

The table shows that Spain had the best average life expectancy over the 35 years, and Australia now has a longer life expectancy than any Mediterranean country. The countries that started with long life expectancies have seen a lengthening of about 12% in 35 years; while countries with lower life expectancies have had much bigger gains, around 40% in the period.

It could be argued that these numbers are greatly affected by mortality in children, so we compared health-adjusted life expectancy at 60 years of age in 2002. The respective years for men and women were Japan 19.6, France 18.4, Australia 18.2, Spain 18.15, Italy 17.9 and Greece 17.05. These have changed since the early 1960s, when Australia's life expectancy at 60 years (males and females combined) was 17.19 compared with 17.96 in Italy, 17.74 in Greece, 17.60 in France and 17.88 in Israel.

An idealised 1960s Greek–Italian diet pattern is only one model healthy diet. The Japanese have the longest life expectancy in the world and there are other countries, like Australia, which have improved their relative position.

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Sir,

Although Geoffrey Cannon, in his column in this April's issue of *Public Health Nutrition*¹, recognises the difference between the 'old' NCHS reference as 'descriptive' and the new WHO reference as 'proscriptive', he seems not to appreciate the profound contribution that the NCHS reference made to our knowledge of children's growth throughout the world. I well remember, in the discussions leading to our paper in the *Bulletin of the World Health Organization*² and from that to the WHO worldwide surveys, that we too were aware of the shortcomings of the NCHS data. Nevertheless, we decided to adopt the NCHS

as a reference, rather than as a standard to be aimed at, for purely practical reasons: it was statistically the best worked-out set of data available, which enabled systematic comparisons to be made worldwide. The excellent datasets of van Wieringen in The Netherlands showed little difference from the NCHS. It was probably inevitable, although not intended, that this reference would be used to assess the growth of individual children. Nevertheless, I submit that a deviation of more than 2SD below the mean is a useful, although not cast-iron, indicator of unsatisfactory growth.

The new reference, which I have not yet seen, certainly has a better claim to be a normative standard, but it remains to be seen whether it makes much difference to comparisons between populations or to the ages at which wasting and stunting have their highest prevalences. The old questions remain: whether there are ethnic/genetic differences in child growth; whether a cut-off point at a particular Z-score is a useful statistic, since some argue that the mean and the SD give a better picture of the whole distribution, etc. I believe that although we are moving on, we should not forget the important contribution that was made by the US National Center for Health Statistics.

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How far should nutrition reach?

Sir,

I fully support *The New Nutrition Science project* described in the September 2005 issue of *Public Health Nutrition*. In the hope of strengthening it, I would like to offer three observations.

First, regarding the status of nutrition science itself, the project emphasises that nutrition science has changed largely because the world has changed. However, it is has also changed partly by becoming weaker. It has lost traction in UN and other agencies, at national as well as global levels, with funding shrinking and some nutrition programmes shutting down. One reason is that nutritionists sometimes work on obscure technical questions while people go hungry just outside their laboratory