

to it who, in addition to surgery and district nursing, acted as a health visitor.

Two drawbacks of the Hungarian system appeared to be the lack of appointment systems which reminded one of the overcrowded surgeries, experienced some years ago, and the fact that the practice secretary sat with the doctor throughout, and thus made more difficult the establishment of personal doctor-patient relationships.

The Hungarian Scientific Society of General Practice is anxious to make contact with our college. Initially this could be done by exchange of our journals (*The Hungarian Medicus Universalis* is published six times yearly and now has English summaries). Perhaps joint research projects could emerge from such exchange. In this way, meetings between college members may be arranged in the future.

The congress of the International Society of General Practice to be held in Budapest in 1973 might prove a good opportunity for English doctors to sample not only fine friendship and hospitality, but also professionally stimulating medical contact.

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## Correspondence

### Obesity

Sir,

What a pity that Dr Godfrey (Observations on obesity, *Journal*, May 1971) should give further credence to the notion that reduction of fluid intake and the "judicious use of diuretics" might be of value in the treatment of obesity.

Banting indeed it was who noted the initial weight loss in the first '48 hrs.' (Incidentally it is rarely remembered that he got his diet from his doctor who would not allow his name to be published for clinical reasons—and a very good diet it was apart from the allowance of alcohol!) It was always assumed that this had something to do with fluid loss. My own observations (*Proceedings of Royal Society Medicine* (1965), 58, vol. 199–200 and a paper read at joint BMA meeting, Karfchi. November 1966) make this fairly certain.

If blood is used as an example of body fluids we can say that they contain up to 0.18 per cent glucose—for convenience 0.2 per cent. This means that 100 G of glucose (about a quarter of a pound of sweets—a mere titbit to some) would have a fluid retaining potential of 50 litres. Fortunately for the human body things are not as simple as that—but the effect is considerable all the same. If all carbohydrate is removed from the diet there ensues a weight loss of three to ten pounds (less in the underweight person) which is accompanied by a diuresis. When it is replaced this weight is regained and is accompanied by oligurea. If a diuretic is given, there may be a weight loss of two to three pounds which will be maintained as long as the diuretic is continued. This weight loss (like that after a turkish bath) is replaced when it is stopped. This is true of the obese person as well

as the normal and anybody can try it for himself and see.

In obesity it is fat that we want the patient to lose. Water will look after itself once there is nothing to retain it. Diuretics are of value to the kind of 'obesity specialist' who makes money by giving injections of them but not to the patient.

I greatly appreciate and value Dr Godfrey's assembly of information on the complexities of some aspects of obesity and everybody recognizes that some people put on weight more readily than others, but I hope this will not blind us to the majority of cases which start insidiously at between 30–40 and are simply due to overconsumption, especially of carbohydrate, fats and alcohol. Once a person has put on weight he need eat no more than anyone else to maintain it and analysis of his eating habits may reveal no excess. What is more his weight balancing mechanism may have become geared to keep him that way—but I suspect that what has been geared up can also be geared down. I have a few cured obesity cases and, like most doctors, a number who having lost much of their excess weight have kept out of my way for years because of backsliding. Yet none of the backsliders had lost, so all is not hopeless even with our present state of knowledge.

London, W.9.

R. LEWIS.

### The Tree of Aesculapius

Sir,

On the Island of Cos there is a plane tree under which Hippocrates is said to have taught in the 5th century B.C. From seeds of this tree Professor Oscar Sziklai has raised a number of seedlings