the incidence of positive direct Coombs, hyperbilirubinemia, etc., in the ABO compatible infants and to subtract this from values in the ABO incompatible infants, if a measure of the incidence of ABO iso-immune hemolytic disease is derived. I found the incidence of anti-A disease also to be higher in black infants.

I agree that the racial difference is most likely the result of genetic factors. Several workers have mentioned to me, however, that the difference could result from many of our black population having less income and medical care, thereby causing the women to become sensitized more readily to the A, B antigen from parasites and other agents—visceral larva migrans being an example. I doubt that this is true, but we should know of these thoughts by others, as exemplified in the article by C. Huntley, et al.

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REFERENCE

Breast vs bottle feeding

To the Editor:
The advantages of breast feeding over formula feeding are not as clear-cut as Dr. Cunningham1 has indicated in the article "Morbidity in breast-fed and artificially-fed infants." Further, formula feeding is a far better term than "artifically fed" and it is hoped that pediatricians particularly will learn the difference between the terms. Dr. Cunningham attempts to, but does not, correct for some of the common problems inherent in such a study; he fails to adequately account for socioeconomic status, cultural differences, ethnic groups, variability in criteria for illness, and the disproportionate numbers of patients in particular feeding categories. Much of the recent literature sets forth convincing arguments favoring breast feeding but the clinical studies to date, including Cunningham's, have not proved that breast milk itself has health advantages over proprietary formulas in modern industrial societies.

The influences of socioeconomic status were supposedly controlled for by dividing feeding groups according to each parent's educational level. The dividing point for the groupings was at 12 years of schooling, which is most likely not a meaningful dividing point considering that the lowest mean educational level is 12.1 years. A higher dividing point might have been used.

Fair morbidity comparisons between bottle-fed and breast-fed infants are not achieved by calculating the aggregate number of patient weeks of each feeding mode because a larger proportion of the breast-fed patient weeks would be during the first four months of life. Fewer episodes of illness are reported during the first four months of life for all groups.

The designation of significant illness is not outlined fully enough to avoid variations which could be attributed to the personnel diagnosing the condition.

The definition of breast-feeding allows for "substantial amounts of solid food or formula" to be taken along with an unspecified amount of breast milk. The type of solid foods and the time of introduction into an infant's diet can influence the episodes of illness, particularly illnesses involving diarrhea and vomiting. The early introduction of solid foods can often cause allergic reactions which can produce wheezing, diarrhea, and vomiting unrelated to infectious processes. The introduction of solids is often delayed among breast-fed infants, which would delay or avoid such allergic reactions but does not indicate that breast milk alleviates or prevents these symptoms if the causative agent is introduced.

Other important variables which are not taken into consideration are the mother's nutritional status, the type of artificial formulas being used, and the actual birth weight of the infants.

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To the Editor:
Dr. Cunningham's1 efforts to document the superior health of breast-fed infants is appreciated, in light of the lack of proof provided by Adebonjo2 and others. The former's apparently very thorough study fails to mention bottle propping and parental cigarette consumption. These two factors are well documented as correlates of otitis media3 and upper respiratory infection/ pneumonia,4 respectively. We would welcome data to establish the influence of these factors in Dr. Cunningham's patient population.

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REFERENCES