

A HISTORY OF

The British Dietetic Association



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Foreword by Lord Boyd Orr

THE RESEARCH of the last 50 years which showed that lack of specific constituents of food is the cause of what are now known as deficiency diseases, is one of the greatest achievements of modern science. There remained, however, the difficult task of getting the new knowledge applied in practice. To do this there arose "Dietetics" an important new branch in applied science.

This account of the origin and success-

ful work of the British Dietetic Association is a further contribution to the story of the New Science of Nutrition and its application in preventive medicine. It will be welcomed by dietitians and all others interested in the promotion of health and physique by improvement in the national dietary.

I wish it all success and a wide circulation.

BoYD ORR

Author's Preface

THIS BOOK is the story of a profession which has developed against a background of new and rapidly acquired knowledge of food science and out of a need to apply research findings in medicine and nutrition to the alleviation of disease and the positive improvement of health.

It is a case history of the emergence, formation, and growth of a professional association which came into being, as most such bodies do, because a few devoted workers were sufficiently jealous of the merit of their work, and conscious of their duty to those they served, to insist on rigorous standards of entry and practice.

The story has been told candidly, with no attempt to gloss mistakes or inflate achievements. But the achievements are clear and real, and young members reading this account will hardly fail to be aware of what the profession owes to those who have worked so hard to establish the Association and to secure its acceptance as their professional medium.

The history could not have been written were it not for the efforts of those people who have taken great pains to provide the information on which I have worked. These include many members who have come forward with reports and have replied to enquiries; Mrs. E. M. Averill, who collected and assembled the material on the early dietetic departments with the assistance of Miss M. A. Abrahams; Miss D. F. Hollingsworth who supplied, among other memoranda, the greater part of the chapter on international contacts; Miss B. J. Jamieson who has willingly raided her files and her memory for names, documents, and statistics; and, above all, Miss J. Robertson, who gathered together all the relevant documents, persuaded members to send in material and reports, abstracted the salient facts from the Association's records, collated the material, and by her unremitting personal attention ensured the progress of the whole undertaking.

ENID
HUTCHINSON

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CHAPTER 1

Origins and Formation

THE PENETRATING study of the needs of the sick person made by Florence Nightingale in the middle of the nineteenth century included a due recognition of the importance of diet during illness and convalescence. Her "Notes on Nursing" contained dietary observations which at times foreshadowed remarkably the findings of twentieth-century research on nutrition in disease. With her, at the Barracks Hospital at Scutari had worked Alexis Soyer, a brilliant and resourceful chef, who could organise on the grand scale and who, in his publications, anticipated many of the problems of nutrition in large-scale cooking with which modern mass catering services have made us familiar.

But in the absence of a scientific study of the chemistry of food and the nutritional requirements of the human body in health and sickness, the inspiration of these two pioneers could not lead to a systematic study of dietetics and its application. This had to wait until the discoveries of Gowland Hopkins and others in the early twentieth century made plain the need for certain constituents in human nutrition and suggested

that the shortage of these was a factor in some diseases and conditions of the body.

Hospital practice and hospital dietaries, where these existed, were frequently compounded of a mixture of parsimony and folklore. The earliest British hospital dietary we know of is that approved by the governing body of St. Bartholomew's Hospital in London in 1687, which though sparse is, in the main, nutritionally adequate and probably no more monotonous and deficient in fresh foods than the normal diet of the day. Sunday's food, for example, consisted of:

10 ounces Wheaten Bread
6 ounces of Beefe boyled without bones 1 pint
and a halfe of Beefe Broth
1 pint of Ale Cawdell
3 pints of six shilling Beerc!

Miss . A. E. Buchan, when SisterDietitian at the Royal Infirmary, Edinburgh, described how dietaries had developed there. A general diet of oatmeal, barley, milk and baps, with "flesh" ordered where necessary by the physician, was expanded in 1843 into a nine-scale one, ranging from "low" to "extra". This seems to have been aimed,

in the main, at curbing the enthusiasm of the doctors who were asked to familiarise themselves with the dietary tables, and, in particular, "to do all in their power to avoid devising diets of their own". The "full" diet consisted of:

| | |
|-----------|---|
| Breakfast | 1.5 pints of porridge 1 pint buttermilk , |
| Dinner | 1 pint broth 6 ounces boiled meat |
| Supper | 16 ounces potatoes 1.5 pint new milk or porridge and milk and beer |

At the Radcliffe Infirmary, Oxford, we are told, "early records make frequent comments about the patients' food and details of menus are available for the nineteenth century when food was divided into Common, House, Full, Low, Fever, Milk, and Dry diets". The earliest reference to a therapeutic diet is in 1837. The Rev. Vaughan Thomas, a member of the Board, mentioned in the House Visitors' Book, "three sorts of diet not mentioned in the current diet table", which included "the diet which suffering and exhausted nature sometimes requires after operations (mutton chops)".

Miss M. A. Abrahams has told how the general diet in London hospitals during the nineteen-twenties reflected the food habits of the poorer sections of the community and contained much carbohydrate and little or no raw fruit. There was, therefore, a low vitamin C content and inadequate roughage. She has recounted how, at one hospital, "great improvements took place when raw fruit was allowed to be brought to patients by their relatives and friends and the quantity of aperients used fell dramatically" .

Miss R. M. Simmonds recalled that, "as an enthusiastic probationer (presumably around 1910) I used to collect all the food left over from the midday meal, mixing it together and frying it in fat, which I collected from home, and then indiscriminately dispensed it to all patients except those on liquid diets.

I cannot recollect that it did them any harm because all the patients were hungry". This was still a practice, according to Miss C. F. Harris, in the ~hirties.

Suppers were rarely provided. Indeed, until hospitals became morally responsible for the whole food needs of patients under the rationing scheme of the Second World War, there was a considerable reliance on gifts from visitors to supplement sparse hospital fare. Miss J. I. Mills, speaking of hospital catering experiences as late as the nineteen forties said, "The ward patients' diet was much improved by the addition of a cooked breakfast and cooked supper; previously only porridge for breakfast and soup for supper were served in addition to the cooked meal".

Greater attention to diet came first in the ordering of special diets for certain classes of patients, and from physicians who were, in their treatment, relating food requirements to particular bodily conditions.

But the science of nutrition was still very new when the first dietitians began to appear, in the first place, in the United States. Miss R. Pybus has recorded that in 1920 she was appointed sister in one of the medical wards of the Royal Infirmary, Edinburgh, and that "at that time my nursing colleagues and I repudiated the idea of anything so new-fangled as a hospital dietitian, though these disturbing women were rapidly appearing in American hospitals. As sisters we jealously resented any interference in the feeding of our patients, except from our 'chiefs', though we had little knowledge of food values or the principles of nutrition ... we sometimes failed to consider the patient's general condition and so deprived him of essential dietary factors". This confession is hardly surprising when one recalls that in 1920 only three accessory food factors had been separately recognised, and that Drummond had only just suggested that "the somewhat cumbrous nomenclature introduced by McCollum (Fat soluble A, Water soluble B) be dropped and that the sub stances be spoken of as vitamin A, B, C, etc." *The first sister-dietitians*

But in British hospitals, too, individual doctors were working on problems relating to diet and disease, and they also were discovering a need for trained auxiliaries able to make up nutritional prescriptions into the patient's daily food. It was natural that they should turn to the staff who already had the care and feeding of patients to carry out any new treatment by way of diet. So it was to the nurses whom doctors pioneering in this field entrusted therapeutic diet treatment, and the first dietitians to be known under that name were nursing sisters already working in the hospitals to which they were appointed. As nursing sisters they had an established position and standing in their hospitals. They were familiar with the intricacies of its day-to-day machinery. To their nursing competence and their easy relationship with hospital administration they now added a specialised skill.

It was to Miss Pybus herself that the first hospital dietetic department was entrusted and the credit must go to the Royal Infirmary, Edinburgh, for this pioneer undertaking in 1924. The department was started at the instance of Professor J. C. Meakins, afterwards Professor of Therapeutics at McGill University, Montreal. He was shortly followed by Professor D. Murray Lyon, a great supporter of the early dietitians, who, ten years later, was to sponsor the dietetics diploma course at this same hospital. The work began in the outpatient department where Miss Pybus set out to prove that dietetic out-patient care could save an appreciable number of admissions to hospital, and that, in this way, the services of a dietitian could benefit the hospital generally. After a six months' trial period her appointment to this special work was confirmed.

At this point, Miss Pybus was awarded a Rockefeller Travelling Fellowship for study in the United States and Canada. On her return she started working full-time in

the out-patient department and was available for planning diets for in-patients and for teaching nurses.

Later, two wards containing 12 beds were given by the Rockefeller Foundation for metabolic research, a diet kitchen was attached and the Sister Dietitian, in addition to her out-patient work, was also responsible here. The service of special diets from this kitchen to other wards followed and, as the work grew considerably, it was carried out, for many years, under increasingly difficult conditions in this 1,000 bed hospital. The diet kitchen, equipped for 12 patients only, served between 60 and 70 diets daily. Only a dietitian of true pioneering spirit and vision could have achieved so much under such difficult conditions. Nor was the work always accorded recognition by medical and nursing colleagues, whose lack of understanding, amounting sometimes to antagonism, added greatly to the frustrations.

In 1925, a year after the start of the Edinburgh experiment, Miss Simmonds began her dietetic work at the London Hospital, as Sister in charge of Grocers' Ward, a group of small wards for metabolic research, housing 14 patients, with a ward kitchen and laboratory attached, from which individual diets were served. Miss Simmonds had the full nursing charge of these patients as well as of dietetic treatment and investigation. In addition, she attended three out-patient clinics a week and saw other out-patients in the ward by appointment. Her staff consisted of three staff nurses (for day and night duty), four student nurses, and two ward maids. These performed all the normal services of the ward, and prepared, cooked, and served food on individual trays, calculated diets, and kept records. In this hospital, dietetic work began as a branch of nursing rather than as a specialised work in itself, and it was some time later that a diet kitchen was opened to cater for special diets in other wards in the hospital. Miss Simmonds was a great protagonist of the nurse as dietitian. Both she and Miss Pybus brought to the work of dietetics in those early beginnings, a profound knowledge of human nature

gained in the wards of their hospitals, keen minds and powers of observation, as well as a love of their work. Dietitians who followed them acknowledged a great debt to them for the stamp they laid on the new profession.

In contrast to the London Hospital, the third hospital to open a department, St. Thomas's, also in London, opened with a diet kitchen. The work of the Sister-Dietitian, Miss W. H. Tancred (now Mrs. Linde) was seen primarily as that of serving special diets throughout the hospital. The dietitian undertook no nursing, though she was still a member of the nursing staff, working under the Matron. Her large and well-equipped diet kitchen was staffed by nurses who served all diets on trays, direct to the patients in the wards. The Sister-Dietitian was also responsible for a diabetic out-patient clinic with nurses working under her. Miss Tancred was shortly followed by Miss M. C. Broatch (now Mrs. Bowley).

The first graduate dietitians

But though it was natural that the first hospital dietitians should emerge out of the hospital wards, nursing staffs in many places were beginning to feel the strain of the extra work created by the preparation of the rapidly increasing number of special diets, especially as records were required and elaborate forms of charting were introduced. Another influence was at work, however, which was to contribute a somewhat different slant to the professional body that was eventually to emerge. Employment openings for women in the period following the First World War, despite the temporary expansion of the scope of women's work during the war, were limited, for the most part, to the traditional occupations. In particular, professional openings in established occupations outside teaching and nursing were hard to find and difficult to enter. Educated women now began to turn their attention to newly-developing social and technical skills and to create a place for themselves in callings that had

not developed a sex bias and in which, whatever obstacles they had to meet, they were spared those made by entrenched habits and prejudices. It was in this period, that developments in medical techniques, among others, brought a demand for new types of medical auxiliaries which women's employment organisations were quick to publicise to schools and colleges." The work of radiographers, physio and occupational therapists and hospital almoners has developed in the past thirty years as work in which women have a primary, unchallenged and sometimes an almost exclusive place.

It is difficult to realise, in these days, how few were the openings for the science graduate in this period and, in particular, for the woman graduate. The opportunity of a new outlet for the scientifically-trained woman as the interpreter of dietary formula: was, not surprisingly, seized by a few enterprising graduates who brought with them the habits of a different training and contributed a different component to the new profession of dietitian.

The next two hospitals to launch dietetic departments within a month of each other, in 1928, went to this new source of recruits to the hospital service. At University College Hospital, London, Miss E. M. Marshall (now Mrs. Averill), a graduate of King's College of Household and Social Science, London (now Queen Elizabeth College), was appointed to open the department, and, following shortly at St. Bartholomew's Hospital, was Miss M. A. Abrahams, a graduate of Oxford University, who had also studied domestic science at King's College. Miss Abrahams had recently returned from the United States where she had been studying dietetics and where she had taken a Master's Degree in Nutrition and Institutional Management at Teacher's College, Columbia University. Miss Marshall, Miss Broatch, Miss Tancred, Miss Simmonds, and Miss Pybus, all benefited from the award of Travelling Fellowships made by the Rockefeller Foundation, which enabled them each to spend the greater

part of a year in the United States and also to visit Canada, studying the work of dietetic departments in hospitals. Miss Marshall later spoke of the warmth of the hospitality which they received from dietitians in America and of the care with which the itineraries were planned so as to provide the enlargement of experience suited to the needs of each of them. Of her American experience Miss Pybus said: "I do not think that we learned much that was new from the therapeutic angle, but we had an opportunity of working in organised dietetic departments and it was a most stimulating experience. In America I was struck by the high standard of feeding in the hospitals generally and the part which dietitians played not only in all branches of the hospital food service, but in public health work, in the Red Cross organisation, in research work and in commercial concerns".

Doctors who had also benefited from the Rockefeller awards were among the most enthusiastic supporters of the British dietitians, for they too had seen the work of organised dietetic departments and knew their value. Both in this support and in their own training in America, early British dietitians acknowledge a great debt to the Rockefeller Foundation and to their American colleagues who so generously welcomed them and demonstrated the work of their departments. The value to the British dietitians was further demonstrated when they came to form an Association. The fact that all the first dietitians, nurses and graduates alike, shared, as a result of their American visits, common experience and training in the accepted practices of dietetics formed a bond between them which helped to sustain the goodwill between the two separate groups, even though differences of attitude were inevitably painful at times.

The two dietitians who started work at University College and St. Bartholomew's Hospitals, in entering the hospital service without an apprenticeship in nursing, had different problems in securing acceptance to those experienced by the sister-dietitians.

The latter had to strive to be honoured as prophets in their own country and to overcome the inertia of accepted professional relations; the former had to meet the natural reluctance of nurses to surrender control over any part of the patient's welfare that was considered a nursing duty and to find a place for themselves in an established pattern of institutional relations. The success of the new venture depended almost as much on the dietitians' handling of this situation as on their technical skill.

At University College Hospital, the dietitian found that by visiting both ward sister and patient before undertaking any diet and by frequent contact with them afterwards, not only was the efficacy of the treatment promoted but understanding and sympathy were soon established on all sides. Work in the out-patient department developed from the beginning. The dietitian was directly responsible to a small sub-committee of the Medical Committee, led by Dr. J. W. (now Sir John) McNee, to whose interest and enthusiasm the establishment of the diet kitchen was largely due." He gave unflinching support and guidance to her through the difficult early years and helped greatly in extending the interest of medical men in this new work. The Matron, too, was interested and helpful. Working conditions were, however, in the true pioneering tradition. The diet kitchen, situated in the basement, was small, dark, and difficult to ventilate, and a tiny office leading off it could not hold comfortably more than two people at once. Separation from the nursing function meant that the dietitian had no allowance of staff. At first she worked alone, with the services of a part-time cleaner, and later (until the first student was admitted for training in 1929) with such unqualified help as she could from time to time secure.

The department at St. Bartholomew's in many ways resembled that at University College Hospital. The working conditions were better, however, for the diet kitchen was at the top of the building, light, airy, and well-equipped. The Clerk to the

Governors the administrative head of the hospital and the Matron did much to ensure the success of the dietetic department, but above all, it was helped to develop on sound lines by the constant forethought and assistance of Dr. George Graham, the diabetic specialist in the hospital. ⁷ Here, beside the oft-repeated pattern of unwilling reception from some of the ward sisters, there was also reluctance on the part of the catering staff to accept the innovation. On Dr. Graham's wise suggestion the diet kitchen began by serving special diets on the two wards under his care, but it was not long before all the special diets in the hospital were prepared in the department. Regular assistance was provided from the beginning, but the help of a student dietitian was much appreciated as the work grew. ⁸ Out-patient work was introduced from the start.

The heads of the five pioneer departments were testing methods and establishing practice in this new field of work. The differences in the mode of inauguration of the work in each hospital and the different emphasis given to it in individual hospitals was to some extent reflected in the laying down of different procedures, and these had to be taken into account later when practical training was standardised.

In the sister-dietitians' departments, the first assistants were nurses, though at the Royal Infirmary, Edinburgh, before the diploma course began in 1934, science graduates and domestic science teachers were accepted as well as nurses for six months' training in therapeutic dietetics. In the graduate-staffed departments the need for assistance in the diet kitchens led early to the acceptance of graduate student dietitians who worked unpaid for the six months of their training. The first student dietitians in London remember with pleasure the small dinner-parties held at Miss Abrahams' flat where they discussed their work and exchanged information with their hostess and Miss Marshall, the only other graduate dietitian of those days. Indeed, these evenings may well

be regarded as the " first attempt to formulate the aims and objects of the new profession which culminated in the establishment of the Association some six or seven years later.

Early offshoots

This early emphasis on the need for student dietitians at University College Hospital and St. Bartholomew's affected the recruitment for new dietitians' posts, for it was from these two hospitals that the first English-trained dietitians went out to start new departments from 1931 onwards, and these were all university graduates. These were: Miss O. Clendinnen (now Mrs. Hasler), who opened the dietetic department in St. David's Wing, a new private patients' wing of the Royal Northern Hospital, Holloway," in 1931, and Miss F. J. Keay (now Mrs. Earp), appointed in the same year

to the David Lewis Northern Hospital, Liverpool. ¹⁰

In 1934, departments were opened at: The Radcliffe Infirmary, Oxford.v first under Miss A. M. Waterhouse (now Mrs. Mansel), then with the help of Miss N. B. Leigh-Smith (now Mrs. Bransby); Addenbrooke's Hospital, Cambridge, with Miss J. I. Mills as dietitian;» The Royal Masonic Hospital, London,» under Miss B. J. Jamieson. The Royal Infirmary, Manchester.P appointed Miss M. R. Muriel in January 1935, and in June of that year, Miss Marshall moved from University College Hospital to a newly-created dietetic department at the Middlesex Hospital, London.> Miss M. V. Scott Carmichael was appointed as her assistant and when Miss Marshall married a year later, Miss Scott Carmichael became Head Dietitian.

In the meantime, in 1932, a dietetic department had opened in Glasgow, at the Western Infirmary, in somewhat different circumstances from any of the others of this early period. From 1927 it had been possible to take a course in . dietetics at the Glasgow and West of Scotland College of Domestic Science. Miss C. Logan, after qualifying as a domestic science teacher had taken this

course and had six months' practical training at Edinburgh Royal Infirmary, when she was appointed to be dietitian at the Western Infirmary. But this was from the outset a temporary appointment only, for Miss Gregory Smith, the Matron, had been advised by Miss Pybus of Edinburgh to train a nurse for the post and had selected Miss I. P. Rose, a senior nurse with a Higher Leaving Certificate in Chemistry, as a suitable candidate for training. Miss Rose (now Mrs. Ross) worked with Miss Logan in the new diet department from the start and prepared for the Diploma in Dietetics of the College of Domestic Science. This she passed in 1934 and having been to Edinburgh for six months' practical training was appointed as Sister-Dietitian in charge of the department of the Western Infirmary to replace Miss Logan in 1935. The initiative in starting the dietetic department in Glasgow appears to have come wholly from the Matron. The dietitians had to create the demand by explaining their role to the doctors. First came a few orders for diabetic diets, then more as their value was demonstrated and soon the department was providing between 50 and 60 special diets a day. Within a short time, students taking the diploma course at the College of Domestic Science were doing their six months' practical work in the department. ¹⁵

The need for an Association

But the need for a clearer definition of the work of a dietitian and of what the term "dietitian" implied had become increasingly important, to clear the minds of employers, employed, and those who aspired to join the ranks. Hospital authorities were, in the main, only vaguely aware of the possibilities of therapeutic diet work and did not know what to demand in the way of qualifications for dietitians. Aspirants to the profession did not know what training or preliminary qualifications would be acceptable. Women with a domestic science training and six weeks' study of nutrition began to call themselves "dietitians" and their claim to the title

could not be denied, nor could employers and trained dietitians be safeguarded against its use. A private venture establishment seized the tide

and offered varied dietetic trainings, far too short for those seeking responsible appointments. In addition, the diet kitchens themselves, which depended so heavily, in the voluntary hospital tradition, on student labour, frequently had to be staffed by students with an inadequate background in science, and there was no way of preventing girls with experience of this sort calling themselves dietitians later on.

The need for a professional association was, therefore, becoming increasingly more apparent as early as 1932, to prevent both an undesirable lowering of standards and the risk of indiscriminate opprobrium falling on those dietitians who were trying to lay down the foundations of a professional code. But the pioneer dietitians were scattered geographically, they were working intensively in difficult conditions, isolated from one another, and they were arriving into the profession by different routes and under differing auspices. Though these factors may not be wholly responsible for the failure of the first attempt to create a professional body, they were certainly inherent in it and the story of the attempt is interesting of itself and for the light it throws on early relationships.

Lord Dawson's Committee

The initiative was taken in 1932 by the four head dietitians already working in London, who secured the promise of help from a few of the medical men most interested in their cause. A meeting was called for December 12th of that year at the headquarters of the London Medical Society. There were present on that occasion: Professor S. J. Cowell, Professor of Dietetics in London University and attached to St. Thomas's Hospital, and Miss Broatch, Head Dietitian of that hospital; Dr. George Graham and Miss Abrahams from St. Bartholomew's; Dr. Donald Hunter and Miss Simmonds from the London Hospital; and Dr.

J. W. McNee and Miss Marshall from University College Hospital. Dr. McNee was in the chair and a discussion was started on the status and training of dietitians and ways of attracting recognition from doctors and hospitals.

The discussion was scarcely launched before it was interrupted by the appearance of Lord Dawson of Penn, at that time President of the Royal College of Physicians and an Honorary Physician at the London Hospital. He announced that he had heard that the discussion was to take place and that he was anxious to take part. Most of those present were entirely taken aback by this unforeseen and even dramatic occurrence, and owing to the eminent position held by Lord Dawson, Dr. McNee felt obliged to vacate the chair and offer it to him. From this moment, at the end of 1932 until some time in 1935, the initiative was removed from the hands of the dietitians and their chosen advisers and taken over by Lord Dawson himself. Although this particular episode was to end in failure, dietitians will remember with gratitude Lord Dawson's continued efforts to establish their reputation and standards of training, both at this time and subsequently when he became a member of the Advisory Board of the Senate of London University for the dietetics diploma course.

Lord Dawson's aim was to begin by establishing a diploma course in dietetics under the auspices of the Royal College of Physicians, the course to be based on King's College of Household and Social Science. In order to explore the possibilities he called an informal meeting on March 27th, 1933. In addition to those present on the former occasion, Dr. Robert Hutchison, Dr. R. D. Lawrence, Professor V. H. Mottram, and Miss H. Dey (Matron of St. Bartholomew's), attended. Another informal meeting took place in June 1933, at which the nursing profession was more fully represented, the Matrons of St. Thomas's and the Middlesex Hospitals being invited, at which it seemed there was agreement, in the words of Lord Dawson, that "there should be more than one portal of entry for those desiring to be dietitians .

The majority who are taking up dietetics as a career either in relation to the sick or in relation to schools, factories and other institutions will go through a course resembling that of King's College, two to three years' training often ending in a Science Degree. Subsequent to that, and possibly interlocking with the foregoing, the practical part of the career-cookery, examination of food in the raw state, buying offood. Those of this group who will want to go on to the dieting of the sick would have a special training for that purpose. The fully trained nurse who wishes to take up dietetics would be let off a portion of the preliminary three years, the exact remission being a matter for further discussion. Her practical training would be on the same lines as the first group" .16

It is interesting that, at this early stage, the question of the dietitian's role in catering was already being discussed. This quotation also makes clear, not only the goodwill but the time-consuming detailed consideration which this group of very busy, eminent medical men gave to the professional affairs of dietitians at that time. That there were so many calls on their time is, in part, the explanation of the long delays between meetings, but, before the close of the episode, two other factors had entered into the negotiations. One was that King's College of Household and Social Science established a one-year dietetic diploma course, independently in 1933, which was evidently regarded as still in an experimental stage. The other was, that the London County Council, to whose care the responsibility for publicly provided hospitals within its area had recently been transferred, also became interested in dietetic training for some of its nursing staff. There was a suggestion that selected nurses from these hospitals should take the diploma course at King's, and though the Chief Medical Officer of the London County Council was apparently agreeable that, in view of the negotiations taking place, they should not be designated as

dietitians, a number of difficulties had to be resolved on that score.

The result was that when, on October 26th, 1933, Lord Dawson brought the matter before the Comitia of the Royal College of Physicians, he nominated a Dietetics Committee to consist of the following persons:

Lord Dawson of Penn, the President of the Royal College of Physicians

Dr. J. VV. ~c~ee

Professor E. Mellanby (Medical Research Council)

Sir Frederick Menzies (Chief Medical Officer of the London County Council) Dr.

George Graham

Professor S. J. Cowell

Professor V. H. Mottram (King's College of Household and Social Science)

Dr. Donald Hunter

Dr. C. E. Newman (Assistant Registrar to the Royal College of Physicians)

Miss H. Reynard (Warden, King's College of Household and Social Science)

Miss H. C. Parsons (Royal College of Nursing)

Miss M. A. Abrahams Miss

R. ~. Simmonds

Miss D. E. Bannon (Matron in Chief, London County Council)

Miss D. M. Smith (Matron of the Middlesex Hospital)

The Dietetics Committee appointed a subcommittee to consider "the nature of the curricula for dietitians".

Reporting on the work of the subcommittee and the Dietetics Committee, Lord Dawson said, in a memorandum in June 1934, that they were to be congratulated for the way they had "composed several and real difficulties"; that agreement had been reached on the "feasibility and desirability of instituting a Diploma course which would be open to State Registered Nurses, though in the outset they were not agreed about . this," and that there was both a "necessity and demand" for a diploma. In the drawing up of the Diploma course, the help of Professor Mottram and Miss Reynard was acknowledged. But, for reasons that are not apparent, the negotiations dragged on for

another year and in the upshot, the course which was finally established in London was a revised course at King's College, open to graduates, domestic science teachers, and state registered nurses, and the association of this with the Royal College of Physicians did not take place.

At this point, Lord Dawson disappears from the Association's story. His intervention seems to have been prompted by a genuine desire to establish and consolidate the positions of dietitians at a high level. Undoubtedly, too, he wanted to ensure that the nurse dietitians, so ably represented at his own hospital by Miss Simmonds, should receive due consideration in any new scheme. It is understandable that those who felt strongly that the work of hospital dietetics was part of the nursing vocation should fear that, with the restricted opportunities for dietitians then in existence, the increasing number of graduate dietitians forthcoming might influence hospital administrators against equal consideration for the nurse dietitian; The setting up of the Edinburgh Royal Infirmary course and the acceptance of a nursing certificate as a qualification for entry to all later courses despatched such fears. Subsequent developments have demonstrated the value of both streams of entrants and have shown how little ground there was, in the long run, for fear on the part of either.

While the work of Lord Dawson's Committee had its value in allaying some of the fears of the nursing protagonists and although it made although it made useful progress towards establishing agreement on the length and kind of course that would be necessary, it was a time of great frustration for those qualified dietitians who saw the urgent need for closer cohesion and action in other fields than training. They could not act freely while they awaited the outcome of these prolonged negotiations, which were beyond their control and far more protracted than could have been foreseen.

The birth of the Association

It was with relief that, at the end of 1935, the dietitians felt free to make another,

and this time an independent, attempt to start an Association. Though the negotiations of the previous three years had set back the formation of such a body, progress had been made in several directions. By 1935, the end of the early experimental phase was in sight. With Miss Marshall's appointment to the Middlesex Hospital in June of that year, an experienced dietitian who had already built up and successfully administered a department was placed in charge of a new and important development. In hospitals, medical and nursing staff were better primed to accept such an innovation, for the work of dietitians was known to them through news from other hospitals and though dietitians, breaking new ground in new districts could, for some time to come, expect indifference and hostility, they now had the support of a known body of colleagues. There was, too, by 1935, a recognised mode of practical training for student dietitians which had already been successfully demonstrated and the diploma courses in Scotland and in London provided foundations for future training and development schemes. By their triumph over inadequate working conditions and the educative value of their steady work with patients and staff, the first dietitians had established the right to recognition.

It was now that an Association could most help in formulating standards for employers and employed and in helping to create unity between the different elements in the profession. The head dietitians in London, who now included Miss R. H. Wansbrough and Miss E. M. Webb, met frequently to prepare a draft Constitution and after considerable preparatory work called the inaugural meeting for January 24th, 1936 at St. Thomas's Hospital, at which an Executive Committee was elected consisting of the following members:

OFFICERS

Chairman Miss M. A. Abrahams
*M.A. Oxon, M.Sc., Teachers'
College, Columbia University,
New York:*

*Dietitian, St. Bartholomew's
Hospital.*

- Vice Chairman Miss E. M. Marshall
*(now Mrs. Averill), B.Sc., (H. & S.S.) London
University: Head Dietitian, Middlesex Hospital (part of the year).*
- Secretary Miss M. C. Broatch
*University of London Diploma in Household and Social Science: S.R.N.:
Dietitian, University College Hospital.*
- Treasurer Miss R. H. Wansbrough
S.R.N.: Certificate in Domestic Science, Reading University: Sister-Dietitian, St. Thomas' Hospital.

MEMBERS

Miss J. I. Mills
B.Sc., (H. & S.S.) London University: Dietitian, Addenbrooke's Hospital, Cambridge.

Miss M. V. Scott Carmichael B.Sc.,
(H. & S.S.) London University: Qualified teacher (under Chap. VI Scottish Education Department): Head Dietitian, Middlesex Hospital (part of the year).

Miss R. M. Simmonds S.R.N.:
Sister-Dietitian, London Hospital. (Died, October 12th, 1951).

Miss M. Walker (now Mrs. Tredgold), B.A. Cantab.:
Assistant lecturer and demonstrator in dietetics and physiology, King's College of Household and Social Science

The Executive Committee met for the first time on February 3rd and a second General Meeting followed on March 27th at University College Hospital at which 40 members were present. Letters wishing success to the Association were received from Dr. Mary Swartz Rose,

CHAPTER 2

Constitution, Aims and Policy

THE FIRST Constitution drawn up shortly after the founding of the

Association gave its objects in general terms as being: "To further the knowledge of dietetics" and "To provide facilities for those interested to meet in order to discuss and advise on all matters connected with dietetics or bearing on the work of dietitians". These objects were repeated in the amended Constitution of 1939. It also laid down qualifications for membership of various classes and restricted the right of voting to Foundation and Ordinary members, thus making it clear that only members holding recognised qualifications would be eligible for full voting rights in the Association. When the

was considerably enlarged covering 31 separate contingencies, each separately defined. But in the general terms of the original and amended Constitutions and the more precise definition of the Memorandum of Association of 1947 three main aspects of the Association's basic concern can be discerned—the improvement and standardisation of training in dietetics, the formation of a strong professional organisation able to give guidance and encouragement to members and to provide facilities for meetings and contacts between members, and, more clearly in the later document, the establishment of a suitable status for the trained dietitian.

Training

In all the struggles leading to the formation of the Association the matter of qualifications and training was uppermost as being most germane to the question of professional recognition and acceptance. The first major act of the new Association's first Executive Committee was to appoint a sub-committee to report on training, whose members immediately set about visiting and reporting on the hospital dietetic departments then offering practical training as well as the educational establishments offering training courses. This was the beginning of what has always been one of the most important branches of the work of the Association—that of standardising training and maintaining the uniformly high level of work and qualifications which can be recognised as attaching to the description "dietitian".

In the early days standardisation was a difficult and prolonged business because a patchwork of basic training courses was already in existence, not primarily designed for training dietitians and existing dietetic departments had to be used, which started in the different ways already described and were organised by women of varying backgrounds and training. The Committee's first object was to agree upon the preliminary requirements—no easy matter when some members felt strongly that a nursing training was of great importance while others insisted that the study of certain sciences to degree standard was an essential prerequisite. The history of the various training schemes and an account of today's requirements in the way of preliminary qualifications and subsequent training are set out fully in Chapter 5. These are now the charge of the Education Committee of the Association on which all dietetic training departments are represented. The Education Committee advises the Council of the Association on educational policy and arranges for the regular inspection of hospital departments in which practical dietetic training may be taken.

It also reviews and approves all proposed new dietetics courses including syllabuses and training facilities before they are approved by the Ministry of Education. The standards demanded by the Association for qualification in dietetics are recognised by the Ministry of Health in all matters relating to the employment of dietitians in the National Health Service. Both these are measures of the approval which has been accorded to this aspect of the work.

Consideration has also been given to the establishment of the ethical standards of the profession, based on the principle that, while it is proper for a dietitian on her own authority to give advice on the feeding of the healthy, dietary treatment of the sick may be given only under the direction of the patient's doctor. This principle was stated in a letter to the *British Medical Journal* written on behalf of the Association in 1951/ which includes the following paragraph: "It has always been a principle of our profession that no dietary advice should be given without specific instructions from the patient's doctor. No printed diet sheet should ever be handed out, moreover, without an interview during which the dietitian satisfies herself that the patient has understood the principles of the regime, that it is within his means, and that it is suited to the social conditions under which he lives". These views received editorial support in the *British Medical Journal*.

Formation of a strong professional organisation

While professional standards have naturally been a major concern, the Association, to be effective, had to spend time and thought on constitution-making and had to devise a legal framework adequate for carrying out the business of the Association and for ensuring its capacity to promote professional standards and status.

Various categories of membership were established to enable interested

supporters from the medical and scientific professions and student dietitians to participate in the deliberations of the Association but as has been said, voting rights were restricted to Foundation and Ordinary members, the qualified practitioners of dietetics. These different categories of membership are more fully described in Chapter 3.

In the 1936 Bye-laws to the Constitution provision was made for an Annual General Meeting at which the Executive Committee was to be elected, to consist of Chairman, Vice-Chairman, Treasurer and Secretary, with, in the first place, four, and later five members drawn from the voting membership. In the later, 1939 Bye-laws, it was stipulated that one member of the Executive Committee should be working in Scotland at the time of election and that a place should be reserved for a member who had qualified for Ordinary membership within three years of being elected. The Chairman and office-holding members of the Committee were to be elected annually, the Chairman being ineligible for re-election for more than one year.

It should be noted as a warning to all framers of constitutions that the Byelaws held unsuspected trouble in store. These provided that a quorum of one quarter of the voting membership habitually resident in the British Isles was to be present for a General Meeting to be valid, and that Bye-laws could only be altered at a General Meeting. Within a short time of the adoption of the Constitution the membership was scattered under the impact of war and for three years the Association was unable to muster the necessary quorum to alter the now unworkable rule laying down that quorum. The impasse was finally resolved by a decision to take a postal vote.

Chapter 4 tells the story of the Association in the war years 1939-45 and of the work of the Emergency Committee which was in operation until 1943 to keep the interests of the Association to the fore in an expanding nutrition service, maintain contact with members, and plan for the strengthening of the Association in

the future. In 1944 the Association was registered with the Board of Registration of Medical Auxiliaries and some 175 of its members were enrolled on this Register, about which more is said in Chapter 6.

During the war years discussion took place on the advantages to be gained from incorporation of the Association under the Companies Act 1929 and it came to be felt that this would strengthen the organisation constitutionally and financially. A minimum special donation of 5s. from each member was the subject of a resolution in October 1943 to provide the money for this change and by 1944 a draft Memorandum and Articles of Association were received from the Association's solicitors, on which much discussion took place.

On May 20th, 1947 a Certificate of Incorporation under the Companies Act 1929 was registered with the Board of Trade. The Association was now registered as a Company limited by guarantee and not having a share capital, under the title "The British Dietetic Association". The implications of this status are succinctly expressed in the Licence from the Board of Trade recommending the registration of the Association. It was there noted "that the income and property of the Association whencesoever derived shall be applied solely towards the promotion of the objects of the Association as set forth in the Memorandum of Association and that no portion thereof shall be paid or transferred, directly or indirectly, by way of dividend or bonus or otherwise howsoever, by way of profit to the members of the said Association".

The eleven members subscribing to the provisions of the Memorandum of Association were: M. C. Broatch, R. M. Simmonds, M. R. Muriel, D. F. Hollingsworth, E. Washington, J. A. S. Ritchie, J. I. Mills, B. R. Stanton Jones, A. Buchan, H. T. Marshall, B. A. Glascock. It will be observed that two of the "founding" dietitians, Miss Broatch and Miss Simmonds, were godmothers to the new child.

The Company was empowered to take

over the assets and liabilities of the former Association and engaged each of its members, in the unhappy and undoubtedly very remote event of its own demise, to meet its liabilities to a sum not exceeding £1.

The objects of the Association as stated in the Memorandum emphasised the responsibility of the Association for promoting training and establishing the qualifications of dietitians, for maintaining a register and improving the status of dietitians, for supporting research and experimental work in dietetics and diffusing knowledge in this field, and for providing machinery for contact between dietitians through meetings and publications.

The Articles of Association maintained the classes of membership of the former Constitution and provided for the affiliation of organisations as well as persons, though, in fact, no organisations have been admitted. A Council of Management was to take the place of the former Executive Committee and co-opted membership was provided for. The provision for a quorum at meetings bears signs of careful consideration. The first officers and members of Council were the subscribers to the Articles of Association named above, Miss Broatch being the first Chairman and Miss Simmonds the first Vice-Chairman.

When, at the Annual General Meeting in 1952, it was decided to form Branches of the Association, about which more is said in the next chapter, a Special Resolution to this effect was added to the Articles of Association. Provision was made for the election by each Branch of a member to the Council and a deputy to act in place of that member if need be. At the same time the Council of Management was empowered to nominate a registered medical practitioner to hold office on the Council for a period to be set by the Council. The Association was, by 1947, a legally constituted body of a specialized kind, complete with a seal, first used on a Transfer Deed of Association investment in October 1952. From time to time it still hankered after a Charter and guidance and

a Register, as in 1951 when the Annual General Meeting reluctantly turned down such a proposal on the grounds of the three to four hundred pounds cost involved. Loyalty and pride in the

Association demanded an outward sign of professional status and soon after incorporation the adoption of a coat-of-arms was mooted. Though a suggestion for a badge was rejected at the Annual General Meeting in March 1951, the matter cropped up again in a meeting of the London Branch and after further discussion it was reported, at the Annual General Meeting in 1956, that an anonymous member of the Council had donated £25 towards the registration of a design with the Royal College of Arms, provided that each Branch also raised £25. During the next year negotiations were put in hand with the Royal College of Arms and in September 1958 the grant of a coat-of-arms was received. It is reproduced on the outside cover of this book. The coat-of-arms was first used on the Association's Christmas Card in 1959 and part of it appears on the brooches which may be worn by full members. The design was described in the following terms by Lancaster Herald in a letter to the Association:

"The Shield is blue. At the base is a golden Cornucopia, reversed, so that its 'tail' is uppermost. Perched upon the tail is an Ibex, painted in its natural colours, hooves, horns, and beard painted gold, with all four feet together, so that it is balancing upon the Cornucopia as it might balance upon the peak of a mountain. In the top right and top left hand corners of the Shield are two Pentagons in gold. The idea lying behind this design is probably fairly obvious: namely, the Cornucopia represents Plenty; the Ibex balanced thereon represents a state of balance; and the two Pentagons represent physical health and fitness. Apart from its posture in the design, of course, the Ibex itself, (I suggest) denotes abounding health and energy, and a clear-eyed balanced outlook on life. I have repeated the Ibex in the Crest, but this time using the Head only ... "

An Association's corporate life, however, is best assured by the continued enthusiasm of its members, and the British Dietetic Association has sought to maintain this by providing regular guidance and encouragement in meetings of the profess -

-ional body and its Branches. Meetings began in 1936 and though interrupted in the early war years, were resumed in 1943 and have been held regularly since that date. Chapter 8 gives information about the Week-end Conferences and Refresher Courses which have been organised from time to time. Chapter 3 tells of the work of the regional Branches mentioned above which followed on from the informal regional meetings and discussion groups of the previous twelve years. The official news of the Association has, since 1947, been published in the independent quarterly journal *Nutrition* for which the Association takes editorial responsibility on technical Subjects. Before 1947 a small newsletter provided information for members.

The status of the dietitian

The third object of the Association's policy from the beginning has been the status of dietitians and the steps taken to assure this are recounted in Chapter 6. Training and control of professional standards through the Association are naturally reflected in the status of workers in the profession but developments in the scope of the work have also influenced the dietitian's role. Until 1939 the dietitian's work was confined almost entirely to the special dietary departments of hospitals. After war broke out it became clear that the nation's food supply would become precarious and that the proper distribution and use of available food supplies would play a decisive part in the maintenance of national health and productivity. In the hospital the introduction of food rationing created new problems in regard to diet. Each patient on entering hospital was required to surrender his ration book, and, the hospital, therefore became morally bound to supply all the food needed by the patient. This raised many new considerations which were fully discussed in two Memoranda of King Edward's Hospital Fund for London- in 1943 and 1945, in a series of unsigned articles in the *Lancet* in January 1945 and by Miss Broatch

, in the *Lancet* in 1947. The main conclusion reached was that catering for patients and staff should be unified under the control of one person, responsible to the chief administrative officer of the hospital and charged with the buying and storage of food, menu planning, cooking and control of kitchens and the service of meals. It was generally agreed that the ideal person to fill the post of a hospital catering officer with these responsibilities would be a dietitian whose knowledge of nutrition was supplemented by adequate experience of large-scale catering. Although this view found concrete support in the Salary Scales for Hospital Caterers first agreed by the Ministry of Health in 1952, which laid down higher salaries for catering officers with recognised dietetic qualifications and responsibilities than for those without, there have always been an insufficient number of dietitians who wish to assume this full care. Chapter 4 gives some account of the other opportunities for expanded careers made available to dietitians in wartime as inspectors and organisers of the School Meals Service, advisers on hospital feeding to the Ministry of Health and King Edward's Hospital Fund, in local Public Health departments, and on national nutrition policy, dietary surveys and nutrition education in the Ministries of Food and Health and in the War Office. Research, teaching and commercial posts claimed others. After the war British dietitians were also employed in such organisations as the United Nations Relief and Rehabilitation Administration, the Control Commission for Germany, the United Nations' International Children's Emergency Fund and the Food and Agriculture Organisation of the United Nations. During and after the war, many of these openings led to positions which have now become well-established and have enhanced the reputation and status of dietitians.

The greater part of the working members of the Association in this country, however, are employed in the National Health Service as hospital

dietitians whose services are eagerly sought. The Association has a seat on the staff side of the committee of the Whitley Council which negotiates conditions of service and salary scales for certain of the professional and technical staff in the National Health Service. Conditions of service and salary scales of dietitians employed in the Civil Service, in the teaching profession and in local authority health departments are those obtaining for equivalent grades in these services.

The achievements of the profession since 1939 have been considerable training has been strengthened, salary scales have been agreed and improved, the work of dietitians has been broadened, ethical standards have been established. The British Dietetic Association has become increasingly aware of its opportunities and responsibilities but many problems remain to be solved. There is a serious shortage of dietitians. Neither salary scales nor conditions of

work are attractive enough to draw sufficient new entrants to the profession and retain them in the changed conditions of today. It may be necessary to look again at training objectives, to devise new types of courses and to seek to create more advisory posts so that thoroughly experienced dietitians may be used more effectively. It seems certain that salary scales should be revised, with improvements in starting salaries and higher maxima for those who remain in the profession. All these factors have to be seen in relation to the changing pattern of life today and are examined more closely in Chapter 7 where consideration is given to the present shortage of dietitians.

There will need to be more than the satisfying contemplation of past achievements if the profession is to hold on to its gains. The need for a strong, farseeing Association, flexible in its policy, but true to its aims will be as great in the ' future as it has been in the past.

CHAPTER 3

Growth of the Association

T established by the first Constitution of 1936: Foundation, Ordinary, Associate and Honorary. To these were added, in the amended version of 1939, a fifth class of Affiliate members. On incorporation the five classes were retained though the term "Associate" was dropped in favour of "Student". Only those in the first two classes count as full members of the Association and within this division provision was later made for overseas and non-practising membership.'

Foundation members were originally designated in 1936 as those dietitians who, at or prior to the formation of the Association, were already holding a post

as dietitian in a hospital or clinic or who held a University degree in Science and had taken a six months' training in a dietetic department. Others were also admitted whose qualifications were, in the unanimous approval of the Executive Committee, of comparable standing.

Ordinary membership was initially open to science graduates who had taken a practical course in dietetics recognised by the Association in the dietetic department of a hospital or clinic, or persons who held a diploma in dietetics recognised by the Association, but was later restricted to those holding the diploma. It is now defined as being open to "any person who holds a recognised qualification in such branch

or branches of dietetics as may be prescribed".² Associate membership was devised for student dietitians in the Association and is now described as being open to "Any person who at the date of application is taking a recognised course in dietetics". Associate membership continues until the student has qualified, or for a maximum of two years. Honorary membership was to be confined, by invitation, to those whose work contributed to the knowledge of nutrition or who had advanced the profession of dietetics. The roll of Honorary members is given at the close of this volume.

Affiliate membership was originally proposed, in May 1937, as suitable to persons who held "scientific qualifications in nutrition" and occupied "a prominent position in work related to dietetics or the advancing of nutritional work by research". The greatest use of this class of membership was, however, to admit, from January 1939, those who had obtained a Certificate in Dietetics of the Glasgow and West of Scotland College of Domestic Science and who had received six months' training in a diet department. The certificate was granted on a lower pass mark than the diploma issued by the College, holders of which could qualify for full membership. Neither the College nor the Association felt happy about this lower qualification and in 1950 the Association decided that Affiliate members who had held responsible posts subsequent to completion of training might be eligible for full membership if they were willing to retake examinations in those subjects in which they had failed to reach the diploma standard. Many Affiliate members reached full membership by fulfilling this requirement and in 1956 the privilege was withdrawn. The number of Affiliate members today is 15.

Full members six months after the date of the inaugural meeting of the Association in 1936 numbered 77 and there were at the time two Associate members, presumably students in training. Three years later the voting membership had more than doubled and there were 20 Associate members.

Progress was slow through the early war years but a leap of 50 during the year 1943⁴ showed that some difficulties had been surmounted and at the end of the war, in 1945, there were 290 Ordinary and Foundation members and 30 Associate members.

Membership mounted strongly in the next five years, by forties and fifties each year, and had passed the 500 mark by 1950. A slower rate of increase in the next five years was followed by a spurt in 1954 and 1955. In 1958 the 700 mark was passed and in January 1961 the total membership was as follows:

| <i>Total of Foundation and</i> | |
|--------------------------------|-----|
| <i>Ordinary members...</i> | 780 |
| <i>Associate members</i> | 43 |
| <i>Affiliate members</i> | 15 |
| <i>Honorary members</i> | 40 |
| <i>Total of all classes</i> | 878 |

The figure of 780 includes 29 in the Republic of Ireland and 148 members in other countries overseas, the remaining 603 being members working or living in the United Kingdom. The spread of overseas membership extends through 32 countries in six continents. Some of these members are nationals of their own country who have trained here, such as Malayan and Trinidadian members; others are English members now working abroad. It was not known how many of the overseas members were in practice at the time of the collection of this information.

Of the total home membership, the number known to be working as dietitians in hospitals is 291, 213 of them in England and Wales and 58 in Scotland, in the National Health Service», 16 in Northern Ireland; and 4 who are working in hospitals outside the National Health Service in England and Wales. A further 115 members are known to be working in occupations outside the hospitals. The non-practising membership in the United Kingdom amounts to 197, almost one-third of the total home membership, of whom 180 have retired, some perhaps with only

temporary intent, on marriage. This is a loss of activity which the Association has increasingly to face in the light of present marriage trends. The implications of the membership figures and the present shortage of dietitians are more fully discussed in Chapter 7 but members of the Association can hardly fail to be aware of the dangers of the present situation.'

The National Office

The building up of professional ties within the membership is very dependent upon the existence of an effective administration and office organisation. The modest request of the first Honorary Treasurer for an account book and the Honorary Secretary's plea for a typewriter and a typist for a few hours a week were early signs that the organisation would soon be out-growing the capacity of its voluntary officers to carry out the minutiae of administration as well as the burden of planning and policy making.

It was not, however, until May 1945 that the very welcome grant of £500 from the Trustees of the Nuffield Foundation made possible the establishment of an office and helped to provide the services of a part-time secretary.

The first office was at 342 Abbey House, Westminster, which was open, for several hours daily from June 24th, 1945, and the first Secretary, appointed in July, was Mrs. M. H. Thomas. Before the lease, at thirteen guineas a quarter, was discontinued in June 1947, Mrs. Thomas had already been succeeded first by Miss M. E. Ensor and later by Mrs. K. M. Doyle.

With the membership moving up to the 400 mark in June 1947, the Association took a room at 251 Brompton Road, as sub-tenants of the Women's Employment Federation, with Miss K. Fitzpatrick as full-time secretary. The office was now open for ~~the~~ the needs of members from nine till five, five days a week. Miss Fitzpatrick was full-time secretary for over five years and when Miss B. J. Jamieson was appointed

Organising Secretary in November 1952, Miss Fitzpatrick became her part-time assistant until her retirement in March 1955. Mrs. G. E. N. Pusey-Thompson then took her place.

The one room became two with negotiations for a new lease in September 1959, and with this and the raising of rents generally following the national boom in property values, the Association's rent became £300 a year-an increase of about £200.

The office organisation has been sparing in its demands on the membership and each new purchase of equipment and furnishing has been the subject of careful decision by the Council. The Minutes over the years testify to the sober demands of office growth-curtains estimated at £2 in 1953, a new filing cabinet in 1956, a name plate for the front door in 1957. Welcome gifts from members have increased the comfort and appearance of the Association's headquarters.

One of the first services to be provided for members was the circulation of vacancies. It is recorded that in October 1937, Mrs. Averill agreed to notify members of appointments and to charge all those registering for notification a small fee, to cover cost of postage and paper, of half-a-crown a year. Since 1947 the Secretary has compiled a list of vacancies for fortnightly circulation and members who wish to receive it pay a still modest service charge of 7s. 6d. a year.

Council and Committees

Some description has already been given of the development of the administrative framework of the Association and reference was made to the establishment of committees to carry out special functions as they were required. In 1942, an Education Committee was formed, consisting of Miss Broatch, Miss Pybus, Miss Washington, and Mrs. Averill, the work of which is considered in Chapter 5. In 1943, Miss Washington became the Secretary of this Committee and in 1946 representatives from the Colleges training dietitians, then five in number, were co-opted to it.

On incorporation the Executive Committee, which had held 88 meetings between February 1936 and October 1947, was replaced by the Council of Management. What is known as the Executive Committee today is a small working committee, which was established in 1952, consisting of the honorary officers and one ordinary member of the Council. ⁵ This Committee is charged with carrying out routine business, not involving decisions on policy or finance, but makes recommendations on these matters, when appropriate, to the Council. It was particularly entrusted with the care of watching the expenses of the Association, until, in January 1958, a Finance Committee was instituted for this purpose.

The establishment of the Executive Committee was part of a change in administration, recommended by a special sub-committee set up by the Annual General Meeting of March 1951, on a proposal from the Northern group that consideration should be given to the extension of representation on the Council. The sub-committee recommended that legal Branches should be formed and that these should be represented on the Council on the basis of one member for each Branch, with power to send a deputy, and that, as new Branches were formed they might apply to the Council for recognition and representation. Other recommendations which were accepted were that new representatives might be elected without reference to their field of work and that, with the increased opportunity for members to gain experience through Branch representation, the junior membership should no longer have a seat on the Council. It was also agreed that the Council might be broadened by including a representative of the medical profession²³ and by inviting hospital administrators and specialists in education to appropriate committees.

Other administrative innovations have been the formation of a Programme Committee, in August 1952, the calling of annual informal meetings of past Chairmen in 1953 and for a number of

years following, with the aim of maintaining continuity of policy in the Association, and, in 1955, the decision to hold one General Meeting each year at which an Honorary member would be invited to speak. In connection with the setting-up of the Rose Simmonds Memorial Fund, which is administered by a Trust, a Prize Committee was introduced in October 1954 and the first selection board was formed a month later. An Award Committee now considers applications for grants and awards from the Fund and an Appeal Committee raises money for the Fund.

The present structure of the administration is shown on page 24.

The Branches

The story is told in Chapter 4 of how the members kept in tenuous contact through the war and immediate postwar years by means of local meetings and social gatherings. In this way informal local groups had come into being in London, the North of England, Scotland, and Dublin, before 1952. For example, on December 12th, 1949, a group of dietitians working in Leeds, Sheffield, Bradford, and Manchester met at the Leeds General Infirmary for the first time and during the next four years held seven meetings in these towns and one in York. A General Meeting of the Association held in Leeds in October 1950 further strengthened this local movement. The London group, following the informal meetings of members at Miss Simmonds' home described in the next chapter, held about a dozen meetings before it was officially recognised by the Council.

Following the recommendation that Branches should be represented on the Council, the Annual General Meeting of March 1952 passed a special resolution proposing an amendment of the Articles of Association to provide for this. It was suggested that about 25 local members should be the qualification for the right to elect a Branch representative and at the end of the first year's working of the amended Constitution there were already three Branches represented: London,

Northern, and Edinburgh and East of Scotland. Glasgow and the West of Scotland followed in March 1955, Ulster in September 1957 and Midland in January 1958.

An article in *Nutrition* in Summer 1958 recorded the bare statistics of Branch activities to that date and gave some account of Branch meetings. The London Branch had met 54 times since recognition and an average of 40 members had attended meetings; the Northern Branch had held a total of 24 meetings, some jointly with the School of Dietetics in Leeds, others with local branches of the Institutional Management Association and the Hospital Caterers' Association and an average of 15 had attended; the small Ulster branch of 21 members had met six times a year since 1952. The Scottish branches recorded memberships of 50 each. Extracts from the more detailed reports of Branch activities in the past two years, included in the Appendix," show the value of these meetings to local members.

The reports of Branch activities illustrate also the value they have in maintaining the Association's contact with married non-practising members. Many such members make great efforts to attend Branch meetings, often coming from a considerable distance. It is always hoped that many of them will find their way back into the service. To have kept in touch with colleagues, jobs, and developments in dietary theory and practice, is one hurdle removed when such a return is contemplated. In this connection it is interesting to note that the Glasgow Branch report states that, of the 50 members, half are married and non-practising and the Northern Branch reports that "the majority of members are married, but maintain an interest in dietetics, attending local meetings".

Branch areas are large and attendance at meetings is always difficult for some members despite the changing round of meeting-places. North of England members, for example, are drawn from a district stretching from the South of Lancashire to the Border country and

THE BRITISH DIETETIC ASSOCIATION (Incorporated)

COUNCIL AND MANAGEMENT

(formed in accordance with the Articles
7 elected members, 3 co-opted members)

| | | | | | | |
|--|---|-------------------------------|---------------------------------|---------------------------------|---|--|
| Executive Committee (Honorary Officers and one ordinary member of Council) | Education Committee (Hon. Officers, 6 representatives of training institutions and 7 other members) | Finance Committee (5 members) | Programme Committee (8 members) | Editorial Committee (5 members) | Rose Simmonds Memorial Fund Award Committee (8 members) | Rose Simmonds Memorial Fund Appeal Committee (6 members) |
|--|---|-------------------------------|---------------------------------|---------------------------------|---|--|

Secretary: Miss B. J. Jamieson, B.Sc.
Assistant Secretary: Mrs. G. E. N. Pusey-Thompson.

An *ad hoc* committee was formed to prepare for International Congress of Dietetics, 1961, with several sub-committees.

reaching across both sides of the Pennines, while the Edinburgh and East of Scotland Branch has members drawn from the Border to Inverness.

There is no doubt that the efforts are rewarding to the Association in a number of ways. Financially, because Branches have made substantial contributions to the Rose Simmonds Memorial Fund and towards the fund for the design and registration of a coat of arms. But, more important has been the gain in fellowship and association and the promotion on a wider front of the aims of the profession. In an editorial on Branch activities in the Summer issue of *Nutrition* 1958, their value was stressed in the following terms

"Greater contact between isolated members and their local Branches and between the Branches and the Council has established an additional channel for the exchange of information and ideas within the Association, and provided a greater opportunity for dietitians to keep in touch with developments in associated professions. In this way it has been possible to decentralise and distribute the increasing amount of work with which the Council and the Association is concerned each year, and this in turn has enabled a large number of dietitians to gain experience in the administration of the Association".

CHAPTER 4

Wartime Experiences and Post-war opportunities

THERE WERE close on 150 members of the Association at work in September 1939 when the hospital service took up its pre-arranged action stations.

The operation has been described in the official history of the Second World War: "On the outbreak of war about 140,000 beds had been emptied of patients, doctors and nurses were posted to different hospitals where they had little to do, equipment was moved away from central hospitals, out-patient departments and clinics closed down ... ". At first, wartime hospital deployment showed a pre-occupation with expected casualties but it was gradually realised that the real problem was, to quote again from the same source, "to meet with much the same pool of hospitals, doctors and nurses, all the normal needs of the sick while at the same time so arranging and distributing t

These resources that a large proportion would on demand be immediately available for hundreds and thousands of war injured civilians and sick and wounded service men".'

While this situation was being resolved it was not in the nature of a civilian organisation to stand pat. Members of staff were called up or moved into other jobs; local personnel could not be transferred and had to be hastily recruited in the face of competition when the patients started to come in. Members of the Association found themselves in the twilight world of the "phoney" war and later in the inconsequential happenings of total engagement. Miss Washington writes: "I was working as Chief Dietitian at University College Hospital in September 1939. All patients were discharged two or three days before war broke out. There was no information available a

the hospital about possible work for dietetic staff and nursing and administrative staff implied there would be no place for dietitians in wartime. Students in training were sent home. I myself and two assistants were evacuated with other hospital staff on September 3rd to Hemel Hempstead and told to report to the Public Assistance Institution. We worked there for three days in the kitchen where normal staff easily coped with the small number of inmates. We became very experienced in cutting up beans by hand and skinning fish!

"After three days I was told to go to Leavesdon Mental Hospital where my services had been requested by Dr. Himsforth from University College Hospital. I went with one Cook to an empty annexe to which patients, mostly chronics from London hospitals, were being transferred. Cook and I ran this kitchen without any help (including washing up and scrubbing floors) until about 200 patients arrived, when extra staff was supplied and I took over special and light diets. I gradually built up to about 40 diets with improvised equipment. Later we were very busy when military patients, including French ones, were admitted from Dunkirk. The French officers would not accept ordinary patients' diet so the doctor put them on special diets in self defence!"

Miss M. H. Chivers describes the immediate impact of the war on the Glasgow Royal Infirmary where she was working. "My most vivid recollections are the apparent impossibility of blacking-out about 48 windows on the sixth floor of a building in the heart of the, then second largest city in Britain, of the evacuation of about 900 patients and the horror of trying to cancel, or otherwise dispose of, food already ordered for these patients and the staff evacuated to care for them". Later at Cambridge she met the problem of a later stage of the war. "There I was immediately required to organise the feeding of an additional 100 patients in the ill-equipped Examination Halls of the University.

At the same time the hospital took over the Leys School (where Mr. Chips had held sway) and my colleagues and I tried to cater for an unknown and always fluctuating number of evacuees from bombed London. What with the difficulties of rationing, the inevitable arguments about whether or not each individual was getting his fair ration, 'Points', 'Bread Units', additional student nurse allowance, priorities, one wonders now how one coped."

Miss C. F. Harris was working as Sister-Dietitian at the Central Middlesex Hospital. She writes: "The Diet Kitchen never closed at any time during the war and after the first few weeks the work increased, possibly due to the closing down of some of the dietetic departments in Central London. As this was a factory area there was little respite from air raids. On one occasion the gas main was hit just outside the hospital and as the kitchens were mainly dependent on gas this caused a minor crisis. We sent the vegetables to the wards to be cooked in the steam sterilisers. Most of the kitchen staff left hurriedly after this incident and I remember visiting the local Employment Exchange with Dr. Avery Jones to plead for replacements. The patients were wonderful. They peeled potatoes and shelled peas and helped out in many different ways."

Keeping contact

It was inevitable in these circumstances that the life of the Association should waver and it was left to a few strong hands to sustain it. An Emergency Executive Committee of four, Miss. Abrahams, Miss Broatch, Miss Simmonds and Miss Washington, was set up by November 1939 and much of the business throughout the war had necessarily to be conducted by correspondence, while from 1940 to 1943 elections were carried out by postal voting. An Annual Meeting was contrived in May 1941, at the London School of Hygiene and Tropical Medicine, when members were asked to organise group meetings to keep in touch with each other and with the Association. A discussion group met in Edinburgh and similar groups were formed in Lancashire and Yorkshire.

Miss Simmonds undertook to call meetings for members in and near London. In June 1941 she held her first tea-party in her beautiful flat at 19 Porchester Square. It was attended, in order and style of signing of the record book, by Marguerite Sykora, Margaret Hunt, Desiree Seale, Betty Campbell, J. P. Lewis, Rose Simmonds, R. Zernik and D. W. Newman and it took the form of a general discussion on the members' own work. Miss Simmonds held her last tea-party on September 16th, 1951, only a month before her death. The record book she kept shows that except for July 1947, a meeting was held on every third Sunday in the ten years of meeting. Guest speakers were invited to most of the meetings and they included physicians, economists, anthropologists and many overseas dietitians visiting London. If numbers indicate popularity the tea-parties exercised their greatest appeal from 1947 to 1950. Unless she was abroad Miss Simmonds herself was always hostess. She had a great influence on the dietitians who were meeting her regularly throughout these years and these gatherings did much to keep the Association alive in all the difficulties of the time.

It is perhaps a measure of her quality as a person that to Association members she is already legendary. Where older dietitians meet, stories of her abound. The few early documents that remain give one a glimpse of a personality whom distinguished physicians approached with due respect and more than a hint of caution. Among younger colleagues she showed the assurance and almost reckless will that the innovator must often assert if her work is to be fruitful. Asked for words to describe her the adjectives came tumbling from them, "lovable", "wayward", "amusing", "unpredictable", "generous", "gay", "kind" - and from a student of her late days, "formidable". A testimony to her professional skill was that she was called to the Palace to advise on the feeding of the late King George the Fifth when he was seriously ill with pneumonia and when, to quote Lord Dawson, "we are almost in despair of getting

sufficient nourishment into the patient". 2 She always treasured a diamond and ruby brooch which he gave her on his recovery. A story told of her in the wartime, one of the many examples of her hardihood, is how every night at 19 Porchester Square she used to fill the bath with cold water ready to extinguish any incendiary bombs which might be loosed. No bombs ever came but the water was not wasted for she plunged straight into it each morning on rising.

Wartime employment

But wartime problems for the Association did not consist only of these created by dispersal of members. The profession suffered from a lack of employment openings in hospitals during the war. As can be gathered from the personal histories related above, many hospitals dispensed with dietitians, as such, and much special diet work ceased. With opportunities in hospitals declining it was natural that members should go into the wider nutrition field where the demand was expanding. Before the war broke out, 22 names had already been enrolled on the Emergency Register for National Service and 15 of the pre-war membership are known to have held responsible posts in Service and allied organisations. But, as the war continued, the need for skilled caterers in civilian undertakings grew apace.

The School Meals Service was expanding rapidly from 1941. Communal feeding was developed in factory canteens by government regulation, and municipal restaurants were set up to assist recruiting of labour and provide for the most nutritionally economical distribution of food. Domestic science trained women were in great demand for organising and maintaining these services and this trend led later to the Association's drive for dietitians in large-scale catering, in hospitals and other establishments.

In the meantime the hospitals lost dietitians and the profession found it difficult to maintain the machinery of replacement. Some dietetic training

courses were closed at the beginning of the war with the evacuation of hospitals from the main centres of population. Students were permitted to finish their training under dietitians working in unrecognised hospitals. But though efforts were made by the Association to reorganise training courses with students' training spread over a group of affiliated hospitals, it became increasingly difficult to secure recruits. It must be remembered that mobilisation of women in the United Kingdom was the most complete of any country, allied or enemy. Girls were conscripted into industry and the Armed Forces. Older women and married women without children were directed to essential work. Deferments for students in general were rigorously defined. Restrictions imposed in regard to age and qualifications of students permitted to take dietetic courses prevented any trained teachers of domestic science from obtaining dietetic training and state-registered nurses might do so only with the permission of the Ministry of Health. University students might complete their degrees only if they were not more than twenty years of age in their penultimate year and might subsequently take an approved course of one year's duration only.

This was all the more frustrating in that the need and recognition of the need for dietitian-caterers was, as we have seen, within the enlarged field of communal feeding and in view of straitened food supplies, greater than ever before. Victorian England became alive to the necessity of organised nursing and sanitary services during the Crimean War because technical developments in newspaper production made possible the swift and wide publication of news about the horrors of military hospitals and the achievements of a nascent nursing service. In the Second World War, vital education in nutritional requirements was borne to a garrisoned nation, trying to live on its rations, in the comfortable sonorities of the Radio Doctor and the lugubrious broadcast recipes of Grandma Buggins. Every

agency of information and education was used to bring home to people the nutrition policy devised at the Ministry of Food, by its Scientific Adviser, Sir Jack Drummond and directed by Lord Woolton, the Minister. The Food Advice Service of the Ministry of Food, in which dietitians played a significant part, had a leading role on the nutrition education front and the people as a whole were nutrition conscious as they had never been before.

Hospital catering in wartime

In hospitals the requirement to surrender cherished ration books in exchange for the long-notoriously inadequate diet brought much public complaint which was widely discussed in the Association and out of it. As early as 1942 the Executive Committee of the day had undertaken a survey of the dietaries of some of the larger London and provincial hospitals to see how far these fulfilled the functions of increasing the patients' resistance to disease and aiding recovery from debilitating illnesses. They found that menus were frequently monotonous and badly planned with unsuitable combinations of food. Protective foods were often lacking to an extent that was prejudicial to the health of patients and staff and in some cases unnecessarily extravagant feeding of staff could only be achieved, in wartime at any rate, at the expense of patients, while in many hospitals the supply of a large proportion of vital protective foods to patients depended on the gifts of individual visitors.

Surveying the administrative arrangements they found two main systems in operation. The first was that in which the buying of food and catering arrangements were in the hands of a Housekeeping Sister, trained as a nurse, but having added a six months course on housekeeping under a similarly trained Housekeeping Sister. While she would have excellent knowledge of the requirements of sick people and ward arrangements, such a caterer would have no thorough grounding in cookery and no education in food values and bulk buy-

ing. The second arrangement in general use was that where catering was in the charge of a Steward, responsible for buying, at which he would be experienced, but he would have little knowledge of food values, ward routine or the requirements of sick people.

In addition to either of these arrangements some of the hospitals had appointed qualified dietitians to provide special diets. In such cases, the arrangements in force frequently presented a duplication of kitchen space, supplies, equipment and effort in regard to services common to general and special diets, making the cost of special diets unnecessarily high.

Reporting on these findings the Executive Committee suggested that catering arrangements in hospitals should be under a Food Supervisor, with a recognised status in the hospital and responsibility to the House Committee. It was also recommended that the Food Supervisor should be a qualified dietitian who should control the buying and storage of food, have care of the kitchen, dairy, dining-room and pantry, and that she should have the assistance of a trained assistant dietitian for preparing special diets and acting as her deputy. These recommendations were, in general, the conclusions arrived at later in the two Memoranda of King Edward's Hospital Fund for London, in 1943 and 1945, and the articles in the *Lancet* in 1945 referred to in Chapter 2. The exploration and discussion of this problem led to the formation of the policy described in that Chapter urging the creation of dietitian-caterers and to the devising of appropriate training schemes as related in the next Chapter.

Gifts from overseas

The members of the Association were heartened in the worrying days of wartime dispersal and frustration by the practical gestures made, from time to time, by Associations overseas. On November 26th, 1941, Mr. Harold Scharntz, First Secretary to the American Embassy, presented a mobile canteen to the

Association on behalf of the American Dietetic Association and this was, very practically, attached to the London fleet of mobile canteens which the London County Council organised on behalf of the Ministry of Food. Later it saw service on the Continent with U.N.R.R.A. Canadian dietitians also came forward with offers of help. In May 1942 a supply of 50 mg. ascorbic acid tablets were sent to war-damaged Hull, purchased from a \$500 gift from the Canadian Association, together with other vitamin concentrates contributed from the Toronto Association. In the still-rationed post-war period, numbers of Association members had cause to thank dietitians in Canada and Victoria, Australia, for welcome gifts of food parcels.

Relief and survey work abroad

The end of hostilities brought new demands for the services of members. In October 1943 the Association had applied for membership of the Council of British Societies for Relief Abroad, and in January 1944, Miss Abrahams, Miss Hollingsworth and Miss Ritchie were invited to join the standing conference of the societies associated with this Council.

Miss Abrahams joined in the training schemes which now came into being and for two summers was busy in a camp for Jewish Relief workers held in Tring Park, before she went, in 1946, as Chief Nutritionist to the French zone of Germany, under the United Nations Relief and Rehabilitation Administration. Later she became Port Nutritionist in Bremen where she superintended feeding arrangements on ships, trains and aircraft, taking part in the transport of displaced persons for resettlement overseas. Both she and Miss E. A. Nicholls, Chief "Nutritionist for the United States Zone, have emphasised the value of school meals in securing the proper use of children's special rations in displaced-person camps and preparing the children of many different nationalities for meeting strange foods when settling in new homes abroad. In an account of the work of dietitians with

the International Refugee Organisation which in July 1947 took over and extended the responsibilities hitherto undertaken by U.N.R.R.A., Miss Nicholls related how essential they were as part of the relief and rehabilitation team." "The rations were subdivided into seven categories-all of them rather low. It was soon realised that what with the sick, the elderly, the children, the pregnant women and the new born, there were nutritional problems which could not be handled by caterers alone. A knowledge of the principles of nutrition was essential if we were to avert malnutrition ... It is our business to see that the people get the food on the scale and get the best possible value from it ... In the early days it was far from easy; the normal consumer drew only 2,000 Cal., chiefly derived from coarse cereal pastes, black bread and potatoes. Fat was low and vegetables were chiefly dried peas. Menu writing under these conditions required a good deal of ingenuity and everyone suffered the psychological effect of the food as well as the physical".

While working as Nutritionist to the Health Division of the European Headquarters of U.N.R.R.A., Miss Ritchie surveyed the nutritional value of the diet in Poland, spending three months in post-war Warsaw. She also visited refugee camps in other European countries, and subsequently became one of the first members of Nutrition Division of the Food and Agriculture Organisation of the United Nations.

Other nutritional surveys in Holland and Germany were the work of an Oxford team which included Miss C. M. Wood (now Mrs. Rawsthorne). Of these Miss J. Stevenson, who joined the team later, has written: "In Spring 1945, Dr. H. M. Sinclair, Director of the Oxford Nutrition Survey, acquired two vans which were to be equipped as mobile laboratories. After much burning of midnight oil by the staff, they were finally made ready and left Parks Road about three o'clock one April morning and after some delay were shipped to Holland. Meanwhile a team of five

flew to Holland-Dr. Sinclair, a medical student, biochemist, statistician and dietitian (C. M. Wood). They recruited Dutch staff and carried out rapid nutritional surveys in several towns. During the summer this team returned to Oxford and plans were made for an enlarged team to go to the Ruhr. This they did in September and carried out nutritional surveys in the Ruhr towns and in Berlin. About a week was spent in each town and large numbers of people were brought into the 'clinic' and basic information, including ration category, obtained from them. A random sample was investigated more thoroughly and questioned by the dietitian. Later in the year more detailed surveys were started from more permanent centres". Miss A. M. Lowdon (now Mrs. Mead) was also a member of this team.

In October 1945 the *Manchester Guardian* contained the following account under the heading "Gallant Medical Survey":

"Reports have reached London from Greece of some of the most unusual statistical records collected in liberated Europe. The collector is Miss Rosamund Wansbrough, dietitian to St. Thomas's Hospital. She went to Greece to work with U.N.R.R.A. and advise on diet some time ago. Finding that there were many mountain villages where health conditions were quite uncharted for lack of being able to get there she volunteered to make the surveys alone by mule. She travels light-typhus vaccine, paper and pencils her most important baggage-and disappears into the mountains for about a month at a time. On returning to headquarter, she is able to produce detailed reports of all living conditions, of damage sustained during hostilities, of the number of inhabitants in each area, their state of health, housing and nutrition and even the height, weight and age of every child. U.N.R.R.A. has never before received such complete and valuable particulars of districts normally written off as inaccessible."

Dr. E. M. Widdowson, now Assistant

Director of the Department of Experimental Medicine, Cambridge, took part in a number of studies in under nutrition in Wuppertal, Germany, from 1946 to 1949, made by a team consisting of members of the Department of Experimental Medicine and associated workers and was one of the authors of the report "Studies in Under-Nutrition, Wuppertal 1946-9" published in the Medical Research Council Special Report Series. Since that time she has continued her active and distinguished career in research and has published numerous scientific papers on food composition, dietary surveys, mineral metabolism, and recently, "The Composition of Foods", also issued in the Medical Research Council Special Report Series, on the nutritive value of foods.

Miss Simmonds, who had been decorated with the Royal Red Cross for services in France during the 1914-18 war, worked with the Red Cross organisation throughout the Second World War and acted as adviser on the composition of prisoner of war parcels. After the war, as a member of a British Red Cross Commission, she spent three months in the Spring of 1946 and a month in the Winter of 1947 investigating and reporting on the condition of children in Berlin and the Ruhr.

Nutrition services at home

At home, with the end of hostilities, there were still problems to be faced in maintaining the wartime standard in the days of peace, for supplies had to be carefully husbanded. Food was in short supply—bread rationing, it will be remembered, came after the war with a world shortage of cereals—and paying our way proved difficult with credit and currency problems now uppermost. The situation was described by Miss Hollingsworth (now Head of Nutrition Branch of the Food Science and Atomic Energy Division of the Ministry of Agriculture, Fisheries and Food) in the final chapter which she contributed to the revised edition of *The Englishman's Food*: "After the end of the Second

World War the national diet suffered through the abrupt ending of LendLease and the consequent need to switch purchases of food from dollar to non-dollar sources. The energy value of total food supplies fell slightly below 2,900 Cal. per head per day, mainly on account of relatively low fat supplies".

In these circumstances the nutrition policy of the wartime government was extended into the years that followed. The school meals service continued to expand, being recognised as part of the education service and later also as part of the family allowance provision, and a number of dietitians have remained in this field of work. Twelve members are known to be directly engaged and a further ten are attached to the Ministry of Education and the Scottish Department of Education, charged with departmental and inspection duties in regard to this service and others in which dietetic knowledge is needed.

In the following passage Miss E. M. Langley, now a Staff Inspector of Schools at the Ministry of Education, describes the development of her career as a dietitian concerned with school meals and the importance of the service:

"Following a training at St. Bartholomew's I was given the opportunity of teaching part-time, organising a school meals service and carrying out duties in connection with a children's hospital. Three years of this varied work helped me to decide that I was still essentially interested in nutrition and was prepared to give up teaching when offered by the London County Council the newly-created post of Organiser of School Meals.

"After three interesting years spent in planning and equipping canteens, improving diets in day schools, and reorganising the catering arrangements in the day and residential schools for handicapped pupils and homes for underprivileged children, I joined the Board of Education as the first inspector of the Schools Meals Service. At the time it was made clear that should I not be fully occupied on the dietetic side, I

must be willing to switch to other subjects. **In** 1943 I became one of His Majesty's Inspectors of Schools, and in 1945 it was decided that the service warranted the appointment of a Staff Inspector. The changes in designation are mentioned because the first in particular is of significance to the service as it makes it clear that the Board (now the Ministry of Education) as far back as 1943 recognised the School Meals Service as a component of the educational system and not just a catering service.

"The School Meals Service has developed in many ways during the last two decades. There are now over three million children having meals in schools, whereas in 1939 the figure was about 150,000. The nutritional character of the meal has changed. The soup kitchen type served to the undernourished or free cases, and the snack meal made available for the long-distance children attending senior schools, have been replaced by a dinner adequate in quantity and quality to serve as the main meal of the day and which includes 20 grams of animal protein. Perhaps the greatest achievement of all is that the meal is regarded as an integral part of school life.

"The duties of my colleagues and myself have been further expanded so that we now concern ourselves with the catering in all establishments inspected by the Ministry, including Nursery Schools, Schools for Handicapped Pupils, Training Colleges, Colleges of Further Education and Independent Schools."

Communal feeding continued in factory canteens and British Restaurants. Writing of the role of the dietitian in community feeding, Miss Abrahams said, "a trained woman would have great scope in giving her customers the best food value for their money as well as the best cooked meals. She could use her discretion in portioning unrationed foods or selling different-sized dinners and so avoid underfeeding those with large needs or overfeeding those with smaller ones, who usually waste the

extra food. She could watch the needs and supply foods rich in mineral elements and vitamins, buying and serving them to the best purpose", Some dietitians enjoyed this exercise of their skill and took College posts or became caterers in industrial canteens where some of them are still working.

Government departments which had residential establishments and canteens coming under their care or inspection appointed dietitians to advise on kitchens, equipment and the provision of a satisfactory meals service. Posts for dietitians still exist in the Ministry of Labour, the Treasury, War Office, and in the Women's Royal Naval Service and the Women's Royal Air Force.

In the War Office the dietitian is employed on the staff of the Director of Army Health to advise on the nutritional status of all troops in such matters as the adjustment of fixed ration scales to secure variety and provide alternatives when difficulties of supply arise. She needs to have some knowledge of tropical foods and diets to enable her to advise upon ration scales for native troops locally enlisted in overseas commands. She must also be prepared to suggest components for pack rations to be used in active service where the stresses of climate, fatigue, or water shortage, may have a bearing upon a soldier's tastes and requirements. Dietary scales for use in military hospitals are a special concern of the dietitian who works at all times in close liaison with officers of the Royal Army Medical Corps, the Royal Army Service Corps and the Army Catering Corps.

There are dietitians working as advisers in relation to the present National Health Service. **In** 1944 the Ministry of Health appointed two dietitians to visit and advise on the diet and feeding arrangements in hospitals. **In** the same year, King Edward's Hospital Fund for London appointed a dietitian to provide a similar service for voluntary hospitals within the London area. Subsequently the Ministry of Health doubled its staff of advisory dietitians and some account is given in

the following chapter of their part in the re-equipping of hospitals to satisfy modern dietary demands. At the present time there are five advisory dietitians in the Ministry of Health and there is a dietitian on the staff of the King Edward's Hospital Fund.

During the greater part of the existence of the second Ministry of Food, set up on the outbreak of war, qualified dietitians were employed in that department. They were engaged on six main types of work—education in nutrition, the collection and collation of statistics on food consumption and on the nutritional value of food supplies, advisory work in connection with the nutritional aspects of food standards and labelling, matters concerned with national food and rationing policy, and the assessment of quality of foods. During the war, all the dietitians were employed on a temporary basis, but afterwards many of them were established either through the postwar reconstruction competition or in the normal open competitions of the Civil Service Commissioners. A few, who held honours degrees in scientific subjects as well as dietetic qualifications, were established in the Scientific Officer class and the rest, who were also graduates but with pass degrees, in the Experimental Officer class.

At the time of the merging, in 1955, of the Ministries of Agriculture and Fisheries and of Food to form the present Ministry of Agriculture, Fisheries and Food, a number of the scientific staff of the Scientific Adviser's Division of the former Ministry of Food were qualified dietitians. They were engaged on two main kinds of work: that concerned with the assessment of the nutritional value of food supplies, including the nutritional interpretation of the National Food Survey and the collection of information on the composition of foods, and experimental ³³cookery, designed mainly as part of experiments to assess the quality of foods and as part of the programme to develop dehydrated foods. After the merger this work continued and, in

1961, six established members of the staff of the Food Science and Atomic Energy Division of the Ministry of Agriculture, Fisheries and Food held dietetic qualifications. Three of them, including the Head of Nutrition Branch, belonged to the Scientific Officer class and three to the Experimental Officer class. While it cannot be claimed that a Diploma in Dietetics is of itself a necessary qualification for establishment in posts such as these, knowledge of human nutrition is essential and to have studied for such a diploma was, in the days when these people qualified, one of the very few ways in the United Kingdom of acquiring instruction in human nutrition and experience in its application.

The work of a nutritionist attached to a Public Health Department was described by Miss M. Chapman in an article in *Nutrition*, in Summer 1959. Attendance at maternity and child welfare centres, school clinics, and at general practitioners' health centres, provides an opportunity for advisory work in special cases and for teaching of normal nutrition principles to groups of women. Lectures are given to women's guilds and parent-teacher associations. Surveys and assessment of catering in residential establishments for old people and children are also part of the work.

It is interesting that Miss Chapman should now say of her attendance at school clinics: "Most of the cases referred have been on account of obesity. Since the restoration of a free choice of foods, following wartime restrictions, this has quickly developed into one of the principal nutritional disorders with which this country has to contend".

A wideningfield

Over a hundred members of the Association, all told, are now employed in this country outside the hospital service. Research work has naturally claimed a number of those who wish to follow the purely scientific aspect of dietetics, and teachers and lecturers form a large group. Dietitians are also to be found in

industry as public relations officers. One food advisory bureau employs a number of dietitians who give talks, lectures, and demonstrations throughout the country of a directly educational character.

Members of the Association have demonstrated how great was the value to the community of a trained body of dietitians in days when its nutritional standards needed to be watched and safeguarded. Then and subsequently, dietitians have secured a recognition for their work which the pioneers working in hospitals thirty years ago could hardly

have anticipated. The profession continues to offer a variety of opportunities for the individual tastes and talents of its members; as practitioners in the art of presenting nutritious food in tempting and attractive ways; as interpreters, for example, as between food technologist and consumer; as advisers on the forming of food policies within a special or national economy; and above all, as teachers, whether formally or informally, by precept or example, guiding the population into a more beneficial enjoyment of its daily food."

CHAPTER 5

The Development of Training

DESPITE THE difficulties, efforts were made by the Association, throughout the war years, to standardise training, maintain inspection of training departments, and to expand training facilities.

As has been told, the demand for an Association in the first place was particularly related to the need for establishing national standards in training and qualifications and it was towards the establishment of a diploma course that the abortive efforts of pioneer dietitians were directed under the regis of Lord Dawson of Penn in the years 1933 to 1935.

Early developments

By 1936, the date of the founding of the Association, there were already in existence four recognised modes of entry to the profession, stemming from differing origins and reflecting the different basic qualifications from which a dietitian's training could start.

Associated with the pre-1936 efforts to create a diploma course, but not apparently arising directly out of them,

there had been established a diploma course in dietetics, at King's College of Household and Social Science, open to graduates of the College and others with a suitable basic training.¹ This was, in the first place, a diploma issued by the College itself, the first diplomas being granted in 1934, but in 1937, the University of London instituted an academic post-graduate Diploma in Dietetics for which a course of instruction was held at the College. The College diploma course ran concurrently with this and a College Diploma was (and is still) awarded. This training was open to students who held a teacher's certificate in domestic science and had sufficient knowledge of chemistry and physiology to benefit from the course as well as to state-registered nurses. The University diploma course was a specialised training in dietetics following on a degree course in Household Science which emphasised the study of appropriate science subjects.¹

Earlier than this, however, a course of training for dietitians had been established in Scotland, and, in this case, the

groundwork was a training in cookery. Miss D. H. Melvin, Principal of the Glasgow and West of Scotland College of Domestic Science, believed that a scientific training in chemistry, physiology and allied studies, added to the training already provided in the College in the practical craft of cookery would provide the sort of course most suitable for women who wanted to work in dietetics.² The course was opened in 1927 to students with a Leaving Certificate in Higher Science who already held the Cordon Bleu Certificate issued by the College. The Cordon Bleu course was a year's training in cookery including three months' training in large-scale catering. The dietetics course was later adapted to suit science graduates, the first of whom enrolled in 1931. Domestic science teachers were admitted shortly afterwards because, it is related, "several came begging for admission". In 1934 it was arranged that only students who came from the academic stream should qualify for the Diploma in Dietetics issued by the College, a lower pass mark in the final examination entitling the less academically qualified to obtain a Certificate, as it was felt at the time that the course had become too severe for the Cordon Bleu students. This opinion was revised later, when at the instance of the Association, the Certificate was discontinued, in 1942, and many holders of the lower qualification re-sat the examinations in physiology and biochemistry and successfully reached diploma standard. It was the need to accommodate Certificated students in the Association that led to them being admitted as Affiliate Members until they qualified for full membership by securing the Diploma.

Though the diploma courses in London and Glasgow were conducted as part of the higher education provision of the country, the requirement of a six months' practical training in a hospital diet department was an integral part of the courses. Independently, however, hospitals which were developing diet departments had set up their own training schemes primarily for nurses wishing

to specialise in dietetics. These departments, which later, for the most part, became training departments for the six months' practical work, were started in the first place by sister-dietitians who had studied dietetics and visited diet departments in the United States. It has been related in Chapter 1 how Miss Pybus had already started out-patient work in dietetics at the Edinburgh Royal Infirmary when she was awarded a Rockefeller Travelling Fellowship in 1925. On her return she was able to expand her work with out-patients and when a metabolic ward was established with further grants from the Rockefeller Foundation, in 1928, she became responsible for it and with Miss Buchan, the Sister-in-charge, trained nursing staff to help. There was, as yet, no formal training course, but a six months' practical training was evolved, which depended to a great extent on the keenness and intelligence of the individual trainee for its effectiveness, as no lectures were given or formal studies prescribed. In 1934, the School of Dietetics was opened by Miss Pybus at the Royal Infirmary, which provided one year's theoretical instruction, followed by six months' practical training, and was open to non-nursing entrants with suitable initial qualifications. The School benefited very much from the help given by the specialist staff of Edinburgh University who provided a great part of the lectures and demonstrations." In London, meanwhile, dietetic departments were opened in 1925, under Miss Simmonds at the London Hospital, and in 1928, at St. Thomas's under Miss Tancred. At both these, nurses were given practical training in dietetics, and in 1934 non-nursing student dietitians were accepted for training at St. Thomas's.

Some account has already been given, in Chapter 1, of how other London hospitals began to recruit graduate student dietitians as direct entrants to the profession from the universities, the first to do so being University College Hospital and St. Bartholomew's in 1929. This was the fourth method of training

already established by 1936. Graduates in Household and Social Science, Domestic Science and Physiology and Chemistry were accepted for six months' practical training. Graduates other than those in Household and Domestic Science were required to take, in addition, an approved three months' course in cookery.

Students went out from these training departments on conclusion of their training to found new dietetic departments and, at one of these, the David Lewis Northern Hospital, Liverpool, a training scheme was set up in 1935. Similar training courses, which were started at the Royal Northern Hospital, Holloway, and the Middlesex Hospital, were in time to be among the first to be inspected and approved when the Association was formed. The course which had been started at the Western Infirmary, Glasgow, was also among the first to be officially approved.

Inspections started soon after the third meeting of the newly-formed Executive Committee of the Association in 1936, when the Diploma sub-committee, referred to in Chapter I, consisting of Dr. H. Chick, Miss Broatch and Miss Marshall, was set up to investigate and advise on training.

It was inevitable that the protagonists of the two main fields of recruitment—the nursing profession and the universities, should now come to grips with the problem of preliminary qualifications which so divided the newly-formed Association and had delayed its birth. Many efforts of adjustment and reconciliation had to be made, for the difference in approach affected judgment on many issues within the training courses themselves, and yet if standards were to be set and courses approved, the assessors had to be capable of compromise.

One early decision was that to discontinue the acceptance of graduate students to membership on the basis of six months' hospital training only. With the establishment of diploma courses at Glasgow, Edinburgh and London, it was felt that an adequate theoretical training

from which all types of entrants could benefit, was available to precede the practical hospital work. These were later supplemented in 1942 by a course for nurses only at the Royal College of Nursing which was, however, discontinued in 1947. Though this course was short-lived, it brought into the Association a noteworthy group of dietitians from the nursing profession. 4

Wartime and after

At the outbreak of war the situation was uncertain because of evacuation and the dispersal of hospital training departments and as the war continued senior dietitians were drawn off into other work and training facilities were again further depleted. But there were ample opportunities for employment for all who could secure training. Despite wartime difficulties, the courses were maintained at Edinburgh and Glasgow, and King's College, evacuated to Leicester, also managed to continue some training. The Executive Committee of the Association kept in touch with the hospital training departments, appointing a panel of inspectors to visit and report on them periodically. In 1942, the Diploma sub-committee developed into an Education Committee, consisting at that time of Miss Broatch, Miss Pybus and Mrs. Averill, with Miss Washington as Secretary, to which, in 1946, all Colleges then training students were invited to nominate members.

This Committee made vigorous efforts to develop new training facilities and if, in the uncertain days of the war and its aftermath many of these were to come to naught, they cannot be entirely written off. Negotiations with the University of London for the establishment of a degree course in dietetics at King's College occupied the Committee from 1942-1945 when the University finally rejected the proposal. However, at the same time, the decision was taken to re-organise the existing course at King's and institute a new degree course in Nutrition—a step which was gratifying to the Association as a recognition of the place the subject of nutrition now

held, but disappointing in that there was no formal consultation with the Association on the part that dietetic training should play. Courses proposed at Leeds and at the Chelsea Polytechnic had to be abandoned in 1948 through difficulties arising in the course of negotiation, but in time the obstacles were overcome at Leeds.

The Leeds course, devised by Miss J.I. Mills as a three-fold effort of Leeds General Infirmary, the Yorkshire Training College of Housecraft and the University of Leeds, foundered, in the first place, on the entrance standards in chemistry demanded by the University. With the substitution of a course in chemistry to be taken at the College of Technology, new proposals were accepted in 1951. An advisory committee, on which the Hospital, the University, the Technical College and the College of Housecraft were represented, was set up, on which also sat the Hospital Catering Officer and Miss M. A. Boyle who had now become Dietitian. The courses now in existence at Leeds consist of a year and a half's diploma course at the United Hospitals and a four-year integrated course at the Technical College.

Various attempts to start courses at London Polytechnics met with difficulties of accommodation and staff before the course now established at the Northern Polytechnics and the Battersea Polytechnic (now College of Technology) were inaugurated.

Advisory work in relation to existing training courses has persisted throughout the life of the Association. In 1949, following discussions which took place at the invitation of the City of Dublin, an integrated course, started at St. Mary's College of Catering and Domestic Science in 1944, was reorganised to bring the course into line with Association standards.⁶

Links with the Nutrition Society

In the meantime wartime and postwar experience in food rationing and communal catering had emphasised the need for dietitian-caterers. The Association

started at this time its fruitful association with several bodies with whom it is closely allied in interest, particularly in the matter of applying on a wider scale the knowledge gained from a study of nutrition.

In the first place, in the scientific study of nutrition and of nutritional problems on a national and international scale, members of the Association became closely associated with the work of The Nutrition Society. It is appropriate here to describe something of the work of The Nutrition Society which is particularly relevant to this time in the Association's history when the arrangements for training of dietitians were undergoing a close examination by those interested in extending the work of dietitians in the community.

The Nutrition Society, the object of which is to advance the scientific study of nutrition and its application to the maintenance of human and animal health, was founded in 1941. It is a learned society, membership of which is open to any suitably qualified person whose work has contributed, or is calculated to contribute to, scientific knowledge of nutrition or to its application. From the outset qualified dietitians were considered to be suitable for election to the Society and were among its first members. Throughout it has been the Society's policy to hold meetings of interest to dietitians at fairly frequent and regular intervals. Since 1947, at least one member of the Council of the Society has held dietetic qualifications.⁷

The Nutrition Society has paid considerable attention to the training and functions of dietitians. In 1944 the English Group of the Society held two small conferences, chaired by the late Lord Horder, on education in nutrition, which were attended by invited representatives of interested government departments and other organisations and individuals. On the second occasion the following small committee was appointed to consider proposals for a long-term policy in the training of dietitians and institutional managers

and to make proposals for meeting immediately the urgent demand by existing workers for refresher courses in the theory and practice of nutrition:

Miss M. C. Broatch (Convenor)

Miss M. W. Grant: King's College of Household and Social Science

Miss D. F. Hollingsworth: British Dietetic Association

Miss A. Lumby: Institutional Management Association

Miss H. Masters: Association of Teachers of Domestic Subjects

This group was later expanded and became the Planning Committee for Training Dietitians and Managers. Miss Broatch became the Chairman of the Committee and the following members were added:

Professor S. J. Cowell

Mr. F. Le Gros Clark Sir

Jack Drummond

Professor H. P. Himsforth who later retired through pressure of other work

Miss D. Johnstone

Dr. H. E. Magee

Professor J. R. Marrack

Professor V. H. Mottram, who later retired, and

Miss E. R. Smythe

The first task the Committee performed was to enter into negotiations with the Royal Sanitary Institute and to make arrangements for the courses for catering workers which are still run in technical colleges by the Institute (now the Royal Society of Health) on "Nutrition in relation to Cooking and Catering". This aspect was the subject of a special report to the Nutrition Society.

The second task was to review the training, qualifications, status, and functions of dietitians. The Committee prepared a Memorandum on the training and qualifications of dietitians which was signed by M. Andross, M. C. Broatch, S. J. Cowell, J. C. Drummond, D. F. Hollingsworth, D. Johnstone, F. Le Gros Clark, A. Lumby, H. E. Magee, J. R. Marrack, H. Masters and E. R. Smythe. It was published in the *British Medical Journal* as a Memorandum from The Nutrition Society.

It recommended that the term "dietitian" should be confined to medical

auxiliaries holding a diploma or degree in dietetics approved by the British Dietetic Association and that the status and functions of dietitians should be clearly defined and extended beyond the conventional use of the time. Extensive quotations from the Memorandum are given in Chapter 6.

This early concern of The Nutrition Society to further the training and help in the improvement of the status of dietitians was maintained by three symposia on various aspects of the subject. These were the 30th meeting on "The training, qualifications and functions of dietitians" held in London on November 17th, 1945; the 34th meeting on "Hospital dietetics" held in Edinburgh on May 25th, 1946; and the 76th meeting on "Techniques of hospital diet departments" held in Glasgow on September 27th, 1952. A very early meeting, the 5th, held in London on May 30th, 1942 on "Problems of collective feeding in wartime" included a paper on the role of the dietitian, and the 58th meeting was on "Therapeutic dietetics", a subject of obvious professional concern to dietitians. Many symposia have included papers by dietitians and dietitians are among the most regular attendees of Nutrition Society meetings.

While maintaining co-operation with The Nutrition Society in the working out of practical measures for the application of nutritional theory through the work of dietitians, the Association was also negotiating with other bodies on the level of professional interchange and interconnection in matters of training and qualifications. The Institutional Management Association, founded in 1938, was, like the British Dietetic Association, concerned with the establishing of recognised qualifications and training for a membership which has arrived into the profession by various routes. In 1945 it instituted a nationally recognised certificate which was accepted by British Dietetic Association as a preliminary qualification for a dietitian's training as an alternative to the

originally accepted qualifications. In a similar way, at a later stage, in 1953, the Associate Membership of the Hotel and Catering Institute, gained by examination and election, was recognised as a preliminary qualification for training as a dietitian. ^s

Dietitian-caterers

These extensions of the field of recruitment for dietitians were in line with the Association's policy and that of The Nutrition Society in the late war and early postwar years of promoting the work of dietitian-caterers. Independent and official blessings were given to these attempts in the Memoranda on Hospital Catering (1943 and 1945) issued by King Edward's Hospital Fund for London and Circulars on Hospital Catering of the Ministry of Health (H.M.C. 44/45 and 50(18», while at the same time, the promotion by the catering industry of a scheme of technical education, launched by the Ministry of Education in 1946, reinforced the emphasis on improved catering services generally.

However, experience showed that those who became dietitians through Institutional Management Association qualifications were, in general, not attracted to posts as dietitian-caterers, preferring the specialised work of the therapeutic dietitian, and the Association had to re-examine the problem.

This they did jointly with the Hospital Caterers' Association, a body which had been formed in 1948, following the inauguration of the National Health Service, to serve the interests of men and women engaged in catering in hospitals and institutions, the greater part of which were, by this time, within the national system. A Working Party drawn from the two Associations started, in 1950, to discuss ways in which dietitians and caterers might secure the additional training to qualify for integrated posts and in which integrated dietitian-caterer courses might be organised.

The report of the Working Party, issued in 1951, recommended a two stage programme. The long-term policy

it was felt should be to secure the formation of a four-year integrated course in catering and dietetics in technical institutions which would include practical training in the dietetic department of a recognised hospital as well as practical catering experience. Several technical colleges were approached, but though considerable interest and willingness to help was shown, practical considerations of building and organisation made it impossible to launch a course, except at the Battersea Polytechnic where catering education already had a place. Here the first integrated dietitian-caterer course in England was started in 1953.

The short-term policy for securing, immediately, suitable recruits from either branch of the work to take additional training that would qualify them for integrated dietitian-caterer posts was doomed to failure. Bursaries were offered from the King Edward's Hospital Fund for dietitians to train in catering, on the basis of a two-year training course planned by the Working Party, but an insufficient number of applicants came forward. A lack of the necessary academic qualifications by serving catering officers was a cause of failure to secure recruits from that source for a dietitian's course.

This episode in the Association's history consumed much time, thought, and labour. It seems fundamental that a caterer should know the principles of nutrition and how to apply these to general and special dietetic needs and that it was a logical solution in the circumstances for the trained dietitian to study the application of her scientific knowledge to large-scale techniques.

An element in the failure of the Working Party's short-term proposals was undoubtedly the reluctance of dietitians to train as caterers. Only 17 dietitian-caterers are known to be working at present in the hospitals of the National Health Service." It may have been that the prospect of a further training period of two years, on the top of a lengthy initial training, with a bursary substantially less than a dietitian's

salary, was a deterrent. It might also have been that dietitians feared that the scope for exercising their dietetic skill was limited in institutionalised cooking, and that, however much authority might in principle bless the policy of improved hospital catering, in practice, once the challenge of food rationing was removed, the indifference of the Englishman to the quality of his food would assume its traditional sway in public feeding services. Perhaps, neither from the administration nor from the patient came, as yet, a sufficiently discerning and concerted demand for pioneering activity in the wider field. The separation of the caterer's and dietitian's role, too, had been emphasised by the official decision to negotiate salary and service conditions under different sections of the national negotiating machinery in 1947.

But the wider aspect of the problem should not be ignored. The whole complex of hospital catering was coming under review with the setting up of the National Health Service. The hospitals which were being integrated came from several different elements in our national history. There were voluntary hospitals, innumerable different in origin and age, municipal hospitals with differing local traditions, former poor-law hospitals stemming from a quite distinct administrative tree. The buildings were of great diversity. The kitchens were almost all designed to a pattern of older ideas in hospital diet; they were often not capable of meeting the demands of full scale feeding. Their equipment was designed to serve the huge quantities of porridge and broth that were the mainstay of the older dietaries, not to provide three cooked meals a day. There has, too, been the difficulty of an absolute shortage of labour at all levels, including dietitians, since the hospital service began. And, instead of falling off, the standards expected by the patient have continued to mount. The spread of popular nutrition knowledge and the tastes of a more well-to-do population have created public standards of a very different kind from those

in existence when the hospitals were built.

These factors have combined to create problems of great scale to caterers, hospital authorities, and the Ministry of Health. Advisory dietitians, working in the Ministry of Health, have been much concerned with the difficulties presented by old buildings and equipment in the light of labour shortage, increased costs, and the changed character of hospital catering. They have made a considerable effort to secure the re-designing and re-equipping of kitchens throughout the country. In this connection, the Chairman of the

Association reported in May 1959, in her Annual Report, that Miss Washington, Senior Adviser in Catering and Dietetics to the Ministry of Health, had been awarded a Travelling Fellowship by the World Health Organization, the first award of this kind to be made to a British dietitian, to study kitchen planning, equipment, and dietary service in the United States of America.

Similarly, too, advisory dietitians attached to the staff of King Edward's Hospital Fund have helped to promote in the School of Hospital Catering conducted by the Fund, a consciousness throughout the hospital catering service of the principles of nutrition for which dietitians stand. Though dietitian-caterers have not become numerous, the development of the work of group and advisory dietitians provides an outlet for those dietitians who like to work on a larger scale and allows for the permeation of the influence of the trained dietitian throughout the hospital catering service.

It is clear from the account of the Association's efforts to promote training courses that no opportunity has been missed to extend, on behalf of members, both the scope of the work and the quality of a dietitian's training.

Since its formation, the Association has kept regularly under review the arrangements for practical training in hospitals. The period of training, six months in the dietetic department of a recognised hospital, has remained unchanged throughout,

but the scheme, as described in the leaflet "Practical Training for Dietitians", has been modified over the years by a Committee of Dietitians in charge of Training Departments, who have made frequent recommendations to the Education Committee of the Association. The departments are inspected and reported on every three to five years. It has always been the policy, however, to accord the Chief Dietitian in charge of a department discretion in arranging the students' work, within the accepted scheme, in the light of the varied preliminary qualifications of students accepted for training.

Training today

The present position in relation to qualifications and training indicates the extent to which the Association has consolidated its work in the last five years. In accordance with the Education Committee's policy of spreading training facilities as widely as possible, diploma courses are now available at Gloucester and Birmingham as well as those already mentioned.

The thirteen hospitals named below have training departments approved by the Association at which practical work in connection with all the courses can be taken:

The Royal Victoria Hospital, Belfast, Northern Ireland

The Queen Elizabeth Hospital, Edgbaston, Birmingham
15

Addenbrooke's Hospital, Cambridge

St. Vincent's Hospital, Dublin, Republic of Ireland

The Royal Infirmary, Edinburgh 3

The Victoria Infirmary, Langside, Glasgow

The General Infirmary, Leeds 1

The London Hospital, London E.1

The Middlesex Hospital, London W.1

St. Thomas's Hospital, London S.E.1

University College Hospital, London W.C.1

The Royal Victoria Infirmary, Newcastle-

upon-Tyne 1

The Radcliffe Infirmary, Oxford

Full details of all existing courses and qualifications for undertaking them are set out in the Appendix."

The Education Committee has given consideration from time to time to proposals for a national qualifying examination. In the first place the cost involved in this undertaking was greater than the Association at the time felt it could sustain. Later, the imminence of statutory registration made it difficult to proceed. It is of interest to note that the Memorandum of King Edward's Hospital Fund on the Shortage of Dietitians, July 1960, said, "There should be a nationally recognised certificate or diploma in dietetics. At present each College sets its own standards and whilst the British Dietetic Association keeps a watchful eye on training, it has no power to demand a standard. A national standard of examination is an essential for state registration and this is long overdue".

The following chapter records the struggle to secure registration, but it should be noted that the Professions Supplementary to Medicine Act, passed in October 1960, makes possible at last the preparation of a Register and the achievement of a national standard.

Dietitians in the National Health Service

THE ASSOCIATION has worked continually to secure an understanding of the role a dietitian can perform and recognition of her status in the hospital. A leaflet defining the words "dietitian" and "dietetics" was published by the Association in 1945, the leaflet itself consisting of the Memorandum issued by The Nutrition Society referred to in the last chapter which was originally printed in the *British Medical Journal*. It was the work of a Special Planning Committee set up by the Nutrition Society, "to consider and report on the training of persons in charge of the provision of food in institutions". In the Memorandum the Committee said:

"We consider that the description 'dietitian' should henceforth be confined to such persons as are suitably qualified for registration as medical auxiliaries. Persons desiring to qualify must hold a Diploma in Dietetics from a University or training college approved by the British Dietetic Association, or alternatively a degree in dietetics if a degree course in the subject approved by the same body is subsequently established in any of the universities."

The term "dietetics" was defined as "The interpretation and application of the scientific principles of nutrition to the human subject in health and disease". On the question of status and function, the Memorandum said: "It is important that the status and function of dietitians should be clearly defined as the present position is vague and anomalous" and later:

"It is desirable, finally, to assure the status of dietitians in local government or hospital employment. The dietitian should be given full responsibility for the work of her department. When employed by a local authority she should be responsible through the appropriate senior officer to the health and education committees. In hospital practice she should be responsible to the secretary or medical superintendent, and should be a member of a catering committee representing those concerned with hospital feeding. In

many hospitals the position of the dietitian is not clearly defined in relation to the matron's sphere of control, while she may have little or no contact with the medical staff. If she and her assistant dietitians are to have the opportunity of advising and directing in ward feeding, out-patient departments, schools, day nurseries, etc., they must have unquestioned right of access to the chief administrative officer concerned."

In 1949 the Association issued a leaflet entitled "Functions and Status of Dietitians" which was re-issued in 1955. This, the latest statement by the Association on this subject, sets out its interpretation of the functions of dietitians in hospitals, whether employed as therapeutic dietitians or as dietitian-caterers, in the following terms:

CHIEF AND SENIOR THERAPEUTIC DIETITIANS

1. Complete control of the *special diet department*. The engaging of staff, and the requisitioning of food stores and equipment should be carried out in conformity with the policy of the hospital, but the dietitian should have the necessary authority to ensure that the efficiency of her department is maintained and that the patients are fed in accordance with the medical requirements.
2. Responsibility for the instruction of chefs or cooks preparing diets under her direction, and for maintaining the preparation and service of special diets in accordance with the highest standards of kitchen practice and hygiene.
3. Instruction and advice to patients on the management of their diets at home. Advice on matters of general nutrition, such as the feeding of normal ante-natal patients, and dental patients, on the instruction of the doctors.
4. Advice on the nutritional aspects of the general hospital dietary provided for patients and staff. (This is not necessary where the catering officer is a qualified dietitian.)
5. Lecturing and/or demonstrating to nurses, medical students and groups of patients on normal nutrition or therapeutic dietetics.
6. Consultation with the medical staff on problems of individual or collective feeding, or on investigations involving special knowledge of nutrition.
7. Advice on planning and equipment of the dietetic department.

8. Co-operation with the ward sisters on matters relating to the service of special diets.

9. Keeping of suitable records.

DIETITIAN-CATERING OFFICERS

1. Complete control of her department including the purchase of food, subject to the buying policy of the hospital; the management and control of food stores, kitchens, dining rooms, and the supervision of the staff employed therein; the service of meals to staff and, in Co-operation with the nursing staff, to the patients; the engagement of all catering staff, subject to the policy of the hospital.

2. Co-ordination of special diets with the main feeding services.

3. Advice on planning kitchens, stores, dining rooms, and the purchase and replacement of equipment.

4. Keeping of suitable records in order to control the use of food and to advise on matters of cost and nutritive value of the dietary served to all types of patients and staff.

It is useful, therefore, that in a Memorandum on "The duties and organisation of the work of therapeutic dietitians" issued by the Ministry of Health (H.M.(60) 91) in November 1960, the larger concept of the function of a therapeutic dietitian was stressed. This memorandum summarised the findings of a joint survey of diet departments made by the Ministry and King Edward's Hospital Fund- in connection with an investigation into the shortage of dietitians and recommended to all hospital authorities the following list of duties for dietitians, which is substantially the same as the Association's own statement on functions quoted above.

Recommended duties of Therapeutic Dietitians in the Hospital Service (H.M.(60) 91)

- (a) Drawing up of standard diet sheets, in consultation with the medical staff, for all the more usual therapeutic diets, e.g. diabetic, low salt, gastric, etc.
- (b) Calculation of any individual diets required for in-patients.
- (c) Compilation of the week's menus in consultation with the catering officer for therapeutic diets based on the full and light diet menus.
- (d) Providing recipes for special dishes to be used in these menus.
- (e) General training and detailed instruction of diet cooks.

(f) Visiting wards to interview and teach patients and to discuss patients' dietaries with the ward sisters.

(g) Advising catering officers on the nutritive value and suitability of patients' menus, especially for light and soft diets.

(h) Advising out-patients.

(j) Assisting with lectures and/or lessons in nutrition and dietetics given to nursing and other staff.

(k) Dietary surveys as requested by the medical staff.

This wider view of the dietitian's function has prevailed, partly because of changes within therapeutic practice itself. The sort of work which therapeutic dietitians did in the nineteen twenties and 'thirties is described in the Appendix- to this Chapter, and, reading this, the dietitian of today will, no doubt, ponder on the way theory and practice can be first so dearly cherished and later so completely discarded, as scientific knowledge advances. The effect of the change is summed up in the Memorandum on the Shortage of Dietitians issued by King Edward's Hospital Fund for London, July 1960, in the following words:

"Many of the diseases which these first dietitians helped to treat can be treated more easily now by drugs or the diets have since been much simplified, as in the management of bleeding peptic ulcers. On the other hand the principles of dietetic treatment of diabetes have stood the test of time and certain other dietetic regimes based on scientific fact, such as the gluten-free diet for coeliac disease, have been introduced. Furthermore, the link between a good nutritional state and speed of recovery, especially after burns and surgery, has been established.

"The concept of the dietitian has changed out of all recognition since the early days when she was tied to the kitchen weighing pieces of food or grinding raw liver for patients with pernicious anaemia. She is now regarded not only as one who is concerned with therapeutic diets but also as an adviser and as a teacher. As a teacher she explains to patients the management of their diets at home and she lectures or demonstrates to nurses. As an adviser she uses her special knowledge to 'advise on those aspects of catering calling for special knowledge of nutritional requirements in health and disease'."

The status of the dietitian is defined in the following terms in the Association's leaflet.

STATUS OF THERAPEUTIC DIETITIAN

1. The chief or senior therapeutic dietitian, whether in a single hospital or in a group, should have full responsibility for her department and be answerable to the senior administrative officer or the medical superintendent.

2. She should have the status and living conditions appropriate to her position as head of a department.

3. She should have access to the governing body through appropriate committees.

STATUS OF THE DIETITIAN-CATERING *Salaries* OFFICER

1. As head of a department in the hospital she should have full responsibility and be answerable to the senior administrative officer, whether she is in charge of the catering of one hospital or a group.

2. She should have full status and conditions of living appropriate to her position.

3. She should have access to the governing body through the appropriate committees.

4. She should be consulted about all matters concerning the running and the future development of catering and dietary services.

Publications on the functions and status of dietitians, and statements affirming them, made, from time to time, by prominent dietetic specialists and others have been given wide circulation in the medical press. Continuous restatement appears to be necessary if the proper use is to be made of trained dietitians and their value recognised. To quote from the Association's leaflet just mentioned, "The Association has from time to time received communications from its members which indicate that the above conditions are not always fulfilled by employing authorities. In view of the serious shortage of dietitians and the need to attract to the profession boys and girls with the necessary ability, and to encourage them to remain in the hospital service, the Association is issuing these notes for guidance".

In the Memorandum of King Edward's Hospital Fund on the Shortage of Dietitians, it was said that while in many hospitals the dietitian is acknowledged to be part of the medical nursing team who goes on ward rounds, is a member of the case consultative committees, and gives lectures and

demonstrations, "in others, and especially in those for which a dietetic department is a new venture, the dietitian's services are rarely requested and she finds herself relegated to providing routine diets", and further, "if a hospital requires the services of a dietitian then it must accord her the professional standing and scope of work which her training and capabilities demand".

The status of an occupation is reflected in the public recognition which it receives and the rewards it earns. The Association has recognised its responsibilities to its members and the work they do, in pressing claims on both these fronts. Recognition of the profession's right to safeguard its members' calling from abuse by the unqualified and to protect the public was given when the Professions Supplementary to Medicine Act was passed in October 1960, and the long negotiations which led to this are described later in this chapter.

The first attempt by the Executive Committee of the Association to create a scale of salaries for guidance to hospitals and dietitians was in 1942. It should be remembered that hospitals at that time, though associated in wartime planning, were essentially still under the control of a large number of separate local authorities and a still larger number of voluntary organisations. The scale then devised by the Executive Committee was accepted in 1943 by the Association and circulated to the membership in a wartime News Letter.

Until that time, those who were nurses or nursing sisters had received salaries in general accordance with their nursing status. The salaries of graduates and diploma entrants reflected those of such specialised nursing staff. Hospital pay was poor in general and variable from one hospital to another because of a tradition of voluntary work and the uneven spread of financial resources throughout the hospital system. Long years of depression had kept salaries low but it must be remembered that living costs, too, were low. One member

has recalled how, after taking her diploma following a science degree she started her first job as a locum dietitian, unpaid, but with board and lodging. Shortly afterwards she was appointed as an assistant dietitian at £90 a year, which was raised all of £5 when she informed the hospital authorities that she had secured another post at a well-known teaching hospital at a salary of £95 a year. Even so, she avers she was able to save, probably because she was kept so busy that she had little time to spend.

In 1946, on the passing of the National Health Service Act, a subcommittee was appointed by the Executive Committee to review salary scales and consider them in the light of those current at the time for teachers and civil servants. The appointed day for the start of the National Health Service, July 5th, 1948, would bring dietitians into a nationally administered service and it was necessary that their case should be heard and that the profession should find a place in the structure that was being created.

The fact that many members of the Association had joined the Board of Registration of Medical Auxiliaries in 1943 led to the inclusion of representatives from the Association on the Joint Negotiating Committee which was considering salaries and conditions of service of medical auxiliaries.

The Joint Negotiating Committee was composed of two groups-the Professional Staffs Committee representing the medical auxiliary organisations and a Committee of the Management side which included local authorities. In November 1947 representatives appointed by the Association met to negotiate salary scales with a sub-committee of the Management side. Despite the fact that a Ministry of Health Circular (44/45) had recommended that "where practicable the catering department of a hospital should be in charge of a fulltime officer" ... and that "a fullyqualified dietitian with experience in large-scale catering would meet these requirements" and also that the second Memorandum on Hospital Diet (1945)

of the King Edward's Hospital Fund had advised the appointment of dietitian-catering officers, the sub-committee refused to discuss salary scales for dietitian-caterers.

The outcome was the adoption, against the wishes of the Association, of a scale for therapeutic dietitians only, and the separation of dietitians from the catering side in the matter of salary and conditions and consequently, to a certain extent, in relation to hospital organisation.

The inclusion of the Association in the negotiations of 1947, however, brought it automatically within the scope of the Whitley Council machinery which was instituted for negotiating pay and conditions in the Health Service. The creation of the Whitley Council machinery occupied the greater part of the first year's work of representatives, the various professional and employing bodies having to arrive at a *modus vivendi*, together and separately.

Whitley Councils as a method of negotiating salaries and conditions of service were devised after the 1914-1918 war by a Select Committee of the Government of the day under the chairmanship of Mr. J. H. Whitley, a former Speaker of the House of Commons. Shortly before the National Health Service was inaugurated, the then Minister of Health announced that similar machinery would be set up to negotiate salaries and conditions for all employed in the new service and the General Whitley Council for the Health Service first met at the end of 1948. By the end of the following year seven Functional Councils were in operation, and an eighth, the Medical Whitley Council, was constituted in 1950. The General Council is concerned with matters of general application. All conditions affecting only certain groups of persons are considered by the various Functional Councils, each of which is concerned only with limited groups of staff.

Each Council consists of a Management Side and a Staff Side. In the case of the General Council the Staff Side

consists of elected representatives of professional organisations and Trade Unions directly concerned with the staffs covered by the Council. The Management side includes representatives of various employing authorities, e.g. Boards of Governors, Regional Hospital Boards, Hospital Management Committees, etc., and representatives of the Ministry of Health, the Department of Health for Scotland and Local Authorities.

Whitley Council decisions reached by agreement between the two sides, or, in the absence of agreement, by the Industrial Court which arbitrates in the dispute, are communicated to employing authorities after receiving the Minister of Health's approval. This step ensures that they are acted upon and not, as sometimes happened in the early days, merely "noted". Their application is limited to England and Wales and to Scotland. Northern Ireland is excluded.

Each Functional Council is an autonomous body, although naturally decisions reached in one Council will be noted by others and may influence their own negotiations.

Dietitians working in the Health Service, except those employed as Catering Officers, are represented on Professional and Technical "A" Council, where the British Dietetic Association has one seat (for which, incidentally, an annual levy is made on the Association). When this Council was constituted representation was limited to organisations which had sat on the former Joint Negotiating Committee and Dietitians found themselves continuing an association with Almoners, Physiotherapists

and Occupational Therapists among others.

In Professional and Technical "A" Council, concerned as it is with a wide variety of professions, negotiations on behalf of each profession are conducted in one of four Committees into which the professions and Trade Unions have been divided. The British Dietetic Association Representative sits on Committee "D" together with a second dietitian who attends meetings of this committee only, and not of the full council. Other professional organisations represented on this committee are the Society of Radiographers, the British Orthoptic Society and the Society of Chiropodists along with four Trade Unions which claim to have members in these professions.

There is no Committee of the Association solely concerned with Whitley affairs; they are looked after by the Executive Committee with the Whitley Council Representative, a co-opted member of Council, in attendance.

In considering the work of the Functional Council, it must be remembered that the machinery was new as applied to the National Health Service and much time was absorbed in ironing out difficulties in the first place. Pay claims have to be prepared with care and supporting evidence must be collected and facts marshalled. During the greater part of the time the negotiating machinery has been in existence a hostile financial climate has prevailed.

The following table shows the details of salary increases since 1948. It should be noted that the designations of posts was altered in 1953.

| | <i>Assistant</i> £350-£400 | <i>Dietitian in sole charge</i> £375-£450 | <i>One or more Assistants</i> Starting at £400-£450 x £15 to £460 or £510 with further discretionary increments | <i>Two or three Assistants</i> | <i>Four or more Assistants</i> | <i>Deputy Chief</i> |
|----------|-------------------------------|--|--|------------------------------------|------------------------------------|-------------------------|
| 1948 | | | | | | |
| | | <i>Assistant</i> | <i>Senior</i> | <i>Chief I</i> | <i>Chief II</i> | <i>Deputy Chief</i> |
| 1953 ... | | £410-£485 | £465-£555 | £490-£590 | £525-£625 | £440-£515 |
| J954 ... | | £435-£510 | £490-£580 | £515-£615 | £550-£650 | £465-£540 |
| 1956 ... | | £465-£545 | £510-£700 | £570-£750 | £605-£785 | £490-£630 |
| 1958 ... | | £490-£570 | £535-£735 | £600-£790 | £635-£825 | £515-£660 |
| 1959 ... | | £550-£665 | £640-£820 | £690-£875 | £740-£910 | £610-£710 |

The negotiated working hours in October 1950 provided for a 96 hour fortnight. In 1953, this was reduced to an 84 hour fortnight at which it still remains." Chief and Senior therapeutic dietitians are entitled to four weeks' paid holiday a year and their assistants to three weeks', in addition to statutory holidays or days in lieu thereof.

Registration

Registration of dietitians was under consideration from 1943, when the Executive Committee agreed that the profession should seek some form of registration to protect the interests of its members and to safeguard the public from unqualified persons who chose to call themselves dietitians. There was in existence at this time an independent body, the Board of Registration of Medical Auxiliaries, referred to above, which was incorporated in 1936. An approach was made to this body to be included among the physiotherapists, radiographers, chiropodists, speech therapists and dispensing opticians, who were already registered with it. The application from the Association was approved in 1943, and the following year the first register of dietitians was published. Those who joined the Association paid a composite subscription, which included a fee for registration, but this arrangement proved a financial embarrassment to the Association, through non-payment of members' subscriptions, and the scheme was discontinued. The payment of registration fees direct to the Board of Registration of Medical Auxiliaries resulted in an incomplete register, and was one of the reasons for the ultimate withdrawal from this scheme.

This early form of registration, though far from ideal, had three important effects upon the development of the profession. Firstly, as mentioned above, it led to the inclusion of a representative of the Association on the Joint Negotiating Committee⁴⁷ for salaries and conditions of service, and later, to representation on the Whitley Council. The Ministry of Labour allowed exemption from National Service for dietitians in training

mainly because of the connection with the Register. Lastly, the Board's deputation to Sir Wilson Jameson, Chief Medical Officer of the Ministry of Health in 1944, to submit a memorandum on the activities of medical auxiliaries and the part they should play in the National Health Services, included the Association's representative.

In 1948, it was learned that the Minister of Health had appointed a committee to enquire into the position of medical auxiliaries in the new Health Service, under the chairmanship of Mr. (now Sir) Zachary Cope. Mrs. Bowley (formerly Miss Broatch) and Miss Pybus were invited to serve on this committee, and though they were not nominated representatives of the Association, its Council was confident in their ability to represent its views. The report of the Cope Committee was published in 1951. Among the important recommendations was the need to set up a statutory body "under the regis of the Privy Council to perform certain functions in relation to medical auxiliaries qualified for employment in the National Health Service". The maintenance of a register was recommended as an essential function, and registration by this body would be a qualification under Section 66 of the National Health Service Act, 1946, and Section 65 of the National Health Service (Scotland) Act, 1947, for employment in the National Health Service. The setting up of professional committees, which would furnish the statutory body with expert information, advice, and assistance, was recommended.

While the main recommendations of the Cope Committee were acceptable in principle to most of the medical auxiliary professions, the method of administration, representation on the statutory body and its powers were matters of grave concern, and prolonged negotiations began between the professions and the Ministry of Health. By 1953 it became clear that important points in the Cope Committee Report were unacceptable to the professions and in January 1954, the Minister laid before

Parliament Regulations governing employment of Medical Auxiliaries in the National Health Service. He gave an assurance that these Regulations were an interim measure and invited the professions to nominate representatives to serve on a Working Party to be set up to discuss the form of Statutory Registration. The Working Party met four times during 1954. A draft scheme based upon the Cope Committee's recommendations formed the basis of discussion, and an attempt was made to find an acceptable scheme upon which a Bill could be prepared to lay before Parliament. It was clear from the early meetings that this was the last opportunity the medical auxiliary professions would have to reach agreement with the Ministry. Although there were differences in the needs of the individual professions, the only possible machinery would have to include the professions as a group, and no scheme of individual registration of professions was practicable. It was therefore important to ensure that the representation on the statutory body, the Professional Committees, and the powers and duties of these bodies, were such that the machinery would command general respect and at the same time allow for the satisfactory development of the individual professions. Many points were clarified during the discussions, and the final report of the Working Party was agreed in November 1954. It was then submitted to the Ministers for their consideration, and to the executive bodies of other professions concerned, such as the Royal Colleges of Medicine, Surgery, and Gynecology. A complete list of these bodies was appended to the report when, amended in the light of their comments, it was finally sent to the medical auxiliary professions. The term "medical auxiliary" had been regarded by the Working Party as unsatisfactory, and in the revised scheme this had been altered to "professions supplementary to medicine".

The Professions Supplementary to Medicine Act, applicable in Great Britain and Northern Ireland, which received the Royal Assent in October 1960, was the outcome of these prolonged negotiations. It provides for the registration of dietitians and members of six other professions and for regulation of their professional education and conduct through seven registration boards, one for each profession and a single Council, the statutory body referred to above, which is to coordinate and supervise their activities. The Council is to consist of a member of each of the seven professions, seven medical practitioners and seven others. It is laid down that on each registration board the representative of the profession shall be in a majority of one, the remaining members to include medical practitioners and specialists in professional education. Each board is to have its own Disciplinary Committee.

The first task of the bodies to be set up under the Act will be the preparation of initial registers. Persons who qualify for employment in the National Health Service, in the profession concerned, under the Regulations issued in 1954, will be entitled to registration as of right. In addition, the boards will be able to register persons whom they consider competent to practise because they have other qualifications, training, or experience. Registration of persons other than those covered by the initial register will be confined to those who have attended an approved training course at an approved institution and secured an approved qualification, and to persons with approved overseas qualifications.

Only registered members of the seven professions covered by the Act will be entitled to use the protected title "State Registered" in relation to their profession. Unregistered practitioners will be debarred from using the titles "State" and "Registered" (as well as "State Registered") but they will not be debarred by the Act from practising.

The Shortage of Dietitians

PIONEERING DIETITIANS, among much that is familiar and much that has changed in their professional

circumstances over the past quarter of a century, doubtless find the present-day pre-occupation with the shortage of recruits, and the increased demand for dietitians, an interesting measure of their own success as well as a reflection of changed social circumstances.

The need for dietitians existed, in the early days, but the need was only scantily recognised. In relation to the known need, however, there was a potentially good supply of candidates. There were limited openings in general employment for science graduates, and this fact, and the shortage of extended openings for nurses, led to what was, by no means a sterile controversy, at the outset, with real roots in economic fear. Reference has already been made to the lack of employment among dietitians that could occur, as late even as the second year of the war.

Why a shortage?

At the Annual General Meeting in 1945, it was first noted that the demand for well-qualified and experienced dietitians had been greater than the supply. Since that time, national full employment and circumstances applying, in particular, to the lives of women, have extended a shortage, already acute because of the small numbers who were qualified when the demand for their services began to swell.

The Ordinary membership of the Association consists wholly of women. There is no requirement in the constitution that this should be so. It is a situation which has arisen out of training arrangements and the circumstances of the work. The salaries also have never been such as would attract men with suitable qualifications. The profession, therefore, faces a crisis familiar

to all other professions which recruit largely or wholly from among women and girls.

Since the nineteen-thirties, changes on a wide sociological and technical front have increased the opportunities for employment of women outside the home, at the same time as they have helped to make the home a much more attractive place for women to stay in. Food processing industries, among others, lighten the work of the homemaker, and the care of the smaller, modern family in the easily-managed house of today is frequently seen, at the outset of life, as a pleasant alternative to the drudgery of office, shop, and hospital. The kitchen sink, in fact, is not what it used to be.

At the same time, improved standards of child care, greater medical knowledge, and, in particular, the work of nutritionists, have reduced death rates among boys and created a sex balance in the young, marrying age-groups which has probably never existed previously in the history of this country. Young men of marriageable age are beginning to exceed young women in number and the spinster is said to be on her way out. Professor R. M. Titmuss has pointed out that marriage, as an institution, was never so popular as it is today. "Never before," he says, "in the history of English vital statistics has there been such a high proportion of married women in the female population under the age of 40 and even more so, under the age of 30 ... There are now fewer unmarried women aged 15-35 in the country than at any time since 1881 when the total population was only 60 % of its present size. "1. In the RegistrarGeneral's Statistical Review for 1958, the number of married women per 1,000 in the age-group 25 to 29, was 822. In 1931, when the first British-trained dietitians were taking up their posts, the

comparable figure was 587.

The number of young people coming into employment, in recent years, has been affected also by the low birth-rates of the depression period. It was not until 1942 that the birth-rate started to rise. In the meantime, booming industrial conditions, the lengthening of the period of full-time education, and the withdrawal of boys, until recently, for National Service, have added to the demand for girls particularly, in all types of work.

It is not known what will happen to the employment situation when the children of the "bulge" begin to leave school in any great number. There have been suggestions that a surplus might occur. But any increase in school-leavers must be weighed against the seemingly endless development of new industrial techniques and new types of consumer goods and though increasing automation may release many routine workers, it seems to consume people of organising and intellectual ability.

The future is problematical. What is certain is that for nearly the whole of the post-war period, those professions which largely employ women and girls of superior education have been looking for recruits from a source which has been much in demand and has been greatly affected by the habit of earlier marriage.

To an earlier generation of women, who so often found the sign "Not wanted" confronting them at work or at the altar, the response of the young girl, particularly the intelligent girl, to recruiting appeals today, often seems arrogant and calculated. She counts the years to be spent in training and looks carefully at the location of training centres: she considers the school subjects she must take to qualify for acceptance: she adds up the number of years she expects to remain single and the total salary she will earn during those years: she weighs the possibility of continuing in work, if she wants to, after marriage and the availability of jobs in the part of the country where she might find herself as a wife. On all these

showings a dietitian's role has limited attractions. The training is long. At each of the first, qualifying stages—nurse, domestic science teacher, science graduate, caterer, the recruit can command initial pay, higher than that which she will receive as a qualified dietitian. For the year and a half of special training, which reduces the pre-marital earnings, it is sometimes difficult to secure maintenance grants. Training is still confined to relatively few centres, though the Association has succeeded in spreading these as widely as possible, while other occupations can be trained for at a wide range of technical institutions. There are many openings for dietitians in all parts of the country, but there are not the same opportunities for part-time and supply work, easily reached, such as exist in teaching, for the reason that hospitals are not so numerous as schools. And yet the teaching profession, too, has its recruiting problem.

But long before she reaches this stage in her assessment, the recruit has had other tempting offers. Preliminary qualifications in science are demanded of all dietetic trainees. A minimum qualification of Chemistry at "O" level in the General Certificate of Education is asked for before the student-dietitian can start her training. At the present time, the number of schoolchildren who can receive an adequate preparation in science is seriously affected by the shortage of science teachers, particularly in girls' schools. Girls who have scientific qualifications are in great demand, for a wide range of immediately remunerative jobs and can train for a number of professions, including other professions supplementary to medicine.

The King Edward's Fund Memorandum on the Shortage of Dietitians summed up the present position in the following terms:

"Many professions and trades compete for the intelligent school-leaver. Dietetics, except for the few with a sense of vocation, has few immediate attractions. The training is long, and the educational standard specified for entry

is high, yet these are met in hospitals by comparatively poor financial rewards and conditions of employment".

Extent of the shortage

The Memorandum examined the extent and nature of the shortage in hospitals in England and Wales. There is no agreed yard-stick for measuring the number of dietitians required to provide an adequate service. The report on Medical Auxiliaries- suggested in 1951 that, "ideally there should be a dietitian for each 150 beds in hospital", which at that time meant that 1,500 dietitians were required. The Planning Committee of the Nutrition Society (English Group) in their Memorandum of 1945, already referred to in earlier chapters, suggested that "every hospital of about 150 beds or more should have a qualified dietitian" and that "each hospital of about 500 beds or more would require a number of junior dietitians as well as a senior one". This, it has been estimated, would make a total of 500 dietitians necessary to support a dietetic service. Making an assessment on the basis of the number of acute beds, the Working Party of the Fund thought that 700 would be an appropriate figure to which to work.

The number of dietitians working in hospitals in England and Wales in 1956 was 190 in full-time posts and 17 in part-time ones: (the Association's records for January 1961 show 184 full and 29 part-time). "Thus", to quote the Memorandum, "on the lowest estimate of dietitians (500) the hospital service had about 40 % of those required and on the highest (1,500) only 13 %. Whichever estimate is taken the position is serious in that a necessary modern service is so grossly under strength".

"Both doctors and administrators who vainly try to fill long-standing vacancies are acutely aware of the shortage. Many hospitals have ceased to advertise after inserting costly advertisements to which no replies are received whilst others are hesitant to set up a diet department, knowing the difficulties of appointing a dietitian to take charge."

There is such a shortage of dietitians that, only 58 out of the 238 Hospital Management Committees in England and Wales were employing dietitians at the time of the enquiry. There is, too, a concentration of the available dietitians in the teaching hospitals and the Metropolitan Regions. Comments from physicians in hospitals included the following: "It is quite impossible to get a satisfactory diet arranged for medical cases", and "Because we were unable to obtain dietitians, the post was lost to the staff establishment as an economy measure".

Recruitment drives

The Memorandum also refers to the action taken by the Association to secure new recruits in these difficult circumstances. "The British Dietetic Association has done much to stimulate recruitment: ten thousand leaflets on training and prospects have been distributed through Youth Employment Officers:" a panel of speakers gives talks to school-leavers and visits to dietetic departments are arranged. Yet the number of students in training has hardly risen at all during the past few years. Also since 1949 the overall number of dietitians in the service has increased from 139 to 207, a very small rise indeed when the total extra number needed amounts to hundreds."

In view of the intensive publicity efforts made by the Association the results seem disappointing. Viewed in the light of the social and economic factors affecting employment and recruitment during the post-war years, the extent that the service has been maintained is remarkable.

The publicity has been well-directed and members of the Association have helped considerably to spread information about the need for dietitians. The leaflet *Dietetics as a Career* has been reissued every few years since 1942, and between times special leaflets such as *Dietitian at Work*, produced for the Careers Exhibition in 1958, have been published. Careers publications, official and commercial, have carried information.

submitted by the Association. These include the Ministry of Health, *Careers in the Hospital Service* series; the Ministry of Labour, *Choice of Careers* series; *The British Council Handbook on Higher Education in the United Kingdom*; *The Education Committees' Year Book*; *the Hospitals' Year Book*; *Whittaker's Almanac*; *Careers Encyclopedia*; the *Women's Employment Federation Memorandum on Careers*; the *Food Buyer's Year Book*. Books on careers to be published by Penguin Books and the Bodley Head will also carry articles. Women's magazines have also published information at the instance of the Association.'

In 1947, the Association formed a panel of speakers in co-operation with the Ministry of Labour to give talks to school-leavers. A speaker's brief was prepared for those who agreed to serve on the panel. In 1951, 1954, and 1956 . the panel was re-formed and in November 1960 a fresh appeal was made to members to take part in this activity. Speakers have not confined themselves to recruitment talks but have acted as public relations officers, making known the work of the Association to local groups throughout the country, and have, as popular educators in nutrition, done something to keep alive education in food values. In all, a wide variety of organisations received speakers from the Association, including Women's Institutes, Townswomen's Guilds, Mothers' Unions, the Women's Gas Federation, Diabetic Clubs, Young Conservatives, and groups of old-age pensioners, schoolchildren, hospital nurses and others.

An interesting example of how effectively the work of a dietitian can be demonstrated occurred when Miss Skinner, the Chief Dietitian at St. Thomas's Hospital, mounted a one-day Good Food exhibition at the hospital. Invitations were sent to schools and other outside bodies and in all 1,200 people attended during the day, the queues stretching out into the street at one time. The usefulness of visual aids and actual

material in teaching nutrition was well demonstrated.

Overcoming the shortage

Action to probe and remedy some of the matters giving rise to dissatisfaction among dietitians has come recently from the Association, the Ministry of Health, and King Edward's Hospital Fund in the Memorandum referred to.

The Association appointed a FactFinding Committee in May 1959, which conducted an enquiry among dietitians and made its report in January 1960. Replies to a questionnaire sent out to members showed an overwhelming dissatisfaction with present conditions. Adverse comments most frequently referred to poor salaries, especially in relation to length of training, lack of status in hospitals and mis-use of dietitians' services. Members outside the hospitals emphasised the superior conditions experienced in outside posts .

The Memorandum on the Shortage of Dietitians of King Edward's Hospital Fund reiterated these criticisms and made a number of recommendations in relation to training, salaries, and status, at the same time giving consideration to methods of redeployment of dietitians in hospitals.

In view of the great efforts made by the Association, in the past, to establish and sustain standards in training, suggestions made in the Memorandum for amending training requirements would, no doubt, be closely scrutinised. The reconsideration of training is, however, now affected by the setting up of Registration Boards provided for in the Professions Supplementary to Medicine Act 1960.

On salaries, the Memorandum bore out the complaint of members of the Association in their replies to the Fact-Finding Committee, but suggested alterations in methods of formulating scales would again require careful consideration.

The Memorandum examined the conditions under which dietitians work and found that the status accorded by

medical and administrative staff and the sort of working accommodation allotted were factors in securing and retaining staff. It said "With so many interesting posts available, enthusiastic and highlytrained people are unlikely to remain in hospitals which offer them little scope and encouragement" and further "Accommodation offered by hospitals was found to vary greatly. Some have spacious and well-equipped diet kitchens, or bays to the main kitchen, accommodation for the dietitian to interview patients and do office work ... On the other hand, some dietitians were unable to obtain, after many months, even so much as a desk or filing cabinet in a shared office".

In November 1960, the Minister of Health issued the Memorandum (H.M. (60) 91) to hospital authorities, mentioned in Chapter 6, on "The duties and organisation of the work of therapeutic dietitians". This referred to the findings of the joint survey made by the Ministry of Health and the King Edward's Hospital Fund into the work of dietitians in a number of hospitals, published as Part 2 of the Fund's Memorandum on shortage, and made suggestions as to the way in which a dietitian's services and skill could be more effectively deployed in the hospital organisation. The list of recommended duties has been quoted in Chapter 6. Particular stress was laid on the need to release dietitians from cooking and serving diets and to appoint domestic staff of higher grades to work in the diet kitchens. In this way, the dietitian could be freed to work as an adviser to patients in the hospital and attending out-patient clinics, and to catering staff in relation to menu planning. She could also serve as a teacher of nutrition and diet therapy to nurses, assistant nurses in training, and to kitchen staff.

The Minister also recommended the employment of one dietitian to serve a group of hospitals, particularly in non-teaching hospitals outside the Metropolitan area, where the shortage is most acute, and stated that, in these cases, the most successful method of working was

one in which the dietitian had at least one diet kitchen directly under her control. Here she had a centre from which she could establish standards, instruct staff and, from this nucleus, she could extend her influence to other hospitals. She could, in this way, make the fullest use of her professional knowledge and be relieved of the routine work which is within the capacity of other types of workers. Part-time posts were advocated as a solution in some hospitals and it was suggested that an established full-time routine should not, in such cases, be taken over unaltered, but that it should. be adapted to make the fullest use of the dietitian's special training. The Minister laid emphasis on the need for planning and consultation within the hospital or group to establish the dietitian properly in relation to the staff with whom her work dovetails.

These Memoranda and the work of the Fact-Finding Committee relate to the shortage of dietitians in hospitals. _ Superior salary and service conditions in industrial posts, the Civil and Local Governments' services have drawn dietitians out of the hospitals in the past. Any great improvement in hospital service conditions, without a corresponding enhancement of total recruitment might be reflected in a shortage of suitably-qualified persons for these posts which are some of the most influential open to dietitians.

Many professions suffering from a shortage of working members today see their only substantial source of supply in the married Woman re-entering employment when her domestic role is diminishing. They seek, first, to persuade the trained worker who retired on marriage to return to her calling. The Association has given consideration to this reservoir of skill. Many married dietitians are working-76 out of the 256 married members of the Association working in the United Kingdom. ⁶ Many of the non-practising married members, no doubt, maintain their links with the Association with the idea of returning to practise sometime. Accounts of Branch

activity show how meetings and lectures provide opportunities for non-practising members to meet those still working as dietitians and to keep up-to-date with new developments in the profession. Lack of self-confidence after a break in professional life is a common feature of the married woman's response to recruitment appeals. Contact with members of the profession, refresher courses and opportunities to work casually or part-time as a lecturer or in a clinic all help to build up the confidence of the married woman who would like to return eventually more fully to the calling for which she trained.

Many married dietitians, however, who would like to rejoin the ranks are unable to do so for family and personal reasons. There remains the possibility of securing new recruits for training from among married women who are seeking outlets for their energy and ability when their families are launched and unrelieved domesticity has begun to pall. These are often valuable recruits and account should be taken of their experience, both human and practical. This source may expand as the post-war brides are released from domestic activity. But family responsibility rarely comes to a sudden end and as family ties slacken, new part-time and voluntary activities absorb the released time and weaken the incentive to full-time training and employment.

Married women have, however, entered the profession, and undertaken its long training, even to the extent of securing preliminary "0" level qualifications. Such determination is understandably rare.

Few professional bodies have adequately studied the adaptation of training courses and qualifications to the married woman's circumstances, devised as these were for the footloose young student. Immobility puts restrictions on practical training and employment, and the solution to the problem of the willing but inaccessible recruit is not easy.

It might be argued that these are matters for the present and future consideration of the Association, the story of the next twenty-five years. This history would have been incomplete had it not examined closely the problem of shortage which has existed in an acute form for some years and absorbed the time and thoughts of many active members of the Association.

Today's problems are different from those which faced the early dietitians. The value of a dietitian's work is now known and her services are in demand. She has the services of an Association to support her professionally and recognition by Act of Parliament. The practical idealism of the founding members and those who have followed them in building up the professional body deserves that the membership today should approach its problems with equal thought and determination.

Refresher Courses, Fellowships and Awards

THE PROFESSIONAL lot of the early dietitians was a somewhat lonely one. Each was one of a kind in her own hospital and in a great degree tied by the nature of her work. Dietitians were few in number throughout the country and supported by only a handful of medical specialists. The science of nutrition was just emerging from its infancy and with its emergence new techniques of dietary treatment were being formulated. The early informal meetings were as much an opportunity to break out from the isolation, to exchange information and compare practice as to establish professional standards and regulate conditions of entry. Knowledge of new developments in dietetics was not easily come by and the establishment of professional contact between dietitians helped much in the spreading of it.

Refresher courses

With the formation of the Association in 1936, these informal contacts and occasional discussions could be enlarged into formal courses in which the whole membership could take part. In these courses it was possible for members to follow through the progress of dietary research in different fields and to listen to first-hand reports from the doctors and biochemists conducting it. Specialists in related subjects of food hygiene and catering could be drawn on to extend the background of the dietitian's training, and dietitians could hear from each other of experiment and development in dietary practice in different situations.

The Association began, early in its life, to organise such courses and from 1937 to 1959 some fourteen Refresher Course and Week-end Conferences were held in different parts of Great Britain.

The first, a post-graduate Refresher Course in Nutrition, took place on October 1st-2nd, 1937, at King's College of Household and Social Science, when 79 members attended to hear Professor V. H. Mottram speak on "The influences of diet on the pregnant woman and developing infant", and Professor S. J. Cowell, Professor of Dietetics in the University of London, on "Modern tendencies in the dietetic treatment of disease". Dr. L. J. Harris talked of advances in the knowledge of vitamins.

The next course to be arranged was swallowed up in the Munich crisis of October 1938, but a printed programme has survived of the one which followed, which was associated with the Annual General Meeting of March 1939. This already gives out a period flavour. The generous margins to the paper, the mixing of the very black types of the print, the price of the meals offered Light Luncheons *1s. 6d.*, Tea *6d.* remind us that this was a generation ago. So also, one hopes, for Britain at least, does Dr. Harris's theme that week-end - "Malnutrition-its incidence and assessment." It was one which much exercised public health workers and nutritionists in the depressed thirties, when it was estimated that a quarter of the nation's children were fed at a cost of not more than *4s.* per head per week. Professor Cowell was again a speaker and Dr. A. J. Maitland-Jones spoke on "Diet in Childhood".

The war put a stop to organised activity, but with its end came the need to look forward, to re-assess, and to meet again old colleagues and get acquainted with new. The first post-war conference was one of three annual meetings held at Newnham College, Cambridge in the periods June 22nd- 25th, 1945; July 26th-29th, 1946; and July 18th-21st, 1947. These again reflected their time with the emphasis

given to nutritional studies made in post-war Europe and beyond. In 1946, Dr. M. Pyke spoke on "The Nutritionist in liberated Austria", Miss Simmonds on "Experience in Germany", while the growing interest in colonial problems was reflected in Professor J. Yudkin's "Nutritional observations in West Africa". In 1947, Dr. J. Beattie spoke on "Problems of under nutrition" and there were reports from Mrs. E. Scott and Miss E. M. Wilkinson Hughes on their American visits.

During each of these Newnham weekends visits were made to University and commercial research laboratories, to Addenbrooke's Hospital and to College kitchens.

In the meantime the first international meeting of dietitians in this country took place at Oxford, July 7th-9th, 1945. Sponsored by the British Council, it included representatives from this country, United States of America and Canada.

Four of the post-war courses, which varied in length from two to seven days, took place at King's College of Household and Social Science. The first two, in April 1947 and April 1948, attended by 58 and 28 people respectively, were in the nature of Refresher Courses. Lecturers were Dr. Pyke, Professor J. Yudkin and Miss Hollingsworth. Miss A. M. Hamilton gave demonstrations and estimations of vitamins in food, and visits to the United Dairies, Glaxo, Vitamins Ltd., Cadby Hall and the Ministry of Food were arranged. In contrast a two-day training course in March 1950 was devoted entirely to questions arising in the training of dietitians. Mrs. Stanton Jones opened with an outline history of the work of dietitians in Britain and a description of the various branches of dietetic work which had developed-therapeutic, catering, advisory, research and teaching. Professor Yudkin spoke on the teaching of nutritional principles and emphasised that the aim of training should be to inculcate nutritional principles which would enable the dietitian to move on to specialised training,

rather than to try to cover all the general and special aspects of the subject in the initial course.

Miss Simmonds spoke on the teaching of diet therapy in hospitals and in particular the use of the diet kitchen in training. Miss Scott Carmichael took up the question of the dietitian in largescale catering and advocated the need for including some information and experience on this in the dietitian's normal course of study. The fourth course at King's, a five-day meeting in March 1952, attempted to survey many of the specialist fields and specialised problems in dietetics. On the therapeutic side there were lectures on: "The Dietetics of Wasting Diseases in Childhood" by Dr. D. Lawson; "Some recent Advances in Medical Dietetics" by Professor M. L. Rosenheim; and "Nutrition Teaching through Clinics" by Professor W. C. W. Nixon. A visit to the metabolic unit at St. Thomas's Hospital was accompanied by a talk from Dr. F. T. G. Prunty.

The teaching side of the dietitian's work was further illumined by a talk from Miss Scott Carmichael, then of the Nutrition Education Section, Ministry of Food, on "Teaching Nutrition by means of Visual Aids" and one from Dr. B. C. Hobbs from the Public Health Laboratories, Colindale, on "Teaching Food Hygiene". Problems of the practical work of the dietitian were covered by Miss W. H. Turpin of the North London Collegiate School who spoke on "Kitchen Organisation", Miss J. E. Walley, Head of the Household Arts Department, King's College, whose subject was "The Choice of Equipment", and Miss M. Olliver, of Chivers & Sons Ltd., who spoke on food processing.

Some legal and social aspects were brought under review by Mr. J. N. Applebe, Personnel Officer, St. Thomas's Hospital and Dr. G. H. Backett, Nuffield Fellow in Social Science, who spoke on "Legal Aspects of Staffing and Training Staff" and "Staff Relationships" respectively and by Dr. J. B. M. Coppock, Director of Research, British Baking Industries Research Association,

speaking on "Food Legislation," to whose headquarters, the members of the course paid a visit in the course of the week.

An international viewpoint on nutritional problems was given by Dr. A. P. Meiklejohn, of Edinburgh University, in a talk on "Recent Advances in Normal Nutrition and World Food Problems". A feature of this longer course was the preparation of short papers by discussion groups which contributed greatly to the training value of the meeting.

The only course held in the North of England, at Oxley Hall, Leeds, in September 1954, was particularly valuable in that it enabled dietitians from scattered parts of the kingdom to bring forward local ideas and problems, during the discussions which accompanied the formal lectures. Among the speakers were: Dr. Roland Harper of the Psychology Department, Leeds University, who spoke on "Food Facts and Fancies"; Mr. T. Morley Parry, Food Hygiene Advisory Officer, Ministry of Food, whose subject was "Hygiene and Food Preparation, Manufacture and Distribution"; Dr. F. Aylward, Head of the Department of Chemistry and Food Technology, Borough Polytechnic, who considered the operations involved in the application of science and engineering to the processing of food and the possible effects of processing on the nutritive values of certain foods; Mrs. A. M. Nutting who spoke, as a Senior Architect of the Ministry of Health, on the value of the dietitian's contribution to the planning of hospital kitchens; and Miss Hollingsworth, who selected and summarised information from the National Food Survey, indicated the main lessons to be learned from it and how it could be used for teaching. Mr. J. S. Wilcox, Senior Lecturer in Agricultural Chemistry, University of Leeds, spoke on "Antibiotics in relation to Nutrition" and developments in dietary research were described by Professor A. C. Frazer who illustrated his paper, on the significance of unsaturated fatty acids in the diet, with an excellent series of slides.

Scottish members twice provided hospitality for educational meetings. The first occasion was a Week-end Conference at Buchanan Hostel, Edinburgh, in July 1949, when lectures were given by Professor D. M. Dunlop and Dr. Robertson Ogilvie, and a visit was made to the Dietetic Department of the Edinburgh Royal Infirmary. The most recent of all the Refresher courses was that held in Glasgow in April 1959, at the College of Domestic Science, when 18 dietitians attended a four-day programme arranged by the Glasgow Branch of the Association. Mr. W. A. R. Webster, of the Treasury, speaking on "Efficiency, Organisation and Methods", stressed the importance of work planning and arrangement; Dr. J. H. Hutchinson, of the Royal Hospital for Sick Children, spoke on "The Use of Dietary Modifications in the Treatment of Disease in Infancy and Childhood"; Dr. H. N. Munro, of the Department of Biochemistry, Glasgow University, on "Aminoacid Metabolism"; and Dr. J. M. A. Lenihan, of the Regional Physics Department, West Regional Hospital Board, Scotland, on "The use of Radio-active Isotopes in Medicine". Discussing the introduction of oral hypoglycemic agents for the treatment of diabetes, Dr. J. L. P. Duncan, of the Department of Therapeutics, Edinburgh University, spoke of the many possible variations in methods of treatment available. Dr. Ferguson Anderson, Consultant Physician to the West Regional Hospital Board, speaking on "Dietary Origins of Senility" was supported by an interesting film showing methods and equipment used for the rehabilitation of the elderly. Mr. J. L. F. Harris, Catering Officer of the Western Infirmary, Glasgow, since 1946, spoke on "Buying for the Catering Department" and Miss M. Andross of the Glasgow and West of Scotland College of Domestic Science, summarised some of the recent advances in Food Technology.

Fellowships, scholarships, exchanges and awards

The first Fellowships to be recorded are

those which were awarded by the Rockefeller Foundation at the very outset of the professional existence of dietitians in this country. They were to enable British dietitians to study for an academic year in the United States and Canada and were awarded to:

Miss R. M. Simmonds, S.R.N.: *The London Hospital: 1924-5.*

Miss R. Pybus, S.R.N.: *Edinburgh Royal Infirmary: 1925-6.*

Miss W. H. Tancred, S.R.N. (Mrs. Linde): *St. Thomas's Hospital: 1926-7.*

Miss M. C. Broatch, S.R.N. (Mrs. Bowley): *St. Thomas's Hospital.*

Miss A. E. Buchan, S.R.N.: *Edinburgh Royal Infirmary: 1931-2.*

Miss R. H. Wansbrough, S.R.N.: *St. Thomas's Hospital: 1932-3.*

Miss E. M. Marshall, B.Sc. (Mrs. Averill): *University College Hospital: 1934-5.*

Miss E. Wilkinson Hughes, S.R.N.: *The Middlesex Hospital: 1946-7.*

Mrs. E. Scott, S.R.N.: *The London Hospital: 1946-7.*

Fulbright Travel Grants and Smith- Mundt Scholarships

Miss M. E. Furnivall, B.Sc.: *St. Mary's Hospital, Paddington: 1953-a Fulbright Travel Grant with which was associated a Smith-Mundt Scholarship for one academic year's study in nutrition at Michigan State College where she graduated M.S.(Nutrition).*

Miss A. M. Brown, B.Sc.: *St. Bartholomew's Hospital: 1955-a Fulbright Travel Grant for study leading to a Master's degree at Cornell University where she graduated M.N.S.*

World Health Organization Travelling Fellowship

Miss E. Washington, B.A.: *Ministry of Health: 1959, to the United States and Canada to study kitchen planning, equipment, and dietary service.*

Exchanges and Visiting Lectureships Miss J. M. Aitchison, B.Sc. (Mrs. Atkins): 1956-Research Assistantship New York State College of Home Economics, Cornell University where she graduated M.S.

Miss D. Anderson, B.Sc. (Mrs. Waalen): 1958-Research Assistantship -New York State College of Home Economics, Cornell University, where she graduated M.S.

Miss S. M. Jones, B.Sc.: 1959- Fellowship awarded by the U.S. Home Economics Association to Iowa State College where she graduated M.S.

Miss P. Brereton: *The London Hospital: 1959-exchange of therapeutic dietitians with Massachusetts General Hospital.*

Postgraduate Scholarship Joseph Rank Ltd. Studentship

Miss J. E. Slater, B.Sc. (Nutrition) (Mrs. Chilver)-for research in the field of natural sciences connected with nutrition-at New Hall, Cambridge, where she was awarded a doctorate-1957-60.

The Rose Simmonds Memorial Fund

A Trust Fund was established on November 29th, 1952, in appreciation " ... of the services rendered by the late Miss Rose Simmonds to the study and furtherance of the art and science of dietetics" ... The Memorial Fund is registered as a charity and is administered by the following trustees:

Professor Dorothy S. Russell, M.A., M.D.,
Sc.D., F.R.C.P.

H.G. Wimbush, M.R.C.S., L.R.c.P. W. R. S.
Ritchie, C.A.

The Chairman and Honorary Treasurer of the British Dietetic Association.

The Trust Deed states that the trustees shall use the capital and income from the Fund in any way which they think fit for the advancement of the knowledge of dietetics; for example, the provision of scholarships and bursaries for dietetic training, the payment of maintenance grants during training; the provision of prizes for special aptitude or proficiency in dietetics; contributions towards payment or provision of lecturers, and demonstrators, for example, for teaching dietetics, or for buildings, equipment, books *et cetera*.

Grants are often provided by local education authorities for the three years preliminary training, but financial assistance is not always available to students wishing to take the eighteen months dietetics diploma course.

During the last eight years contributions to the Fund have been received from friends of Miss Simmonds, members of the Association, a number of firms connected with the food industry, and from charitable trusts and organisations. A capital sum of about £10,000 is needed.

Since the inauguration of the Fund grants have been made out of income from investment for the following purposes:

Essay prizes awarded to dietitians by competition

1955 (1) You are asked to advise on the *Themes* feeding problems in an orphanage. What information would you seek and how would you make your report?

(2) You are appointed to a hospital which has not previously had a dietitian. There is no diet kitchen. How would you set about organising your department?

Awarded to: 1st Miss G. M. Ward, B.Sc. 2nd Miss J. E. Serby.

1956
Theme You have been asked to give a talk to a group of adolescents, aged 15-20, on the wise choice of foods. Prepare detailed notes from which you would speak, and show how you would illustrate your talk. Give a title and state whether you are speaking to boys or girls.

Awarded to: Miss M. E. Beck.

1957
Theme Plan a three-day Refresher Course on nutrition and dietetics for health visitors who have been qualified for at least ten years. Give outlines of the talks and specify films, filmstrips and other visual aids to be included.

Awarded to: Miss J. Robertson, B.Sc.

Training Grants to Students

1958 Miss J. T. Adams, B.Sc.

Miss A. M. G. Savidge. 1959

Miss E. J. Denney. 1960 Miss

E. O. Ellis.

CHAPTER 9

The Journal

PLANS WERE afoot to publish a journal before 1939 and a subcommittee had already been appointed to prepare a scheme for a duplicated quarterly when war broke out. With the war came paper control and rationing and it was not until 1942 that a way was found round the difficulty of securing permits, and a newsletter, limited by the regulations, to three foolscap sheets, was circulated.

The need for some general medium of communication was great by this time. Prospects for dietitians in employment outside the hospital field were increasing

fast and the Executive Committee was anxious to keep members fully informed of these and of other new developments and its plans in relation to them. Food was now recognised as a weapon of war and nutrition information and reports were ammunition needed by members in their part of the war effort.

The earliest copy of the Newsletter extant, that published in April 1943, quickly gets down to the business of the Association. There are reports of the negotiations with the Institutional Management Association, on the re-opening of the University College Hospital

dietetic department and on the new diploma course at the Royal College of Nursing. Notices appear of the Ministry of Food National Bulletins, recent appointments of members and new books. Articles included one on phytic acid, one on using root vegetables as anti-scorbutics in infant feeding and a re-consideration of diabetic diets in the light of food shortages.

In August 1945 the Newsletter was issued from the Association's first home in Abbey House, Westminster and in it plans are announced, in the Editorial, for a "bigger and better journal". There are reports of the conference with Dominion and American dietitians at Oxford and of the first week-end course at Cambridge. Relief work in war-torn Europe is prominent in the publications section and there is an article on the work of medical students at Belsen. The journal, with its table of contents, editorial and numbered pages is beginning to look more professional.

The real professional touch came a little later, when discussions were started with Mr. W. H. Newman, a publisher, who, intending to issue a quarterly journal in applied nutrition, asked the Association for editorial help. He agreed to make this the official organ of the Association. The Association was extremely fortunate in this offer. Without the office organisation of Newman Books Ltd. and the enthusiasm of Mr. Newman himself it would never have been possible for the Association to publish a quarterly journal, let alone one of the quality and size of *Nutrition*. An outsider can recognise it as being not only a useful tool for the membership but a production which adds stature to the Association.

Under the title *Nutrition, Dietetics and Catering*, the first number of 46 pages came out in Spring 1947, published by Newman Books Ltd. and with a foreword by Sir Jack Drummond, who, speaking out of his experience as Scientific Adviser to the Ministry of Food, said: "This new periodical is certain of a warm welcome in many quarters. Few of the scientific and

technical journals that have made their first appearance in recent times can claim, as this can justly claim, to meet a real and long-standing need. A great deal was achieved during the war years to bring home to housewives and those concerned with catering on a larger scale the importance of understanding something of the basic facts of nutrition. But much remains to be done in this direction if continued improvement in the nutritional quality of meals served in the home, in schools, in canteens, in hospitals, and I might add, in hotels, is worthwhile. And, let me add, lest there be still those who regard knowledge of food values as of no interest to the practical caterer, improvement of the nutritional quality of meals is a problem inseparable from that of improving the quality of cooking itself This new journal must take its place in the front rank of the attack on bad cooking and bad catering in this country."

An editorial note said "As the title of this journal is to be *Nutrition, Dietetics and Catering*, it seems to us worthwhile in our first number to define our meanings of the terms. In our view, the human nutritionist works on the basic problems involved in the needs of the human being for food and the ways of meeting these needs-and this would seem to include appropriately the workers in public health nutrition and in nutrition education: the dietitian applies the findings of the basic science of nutrition to the feeding of human beings in health and disease, and may not be involved in the actual handling and service of food: the caterer applies the principles of nutrition through the buying and storage of foods, the planning of well-balanced menus, the cooking and service of meals, the planning of kitchens and dining-rooms, the buying and care of equipment, the control of staff and finally, though by no means of least importance, the maintenance of hygienic conditions wherever food or food utensils are handled. That these three types of individuals need not in every case be distinct is clear: that in all cases there is room and urgent need

for the closest of mutual collaboration, both in research and application, is very obvious. It is one of the aims of this journal to increase the possibility of such collaboration."

In its inception the journal incorporated the news of the British Dietetic Association and the Food Education Society and its first Honorary Editor was Miss A. M. Hamilton. The subscription was 10s. a year paid as part of their subscription by members. Copies of the first issue were sent to Honorary members and to nutritionists and dietitians all over the world.

Back from the United States came an announcement in the *Journal of the American Dietetic Association* of June 1947: "With the Spring 1947 issue, *Nutrition, Dietetics and Catering* made its bow. It is an independent quarterly review incorporating official news of the British Dietetic Association and the Food Education Society. The first issue includes an article describing the training course in dietetics given at the General Infirmary at Leeds: a refresher course in dietetics: a model syllabus for a course of study for a degree in dietetics and suggested salary scales for hospital dietitians as well as several articles of nutritional interest".

This gives a fair description of the mixture which has usually been found to be palatable to members. Book reviews have always found a place and from Spring 1952 an Editorial Article has been a feature. A subject and author index has appeared at the end of each volume since 1954, the first one covering the period 1952-1954. Before that date the indexing was confined to a list of "Principal Contents of Previous Issues". the name of the Journal was changed to *Nutrition* with the Winter issue 1951 and since then a list of principal contents has appeared on the outside cover.

The symbol from the original cover design by Mr. Newman, an ear of wheat superimposed on the globe, was chosen to be the emblem of the Third International Congress of Dietetics.

Editors following Miss Hamilton were: March 1949-50, Miss R. M. Simmonds;
March 1951-October 1951, Miss Simmonds
and Miss J. Robertson.

After Miss Simmonds' death an editorial sub-committee was formed with Miss D. F. Hollingsworth as Chairman.

Since March 1954, Miss Robertson has been Honorary Editor, a post far more demanding than is commonly realised and one which she has filled with unobtrusive, but unremitting care and skill.

The present editorial committee is:

Miss D. F. Hollingsworth, Miss E. Murland, Miss J. Robertson, Mr. W. H. Newman, and Mr. E. McFadyen of Newman Books.

Throughout its history the high standing in science and medicine of many of the contributors has added distinction to the journal. It has ranged widely and perceptively through its field of scientific interest. Yet it has always regarded its first responsibility as being to interpret the Association's policy to the membership, to report the affairs of the Association and to provide an information service for the profession. A list of notable articles is given in the Appendix.

The Journal is now received as part of the membership subscription of members and has a further 350 subscribers, half of whom live outside the United Kingdom. It goes every quarter into over 30 countries, across all the continents and behind the Iron Curtain.

The value overseas of specialist journals, such as *Nutrition*, was the subject of a comment in the Annual Report for 1959/60 of the British Council. Speaking of "the specialised and technical periodical which is normally only seen by those specially interested, the transactions of a learned society, the journal of an institute, the proceedings of a linguistic or medical association ... the specialised weeklies or monthlies which Britain produces in large numbers, covering every thinkable branch of the arts and sciences", it said "These are the means by which the serious student keeps himself abreast of what is happening in his particular subject. Their importance, especially to the doctor, scientist or technologist, is vital and may well override even that of getting the books on his subject. It is in any case only in such periodicals that he will find the books reviewed."

CHAPTER 10

Coming-of-Age

AT A General Meeting on January 26th, 1957, the Chairman of the Association, Miss E. P. Skinner, recalled that it was just 21 years ago, on January 24th, 1936, to be precise, that the Association was formed by the first small group of dietitians. Many of the officers and members of the first Executive Committee then elected were present on this birthday occasion, the 56th meeting of the Association. Among them were Mrs. A verill, who as Miss Marshall was first Vice-Chairman, and Miss Scott Carmichael, the first junior member of the Committee. Miss Abrahams, the first Chairman, was unfortunately not able to be present.

Some feeling of elation was natural on this occasion at the achievement of a majority and at the contemplation of the progress that had been made during the formative years of growth and development.

An editorial in *Nutrition* in Spring 1957 later reviewed some of the main events of the Association's life and discussed its policy and achievements. It announced that *Nutrition* would mark the occasion by publishing during the year a series of articles written by Honorary members who would consider various aspects of dietetic theory and practice during the twenty-one year period of the Association's activities. Among the distinguished contributions made in fulfillment of this promise were:

"Protein in Nutrition" by Dame Harriette Chick (Spring 1957); "A Historical Review of Diabetic Dieting" by Professor D. M. Dunlop

(Spring 1957); "Trends in Dietetic Treatment in Gastroenterology" by Dr. F. Avery Jones (Summer 1957); "Anremia and Nutrition" by Sir Stanley Davidson and Dr. A. P. Meiklejohn (Autumn 1957); "Infant Feeding 1936-57: Progress and Change in Two Decades" by Dr. H. M. Mackay (Winter 1957).

The week-end of the Annual General Meeting of 1957 was taken as the opportunity for holding the Association's birthday celebrations. The main event was a dinner in which the Nutrition Society joined, held at the Royal College of Surgeons in Lincoln's Inn Fields, London, on Friday, May 3rd and attended by 133 members and guests.

Among the guests, representing associations and organisations with which the Association had formed friendly ties, were:

Miss A. Luinby of the Institutional Management Association

Mr. H. E. Taylor of the Hospital Caterers' Association

Mr. B. C. Edwards of the Hotel and Catering Institute

Miss M. M. Edwards of King Edward's Hospital Fund for London

Mr. L. Farrer-Brown of the Nuffield Trust
Mr. A. G. Till of the Association of Hospital Management Committees.

Madame J. Paschoud (now Mme. Farquet), Presidente, and Milles. Cubeau and Descamps, members of l' Association des Dieteticiennes de Langue Francaise, were among the guests of honour, who also included Dr. B. Bronte-Stewart. The speakers were Sir Cecil Wakeley, Past President of the Royal College

of Surgeons, Dame Harriette Chick, President of the Nutrition Society, Miss Skinner, Chairman of the British Dietetic Association and Miss Scott Carmichael, its Vice-Chairman. Dr. Hugh Sinclair, Vice-President of Magdalen College, Oxford, and Reader in Human Nutrition in the University, replied for the guests.

At the Annual General Meeting on the following afternoon at Queen Elizabeth College, Miss Skinner told the story of the Association's inception and development and in her account of the past year's work illustrated the continuing activity of the Association. Among advances recorded in the 21st year were the receipt from the Ministry of Health of a Provisional Scheme for State Registration, a note that for the first time a B.Sc. (Nutrition) Graduate of Queen Elizabeth College had embarked on the six months' practical work for the Diploma in Dietetics and a report that a part-time dietetic diploma course had been negotiated with the Northern Polytechnic, London.

The week-end also included a Scientific Meeting which took place on the Saturday morning when the speakers were Dr. B. Bronte-Stewart, whose subject was "Natural and Processed Vegetable Fats: their effect on Health, with particular reference to Ischaemic Heart Disease", and Dr. R. E. Tunbridge who spoke on "Problems of the Treatment of Diabetes Mellitus".

Reviewing the health of the community during the life-time of the Association, Dr. Bronte-Stewart said:

"I would like to commend those individuals who, twenty-one years ago, had the forethought to weld together those of you interested in dietetics. There is no subject, in my opinion, where the public needs more guidance than in regard to diet. Food is one of the most important factors in everyday life. Even in the lands of plenty, its method of preparation and presentation dictates the happiness of the housewife and the family for whom she cares. Industry is well aware of this and is ever ready to thrust upon her pre-cooked

and processed foods. Commendable as this is, the housewives and the community at large have to receive guidance on the acceptability of such products ... There is the concept, too, of optimum. In other words, if a little does good, it does not follow that a lot will be many times better. We must be ever conscious of this in outlining our health education programmes as the effects may be far reaching in a manner not visualized at the outset. The formation of an important association such as yours lessens the likelihood of such effects, as you may then bring to bear your combined efforts in the judgment and mature consideration of facts presented. Lack of this brings scorn to the prestige of the rapidly developing science of nutrition and dietetics. This then is the heavy responsibility you have to carry and the increasing burden over the last twenty one years will no doubt be more than matched by what is to follow.

"The fruits of your labours are not difficult to see. During the last 21 years we have witnessed great strides forward in our knowledge of nutrition and dietetics. There have been great changes in the pattern of disease in the Western industrialised nations. The ravages of bacterial infections have been controlled, tuberculosis is no longer the white plague, and vitamin deficiency and malnutrition are medical terms almost relegated to the past. Maternal, neonatal, infant, and child health have improved and, since the turn of the century, our life span, as measured by the expectancy of life at birth has been increased by about 20 years.

"But can one claim on the credit side only? Has one been guilty of being over-zealous and over-enthusiastic in one's recommendations? Hypervitaminosis and over-nutrition are two new terms that have emerged during this period. Although our lifespan has increased so dramatically, if we measure it commencing at age 50 years, there has been practically no change since 1900- this despite the increased skill in surgery, the general availability of

blood transfusion, the availability of antibiotics to control pneumonia and other infections of the elderly and the marked reduction in deaths due to syphilitic and rheumatic heart disease. Instead, there is an increasing death rate from ischremic or coronary heart disease of a magnitude that can only be described as fantastic. It is by far the commonest cause of death in the Western industrialised areas and in the last 10-15 years in this country, the death-rate has doubled and even trebled, at all age ranges from 35 years on, for both men and women."

With the sobering thoughts introduced by Dr. Bronte-Stewart's analysis of the problems which lay ahead for workers in dietetics and nutrition, the meeting realised that there was no ground for complacency in its approach to the next stage of the professional work of the Association.

It is not recorded whether the decision to celebrate the conclusion of the coming-of-age party in the traditional manner with a birthday cake came under any dietary strictures from the distinguished visitors. Whatever might have been theirs and the members' professional reactions to its advisability, a proposal earlier in the year from the Northern Branch that this should be part of the occasion had, in fact, been warmly welcomed. This token of adult status, decorated with 21 candles, was made and given by Miss P. E. Torrens, Senior Dietitian of the Westminster Hospital and at the tea-party which concluded the 21st Anniversary weekend, Miss Scott Carmichael and Miss Skinner performed the cutting ceremony and with the dispersal and disposal of the cake the celebration was complete.

CHAPTER 11

Links at Home and Abroad

THE DIETITIAN finds many points of contact with workers in adjacent skills and organisations in related fields. Some account has already been given of bodies with which the Association has established links deriving from such a community of interests. The Nutrition Society remains the chief meeting ground and reference point on scientific developments affecting the work of dietitians. The Institutional Management Association now provides the greatest single source of recruits for the dietetic diploma courses, for which also certain members of the Hotel and Catering Institute are eligible. Dietitians in hospitals particularly have a working relationship with members of the Hospital Caterers' Association which is reflected in Branch activities as well as at

the national level. The efforts of King Edward's Hospital Fund for London in relation to dietetics and catering have already been discussed.

Co-operation with other national bodies
Advisory work in nutrition has brought contact with organisations seeking to help groups with special needs. A special leaflet on diet for the elderly was produced in co-operation with the National Old People's Welfare Council, of which 26,000 had been distributed by July 1960. A speaker's brief was drawn up by members of the two bodies to help speakers who were not dietitians to prepare talks for old people's clubs and many dietitians have given talks and demonstrations to such groups. In a similar way, from the beginnings of out-

patient work with diabetics, dietitians have taken a special interest in this branch of food advice. The Diabetic Association, formed in 1934 as a result of the efforts of H. G. Wells and some of his friends, has been of great practical benefit to diabetic subjects and a point at which the dietitian can make her work more effective. This is done mainly through the medium of the local branches and clubs of what is now known as the British Diabetic Association and at summer camps for children which dietitians help to run. They also help with the work of the Children's Committee of the national Council and in devising the "Cookery Club" monthly bulletins.

The Association has, since 1953, been represented on the Women's Voluntary Service Advisory Council on which over 80 women's organisations are in touch with each other in many matters, but in particular Civil Defence. It has also been since 1954 a member of the United Kingdom Federation for Education in Home Management which draws together a number of organisations concerned with education in domestic subjects to consider and strengthen their common interest. The Federation aims also to secure that the "United Kingdom be adequately represented on international organisations concerned with home management, and at international congresses, conferences and meetings concerned with home management."

This is a concern which the British Dietetic Association readily appreciates for in its own field the Association is happy to put on record a number of the many instances of co-operation with dietitians overseas and to give some account of the progress made towards international understanding in dietetics and nutrition.

Mention has already been made of the debt which the first dietitians owed to their American and Canadian guides in dietary practice and the continuance of many of the friendships made in those early days was personally and professionally valuable. The last war brought tangible reminders of that friendship in the form of gifts from Canadian and American dietitians.

Immediately after the war there was a rapid growth in international contacts within the profession. "National Nutrition and the Dietitian" was the theme of a conference sponsored by the British Council in July 1945 and held at the Churchill U.S. Army Hospital, Oxford. Two hundred dietitians from Canada, New Zealand, the United States and Great Britain were the guests, on this occasion, of the United States Army. The conference was planned with a three-fold objective. Firstly, to give visiting dietitians some idea of what had been achieved in nutrition and feeding in wartime in Great Britain before they returned to their respective countries. Secondly, to provide the opportunity to discuss the future scope of dietetics as a profession, and to consider the dietitian's place in the widening field of human and national nutrition. Thirdly, to give British dietitians impetus and encouragement to plan full professional activity in the post-war period.

At this time British-trained dietitians, as has already been described, worked with relief organisations in different parts of Europe and a number of personal exchanges and visits were made. Miss Hollingsworth attended the 29th Annual Meeting of the American Dietetic Association at Cincinnati, Ohio, in October 1946 and spoke of British food problems. She also visited many establishments in the U.S.A. and Canada concerned with nutrition education. In the following year Mrs. Bowley visited hospitals in the United States and Canada. The Chairman, in her report to the British Dietetic Association for the year 1947-48, stated that dietitians from Australia, Canada, Eire and New Zealand were working in Britain and that Miss L. Hoeschl (now Mrs. Ornellas), from Brazil, and Miss L. Horne, from Trinidad, were studying dietetics here. (Both Miss Hoeschl and Miss Horne subsequently returned to their own countries, where each played a prominent part in the development of dietetics.)

In the report for 1948-49, the Chairman again mentioned that dietitians from Australia, Canada, Republic of Ireland, New Zealand and also from South Africa, Trinidad and the United States of America, were working in Britain; that Mrs. P. Fisher had visited Prague, Miss B. Y. Campbell (now Mrs. Winstanley) had returned after three years' work as a nutrition officer in Trinidad, Miss I. Clift had left for Tanganyika and Miss S. V. Holmes (now Mrs. Parkinson), for the United States. In September 1948, Miss Simmonds read the opening address to the Amsterdam School of Dietetics. About the same time, Mrs. N. S. Irwin, of New South Wales, proposed the formation of an Empire Dietetic Association, one of whose aims would be the standardisation of training within the Commonwealth. This was merely the beginning of travel and international contacts.

Proposed international association

One of the first overseas dietitians to visit Britain after the war was Miss D. J. Ten Haaf from the Netherlands. After working for some months in London and Oxford she returned to the Hague and set about promoting, with great energy and enthusiasm, the idea that an International Dietetic Association should be inaugurated. Her proposals were:

1. to found the International Dietetic Association
2. to establish the International Dietetic Council on which all national associations affiliated to the International Dietetic Association will be represented
3. to organise regular congresses in those countries represented in the International Dietetic Association
4. to arrange an interchange of dietitians and nutritionists throughout the world
5. to exchange nutritional and dietetic literature; and
6. to issue an international nutritional and dietetic periodical or review

Finally, she suggested that the First International Congress of Dietetics should be held in Holland in 1948 or 1949. She circulated her proposals widely to workers in nutrition and

dietetics throughout the world, and one of the first concrete reactions was from Dr. L. J. Harris, then Chairman of the (British) Nutrition Society, who replied that at the First International Congress of Nutrition held in London in July 1946 it was decided

"that steps should be taken, under the United Nations Organisation, to form an International Union representative of nutritional workers all over the world"

and that he was instructed at the London meeting

"to approach leading nutritional scientists throughout the world and discuss with them how the foregoing resolution could best be implemented".

He went on to say "It may very well be that there will be room for two distinct International Unions, one for *Dietitians* and the other for workers on *Nutrition*. The matter does, however, to my mind, raise some rather troublesome theoretical problems of differentiating between the two groups, and of the actual nomenclature and definitions. On the more practical side, one realises, of course, that working dietitians have, in many countries, their own separate Associations (for example, the British Dietetic Association in this country). At the same time, the position in the country is that many dietitians belong to The Nutrition Society, although the converse is not the case. It might be worth your while perhaps to consider whether some of the functions of the International Dietetic Association, which you propose, could come under the interests of International Union of Nutrition Societies, which is now being organised". He suggested that Miss Ten Haaf's proposals might be drawn to the attention of the Provisional Committee of the International Union of Nutrition Societies (*sic*) at its forthcoming meeting, a suggestion in which Miss Ten Haaf concurred. The outcome of this correspondence was that Miss Ten Haaf and Miss Hollingsworth, then Chairman of the British Dietetic Association, were both invited to attend that Provisional Committee meeting in London in June 1948. Scientists were present from

Belgium, Canada, France, Iceland, India, Netherlands, Norway, Sweden, Switzerland, USA

United Kingdom, F.A.O., and U.N.E.S.C.O. They agreed to start an International Union of Nutritional Sciences (the I.U.N.S.) and that the National Committees of the I.U.N.S. might include dietitians among their members, that a representative or representatives of the International Dietetic Association might be able to serve on the General Assembly of I.U.N.S. and that the International Dietetic Association would carry on its own separate functions independently of the I.U.N.S.

Between 1947 and 1952 there was much discussion in this country and elsewhere about the proposed International Dietetic Association. The view of the Council of the British Dietetic Association was given in the report of the Chairman for the year 1950-51 in the following words:

"Whilst we think the concept is good, we feel that time is not yet ripe to make it a reality. There is so much to be done to set our own house in order before embarking on such an undertaking. Further, we (the BDA) lean more towards a Federation of existing Associations. We already have friendly relations with Dietetic Associations all over the world and feel that a loosely knit Federation should grow naturally from these Associations. We are taking no action, at present, in this matter other than keeping in touch with the aforementioned Associations".

This view was also communicated to Miss Ten Haaf in a letter in 1950.

First International Congress

In the meantime, the Netherlands Dietetic Association announced its intention of holding the First International Congress of Dietetics in Amsterdam in July 1952. Originally, it was planned that the Congress should mark the formation of an International Dietetic Association and that all national Dietetic Associations should be invited to send delegates. The Council of the British Dietetic Association gave careful consideration to the proposal and, after consultation with the American and New Zealand Dietetic Associations,

decided not to send delegates. By the beginning of 1952 the Netherlands Dietetic Association had agreed to drop the idea of forming any kind of international organisation and announced that the main aim of the congress would be the discussion of mutual problems in nutrition and dietetics. Because of this the British Dietetic Association agreed to send official representatives to the Congress. They were the Chairman of the Association, Miss Washington and the Vice-Chairman, Miss Buchan.

The Congress was held in July 1952.

During the very useful discussions on the training of dietitians, their responsibilities and the scope of their work in different countries, it became clear that because of the wide divergencies the time was not then ripe for the formation of any kind of international dietetic organisation. It was agreed to appoint a small Interim Committee composed of the Associations of Italy, Netherlands, Sweden, the United States and the United Kingdom to maintain contact between national Dietetic Associations and to arrange for a Second International Congress in 1956. The British member of the Committee was Miss Washington. Dr. M. A. Ohlson, then Chairman of the American Dietetic Association, became Chairman of the Committee. She summarised the Amsterdam discussions on the profession of dietetics at the end of the Congress as follows:

1. In all countries dietetics started as a therapeutic service.

2. In many countries it has broadened, as the importance of good nutrition came to be recognised, to the catering, education, public health and research services.

3. Questions had been raised, but not answered, on the definition of the words "dietitians" and "nutritionist", on the shortage of dietitians in all countries, and on the need to attract suitable entrants to the profession.

She mentioned, as a stimulus to thought, the development in the different countries for meeting the need for dietary services; that in some countries dietetics

had been developed by nurses, in others by doctors and in others by dietitians as such. She concluded that the existence of suitable basic education for women was a decisive factor in the development of a strong profession of dietetics in any country and that where dietetics is strong there is a demand for standards of training and qualifications and a jealous protection of those standards.

Second International Congress

Early in 1955, it was announced that the Second International Congress of Dietetics would be held in Rome in September 1956. The members of the International Committee responsible for making the arrangements for this Congress were:

Dr. M. A. Ohlson (U.S.A.), Chairman
Miss D. F. Hollingsworth (U.K.) (who had replaced Miss Washington) Mrs. M. Neumiiller (Sweden) Professor E. Serianni (Italy)

Miss Ir. Th. F.S.M. van Schaik (Netherlands)

and the members of the Programme Planning Committee were:

Miss J. A. S. Ritchie (F.A.O. and U.K.), Chairman
Mrs. M. Bloetjes (U.S.A.) Miss M. Quenau (U.S.A.) Professor E. Serianni (Italy)
Miss Ir. Th. F. S. M. van Schaik (Netherlands)

These Committees met in Rome in September 1955 and made arrangements for the Congress to be held a year later. The Committee meeting was described by the Chairman of the British Dietetic Association in her report for 1955-56 as follows:

"This meeting of the International Interim Committee did a great deal to strengthen relationships between the different Dietetic Associations to give support and confidence to those responsible for organising the Second International Congress of Dietetics, which takes place, as you know, from September 10-14th (1956) in Rome".

Third International Congress

There were two meetings of Official Representatives of National Dietetic

Associations during the Rome Congress and at those meetings a British invitation to hold the Third International Congress of Dietetics in Britain in 1961 was accepted. It was agreed that representatives should take back to their national Associations a proposal that, in order to provide funds to enable the International Committee to function until 1961, each Association should contribute to an International Congress Fund (temporarily in London) 30 (U.S.A.) cents per active member for the five years between 1956 and 1961. A sub-committee was appointed under the chairmanship of Dr. Ohlson to consider the exchange of dietitians between countries. Miss P. M. Newland, United Kingdom, was appointed to this sub-committee. The following members were elected to a new International Committee:

Miss D. F. Hollingsworth (U.K.), Chairman Miss A. M. Beeuwkes (U.S.A.)
Madame J. Farquet (France)
Professor G. Ferro-Luzzi (Italy)
Miss F. J. Hall (Canada)

Miss Ir. Th. F. S. M. van Schaik (Netherlands)

At a later date the British Dietetic Association appointed Miss A. M. Copping, Chairman of the Programme Planning Committee and Miss P. R. Cridland, Organising Secretary of the Congress. The International Committee (except Miss Hall) met in London for five days in July 1959 and agreed to act as Programme Planning Committee as well as in its general planning capacity. During the meetings in 1959 all arrangements for the Congress were agreed in principle and the theme for the scientific programme, "Tradition, Science and Practice in Dietetics" was chosen.

Relations with I. U.N.S.

While these international meetings between dietitians were taking place a relationship between dietitians and the International Union of Nutritional Sciences was being evolved. Miss Ten Haaf and Miss Hollingsworth attended the meeting of the Provisional Committee of nutritional scientists in London

in June 1948 and of the L.U.N.S. in Copenhagen in September 1949. At the meeting of the L.U.N.S. Committee held in conjunction with the Second International Congress of Nutrition in Basle in October 1952 the formation of the International Interim Committee of

dietetic associations was reported by Miss Hollingsworth. The L.U.N.S. Com-

mittee decided that their organisation might continue to have serving on its Committee "an Informal Observer representing professional dietetic interests" and that the Honorary Secretary should get into touch with the Interim Committee regarding the appointment of such a representative.

At each subsequent International Congress of Nutrition two representatives of the Interim Committee of dietitians have been present. They have been Miss Hollingsworth and Miss van Schaik in Amsterdam in September 1954; Madame J. Farquet and Miss Hollingsworth in Paris in 1957, and Miss A. M. Copping and Madame Farquet in Washington in 1960. This record makes it clear that the British Dietetic Association has been privileged to play a prominent part in getting for dietitians, professional workers in applied nutrition, a recognised place among the more academic workers in the nutritional sciences. Many British dietitians have attended International Congresses of Nutrition and among the members of the Scottish Committee which will be responsible for the 6th International Conference of Nutrition to be held in Edinburgh in 1963 are four members of the Association (Miss J. C. Currie, Miss K. Rose, Miss M. G. Watt and Miss R. H. Wilson) and one Honorary Member (Miss M. Andross).

Other contacts abroad

The Association has taken part in other international meetings, notably in the Netherlands, when in 1948, as already recorded, Miss Simmonds read a paper at the Amsterdam School of Dietetics, and in France, in January 1957, when six members of the British Dietetic Association attended a meeting of l'Association

des Dieteticiennes de Langue Francaise in Paris, Mrs. Scott and Miss Skinner read papers on the organisation of dietetic departments in Britain and Miss Hollingsworth read a paper on the growth and development of the British Dietetic Association and also chaired one of the sessions. In May 1957, Madame J. Farquet and two of her colleagues paid a return visit and took part in the 21st Birthday Celebration of the Association, and in March 1958 members of the Association again attended a meeting of l' Association des Dieteticiennes de Langue Francaise in Paris, at which British as well as French scientists spoke.

In addition to the formal negotiations and meetings described, members of the Association have been kept in constant international touch not only by their own personal contacts, but by the distinctly international flavour of the journal *Nutrition*, which, from its outset in 1947, has regularly carried a sprinkling of articles from members resident in or returned from foreign countries or from other workers overseas. In 1958, the Editorial Committee of the journal started to publish a series of articles describing the growth and development of dietetics in various countries, planned as a contribution to the Third International Congress of Dietetics.

At the present time persons who are eligible for membership of the American, Canadian, New Zealand, New South Wales, Victoria and Western Australian Dietetic Associations and those holding South African qualifications are eligible for membership of the British Dietetic Association on special recommendation. Only those eligible for membership of the British Dietetic Association may, under the National Health Service Regulations 1954, be employed in British hospitals as dietitians.

Many members of the British Dietetic Association are resident or employed overseas. The following list shows how widely they are scattered.

| | |
|--------------------------------------|--------------|
| Australia | Italy |
| Bahamas | Kenya |
| Bermuda | Malaya |
| Brazil | New Zealand |
| British Guiana | Nigeria |
| Canada | Norway |
| Cyprus | Singapore |
| Egypt | South Africa |
| Fiji | Sweden |
| Gambia | Switzerland |
| Ghana | Tanganyika |
| Hong Kong | Trinidad |
| India | Uganda |
| Iran | USA |
| Republic of Ireland | |
| Federation of Rhodesia and Nyasaland | Sarawak |

This formal statement of international meetings and of co-operation in committee and conferences leaves out of the reckoning what those who take part in them feel to be their true value. Perhaps the greatest satisfaction derived from them lies in the enjoyment of friendship with like-minded people and the giving and receiving of hospitality. This was, above all, the memory which was retained by our own first dietitians from their initiatory experiences in the United States and Canada. There is next the reassurance which comes from the recognition of similarity-that one's own professional body has its counterpart elsewhere, that others have felt the same need for association and have experienced similar growing pains. But in contrast, there is the interest afforded by variety. Differences in the inception of the work and the varying nutritional and social problems in different countries affect the emphasis given to the work of the dietitian. This must be so if she is to serve her own community in accordance with its needs. Experience gained in one country must be viewed in relation to the total problem to be faced in another or the transfer of techniques is a sterile exercise of limited value. To study the different social contexts of the work in other countries is useful for itself and also in that it calls into question and may lead to re-appraisal of one's own objects and policy. Comparisons can be salutary.

Appendix

SUPPLEMENTARY NOTES AND REFERENCES

to the key figures in the text

CHAPTER 1

1 Quoted in *The Englishman's Food* (J. C. Drummond and A. Willbraham), revised ed. (1957), 104.

2 *Nutrition* (1954), 8, 72.

3 Letter from the Secretary, Radcliffe Infirmary, Oxford, to the British Dietetic Association.

4 Miss A. E. Buchan had the care of the metabolic ward from the start. In 1931/2 she travelled in the United States and Canada on a Rockefeller Fellowship studying nutrition and dietetics. Dr. C. P. Stewarthas related how she was "the lieutenant and trusted colleague" of Miss Pybus until the latter's retirement in 1946 when she followed her as Sister-Dietitian and Head of the School of Dietetics.

5 The first mention of specialised dietetic work in this country that I have been able to find in the various careers publications of this time was in *Careers and Vocational Training* published by the Women's Employment Publishing Co. for the Central Employment Bureau and Student Careers Association, 6th edition, 1924. The Dietetic Cook is there described as being "more recognised in the United States than in England at present, though posts are being found here and there in special Nursing Homes and Hospitals. The work ... is carried out under a doctor. It involves a special training on scientific food values. The dietetic specialist usually has her own kitchen with an assistant and trained nurse to work with her and she not only prepares special diets as ordered by the doctor, but also carries out research work connected with it, keeping the weights and analysis of the exact amount of food each patient has consumed. She must have a wide knowledge of the scientific as well as the actual cookery side of her subject for while the doctor orders so much of each form of food it is she who must invent and contrive forms palatable and possible for the patient to take. This is pioneer work for the cook in England and it is hoped that it will continue to develop". The length of training is given as being three years for a degree or a diploma course, but no courses are listed.

The opportunities were anticipated rather than actual. The more cautious publications of the London and National Society for Women's Service, which later merged into the Women's Employment Federation, do not mention the dietitian as such until 1929.

6 Sir John McNee has written in a memorandum that "it was the discovery of insulin by Banting and Best and the very strict dietetic regime required in the early days of the insulin treatment of diabetes which really gave the required stimulus to the essential need of hospital dietetic departments". He became interested in the work of the dietetic department at Johns Hopkins Hospital when he held the post of Associate Professor of Medicine there in 1924-25. He has written "On my return to University College Hospital to face, among other things, much clinical work with diabetic patients, I naturally thought over my American experiences. I wanted in fact to begin a Special Dietetic Department, but knew it would have to start-if it started at all-in a quite small and inexpensive way". It should be remembered that all the early dietetic departments were in voluntary hospitals and the value of the new service needed to be amply demonstrated before scarce funds could be allocated to it on any scale. Within five years the kitchen at University College Hospital had been enlarged and improved.

7 Miss Abrahams has drawn attention to the fact that Dr. Graham was the discoverer of the valuable pre-insulin treatment for diabetes by a "starvation" diet.

8 The original diet kitchen became too small for the growing work and in 1935, when a new block of wards was built, a larger diet kitchen was specially planned to form part of the basement.

9 *St. David's Wing, Royal Northern Hospital* was a new private wing in which the dietitian was responsible for all normal and special diets. Advice was given in the out-patient department and on special diets in the main hospital. The department was well equipped, well staffed and pleasantly situated and there was a helpful Superintendent Housekeeper.

10 *David Lewis Northern Hospital, Liverpool.* The dietitian here had the widest range of duties of any dietitian so far appointed in England. She was responsible for the preparation of therapeutic diets, the instruction of in-patients and out-patients needing special diets, the supervision of the general food service for staff and patients, the drawing up of menus and the requisitioning of stores. After a chef was appointed in 1933 she added instruction of nurses to her list of duties. Until then Miss Keay had only a small staff of kitchen maids and a "series of young enthusiasts who had received some domestic science training and were interested in dietetics". Of the kitchen maids she said, "They were very colourful individuals, well trained in the routine production of rather monotonous meals. Never have I tasted such delicious rice puddings as the ones those girls cooked, but they made them daily for 364 days of the year".

11 *Radcliffe Infirmary, Oxford, and Addenbrooke's Hospital, Cambridge.* Miss Waterhouse and Miss Mills both worked as honoraries for several months until the authorities were convinced of the value of a dietitian's services. Miss Mills paved the way by establishing out-patient work first and worked single-handed, with a cleaner's help, for about two months, after the diet kitchen was opened. After visiting the United States she reported on the work of the dietitian-caterers there and the department was radically re-organised, a dietitian housekeeper being appointed in charge of catering arrangements when Miss Mills moved to the Leeds General Infirmary.

12 *Royal Masonic Hospital.* Miss Jamieson, after a year spent as third cook in the general kitchen was appointed as dietitian in charge of special and Jewish diets.

13 *Royal Infirmary, Manchester.* Miss Muriel worked under the Matron and had the status of Assistant Matron. Initial difficulties seem to have been few. A diet kitchen, consulting rooms and offices were built and equipment provided to Miss Muriel's requirements. A staff nurse was permanently attached to the department and work started immediately with both inpatients and out-patients.

14 *The Middlesex Hospital* was being almost entirely rebuilt at this time and the diet kitchen was new, spacious and well-equipped.

15 At the end of this early period, what is thought to have been the first dietetic department to be established in a publicly provided hospital was started at the Central Middlesex Hospital, with the support of Dr. H. Joules, the present Medical Superintendent. Miss C. F. Harris, a nurse who had trained as a dietitian under Miss Simmonds, was in charge and was there at the time of Dr. F. Avery Jones' appointment to the hospital.

16 Letter from Lord Dawson to Dr. McNee, July 15th, 1933.

CHAPTER 2

17 The subscription was not, in fact, raised to *IOs.* until 1942, because of the Association's administrative difficulties in the early part of the war.

1 Fitzpatrick, K. (1951), *Brit. Med. J.*, **i**, 641.

2 King Edward's Hospital Fund for London was founded in 1897 by His Majesty King Edward VII (when Prince of Wales) for "the support benefit or extension of the hospitals of London". It is not directly affected by the provisions of the National Health Service Act 1946. As the Fund's resources were released by that Act from demands for maintaining the fabric of hospitals it has developed and extended its work in other directions, including the establishment of hospital staff training centres. Many dietitians have given lectures and demonstrations to hospital catering staff attending courses at the Fund's School of Hospital Catering and have taken part in the training of catering bursars and trainee catering officers during their period of practical work in hospitals. Dietitians in the London area have also co-operated in a course run by the Staff College for Ward Sisters. The Fund's advisory dietitians have always been glad to assist both the Association and its individual members when called upon.

CHAPTER 3

1 Overseas members vote by proxy, nomination forms being sent by air-mail.

2 The recognised qualifications for membership today are the possession of qualifications set out in the Leaflet BDA(2C *Dietetics as a Career* (see Appendix note 11 to Chapter 5).

3 Of these 29 in England and Wales and 2 in Scotland are part-time.

4 Membership Subscription Rates

Home-Full

| | |
|---------|--|
| 1936-38 | 5s. |
| 1939 | <i>IOs.</i> (not implemented because of outbreak of war) |
| 1940-41 | 5s. |
| 1942-44 | <i>IOs.</i> |
| 1945-49 | £2 2s. |

1950 £3 3s.
 1951-56 £3 3s. Non-practising-£1 11s.6d.
 1957 £4 4s. Non-practising-£2 2s. (From
 1958 extended to those not re-
 ceiving more than £100 p.a. in
 fees and emoluments).
 £3 3s. for first three years after qualifying.

Affiliate
 1936 3s.6d.
 1942 7s.6d.
 1948 Raised from 10s. to £1.
 1957 £2 2s.

Students
 1936 3s.6d.
 1942 5s.
 1948 Raised from 7s. 6d. to 15s. (for total
 period of training).

Overseas
 Established 1946
 1957 Raised from 10s. to £1 and to include
 Republic of Ireland.

5 The establishment of the Executive Committee was a measure of economy as well as of efficiency. A full Council Meeting involves the Association in an expenditure of something like £50.

6 REPORT ON BRANCH ACTIVITIES

Edinburgh and East of Scotland Branch

Twenty-one meetings were held in the past two years, mostly at the Royal Infirmary, Edinburgh, the-Western Central Hospital and the Edinburgh College of Domestic Science. Attendance ranged from 12 to 35 members. Talks were given on mental health, the history of the almoner's work in hospitals, dietetics from the point of view of the general practitioner, and coronary heart disease. Social evenings included an "Any Questions" session and a dinner to Glasgow Branch representatives.

Glasgow and West of Scotland Branch

Seven Branch meetings were held each year. Speakers at the meetings covered many varied topics including hypnosis in medicine, child psychiatry and dentistry as well as the usual medical subjects related to dietetics. Social occasions included a visit to the Edinburgh Festival and a Wine and Cheese Party held jointly with the Edinburgh Branch, at which Miss Scott Carmichael and Miss Jamieson were guests. The Refresher Course held in April 1959 was welcomed by members not only for its educational value but for the opportunity it gave to meet colleagues from other Branches.

Ulster Branch

Meetings were held monthly throughout the winter seasons. Talks were given by an American dietitian, by consultants at the Belfast hospitals on phenylketonuria, diet in ischzemic heart disease and by Northern Ireland's Chief Dental Officer, and Deputy Chief Medical Officer of Health on topics relating to their respective fields of work. Summer visits were paid to the twelve-storey North West Hospital at Londonderry, the first completely new general hospital to be built in the United Kingdom since the war.

Northern Branch

Five meetings a year with an average attendance of 20 were held in Leeds, Liverpool and Manchester. Talks on chemicals in food, nutrition in pregnancy, dietary habits of old people, catering and dietetics in an Indian hospital were among those given by visiting speakers.

Midland Branch

This Branch held nine meetings in the period under review at Derby, Leicester, Birmingham and Wolverhampton. Topics under discussion were: diabetic research, the work of a metabolic unit and the work of an almoner. A plea for a chance really to talk to each other was made and accordingly at the last Annual General Meeting of the Branch dietitians from this scattered area met to do just that after the business session was over.

London Branch

A total of sixteen meetings was held in the two years with attendances of between 30 and 40 from the 186 members in the Branch. Talks have been given on "The work and functions of Whitley Councils", "Teaching nutrition to hospital catering staffs", "The food value of dehydrated foods", "Nutritional aspects of the British Transantarctic Expedition" among many other subjects presented. A Christmas Fair was held at St. George's Hospital in December 1959 at which the sum of £350 was raised for the Rose Simmonds Memorial Fund. London also records the receipt of £125 in donations from firms.

Several Branch reports indicate how both this Fund and the Coat-of-Arms Fund have benefited from the activities of local groups.

CHAPTER 4

1 Titmuss, R. M., *History of the Second World War. Problems of Social Policy*. H.M.S.O. (1950), p. 183.

2 Watson, Francis, *Dawson of Penn*, Chatto & Windus (1950) p. 215.

3 *Nutrition* (1950), **4**, 79.

4 *Proc. Nutr. Soc.* (1944) **2**, 106.

5 For a statement setting out the scope of a dietitian's work as practitioner, interpreter and teacher see *Evaluation of the work of dietitians and nutritionists* by D. F. Hollingsworth published by the Associazione Dietetica Italiana in the report of the Second International Congress of Dietetics, Rome 1956, p. 237.

CHAPTER 5

1 A one-term course and a vacation course taught by Professor Mottram had been started as early as 1931. Students taking the first course which started in October 1933 include the following present members of the British Dietetic Association:

Miss A. K. Chalmers, Miss V. H. Grantham (now Mrs. White), Miss H. M. McLeod, Miss E.M. Widdowson.

Others who are no longer members of the Association were:

Miss J. D. Fisher, Miss E. R. Franklin, Miss G. A. Jackson and Miss H. M. Jackson (now Mrs. Long).

See *Nutrition* (1961), **14**, 151, for an account of what is now the Department of Nutrition, Queen Elizabeth College. Both University and College diploma courses are still available at the College.

2 Andross, Mary, B.Sc., F.R.I.C., Glasgow and W. Scotland College of Domestic Science, *Nutrition* (1953), **7**, 177.

3 See "Dietetic Department at the Royal Infirmary, Edinburgh", by Anna Buchan, S.R.N., *Nutrition* (1954), **8**, 72.

This course was discontinued in 1955 for reasons of internal policy.

The six months' practical training arrangements continue.

4 Among them were:

Miss F. K. Acheson-Chief Dietitian, Royal Victoria Hospital, Belfast.

Miss F. DiIlistone-formerly Senior Dietitian, Great Ormond Street Hospital for Sick Children, London.

Miss M. J. O. Freeman-Chief Dietitian, Royal Infirmary, Newcastle.

Miss C. F. Harris-Chief Dietitian, University College Hospital, London.

Miss M. J. Leech-Dietitian-Caterer, Royal Masonic Hospital, London.

Miss G. H. Powell-Chief Dietitian, Cardiff Royal Infirmary.

Mrs. E. Scott-Chief Dietitian, London Hospital.

Miss E. P. Skinner-Chief Dietitian, St. Thomas's Hospital, London.

Miss E. M. Wilkinson Hughes-Chief Dietitian, The Middlesex Hospital, London.

5 Gibbins, Jean A.. Northern Polytechnic Dietitians' Diploma Course, *Nutrition* (1956), **10**, 257.

6 See an article on the course at St. Mary's College of Domestic Science, Dublin, by W. Bouchier Hayes, *Nutrition* (1953), **7**, 116.

7 Members of the Association who have served in this way are Miss R. Pybus (1947-50), Miss D. F. Hollingsworth (1949-52), Miss E. Washington (1953-55), Dr. E. M. Widdowson (1955-58), Mrs. F. S. Patton (1956-58) and Mrs. B. R. Stanton Jones (1959-date). A number of dietitians working in Scotland have served on the Committee of the Scottish Group of the Nutrition Society, namely: Miss A. E. Buchan, Miss C. S. Cameron, Miss J. C. Currie, Miss M. M. Doig (now Mrs. Williams), Miss E. D. Mutch, Miss B. L. Pollok (now Mrs. Macgregor), Miss K. Rose, Miss M. G. Watt and Miss R. H. Wilson. It is also the policy of the Society to make its Programmes Committee as representative as possible of its members' interests: since 1949 Miss D. F. Hollingsworth has represented dietetic interests on that Committee and since 1957 she has been Programmes Secretary of the Society.

8 It is interesting to note the preliminary qualifications of the 122 dietitians elected to membership after completing a dietetic diploma course in the three years ending December 1960:

| | |
|--|----|
| Science degree | 14 |
| S.R.N. | 5 |
| Teachers' Diploma in Domestic Science | 14 |
| LM.A. Certificate ... | 61 |
| A.M.H.C.1. | 1 |
| Integrated Diploma courses (England and Ireland) | 27 |

9 Dietitian-Caterers

Among these are Miss E. E. Richards, Queen Elizabeth Hospital, Birmingham; Miss M. H. Chivers, Addenbrooke's Hospital, Cambridge; Miss D. Forgan, St. George's Hospital, London; Miss M. Y. Craik, Farnborough Hospital, Kent; Miss V. M. Johnson, Group Catering Officer, Liverpool United Hospitals; Mrs. H. M. I. Galloway, Stracathro Hospital, Angus; Miss E. J. Young, West Suffolk General and St. Mary's Hospitals, Bury St. Edmunds; and Miss K. Mellor, Blackburn Royal Infirmary.

10 In connection with new hospital design it is of interest to note a forecast of the possible influence of technological development in the food industry on the hospital kitchen. See the *Architects' Journal*, July 1960 (Vol. 132, No. 3403). The Hospital Brief-the kitchen, by Professor B. S. Platt of the National Institute for Medical Research.

11 With the variety of posts available to dietitians it has been the policy of the Association to encourage training for students with different educational backgrounds, so that they may pursue the type of professional work for which they are most suited.

The *minimum* standard of general education required for students educated in England and Wales is the General Certificate of Education in five subjects at Ordinary level or three subjects at Ordinary level with one at Advanced level, including English language and preferably Chemistry and Mathematics. In Scotland the required standard is five subjects at Lower level or four subjects with one at Higher level, English to be included. For students educated in Ireland and countries overseas details of the equivalent qualifications may be obtained from the Secretary of the British Dietetic Association.

If *Chemistry* is not included in these groups an entrance examination in this subject has to be taken.

At present there are three ways of training which are outlined below:

A. A full-time course for a Diploma in Dietetics, of some eighteen months' duration, for students who already hold one of the following preliminary qualifications:

1. University degree in one of the following:

a Domestic Science (University of Bristol).

b Household Science (University of London, Queen Elizabeth College).

c Nutrition (University of London, Queen Elizabeth College). or

d Pure Science (including chemistry and physiology). *

2. State Registration in Nursing. *

* Pure Science graduates and State Registered Nurses must complete three months' approved training in cookery. Particulars may be obtained from the colleges awarding a Diploma in Dietetics.

3. Teacher's Diploma in Domestic Science.

4. Institutional and Catering Management Certificate of the Institutional Management Association, Swinton House, 324 Gray's Inn Road, London, W.C.I, or I.M.A.

Diploma in Institutional Management, or in certain special circumstances the Certificate in Institutional House-keeping and Catering instituted 1960. Or are:

5. Associate Members of the Hotel and Catering Institute having completed certain full-time courses in catering and having been elected after passing the Institute's professional examination or an examination exempting therefrom.

Students holding the above qualifications, together with the necessary educational requirements, may proceed to the following courses for a Diploma in Dietetics:

1. Queen Elizabeth College (University of London), Campden Hill Road, London, W.8.

a. University of London Diploma in Dietetics. Two terms at the College followed by six months' practical training at a recognised hospital dietetic department. Open to university graduates under A.I. Note.-Candidates who have obtained the B.Sc. (Nutrition) degree of the University of London are exempted from the course and examination of Part 1 of the Diploma provided they pursue a full-time course of study extending over not less than one term at a School of the University to include instruction in cookery and diet and disease.

b. College Diploma in Dietetics. Two terms at the College followed by six months' practical training at a recognised hospital dietetic department. Open to students under A.2 and A.3 provided the College entrance examination in physiology and chemistry is passed.

2. Glasgow and West of Scotland College of Domestic Science, 1 Park Drive, Glasgow, C.3.

Diploma in Dietetics. Three terms at the College followed by six months' practical training at a recognised hospital dietetic department. Open to students under A.I-5.

3. The Northern Polytechnic, Holloway, London, N.7.

Diploma in Dietetics. Three terms at the College followed by six months' practical training at a recognised hospital dietetic department. Open to students under A.I-5.

4. The Birmingham College of Food and Domestic Arts, Brasshouse Passage off Broad Street, Birmingham 1.

Diploma in Dietetics. Three terms at the College followed by six months' practical training at a recognised hospital dietetic department. Open to students under A.1-5.

5. Gloucestershire Training College of Domestic Science, Oxstalls Lane, Gloucester.

Diploma in Dietetics. Three terms at the College followed by six months' practical training at a recognised hospital dietetic department.

B. A part-time course for a Diploma in Dietetics has been recognised at the Northern Polytechnic, London, N.7, requiring attendance on one whole day and one evening a week for three years, followed by six months' practical training at a recognised hospital dietetic department. Open to students under A.I-5.

C. At the following colleges the full training may be taken:

1. Battersea College of Technology, London, S.W.11.

Diploma in Dietetics and Catering. Three years' full-time course including six months' practical training at a recognised hospital dietetic department. Entry requirements include Advanced level Chemistry and either Physics or Biology (or Zoology).

2. St Mary's College of Catering and Domestic Science, Cathal Brugha Street, Dublin.

Diploma in Dietetics (and Catering). Four years' full-time course including six months' practical training at a recognised hospital dietetic department. Entrants must hold the Senior Leaving or Matriculation Certificate or General Certificate of Education in 5 subjects at Ordinary level with passes in English and Mathematics.

3. Leeds College^{CHAPTER 6} of Technology, Calverley Street, Leeds 1.

Diploma in Dietetics (and Catering). Four years' full-time course including six months' practical training at a recognised hospital dietetic department. Entrants must hold a minimum of 5 passes at Ordinary level in the General Certificate of Education including English and Chemistry (or Physics-withchemistry). Entrants with Advanced level subjects of Chemistry and Biology and Ordinary level Physics may be admitted directly to second year.

1 In 1957 the Catering and Diet Committee of King Edward's Hospital Fund for London felt that "there was a pressing need for an enquiry into the present state of diet therapy in hospitals and the effect on it of the acute shortage of dietitians". Accordingly they referred these questions to a working party under their Chairman, Dr. F. Avery Jones. Enquiries were made from and discussions were held with various interested parties including doctors, dietitians, the Ministry of Health and the Royal College of Nursing. The findings of this working party were reproduced in the first part of the Memorandum on the Shortage of Dietitians published by the Fund in July 1960. Con-currently an investigation was undertaken jointly by the Fund and

the Ministry of Health into the present work of dietitians within the hospital service. The report on this joint investigation forms Part 2 of the Memorandum.

2 The following note on the work of dietitians in the 'twenties and 'thirties which has been compiled from the statements of early dietitians will be of interest in this connection.

Concerning the history of therapeutic service Miss Pybus and Miss Simmonds (*Proc. Nutr. Soc.* (1947), 5, 141; *Nutrition: Dietetics: Catering* (1948), 2, 50, and (1949), 3, 123) both recalled that until the treatment of diabetes was revolutionised in 1922 by the manufacture of insulin, severe cases were usually starved for one to three days and then given a diet consisting of meat and thrice-boiled cabbage, perhaps flavoured with bovril, and biscuits made from bran (which has been washed for two hours under a running tap), agar-agar or gum and water. Miss Pybus recorded that the biscuits resembled fire-lighters, and that "These nauseating substances were washed down with copious draughts of black coffee; the grimness of the starvation days, however, was somewhat alleviated by small quantities of whisky". Miss Simmonds wrote "After perhaps a week or so of this treatment, the diet was gradually increased up to 75 g. of carbohydrates with protein and fat, allowing about 1,500 Calories daily. In many cases after relapse the diet was reduced, sometimes as low as 400 Calories daily, before the patient died in coma". She also wrote that it was an accepted fact that diabetic patients usually became worse after their admission to hospital, the reason being that the hospital diet was too greatly restricted. Miss Pybus wrote "Amongst young diabetics the casualties were undoubtedly high, but the survivors were some of our most contented and hard-working patients, and when they later benefited from the blessing of insulin, some of them attended this (Edinburgh) diabetic clinic for 20 years or more". Low carbohydrate diets for diabetics persisted well into the 1930s. Wagner in Vienna and Rabinowitz in Montreal, in about 1930, were probably the first to treat their patients with as much as 300 to 400 g. carbohydrate daily. Naturally, patients improved on such diets, which also provided their protein and calorie requirements. It is interesting, however, that in 1938 bran biscuits were still baked regularly for diabetic patients by the dietetic students in the diet kitchen of the Royal Infirmary, Edinburgh, and even as late as 1940 one physician in at least one London hospital was treating diabetic patients with special low carbohydrate "kalari" biscuits, energen rolls,

and a total carbohydrate intake of 20 to 30 g. daily and a total daily Calorie intake of 800 to 1,600.

Patients suffering from gastric lesions were also starved both before and after surgical treatment. Cases of hrematemesis were given only ice to suck during the first twenty-four hours, followed by half-hourly feeds of a few teaspoonfuls of Benger's Food. This led to a diet, often not varied for years, consisting of boiled fish, mashed potatoes and milk pudding. Vegetables and fruit were not allowed and therefore the diet lacked vitamin C. On the introduction of the Lenhartz diet, allowing up to ten eggs daily, and of the Sippy diet, allowing milk and up to two pints of cream and four eggs daily, patients showed considerable improvement. Neither Lenhartz nor Sippy approved of starvation treatment and both allowed vegetables and fruit juice daily. Later, about 1930, Meulengracht went further still and fed his patients suffering from hrematemesis on a full diet, including meat, vegetables and fruit in non-residual form from the beginning of treatment. Miss Pybus recorded that she began to include orange juice in the diet as a routine measure after a gastric patient was admitted with hrematemesis which was directly due, not to peptic ulcer, but to scurvy which had developed during a prolonged stay in a hospital for chronic diseases. Miss Simmonds recalled one patient "who adhered rigidly to this diet (steamed or boiled fish with mashed potatoes followed by a milk pudding) for six years, after which he was re-admitted to hospital, his ulcer still unhealed and complaining of painful joints and bleeding gums". Miss Margery Abrahams has also recorded (in an unpublished note) that no vitamin C was given in gastric diets in the 1920s but that soon after the appointment of dietitians, and possibly partly through their efforts, orange juice and other sources of vitamin C were added to gastric ulcer diets.

For many years patients suffering from secondary anaemia were given a half-pound of liver every day, or the same amount of raw meat. In 1926, patients suffering from pernicious anaemia were treated successfully by Minot and Murphy with half to one pound raw liver daily. This was minced and sometimes mixed with orange juice and port, making an unpleasant concoction for the dietitian to prepare and even less pleasant one for the patient to swallow. Sometimes the liver was cooked and ingenious methods of cooking were required.

In the early thirties it was found that ketogenic diets had a quietening effect on patients suffering from epilepsy. Their high fat and low carbohydrate contents made them nauseating and unpalatable to take for long periods.

The substitution of mandelic acid as a medicine was a very welcome improvement.

Early in the present century, low salt and low protein diets were prescribed for cases of nephritis, but from about 1920 high protein diets were sometimes given to make good the amount of albumin excreted in the urine. According to Miss Pybus, writing in 1947, "Some 30 years ago it was the custom to give copious fluid to water-logged patients in order to 'flush the kidney'. Chronic nephritics were kept for many weeks on milk and cereals in the vain hope that the albuminuria and cederna would subside. Salt-poor diets were sometimes employed in cases of cedema, but at that time chloride was regarded as the offender and we used sodium bicarbonate freely in making special scones. Until the introduction of the Epstein diet, low protein was advocated even after the acute stage of nephritis was passed, but as physicians and nurses seldom appreciated the protein content of milk and fish, these foods were given in fairly generous amounts. Eggs were seldom permitted, because, I presume, of the association of albumin in the egg with the albuminuria!" The Epstein diet for the treatment of nephrosis consisted of 120-240 g. of protein daily and restriction of fluid to a total of 1.5 to 2 pints daily. Salt was given to taste. Van Noorden also limited the fluid to 1.5 pints daily when the urine was scanty and allowed it freely when diuresis set in, even though oedema was still present.

All three dietitians mentioned in their notes the lack of concern over fluid intake. Miss Pybus wrote "We certainly did not appreciate the importance of fluid and the dangers of dehydration, and this was true in both surgical and medical wards". Miss Abrahams, in her unpublished note, stated that fluid intake was little considered for the ordinary patient, adding "it would surprise the authorities of the 'twenties and early 'thirties if they saw the soft drinks beside the beds of patients nowadays. Dietitians can perhaps claim some credit for this improvement". Miss Simmonds mentioned the lack of interest in fluids in the first quarter of the century in the following words: "... for those on liquid diets, in which, even in fever cases, the total contents of fluid might be as low as one or two pints in 24 hours. Fever patients, especially typhoid cases, were often starved for several weeks, not only of food but of fluid".

Miss Pybus wrote that in the early days of therapeutic dietetics at Edinburgh "we had a great belief in rectal feeding (for the seriously ill patient): it was quite common to administer every four hours switched eggs, peptonised milk, cafe-au-lait, and beef tea". Miss Simmonds recorded that "Amongst the first special diets were those given by artificial methods of feeding. Nasal and gastrostomy feeds and nutrient enemata. Leube Ewald Brandenburg and other continental physicians stated that:

(1) peptone was well absorbed in the rectum;
(2) eggs given alone were not absorbed, but that if 15 g. of salt were added to each egg they were almost as well utilized as if they had been peptonized;

(3) raw beef juice was completely absorbed when given in its raw state. As it was then known that the colon secretes no digestive enzymes, it was assumed that a reverse peristalsis occurred which carried substances injected into the rectum above the ileo caecal valve into the small intestine. It was more probable that any benefit derived from these enemata was due to the fluids absorbed from them. In any case, this treatment could only be continued for a short time, as the rectum became intolerant and the foods were rejected".

Few patients in the 'twenties and 'thirties could follow, in Miss Abraham's experience, explanations as to why they should take the diets recommended by their doctor. The dietitian had to persuade or bully them into taking what was prescribed, adapting the menu as far as possible to their tastes and pockets. In those days many patients could not afford an adequate diet, let alone a special one. It was only when the meals prescribed relieved the symptoms and caused a general improvement that patients would begin to take their diets willingly, though still generally without understanding why they were effective. Today, with

improved education and the many articles and advertisements about diet, patients are ready to try to understand a dietitian's explanations of their needs, whilst the higher earnings of the majority enable them to buy the foods they need.

The catering staff, on the other hand, saw only a menace to their authority in the dietitian, and resented losing the supplying of special diets which they felt was necessary to keep variety in their work.

3 A claim to the Whitley Council for a reduction of hours is under consideration.

CHAPTER 7

1 Titmuss, Professor R. M., *Essays on The Welfare State*, Allen and Unwin, (1958), p.101.

2 *Reports of the Committees on Medical Auxiliaries*. Cmd. 8188.

3 Over 15,000 leaflets have been distributed to date, through a wide variety of organisations.

4 The last *Girl Annual* carried a picture strip devised from material provided by the Association-doubtless with the intention of "catching them young".

5 A salary allowance for group posts is now ' being negotiated. See *Nutrition* (1957), 9, 22. Shortage of Dietitians-Shared Appointments as a Remedy by Betty R. Stanton.

6 According to figures provided by Miss B. J. Jamieson, Secretary of the Association, in 1951, 20% of the U.K. membership of the Association was married, in comparison with 42 % in January 1961.

Notable Publications in Nutrition

1947-1951 "*Nutrition: Dietetics: Catering*" Title
changed in 1952 to "*Nutrition*"

Nutrition: Dietetics: Catering

1947 Vol.t

7 Foreword by Sir Jack Drummond.

10 Diploma Course in Dietetics at the General Infirmary at Leeds by J. Isobel Mills.

14 The Food Supply of the Netherlands during the Second World War, 1940-45, by Diana J. Ten Haaf, President of the Dutch Dietetic Association.

27 Some Observations on Nutrition in West Africa by John Yudkin, Professor of Physiology, King's College of Household and Social Science.

31 A British-trained Dietitian looks at Food and Food Habits in Norway by D. Eirene Palmstrom.

47 Scientific Approach to Food Problems during the War by Sir Jack Drummond, formerly Scientific Adviser, Ministry of Food.

73 The British War Food Policy and the Future World Food Policy by Sir John Boyd Off, Director-General of the Food and Agriculture Organization of the United Nations.

85 The Training of Dietitians in Melbourne, Australia by Jean Millis, Department of Biochemistry, University of Melbourne.

97 The Quantity and Quality of Life in relation to Poverty and Malnutrition by F. L. McDougall, Deputy Director-General of the Food and Agriculture Organization of the United Nations.

111 Dietetics in Czechoslovakia by Joseph Masek, Charles University, Prague.

127 The Present Training of Dietitians and the Future Scope for Dietitians 1. Great Britain by Margaret C. Broatch, Chairman, British Dietetic Association, 1946.

133 Fruit Products for Hospital and Welfare Work by Vernon L. S. Charley, Coleford, Glos.

13 The Food Service Department at the Royal Hobart Hospital by Molly M. Baker, Dietitian, Royal Hobart Hospital.

34 The Present Training of Dietitians and the Future Scope of Dietitians 2. United States of America by Bonnie F. Beilfuss. 1st head H.D. Dietetic Co-Ordinate. 12th (U.S.) Hospital Centre.

36 3. Canada by L. B. Pett and the Staff, Division of Nutrition, Department of National Health and Welfare, Ottawa.

50 Special Dietary Requirements in Sickness and Convalescence by R. M. Simmonds, Senior Dietitian, Hammersmith Hospital, London, W.12.

83 What is Malnutrition? by Thomas Moore, Dunn Nutrition Laboratory, Cambridge.

89 Dietetic Kitchens in Czech Communal Catering by Josef Masek, Prague.

93 Hot Springs and FAO by J. R. Marrack, London Hospital, London, E.1.

97 Food Preservation and Refrigeration by D. H. F. Clays on, The Laboratories, J. Lyons and Co. Ltd.

102 Central Kitchens by M. C. Macaulay, Organiser, Glasgow School Meals Service.

130 Kitchen Pests by J. A. Freeman, Infestation Division, Ministry of Agriculture and Fisheries.

141 Nutrition in the Netherlands. 1. Food Education: Information Bureau of the Food Board of the Netherlands Government by Th. van Schaik. 2. Diabetic Education by Diana J. Ten Haaf, President of Dutch Dietetic Association and Chief Dietitian of the Dutch Nutrition Council.

1949 Vol. 3

89 Diet in Liver Disease by W. F. Cavenagh. 123 Early History and Development of the Therapeutic Dietitian in Hospitals by Rose M. Simmonds, Senior Dietitian, Hammersmith Hospital, London, W.12.

1948 Vol. 2

1 Some Aspects of Peptic Ulcer by F. Avery Jones, Central Middlesex Hospital, London, N.W.10.

128 The Dietitian in the School Meals Service by E. M. Langley, Staff Inspector, Ministry of Education.

131 The Dietitian's Work in the Ante-natal Clinic by Jean Stevenson, Department of Midwifery, University of Aberdeen.

137 The work of the Dietitian in the Public Health Service by Freda S. Leben, Health Department, Ipswich.

142 The Place of the Dietitian in the National Health Service by D. F. Hollingsworth (Past Chairman) and B. R. Stanton (Chairman), British Dietetic Association.

145 Fish: its Importance and Presentation as Food by George A. Reay, Director, Torry Research Station, Aberdeen.

1950 Vol. 4

1 The Treatment of Anuric Urremia by G. M. Bull, The Department of Medicine, Postgraduate Medical School of London, London, W.12.

41 The Coeliac Disorder and Dietary Treatment by W. G. Wyllie and F. C. Dillistone, Hospital for Sick Children, Great Ormond Street, London, W.c.1.

79 Dietetics in the Field by E. A. Nicholls, Chief Nutritionist for the U.S. Zone of Germany.

88 The Modern Treatment of Pernicious Anemia by Ellis Dresner, Postgraduate

Medical School of London, London, W.12.

100 The Work of the Dietitian by B. Stanton Jones, Dietitian, King Edward's Hospital Fund for London.

115 The Present Status of Cortisone and A.C.T.H. by Ellis Dresner, Postgraduate Medical School of London, London, W.12.

1951 Vol. 5

155 Modern Trends in Therapeutic Dietetics by D. M. Dunlop, Department of Therapeutics, The Royal Infirmary, Edinburgh.

226 Endocrine Factors in Water Diuresis by Oliver Garrod, Senior Medical Registrar and Medical Tutor, Postgraduate Medical School of London, London, W.12.

243 Planning Diets for Children in Homes and Nurseries by Felicity N. Blake, Senior Dietitian, St. Luke's Hospital, Bradford.

247 The Effects of Present-Day Diet on Children's Teeth by F. C. Shenton, Dental Surgeon, Children's Dental Service, Isle of Man.

282 Nutrition as it affects Children in relation to Tuberculosis by B. J. Griffiths, Senior Assistant Medical Officer, Manchester.

287 Are Nurses and Medical Students taught enough about the Nutrition of Healthy Children? by Ursula Shelley, Senior Physician to the Children's Department, Royal Free Hospital. Physician to the Princess Louise and Queen Elizabeth Hospital for Children.

Nutrition

1952 Vol. 6

No. 1

9 Food Science made Simple 1. By F. Le Gros Clark.

20 Nutrition and Public Health by J. L. Burn' Medical Officer of Health, City of Salford.

35 The functions of the Dietitian in the Health Department by G. V. T. McMichael, Medical Officer of Health, Burgh of Paisley.

No. 2

25 Diet and Toxemia of Pregnancy by G. Gordon Lennon, Professor of Obstetrics and Gynecology, University of Bristol.

30 Food Science made Simple 2. By F. Le GrosClark.

No. 3

25 Food Legislation 1. By J. B. M. Coppock, Director of Research, British Baking Industries Research Association.

No. 4

10 This Mystery of Nutrition by V. H. Mottram, Late Professor of Physiology in the University of London.

13 A School Milk Project in the South Pacific by Susan Holmes, Nutritionist, South Pacific H-th Service.

22 The Development of Dietetics in New Zealand by E. Gregory, Dean of the Home Science Faculty, University of Otago, New Zealand.

31 The Dietetics of Wasting Diseases in Childhood by David Lawson, The Hospital for Sick Children; Great Ormond Street, London, W.C.I.

1953 Vol. 7

25 Food Legislation 2. By J. B. M. Coppock, Director of Research, British Baking Industries Research Association.

30 A Travelling Dietitian with the International Refugee Organisation by Josephine Whiteman.

59 Scurvy and the Anti-scorbutic Vitamin by Dame Harriette Chick, Lister Institute of Preventive Medicine, London, S.W.I.

63 Rheumatoid Arthritis by F. Dudley Hart, Rheumatism Unit, Westminster Hospital, London, S.W.I.

79 Feeding of Old People by Denise Newman. 82 The Weaning of the Human Child by F. Le Gros Clark.

110 Lind Bicentenary: Nutrition Society Conference by C. P. Stewart, Clinical Laboratory, The Royal Infirmary, Edinburgh.

116 The Growth and Development of the Dietetic Department in Dublin by W. BouchierHayes, Principal, St. Mary's College of Domestic Science, Dublin.

121 Floors, Walls and Ceilings in Kitchens and Catering Establishments by T. Morley Parry, Food Hygiene Advisory Officer, Ministry of Food.

161 The Role of Women in Civil Defence Emergency Feeding by Edith Walker, Assistant Secretary, Ministry of Food.

173 Meals Services for Old People by Denise Newman.

177 The Growth and Development of the Dietetic Department 2. Glasgow and W. Scotland College of Domestic Science by Mary Andross.

186 Fighting Food Faddism by John Yudkin, Professor of Physiology, Queen Elizabeth College, University of London.

18 The Abnormal Physiology of Peptic Ulcer by W. Sircus, Research Fellow, Sheffield United Hospitals.

23 The Effect of Derationing on Nutrition Education by Bee Nilson, Lecturer in Nutrition, Northern Polytechnic, London, N.7.

26 The Growth and Development of the Dietetic Department 3. Queen Elizabeth College, University of London by A. M. Copping.

31 Food of the Middle West by Gladys Cooper, Fulbright Fellow.

34 The Psychology of Eating by E. M. Creak, Physician in Psychological Medicine, Hospital for Sick Children, Great Ormond Street, London, W.C.I.

59 Recently Introduced Insulin Preparations by G. R. Fryers, Senior Medical Registrar, General Infirmary and University of Leeds.

63 Treatment and Prevention of Kwashiorkor by R. F. A. Dean, Medical Research Council Unit for Research in Infantile Malnutrition, Kampala, Uganda.

72 The Growth and Development of the Dietetic Department 4. The Royal Infirmary, Edinburgh by Anna Buchan.

110 Some Methods of Teaching Nutrition to Secondary Modern School Children by Elizabeth Walton, Lecturer in Health Education and Science, Northern Counties College of Domestic Science, Newcastle-upon-Tyne.

113 Teaching Nutrition to Caterers by Patty Fisher, Hotel and Catering Department, Battersea Polytechnic, London, S.W.II.

118 The Preservation of Fruit and Vegetables by Alice Crang, Head of Domestic Food Preservation Section, Long Ashton Research Station, Bristol.

122 The Future of Liquid Milk by Professor H. D. Kay, Director, National Institute for Research in Dairying, Shinfield, Reading.

127 Sodium and the Heart by Peter R. Fleming, Medical Registrar, Westminster Hospital, London, S.W.I.

160 Food Facts and Food Fancies by Roland Harper, Department of Psychology, University of Leeds.

173 Are Diabetic Degenerative Complications Preventable? by D. M. Dunlop, Professor of Therapeutics and Clinical Medicine, Edinburgh University.

182 The Growth and Development of the Dietetic Diploma Course at Leeds by M. Alison Boyle, Dietitian in Charge of the Dietetic Department.

1954 Vol. 8

11 Some Nutritional Aspects of Thyroid Disease by Quentin J. G. Hobson, Assistant Physician, West Middlesex Hospital, Isleworth, Middlesex.

1955 Vol..9

- 8 Early Mixed Feeding for Infants by B. Gans, Paediatrician to the Lewisham Hospital and the Miller Hospital, London.
- 16 The Dietetic Departments of the Royal Victoria and Associated Hospitals, Belfast by Kathleen Acheson and Ida Stevenson, Chief Dietitian, Royal Victoria Hospital and Dietitian, Royal Belfast Hospital for Sick Children.
- 55 What is the Right Weight? by D. A. W. Edwards, Department of Clinical Research, University College Hospital Medical School, London, W.C.I.
- 66 The Dietetic Department of the Western Infirmary, Glasgow by Margaret McCombie, Chief Dietitian, Western Infirmary, Glasgow.
- 104 Lessons learnt from the National Food Survey by Dorothy F. Hollingsworth Scientific Adviser's Division, Ministry of Agriculture, Fisheries and Food, London, S.W.I.
- 108 The Problems of Obesity by J. B. Oldham, Honorary Surgeon to H.M. The Queen and Senior Consultant to the David Lewis Northern Hospital, Liverpool.
- 151 The Dietetic Department at St. Thomas's Hospital by Ethel P. Skinner, Chief Dietitian, St. Thomas's Hospital, London, S.E.I.
- 154 Problems in connection with the Nutrition of Elderly People by Marjorie Warren, Consultant Physician, Geriatric Unit, Deputy Medical Director, West Middlesex Hospital, Isleworth, Middlesex.
- 168 Nutritional Aspects of Food Processing by Francis Aylward, Head of the Department of Chemistry and Food Technology, The Borough Polytechnic, London, S.E.I.

1956 Vol.IO

- 200 Nutrition in Old Age by Mary E. Furnivall, Chief Dietitian, St. Bartholomew's Hospital, London, E.C.I.
- 208 Some observations on the Vitamin D Intake of Young Children by Barbara Dewing, Dietitian, Metabolic Ward, University College Hospital, London, W.C.I.
- 213 An Integrated Course for Caterer Dietitians by Muriel A. K. Westland, Lecturer in Nutrition and Dietetics at the Battersea Polytechnic, London, S.W.II.
- 228 Canada's Food Rules by Josephine Whiteman, formerly Regional Nutritionist in Saskatchewan, Canada.
- 246 Why Fat is needed in the Diet by Harry J.

Deuel, Professor of Biochemistry and Nutrition, University of Southern California and Dean of the Graduate School.

- 251 Some Simple Bacteriological Illustrations of the Principles of Food Hygiene by Helen R. White, Head of Bacteriology Department, Queen Elizabeth College, University of London.
- 257 Northern Polytechnic Dietitians' Diploma Course by Jean A. Gibbins, Head of the Department of Catering and Domestic Science, Northern Polytechnic, London, N.7.
- 294 Wheat Flour and Bread by R. A. Morton, Professor of Biochemistry, University of Liverpool.
- 310 Treatment of Hepatic Coma by A. M. Dawson, Medical Registrar, Hammersmith Hospital, London, W.12.
- 313 Dietetics in America 1. By Mary E. Furnivall, Chief Dietitian, St. Bartholomew's Hospital, London, E.C.I, Joan G. Ingram, Dietitian, The London Hospital, London, E.I, and Jean M. Vasey, Dietitian, St. Thomas's Hospital, London, S.E.I.
- 319 A case of Food Faddism which led to Osteomalacia by Marguerite Hill, Dietitian, Metabolic Ward, University College Hospital, London, W.C.I.
- 343 The Biological Value of Proteins by A. E. Bender, Head of Research Department, Bovril Limited.
- 355 Inborn Errors of Metabolism and their Dietary Treatment by L. I. Woolf, Department of Organic Chemical Research, The Hospital for Sick Children, Great Ormond Street, London, W.C.I.
- 363 Dietetics in America 2. Food Service in Hospitals by Joan G. Ingram, Dietitian, The London Hospital, London, E.I and Jean M. Vasey, Dietitian, St. Thomas's Hospital, London, S.E.I.

1957 Vol.II

- 7 Protein in Nutrition by Dame Harriette Chick, Lister Institute of Preventive Medicine, London, S.W.I.
- 13 A Historical Review of Diabetic Dieting by D. M. Dunlop, Professor of Therapeutic and Clinical Medicine, University of Edinburgh.
- 18 The Background of Malnutrition by Cicely D. Williams.
- 22 Shortage of Dietitians: Shared Appointments as a Remedy by Betty R. Stanton, Nutritional Adviser, King Edward's Hospital Fund for London.

- 28 Dietetics in America 3. By Mary E. Furnivall, Chief Dietitian, St. Bartholomew's Hospital, London, E.C.1, and Jean M. Vasey, Dietitian, St. Thomas's Hospital, London, S.E.1.
- 55 Trends in Dietetic Treatment of Gastroenterology by F. Avery Jones, Physician in Charge of Department of Gastroenterology, Central Middlesex Hospital, London, N.W.10.
- 60 Natural and Processed Vegetable Fats: Their Effect on Health with particular reference to Ischamic Heart Disease by B. BronteStewart, First Assistant, Department of the Regius Professor of Medicine, University of Oxford.
- 73 Water Intoxication by V. Wynn, Senior Lecturer in Surgery, St. Mary's Hospital, London, W.2.
- 103 Anremia and Nutrition by Sir Stanley Davidson, Professor of Medicine and Clinical Medicine and A. P. Meiklejohn, Senior Lecturer in Nutrition, Department of Medicine, University of Edinburgh.
- 108 Dietetics and Digestion by John Farrell, Sutherland Dental School, Newcastle-uponTyne.
- 114 Dietetics in America 4. Trends and Tendencies and Further Education by Mary E. Furnivall, Chief Dietitian, St. Bartholomew's Hospital, London, E.C.1 and Joan G. Ingram, Senior Dietitian, Chelmsford and Essex Hospital.
- 117 Dietetics in an Obstetric Unit by Shirley P. Gilpin, Group Dietitian to the Hartlepoons Hospital Management Committee.
- 121 Diabetic Children's Holiday Camp by Mary E. Beck, Assistant Therapeutic Dietitian, Royal Victoria Hospital, Belfast.
- 124 The Dietitian in New Zealand-s-an Evaluation by A. J. O'Hara-May.
- 151 Some Problems in the Treatment of Diabetes Mellitus by R. E. Tunbridge, Professor of Medicine, The University of Leeds.
- 158 Infant Feeding: 1936-1957 Progress and Changes in Two Decades by Helen M. M. Mackay, Physician to the Queen Elizabeth Hospital for Children; Peediatrician to the Mother's Hospital, London.
- 167 Yoghurt and other Cultured Milks by C. L. Heller, formerly Scientific Adviser's Division (Food), Ministry of Agriculture, Fisheries and Food, London, S.W.1.
- 171 A Workhouse Dietary in 1913 by Anne B. Dawson, lately Dietitian, Central Middlesex Hospital, London, N.W.10.
- 173 Observations on Blood Ascorbic Acid in Old Age by N. Alder, Geriatric Unit, Tooting Bee Hospital.
- 1958 Vol.12
- 7 Feeding Patients in Mental Hospitals by E.W.
- 13 Dietitians in Industry by Patty Fisher, Senior Dietitian Lecturer, The Flour Advisory Bureau Limited.
- 24 Social Needs of Patients requiring Dietary Treatment by R. Ann Hay, Almoner, Central Middlesex Hospital, London, N.W.10.
- 53 The New Oral Hypoglyceemic Agents by Joyce D. Baird, Research Fellow, Department of Therapeutics, University of Edinburgh.
- 58 Ulcerative Colitis by T. D. Kellock, Assistant Physician to the Gastroenterologica Unit, Central Middlesex Hospital, London, N.W.10.
- 63 The Moisture Content of White Bread by J. B. M. Coppock and R. A. Knight, British Baking Industries Research Association, and Margaret C. Vaughan, Scientific Adviser's Division (Food), Ministry of Agriculture, Fisheries and Food.
- 66 Reflections on Central Africa, by Mary Hirst, Chief Dietitian, West Middlesex Hospital, Isleworth, Middlesex.
- 70 Diet and Dental Caries by R. L. Hartles, Senior Lecturer in Dental Biochemistry, School of Dental Surgery, University of Liverpool.
- 99 The Metabolic Aspects of Cushing's Syndrome by A. Stuart Mason, Senior Lecturer in Endocrinology, The London Hospital, London, E.1.
- 103 Organisation and Growth of Dietetics as a Profession in the United States by Adelia M. Beeuwkes, Associate Professor of Public Health Nutrition, School of Public Health, University of Michigan.
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