been demonstrated that breast-feeding poses an incremental risk to infants who have received placentally acquired antibodies during gestation."

With respect, I find myself in complete disagreement with her final statement. I feel it is high time that our future generations be protected by appropriate public health measures, which include HIV testing in pregnancy.

James E. Parker, MB, FRCPC
303-2151 McCallum Rd.
Abbotsford, BC

Reference

1. Blanche S, Rouzioux C, Moscato MLG et al and the HIV Infection in Newborns French Collaborative Study Group: A prospective study of infants born to women seropositive for human immunodeficiency virus type 1. *N Engl J Med* 1989; 320: 1643-1648

[Dr. Hankins responds:]

Unfortunately, Dr. Parker does not appear to have read the discussion accompanying the results that he quotes from the study by Blanche and associates and the HIV Infection in Newborns French Collaborative Study Group.[1] The authors are quite clear that the role of breast-feeding in HIV transmission remains controversial. They point to the fact that breast-feeding is a major mode of transmission for another retrovirus, human T-cell lymphotropic virus type 1, and they indicate — as did I — that breast-feeding appears to be the route of transmission to infants whose mothers acquire HIV through blood transfusion after delivery. "At the same time, other prospective or retrospective surveys report no difference in the outcome in infants with respect to the mode of feeding." They comment that their own data, involving a small number of infants (6 breast-fed v. 99 bottle-fed), tend to suggest that breast-feeding may have a role in the transmission of HIV from mother to infant; however, they call for further studies.

Although the authors do not comment on the strength of the association that they observed an unrecognized or unidentified risk factor that influences the maternal-fetal transmission rate and that is more likely to be present among breast-feeding mothers may be responsible for the increased rate observed. No data are presented regarding the characteristics of the mothers who breast-fed compared with those who did not.

I discussed the results of the study with Dr. Blanche on several occasions before and after publication, most recently last December, when I was invited to visit him and Dr. Claude Griscelli at the Hôpital Necker in Paris.

As a general rule it is wise to avoid drawing conclusions and developing policy from one study, particularly when the number of subjects is small. To suggest that HIV testing in pregnancy as a public health measure is justified by the results of the collaborative study is to take a giant step. In Canada HIV testing is available free of charge for any woman, pregnant or not, who is capable of providing informed consent for the procedure after adequate pretest counselling. Clinicians should be encouraged to discuss the risk of HIV and other sexually transmitted diseases with sexually active women as a matter of course. In Canada routine screening of pregnant women without appropriate counselling and informed consent is just not on.

Catherine A. Hankins, MD, FRCPC
Public health epidemiologist
Department of Community Health
Montreal General Hospital
Montreal, Que.

Reference

1. Blanche S, Rouzioux C, Moscato MLG et al and the HIV Infection in Newborns French Collaborative Study Group: A prospective study of infants born to women seropositive for human immunodeficiency virus type 1. *N Engl J Med* 1989; 320: 1643-1648

Advertising meal replacement products

A recent issue of *CMAJ* featured a four-page advertisement for Slim-Fast diet products (1991; 144: 633-636). One of the references for the information provided is a personal communication from the Eating Disorders Clinic of Toronto General Hospital. We wish to clear up any possible sense of endorsement from our program for this or any other diet product. Indeed, our whole orientation is toward discouraging dieting behaviour.

The advertisement begins with a recognition of the hazards of repetitive weight loss and gain, although it fails to mention that dieting is the commonest precipitant of anorexia nervosa and bulimia nervosa. It soon switches, however, to a discussion of obesity and its health risks without any consideration of what degree of obesity poses medical problems.

The generalization regarding obesity is highlighted by the accompanying photograph of a young woman exercising on a stationary bicycle. Next to the picture it is stated that weight management "is a strategy for enhancing the quality of life, and preventing the most common cause of death among Canadians." We see many patients who began with the shape of the model in the advertisement; the quality of their lives has been seriously eroded by dieting. Estimates of rates of death from eating disorders across recent long-term outcome studies are up to 18%.[1]

What is strikingly absent from this advertisement is any evidence to support a beneficial role for the diet product. However, its appearance in a medical journal among pharmaceutical ad-

vertisements for products whose efficacy and safety have been established by the Department of National Health and Welfare is misleading. Its adornment with scientific references only adds to the obfuscation, and we find it particularly galling to be cited in an argument supporting dieting behaviour.

David S. Goldbloom, MD
Ron Davis, PhD
Allan S. Kaplan, MD
Sidney H. Kennedy, MD
Carla Rice, AB
The Programme for Eating Disorders
The Toronto Hospital
Toronto, Ont.

Reference

1. Ratnasuriya RH, Eisler I, Szmukler GJ et al: Anorexia nervosa: outcome and prognostic factors after 20 years. *Br J Psychiatry* 1991; 158: 495-502

[The manufacturer responds:]

At any given moment almost one in three Canadian men and one in two Canadian women are attempting to lose weight. Researchers and clinicians agree on the serious negative health implications of excess body weight and yo-yo dieting, yet thousands of Canadians continue to maintain body weights above those suggested for optimum health.

With the help of a team of clinical dietitians and physicians we have developed a range of appetizing meal replacements that are nutritionally balanced according to Canada's nutrient intake recommendations.

Each of our products contains 50% to 60% carbohydrates, less than 30% fat, 15% protein and the 22 essential nutrients recommended for good health. Slim-Fast products also contain 2 g of dietary fibre per serving, and Ultra Slim-Fast products contain 4 g per serving. Both types of product are low in sodium and cholesterol and adaptable to many therapeutic indications.

We recommend consumers replace one or two meals per day with a Slim-Fast product. A 7-day 1200-kcal (5040 kJ) diet sheet developed by clinical dietitians is included with each product. Each low-fat, wholesome meal in the diet plan accounts for approximately 400 kcal (1680 kJ). Healthy snacks of fresh fruits and vegetables make up another 200 kcal (840 kJ) daily. In this way we help consumers to make wise nutritional choices, and we hope to retrain their eating habits step by step in a manner that is easy and motivational.

In addition, our product insert sheet encourages consumers to visit their physician before beginning to diet and to set realistic weight goals. It discusses weight maintenance and exercise as part of a healthy lifestyle.

Jerry Abraham, BS Pharm, MS
President
Stella Pharmaceutical Company Limited
Don Mills, Ont.

Interchangeability of oral contraceptive products

The special article in *CMAJ* (1991; 144: 1223-1224), by the Expert Advisory Committee on Bioavailability, Health Protection Branch (HPB), Department of National Health and Welfare, makes statements that sound to the average reader as if blood level analysis of oral contraceptives is the accepted norm for generic substitution.

This, however, is not the case. The committee's workshop held on June 4, 1990, consisted almost exclusively of analytic chemists and pharmacochemists, who did not examine in detail the question of clinically proven interchangeability.

Clinical effectiveness is clearly the most crucial measure of oral contraceptive performance since even minor variations of the established standard may cause a considerable increase in the number of unwanted pregnancies. For this reason the Pharmaceutical Manufacturers Association of Canada formally requested the HPB to hold another workshop, this time for clinicians to discuss the subject and express their concerns on behalf of practising physicians. The HPB agreed to organize such a workshop.

Only after the forum of practitioners reaches a consensus on the role of clinical tests in establishing therapeutic equivalence can the interchangeability of oral contraceptive products be considered for final ruling.

Miklos Nadasdi, MD, PhD
Medical director
Wyeth Ltd.
North York, Ont.

Serious childhood injuries caused by air guns

Surely such articles as the one by Drs. Amir Shanon and William Feldman (*Can Med Assoc J* 1991; 144: 723-725) that show tunnel vision and personal bias have no place in a scientific publication.

Since historic times well-meaning but misguided people have sought to make life safer by attempting to ban activities not conforming to their own lifestyle. Shannon and Feldman have placed themselves among the misguided. Their demand for a ban on air guns and their suggestions on how to make such guns safer can only be described as naive.

After a lifetime in medical practice I can still marvel at the variety of activities that pass for sport and our inconsistent attitude toward the injuries sustained during those activities. An eye injury caused by a golf ball is acceptable, but one caused by a pellet gun is an occasion for pub-