

## FOOD AND THE WAR.

THE CHILDREN'S NUTRITION COUNCIL, 37,  
ESSLEMONT ROAD, EDINBURGH.

How is the war affecting the diet of the common people? At this time when so much hangs on the stamina of the working population, this is an all-important question. But nobody, in official circles or outside, can have much idea of the answer. Before the war a number of large-scale surveys helped to build up a fairly consistent picture of the range of working-class incomes and expenses, and of the degree to which diets fell short of the scientific optimum. But since the war, millions of men and women have been called to the Forces, mothers and children have been evacuated, both earnings and prices have changed tremendously, and many former staple foodstuffs are either rationed, in short supply, or entirely off the market. What is the net result of this rapidly-changing situation? Are the workers being better or worse fed than before the war? Are there any special sections of the people who are particularly badly hit, or any essential food constituents that are becoming dangerously low? Only a series of well-planned and painstaking inquiries can supply the answers.

Great credit is, therefore, due to the Edinburgh branch of the Children's Nutritional Council for undertaking such an inquiry. Their report, "Food and the War," should be a model and a stimulus to other voluntary, University and official bodies in all parts of the country to go and do likewise, and to repeat the work as frequently as possible.

The Edinburgh group investigated 103 families, around the income level of the unskilled labourer. Thirty-eight were families of men in the Forces, and 12 were on public assistance. The period was April to November, 1940.

It is impossible here to do more than indicate some of the many interesting facts established by the Survey. The British Medical Association minimum diet, as laid down in 1933, was re-priced at its cost in Edinburgh in November, 1940. The cost for an adult man had risen from 5s. 11d. to 12s. 6d., or by 111 per cent. The rise for children was somewhat less, but, on the whole, food prices for a family were about doubled. Details are given of family income changes compared with pre-war, making allowance for the keep of absent members. Out of 71 incomes, 19 had fallen, 19 were unchanged, and only 33 had risen. Out of 76 families whose food bill was investigated, only 8 were spending enough to buy an adequate diet. Whether due to lack of means (the main cause), imperfect catering, or inability to obtain a sufficient variety of foodstuffs, none of the families was, in fact, getting a diet adequate in every respect. There are disquieting figures of the large slice of their income which some families spend on hire purchase or sickness, and burial insurance. Over half the families were living beyond their incomes and running into debt; in particular, "it was found that a high percentage of Service families were in part dependent upon hospitality from relations."

These are some of the conclusions, baldly stated. For the full revealing details, and the evidence on which they are based, it is necessary to refer to the original report.

### FLAG DAY FOR DISTRICT NURSING.

It was announced by Sir William Collins, chairman of the Central Council for District Nursing in London, that a flag day within the Metropolitan area would be held.

"In peace time," he states, "the visits of the district nurses to minister to the sick poor in their own homes not only relieve the strain on both the out-patient and in-patient departments of our hospitals but bring skilled treatment to the sick and injured while promoting the comfort and ameliorating the hygienic surroundings of the sufferers."

## FÆCAL SPECIMENS.

SPECIMENS FOR BACTERIOLOGICAL AND  
CHEMICAL INVESTIGATION.

By JOHN HATCHER.

The laboratory examination of faecal specimens plays an important part both in the diagnosis and subsequent control of treatment. It should be remembered that negative findings are just as important as positive results, for example, though the finding of *B. typhosus* coupled with a characteristic clinical picture may indicate quite clearly to the Medical Officer that he is dealing with a case of typhoid, in very many more cases negative findings are equally important to him in excluding the possibility of such a condition. The actual laboratory investigations commonly employed on faecal specimens are not perhaps quite as varied as with some other types of specimen; in general, they are either of a bacteriological or chemical nature, though it is surprising how much useful information an experienced worker may learn from a microscopical examination of faecal specimens.

### Collection Outfits.

Provided the specimen is not very fluid, in which case a watertight container must be used, the burnable type of sputum container is an excellent vessel for collection and though it cannot be sterilised, with faecal specimens this is rarely important. These burnable containers have two great advantages, firstly, they are easily filled on account of the wide mouth, secondly, and this is most important, the containers can afterwards be burnt, a much safer method when dealing with possible enteric specimens.

If the conventional metal spoons are not available, wooden tongue depressors broken in half may be used. With the exception of faecal fat estimations it is rarely necessary to send more than a single spoonful for examination, and any attempt to fill the container is merely to risk contaminating the outside.

### Bacteriological Examination.

Though sometime pathogenic organisms may prove to be surprisingly resistant to delay in examination, it is an excellent rule to send specimens for bacteriological examination with as little delay as possible. Organisms of the Enteric group, that is to say, *B. typhosus*, *B. paratyphosus* and certain "Food Poisoning" bacteria, are usually demonstrated in the faeces shortly after the onset of the clinical symptoms and continue to be present during the course of the disease. When the convalescent stage is reached careful investigation must be made to ensure that the patient is not continuing to excrete the organisms, in other words has become a "carrier."

Usually the Medical Officer will require at least three consecutive negative reports. Dysentery is clinically two distinct diseases, bacillary and amœbic, in both of these conditions, however, it is desirable that the specimens should be examined without delay, but it is particularly so with amœbic dysentery. In this case, if the examination cannot be made immediately, as, for example, when the specimen has to be sent some distance to the laboratory, steps should be taken to keep it at body temperature during transit. These specimens

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