CORRESPONDENCE

- *All letters must be typed with double spacing and signed by all authors.*
- *No letter should be more than 400 words.*
- *For letters on scientific subjects we normally reserve our correspondence columns for those relating to issues discussed recently (within six weeks) in the BMJ.*
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- *Because we receive many more letters than we can publish we may shorten those we do print, particularly when we receive several on the same subject.*

Advertising infant formulas in hospitals

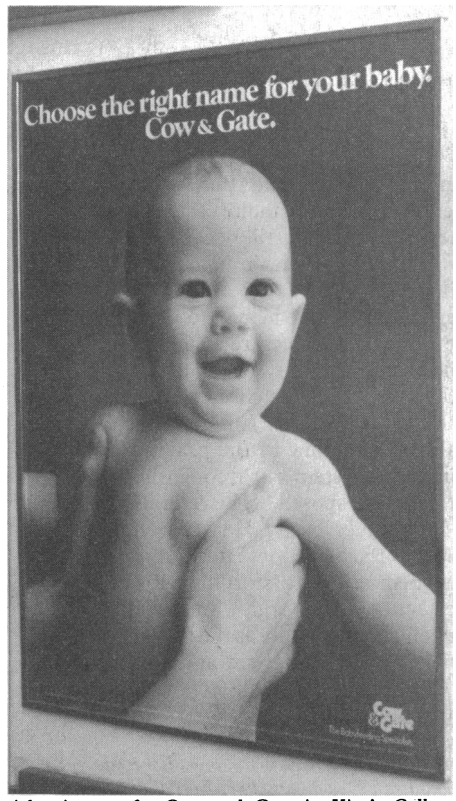
SIR,—Recent advertising in hospitals by manufacturers of breast milk substitutes has once again raised the issue of whether the government should be doing more to increase breast feeding and restrict the promotion of infant formulas, particularly by health authorities.

Marketing of breast milk substitutes to the general public is prohibited by a code drawn up by the World Health Organisation and Unicef in 1981, which has been endorsed by the British government. Since 1983 implementation of parts of this code in the United Kingdom has been through a voluntary code of practice sponsored by the Food Manufacturers Federation and drawn up in consultation with the Ministry of Agriculture, Fisheries, and Food and the health departments. The code of the Food Manufacturers Federation allows infant formulas to be advertised to "the health care system," which includes hospitals and nurseries, as well as to health care workers.

The opportunities for bending the code of the Food Manufacturers Federation are reminiscent of those associated with similar non-statutory codes, such as those for tobacco advertising. A poster advertising Cow and Gate recently appeared outside the entrance to the antenatal clinic and in the main corridor of King's College Hospital, London (figure). It was displayed there as a result of an income generation scheme in which the health authority leases sites in the hospital to an advertising company. Despite complaints from medical staff and managers it remained in place for several months while the advertisers argued that it was not an advertisement for infant formula and that, even if it was, it still did not contravene the code.

Staff at the hospital complained to the code monitoring committee for the marketing of infant formulas in the United Kingdom, the body that monitors the Food Manufacturers Federation code. Its proceedings are confidential, but as a result of the complaint the committee has now asked the Department of Health to ensure that infant formulas are not "inadvertently promoted" by health authorities as a result of income generation schemes.

The proportion of infants in England aged 6 weeks who are wholly or partially breast fed was 39% in 1985. The results of a survey by the Office of Population Censuses and Surveys in 1990 are still awaiting publication. The government believes that "there is no doubt that breastfeeding is the best means of giving infants a healthy start in life,"[1] but if the modest target of 50% of infants breast fed at 6 weeks proposed in the *Health of the Nation* is to be achieved by 2000 then urgent attention is needed to redress the balance between promotion of breast feeding and promotion of breast milk substitutes.



Advertisement for Cow and Gate in King's College Hospital

The existing voluntary code and monitoring system do not seem adequate to deal with the kinds of surreptitious promotions that are targeted at new mothers and health care staff. Legislation to cover parts of the WHO/Unicef code is an option open to governments in the European Community.[2] But in the mean time health authorities need to include promotion of breast feeding in their contracts with providers.

Bearing in mind the relatively small amounts of money concerned—the income generated from this advertisement amounted to less than £5 per poster per week—health authorities might also consider whether the money gained from selling advertising space may not be more than offset by the adverse impact that some advertisements may have on health.

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1 Secretary of State for Health. *The health of the nation.* London: HMSO, 1991. (Cm 1523.)
2 Robinson R. Baby milk advertising in Europe. *BMJ* 1991;**302**: 744-5. (30 March.)

Fluoxetine and suicide

SIR,—In January, in a review of a television programme, Michael O'Donnell made the unsubstantiated statement that "data from controlled double blind trials in more than 11 000 patients showed no significant increase in the likelihood of suicidal acts by patients treated with fluoxetine."[1,2] Now the manufacturers have produced a lengthy paper with results to the same effect—though in about 3065 patients.[3]

The term meta-analysis sounds rather grand, but it is worth no more than the quality of the original data collection. The article is bedecked with impressive seeming, eponymous statistics, but it makes no sense to present probability values to three decimal places, nor confidence intervals, when comparing one patient with three patients. What was needed was a critical assessment, independent of the manufacturers, that included assessment of the quality of data collection—and not Eli Lilly's employees deciding which clinical comments should be "eliminated."

A negative result of research, a failure to find something, can arise from lack of sensitive research techniques. I find it surprising that only one suicidal act or "gesture" was recorded in six weeks among 569 patients given placebo, who supposedly were so depressed that they merited inclusion in trials of powerful drugs. Companies are pleased by a failure to find adverse experiences in investigational drug trials. The article did not mention the considerable extent to which the enumerated research trials had relied on commercial organisations that themselves depend for their funded existence on conducting clinical trials for pharmaceutical companies. References were cited, but attention was not drawn to some being to publications of a brief nature in unrefereed outlets.

The *BMJ* is a journal of distinction and, dare I say it, perhaps also of some innocence. At a time when in the United States the manufacturer of fluoxetine is facing litigation, the corporate defence attorneys will be pleased by the journal having published a piece authored wholly by the manufacturer's employees.

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1 O'Donnell M. Trial by anecdote. *BMJ* 1991;**302**:56-7. (5 January.)
2 Oswald I. Trial by anecdote. *BMJ* 1991;**302**:289. (2 February.)
3 Beasley CM, Dornseif BE, Bosomworth J, Sayler ME, Rampey AH, Heiligenstein JH, *et al.* Fluoxetine and suicide: a meta-analysis of controlled trials of treatment for depression. *BMJ* 1991;**303**:685-92. (21 September.)

SIR,—Dr Charles M Beasley and colleagues' analysis of whether there is an association between fluoxetine and suicidality[1] does not entirely settle the question raised by Teicher *et al* of whether treatment with fluoxetine may in certain instances lead to suicidal ideation.[2] There are several reasons for this.