that the Thirteenth International Congress of Paediatrics recommended that the formula-producing food companies should observe great caution in applying methods of promoting their products, and that they should never use their influence to promote a particular product in such a way that it could be detrimental to good breast-feeding practices. If the control of cigarette advertising is considered to be in the best interests of the community, then perhaps control of advertising of artificial milk for infants is also called for in the interests of preventive medicine. Consider the hidden persuaders of advertising: compare the frowzy breast-feeding mother commonly seen in one particular artificial milk advertisement in medical and nursing journals, to the glamorous mothers gracing the bottle-fed babies in other artificial milk advertisements. The presence of such an advertisement is suggestive that medical and nursing attendants are as susceptible to such advertising as is the lay public, and on these attendants lies the responsibility for the success, or failure, of lactation.

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## BOOK REVIEWS

**An ABC of Endocrinology.** By K. J. Catt, M.D., Ph.D., F.R.A.C.P.; reprinted from *The Lancet*, April 11 to August 15, 1970, with two additional chapters; 1971. London: The Lancet Ltd. 8½" x 5½", pp. 160, with diagrams. Price: £1.00 (English).

It is a daunting undertaking to attempt to condense a large, complex and rapidly-expanding field of knowledge into 154 pages, but Kevin Catt has been remarkably successful. The result is remarkable in the freshness of its approach, and in the fact that few could hope to achieve this degree of familiarity with the recent literature in so many areas of endocrinology while still actively engaged in a research programme. Dr Catt is a Melbourne graduate now working in reproductive endocrinology at the National Institutes of Health, Bethesda, in Dr Lipsett's division. Many will have already read some or all of this work as it appeared in serialized form between April 11 and August 15, 1970, in *The Lancet*. Two additional chapters (on "Endocrine Changes in Pregnancy" and "Endocrine-Function Tests" respectively) make up a total of 10, with key references only at the end of each, and the final product is soft-bound and inexpensive. The first four chapters, on "Hormones in General", "Pituitary Function", "Growth Hormone" and "Reproductive Endocrinology", are outstanding introductions to these areas, and the chapter on "Hormonal Control of Calcium Homeostasis" gives a valuable brief insight into modern concepts of the integration of parathormone, calcitonin and vitamin D. Important omissions and minor errors are few in number, and repetition, while it does occur, is infrequent. The adrenal medulla is not dealt with as a separate entity. Clinical aspects are not so impressively dealt with, and these discussions are not complete enough to be very valuable. In the controversial matter of interpretation of conflicting results, Dr Catt has of necessity assumed a dogmatic pose, but this has not been overdone.

Because of its breadth of cover, its conciseness (allowing surprising detail in growing areas) and its "up-to-date" character, including glimpses of future developments, this "current concept of endocrine physiology" will be of value to readers at all levels of sophistication, from undergraduates in medicine and the biological sciences to endocrinologists employed in research or clinical practice.

**Clinical Heart Disease.** By Samuel Oram, M.D., F.R.C.P.; 1971. London: William Heinemann Medical Book Ltd. 9½" x 7½", pp. 928, with illustrations. Price: £12.00 (English).

COMPREHENSIVE cardiological textbooks of truly single authorship are disappearing, along with the custom-built motor-car and the corner grocery store; but Samuel Oram has courageously and effectively revived the older tradition. He makes clear in his preface that the book is not intended for the professional cardiologist, or as a reference manual. Rather it is a presentation of modern cardiology for the student and for the generalist by an individual who has been closely associated with it through its most exciting years of evolution.

Overall he has achieved this formidable task successfully. In the first place, the writing is lucid and literate; the publication is excellent; the printing and paper are of first quality; the diagrams are clear; and technical faults are minimal. Furthermore, the subject matter is comprehensive, its presentation is orthodox and the single author-

ship provides a unity which is attractive, and which makes for easy reading and comprehension. Specific references are avoided, which also aids continuity, but lists of recommended reading conclude each chapter. Finally, on the "pro" side, the statements and opinions generally reflect currently accepted, or acceptable, teachings and balanced advice, with a gratifying denouncement of shibboleths and proper names, which have historical associations but little place now in practical cardiology.

On the other hand, there are essential weaknesses also. Some of them stem from the author's trying to say too little about too much. It is doubtful whether a mere 70 pages of electrocardiography and vector cardiography have much value in a day when most general practitioner groups have an electrocardiograph and a whole reference text on the subject. At the other extreme, it is doubtful whether readers who need to be informed that the heart is the size of a closed fist will be interested in details of premedication for cardiac catheterization or the technicalities of coronary angiography.

Some readers may object that the dogmatic approach, while attractive in its simplicity, presents only one man's opinion, and that that opinion may not always reflect a balanced judgement of current evidence. Such critics would find vindication in some instances, such as the resurrection of Bernheim's explanation of right heart failure and primary left ventricular disease; in the calculation of pulmonary vascular resistance using now-suspect presumptions; in rather specious statements on the surgery of valve disease; and in much of the advocacy for anticoagulants in coronary and in valve disease.

The use, too, of italics, and the end-of-chapter summaries of "Salient Features", tend to emphasize the didactic method, but may enhance the book's attraction for the senior student.

In summary, this is an interesting and informative textbook, well written and well published, which presents an authoritative survey of modern cardiology within a reasonable compass. While some of the author's conclusions can be challenged and a few of them contradicted, the majority reflect opinions which are up to date and acceptable. The book can be recommended in particular for the libraries of all medical schools, and for the physician who has any cardiological responsibilities or interests.

**Symposium on the Prevention of Cancer, held in the Edward Lumley Hall at The Royal College of Surgeons of England, Lincoln's Inn Fields, London, W.C.2, on 16th June 1970.** Edited by Ronald W. Raven, O.B.E., T.D., F.R.C.S.; 1971. London: William Heinemann Medical Books Ltd. 8½" x 5½", pp. 144. Price: £2.60 (English).

THE collection of papers in this symposium directs attention to one of the most important aspects of cancer—namely, prevention. It is probably true that further advances in treatment will produce only marginal improvement in relation to cure and survival in the near future. The greatest improvement can be expected in prevention.

This book has papers on cancer due to tobacco, radiation, industrial agents, foods, beverages, hormonal preparations (including "the Pill"), and viruses. In addition, there are papers on precancerous conditions and screening techniques, and on the role of government in cancer prevention.

The papers are easy to read, and no technical knowledge is required. Thus, this book will be of value and interest