Author's response to reviews


Authors:

David K Cundiff MD (dkcundiff3@verizon.net)
William Harris MD (HARRISMDW001@hawaii.rr.com)

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Author's response to reviews:

Hiromichi Kumagai, M.D.
Deputy-Editor-in-Chief, Nutrition J

Dear Dr. Kumagai,

Thank you for critiquing the manuscripts. Your points were well taken.

My responses below are in bold.

Comments to the authors,

Abstract: In general, the abstract doesn't represent the authors' views very well. It lacks focus. The descriptions about such doubtful diagnosis as rickets and psychological developmental delay made by the outside physicians should be shortened.

The pediatrician diagnosed rickets in the four-year-old based on a "rachitic rosary" on clinical exam. A psychologist diagnosed the 18 month old as developmentally delayed to the level of a 15 month old. according to the evaluating psychologist's interpretation of the Battelle Developmental Inventory Screening Test (BDIST). Given the marginal levels sensitivity and specificity of this evaluation instrument and its documented cultural bias, this assessment is questionable.

The important points of these cases are follows. (1) They have eaten exclusively raw foods vegan diets for a long time.

Stated.

(2) All of six children exhibit short stature and low body weight.

Growth chart data summarized.

(3) Three are few evidence of malnutrition or other abnormalities from their laboratory data.

Stated.

The message of conclusion in the abstract is unclear. The last two sentences in the conclusion of the main body of the text represent your view well. Please use them also in the abstract.

Ok.

Introduction (Background): This part is too long. Please make it concise to 1-1.5 pages without direct citing the sentences from their references.

Done
Case report: Although the comparisons of infant's nutrient intake with RDA and breast milk are interesting, this comparison is worthy only when the infant was fed 50 ounces/day. Is there any evidence that the parents fed the baby 9 ounces, 5-6 times each day?

The only support for this part of the history was the observations by Department of Children's Services investigators on three occasions that there was plenty of food in the house. Shortly after the infant died, police investigators took the homemade formula for analysis but checked it only for drugs and not for nutrient content.

Since the other four children showed similar findings, the authors should consider putting in a table that summarizes their information.

Done, Table 3

Another idea is to summarize the common findings for four children in one paragraph, and then the different findings can be separately written.

Discussion: The discussion section should be shortened within 4 pages. The latter part of the discussion does not seem to be important. Please do not use the same sentences cited as is in the references.

Overall word count of the article reduced from 3869 to 2455. Discussion significantly shortened.

Table 1: Please explain the amount of each food written in the infant's diet and how she took these food items.

The mother did not estimate the amount of food consumed by the older children other than to say that they ate as much as they wanted.

Table 3: Why were not they examined serum albumin? It might be more important for examining protein malnutrition.

Definitely.

The following is included: Laboratory findings in severely malnourished children include low albumin, protein, prealbumin, BUN, cholesterol, transferrin, ferritin, B12, folate, and lymphocyte count and severe anemia. Notably, the pediatrician ordered only the BUN in one child, cholesterols in all, and prealbumin in three children (Table 4).