

Historical keywords

Obesity

When does “large” become “obese”? Or, at what point does an acceptable variation in body form become a pathological condition? And how does an individual’s lifestyle become subject to public and medical scrutiny? In discussing obesity historians have tended to contrast the preindustrial physical ideal, in which plumpness signified health and prosperity, with the modern western archetype. But despite the shifting nature of body image, most cultures seem to have drawn a distinction between the pleasantly rounded and the morbidly fat, and have looked to medical practitioners for answers.

Obesity (from the Latin *obesus*, one who has become plump through eating) first appears in a medical context in Thomas Venner’s *Via Recta* (1620). For Venner obesity was an occupational hazard of the genteel classes. An afflicted individual could restore their physique by paying attention to the Hippocratic concept of regimen: balancing diet, sleep, and other factors to create and maintain health. In the 18th and 19th centuries, writers favoured the term “corpulence” and the pressure remained on individuals to treat themselves. This was exemplified by William Banting’s pamphlet *A Letter On Corpulence Addressed To The Public* (1863); his book sold in thousands and “banting” became a verb.

In the early 20th century, some diseases, such as heart disease, stroke, and diabetes, were found to be associated with obesity. Obesity now became a disease that required medical involvement. In 1959, the Metropolitan Life Insurance Company made the first attempt to define an ideal weight, and hence to create medical criteria for intervention in obesity. Their approach was criticised for failing to take socio-economic factors into account, and in the 1960s a body-mass index (BMI) over 30 was proposed as a more “scientific” measure of obesity.

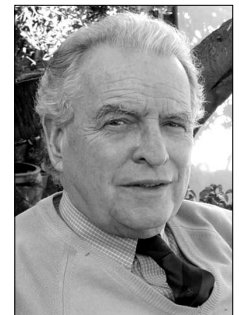
In Latin *obesus* has another meaning: “coarse” or “vulgar”. Obesity still carries this sense of moral judgment: it implies a lack of self-control and self-respect. The rate of adult obesity has been cited at around 15% in the UK and over 30% in the USA and western countries’ obsession with “eating disorders” has led to a monstrous obesity industry. Diets, drugs, and stomach surgery have given way to that quintessentially post-modern medical quest: the obesity gene. Fat, it seems, is not only a feminist issue, but an ethical one too.

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Lifeline

Trefor Jenkins is Professor Emeritus of Human Genetics, Witwatersrand University, Johannesburg, South Africa, and now serves as Interim Director of its Institute for Human Evolution. 4 years after qualifying in the UK, in 1956, he left for Zimbabwe and South Africa where he has worked as a mine medical officer, has taught and researched human genetics, and founded genetic counselling clinics and diagnostic and research laboratories.



What do you think is the most over-hyped field of science or medicine at the moment?

The Human Genome Project and the exaggerated claims for the health benefits which, we are told, will soon flow from it.

And the most neglected?

Researching, treating, and preventing the killer diseases still decimating so many people in the developing world.

Which patient has had most effect on you, and why?

“Weetbix”, a 4-year-old boy with sickle cell anaemia, one of the first patients I saw in Zimbabwe in 1960, sparked my interest in genetics and a lifetime of research and practice.

What part of your work gives you the most pleasure?

Helping patients to understand and accept a genetic disease—as a prelude to effectively dealing or coping with it.

What alternative therapies have you tried? Did they work?

Applying leeches to a patient dying of intractable cardiac failure—on the orders of my chief, a very well-known London consultant, and I was a newly qualified house physician. No, the therapy did not work.

Do you believe in capital punishment?

No, but unlike many colleagues, I would, with the prisoner’s consent, stand by during the procedure with a view to minimise suffering if the procedure was botched.

What is your favourite country?

It has become South Africa after living here for 29 years. The past 15 years have seen the emergence of many of the problems of a true democracy.

Describe your ethical outlook

I am a utilitarian, tempered with a big dose of deontological idealism.

What was your first experiment as a child?

At the age of 5 years I put my fist through a glass window in a temper tantrum—I did not cut my hand but I never repeated the experiment to establish if I had just been lucky.

What was the most memorable comment you ever received from a referee?

When evaluating a paper of mine on the genetics of southern African populations, which I had submitted to an internationally recognised journal in 1967, a referee wrote: “It is not, as I might have suspected, an obviously racist or condescending tone”!