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A SIMPLE WEIGHT-REDUCING DIET

BY

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Fifteen years ago I devised a reducing diet, and have since used it for a large number of patients. The essential instructions are as follows:

1. Eat or drink as much as you like (or can get) of :

Lean meat, poultry, game, rabbit, hare, liver, kidney, heart, sweetbread—cooked in any way, but without addition of flour, breadcrumbs, or thick sauces.

Fish (not tinned), boiled or steamed only ; no thick sauce. Eggs, boiled or poached only.

Potatoes, boiled, steamed, or baked in skins, but not fried, roast, sauté, or "chips" ; not potato powder.

Other vegetables of all kinds (fresh, tinned, or dried) cooked in any way not involving the use of fat.

Salad and tomatoes without oil or mayonnaise.

Beetroot, radishes, watercress, parsley.

Fresh fruit of any kind, including bananas. Also bottled fruit if bottled without sugar. Not tinned or dried fruits (including dates, figs, and raisins).

Sour pickles, not sweet pickles or chutneys.

Clear soup, broth, "bovril," "oxo," "marmite."

Salt, pepper, mustard, vinegar, Worcester sauce (no other sauces).

Saccharin for sweetening.

Water, soda-water, and non-sweetened mineral waters.

Tea and coffee (milk only as allowed below).

2. You may have milk (not condensed) up to half a pint (284 ml.) daily. No cream.

3. You may have three very small pieces of bread per day and take them either one at each main meal or all three at one meal as desired ("very small" means not exceeding 1 oz.—28 g.).

4. You may have *nothing else whatever* ; particularly note that this means :

No butter, margarine, fat, or oil (except for cooking meat, not fish).

No sugar, jam, marmalade, honey, sweets, chocolate, cocoa.

No puddings, ices, dried or tinned fruits, nuts.

No bread (except as above), cake, biscuits, toast, patent reducing breads, cereals, oatmeal, "all-bran," "ryvita," "vitawheat."

No barley, rice, macaroni, spaghetti, semolina, sausages, cheese.

No cocktail savouries, alcohol (beer, cider, wines, and spirits).

Weigh before you begin, and thereafter weekly, on the *same scales*, in the *same clothes*, and at the *same time* of day.

The general principle of the diet is simply to allow unrestricted consumption of specified low- and moderate-calorie foods, with measurement of only two foods, milk and bread. It is therefore very simple, and patients generally report it as easy to carry out, even in these days, whether eating at home or in restaurants or as guests.

The opening words "eat or drink as much as you like" seem to predispose to willing co-operation. Encouragement to eat unlimited potatoes generally occasions pleasant surprise. The lay public has deeply rooted the notion that potatoes are more fattening than anything else and, consequently, the obese have usually been denying themselves potatoes, which, in fact, are not of high calorie value unless covered and impregnated with fat in cooking. Obese subjects can eat liberal helpings of boiled, steamed, or baked (without fat) potatoes three times a day and still continue to lose weight.

Weight lost by patients who adhere faithfully to the diet, without any lapses, varies from 15 to 35 lb. (6.8 to 15.9 kg.) in 12 weeks. More can be lost (up to 60 lb. (27.2 kg.) in the very fat) by going on. Prolonged experience enables one to say that a patient with simple obesity who does not lose weight is eating or drinking outside the permitted articles.

After weight reduction has been achieved the patient is left knowing the foods which are most fattening. He or she should be advised to return to ordinary diet but to maintain weekly weighing and check any observed tendency to regain weight by moderate restriction of consumption of the articles listed in Instruction 4.

Hitherto I have not had the diet printed, except for hospital use, but in response to requests from practitioners I have arranged with Messrs. H. K. Lewis & Co., Ltd., 136, Gower Street, W.C.1, to produce it as a printed diet card with the instructions on the front and the weight record on the back. (Price 7d. post free.) The instructions are prefaced by a warning that the diet should not be undertaken except on the advice and under the supervision of a doctor. A footnote states that the card is intended for sale only to registered medical practitioners.

Medical Memoranda

Pylorospasm in the Adult, Complicated by Uraemia

In the *B.M.J.* of Jan. 17, 1948 (p. 99), Mr. A. Hobson mentions the connexion of hypertrophic pyloric stenosis with uraemia. I have recently treated a case similar to his, although mine was undoubtedly pylorospasm instead of true hypertrophic stenosis.

In Price's *Practice of Medicine* (1938) it is remarked that "spasm is often stated to give rise to pyloric obstruction, but the evidence that it can do so is inconclusive, except in the hypertrophic pyloric stenosis of infants." In contrast to this, Beckman (U.S.A.) in his *Treatment in General Practice* under the headings of "nervous dyspepsia" and "pylorospasm" describes cases very similar to that of my patient.

CASE REPORT

In January, 1916, while in the Army, a professional man now aged 60 had jaundice with acute pain and was in hospital for four months. In September, 1916, he underwent appendectomy for alleged chronic appendicitis, and has suffered from flatulent dyspepsia ever since. He was first seen by me in December, 1919, when he had a temperature of 102° F. (38.9° C.) and a much-enlarged and tender gall-bladder.