

home a notice directing me to attend a certain school during an air raid. I went at once to this school: there were no preparations except rubbish bins and a couple of buckets. If war had occurred we might well have had a raid on Saturday or Sunday. Possibly dressings, splints, etc., might have arrived later, but it is obvious that it is no use collecting a certain number of doctors unless they have apparatus to use and unless a team is planned and responsible officers appointed to organize the work. I hope that the British Medical Association will use its influence with the authorities to secure that supplies and organization are ready before the next crisis arises. If the Ministry of Health delegates work to local authorities some medical man should be made responsible for each district and each unit.—I am, etc.,

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London, W.1, Oct. 7.

### Decline of Breast-feeding

SIR,—Dr. J. C. Spence's paper on the decline of breast-feeding (*Journal*, October 8, p. 729) is so convincing that I entertain the hope that it will do something to "stop the rot." He has set forth the psychological factors involved, but I think there is more to be said on this aspect of the question.

In the more educated sections of the community we are reaching the second generation of bottle babies; in other words, many of the mothers who renounce serious breast-feeding know that they were not themselves breast-fed. Consequently there is liable to be a latent protest: "Why should I take the trouble that mother didn't take for me?" Then there is the relatively new factor of the cigarette habit, and, whether admitted or not, it certainly influences some young mothers in favour of the bottle.

The psychology of the nurse is even more important than Dr. Spence indicates. Most maternity nurses are childless. Most of them have a strong maternal urge. (If they have not this urge they are liable to be second-rate at their work.) The resultant of these two components is an inevitable envy of the mother. In many cases, perhaps in most, it is completely repressed, but that does not prevent it from being operative. The expression of this unconscious envy is, first, to abrogate maternal functions, of which the most important is nutrition; and, secondly, to disparage the mother's capacity. Bad maternity nurses give the mother a sense of inferiority, not merely about lactation, but about every aspect of child management. "Heaven help baby when I have gone!" is a cheery jest which cuts deep. Consciously it may be only a jest; unconsciously it is meant to hurt. Thus the maternity nurse (whether she knows it or not) is prejudiced in favour of bottle-feeding in spite of the fact that it generally involves more trouble for her.

It is largely on the nurse's evidence that the doctor makes his decision. But what of his unconscious motive? Unfortunately most of us are sufficiently like other members of our race as to suffer from self-importance. Of course this regrettable item in our make-up is generally, if not always, hidden from our own eyes. This latent self-importance is the source of much obscurantism, fussiness, and solemnity throughout our profession. It makes us very averse to a policy of non-intervention. The most mischievous form it takes is the solemn warning to the husband of the primipara that a second child must not be risked. A lesser form of interference with Nature is the advice to "put baby on the bottle."

But these unconscious motives which influence the adult culminate in results for the child that are even more

serious than Dr. Spence indicates. Medical psychologists are discovering daily the permanent damage that can be inflicted in connexion with infant feeding. No doubt ill-conducted breast-feeding can cause psychic traumata of great severity. So also can bottle-feeding. It, however, lacks in addition the great opportunity which breast-feeding affords. That opportunity is no less than the conditioning of the nascent social sense. Thereby the infant begins to differentiate the non-ego from the ego under conditions of instinctual satisfaction, physical well-being, and, above all, perfect security. This is the beginning of all sound social adjustment. Though these conditions can to a certain extent be imitated by bottle-feeding they can never be fully reproduced.

I hope that these considerations, in addition to Dr. Spence's cogent arguments, may influence some of our colleagues to refrain from hasty decisions in favour of "Ersatz" feeding of infants, however fashionable it may be.—I am, etc.,

London, W., Oct. 10.

H. CRICHTON MILLER.

SIR,—I was greatly pleased to read the excellent article by Dr. J. C. Spence, and I fully agree with his wish to encourage the natural method of feeding. As a matter of fact it is one of the most important contributions to infant welfare. I would, however, like to draw attention to the question as to how many women are anatomically capable of breast-feeding. Certainly the incidence varies.

At the beginning of my pediatric career the question was much discussed. I tried to find a basis by anatomical investigations, and these were carried out in Dresden and Düsseldorf. Sections were made through the whole breast of women who had died shortly after childbirth. This was done by means of a special large microtome which enabled one to obtain a survey of the distribution of the secretory tissue. Results were uniform in both cities. The amount of glandular tissue varies within wide limits from practically nil (only fibrous tissue being present) to a condition of practically 100 per cent. secretory tissue. On the other hand, in the animals investigated for comparison this variation was not met with.

I mention these findings in order to demonstrate that there are anatomical difficulties in the way of many women feeding their children. Yet I do not quote these results in order to discourage doctors from insisting on breast-feeding. On the contrary, I would urge that it is necessary to encourage the young mother and to give her every help possible in view of the difficulties which arise in many cases.—I am, etc.,

London, N.W.7, Oct. 8.

STEFAN ENGEL.

### Prognosis of Anxiety States

SIR,—The article by Dr. Arthur Harris on the prognosis of anxiety states in the *Journal* of September 24 (p. 649) has one curious omission—the absence of any consideration of the treatment employed in the cases he describes. The results obtained by a follow-up of 123 cases, selected from the records of the Maudsley Hospital, are analysed. Thirty-eight are found to have recovered and sixty to be still suffering from anxiety states. His only reference to treatment, however, is a remark that more "energy" was expended before a case progressed from the worst grade of severity to the lightest grade than from the lightest grade to complete health, and that cases which responded rapidly gave the best results, those requiring prolonged treatment being disappointing.