

the art or importance of breast-feeding. More important, breast-feeding should be seen in the context of the family unit and its psychopathologic features. The baby often cries in lieu of the mother crying about her feelings of inadequacy, her inability to breast-feed and her anxiety about the quality of her milk (often needless worry about its colour and consistency). In addition, the mother often faces opposition to breast-feeding from all quarters, including physicians, nurses, her husband and parents-in-law. The pseudoscientific approach to so-called "colic" and the multiplicity of baby formulas available tend to push the mother to bottle feeding.

In antenatal care the mother-to-be can be taught to prepare for feeding, to deal with inverted nipples and to express milk gently starting in the 32nd week of pregnancy to prevent congestion. Most of all, the physician can explore the needs, relationships and problems within the family. For example, is the father being included?

The gains from such care may include not only increased breast-feeding but also anticipation of parenting deficits and prevention of child abuse through support and counselling before and after the birth of the child.

Even experts send double messages about baby care. The Canadian Task Force on the Periodic Health Examination has advocated six "well-baby" visits during the first year of life.¹ One could ask What is a well baby? Does such care include ensuring that there is a "well family"? To aid in breast-feeding and parenting difficulties input is needed in the early days and weeks of the baby's life.

Dr. Jack Newman, director of the Breastfeeding Support Service at the Hospital for Sick Children, Toronto, has become involved in teaching breast-feeding, to his great credit. However, he may be overly

concerned about serious dehydration resulting from breast-feeding problems. In the Third World, babies rarely die as a result of their mother's inability to produce adequate milk. This situation is really not much different in the sophisticated Western world.

A related difficulty is that public health programs dealing with perinatal problems at discharge often do not take into account breast-feeding problems. As well, are physicians and nurses providing good models for breast-feeding?

Joseph Jacobs, MD, FRCP (Lond),
FRCPC, DCH
Professor of pediatrics
McMaster University Medical Centre
Hamilton, Ont.

Reference

1. Canadian Task Force on the Periodic Health Examination: Periodic health examination: 1990 update: 4. Well-baby care in the first 2 years of life. *Can Med Assoc J* 1990; 143: 867-872

RIGHT-TO-DIE RHETORIC

The article "Society needs MD-assisted death, Canadian-trained medical director of US right-to-die society says" (*Can Med Assoc J* 1995; 152: 77-79), by Lynne Sears Williams, is simply a collection of the Hemlock Society's rhetoric. I lost count of how often the society's medical director, Dr. Richard MacDonald, is quoted in the first page alone.

I wonder why *CMAJ* did not send CMA members a manual from the Hemlock Society to augment this one-sided presentation. Oh, I know; the mission of *CMAJ* is to provide information and a forum for debate. However, is *CMAJ*'s editorial board unaware of the growing trend in physician opinion opposed to physician-assisted suicide? In other journals, Drs. Walter W. Rosser¹ and

Elizabeth Latimer articulate the serious implications of physician-assisted suicide.

CMAJ has a responsibility to its members to present articles from both points of view on such a contentious and critical issue.

Gregory M. Steffens, MD, CCFP
Barrie, Ont.

Reference

1. Is there a role for euthanasia in family practice? *Can Fam Physician* 1994; 40: 1395-1396

[The news and features editor replies:]

This article profiles a Canadian-trained physician who serves as medical director of the main US organization working to promote physician-assisted death. We thought this article would be of interest to our readers — that was our sole criterion for publishing it. Articles of this nature, at least in *CMAJ*, are not meant to profile an issue but a person, and they therefore concentrate on that person's views. Dr. Steffens should also be aware that we have published articles critical of euthanasia and physician-assisted death. The most recent, "Beyond our limits: a comment on physician-assisted suicide" (*Can Med Assoc J* 1994; 151: 345-348), by Dr. Keith Ogle, appeared last year. At *CMAJ* we try to present different perspectives on the same topic — they just may not appear in the same issue.

Patrick Sullivan
Editor
News and Features

THE MEDICAL HAZARDS OF TELEVISION SPORTS

The letter by Dr. Robert C. Hamilton (*Can Med Assoc J* 1995; 152: 14-15) brought back memories of my final year in medical school at McGill University, Montreal, in

1969. I cannot remember whether it was the last game of the Stanley Cup series or the Grey Cup but an exciting final game was on television. The resident in internal medicine assigned to the Ross Pavilion (the "executive suite" of the Royal Victoria Hospital, Montreal) had been called several times because of complaints of chest pain from patients there. His answer to the problem? He went around to all the rooms and disconnected the television sets. No more chest pain calls!

Mary E. Trott, MD, CM, FRCP
Diagnostic radiologist
Cariboo Memorial Hospital
Williams Lake, BC

TRIBUTE TO DR. BUNDOCK

While scanning the death notices in the Dec. 15, 1994, issue of *CMAJ*, I saw the name of Dr. Jean-Benoit Bundock of Sainte-Foy, Que., who, I believe, is the same Dr. Ben Bundock I knew some years ago.

Lieutenant-colonel Bundock, as he was at the time, commanded the 18th Canadian Field Ambulance while I was serving with that unit during World War II. He was a splendid leader, who had the respect of all of those who served under him and always appeared relaxed under very trying conditions. He had a remarkable ability to change instantly things that were not working to his satisfaction, with a minimum of fuss and bother and often with a cheerful disregard for the rule book. "Nous anglais" contemplated this ability with a mixture of awe, consternation, admiration and a touch of envy. He was also a warm, genial friend and companion whose passing saddens me, although I had not seen

him since the end of the war. I am sure there are many others who share these sentiments.

It seemed wrong to allow such a fine and distinguished member of our profession to pass into oblivion with only a few lines on a page.

William A. Young, BA, MD, CM,
FRCPC, FACP
St. Catharines, Ont.

[The news and features editor replies:]

Dr. Young is not the first physician to argue for lengthier obituaries in *CMAJ*. However, because *CMAJ* tries to publish the names of all deceased members, which arrive at the rate of 30 to 40 a month, it is impossible for us to provide detailed information. That is why the column is called Deaths, not Obituaries. The names are published as an information service for colleagues or former colleagues, who may then pass on their condolences to the deceased physicians' families.

Patrick Sullivan
Editor
News and Features

FEMALE CIRCUMCISION NOT IN QUR'AN

Dr. Arnold Voth makes some interesting points in his letter on euthanasia and physician-assisted suicide (*Can Med Assoc J* 1994; 151: 1691-1692). I wish to clarify one of these.

Some readers may be misled by Voth's question "If Dr. John R. Williams . . . was practising in a Muslim country and was ordered to refer female patients for circumcision, would he obey the order?" Female circumcision is an abhorrent and heinous

act that, unfortunately, still takes place in many developing countries, including Egypt, Ethiopia and Somalia. However, it has no basis in the religion of Islam, and there is nothing in the Qur'an or the religion that condones this kind of barbarism.¹ Female circumcision is a purely cultural phenomenon, regardless of the rationale people may wish to cloak it in.

Shabbir M.H. Alibhai, MD
Richmond Hill, Ont.

Reference

1. Smolowe J: A rite of passage — or mutilation? *Time* 1994; 144: 39

A POETIC RESPONSE TO JOHN MCCRAE

I appreciated the article on the poet-physician of Flanders fields, John McCrae (*Can Med Assoc J* 1994; 151: 1307-1310). His immortal poem is accentuated by "America's Answer," a poem by R.W. Lillard, first published in the *New York Evening Post*.

*Rest ye in peace, ye Flanders' dead,
The fight that ye so bravely lead
We've taken up. And we will keep
True faith with you who lie asleep
With each a cross to mark his bed
And poppies blowing overhead
Where once his own life blood ran red
In Flanders' fields.*

*Fear not that ye have died for naught
The Torch ye threw to us is caught
Ten million hands will hold it high,
And freedom's light shall never die.
We've learned the lesson that ye
taught
In Flanders' fields.*

Gerald A. Hanks, MB, ChB,
FRCSEd, FRCSC, DRCOG
Winnipeg, Man.