

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 B₁₂ (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 μ^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

1. ABRAMSON, J. H., S. L. KARK, K. GUGGENHEIM AND P. H. SIVE. Macrocytosis and diet: a possible relationship to poultry consumption. *Am. J. Clin. Nutr.* 17: 96, 1965.

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