the nutriture of the world as anything but a long and arduous task.

As he implies, a partial reason for our dilemma has been our failure in medical education. Perhaps we have overspecialized in medicine to the point where the surgeon thinks of nutrition in terms of electrolyte balance, the pediatrician in terms of the infant dietary, the researcher in terms of the biochemical abnormality of the disease process which he is studying.

A pertinent question is what constitutes education and training in nutrition. Or perhaps, what does the medical specialist need to know to be a nutrition educator?

Certainly the educator needs to know his audience. He needs to know their habits, their intelligence, their motivations, their economy, their human drives and needs. He must be able to identify with the recipient to the extent that he well understands what will make for acceptance of his teaching. Certainly the medical educator needs to know facts. Some of these facts are a workable knowledge of food values, nutritional needs, food products, dietary content. How can he teach without this? This is not difficult to learn, nor is it an endless labyrinth of trivia. The teaching of these facts to the medical educator should be accomplished in a concise, organized manner. In other words, the medical student should have guided direction in teaching nutrition to his patients and to other lay groups.

Coordination of nutrition teaching in medical schools *should* be encouraged. One wonders if the statement made by Dr. György that "nutrition in its purely medical aspects is not a speciality" is really true. Nutrition research and teaching should be developed in basic science and clinical departments. But should this preclude the establishment of a nutrition specialty, directed and developed by competent personnel whose primary interest is the science and application of nutrition and whose secondary interest is medicine?

And who to fill this chair in nutrition? As a former student of the late Dr. Kate Daum, I can think of no more suitable candidates than the present day or the would-be Kate Daum's who could bring so much to medicine.

Our problems in this country can be solved partially through recruitment. This means recruitment of professionally qualified nutritionists, nutrition-minded physicians, competent dietitians and nutrition educators. A large supply of these personnel could and should be graduates of recognized nutrition departments in Home Economics. Perhaps Home Economics will have to look toward intensifying its professional curriculum and toward the more active solicitation of funds to finance graduate education so essential in providing the educators and researchers.

By all means encourage prospective leaders from foreign countries to study in the United States and elsewhere. Let's help them through financial and moral support to learn what we hope to be able to teach better in the future (through our own self-improvement program). For if they are prepared to teach, they certainly will do a much better job of it than we in their own countries. We should not hope to reach physically beyond our borders until we have provided adequately for the lay and professional needs here.

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Dear Dr. György:

Your editorial "Education and Training in Nutrition" in the January, 1962 issue of *A.J.C.N.* brought to mind a sentence in the last paragraph of Graham Lusk's *Nutrition* in the Clio Medica series: "Even in medical schools little thought is given to the subject."

It has been gratifying to see that some progress has been made since Lusk's time, but I agree with you that the subject is still handled in a diffuse fashion and that urgent action is needed. Public health nutritionists are especially aware that some physicians "fall prey to food faddism," probably as the result of inadequate information on which to evaluate diets that appear in popular magazines and books.

I was pleased also to note that you, like

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Graham Lusk, recognized the contribution of home economists in nutrition education. It has been helpful to me recently to have at hand definitions of home economist, dietitian and nutritionist, and I am enclosing a copy that I hope will be useful to you.

I have a few recommendations to pass along about nutrition in medicine. I believe that there is need for the medical profession to adopt an appropriate title for the physician with specialty in nutrition. While working recently with Dr. John Browe and others to state APHA qualifications for nutritionists in health agencies we found ourselves using the terms of "medical nutritionist" and "non-medical nutritionist." The former hardly specifies that the individual is a physician and the latter seems to belittle the qualifications of the person so designated. The only suggestion for a name that comes to me now is trophologist.

Along with teaching medical students the subject matter of nutrition and dietaries, there is need to teach them how to take a diet history and how to instruct the patient on a diet. It appears that during the internship the medical intern learns to utilize the services of a dietitian, but that once in practice where he can no longer depend on the hospital dietitian, he does not know how to instruct the patient or what other resources there are for instruction. Thus he needs to learn the use of paramedical nutrition personnel, especially the dietary consultant.

Your comments about the need for preceptors to consider the culture and problems of trainees is also pertinent here for any diet prescription should start with what the patient eats. Frequently the patient leaves the physician's office on what *not* to eat often leaves the patient feeling that there is nothing he *can* eat.

This paragaraph from one of many letters in our files will illustrate the problem. The quotes are from the diet prescribed by the physician; the comments are from the patient's wife.

> "A high protein, low cholesterol diet. *No* saturated fats, but *lots* of polyunsaturated fat." We find it difficult to get as much protein as the doctor wants him to have. Have even gone to Tiger's milk. "*No* butter, no whole milk, no cheese save low-fat cottage cheese, only two eggs a week, no pepper but salt's okeh, no vinegar and nothing cold to drink, also no visible animal fat."

Although our job is public education, we cannot help such a patient without referral from the physician. If the physician's time does not permit him to carry out the full instruction, he should refer the patient to a dietitian or to a nurse who has had special education in nutrition. In that case the physician must take the responsibility of making the referral and not leave it to the patient to obtain information from well-meaning friends or from salesmen of food supplements.

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