

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

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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

have in his hands one of the most powerful weapons for preventing disease, possibly with more far reaching effects than full knowledge of any other single agency, not excluding the germs. The little that is known is encouraging; apart from recognized deficiency diseases in all sections of the community, there are indications that other classes of disease might be controlled through food. Are the alcoholic syndromes in reality a manifestation of deficiency disease? Might we not now reduce the incidence of diabetes and duodenal ulceration by education of those with the diatheses to make appropriate changes in their food habits? Is not much death and disease in pregnancy, infancy and childhood due to improper feeding at these critical periods of life?

The problem of food habits in relation to social medicine now needs to be reconsidered afresh. It would appear to have two aspects, the acquisition of knowledge of the state of nutrition of different sections of the community, mainly through what has been termed the dietary survey, and the application of this knowledge in the best manner possible, mainly by the control of food habits. This control is in some instances a matter of national planning as, for example, to secure a proper degree of wheat extraction or to allot adequate rations of first class protein to priority classes, or to ensure the addition of potassium iodide to table salt in goitrous areas. There are, however, other food habits which can be influenced only, or best, through individuals in the community who are in charge of large scale cooking in hospitals, schools, institutions and canteens or, as the individual housewife, in charge of the family dinner in the Englishman's home. Social medicine must, therefore, provide itself with adequate measures of introducing new ideas to the public and to all the women concerned, in different capacities, with the preparation of food.

To what extent is such machinery of social medicine likely to influence food habits at present in existence? In the first place, dietary surveys have been carried out in many areas by progressive medical officers of health and in others by professors of social medicine. In the second place, there is evidence that much field work, giving advice and guidance on dietetic matters, is now being successfully conducted. First among the workers in this field is the health visitor who follows her training in nursing with simple instruction in dietetics as part of a postgraduate course in social work. The value of the health visitor in this direction, if skilful and enthusiastic, may be considerable, as the nature of her work brings her into touch with mothers of young families at a time when they are most receptive of new ideas; indeed, whatever new departures we make in spreading understanding of dietetics we shall find the health visitor at the spear point of our attack. The service built up by the Ministry of Food to spread the gospel of correct diet in streets, villages and hamlets through an army of food leaders must also, wherever organized, be taken into account, for it has done much good work and is capable of being put to still greater use in the service of social medicine. The same pioneer work is in progress also in institutions of all sorts, in cottage hospitals, fever hospitals, private boarding and day schools, residential schools for the blind, deaf, crippled and rheumatic, children's homes and nurseries, and homes for the aged; here the matron or foster mother, as the case may be, is doing her best to put new ideas into practice.

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So far so good; much has been accomplished, much good work is still in progress, much more is possible. In the matter of dietary surveys, health departments are relatively ignorant of the state of nutrition of their populations and they should, by regular sampling of different parts and sections, be as familiar with nutritional standards prevailing throughout their areas as they are with the state of housing or rivers, of infant care or the health of the schoolchildren. In the matter of field work it has to be recognized that dietetics is a profound science and health visitors working to leaven the community have to be kept up-to-date, and the nurse, matron, canteen supervisor, institution mother, organizer of school meals and the food leaders, all need to be kept abreast of the times. Where then does this lead us if not to the realization that the health departments of all major local authorities should have on their staffs an experienced dietician? For the purpose of dietary surveys alone, each progressive health authority with a finger on the nutritional pulse of its population will find the services of a dietician indispensable, and no real progress in field work will be made until the step of appointing one has been taken. It is certain that many institutions will always find themselves too small to appoint a dietician of their own; indeed it is devoutly to be hoped that many will not be permitted to take such a step in view of the limited scope of the professional work in such a post, and who should be better qualified to guide them than the local health authority by means of a dietician on its staff?

The importance and scope of the work of a city or county dietician needs emphasis for two reasons. First, because, from a national point of view, it is important that the few trained dieticians in existence should be used to the best advantage and not wasted in posts of limited value. Second, because the proposed 4 year university course for a degree in dietetics is of such a high standard that it is only justifiable if positions of importance will be in existence for its graduates; indeed it would be quite wrong to foster such a scheme unless posts offering a sufficiently full and satisfying professional life were made available for those who undertook it. It is, therefore, reassuring that the health departments of major local authorities should have it in their power to create just what is required after such a long academic and practical training, and the work would be unequalled for its scope and its breadth, as well as for its manifest value and absorbing interest. As to its scope, there would be the provision of dietary health propaganda for the housewife, lectures and demonstrations to health visitors and others, advice to hospitals, schools, homes and the like, and the planning and supervision of dietary surveys in a team with the medical officer of health, the pathologist and the physician.

Such a programme is sufficient to satisfy the aspirations of the most imaginative; there would, however, be other fields to explore as, for example, an individual approach to selected families in need of special help or the demonstration by invitation for groups of the housewives of problem families. For the keen dietician the work would have the inestimable quality of breadth, for every aspect of nutritional work would be available and there would be contact with the whole of the population, which quality unfortunately cannot now be said to exist in all dieticians' positions. Is there not a risk that a dietician working in a school meals scheme will rapidly exhaust the professional pabulum of her

work or that the associations in a hospital post with diseased states only, will pall, especially where the dietician's responsibility has not been fully established?

All interested in the proper care of the sick will have welcomed the Report of King Edward's Hospital Fund for London (1943) on hospital diets, and the effect that it has had on feeding in hospitals everywhere. It is, nevertheless, unfortunate that the first approach to this problem should have come from the end concerned with disease, and we must seek to redress the balance by creating posts from which can be surveyed the whole dietetic field, including the mass of the people, old and young, healthy and diseased, at home or in hospital, school, factory or workshop. Only when we have done this shall we be placing dietetics in its proper position in the field of social medicine, and The Nutrition Society will make a great contribution to national health by stressing the importance of this work in public health and by recommending the Ministry of Health and local authorities to sponsor the appointment of dieticians in this way.

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The Dietician in Schools

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It would be advisable to begin with a few figures, though they can in the nature of things be no more than conjectural. When the new measures come into full operation, a midday meal is to be provided free on school days to all children whose parents desire them to benefit from the service. We have not the slightest idea what numbers will attend and how far the attendance will vary from school to school; presumably it depends upon the slow process of change in our social customs and institutions. The level of demand reached in the war years, during which about 85 per cent. of the meals have been paid for at a rate of 4d. or 5d. a meal, is obviously no guide to the level we may expect to reach when meals are free but when, on the other hand, mothers are no longer engaged on war work, and the relaxation of controls has permitted more food to flow into domestic consumption. The Ministry of Education has based its estimates on an arbitrary figure of 75 per cent. of the average school attendance. On that assumption the schools would have to cater during 200 days in the year for about 3,300,000 children, and, since the school dinner is supposed to provide about half the child's daily requirements of protein, fat, vitamins and mineral salts, it follows that we shall have to supply the total requirements of these nutrients for almost 30 per cent. of the child's dietary year.

It is a matter of doubt how far the meals will be prepared in kitchens attached to the schools and how far they will be conveyed to schools from large central kitchens. We may take it for granted that the fairly common war time practice of preparing the meals in central kitchens will have

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