

Correspondence

Correspondence arising from articles or letters appearing in this issue of the journal must be received by 16 June 1986.

Sirs,

The recent article by Woolaway, *et al.* (*Community Medicine* 7: 193-197) presented a quick non-intrusive way of monitoring the nutrient content of hospital meals. The authors hope that 'the diet available in hospital allowed and promoted healthy eating'.

The data available to these authors allow one to ask a somewhat different question from the one they answered. Their analyses help answer the question 'Given the *available* menus, what was the composition of the diets *selected* by patients?' One should also ask (i) what was the average nutrient content of the menus *offered* each day, and (ii) how much would the portion sizes need to be modified or how much would the frequency with which certain items are offered during a rotation need to be changed in order to bring the average nutrient composition more into line with a so-called 'optimal' diet?

Desirable modifications of diet in a free-living society are difficult to bring about. I would urge more use of the kind of computerized data the authors used, especially in institutions where food offerings *can be altered in a semi-experimental way*, so that we can better understand the complex interplay between what diet is available and what is eaten.

Yours faithfully,
James A. Hanley, Ph.D.,
Department of Epidemiology and Biostatistics,
McGill University, Montreal,
and
Temporary Consultant, Cancer Unit
WHO, Geneva, Switzerland.

Anti-nuclear appeal from workers in preventive cardiology

Sirs,

Your readers may have noticed the appearance of a paid advertisement in the *American Journal of Epidemiology*, which resulted from the efforts of more than 1000 epidemiologists and preventive cardiologists from 67 countries, joining in an appeal to international physicians for prevention of nuclear war, calling upon leaders of the five nations now

known to possess nuclear weapons, to end the dangerous, futile and costly arms race.

'Nuclear war has justly been called the final epidemic. Those of us who have made our life work epidemiology and preventive cardiology - to create a scientific foundation for prevention of epidemic disease in our field - are deeply troubled that the continued nuclear arms race threatens to bring this final epidemic to pass.

'We who are dedicated to prevention must do everything humanly possible to prevent such a holocaust . . .'

Signatories of the appeal have asked the initiators of this effort to bring this action to the attention of the medical community and urge that others add their voices expressing our professional concern over the unprecedented threat to life and health, posed by nuclear weapons.

If any reader of your journal wishes to support this action, they should write to:

International Physicians for Prevention of Nuclear War,
Attention: Dr. Thomas Chalmers,
225 Longwood Avenue,
Boston, Massachusetts 02115, USA.

Yours faithfully,
Walter W. Holland,
Department of Community Medicine,
St Thomas' Hospital,
London, SE1 7EH.

Community Medicine and the 'Grey Book'

Sirs,

Community physicians have welcomed the Joint Statement of the Faculty and the Royal College of Physicians of London on community medicine in the post-Griffiths NHS. That a measure of success is now being achieved is in part due to the efforts of the Officers and Board, of which the document is visible evidence. The Statement, however, contains one pass-