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.

PETER FRANK, M.D., M.R.C.G.P., D.C.H.

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

in the Department of Forestry Genetics of the University of British Columbia. These trees have been shown to be hardy enough to stand the Canadian winter.

Professor W. C. Gibson of the Department of History of Medicine and Science, U.B.C., has kindly arranged for a stock of the seedlings to be sent to this country. At present they are about six inches high. After the first year they should make rapid growth. After an unknown number of centuries their parent's girth is over forty feet.

The Royal College of General Practitioners has agreed to help in the distribution of the seedlings. All who would like to plant a Hipepocrat-Plane are invited to write to the Administrative Secretary of the College. A subscription of £2·00 is requested so that a contribution can be made to the building programme of the International Hippocratic Foundation, which aims to rebuild the temple of Aesculapius as a meeting place for doctors from all over the world.

Subscribers will be able to grow a tree from a source unique in its medical associations. Distribution of young trees will begin in the autumn. To ensure against failure to thrive two or three specimens will be sent to each subscriber; if they all survive, some of our friends too might enjoy having a Hippocratic Plane in their garden.

I look forward to a good response.

Sir,

I hope the reviewer of "Virgin Wives" in your issue of July will forgive me if I point out that it was Gilbert's fictional Duke of Plaza Toro who found it less exciting to lead his regiment from behind. The historical grand old Duke of York marched his army up the hill, and then marched down again.

East Meon, Hants. FREWEN MOOR.

Cottage hospitals

In the letter from Dr. Dulake on the above subject, published in the journal (August 1971, page 495) that the Reigate Hospital 'had ceased to be a cottage hospital, in fact but not in name, in June 1971.' This should have read in June 1871.

Book reviews

Physiology for practitioners. Edited by IAN C. RODDIE, D.SC., M.D., F.R.C.P.I. Edinburgh and London. Churchill Livingstone. 1971. Pp. 202. Price £1·50.

This book is a reprint of 24 articles that appeared in *The Practitioner*. The individual contributions by a Belfast team, are essays that cover such subjects as cardiac performance, movements of the alimentary tract, energy balance, the physiology of the ear, muscle tone, the regulation of reproduction, control of body salt and water, and endocrinology. For the individual long out of touch with basic physiology, this book gives a clear, but necessarily brief, view of modern concepts covering a very wide field. For the enthusiast, the latest edition of Samson Wright still remains a must, but this survey fulfills a more modest need.

Textbook of medical treatment. 12th edition. STANLEY ALSTEAD, ALASTAIR G. MACGREGOR, RONALD H. GIRDWOOD. Edinburgh and London. Churchill Livingstone. 1971. Pp. v+694. Price £4·25.

Dunlop, Davidson and McNee was first published 30 years ago and several generations of doctors have benefited from its wisdom. Sir Derrick Dunlop is the last of the original editors to retire and we will have to get used to referring to "Alstead, MacGregor and Girdwood" as *the* source of reference on therapeutics. Almost every review of previous editions has been favourable and who am I to contradict my predecessors?

I suppose that some of us are getting used to a more crisp style of writing. The modern tendency is for lists rather than an explanation, but this book would not be the same if it were radically altered. Its price, too, is remarkable. £4·25 for a 700-page book is, by 1971 standards, a bargain.

Cervical sponylosis. Second edition. Edited by M. WILKINSON, D.M., F.R.C.P. London. William Heinemann. 1971. Pp. 1+182. Price £3·00.

There are many things in the medical scene today which did not exist in my professional boyhood, and one of these is cervical spondylosis. Now, when every third person in the street is wearing a cervical collar, it is obviously a common condition, but it was not widely recognized in my student days.

This book is edited by Dr Marcia Wilkinson, who herself writes four of the nine chapters. Her contributions comprise the historical introduction and the sections of pathology, symptomatology, differential diagnosis and prognosis. Professor Ruth Bowden deals with the applied anatomy,