

## Clinical nutrition: a new series

John Hoey

[T]he art of medicine would not have been invented at first, nor would it have been made a subject of investigation ... , if when men are indisposed, the same food and other articles of regimen which they eat and drink when in good health were proper for them ... .

—Hippocrates, *On Ancient Medicine*

Now to perform a true physician's part,  
And show I am a perfect master of my art,  
I will prescribe what diet you should use,  
What food you ought to take, and what refuse.

— Ovid, *The Remedies of Love*

For Hippocrates, the gradual invention of a diet fit for humankind in health and in sickness, one that improved upon the “brutish diet” available, unrefined, from nature, was the earliest foundation of medicine. For centuries, dietary prescriptions were no less a part of “physic” than bloodletting or the prescription of draughts. Nowadays, although few things tend to preoccupy us more constantly than what we ought to be eating or not eating, there are few subjects of less interest to medical school curriculum planners than nutrition. For there is a contrary and equally long-standing belief that a healthful diet is a matter of common sense and need not be complicated by science.

Clearly, there is room for science in such matters. Epidemiologists have described associations between dietary habits and disease rates in different countries — for example, rates of gastric cancer were found to be high in Japan and low in North America, whereas prostate cancer showed reversed patterns,<sup>1</sup> and Japanese people who migrated to the United States were shown to adopt disease rates along with the diet of their new country.<sup>2,3</sup>

Physicians are often asked for advice about nutrition. Why can't I lose weight? (“You're not following your diet” might be the wrong answer.) Will oat bran lower my bad cholesterol? (Yes, a little.<sup>4</sup>) Will eating tofu decrease the chance that I'll get prostate cancer like my father? (Perhaps.<sup>5</sup>) Patients ask their physicians to make sense of conflicting dietary admonishments and advice in the popular media, and of research reports that always seem to cancel out findings reported the week before. Now, physicians are beginning to field questions about the brave new world of “functional foods,” products engineered to alter risk factors for diseases such as atherosclerosis.

The sick, not least, have nutritional concerns. In her fa-

mous *Notes on Nursing*, Florence Nightingale observed vitamin C deficiency (scorbutic sores) among patients cared for by nurses who “depending on meat alone, had allowed the patient to be without vegetables for a considerable time, these latter being so badly cooked that he always left them untouched.”<sup>6</sup> We know that there are patients starving in our hospitals<sup>7</sup> but appear to be unable to recognize them or to do much about it. And we know that patients with chronic conditions ranging from kidney failure to inflammatory bowel disease have specific dietary requirements that they — and we — neglect at their peril.

In this issue (page 1345),<sup>8</sup> we launch a new series on clinical nutrition. Edited by John Hoffer and Peter Jones, the series focuses on aspects of nutrition that affect patient care. John Hoffer begins with an overview and practical guide to the management of protein–energy malnutrition in inpatients (page 1345).<sup>8</sup> Other topics include nutritional aspects of the prevention and treatment of osteoporosis, nutrition and psychopharmacology, functional foods and nutritional management of patients with Crohn's disease.

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