

CLINICAL NOTES ON SOME COMMON AILMENTS.

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OBESITY.

(Continued from page 145.)

In the last paper we saw that we should have to draw a distinction between people who really were too fat and those who only thought they were; the latter class being more numerous when slimness happened to be fashionable. In considering now the methods by which weight may be reduced, it only remains to point out that if they are adopted by people who have really nothing wrong with their metabolism, the result is generally disastrous, as they either fail to reduce the weight at all, or, if they do, it is at the expense of tissue that cannot really be spared, and malaise and discomfort result. Frequently, too, serious illness follows this act of most supreme folly.

From what we saw in the last paper it will be apparent that in any attempt to treat obesity we have to do two things, namely, to assist in the destruction or oxidation of the excess of fat already present, and to hinder the deposition of a fresh quantity. For the former, we prescribe certain exercises, and, rarely, drugs also, and for the latter we so vary the patient's diet that he does not get the same quantity of food from which fat can be formed.

The varieties of diet that have been vaunted from time to time for this latter purpose are very numerous, and it will serve no good purpose to describe them in detail. As in other departments of medicine, there is no such thing as a royal road to immediate and complete success, and it is necessary to take each case on its merits, and suit the diet to the individual; to reverse the process and try to make the patient suit the diet, savours of the quackery with which the treatment of obesity is already riddled.

But there are certain essentials which are common to all systems, and the first, and perhaps most important, is to remember that the great bulk of cases of obesity occur amongst those middle-aged men and women who have forgotten the golden rule that as we get older we must eat less. When we find a man of 35 eating as *much* food as he did at 25 we must begin by curtailing the total quantity, and we probably shall not have to bother much about the details of the menu.

Then, again, almost all cases of obesity can be cured by vigorous exercise, but in the vast majority of cases the patient's business

will not allow him to do this. To most people who have to earn their own living, exercise is an expensive impossibility. No one who can afford to take as much active exercise as is good for him need ever get too fat.

The next point is that very many people who suffer from obesity take too much fluid with their meals. Except in hot weather, a person who leads a sedentary life does not really need more than one-and-a-half pints of fluid in the twenty-four hours, but if we calculate the amount consumed in beverages by the average man or woman it will in most cases exceed this quantity, sometimes very considerably.

Then it is easy to forget that the amount of fat that can be produced from a very small daily excess of fat-forming food totals up to a considerable amount in the year. For instance, assuming that a person takes daily half an ounce of sugar (distributed through his food and drinks), and that this is all converted into fat, we should get an increase in weight in the year of eleven pounds from this source alone. When we consider the quantity of sugar that some of us take in tea and coffee alone we soon get our half ounce of excess.

This brings us to the next principle that inasmuch as fat is formed mostly from fat, starch and sugar, it follows that the diet for a case of obesity should consist mainly of proteids, which are not so easily (by most persons) converted into fat. Hence we should begin by replacing sugar by saccharin if we cannot persuade the patient to drop it altogether, and it must be remembered that fruits which are often very good for, and much liked, by fat people are generally made the vehicle for a large quantity of sugar, especially when they are stewed or made into tarts, or when they have been preserved in syrup in a tin. Many fat people, too, are very fond of potatoes, which are almost all starch. Generally we have to forbid or restrict the consumption of anything that grows underground.

For fat people alcohol should be absolutely forbidden, because it is burnt off so quickly in the system, and in consequence the body gets its energy temporarily from the alcohol instead of burning up some of its fat, as it should do, and one has only to look at the figure of the average middle-aged publican to realise this. If the patient will not consent to the total deprivation of alcoholic beverages, he should take them only with meals, and not between them.

Coming now to the details of the dietary, we may take the following daily menu as being

[previous page](#)

[next page](#)