

infancy and the problems of psycho-social trauma, orphans, and separated families have yet to be addressed.

MERLIN has offered help to provide medical and public health support to Kyalabisa camp in the Karagwe district. Support and co-ordination by both the Tanzanian authorities and the United Nations High Commission for Refugees (UNHCR) has been agreed and MERLIN plans to work in partnership with the local Catholic CARITAS organisation. Food distribution and camp management are coordinated by the Irish Charity GOAL, and OXFAM is providing water and sanitation systems.

The plans sound fine but the problems

are predictable. Access and communication are difficult. Co-ordination by UNHCR of many groups working on separate sites leads to unintentional confusion with duplication in some areas and gaps in others.

Within the camps themselves the public-health issues are of paramount importance. Adequate water supplies, good sanitation, and education are vital. The importance of prevention of epidemics (measles, dysentery, and cholera) cannot be underestimated. But the necessary supplies must be in place early as the likelihood of epidemics is so great.

Many of the difficulties should be surmountable, but it is likely that things will

go wrong. Food supplies will dwindle, the nutritional status will decline, seasonal changes may dry up the water supply, and epidemics will occur. Medical care then will be uphill.

The chance to prevent this tragedy, if ever there was a chance, was missed when the UN pulled out of Rwanda. It is now rather like trying to cure a rapidly aggressive cancer that is unresponsive to treatment—ie, palliative care only. This does not mean that attempts should not be made; both advocacy and direct action will limit the damage.

Michael Pelly

## French baby-milk saga

France is one of the last European countries where breastfeeding of babies is not promoted and where manufacturers of formula-milk have illegal commercial practices in maternity hospitals and clinics. This accusation comes from the International Baby Food Action Network and from the Leche League France. The Conseil de la Concurrence (the government agency that deals with monopolies and fraud, etc) has taken legal action against these firms and a report from the French parliamentary committee on trade and industry has confirmed the accusations. It seems that not only have doctors and nursery nurses been advising that mothers use "supplementary" commercial baby milk "just in case" they did not have enough maternal milk, but they have also been accepting free samples, gifts, and financial incentives from the firms.

In 1979, the French paediatricians society tried to stop formula-milk advertising in the general press in order to promote maternal feeding. But 15 years later most individual paediatricians still readily recommend manufactured baby milk instead of maternal milk. Claude Didierjean, president of Leche League France and Pascale Camus-Walter (IBFAN France) have confirmed that until recently money was given directly to the doctors and nurses at maternity units. Free trips to the Caribbean were also a favourite reward for distributing formula-milk.

January, 1993, saw the introduction of a law forbidding bribery of clients and intermediaries by manufacturers—but it seems that hospitals devised a way of evading the law. The April, 1994, issue of the *Dossiers de l'Obstétrique* revealed that maternity hospitals have created private associations, whose president is often the head of the maternity or the paediatrics department—or director of the hospital. These associations are able to receive formula-milk manufacturers' money: the usual amount is 150–300 FF (£18–£36) for each baby.

Commercial firms also have an arrangement to take turns in supplying formula-milk to maternity hospitals for a given

number of weeks. Women are thus likely to continue feeding their babies with the brand given by the medical staff during their stay. Many hospitals have relied on the income generated by this bribing system and the free formula supplies. The system is so well established that nurseries and maternity units do not know that it is illegal and mothers wrongly believe that health authorities endorse formula-milk feeding.

WHO has for many years recommended the promotion of breastfeeding. In January, 1994, the European Commission urged France to ensure that there are no donations of free or subsidised supplies of products covered by the International Code of Marketing of Breast Milk Substitutes.

On May 24 the modification of French law to concur with the EC directive (it came into force on June 1) was adopted by parliament. The new law will not forbid the press from receiving money from

advertising formula-milk but will outlaw distribution of free samples, or subsidised supplies, or financial incentives to the consumers or to the intermediate medical staff of maternity units. Penalties will be 10 000 FF (20 000 FF for a relapsed offence). However, it would come as a surprise to many if Prime Minister Edouard Balladur were ever to sign a "decret d'application" a necessary device for the law to have any power.

Doctors are lobbying the authorities for an increase in maternity-unit budgets to replace the funding that used to be provided by the financial incentives from commercial companies. But observers have pointed out that the new law coincides with restructuring that includes the phasing-out of "small" maternity units. Thus for such services, the change in the law may only hasten their demise.

Jean-Michel Bader

## Australian tobacco row

It only took an hour for the new shadow minister for health, Bronwyn Bishop, to display her profound ignorance on health issues. She took the opportunity to support tobacco advertising and said if a product was legal to buy, it should be legal to advertise.

But she jumped from opinion to ignorance when, in another interview, she questioned the harmful effects of smoking. "I say to those people who have made out that tobacco is a dreadful product, make your case. They have not done so", she said.

The president of the Australian Medical Association, Dr Brendan Nelson, responded immediately with facts and figures of "50 000 pieces of medical research" and "54 Australians dying each day of tobacco-related diseases". He later said he refused to talk to Bishop unless she recanted her views. Bishop did so in a roundabout way—she said she supported Liberal Party policy, which was to ban tobacco advertising, and she accepted that the medical profession believed smoking

to be harmful. The Doctors' Reform Society, a smallish left-wing group, has not accepted her public backdown and is still calling for her dismissal but the new Liberal leader, Alexander Downer, has stood by her. However, Downer has suggested he lacks faith in Bishop by giving the responsibility for Liberal policy on HIV/AIDS to Dr Michael Woolridge, who is a moderate conservative.

Bishop is a populist right-wing politician who has been branded by commentators as a shallow thinker without policies, although she is electorally fairly popular. She had been given the portfolio that has caused the Liberal Party most heartache since the first national health insurance scheme was introduced in 1974. In fact, the Liberal Party's failure to develop a sensible and coherent health policy has been a significant contributor to its 11 consecutive years in opposition.

Bishop's initial comments, despite her later announcements of an acceptance of Liberal Party policy, have lost her whatever credibility she may have had.

Mark Ragg