Formula milks for the older infant

Sir,

Dr Dossetor¹ rightly suggests that the 'follow on' formula Progress has been designed to fill a 'fictitious nutritional gap', and that nutritionally its use is inadvisable before 6 months of age. The BPA Nutrition Committee² state that no legislation specifies the *composition* of infant formulas, but omits to mention that the WHO Code of Marketing of Breast Milk Substitutes does restrict the *marketing* of these formulas. Progress has been advertised to the public directly and through the health care system, and this is not allowed for 'bottle-fed complementary foods' under the WHO Code: though the manufacturers have found a loophole in the weaker Food Manufacturers' Federation voluntary code of milk marketing, by calling their product a 'milk drink'. Progress is being put in exactly the same type of tin as milk formulas and instructions are given for how to prepare it for bottle feeding. In some parts of the country, mothers are being told by chemists and health

visitors that this milk is 'more satisfying' and may therefore be used for large or unsettled babies younger than 4 months.

These considerations add further weight to our view that paediatricians should support the adoption of the stronger WHO Code in Britain: not only because it is needed in this country, but as a symbol of our support for the international and UNICEF-lead campaign to promote breast feeding, especially in developing countries.

References

- ¹ Dossetor JFB. Formula milks for the older infant (letter). *Arch Dis Child* 1985;**60**:686-7.
- ² British Paediatric Association Nutrition Committee. Formula milks for the older infant (statement). *Arch Dis Child* 1985;**60**:687-8.

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Book reviews

Human Experimentation. A Guided Step Into the Unknown. By W A Silverman. Pp 204: £20.00 hardback. Oxford University Press, 1985.

Part of medicine is applied science—one hopes in the interests of humanity. Science, we are now taught by the philosophers of that subject, involves the testing of hypotheses to destruction with the survival, not necessarily permanent, of those most compatible with the facts.

Dr Silverman's book is concerned with the ethically vexed question of how we should try to make sure that new (or indeed old ways) of treating disease are subjected to this critical scrutiny; bearing in mind that it is with regard to their effects on our patients, fellow human beings with finite lives and non-expendable faculties, that the crucial experiments must be made.

It is appropriate that a justly respected neonatologist should undertake this task, since in no other field of medicine has more iatrogenic damage been done with the best of intentions to patients unable to volunteer or contract out of what have, until recently, been very badly designed therapeutic experiments, unable to generate reliable conclusions.

To do this Dr Silverman interweaves a

history of science with the history of neonatal paediatrics, demonstrating with wit, erudition, and a penetrating intellect how we ought to have set about evaluating the sometimes very effective, and sometimes very harmful or pointlessly expensive kinds of management that are now de rigueur or fashionable in special care baby units. Given that critical Gallilean experiments are difficult to design or carry out when human beings, rather than inanimate objects or lower animals, are involved, nevertheless without them we shall never know what is good and what is bad about our practice.

Perhaps amongst all his other stupendous crimes the worst service Dr Mengele did to the human race was to make 'human experimentation' something that we all react intuitively against when in fact it is perfectly comparable with, and indeed necessary for, the humane practice of medicine. If Mervyn Susser is right in thinking that the invention of the randomised clinical trial was as important a step forward in medical technology as that of the microscope, we in Britain can take most of the credit, both for its theory and its introduction into practice.

If the guiding principle of medical practice should be above all to do no harm this

is the instrument by which we can obey it while still trying to do more good than our fathers could.

What Dr Silverman's book does is not to explain the 'how' of such trials but the 'why', and what for; and in this respect he has no rival and his book should be made compulsory reading for medical students. It would represent an ideal gift to someone about to enter a clinical school, or a prize, especially as it is elegantly written and beautifully produced. There is, however, one omission from the otherwise very well chosen bibliography and that is Anthony Edwards' too little known book on 'Likelihood', which carries the argument one stage further and would make a nice light blue complement to Dr Silverman's dark blue book written while he was on sabbatical leave in Oxford.

JOHN DAVIS

Pediatric Infectious Diseases for the Practitioner. Comprehensive Manuals in Pediatrics. By M I Marks. Pp 854: DM 198 hardback. Springer-Verlag, 1985.

This book is one of a series designed to provide the frontline paediatrician with ready access to subspecialty expertise. It