

correspondence

Petition for Argentinian scientists

SIR,—Some colleagues in our cancer centre are very concerned by the actual situation in Argentina and we have decided to propose the adjoining text for the approval of the international cancer community.

The undersigned cancerologists are very concerned by the situation in Argentina where personal security is increasingly threatened, fundamental rights are denied and where repression and arbitrary police action severely effect the scientific community ('Repression in Argentina: scientists caught up in tide of terrors' *Science* 194, 1397; 1976; and 'More on Argentina' *Nature* 263, 452; 1976).

These cancerologists refuse to participate under such conditions in the twelfth International Cancer Congress, which is scheduled for 5–12 October 1978 in Buenos-Aires, and ask all the members of the international scientific and medical community to join them in their refusal.

The undersigned also refuse to participate in meetings organised in any country subject to police repression and where the rights of man are systematically violated.

We invite physicians and scientists who share these opinions to join us in this protest by signing this petition. Copies of the petition will be made available on request to Dr J-C. Salomon, Institut de Recherches Scientifiques sur le Cancer, CNRS, B.P. 8, F 94800 Villejuif, France.

A similar action is underway among United States cancerologists.

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Exchange agreement

SIR,—I was glad to see Vera Rich's article (13 October, page 553) about the new exchange arrangement between the Royal Society and the Academy of Sciences of the USSR, but sorry to note that it contained several misleading statements. Firstly, the seven senior and four junior visits she referred to are in the *current* agreement, and are replaced in the new agreement, to come into effect on 1 April 1978, by a more flexible arrangement for a total of 49, not 40, man-months. The Royal Society hopes that this number will be increased and that the more flexible exchange agreement will lead to wider support for visits in both directions.

Vera Rich's comparisons with UK–Poland exchanges are also highly misleading as the figures she quotes for UK–USSR visits refer only to those under the Royal Society–Academy exchange agreement and do not refer to many visits under other auspices, while those for UK–Poland are evidently all-inclusive; Royal Society–Polish Academy visits account for only about ten each way.

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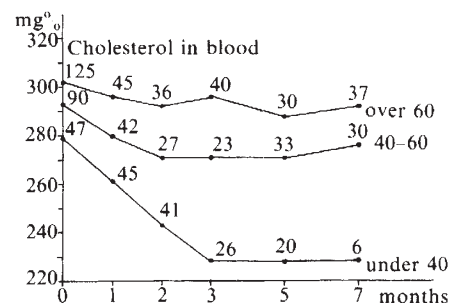
Which diet?

SIR,—Colin Blythe and Howard Rush in their article 'What kind of food policy?' (4 August, page 386) mention the confusing advice available "to individuals who wish to follow sensible eating regimes".

Over past years ever-increasing doubt has been cast upon the validity of the theory that animal fats and cholesterol in human food cause arteriosclerosis and its resultant disorders. Even drastically reducing fat consumption and substituting animal fats to a large extent with distasteful plant oils of high polyene acid content, does not restore blood cholesterol levels to normal, nor bring about a retrogression of arteriosclerosis.

The fat theory offers us no explanation of the fact that in primitive populations, whose diet contains a very high proportion of animal fats, the incidence of arteriosclerosis and abnormal blood fat levels is practically nil. The diet of such people (Massai, other nomadic tribes, Eskimos) usually contains very little carbohydrate. Might it not therefore be the carbohydrates and not the fats that are responsible for the cardiovascular disorders connected with other types of civilisation?

Support for this idea is provided by observations on the cholesterol levels in



subjects of various age groups on a low-carbohydrate diet (70 g daily). Data collected from over 300 individuals have revealed that the cholesterol can be brought down by 50 mg% in 39% of the patients over 60 years of age, in 52% of those between 40 and 60, and in 67% of the group under 40. In the under-forties, restriction of carbohydrate intake can bring about permanent normalisation of the values within a short period of time, if we consider the average values as shown in the figure.

The possibility exists that every case of hypercholesterinemia could be reversed, or even avoided in the first place, if a low-carbohydrate diet were to be adopted in time. If we were to consume as little carbohydrate as the above mentioned primitive peoples, hyperlipidaemias and arteriosclerosis would probably not occur. Such disorders develop over the years under the influence of unphysiological quantities of carbohydrate (and their reversibility declines with advancing years) until the point is reached at which animal fats and cholesterol in the food bring about a rise in blood cholesterol levels. The efficacy of a low-carbohydrate diet in reducing overweight and in correcting metabolic disorders has already been established. Perhaps it would now be worthwhile considering the substitution of the fat theory by a carbohydrate theory in explaining the diseases connected with human civilisation.

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On missing the point

SIR,—It is surprising that Bowne (13 October, page 556) finds some research ridiculous since it involves the discussion of polygenes, which are "unknown". It is surely a basic part of the scientific method to describe observed phenomena (familial resemblance for metrical characters) in terms of abstract entities (polygenes). Current work in genetics is not analogous to von Leeuwenhoek studying ribosome structure, since the phenomena accessible to him did not suggest the idea of the ribosome.

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