

better in the breast-fed arm, significantly so in the first 6 months. The cardinal point to remember is that these similarities in outcome, and the nutritional benefit of breast-feeding, occurred after 24 months (median duration of breast-feeding 17 months), when the HIV infection rate in the breast-feeding arm was a whopping 37% compared with 21% in the formula arm. Accordingly breast-feeding over this prolonged period remained effective for these outcomes despite the very high HIV infection rate; the obvious answer is to reduce HIV transmission through breast-feeding while retaining its advantages! Six months provides adequate benefits of breast-feeding, and the transmission risk of HIV is at worst about 5% (the latter is from a meta-analysis of nine African trials involving 4 085 children).⁴ If our group's hypothesis is correct this figure may be even lower with exclusive breast-feeding.

What is critical to the thrust of this letter is that in the Nairobi trial all women 'had access to potable water, extensive health education regarding safe preparation of formula, a reliable supply of formula, and access to medical care for their infants'. So breast-feeding stood up to comparison with formula in a developing country setting, which is as good as it can get for minimising the disadvantages of formula.

There are other examples of breast-feeding in urban environments. In Durban and Harare (an extremely large trial) studies are detecting substantial benefits in children of HIV-infected mothers who breast-feed in preference to formula-feeding.

We have to promote solutions that are not abstracted from this continent's priorities and that respect the durability and strength of African traditions; breast-feeding is more than just about infant feeding, it affirms a wider public good.

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Auto-antibody testing in obstetric patients

To the Editor: We read with interest the article by Afman *et al.*¹ on the relationship of auto-antibodies and obstetric outcome in a tertiary high-risk obstetric unit. In our view the lack of an association between antinuclear antibodies (ANAs) and adverse pregnancy outcome may be due to a fundamental error in interpretation of the ANA results. The authors have grouped the 33 true ANA-positive patients with the 13 patients

who had only an anti-cytoplasmic pattern on indirect immunofluorescence (IIF) testing. The latter staining pattern is a 'by-product' of the IIF test using HEp-2 cells, and in this study is likely to be due to anti-parietal and anti-smooth muscle antibodies that were presumably confirmed on tissue substrate (method not given in paper). By definition, antibodies directed at cytoplasmic components cannot be considered to be ANAs. Hence, the comparison should have been between the 33 true ANA-positive patients and relevant control patients. A secondary issue is that negative IIF does not rule out the presence of anti-Ro antibodies even when HEp-2 cells are used as substrate. Anti-Ro antibodies are highly associated with the rare event of neonatal lupus and need to be sought by other methods if there is any suspicion of this condition.

Secondly, it would have been helpful to know the total number of patients in the two groups who were HIV-positive, and the frequencies of the respective auto-antibodies. We also note the finding that anticardiolipin (ACL) antibodies were more frequent in women with severe pre-eclampsia. In a previous study based on our own experience in a routine antenatal clinic, ACL antibodies were poorly predictive for pre-eclampsia,² so the test may be more useful where there is a higher pretest risk of an associated event. Finally, we feel the title of the paper is not an accurate reflection of the study. ACL antibodies are not directed against nuclear antigens. 'Auto-antibody testing in obstetric patients' might be a more accurate title and a better reflection of the nature of the study.

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Pressure chamber explosion — Southern African Underwater and Hyperbaric Medical Association statement

To the Editor: Members of the Southern African Underwater and Hyperbaric Medical Association (SAUHMA), a special interest group of the South African Medical Association, were shocked to learn of the death of the Eloff brothers when a chamber they apparently built and used exploded, killing