

**Letters to the Editor****Macrocytosis and Diet**

Dear Sir;

In 1965 we reported macrocytosis among pregnant and nonpregnant women in Jerusalem, in association with a low intake of animal protein (other than that derived from poultry), which was associated with a low intake of vitamin B<sub>12</sub> (1). An independent association with a high intake of poultry protein was suggested.

I would like to communicate the results of subsequent observations among women attending three antenatal centers in Jerusalem in 1966–1969. The women were predominantly in the second trimester and a few in the first trimester; 2% had hemoglobin values under 10 g/100 ml.

The new findings confirm the association with meat consumption but not that with poultry. Of 215 women eating meat at less than three meals a week, 38.1% had macrocytosis (MCV 96  $\mu^3$  or more), whereas of 297 women eating meat more often, 28.6% had macrocytosis; this association was significant ( $P = 0.027$ , by Mann-Whitney test). However, there was no significant association with poultry consumption; the macrocytosis rate was 31.3% among the 307 women eating poultry under three times a week, and 30.0% among the women eating poultry more often.

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**REFERENCE**

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**Chorionic Gonadotropin and Obesity**

Dear Sir;

Your issue of June 1969 carrying two articles (1, 2) on chorionic gonadotropin and obesity

points up the different point of view and objective of the clinician engaged in the treatment of patients and the academician interested in scientific medicine and research. No one who has carefully followed Simeons' method and given it a fair trial has anything but commendation for it. The critics usually have changed the procedure so much that what they have done has borne little resemblance to what Simeons does. It appears that most of them started out with the objective of proving Simeons wrong. Ten years ago Simeons said that he wished some one with more laboratory facilities available than he had would make a careful study of a series of patients under treatment to find out exactly what happened. He said that his theories might be completely wrong but there was no question but that the treatment worked. And he is so right!

Dr. Albrink quotes Bortz as having demonstrated that the composition of the diet makes no difference, but Kekwick and Pawan (3) showed that the composition of the diet does make a difference. On a 1,000-kcal diet patients lost weight more rapidly when fat and protein made up 90% of the calories than they did when 90% of the calories came from carbohydrate.

On the other hand she is quite right in her discussion of long-term results. It is my impression, and only an impression gained from observation of patients in my own practice, that patients will maintain the weight reached during a course of treatment longer on this method than any other.

The poor long-term results reported by practically all workers in this field simply emphasizes the painful fact that we do not have a cure for obesity. The struggle against it is a lifelong affair. Paul Siegel (personal communication) says that 50% of the good results with the Simeons' method are due to psychotherapy. I am unable to assess the percentage it plays, but I am sure it plays an important part. Siegel has a method of persuading many patients to keep in touch with him. He says those who allow

him to "police them" maintain their weight very well. The others do not do so well.

HCG (human chorionic gonadotropin) enables patients to live on a very low calorie diet with very little hunger. They commonly experience considerable euphoria and note a redistribution of weight. Its use is accompanied by another curious feature. Women of middle age or beyond commonly acquire a more youthful appearance and tell us that friends who may not have seen them for 6 months or so fail to recognize them. We have only the patient's statement for this, but we hear it so frequently that we have come to accept it as a fact. Only photographs of the "before" and "after" could substantiate this and these we do not have. When all is said and done Simeons has done more for the comfort and convenience of the victims of obesity than any one else.

Many centuries ago Plato said something to the effect that the human animal was made up of a body and a soul and when one did not function well neither did the other. I wonder sometimes if the marvels of the laboratory do not tend to make us forget the soul.

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3. KEKWICK, A., AND G. L. S. PAWAN. Symposium on obesity: metabolic study in human obesity with isocaloric diets high in fat, protein and carbohydrate. *Metab. Clin. Exptl.* 6: 447, 1957.

#### Cortical Thickness of Bone in Underprivileged Populations

Dear Sir;

In a recent contribution to the Journal, Luyken and Luyken-Koning (1) reported much the same mean thickness of second metacarpal bone in different groups of Surinam children (Creoles, Hindustanis, Javanese) compared with United States Caucasian children. The finding of principal interest to us is that this obtained despite the much lower calcium intake of the Surinam children. Previously, Garn et al. (2) observed a

lower mean cortical thickness in Japanese and Chinese subjects; these authors concluded that the level of calcium intake did not appear to be an influential factor. In another study, Garn et al. (3) noted that Guatemalan rural children compared with United States Caucasian children of the same age had a lower cortical thickness of the metacarpal. Recently, in Pretoria, we measured this parameter in 500 Bantu and 500 Caucasian representative schoolchildren, aged 7-15 years. The data on the Bantu for each age group were lower than those of the Caucasians ( $P < 0.05$ ), although the differences were no longer conspicuous when the slower growth of Bantu was taken into reckoning. Clearly, the bearing of the ethnic factor is variable. Of greater moment, however, is the inference that, at least in certain contexts, the cortical thickness of the metacarpal bone is not regulated primarily by level of calcium intake.

We have extended our local investigations to include aged rural Bantu. This forms part of a project designed to elucidate the minimum sequelae of aging in a primitive population (4). In the village of Kgala, near Rustenburg (80 miles west of Johannesburg), 103 of a possible 105 adults of 60+ years (mean age, 73 years) have been X-rayed to permit measurement of the cortical thickness of the second metacarpal, also of humerus and femur (anterior-posterior view). In comparison with data given on a "normal" series of English aged women by Nordin et al. (5), the Bantu women (66 subjects) had similar cortical indices (total cortical thickness/total bone thickness). For example, in Bantu women of 70+ years, mean metacarpal and femoral indices were 0.41 and 0.51; the figures for the Caucasians were 0.43 and 0.49, respectively. Smith and Rizek (6) noted slightly greater thickness of metacarpal cortex in United States Negro compared with Caucasian females from 55 years onwards. In the lumbar vertebral bodies of these Bantu women, of those of 65+ years, 20.0 percent gave evidence of obvious collapse. Among United States Caucasian women of the same age period, the corresponding figure given by Bernstein et al. (7) was about 33%. Furthermore, among our total Bantu group, fracture of the neck of the femur was noted in only one woman (98 years). This low prevalence is in accordance with Solomon's