the problem of obesity in Malta and Gozo

Mr. R.O. Parnis M.B.E., M.D., F.R.C.S.

This problem stares us in the face. Figures and statistics are quite unnecessary and I make no apology for not including them in this paper: every doctor in practice knows that the chances are that his next patient will be overweight to some extent. I propose to deal with the subject under three headings: (1) why are there so many fat people around? (2) How does obesity complicate life? and (3) What can the medical profession do to help solve this problem?

(1) Obesity is of course not limited to the Maltese Islands. It is in fact the most common nutritional disorder at present in North America and Western Europe where it gives rise to more ill-health than all the vitamin deficiencies put together. Nevertheless it has a greater incidence here than in, say Great Britain. I put forward three reasons for this. Firstly, as a people we are physically lazy. It is most exceptional for men or women over the age of 25 to take regular exercise. Cars increase and multiply and are used for ridiculously short journeys. Visits to the sea-side mean sitting down to an appetizing meal of holbż bż-żejt. Tennis courts are few and far between. The average walking rate is not more than 1½ or 2 miles per hour. Golf courses are to all intents and purposes non-existent. It is true that the amount of energy used up when walking is small (e.g. an hour at 3½ m.p.h. = 300 calories or an ounce of fat) but this ounce of fat if added to one’s meals daily would mean a weight increase of 20 lbs in a year. So, quite apart from keeping and feeling fit exercise is of some importance in weight control.

In the second place it is only recently that Malta has attained some prosperity. We have a long tradition of hard days and intermittent poverty. A fat person is a symbol of prosperity and comfort. It is possible that psychological reasons tend to push a lot of us to store fat just as we have as a race a tendency to store money.

Thirdly, until World War II pulmonary tuberculosis was a scourge here as elsewhere. The loss of weight and frailty associated with the disease made a big impression on relations and friends of patients with the result that the opposite, overweight, became linked in the subconscious mind with good health.

(2) I do not propose to go into detail regarding the various well-known complications of obesity but will merely enumerate them and discuss less obvious ones more fully. Diabetes mellitus, cholesterol, atherosclerosis, essential hypertension, gout, umbilical and para-umbilical herniae, hiatus hernia, angina pectoris, varicose veins and chronic bronchitis are all much commoner in overweight people.

Psychological complications. Some people especially women go in for cakes and chocolates because they are unhappy. The inevitable addition to their weight makes them depressed so that obesity may at the same time create psychiatric problems and be caused at least in part by them.

Mechanical complications. By and large the human skeleton is not meant to carry heavy loads for long periods but this is precisely what we are asking it to do when we weigh 4 or 8 stones more than we should. It is therefore not surprising that low back pain due to lumbar vertebral strain or sacro-iliac disease, osteo-arthritis of the hips and knees and flat feet, sooner or later appear.

Accidental complications. Fat, un­gainly persons are slow in avoiding traffic in the streets and machinery accidents at work. Falls are heavy and more traumatic than they should be. Burns and scalds in the kitchen are more frequent.

Surgical complications. It is well known that fat people are bad subjects for major surgery. Operations on them are less than perfect on account of difficulty of approach, depth of incision etc.

(3) To solve the problem we must first of all persuade ourselves that it exists and unfortunately this is not the case as yet. An analogy with cigarette smoking will help. Valid statistics show an undoubted link between such smoking and bronchial carcinoma. This has impressed doctors and as a result many in the U.K. have become non-smokers. The same is true in Malta. Ash trays have vanished from the BMA House in London and “No Smoking” notices are up at many medical meetings. The result is that our advice to patients regarding smoking is taken seriously. Unfortunately it is still fashionable for the young to smoke, drug dependence is strong and in spite of continuous tax increases by various Ministers of Finance we have made little impact on cigarette smoking. Turning to obesity we find that doctors are as guilty as the rest of the world. Their advice is therefore not taken seriously.

This is a pity because here fashion is on our side. The heroes of the modern age, pop singers and the like, are all slim. So before actually telling the patient how to lose weight, we should be blameless in the matter ourselves and we should persuade him or her that obesity is bad.

What about treatment? We should first of all ignore genetic factors and endocrine factors (my doctor says it is glands) should no longer be heard) and stick to two scientific facts. (1) Adipose tissue cannot come out of thin air and (2) there was not one fat person in Belsen and Buchenwald. In other words apart from exercise, dieting is the treatment and this as we know consists essentially in reducing the quantity of food and alcoholic drink taken. Meals should
consist mainly of lean meat and green vegetables. Details are out of place here.

The one question which a patient may ask which requires a careful answer is this. Why do I grow fat on the same amount of food (or less) which allows another person to stay thin? The truth is that we do now know the answer. Right now there is no evidence of any metabolic change in fat people such as a lowered basal rate, or a reduced specific dynamic action, or hypothetical failure to burn off excessive calories at night. An easily understood explanation is this. Your body is like an Austin Mini and your friend's like a Rolls-Royce. You can do many more miles to the gallon than he can and therefore you must fill your tank less often or less fully, otherwise the petrol will overflow i.e. you will put on fat.

What about the future? I am optimistic. The insertion of Gozo in the title was deliberate because there the problem is even greater than in Malta, due to a lesser impact of fashion etc. Progress is possible and the young people of today look with scorn on our corporations and feel shame on our account whenever they see pictures of the inhabitants of the Third World. As doctors, we can also advise Governments to cut subsidies on carbohydrate foods, to encourage the consumption of protein and to advertise the dangers of obesity. An interesting suggestion was made recently by a junior minister in the German Democratic Republic. He said that fat people were a burden on the State in so far as they were more often in hospital so that they took more than their fair share of the Welfare cake. He suggested a tax on fat people!

<table>
<thead>
<tr>
<th>Biology Instruments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical Instruments</td>
</tr>
<tr>
<td>Diagnostic sets</td>
</tr>
<tr>
<td>Sphygmomanometers</td>
</tr>
<tr>
<td>Visiting cases</td>
</tr>
<tr>
<td>Disposable Syringes</td>
</tr>
</tbody>
</table>

Stocked by: **CHERUBINO**

89, Archbishop Street, Valletta
C. 24365