

Obesity and Public Health Law

TO THE EDITOR: Mello et al. (June 15 issue)¹ discuss obesity as the new frontier of public health law. Public strategies including legislative regulation against obesity must take into account the fact that obesity is closely associated with low income.² Obesity in low-income families originates at an early stage of life, possibly through unhealthy food selection³ and eating patterns and a sedentary lifestyle.⁴ Aside from economic considerations, a lack of knowledge about⁵ and a limited access to⁶ healthy food choices seem to be crucial aspects of the problem. Therefore, strategies against obesity need to encompass educational efforts to promote a healthy lifestyle and remove obstacles to the achievement of that goal for persons at high risk for obesity.

Takeharu Koga, M.D., Ph.D.

Atsushi Kawaguchi, Ph.D.

Hisamichi Aizawa, M.D., Ph.D.

Kurume University School of Medicine
Kurume 830-0011, Japan
kogat@med.kurume-u.ac.jp

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TO THE EDITOR: As Mello et al. state, legal as well as voluntary measures are needed to prevent the health consequences of obesity, but they do not mention the importance of the size of food portions. Fast-food outlets tend to encourage the sale of large portion sizes, with the financial incentive that the large size is just a little more expensive than the standard size. In 2004, Willett and I¹ suggested that standard portion sizes should be specified for selected high-calorie food items (e.g., hamburgers, pizzas, and sugary drinks), and larger sizes should be priced in a manner that is proportional to size, so that double-sized portions should cost at least twice as much as standard portions. Financial and health goals would then be better aligned, and there would be one policy for all vendors, in which competition over the standard-portion price would be preserved.

Public health agencies have used pricing to influence consumption in effective ways (e.g., in reducing the sale of cigarettes). Changes in pricing with respect to the size of food portions should be explored, alongside accepted strategies that include education, food labeling, and the provision of healthier institutional meals.

Nicholas J. Wald, F.R.S.

Wolfson Institute of Preventive Medicine
London EC1M 6BQ, United Kingdom
n.j.wald@qmul.ac.uk

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Medical Mystery: Abnormal Chest Film — The Answer

TO THE EDITOR: The medical mystery in the July 27 issue¹ involved a chest film (Fig. 1A) showing cardiomegaly and a left-sided pacemaker, the leads from which took an unusual course through the mediastinum, to the left of the midline. A persistent left-sided superior vena cava was suspected. A right-sided paratracheal soft-tissue den-

sity was also present (Fig. 1A, arrowheads). Contrast-enhanced computed tomography (CT) showed that this density was caused by a right-sided aortic arch and not by an aortic-arch aneurysm (Fig. 1B, arrow). An aberrant left subclavian artery arising from a dilated diverticulum of Kommerell (Fig. 1C, curved arrow) passed posterior to the esoph-