we are about to report in a series of 60 patients. The most startling discrepancy is that a third of his patients failed to show a satisfactory anti-inflammatory effect. By contrast, only one of our 60 patients failed to respond demonstrably, and few required more than 1.5 mg. per day. It would, therefore, be interesting to know the *individual* dosages given to Dr. Gillhespy's 12 patients who failed to respond. At the end of a year we have classified 41 of the patients as being either asymptomatic or satisfactorily controlled.

We do not claim that the incidence of *inevitable* side-effects is significantly different with betamethasone than with previous steroids, but, since by far the most frequent of the reported side-effects in both series refer to facial mooning and flushing, the figure given for "total side-effects" becomes unrealistic, since we believe that such aesthetic inconveniences are a reasonable price for a severely ill patient to have to pay to achieve comfort, and it is wrong to give steroids to any patient unless he has severe and progressive arthritis. Of the other side-effects mentioned, most of the patients who gained weight in our series were satisfactorily controlled by a reducing diet often supplemented by anorexic drugs. Of the 27 cases in which direct comparisons were made, only three felt better with the steroids they had previously been taking.

We agree with Dr. Gillhespy that it would be convenient if a simple tablet-for-tablet substitution could be made when switching a patient from one steroid to another, and our postulated dose ratio of 1 mg. betamethasone: 8 mg. prednisolone suggests that the present size of betamethasone tablets (0.5 mg.) is rather low for the purpose. However, there is a wide range of individual response in this ratio, and the important thing is to have tablets of small denomination so that subtle dose changes can easily be made.

On the positive side, we have been struck by the fact that steroid "tolerance" has not developed in any patient on maintenance betamethasone. This contrasts markedly with our experience with earlier steroids and is of itself a justification for a careful clinical assessment of new preparations with modifications of the steroid nucleus. While betamethasone certainly does not represent the ultimate goal in this respect, it does appear to be a worth-while advance, and we disagree with Dr. Gillhespy when he belittles the importance of significant price reductions in equipotent products.—We are, etc.,

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Childhood Obesity

SIR,—The article by Drs. June K. Lloyd, O. H. Wolff, and W. S. Whelen (July 15, p. 145) makes an interesting addition to the annals of the overweight. One would like to hear more about these 98 children. How was the diagnosis of "simple obesity" made? One wonders especially about the criteria for a boy of 1 year and 4 months and a girl of 1 year and 10 months. Why did the majority cease to attend regularly after the first year of treatment? Was there any relationship between weight-reduction and regularity of attendance? One would also like to know how these children came to attend a clinic for overweight children. Were most referred for their overweight condition by family or public health practitioners? Or were they selected for treatment from among the children attending the hospital? Was financial help given for maintenance of

the special diets? Most important of all might be the interpretation given to the parents and children of the aim of weight-reduction. Does one advise a child to become slimmer for his looks, his convenience, or his health and longevity? If we fail in our attempts to reduce him to "normal" we may leave him to heavier doubts and difficulties than if we had never begun treatment.

A person's shape, a child's shape, is his own. The attempt of others to alter it, for whatever reason, has significance for the overweight subject, and also in the case of a child for the parent. The co-authors of this article are no doubt familiar with the long-term studies of the fat child by Bruch,¹ who found that a fairly accurate prediction of the future course could be made from a detailed history of the physical and emotional development and the family relationships. She also observed that in some cases therapeutic interference, particularly dietary restriction, became the focal point of serious emotional problems. Her discussion of psychotic development in some of these cases is very helpful to the rest of us who are more engaged with height-and-weight tables, removing children's socks, and pills to reduce appetite.

It is well known that a fair proportion of fat overweight children will lose their excess weight without any dieting or drugs. This is one reason for many parental hopes that the child "will grow out of it." The problem then becomes one of selection for treatment. Here the clinical descriptions of Simpson² are of the greatest assistance. If one can develop ability in selecting the fat children who will resolve their overweight problem without any treatment, one will reach the heterodox conclusion that better results are obtained in the untreated than in those who receive "energetic treatment."

One feels grateful to Drs. Lloyd, Wolff, and Whelen for their report. But many more studies are required before we can decide, as we look at each fat child, the answers to the following questions: (1) Is this child too fat? (2) If so, why? (3) Should the weight be reduced? (4) If so, can it be done with permanent benefit to the child?—I am, etc.,

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REFERENCES

- 1 Bruch, B., *The Importance of Overweight*, 1957. W. W. Norton, New York.
- 2 Simpson, S. L., *Public Health*, 1952, **65**, 93.

Dr. Albert Schweitzer

SIR,—Your Association may be interested in a tribute to Dr. Schweitzer with medical overtones that illustrates vividly the acute mind that has achieved such eminence.

Having followed Schweitzerana for many years, when in Johannesburg recently I called on the chemist who there supplies his hospital with certain drugs. Chatting about the Grand Old Man, this chemist remarked: "Drugs are my graduation subject. I am a young man. Yet when I call on him, talk about any new drug, he always knows all about it, knows its usage, and is quite fully informed in this field. However does he do it, and at his age?"

Two other tributes may justify your space. A dentist chanced to speak of coffee cultures; at once Schweitzer asked, "Which coffee?" mentioning three botanical varieties; he also added where the varieties grew, and between which altitudes.

The nurses and doctors at Lambarene Hospital had planned, impromptu, a dinner festival. Fun and