

a tremendous variety of delicious dishes which can be prepared while still adhering to the reduced fat and increased fibre diet advocated by the National Advisory Committee on Nutrition Education (NACNE) and COMA. These reports prohibit no foods but do suggest sensible modifications to our diet.

In one sense he is correct to say that the people of this country have never before been so well fed or so healthy. But it is clear that for some time we have been overdoing it. Obesity is a far more important nutritional problem than anorexia and there are 180 000 deaths per annum from coronary heart disease, many if not all of these being premature. One man in four develops symptoms or dies from the results of atherosclerosis before the age of 65 years. Dr Passmore says that the risk of coronary heart disease rises very little until a threshold level of plasma cholesterol of 5.4 mM is reached, but admits that most cases occur below this level. In countries where the mean cholesterol level of adults is below ours, the coronary heart disease rate is also lower. I recently visited Japan which has a decreasing age-adjusted coronary heart disease mortality rate running at a level about one-eighth of ours, despite a high prevalence of hypertension, heavy smoking, no more exercise and just as much stress as we have. The fat energy content of their diet is 25% while ours is about 40%. The ratio of polyunsaturated to saturated fatty acids in the Japanese diet is about 1.0 (because of the high content of fruit, vegetables, beans and fish) while ours is about 0.28. To me this seems to indicate that there is something in the diet/heart hypothesis and that perhaps dietary factors and lipid metabolism are at the bottom of the coronary heart disease story. No one suggests that we should immediately go over to eating raw fish washed down with sake. There are perfectly 'British' ways of achieving the modest goals of NACNE, though there are many wonderful recipes from Asia and the Mediterranean to choose from as well. Countries which have adopted programmes along the lines suggested have reaped the benefit. The United States of America, Canada, Australia and Finland, formerly world leaders in the coronary heart disease stakes, now have rapidly declining coronary rates while ours remains stable at the top of the league.

Dr Passmore's words about alcohol are wise I am sure. The oldest man in the world (very cheerful at 122 years — and Japanese of course!) when advised by his

doctor to give up alcohol on health grounds at the age of 106 years, apparently refused, saying that life would not be worth living without it!

NICOLAS REA

Kentish Town Health Centre
2 Bartholomew Road
London NW5 2AJ

Sir,

It was with a growing sense of alarm that I read the article on food propagandists by Dr R. Passmore (*August Journal*, pp.387-389). I feel that Dr Passmore has fallen into the trap of equating a lack of scientific proof that a substance does not cause harm to the human organism with giving it a clean bill of health even if qualified by the phrase 'taken in moderation'.

Over the last 50 years the food and agriculture business has changed the ingredients of our diet beyond recognition. There are more chemicals involved in the growing, collection, preservation and processing of foods in use today than in the whole of the history of mankind. It is well known that the effects of one and possibly even two substances can be traced through the body, but when there is a combination of three or more substances it is quite impossible to measure the effect that they may have synergistically. We have 3000 allowed additives in this country. They have been passed as being safe, but only in isolation have they been tested on animal systems.

Much of the concern about diet these days is linked to prevention rather than cure. It seems naive for Dr Passmore to end his article by stating 'if you enjoy your food then in all probability you are in good health'. It is perfectly possible to be enjoying one's food and to be dead from a massive coronary occlusion the next day. While there are probably many factors involved in this event, there is little doubt in my mind that nutritional factors play a large part. It is in the hope of preventing serious diseases such as cardiovascular disease, rheumatic disease and gastrointestinal disease, with their high demands on the National Health Service, that I support attempts to modify the diet of the population of this country. If we can live on cheaper and healthier diets then I think we should. There is certainly no evidence to suggest that these attempts do not help and that the practicalities of setting up controlled trials are so enormous as not to be feasible.

While recognizing the fact that a trophophobia can occur, I think it is a

small price to pay if more information about diet will lead to a generally healthier population in this country.

A.H. LOCKIE

4 Waterden Road
Guildford
Surrey

Reference

1. Lockie AH, Carlson E, Kipps M, Thompson J. Comparison of four types of diet using clinical, laboratory and psychological studies. *J R Coll Gen Pract* 1985; **35**: 333-336.

Dr Passmore replies

Sir,

Our foods are now so good and so cheap and readily available that many of us eat too much of them. The two COMA Committees on Dietary and Cardiovascular Disease agreed in concluding that our health might be better if collectively we ate less fat. I was on the first committee and agree with Professor Mitchell, a physician who was on both, when he said at a meeting of the Nutrition Society: 'Once we have told our patients to stop smoking, then as scientists and men of common sense, we have a duty to keep our mouths shut in terms of CHD [coronary heart disease] prevention.'¹ The NACNE report goes far beyond science and common sense in recommending qualitative changes in the nature of many foods that we enjoy. In this respect it is propaganda.

Moderation in eating, in drinking and in other activities that affect health cannot be precisely defined. Each one of us has to learn what constitutes moderation for oneself. Health educationalists can help in this, but only if they keep within the bounds of facts and are not carried away by their enthusiasms.

Reference

1. Mitchell JRA. Diet and arterial disease — the myths and the realities. *Proc Nutr Soc* 1985; **44**: 363-370.

Spiritual healing and general practice

Sir,

I was astonished to read in a letter that the joint working party of the Churches Council for Health and Healing with the Royal College of General Practitioners believes that one of the crucial matters relevant to their discussions is that of validation of spiritual healing (*September Journal*, p.448). If to validate spiritual healing means to try to answer the question: 'Is spiritual healing an effective method of treatment?' then they are