

Letter to the Editor

The Use of Chorionic Gonadotropin in the Treatment of Obesity

Dear Sir:

The March 1964 issue of your *Journal* carried an article entitled "The Use of Chorionic Gonadotropin in the Treatment of Obesity" by Captain Barry W. Frank, Medical Corps, U. S. Army.

Some years ago Dr. Simeons expressed the wish that someone with abundant laboratory facilities would test this method of treatment and find out what actually happened to the patient's blood chemistry. He said that although his theory might be completely wrong, there was no question that it benefited the obese patient. I can fully endorse this statement. Dr. Simeons said that a number of workers had pretended to check his theory but that they had modified his procedure so much that it bore little resemblance to his regimen; therefore, their verdict had little bearing on his problem. This appears to have been true in the case of Captain Frank. My guess is that Dr. Simeons could have told Captain Frank in advance that he would not be successful with these cases. He has this to say in his book "Pounds and Inches" (p. 93): "Each case must be handled individually, and the physician must have time to answer questions, allay fears and remove misunderstandings. He must also check the patient daily. When something goes wrong he must at once investigate until he finds the reason for any gain that may have occurred. In most cases it is useless to hand the patient a diet-sheet and let the nurse give him a 'shot'."

My experience tends to confirm these ideas. In some instances I have allowed patients to give injections to themselves or to have some one in the family or neighborhood do it. These patients never did well. In Captain Frank's case the diet was different from Simeons',

the dose of medication was different, the time of administration was different and the doctor did not see the patients.

It may well be that a good deal of the good results obtained depend on psychotherapy. Dr. Paul R. Siegel (personal communication) says that 50 per cent of the good results are due to that. I am unable to assess the percentage, but I am sure it is considerable and that the success of treatment depends somewhat on the rapport between doctor and patient.

Captain Frank is quite right in his objection that Dr. Simeons has furnished no data regarding fat studies, fatty acid turnover rates, and the like. Dr. Simeons recognizes this fact and regrets it, of course.

I have used this method of treatment for the past five years. When the patient cooperates and when Simeons' directions are followed, the results are quite as good in Chicago as they are in Rome. When the patient does not cooperate as to diet or in keeping appointments for injections, the results are not so good.

My impression is that human chorionic gonadotropin does the following: (1) enables the patient to live on a much reduced diet with little or no discomfort; (2) enables the patient to take off weight where it should come off; and (3) enables most patients to experience an unusual euphoria. In some patients, finger nails that were brittle take on a better texture.

I am not unmindful of the fact that coincidence could be a factor, but so far these things have never coincided with any other measures used in the treatment of obesity.

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