These considerations then are not only relevant, but essential to our clinical expertise as well as our intellectual growth. Apart from this critical approach, we offer no more to the patient than did the Vermont folk practitioner or the Hawaiian kahuna lapauu.

To Dr. Glaser's comments, my reply can be more specific. The article to which he refers is an interesting survey of child health in a low-income, nomadic population, where one-third of the infants receive no immunizations whatsoever, and where failure to meet medical appointments challenged the completion of the study. Dr. Tonkin demonstrated that in a culture where only 2% of the infants are breast-fed for more than three months, the incidence of otitis media is high.

This information must not be construed as "rather conclusive" evidence that the source of the infection is "cow's milk allergy." The absence of a few key steps in the sequential synthesis of this cause-and-effect relationship is striking. Still more presumptive is the suggestion, based on this "evidence," that soybean formula substitution is the appropriate course of action—containers aside, breast milk and soy-based formula are different.

**Richard D. Bland, M.D.**
Department of Pediatrics
Tripler Army Medical Center
Honolulu, Hawaii 96438

**REFERENCES**


**CORRECTION**

References 3 and 4 of the letter: Infant Mortality, Breast-Feeding, and Improved Health Surveillance, by Dr. Allan S. Cunningham, *Pediatrics*, 50:823, were in error. They should be corrected to:

Infant Mortality, Breast-Feeding, and Improved Health Surveillance
Allan S. Cunningham
Pediatrics 1973;51;156

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