

These data confirm (using  $\chi^2$  analysis) that child resistant containers are effective in preventing accidental child poisoning ( $p < 0.01$ ) but also suggest that they are much more effective ( $p < 0.01$ ) than blister (or unit) packs. We are assuming that the pattern of medicines handed into our pharmacy is similar to that in general use and therefore these figures should be taken with some caution; nevertheless, the scale of the differences we have shown suggests that blister or unit packaging should not replace child resistant containers as a method of preventing child poisoning.

#### Reference

- <sup>1</sup> Sibert JR, Clarke AJ, Mitchell MP. Improvements in child resistant containers. *Arch Dis Child* 1985;**60**:1155-7.

J R SIBERT and A J CLARKE  
*Llandough Hospital,  
Penarth,  
South Glamorgan  
CP6 1XX*

## Should mothers with cystic fibrosis breast feed?

Sir,

Controversy continues about the wisdom of mothers with cystic fibrosis breast feeding their babies. Studies on the sodium content of breast milk in patients with cystic fibrosis are conflicting.<sup>1,2</sup> Nine patients with cystic fibrosis attending the Brompton Hospital have had successful pregnancies; samples of breast milk from two and colostrum from a third mother were studied.

Case 1 delivered a healthy boy, weighing 2960 g, normally at term. She breast fed and the baby gained weight along the 20th centile; weaning began at 3 months. Case 2 delivered a boy weighing 1640 g at 29 weeks' gestation; he required resuscitation and was brain damaged. He gained weight well, being weaned at 3 months. Sweat tests in both infants yielded normal results. Col-

ostrum was collected from a third patient before lactation was suppressed because of maternal undernutrition.

Milk samples were obtained before feeding by drip collection into clean deionised containers and stored at  $-20^{\circ}\text{C}$ . Sodium and potassium concentrations were measured by flame photometry, chloride concentrations by conductivity, calcium concentrations by a colorimetric method, osmolality by vapour pressure osmometry, zinc and copper concentrations by atomic absorption spectrophotometry, fat by hydrochloric acid catalysed transmethylolation followed by gas-liquid chromatography, and immunoglobulins by radial immunodiffusion.

The electrolytes and osmolalities (Table) were broadly within the normal range; the trace metals and fat tended towards the lower end. The immunoglobulin concentrations in case 1 at 28 weeks (with normal means in brackets<sup>3</sup>) were IgA 0.34 (0.365), IgG 0.7 (0.018), and IgM  $< 0.05$  (0.021) g/l. Colostrum from case 3 showed IgA 7.3 (1.26), IgG 1.3 (0.067), and IgM  $< 0.05$  (0.147) g/l.

There was no evidence of raised sodium concentrations, in contrast with earlier observations, and our results are consistent with a recent report.<sup>1</sup> The other constituents were also within normal ranges. Our data do not suggest any absolute contraindication to breast feeding on the grounds of milk content, but maternal nutrition requires careful monitoring.

#### References

- Alpert SE, Cormier AD. Normal electrolyte and protein content in milk from mothers with cystic fibrosis: an explanation for the initial report of elevated milk sodium concentration. *J Pediatr* 1983;**102**:77-80.
- Whitelaw A, Butterfield A. High breast milk sodium in cystic fibrosis. *Lancet* 1977;ii:1288.
- Liebhaber M, Lewiston NJ, Asquith MT, Olds-Arroyo L, Sunshine P. Alterations of lymphocytes and of antibody content of human milk after processing. *J Pediatr* 1977;**91**:897-900.

R J STEAD, M J BRUETON, M E HODSON, and J C BATTEN  
*Brompton Hospital,  
London SW3 6HP,  
and Westminster Children's Hospital,  
London SW1P 2NS*

Table Results of breast milk analyses in the three cases

	Sodium (mmol/l)	Potassium (mmol/l)	Chloride (mmol/l)	Calcium (mmol/l)	Osmolality (mOsm/kg)	Zinc ( $\mu\text{mol/l}$ )	Copper ( $\mu\text{mol/l}$ )	Fat (g/l)
<i>Case 1</i>								
At 4 weeks	12	14.8	11	15	290			58.7
At 16 weeks:								
Before feeding	4	12.1	9	10	295			40.6
After feeding	3	13	9	10.3	293			29.8
At 28 weeks	2	16.1	11	9.5	273	7.6	2.8	36.6
<i>Case 2</i>								
At 6 weeks	4	>8	7					
At 7 weeks	3	>10	6					
Reference values*	7.4 (2-20)	13.0 (9-17)	10.7 (2-21)	8.5 (4-16)	300 $\pm$ 2.9	18.1 (2-47)	4.7 (1-11)	45 (13-83)
<i>Case 3</i>								
At 3 days (colostrum)	10	14.2			332			
Reference values*	21.7 (11-60)	18.9 (16-23)						

\*Given as mean (range) except osmolality (mean (SEM)).