

investigations which will identify the composition as well as the number of ferruginous bodies in the lungs of much larger numbers of persons in different populations, and to see whether such data are related to the occurrence of disease. The need for environmental studies of this kind is evident.

References

1. Rosen, George. *The History of Miners' Diseases*. New York: Schumans, 1943, pp. 380-397.

2. Murphy, Raymond L. H., Jr. et al. Effects of Low Concentrations of Asbestos. *Clinical, Environmental, Radiologic and Epidemiologic Observations in Shipyard Pipe Coverers and Controls*, *New Eng. J. Med.* 285:1271-1278, 1971.
3. Rosen, Peter; Melamed, Myron; and Savino, Angela. The "Ferruginous Body" Content of Lung Tissue: A Quantitative Study of Eighty-Six Patients. Presented at the 19th Annual Meeting of the American Society of Cytology, Washington, D.C., November 6, 1971. Accepted for publication in *Acta Cytologica*.

George Rosen, M.D.,
Editor

LETTERS to the editor

Dr. Mann: Obesity, the Nutritional Spook

As a nutritionist, I enjoyed your article, "Obesity, The Nutritional Spook" (*A.J.P.H.*, Aug. 1971) as a fresh view on a recalcitrant problem. I think you're right about the rate of failure in treating obesity. I think you're right about our society's attitude toward fatness as being based on morality. I'm sure fat people survive famine and infection better than the thin; but I'm not convinced from your conclusions of the Framingham statistics and other studies that "obesity is a weak and inconsequential risk factor" in CHD.

Further, I do not agree that "our only effective treatment, whether preventative or curative, is physical activity." When I recall that one needs to walk 35 miles to lose 1 pound, it seems like a long walk indeed that will be effective for most overweight individuals. And the increase in appetite with physical activity is a factor not easily reckoned with. I certainly encourage activity of every kind from walking and cycling to swimming and tennis, but calorie intake must still be controlled—there's no avoiding this difficulty. Without pills, absolutely!

Strong motivation can control the need to consume the myriad varieties of goodies available today in wealthy America. Psychotherapy is effectively being used for some obese patients to achieve the understanding of their excessive hunger, with some success toward developing self-motivation for control.

Perhaps America's new image should be round, fat and jolly instead of thin, pale and harassed. I'm not sure how soon we can culture the image; but since so many of us seem to be battling the bulges of middle age, and dieting is the most popular topic of dinner conversation, I should think a powerful advertising campaign could make us all comfortable in our eating habits, and with society's approval we'd all relax and get even fatter!

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Dr. Mann's Reply

Your thoughtful comments on Obesity, the Nutritional Spook (*A.J.P.H.*, Aug. 1971) deserve a response.

The Framingham Study indicates a distinct difference between the effect of obesity on angina pectoris and sudden death—which it aggravates—and the other manifestations, e.g. myocardial infarction, which obesity does not seem to influence. I believe the obesity effect is one of triggering by intensifying the work required of a diseased heart. This does not excuse obesity as a troublemaker, but it does relieve it from responsibility for the pathogenesis of atherosclerosis.

The error in your argument depreciating exercise lies in the subtle but real role of rates. Obesity is very rare among people who work hard physi-

cally. Obesity reflects a balance between intake and output of energy. Our cultural predicament is the contrived imbalance of these resulting from mechanical aids. Your complaint about the ineffectiveness of exercise is based upon exorbitant expectations. A pound of body fat lost in a week is enough. This requires a negative balance of only 500 kcal/day, and this energy can be expended with an hour of walk-jog. As Mayer has shown, this amount of exercise does not cause unmanageable changes of appetite. The food problem is only one of maintaining the status quo, and that is both easier and safer than starving.

You bring up psychotherapy at a crucial time. A statistician recently asked me to direct him to the proof—any proof—that psychotherapy is useful for any disorder. I can't, can you? At long last medical science is entering a phase of "proof of efficacy." If drugs are to be evaluated, why not treatments? You may wish to read Cochrane and Holland in *Brit. Med. Bull.* 27:3 (1971), where doubt about the efficacy of such foundation-touted procedures as Pap smears, chest films for cancer, mammography and blood sugar screening is raised. Andres doubts that screening for DM is helping more than the screeners. (*Med. Clin. N. Am.* 55, 835, 1971). I doubt that we have the evidence to propose psychotherapy for the treatment of obesity. I call this phenomenon of promoting unproven public health measures the empty wagon sales pitch. Disease-oriented foundations are especially apt to get trapped in their