At the time we considered that this Erb's palsy was probably due to pressure from the collar of the head box, but did consider the alternative suggestion that a localized collection of pus in relation to the plexus had been present; there was no clinical evidence of such a collection and *x*-rays of neck and shoulder were normal.

In view of the report of Turner, Evans, and Brown (1975), we now believe our case to be a third example.

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Calorie requirements for successful breast feeding

Sir,

Daily calorie intakes were assessed by 24-hour recall in 13 healthy women while breast feeding between 4 and 38 weeks post partum and in the subsequent nonlactating state. 9 mothers were lactating adequately, that is, no complementary feeds were given. 4 mothers had an inadequate milk supply, as complementary bottles had to be given at 2 or more feeds a day. All the babies were healthy. Their weights at the time of assessment were as follows: between the 3rd and 10th centiles 1, 10th-25th 4, 25th-75th 7, and 75th-90th 1. The younger babies, under 4 months, were receiving little or no solid food, and the major part of the older babies' fluid intake was breast milk.

The results are shown in the Table. Calorie intakes of the 9 successfully breast feeding mothers was considerably higher than that of the 4 mothers unsuccessfully breast feeding, and this was particularly striking in the mothers who were not losing weight. The intake of the unsuccessful mothers was only little more than in the nonlactating state, whereas the successful mothers were eating up to 50% more than normal. One unsuccessful mother, consuming 1950 kcal, increased her intake to 3910 kcal day. Her milk supply quickly increased and complementary feeds were no longer necessary. Furthermore, 3 successful mothers who tried to 'diet' to lose weight more rapidly, found an immediate reduction in milk supply with subsequent irritability and failure to gain weight of their babies. On reverting to eating at will, the babies became satisfied and resumed their normal weight gain patterns.

Although both the Department of Health and Social Security (1969) and the United Nations Food and Agriculture Organization (1957) recommend extra calorie intakes of 500 and 1000 kcal respectively for lactating women, none of the mothers were aware of any extra requirements. Indeed many of the successful mothers reported 'feeling guilty' at the amount they were eating to satisfy their appetites. The unsuccessful mothers were either anxious about their babies and admitted to having lost their appetites, or felt they ought to diet.

The present findings are in agreement with those of Thomson, Hytten, and Billewicz (1970) who found that successfully lactating women, most of whom were losing weight, had an average daily intake of 690 kcal/day more than bottle feeding mothers.

Insufficient milk is a commonly reported cause for failure of breast feeding (Newson and Newson, 1965). The usual clinic advice to mothers is to drink more fluids to increase their supply, though this has been shown by Illingworth and Kilpatrick (1953) to be ineffective. Since the present preliminary results indicate that the calorie content of a mother's diet may be critical in her ability to produce an adequate milk supply, mothers should be informed of their extra calorie requirements, and advised to eat more if in doubt about their milk supply.

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TABLE

	Daily calorie intake		Increase above normal	
	Lactating (mean ± SD)	Nonlactating (mean ± SD)	Mean kcal	Paired 't' test
Successful mothers (no. = 9)	2886 ± 419	2041 ± 315	845	$P < 0.001$
Weight steady (no. = 5)	3030 ± 525	2052 ± 441	978	$P < 0.001$
Losing weight (no. = 4)	2705 ± 150	2028 ± 61	677	$P < 0.005$
Unsuccessful mothers (no. = 4)	1920 ± 75	1783 ± 458	137	NS