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Food propagandists — the new puritans

Sir.

We feel that the relevance and soundness of the 'personal view' presented by Passmore (August Journal, pp. 387-389) must be questioned. The piece was on the face of it a denunciation of the report by the National Advisory Committee on Nutrition Education (NACNE) and the work of health educators in the field of diet. The impression created is one of a satisfactory state of affairs with regard to diet and health with comments such as 'the people of the United Kingdom have never been so well fed or so healthy.'

We submit that Passmore's view, which might be paraphrased as 'everything in the dietary garden is lovely', is untenable while Britain has one of the highest rates of coronary heart disease in the world and 30 000 men under the age of 65 years die from this disease each year, a third of the adult population is overweight and hundreds of millions of pounds are spent on treating dental disease every year.

Passmore's conclusions are entirely consistent with the NACNE report which he purports to be arguing against. Indeed the evidence he musters for his arguments is much the same evidence that provides the very basis of the NACNE report's dietary guidelines.

So how is Passmore out of step with modern thinking? Sadly, he has fallen into the trap of assuming that our current dietary guidelines are out to banish particular foods from our diet, such as butter, eggs, red meat and sweets. This is simply not true. The guidelines talk only in terms of moderation, cutting down, seeking alternatives, and so on. Ironically Passmore's sketch of his own rural childhood demonstrates nicely how the Sunday joint was made to last all week, how clotted cream was an occasional treat and how much of his diet contained fresh vegetables. All consistent with NACNE — so where is the 'puritanism'? Indeed, the NACNE report goes out of its way to say that the dietary changes it is advocating, which are traditional in some cultures, such as mediterranean countries, 'may well prove to be more varied and acceptable' than our current average national diet.

However, Passmore's most glaring inconsistency is the way he pleads for an increased awareness of the importance of eating 'in moderation' without any attempt to tackle the key questions of what is meant by 'moderation'; how much is too much, and how best can we inform people as to how much fat, sugar, salt and fibre is in their food?

It is no use shying away from these realities. It is no use saying we should 'take care in choosing our diet' without giving people the necessary guidelines to help them do so. Simply to knock the so-called 'food propagandists' may strike an emotional chord with all of us who enjoy our food, but without consistent argument, it is as hollow and irrelevant as an empty tin of Passmore's clotted cream.

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Sir,

As one who is concerned to see a change in the eating patterns of the population, I was disappointed to read the article by such a distinguished author as Dr Passmore (August Journal, pp. 387-389). Evidence of the quality of that produced by Sir Richard Doll for the causal association between cigarette smoking and bronchial carcinoma is unfortunately rare in epidemiology. The evidence that a high fat intake and a high saturated fat ratio in the diet is associated with cardiovascular and malignant disease is sufficiently suggestive to warrant recommending a low fat intake especially in the absence of evidence that this low fat diet is in any way harmful. This in no way diminishes the enjoyment of food, indeed I would suggest it enhances it by adding variety. All that is required is to remove visible fat from meat, avoid fats in cooking and on bread, and replace some red meat, cheese, milk and eggs in the diet with poultry, fish, skimmed milk and vegetable protein.

Since there is no evidence that high sugar and sodium intakes are beneficial and since sugar is implicated in dental caries and salt in hypertension in some individuals, to advise a reduction seems sensible. I would suggest that without these additions the true flavour of natural foods can be appreciated. We should encourage the food industry to give us a choice of prepared foods without added sugar, salt and artificial colours and flavourings. Replacing prepacked and convenience foods with fresh fruit and vegetables, now available in great variety, enhances enjoyment of food.

Alcohol, like all psychotropic drugs, can be of benefit but it should be apparent that it is widely abused and is the cause of considerable physical, psychological, social and economic suffering. Every opportunity should therefore be taken to reduce the current high average intake.

After an initial period of adaptation, a high fibre, low fat, low sugar and low salt diet is found to be more varied and more enjoyable than the traditional British diet. The main difficulties are finding suitable prepared prepacked foods in the shops and the extra work and time involved in preparing meals. I would urge all general practitioners to embrace the recommendations in the NACNE report and to promulgate them as part of the anticipatory care given to their patients.

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Sir,

I greatly enjoyed reading Dr Passmore's personal view (August Journal, pp.387-389). To imbibe good food and drink is certainly one of the greatest pleasures of life. But Dr Passmore seems to suggest that the average present day British diet is the only enjoyable one. I think he misclassifies those who want to improve on it as puritans. In fact there is