Nutrition rehabilitation: numbers of children

<table>
<thead>
<tr>
<th>Nutritional status (weight for age)</th>
<th>Admission</th>
<th>Discharge</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequately nourished (&gt;80%, Harvard mean)</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>II: malnutrition (67-70%, Harvard mean)</td>
<td>45</td>
<td>34</td>
<td>32</td>
</tr>
<tr>
<td>III: malnutrition (&lt;61%, Harvard mean)</td>
<td>204</td>
<td>160</td>
<td>87</td>
</tr>
<tr>
<td>Total</td>
<td>269</td>
<td>175</td>
<td>155</td>
</tr>
</tbody>
</table>

*With oedema. **Without oedema.

essential in the management of protein energy malnutrition. Some form of nutrition rehabilitation can provide this, but modifications are necessary in different areas and combined nutrition rehabilitation evaluation would clarify the real benefits.

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Dietary fibre hypothesis

SIR,—On behalf of my co-editor, Mr Denis Burkitt, at present abroad, and the contributors to our book,1 now published, we welcome Mr C L Copeland's letter (15 November, p 404) asking the Department of Health Committee on Medical Aspects of Food Policy to assess the dietary fibre hypothesis concerning several diseases of the large bowel and also diabetes mellitus and atherosclerosis. We suggest that large amounts of refined plant foods, especially all starch foods rich in dietary fibre, may offer protection against these diseases. White bread has many excellent nutrients and no toxic substances but it is harmful, in my opinion, because it lacks enough fibre, intimately mixed with the flour, and cell-wall structures (dietary fibre) in a close physicochemical relationship with cellular contents, especially starch. In other words, to improve atherosclerosis2 or diabetes mellitus3 one must eat very much unrefined starch food of many different varieties. This is not possible unless one decreases very considerably all fats and sucrose. With such a diet bread is unnecessary.

Independently of my views doctors at the Long Beach Veterans Administration Hospital, California, have been treating severe peripheral vascular disease with a diet in a metabolic ward for six months. Thirty-eight patients were randomly divided into two equal groups. One group ate the usual low-fat, high-fat, Western-type diet and received the approved drug therapy; the other group ate completely unrefined starch foods (80% of energy content), fats, any variety (10%), and protein (10%) with no added salt or sugar. Their cholesterol intakes were less than 100 mg/day. The dietary-
treated group were encouraged to increase physical exertion markedly several times a day, stopping only when pain became intolerable; they came off all drug therapy as soon as possible. The control group of patients showed negligible improvement. The group treated by diet and exercise showed much improvement, which was statistically significant (P < 0.001); most have discontinued all drugs; their maximum walking distance has increased to many thousand feet; three who had angina have all lost it; of 13 diabetics, 11 are now off all hypoglycaemic drugs or insulin. The work has been extended to other studies and Mr N Pritkin has informed me that about 80% of maturity-onset diabetics respond well but that no improvement has occurred in younger diabetics considered to be of the juvenile type.

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Irrigation of the vas for immediate sterility after vasectomy

SIR,—Urquhart-Hay4 described a method of obtaining immediate sterility after vasectomy by irrigating by slow injection the proximal end of each vas with 2.5 ml of sterile euflavine 1:1000. The purpose of this procedure was to render unnecessary the two or three postoperative semen analyses at 8, 12, or 16 weeks and thereby reduce the inconvenience that such tests cause to patient, laboratory, or vasectomy clinic. Albert et al.5 recently reported the use of nitrofurans as the sperm-killer medium and concluded after only 24 patients had been studied that irrigation dispenses with the need to do subsequent semen analyses. The purpose of this report is to illustrate that these methods cannot guarantee immediate sperm death and therefore immediate sterility.

The technique described by Urquhart-Hay was exactly followed, but semen analyses were carried out at 8 and 12 weeks in all patients. In the 84th case in which this method was used examination of uncentrifuged semen at the eighth week showed the presence of motile sperm—2/3 per low-power field. Subsequent examination one and two months later of this patient's centrifuged semen showed the absence of sperms by this time.

This case illustrates that immediate sterility cannot be guaranteed by using vas irrigations, even though in most cases this procedure may hasten the onset of sterility. Therefore in the views of some postcoital semen examinations are still essential to confirm the absence of sperms in all patients.

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