

Other matters which are dealt with in the questionnaire are the numbers of nurses of the various grades employed by each hospital, the arrangements which are in operation for the training of probationers and the reasons which cause so many probationers to leave the nursing profession during their first years in the service.

#### ANTI-VENEREAL MEASURES IN SCANDINAVIA AND HOLLAND.

##### A NEW SURVEY.

The Ministry of Health publish a "Report on Anti-venerereal measures in certain Scandinavian Countries and Holland" (H.M. Stationery Office, 2s. 6d.). The report is made by the delegation which visited Denmark, Norway, Sweden and Holland last summer under arrangements made by the Minister of Health and the Secretary of State for Scotland to study this matter. The delegation consisted of Col. L. W. Harrison, D.S.O., and Mr. D. C. L. Ward of the Ministry of Health, Dr. T. Ferguson of the Department of Health for Scotland and Mrs. M. Rorke, of the Royal Free Hospital, London.

The Minister of Health announced his intention during the debate in Parliament on the Ministry of Health estimates last year, to arrange, in conjunction with the Secretary of State for Scotland, for these investigations.

There has been considerable discussion in recent years on the relative merits of the compulsory and voluntary systems for the control of venereal diseases. In the Scandinavian countries legislation is in force under which persons suffering from venereal diseases can be compelled to submit themselves to treatment, whilst in Great Britain no compulsion is employed; the policy is to provide free treatment under conditions of secrecy, readily available for all infected persons, and to rely on methods of persuasion and health education to create in the public a sense of the importance of seeking medical treatment whenever infection is incurred.

In addition to the three Scandinavian countries, in which a system of compulsory treatment is in operation, the investigations extended to Holland which was included as a "control" since it relies, like Great Britain, on the voluntary system. Holland was selected for this purpose since it appears to be a country whose characteristics are, in general, comparable with those of the three Scandinavian countries.

The report will, no doubt, prove useful as a work of reference to students of the important questions under discussion. The general conclusion arrived at by the delegation is that in Denmark and Sweden, where the laws for compulsory treatment are enforced, they have not met with opposition or been abused to any material extent, largely perhaps because of the homogeneous nature of the population, their high standard of education, their health consciousness, their great respect for doctors' orders and (owing to the fact that the medical schools are very few in number) the uniformity of the methods of treatment in each country.

As regards the incidence of venereal disease the Report records that in Sweden the cases of fresh syphilis reported in the year 1935 were at a rate less than one-thirteenth of that in the peak year, 1919, and in Denmark the official figures showed that the rate of reported cases per 10,000 of the population in 1935 was approximately one-seventh of that in the peak year, 1919.

As regards the question how much of these reductions in the incidence of syphilis in Denmark and Sweden is attributable to the compulsory measures in those countries, the Report states that "it is at least open to question if the compulsory measures, either by actual employment or by moral effect, have played a great part in the reduction." The reasons given for this view are that in Denmark and Sweden the co-operation of the public with any medical

measures considered necessary could in any case have been relied on, that in Holland, a country which relies on the voluntary system, the rate of incidence of fresh syphilis in 1935 was less than that in Denmark and not much greater than that in Sweden, and that in England and Wales and in Scotland the incidence of fresh syphilis in the same year was little, if any, greater than that in Denmark. It is further pointed out that on account of the far greater density of population in Holland and England and Wales than in Denmark or Sweden much higher incidences of syphilis might have been expected in the former countries.

The report also shows that in the case of gonorrhoea the incidence in each of the Scandinavian countries is still very high, much higher in fact than the figures available in Holland, England and Wales and Scotland would suggest for these countries.

#### "THE DOCTORS' COOKERY BOOK."

##### Adequacy and Cost of B.M.A. Diet Re-examined.

Two extensive investigations have been carried out by the Nutrition Committee of the B.M.A. in connection with the publication of "The Doctors' Cookery Book." They are described in the *British Medical Journal* and relate to the adequacy and cost of the diet used as the basis of the cookery book.

The diet in question is "Diet No. 16" of the original Nutrition Committee Report of 1933. This was designed to meet the needs of a family of five, consisting of a man, wife, and three children aged 6-14, in accordance with the Committee's instruction "to determine the minimum weekly expenditure on foodstuffs which must be incurred by families of varying sizes if health and working capacity are to be maintained." The same diet is also adequate for a household of four adults.

The cookery book, which is fully illustrated, represents the translation of this diet into three weeks' menus, recipes and shopping lists.

##### "Conforms with best Modern Standards."

1. *Adequacy of the Diets.*—The general conclusion is that the dietary in question "conforms with the best modern standards."

Allowance is made for the expenditure of part of the family food budget on milk in school, and it is assumed that the advice given will be followed. It is also suggested that in a household containing children, it might be thought desirable to spend more on citrus fruits, tomatoes or green vegetables according to season, with a corresponding reduction in the money spent on meat.

##### 21 per cent. rise in Costs.

2. *Cost of the Diets.*—Questionnaires covering all the foodstuffs listed in the three weeks' menus were completed by Medical Officers of Health in seventeen widely distributed districts. It was asked that maximum, medium and minimum prices should be collected. It was also specified that the prices should be those ruling in shops or markets in working-class districts at the end of January or beginning of February on a Friday or Saturday.

The average of the minimum figures for the seventeen districts concerned was found to be £1 7s. 4½d. This may be compared with the B.M.A. figure of £1 2s. 6½d. for the cost in 1933. The increase is 21.3 per cent.

The mean of the minimum and maximum figures would be £1 12s. 1½d.

##### Considerable Variation Inevitable.

No opinion is expressed as to whether the minimum or mean figure more nearly represents the cost which would have been incurred by an average housewife, in purchasing the items listed in the dietary.

It is pointed out, moreover, that the prices given are in each case average, not universal, figures, and must be subject to considerable variations, both from time to time and from place to place.

[previous page](#)

[next page](#)