

Editorial

SOYBEAN AS A MILK SUBSTITUTE FOR POTENTIALLY ALLERGIC INFANTS

IT is a manifestation of common sense not to expose a child who has a close family history of allergy continually or without necessity to well-known sensitizing agents. On the other hand, most of these children are exposed to many such allergens to which they do not become sensitized. There is evidently more to it than the mere fact of exposure.

The article by Johnston and Glaser in this issue is therefore in part founded upon logical premises and goes farther than any previous attempts at the prophylaxis of allergic disease in that the authors have actually followed their patients over a considerable period of time. They claim that withholding milk from the potentially allergic infant during the first few months not only prevents sensitization to milk, which is to be expected, but also prevents sensitization to other allergens, such as pollens, animal danders, and dust in later childhood. This is indeed an extraordinary finding and it is doubtful if it will find ready acceptance by most allergists. Furthermore, the feeding of a newly born infant on a soybean food can be a somewhat hazardous procedure and has the possibility of doing more harm than good.

The two soybean foods which are most commonly used (Mull Soy and Sobee) will nourish an infant as well as milk provided they are well tolerated. The trouble with these foods, however, has always been that there is something in soybean flour, at present unknown, which often causes loose bowel movements and sore buttocks, sometimes to the point of a severe diarrhea, and the younger the infant the more likely is this to take place. Diarrhea in a newborn infant is no light matter and most pediatricians would not be willing to risk it unless the feeding of a soybean food were proved a necessity by existing evidence of milk allergy. It therefore seems unlikely that the procedure advocated by Johnston and Glaser will be widely used.

Allergy to milk is certainly not uncommon in infants and can be responsible for a variety of symptoms. At present it is being overemphasized, and while the milk-free infant foods have a definite and a valuable place in the treatment of some allergic infants, they are being used altogether too much in many situations which have nothing whatever to do with milk allergy.

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