sists of cereals, legumes, fruits, milk, honey and fish. In addition, the dietary patterns presented in the Platonic dialogues were very similar to the current Mediterranean diet [*3*]. Plato suggested that the therapeutic approach to human diseases should be made through the regulation of diet rather than with medication, "Wherefore one ought to control all such diseases, so far as one has time to spare, by means of dieting rather than irritate a fractious evil by drugging" (Timaeus verse 89C-D). He recognized the importance of the proper nutrition for corporal development in many passages in his texts "for there ought to be no other secondary task to hinder the work of supplying the body with its proper exercise and nourishment" (Laws verse 807D) [*3*].

In the following centuries, many physicians highlighted the importance of diet in maintaining health and in the treatment of diseases. Members of the famous medical school of Alexandria like Erasistratus and Herophilus (3rd century BC), Celsus (1st century AD) and Galen (2nd century AD), produced many writings on diet [*4*]. Galen was the Roman emperor's physician, anatomist, physiologist and a prolific writer and his word in medicine and science became law for the following 12 centuries. He was one of the believers in diet, and said "health depends chiefly on the choice of food." He stressed the therapeutic value of climate and a full diet for tuberculosis, and emphasized the value of milk in the treatment of disease [*3*]. In later years, Boorde, a physician and experienced traveller of the 16th century, wrote 2 short books related to health, *Breuyary of helth* and *A compendious regiment or a dietary of helth*. He included brief chapters on bread, potage (soup), meat, eggs and cheese, fish and fowl, roots, herbs, fruits and spices, and diets for the following: sanguine, phlegmatic, choleric and melancholic temperaments and pestilence, fever, gout, leprosy, consumption, palsy, madness and dropsy.

Hospital dietetics appeared in the 12th century as shown in the records of the history of St. Bartholomew's Hospital in London, the oldest British hospital, established in 1123 [*5*]. In the Middle Ages, and even through the 18th century, hospital diet was based on bread. Other components were beef, beef broth, ale cawdel, beer, mutton, mutton broth, cheese, butter, milk pottage, rice milk, sugar soppes and water gruel [*1*].

Only little change in the type or amount of the daily food allowance for patients at St. Bartholomew's was noticed a century later [*6*]. Four different kinds of diet existed at that time; the common diet, the broth diet, the thin or fever diet, and the milk diet. The common diet was simply the normal diet. The broth diet was the same as the common diet but without any meat. The thin or fever diet did not include meat, beer or butter and consisted of 1 pint of milk with tapioca, arrowroot, sago or rice as prescribed, and barley water. The milk diet consisted of milk porridge, 12 ounces of bread, 2 pints of milk with tapioca, arrowroot, sago or rice as prescribed, barley water, 1 ounce of butter and bread pudding 3 times a week when ordered. At that time, most of the other hospitals in London used the same terms to describe their diets, with some including such terms as full, middle, and low diet, and spoon or fever diet [*1*].

By the early part of the 20th century, therapeutic diets had become more common and were usually named after the physician who prescribed them, such as Meulengraght's diet and the Sippy diet and the various adjustments of each. Nowadays, emphasis in diet therapy is placed on a diet adequate in all nutrients, with minimal modifications in quantity, consistency and texture of food according to patient needs [*1*].

by even stronger challenges. As the world changes rapidly, the way dietetics professionals deliver services must change to keep pace. Under this pressure, dietitians have the opportunity to transform their field into a cutting edge profession that addresses emerging and evolving needs of their societies. However, there is nothing that automatically gives this opportunity to dietitians [*32*]. They will have to shape their destiny and this can only be achieved by a proper and strategic planning and preparation. And as the Japanese proverb says, "Vision without action is a dream; action without vision is a nightmare." Thus, to be a proper action, any action must be based on a proper vision and strategic planning.

References

1. Todhunter EN. Some aspects of the history of dietetics. ***World review of nutrition and dietetics***, 1973, 18:1–46.
2. Edelstein L. Antike Diatetik. ***Die Antike***, 1931, 7(2):255–70.
3. Skiadas PK, Lascaratos JG. Dietetics in ancient Greek philosophy: Plato's concepts of healthy diet. ***European journal of clinical nutrition***, 2001, 55(7):532–7.
4. Fidanza F. Diets and dietary recommendations in ancient Greece and Rome and the school of Salerno. ***Progress in food & nutrition science***, 1979, 3(3):79–99.
5. Moore W. ***The history of St. Bartholomew's Hospital***, vol. II. London, C Arthur Pearson Ltd, 1918.
6. Pereira, J. ***A treatise on food and diet***. New York, Wells Publishing Co., 1868.
7. Carpenter KJ. A short history of nutritional science: part 3 (1912–1944). ***Journal of nutrition***, 2003, 133(10):3023–32.
8. Elvehjem CA et al. Relation of nicotinic acid amide to canine black tongue. ***Journal of the American Chemical Society***, 1937, 59:1767–8.
9. Lusk, G. ***Nutrition***. New York, PB Hoeber, 1933.
10. Atwater WO. ***The chemical composition of American food materials***. Washington DC, Department of Agriculture, 1896 (Bulletin No. 28).
11. Chittenden R. ***Physiological economy in nutrition***. London, Heinemann, 1905.
12. Hutchison R. Some dietetic problems. ***Chemical news***, 1906, 94:104–6.
13. Sherman HC. ***Chemistry of food and nutrition***, 1st ed. New York, The Macmillan Company, 1911.
14. McCance RA, Widdowson EM. ***The chemical composition of foods***, 3rd ed. London, Her Majesty's Stationery Office, 1960 (Medical Research Council Special Report Series No. 297).
15. Platt BS. ***Tables of representative values of foods commonly used in tropical countries***. London, Her Majesty's Stationery Office, 1962 (Medical Research Council Special Report Series No. 302).
16. Pellet PL, Shedeverian S. ***Food Composition tables for use in the Middle East***, 2nd ed. Beirut: American University of Beirut, 1970.
17. Chatfield, C. ***Food composition tables for international use***. Washington DC, Food and Agriculture Organization, 1949 (Nutritional Studies No. 3).
18. Wu-Leung WTW, Flores M. ***Food composition tables for use in Latin America***. Bethesda, Maryland, National Institutes of Health, 1961.
19. Wu-Leung WTW, Gesson F, Jardin C. ***Food composition. Tables for use in Africa***. Rome, Italy, Department of Health,