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ETHEL GORDON FENWICK, S.R.N., HON. EDITOR 1888—1947.

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Editorial.

Food in Hospitals.

THE HARVEST MOON was full. It glowed like a swollen golden globe in the early autumn sky. Cool, brisk breezes sent fleecy, dark clouds scudding westwards, regretfully reminding one that summer had faded into autumn and that winter was in advent.

Autumn can be a beautiful interlude. In the warm, bright hours of a late "Indian Summer," down by the quiet beaches or in the lovely countryside, one can enjoy a peaceful holiday, watching the harvest being gathered in.

Thoughts of harvest started a train of thoughts about food generally, and particularly in hospitals. Recently, a fair amount of publicity has been given to Nurses in widely scattered parts of the country, who have boycotted the dining-rooms because of dissatisfaction with their food. Many more could protest, for it is a debatable point that the quality of food is not so good now in hospitals as formerly.

It would not be fair to say, however, that since the appointed day in 1948 the food in hospitals has suffered a sharp decline in quantity and quality, for many believe that patients are better fed now than they ever were, especially in what used to be the county council hospitals and institutions. This may be so, but many hospitals have excellent records over a long period in this respect. Where improvement in food has recently taken place, a good deal of the credit for this should go to the King Edward VII's Fund for London (a voluntary organisation administering huge sums for the benefit of the hospitals).

This Fund, during the last nine years, has published from time to time most instructive pamphlets on diet for the guidance of hospital administrators and caterers. It is at the present time offering free to hospitals its latest circulars* on this wide subject.

However, its good work is not merely confined to distributing free pamphlets on the subject of food. On glancing through the fifty-fifth Annual Report for 1951, one is glad to see that substantial grants have been made to various hospitals for modernising old kitchens; or for new kitchen equipment; or for improving central kitchen and dining room blocks. There can be no doubt that the King's Fund recognises the major importance of the part played by food in hospitals.

This being the case, one wonders why the various Regional Hospital Boards and Hospital Management Committees do not also recognise this importance, and follow up the advice so freely given by the King's Fund.

* Care of Catering Equipment; Layout and Design; Rations and Rationing; Sources of Waste in Catering; Use of the Meat Ration.

Regional Hospital Boards cannot truthfully boast that they have experts of the calibre of those advising the King's Fund, at their own service, therefore they might with advantage follow more closely such expert professional advice, and perhaps solicit financial help in modernising and equipping old kitchens, where necessary.

Two of the teething troubles experienced by the financial committees of the Regional Hospital Boards are the fantastic rise in the cost of living, and the sheer impossibility of making two ends meet. Out of a global sum, certain large allocations of money must be laid aside yearly for salaries; drugs and dressings; food; and maintenance costs. Where pruning has had to be carried out, it has generally been the food allocation which has come under the axe, with a resultant fall in the quality and quantity of food served to patients and staff.

In some regions, an arbitrary and totally inadequate cost per head, per meal week, has been laid down and thus sorely tried and conscientious supervisors and caterers have become dispirited and frustrated and generally unpopular with the communities they have been endeavouring to feed adequately. To relieve this situation, either the cost of living (with the help of the Government) must fall appreciably, and food prices must be stabilised, or the Regional Hospital Boards must allow an elastic rate, within reasonable limits, of the cost per head per meal week. Otherwise dissatisfaction amongst hospital staffs will grow, probably adversely affecting the flow of Student Nurses and others to the hospitals.

Food in hospitals should be a priority service. One or two persons alone ought not to be responsible for drawing up menus. A panel of experts in each hospital should meet the food supervisor and secretary weekly or monthly to discuss the meals. One person alone tends to get stale and may put out weekly menus with very little variation, totally disregarding the season and foods which may be plentiful at the time. Three or four persons will have different ideas and the result of their meeting should be a mixed and varied dietary.

It has often been remarked—perhaps with more than a modicum of truth—that Nurses are notorious grumblers where their food is concerned. In their defence, however, it should be pointed out that Nurses resident in hospitals seldom, if ever, enjoy a choice of food. They must eat what the hospital kitchen prepares, or go without. Or they must be prepared to pay the high charges demanded by restaurants and cafés, which they can seldom afford.

Almost all other workers can enjoy a well-cooked meal at canteen prices, at their place of work, and then enjoy their own rations cooked at home out of working hours. Not so the Nurses. It is hospital diet or nothing

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