ing than either diagnostic usage or patient request. Even if it is assumed that acquiescing to a patient's request is, for some GPs, a way of avoiding possible complaints, the medico-legal factors still do not approach the diagnostic concerns.

This study confirms that defensive practice occurs, but it is not the dominant factor influencing practice in relation to lumbar spine X-ray requests. In order to have a significant effect on such requests, the approach adopted needs to be oriented towards education rather than risk management.

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The challenge of angina

Sir,

May I add to the article entitled 'The challenge of angina' by George Kassianos (*Members' Reference Book* 1996, p.259)?

The risk factors for coronary artery disease (CAD) include tobacco, excess alcohol, physical inactivity, stress and diet — the latter perhaps being the most important.

Recent work indicates that CAD is not only preventable, but reversible. A small but growing number of American doctors have recently and independently confirmed this. They include Dean Ornish, professor of cardiology and advisor to the White House; John McDougall, director of nutrition, St Helena Hospital, California; Colin Campbell, professor of nutritional biochemistry, Cornell University; William Castelli, director of the Framingham Heart Study; and William Roberts, editor of the American Journal of Cardiology.

Their clinical experiences, backed up by several controlled trials (Ornish,[1] Thorogood[2] and Esselstyn[3]) using annual angiography, revealed plaque dimunition and an increasing patency of coronary arteries in those subjects consuming a mainly plant-based diet (10% total calories from fat). In the controls who adopted the diet devised by the American Cardiological Society (30% total calories from fat), plaque formation was only slowed down.

By reducing all fat (and animal protein, which is now being incriminated with fat; see, for example, *The Cornell-Oxford-China diet and health project* by Colin Campbell and Richard Peto) to the level consumed by most people prior to the agricultural revolution, CAD (which, until about 200 years ago, occurred mainly in Palace, Church and wealthy circles) would be largely eliminated. Anthropological literature suggests an increase in fat intake in the past two centuries from 10% to 40% of total calories, and in animal and protein intake from 10% to 60–70% of total calorie intake. In rural societies, such as China and Japan where diets are still largely plant-based, CAD is quite rare. Also significant is that starch energy has dropped in the West from about 80% to 40% of total calorie intake.

My own clinical experience is confirmed by the writings of the above-mentioned researchers. However, may I quote two of my cases:

1. An engineer, aged 70 years, with a 13-year history of angina, needed medication to walk from his car to the surgery door, but on adopting a plant-based diet he was able, one month later, to walk the mile from home to the surgery, and three months later to walk two miles to the market and back.
2. A headmaster retired as a result of suffering from angina at the age of 48 years. Now aged 52 years, he has accepted an almost vegan diet. He noticed an improvement within days and, as his activities increased, he began taking full and active advantage of his retirement on a full official pension.

The benefit is attributed to a gradual reduction in plaque size with an increase in coronary artery diameter as indicated by serial angiography, and by a prompt reduction in blood viscosity and red cell clumping leading to increased capillary flow and oxygen perfusion.

A recent book summarizing the above has just been published.[4]

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Red pepper effect

Sir,

We describe an unusual case report and wonder if any other practitioners have come across a similar occurrence.

A 40-year-old man of previous good health presented with an 11-day history of anal pain. Apart from local tenderness, no other signs were obvious. Four days later a perianal abscess was drained. No associated pathology was found. Normal lower gut flora (E. Coli and Klebsiella) were found on culture. Barium enema, colonoscopy and sphincter studies were all within normal limits. Since then he has had at least seven reoccurrences of the perianal abscess, each time with spontaneous discharge.

The patient has noticed that over the last four months, during which time he has eaten a red sweet pepper daily, there has been a progressive reduction of both the anal discharge and the discomfort. Green and hot peppers are of no help. On stopping the consumption of red peppers there was a reoccurrence of the anal discomfort and discharge within five days. He has found that the minimum effective amount of fresh red pepper is about 150 gm on alternate days. It must be chewed. The healing effect is lost if the pepper is liquidized; tinned red pepper is of no help, nor is green and hot pepper.

It would be interesting to know if this 'red pepper effect' is local or systemic.

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CORRECTION: In the September Journal, the author of the letter entitled 'The investigation and management of patients with heart failure' (p.551) was Eric M Saunderson, not Eric M Sanderson.