the need for further operation." I do know that not all urologists are so confident. Incidentally, my registrar has recently done open prostatectomy on a man who had transurethral resection by a distinguished London urologist only a few years ago.

I am in favour of increasing the number of specialist urological units in appropriate big hospitals. But in a majority of smaller district hospitals it would surely be wiser to ask at having no more than one surgeon skilled in endoscopic operations. Whether that surgeon need be a pure urologist is an open question, dependent upon the attitude of the individual concerned as well as the practice and aptitudes of his colleagues. — I am, etc.,

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Paul Hickinbotham

Many will share the reservations of your leading article (6 July, p. 4) of the report by the Food Standards Agency, given responsibility for Food Policy. The report aimed to reach "(1) organizations and individuals responsible for the public in relation to health and diet; (2) doctors and patients; and (3) scientific advisers of food manufacturers." It is therefore of great interest to many in the health professions and in industry.

Few will disagree with the committee's recommendations to avoid and treat obesity at all ages. Likewise there would be little dispute over its conclusion that the national consumption of fat, its sugar and sodium should be reduced. Where we strongly disagree with the report is in its inability to recommend an increase in the intake of polyunsaturated fats in the national diet. At least 11 other national and international committees have examined the same evidence and with one exception have made much stronger proposals. Moreover this committee of the Department of Health and Social Security has given no reasons for differing from the other expert bodies.

The recommendation to reduce the amount of saturated fat in the diet from its present high level begs the question of what other diet could take its place. A low-fat diet is unpalatable, and substitution of saturated by polyunsaturated fats makes eating far pleasanter, but in addition further lowers serum lipids. Most of the expert committees recommended an increase of polyunsaturated fats for the general population, with a polyunsaturated to saturated fat ratio of about 1:1 and a reduction of daily cholesterol intake to about 300 mg. Most also agree that sugar should be reduced in western diets, especially for the control of obesity, even though none seem to accept Professor J. Yudkin's view that sugar is more important than fat as a cause of coronary heart disease. It might be added that for some people a reduction of alcohol is also important on account of its calorie content and contribution to hypertriglyceridaemia. We also agree with you in regretting that the panel did not recommend any moderation of salt intake.

In our opinion the food industry should not be deterred in its efforts to assist reasonable dietary recommendations but rather be encouraged to produce suitable alternatives. Unless foods are labelled with their fat content, as advised by nine of the other 11 expert committees, and alternative meals are readily available in catering establishments, members of the public will not even be able to make their own choice in the matter. We note that members of the committee were not always able to reach agreed conclusions, suggesting that there was an unsatisfactory compromise on several issues.

Further conclusive evidence leading to proof on the question of diet and coronary heart disease is most unlikely to come within the next 10 years, if at all. In the United States it was calculated that a tax of only large enough to produce a conclusive answer, would have cost in 1969 between $250m. and $500m., and hence it was not carried out. Doctors must advise their patients on this question, as they do on many other matters, without proof and on the balance of the probabilities. We believe there is enough evidence for them to advise their patients, particularly those with other risk factors, on the lines suggested above.

Unfortunately this report will have done little to encourage people to make an effective alteration in their eating habits or the food industry to help them to do so. We hope that the Government will consider views other than those of this committee before deciding on important food policies.

We are, etc.,

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RICHARD TURNER
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Dr A. J. Kutchen
The District Hospital, Leicester

In a recent discussion on "Fibrose and Fibrose Bronchoscopy" (1 July, p. 371), you suggested that "fibrose bronchoscopy is a technique that is probably the easiest of all the bronchoscopic techniques". You also stated that "the fibrose bronchoscopy is a technique that is probably the easiest of all the bronchoscopic techniques".

In this case, it is not clear whether you are referring to the "fibrose bronchoscopy" or the "fibrose bronchoscopy". It is also not clear what you mean by "probably the easiest of all the bronchoscopic techniques". It is not clear whether you are referring to the ease of performing the technique or the ease of interpreting the results.

In any case, the fibrose bronchoscopy is a technique that is not commonly used. It is not a technique that is commonly used in the diagnosis of respiratory diseases.

S. W. CLARKE
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Reporting Deaths to the Coroner

Dr. J. D. J. Hovard (31 August, p. 576) refers only to the opinion of counsel which he selects and not to the opinion of counsel given to the B.M.A. in the opposite