

Corpulence and Correspondence: President William H. Taft and the Medical Management of Obesity

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This article analyzes the letters exchanged as part of the clinical weight management of President William H. Taft, one of the first public figures in U.S. history to be defined popularly in terms of his pathologic obesity. In 1905, Taft hired Dr. Nathaniel E. Yorke-Davies, an English diet expert, to supervise a weight-loss plan. Taft corresponded extensively with Yorke-Davies over the next 10 years, receiving and responding to courses of treatment via post. This correspondence is one of the few archival collections documenting physician and patient perspectives on the treatment of obesity, and it took place at the precise moment when obesity began to be

framed as both a serious and medically manageable condition. This intimate clinical history of the 27th president and 10th chief justice of the Supreme Court offers a unique opportunity to examine in detail the history of the obesity experience in the United States, and it sheds light on the almost-timeless challenges of creating and maintaining long-term treatment courses for conditions like obesity.

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In 1905, while serving as secretary of war under the famously athletic President Theodore Roosevelt, the soon-to-be president William Howard Taft hired a physician, English diet expert Nathaniel E. Yorke-Davies, to treat him for obesity (Figure 1). Taft cited several symptoms, including heartburn, indigestion, fatigue, and restless sleep, and the 2 men corresponded extensively and discussed courses of treatment. This correspondence is one of the few archival collections documenting physician and patient perspectives on the treatment of obesity, which took place at an auspicious moment in the development of a professional medical approach to obesity. During this period, obesity came to be framed as a condition necessitating close medical management to limit the risk for reduced pulmonary function, cardiovascular disease, and overall mortality (1). As Yorke-Davies wrote in his popular book, *Foods for the Fat: A Treatise on Corpulency and a Dietary for its Cure* (2), obesity was already understood to be a condition requiring serious attention:

Excessive fat should always be regarded as a grave matter, in every way likely to shorten life Death by faintness from an overloaded heart or an overloaded stomach, by apoplexy from congestion and weakness of the blood-vessels, by bronchitis or dropsy from poorness of the blood . . . often terminates life about the beginning of the sixth decade.

During this period, physicians like Yorke-Davies were becoming more confident in offering services to persons seeking to rid themselves of what some had termed “the most lamentable disease” of obesity (3). These physicians created personalized diet regimens for their patients, taking physiology, nutrition, and lifestyle into account, and then they worked with their patients to follow and maintain the regimen.

THE TREATMENT PLAN

Taft wrote Yorke-Davies because he wanted to lose weight to combat uncomfortable symptoms and become a

better civil servant. Also, he believed and often quipped that “no real gentleman weighs more than 300 pounds” (4). Although his publicized weight-loss campaign was a smart political move for the ambitious Taft, it was not purely a cynical front. As evidenced by his extensive correspondence with family members, colleagues, and his physician, Taft seems (like many of his contemporaries) to have genuinely believed that the key to longevity, health, and restful sleep lay in losing weight and adhering to a personalized, physician-prescribed diet. Taft contacted Yorke-Davies at the suggestion of his sister-in-law, Julia Taft, who had consulted with the physician about her own weight.

Yorke-Davies responded enthusiastically to Taft’s initial inquiry, and he was contracted to create a diet plan. Taft paid an initial fee of £14 to retain him, and Yorke-Davies promptly sent the secretary of war a long letter of advice and a custom diet. An additional fee of £25 ensured Taft access to Yorke-Davies’ expertise for the rest of his life, should he desire. During the first course of treatment, from which the best records survive, the 2 men kept charts of Taft’s declining weight, from 314 pounds on 1 December 1905 to 255 pounds in April 1906 (5).

“My Dear Sir,” begins Yorke-Davies gingerly in his first letter to Taft, “I notice all your remarks and there is no doubt that you can carry a large weight, but still your present weight is very excessive and it is very important that you should now go through a proper course of dieting and reduce to the extent of sixty or eighty pounds or more” (6). Enclosed in this first letter was a 3-page list of permitted and forbidden foods as well as instructions to weigh himself daily, stripped of clothing, and to “write me weekly . . . so that I may get some reports to see how you are getting on” (6).

As Yorke-Davies was a British physician operating out of luxurious offices on London’s Harley Street, it is probable that most of his patients lived nearby, but evidence indicates that several of his patients did reside abroad and, like Taft, were treated by correspondence (6). In this pe-

Figure 1. Taft on horseback, 1905.

Source: Library of Congress, LC-USZ62-88514.

riod, epistolary medicine, therapeutic intervention via exchange of written letters, was losing popularity but was still common. In addition to his clinical practice, Yorke-Davies wrote several articles on obesity in medical journals, 2 popular diet guides, and 1 treatise on alcohol consumption, each of which went through several editions in Britain and the United States (7, 8). The most popular of these, *Foods for the Fat*, summarized Yorke-Davies' understanding of the condition: "The disease of Corpulency—for a disease it is—creeps on insidiously and slowly, and the individual becomes so entangled in its toils, that he or she finds, when it becomes necessary to grapple with it, the power to do so curtailed, and the effort of taking the necessary steps so burdensome as to be practically impossible or too painful to continue" (2).

No evidence is available that the 2 men met in person or that Yorke-Davies had contact with Taft's other physicians. Rather, frequent and detailed correspondence between physician and patient was the cornerstone of the therapeutic regimen. In this way, Yorke-Davies monitored Taft's food intake, bowel movements, and weight. Letters of 2 to 3 handwritten or typed pages were exchanged every few days throughout most of the period, and the delay incurred by the letters crossing the Atlantic did not impede treatment enough to merit mention in the correspondence. In choosing Yorke-Davies, a credentialed physician, over the many other sectarian or faddist sources of diet advice available at the time, Taft was exercising agency over how he wanted his obesity to be treated. Despite many other options, Taft chose the professional medical model, in which obesity was understood as a medical condition with clear symptoms and risks that needed professional medical management. Unlike popular diet reformers of the period, such as John Harvey Kellogg and his compatriots, Yorke-Davies' dietary regimen was not vegetarian nor did he forbid caffeine or alcohol. Instead, the focus of Taft's recom-

mended daily diet was lean meats and reduced sugar intake and was more spare and exacting than the general diet recommendations outlined in Yorke-Davies' popular, published diet guides.

The Yorke-Davies' reducing diet for Taft mandated that at 8 a.m. each day, a tumbler of hot water with lemon was to be sipped slowly. Then at 9 a.m., breakfast was unsweetened tea or coffee, "two or three Gluten biscuits," and 6 ounces of lean grilled meat. Lunch was at 12:30 p.m., containing 4 ounces of lean meat, 4 ounces of cooked green vegetables without butter, 3 ounces of baked or stewed unsweetened fruit, 1 gluten biscuit, and 1 of the recommended "sugarless" wines. An afternoon cup of tea, coffee, or beef tea without milk or sugar was advised. Dinner, eaten between 7 p.m. and 8 p.m., was to consist of clear soup, 4 ounces of fish, 5 ounces of meat, 8 ounces of vegetables, and 4 ounces of stewed fruit. Plain salad and 2 gluten biscuits were also permitted with this meal, if desired. This regimen was accompanied by a list of vegetables, salads, and condiments that could be used for variation (6).

The specific foods that Taft and Yorke-Davies discussed (for example, the "gluten biscuits") are not precisely important to modern clinicians, and historians generally do not advocate adopting the therapeutics of the last century. But the nature of the diet plan is illustrative in its specificity and its dependence on an ongoing correspondence. Yorke-Davies listed the types and amounts of food that Taft should consume and provided precise timing for their consumption throughout the day. In an attempt to facilitate therapeutic success and foster a trusting relationship, Yorke-Davies began their correspondence with this series of exacting directions and recommendations. In future letters, he discusses methods for maintaining the plan.

In addition to adhering to the dietary recommendations, Taft agreed to keep a daily record of his weight when stripped (**Figure 2**) and to send this along with a weekly letter detailing his exact food intake, physical activity, and any other inquiries to the physician's offices. Taft shared candid, intimate details in this correspondence:

... My bowels have usually moved, but there is a very great difference between the extent of the stool now from what it was when I was eating everything, and I rather think there is a tendency toward constipation, though not too marked. I have attempted to exercise every day, and have gone riding... I feel in excellent condition. I used to suffer from acidity of stomach, and I suppose that was due to overloading it. Since I have undertaken this diet I have not suffered from it at all... (9)

Yorke-Davies replied to Taft's weekly missives, encouraging him on his path and answering questions about specific foods. He responded to the previous letter by writing, "I am very glad to find from your letter that you are

feeling so much better since you commenced dieting, and especially glad to hear you have lost nearly five pounds in weight,” and later, “I am very glad to hear that you take a fair amount of exercise as this is so important” (10).

Yorke-Davies analyzed all of Taft’s information and responded with reports of what the physiologic benefits of Taft’s weight loss should be at various points. He also gave detailed prognoses about Taft’s digestion, such as his letter after Taft lost 27 pounds: “Your heart is considerable relieved and your breathing powers improved” (11). By April of the next year, Taft had lost more than 60 pounds on this “reducing diet” and in concert with his wife decided that this was sufficient loss to switch to a prescribed “stationary diet.” This regimen was to be followed for as long as possible to maintain the weight loss. The weighing and reporting was also to continue, so Yorke-Davies could monitor Taft’s progress (12).

Taft was pleased with his progress and wrote to his brother, “Everybody says that I am looking very well, which indicates I suppose that I have a good color . . . but I am pretty continuously hungry. That, however, is a good symptom. I suppose” (13). He sent a copy of his weight record along with his letter.

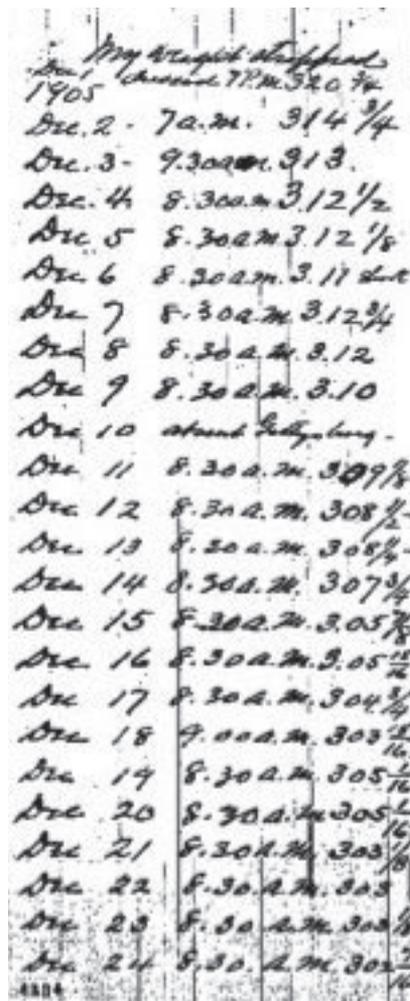
REMOTE MANAGEMENT

When Taft’s progress was unsatisfactory, Yorke-Davies wrote letters to encourage a return to his prescribed regimen. For example, Yorke-Davies’ wrote, “the rate of weight loss was not up to average, amounting, for only about 9 lbs, whereas it ought to have been at least 14 lbs for that time” (14). In these cases, he instructed Taft to send frequent and more detailed lists of “everything you eat and drink, and stating how cooked . . .” so he could “detect any errors” and steered his patient back toward sufficient progress (14) (Figure 3). Regardless of whether Taft was losing weight, the letters between the 2 men were frequent, cordial, and professional and outlined clear expectations.

The other prominent themes stressed by both men in this exchange are the importance of patient accountability and of seeking and maintaining professional medical care for obesity. A typical letter from Yorke-Davies on this subject asserts:

People who draw out their own dietary constantly break the rules they lay down for themselves, and . . . fail, as a matter of course; whereas when I treat them . . . I expect them to see me or write me a weekly letter, and by this and the weekly loss in weight and abdominal girth, I am able to see that the result is a loss, which varies, according to the degree of obesity, from 10 to 20 lbs a month. (6)

Figure 2. Handwritten record of William Howard Taft’s weight loss from 2 December 1905 to 24 December 1905.



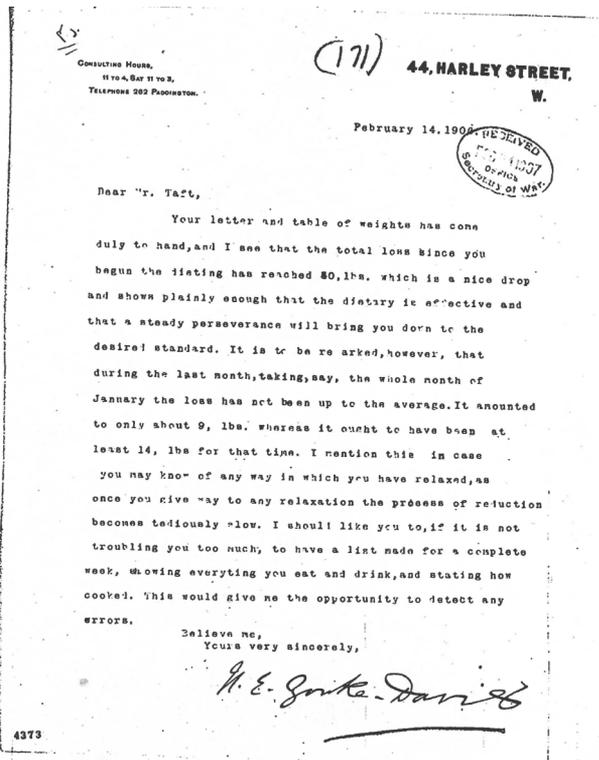
Source: Library of Congress, Presidential Papers of President William Howard Taft, MSS42234.

In many other passages, Yorke-Davies emphasized that his scientific and physiologic expertise were necessary to successful weight loss.

SURVEILLANCE AND COLLATERAL INFORMATION

Yorke-Davies held Taft accountable for maintaining his weight loss and used expansive methods to keep long-term track of his charge. He wrote Taft frequently and sent inquiries to Taft’s family and close advisors asking about Taft’s weight and eating habits. Once, after Taft had ceased treatment from Yorke-Davies for a time, Yorke-Davies wrote several letters to “see what you had been doing” and, finding that Taft had regained 19 pounds, encouraged him to return to his close care or else “in another three or four years you will be almost back to your original weight” (15).

Figure 3. Correspondence from 14 February 1906.



The letter reads, “Dear. Mr. Taft, Your letter and table of weights has come duly to hand, and I see that the total loss since you begun the dieting has reached 40 lbs, which is a nice drop and shows plainly enough that the dietary is effective and that a steady perseverance will bring you down to the desired standard. It is to be remarked, however, that during the last month, taking, say, the whole month of January the loss has not been up to average. It amounted to only about 9 lbs, whereas it ought to have been at least 14 lbs for that time. I mention this in case you may know of any way in which you have relaxed, as once you give way to any relaxation the process of reduction becomes tediously slow. I should like you to, if it is not troubling you too much, to have a list made for a complete week, showing everything you eat and drink, and stating how cooked, this would give me the opportunity to detect any errors. Believe me, Yours very sincerely, N.E. Yorke-Davies.” Source: Library of Congress, Presidential Papers of President William Howard Taft, MSS42234.

Patient nonadherence to physician-directed weight-loss regimens continues to be a challenge for clinicians with even the most motivated patients. Although they used different terminology, Taft and Yorke-Davies were aware of this problem and together charted a path to minimize deviation from the diet plan. This path centered around maintaining continued contact and long-term monitoring of weight fluctuations when Taft deviated from Yorke-Davies’ recommendations.

Taft seems to have made good efforts toward following Yorke-Davies’ recommendations, especially at the beginning of their relationship. For example, Taft weighed himself nearly every day and once a week had his secretary send copies of his weight records to the physician’s offices in London (16). But the typed records he sent to Yorke-

Davies occasionally deviated from the handwritten slips of paper by a few pounds and always showed more rapid weight loss than his own diaries reflected. This expresses what is perhaps another common problem with physician-directed weight loss in any era—patients exaggerate their progress.

Yorke-Davies also relied on letters from Taft’s advisors, friends, and family to learn about his charge’s progress. A year after the first period of closely monitored weight loss ended, Yorke-Davies’ wrote, “I should . . . like to know whether you have put on any weight since I advised you, as . . . people who have since seen you say you are much stouter that you were a few months ago” (17). Several letters like this followed through the years, demonstrating that Yorke-Davies was maintaining contacts with persons who kept him informed about Taft’s appearance, health, and diet habits. It is unclear whether Yorke-Davies had permission to contact these persons, but he showed respect for Taft’s privacy in other areas, never speaking to the press about his famous patient. It is evident that Taft tolerated but did not welcome this surveillance. He never directly addressed efforts of Yorke-Davies to join his inner circle, but he did write to his brother about how his rising political status required that he regularly attend formal dinners in which the advice of a diet physician was inconvenient and could even be damaging to his political career: “We have now reached the time when it is an exception if we are not required to go out for dinner” (13).

Figure 4. Taft in the Philippines.



Source: *Louisville Herald*. Reprinted in *Harpers’ Weekly*. Vol. 49. No. 2599. 19 August 1905:1201.

TAFT'S WEIGHT AND CAREER

Like his modern counterparts, Taft's obesity affected both his physical well-being and his career (18). By the time that Taft, the nation's heaviest president, was inaugurated in 1909, his appearance was a point of intense public concern and one that Taft had worked to address for years (19). On inauguration day, at 6 feet, 2 inches, and 354 pounds, Taft's obesity had long been the subject of jokes, editorial cartoons, and newspaper articles (Figure 4). Then, as now, obesity was a condition that could result in a co-existing web of physical, social, and emotional troubles, and when Taft pursued a physician's treatment, he was plainly seeking relief from these tribulations.

The widely circulated accounts of Taft's size provoked jokes, but it more seriously affected journalists' opinion of his leadership ability. In one telling account of a diplomatic meeting gone awry, the *New York Times* reported, "William Howard Taft is a very phlegmatic man, from whom one is not accustomed to hear such talk. This [damaging outburst] may be attributed to his great weight" (20). Later, when Taft was rumored to have become wedged into the White House bathtub, the story of this indignity spread across the country and became a favorite topic among the U.S. public. Even after his presidency, the public remained interested in Taft's weight. His 70-pound weight loss under the direction of a different physician in 1913 merited front-page treatment in newspapers across the country, and the rumors about the bathtub incident persist in public imagination to this day (21). The role of celebrity patients to the public understanding of medicine has been shown to be essential in the 20th century (22). For the general public at the time, Taft became symbolic of the medical management and struggles associated with sustaining long-term weight loss.

TAFT AND THE MEDICAL MANAGEMENT OF OBESITY

Although his weight continued to fluctuate throughout his life, Taft maintained correspondence with Yorke-Davies and several other physicians. Taft was regularly interviewed by the press for his opinions on particular diet trends until his death in 1930 at the age of 73 years from heart failure, termed in the press at the time as "cerebro-arteriosclerosis, and finally coma in the weeks leading up to his death" at 280 pounds (19, 23).

To be sure, there are many unique aspects of these letters between this prominent patient and his well-known physician. Although the epistolary exchange between these men is probably the closest that modern readers will come to understanding obesity treatment in the period, it is still, as an exchange that took place over long distance and between 2 elite and well-known public figures, hard to extrapolate to a general experience of obesity in the period.

Yet, this fascinating archival collection offers key clues about the treatment of obesity during its early years of professional, medicalized approaches. Yorke-Davies sent

regular, specific advice tailored to the preferences and lifestyle of his patient, but he did not stop there. He maintained frequent, detailed contact with Taft, monitoring progress and offering encouragement as well as exhortation to stay on track with his regimen. Yorke-Davies paid particular attention to Taft's physical symptoms, offered frequent medical explanations for his improving condition, and used these strategies in attempts to improve Taft's likelihood to adhere to the regimen and successfully lose weight. He also sought collateral information from the patient's family and circle of friends. The exchange showcases important challenges that continue to surface in management of chronic conditions, such as obesity. Like so many patients with obesity, Taft was at times unreliable, exaggerating his progress and not adhering to the prescribed regimen. As a public figure, Taft's patient experience is important because of the historical value of the details of his individual treatment plan and for the symbolic role he held in shaping American relationships to obesity in the early 20th century.

Public focus on Taft's weight and the attention it garnered from professional physicians demonstrate the culmination of an important change in professional and popular U.S. perception of and behavior toward diet and weight management. Discourse on diet, nutrition, and obesity in the United States had increased dramatically over the 19th century. Some level of continued concern about extreme fatness or extreme thinness has persisted throughout history, but by the beginning of the 20th century, a person's weight and approach to diet was explicitly recast as an outward indicator of the health, vitality, self-control, and discipline, required to succeed and lead in the modern United States of America.

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