

Correspondence

Soy feeding in infancy

Sir,
I read Dr Taitz's annotation¹ with interest but would take issue with 3 of his 4 conclusions (the other being a statement of fact). 'Proved cows' milk protein intolerance should be treated with formulae consisting of protein hydrolysates'. Surely proved intolerance of any food should be treated by exclusion of that food and in the case of infants on predominantly milk diets substitution of a tolerated milk. Most infants unable to tolerate cows' milk can tolerate soy feeds, though a few cannot. Earlier Dr Taitz writes, 'Modern soy-based infant formulae are satisfactory feeds and there are no major problems in their use apart from expense'. Prices of soy milks and relevant protein hydrolysates (MIMS October 1982) are as follows:

Formula S Cow and Gate	450 g £1.65
Prosobee (powder)	394 g £3.54 (= 450 g £4.05)
Velactin	454 g £2.99
Wysoy	500 g £1.90 (= 450 g £1.71)
Nutramigen	454 g £7
Pregestimil	454 g £8.01

Economy alone suggests that an infant intolerant of cows' milk (unless seriously ill) should be tried on a soy feed before considering protein hydrolysates.

'The indiscriminate use of soy formula for vague symptoms and signs not proved to be due to cows' milk intolerance is to be avoided'. Without diminishing the contribution of the immunologists, the most convincing evidence of any food intolerance is disappearance of the symptoms when the food is excluded. A trial of soy milk is the simplest and cheapest way of establishing cows' milk intolerance in the first instance.

'Soy feeds should not be freely available without prescription'. Why should the NHS pay for infant feeds that cost only marginally more than ordinary infant milks?

Reference

- ¹ Taitz L S. Soy feeding in infancy. *Arch Dis Child* 1982; 57: 814-5.

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Sir,
I read with interest Dr Taitz's annotation on soy feeding,¹ a much disputed topic amongst paediatricians. Much of the text made sound sense but I found myself in disagreement with his conclusions.

His first regarding atopy is straight forward and most

of us, I expect, find a few patients who improve on a soy based diet. His second relates to the self limiting syndrome of diarrhoea and malnutrition which improves on a cows' milk free diet. Dr Taitz feels these infants need an expert evaluation to prove the diagnosis. Does he mean a paediatric gastroenterologist and does he mean a jejunal biopsy is essential? With an incidence rate of 0.5% there will be about 40 new cases in Sheffield each year, and most of these are managed by general paediatricians. Most of those I have spoken to no longer feel justified in performing jejunal biopsies before starting such children on a cows' milk free diet. Dr Taitz may argue that the diagnosis has not then been proved, but in a self limiting condition this is surely not necessary. If the condition of the infant improves it may not even be necessary to admit him to hospital and a single positive challenge perhaps a month later seems quite adequate evidence to keep the child off cows' milk for several months before trying to re-establish him. I follow Dr Taitz's argument that soy protein may not be the ideal substitute because of reports of soy intolerance, but it is very much cheaper than formulae containing protein hydrolysates. In clinical practice most infants fed soy formulae improve symptomatically and grow. If they don't, then that may be the time to reconsider the diagnosis or try a formula containing protein hydrolysates.

Dr Taitz's third conclusion relates to the use of soy protein for vague symptoms. There may be a danger of over diagnosis of allergic disorders with subsequent long term effects on child rearing, and by applying Dr Taitz's strict criteria for diagnosis many families may go through weeks or months of unnecessary suffering. Dr Taitz says the key in the satisfactory home is the centile chart. What is the key in the unsatisfactory home where breast feeding is less common and there may be many psychosocial factors contributing to the infants failure to thrive? One may not be able to alleviate easily many of these factors but coincidental cows' milk intolerance may be missed. There is evidence that some cases of colic are related to cows' milk intolerance² and I believe that when faced with an infant with excessive crying, vomiting, wind or colic a trial off milk is justified, after a careful history and examination to exclude other causes. While the soy preparations cost a fraction of the price of those containing protein hydrolysates, many may wish to use the former.

Perhaps to end rather cynically, if the modern soy based infant formulae are as Dr Taitz says satisfactory feeds and are no more, and some may say less, allergenic than cows' milk based feeds, what is the justification for saying that the former rather than the latter should be only available on prescription?

References

- ¹ Taitz L S. Soy feeding in infancy. *Arch Dis Child* 1982; 57: 814-5.