

As might be imagined, this experiment of employing dieticians and offering meals of recognized nutritive value was being closely watched by other owners of restaurants, but the fact that dieticians had to be trained did not appeal to the prospective employers; the dieticians, however, through their Association, united, and today the student dietician in colleges in the United States is given substantially the same training for this purpose as we ourselves gave in 1927. Today, qualified dieticians in the United States are very much sought after, since it is now appreciated that they are well trained, and can take their place and assume responsibility quickly.

Discussion

Miss M. Andross (College of Domestic Science, Park Drive, Glasgow), opener: The British Dietetic Association has done a grand job. In 10 years they have instituted a new profession for women and, what is much more difficult, they have induced the conservative British public to accept it.

Like Miss Pybus, I should like to see a standard training for all, but unfortunately, the new dietician, according to Mr. Childs, is expected to fill so many different posts that this would be difficult to arrange. If we insist on a B.Sc., no university, at least in Scotland, would consider a course which did not include natural philosophy or mathematics in the first year. This is far removed from catering for 3000 children. We should lose many excellent dieticians by insisting on their passing this examination. A university entrance qualification we must have but no further purely educational course should be insisted upon except in nutrition, chemistry, biochemistry, physiology and bacteriology. The dietician is now expected on the one hand to work in a metabolism ward or a food research laboratory, do food surveys and teach other dieticians; in such spheres she must have a B.Sc.; her work would not be recognized unless she had. On the other hand, she is expected to be a hospital caterer, a supervisor of school meals, or a hospital dietician. In all those posts, as Miss Broatch has pointed out, she must be able to cook on a large scale. She must also, as Mr. Childs has said, understand the management of staff, and the buying and general economics of large scale budgeting. For such an individual an ordinary B.Sc. is poor training. She would need a further training for two years, according to the experts. Mr. Childs has put it at one year but I presume he means beginning with a trained dietician. Five years' training, not counting the necessary experience, would be too long to demand for the salaries paid in most cases. Therefore I would suggest that a B.Sc. course should be established for those students with definite scientific leanings, but that there should be an alternative diploma for the other type of student. This would include a knowledge of chemistry and very full training in all forms of cookery, buying, budgeting, management of staffs and presentation of food. Dietetic cookery should also be included; apart from the instruction about diet in disease, it gives the best training in accuracy in the use of food tables and the preparation of menus. An engineering and electrical course would have to be included also so that students would have the knowledge necessary to make full

use of large scale apparatus. Preparing demonstrations also should be part of the course because most dieticians have to give them during some stage of their career. The domestic science diplomas as they exist at present include many courses in sewing and laundry work which might be shortened. Training in large scale catering should be introduced instead.

The new posts of supervisors of school meals and officers in charge of catering in hospitals and factories have opened a new field for dieticians but they have made it essential also that the practical side of the training should be much lengthened and improved. If this training is not accorded, the requirements of the students will not be met. Dr. Peters, of the Department of Health for Scotland, has just written to the Secretary of the Scottish Group of this Society. He says that the syllabuses seem to show that the students have a good training on the theoretical side of nutrition, but that they have little knowledge of the business side of feeding a large hospital. If we fail to rise to this occasion we shall lose many good posts, and the name of dietician, at present so good, may fall into disrepute through our failing to supply people qualified to do all the jobs.

Mr. A. L. Bacharach (Glaxo Laboratories, Ltd., Greenford, Middlesex): I fully appreciate the historical background of facts which was so admirably depicted by Professor Cowell, Miss Pybus and Miss Broatch, in relation to the present position of the training and qualifications of dieticians in this country. I understand the fine job of work the hospital dieticians have done in putting dieticians on the map but, when a thing of this kind succeeds, there is a tendency to allow it to go on by sheer momentum without considering whether the direction is the right one. I do not think it can escape the notice of anybody who has listened to these papers that whatever illustration had to be taken, the chances were about 5 to 1 that it would be derived from the practice of hospital dietetics. It is inevitable that these things centre round the hospital dietician.

I want, therefore, to issue a warning. There has been a great deal of difference of opinion among the medical profession and the general public about the desirability of nationalizing the hospitals, but no difference of opinion about the undesirability of hospitalizing the nation. This emphasis on the hospital aspect of the work of dieticians does seem to bring with it a certain lack of a sense of proportion; it runs counter to the social application of modern nutritional knowledge.

Looking at the thing as a social statistical phenomenon, I would put the types of catering in the following order of importance to the community: school feeding; industrial canteen feeding; feeding of non-industrial public; feeding of patients in hospitals.

If this valuation is accepted does it not mean that the whole question of training and qualifications of dieticians must be considered, not from the point of view of the person who is going to be a hospital dietician, but primarily from the point of view of those who are going to be first, school caterers, then industrial, then non-industrial, and *then* hospital caterers. We should be taught first of all, not how to feed sick people to help to cure them, but how to feed healthy people to keep them well. If we continue along the present lines we may be defeating our own ends.

Dr. T. Moore (Dunn Nutritional Laboratory, Cambridge): Mr. Bacharach has pointed out that many more healthy people are fed in schools, in canteens and at home than sick people in hospitals. Experience has shown, however, that without proper supervision the incidence of malnutrition in hospitals may be higher than elsewhere. Hospitals are, therefore, justified in employing more dieticians than would be required to deal with the same number of people from the general population.

Mrs. E. M. Lang (106 Bryn Road, Swansea): I agree with this morning's speakers that the training of dieticians in this country is not sufficiently uniform and feel that we could benefit by having a course similar to those given in America. These include such subjects as physiology, chemistry, bacteriology, cookery, economics and use of equipment. University training is followed by twelve months in an approved hospital where the student works in the out-patient department, the children's, the medical and the surgical wards, and in the diabetic clinic. She gains experience in social service work and in kitchen supervision. The latter includes the preparation of food for the patients, doctors, nursing staff and auxiliary workers; the buying, receiving and storing of food; the work in the bakery and in the butcher's shop, and experience in the planning of menus.

There is a great need for dieticians in this country, but we are not making full use of many of the trained people available. Too many are obliged to spend valuable time on routine jobs which could well be assigned to a pantry maid. If we are to succeed in giving dieticians the status which they deserve we must have a change in the attitude of the general public and of hospital staffs. We must also have the backing of a consolidated professional body and, most important of all, the co-operation of the medical profession.

Miss M. G. Rouse (Oxford Nutrition Survey, 10 Parks Road, Oxford): As an Australian who has had the privilege of living in Great Britain during a truly magnificent nutritional experiment, I would like to make a few comments on the present position of dieticians in this country and to submit some suggestions for the future.

Assuming that you plan to use dieticians, as you have done in the war, in your national nutrition programme, and knowing that Great Britain at the recent Food and Agriculture Conference at Quebec has pledged herself to continue a food policy based on the nutritional needs of her people, to maintain nutritional standards and to promote education in nutrition, I would put forward the following points:

- (1) The present training courses for dieticians are quite inadequate.
- (2) The dietician must insist on professional status and must have a degree standard.
- (3) The British Dietetic Association must, therefore, become an incorporated company with the rights and powers to promote, encourage and improve the status of dietician. Registration as medical dieticians should not be necessary.
- (4) The British Dietetic Association or some subsequently arising body such as an Institute of Dieticians must have the power to establish,

to approve and to examine courses of training, to issue certificates or diplomas of dietetics and to register dieticians.

- (5) The immediate support of the Government, of the Ministries of Health, Education and Food, of the Universities, and of this Nutrition Society is essential and imperative.
- (6) Training courses in administrative dietetics must be set up as soon as possible. The Diploma Course recommended by the Special Planning Committee of the English Group of this Society (Nutrition Society, 1945) has this no doubt in view. This course has still, probably of necessity, too much emphasis on training in therapeutic dietetics.

Perhaps some clarification is required at present in regard to the following additional points:

- (a) The definition of the function and future sphere of influence of the dietician and the nutritionist.
- (b) The future policies of the Ministries of Health, Education and Food in regard to nutritional education, and the possible extent to which they may be able to participate actively in training dieticians or nutritionists for their own departments. In default of this, would there be any possibility of their granting scholarships or supporting training centres for approved postgraduate diploma courses?
- (c) The extent to which training courses organized by commercial firms would be acceptable.
- (d) The practicability of universities and domestic science colleges co-operating in the future to give suitable degree courses.
- (e) The desirability of the continued approval of existing, and of the creation of further, training centres which restrict experience to therapeutic dietetics.
- (f) The type and number of approved training courses which should be planned. The following types might be considered: hospital therapeutic; hospital administrative; administrative and research in government departments; survey; commercial.
- (g) The need for a basic university degree course in the science of dietetics or nutrition, of possibly 4 years' duration with subsequent postgraduate diplomas in hospital or institutional dietetics, human nutrition, community nutrition and public health.

For the present I would submit these suggestions:

- (1) The governing body of an institute of dieticians should contain representatives of the Ministries of Health, Education and Food, the universities, The Nutrition Society and the British Medical Association. Committees should be appointed to go into the question of constitution and to set about establishing a basic degree course and to formulate possible future courses. The institute could begin examining and issuing diplomas.
- (2) A dietician should be appointed now as an inspector of present training courses.

- (3) The Ministry of Health could sponsor now the training of dieticians for hospitals, and of nutritionists for public health appointments.
- (4) Teaching dieticians should be imported from the U.S.A.
- (5) Alternatively or in addition, British dieticians should be sent to the U.S.A. on scholarship grants for 1 to 2 years. They would assume teaching posts on their return.

The future of dietetics as a career in this country is a matter for serious and urgent consideration. To continue postgraduate training restricted, as at present, to therapeutic dietetics would be a mistake. As the opportunity has been given in this meeting today to be constructive I hope that I may have made a few helpful suggestions.

REFERENCE

Nutrition Society (1945). *Brit. med. J.* ii, 617.

Mr. F. Le Gros Clark (6 East Common, Harpenden, Herts.): If, in 4 or 5 years' time, we repeat this discussion, most of us would agree with Mr. Bacharach but, at present, the demand for dieticians is much higher from hospitals than from other organizations. There is a small demand from industrial catering and from schools. We have to meet the demand where it is. It is no good training girls for jobs for which no great demand has yet been raised. We must work for that for 2 or 3 years before we get it. That is why the insistence is on hospital catering and dietetics.

Miss I. M. Clift (The Morgan Crucible Co., Ltd., Battersea Church Road, London, S.W.11): About the lack of demand from industry for trained dieticians I can speak with some nutritional knowledge as a catering manager to an industrial firm. We should be glad to have trained dieticians to help in catering if they came to us with a certain kind of knowledge of catering. I wondered whether, in the training courses, one could consider having the budding dieticians, catering managers and so on attached to different industrial firms in a paid capacity as assistants to the catering manager. I think the lack of demand from industry has come because our training for dieticians of this kind is not what it might be.

Dr. M. D. Wright (Vitamins, Ltd., 23 Upper Mall, Hammersmith, London, W.6): There is a demand among industrial caterers themselves for more nutritional knowledge and for training. It is met at present by evening courses organized by such bodies as the Industrial Caterers' Association for members with extensive experience of large scale catering but with little or no knowledge of nutrition or of its basic sciences.

Miss R. Simmonds (Hammersmith Hospital, Duane Road, London, W.12): The Committee of the British Dietetic Association has nearly completed the necessary business formalities which will enable the Association to become an incorporated society.

Miss F. E. Morkam (3 Cottenham Court, Cottenham Park Road, London, S.W.20): There appears to be little demand for dieticians in school work. The reason is that there is a number of women who do not qualify for

membership of the British Dietetic Association, but who have the necessary training and experience to fit them for this work. We need more facilities for these women to keep up-to-date with scientific developments in nutrition. Recently some of my caterers told me that there was no hope of admission to courses in London before the end of 1946 because of lack of vacancies. This is deplorable.

Miss M. C. Broatch replied: Recent figures from hospitals show that less than 50 per cent. of people fed there are patients. The large majority are people who require to be normally fed. Feeding in hospitals is extremely bad and I suppose that there is more to be done in tackling the feeding in hospitals than in any other branch of the work now. The recent appeals published by the Ministry of Health asking for more nurses and domestic staffs have partly been brought about by the fact that conditions in hospitals are not good, and a large contributory factor is poor feeding.

At the moment the demand for dieticians is greatest in hospitals. Dieticians are going to other spheres of work and, as they get suitable backing, they will open training courses there and will be able to give special training such as is given in the hospital diet kitchens but, at present, there is no better place for such training than the hospital kitchen.

Afternoon Session: Chairman, Dr. H. E. MAGEE

The Dietician in the Public Health Service

Dr. C. F. Brockington (Public Health Department, Shire Hall, Warwick)

The nation is turning its thoughts increasingly to social medicine which seeks to prevent or remedy illness by striking at the roots of disease in the community and by influencing the habits of the people. The value of this line of thought is clearly shown by the findings of the Radcliffe Survey (Brown and Carling, 1945). Of 73 patients whose disability persisted beyond 3 months after discharge from the Radcliffe Hospital, 54 might have recovered more quickly if facilities had existed for close supervision; the essential step of following them up in the community to ensure that each had made the appropriate changes in habits of life had been omitted. The Radcliffe findings would no doubt apply equally to those seeking hospital treatment, many would not have needed to do so but for faults in living habits. Hospitals are expensive places to build and hospital beds costly to maintain, and it is imperative that there should be a full development of all measures designed to prevent illness by correcting faulty habits of living; any informed community that fails to develop social medicine *pari passu* and on an equal footing with hospital development may fall into the error of perpetuating disease at the expense of health, particularly the positive health of which we now hear so much.

Among the habits to which those responsible for social medicine should pay most regard are those associated with food, for an increasing number of man's ills is becoming correlated, directly or indirectly, with what he consumes. The story of food habits and their effect upon man is far from being fully told; when it is, and before this millennium is reached, man will