

## INVESTIGATIONS IN NUTRITION.

A heartening account of the nation's health after three years of war was presented by Sir Wilson Jameson, chief medical officer, Ministry of Health, at a recent Press conference as reported in the *Times*. There was no gloomy picture to point to, he said. The feeding of the people was wisely done, and if we went on following the advice given us we could stand greater restrictions, if necessary.

Professor V. P. Sydenstricker, of the University of Georgia, U.S.A., who is carrying out investigations in nutrition in this country, said that wherever he had been he had been agreeably impressed by the general appearance of well-being. So far he had seen no evidence of anything that should cause alarm. The fact that potatoes were the chief source of energy in England made him feel that there could never be here the same type of disease that was to be found in the southern States of America. National flour, potatoes, and fish seemed to be the outstanding things which would go furthest towards preventing any serious trouble. Because of the scarcity of fruit people would have to use more green vegetables, and particularly shredded raw vegetables.

"My outstanding impression," he said, "is of the amazing and efficient job done by the Ministries of Food and Health in handling the situation." Provided the people used the food available properly, he saw no reason or excuse for trouble developing. He described the combination of oatmeal and milk as almost perfect and an excellent source of everything that one needed.

Professor Sydenstricker has visited South Wales, Lancashire, the West Riding of Yorkshire, the Midlands, rural districts of Essex, and the poorer districts of London. He found that some miners had felt severely the reduction of the meat ration, but they were getting accustomed to the amount they received, supplemented by a larger cheese ration. In the towns there had been loss of weight among people engaged in sedentary occupations. Probably in normal times such people ate more than they needed.

### Better Nutrition.

Medical officers in the areas he had visited informed him that the nutritional standards were better than before the war. This was no doubt due to increased employment in areas where before the war there was evidence of malnutrition, and also to the levelling out of the people's diet by rationing. He commended the scheme for the provision of school meals and milk for children, which had made all the difference to children in poor localities. There was no evidence, he said, of endemic malnutrition.

Sir Wilson Jameson said that provisional figures supplied by the Registrar-General showed that the death rate for the June quarter would be the lowest for any June quarter except in 1927, 1930, and 1933, and the infant mortality rate would be the lowest for any June quarter except that of 1940. In the anti-diphtheria campaign 3,000,000 children under 15 had been protected in 18 months. The total population of children under 15 in England and Wales was 8,750,000, so that more than one-third had been immunised. The rate of immunisation during the first half of this year had been 3,000 a day. It was their aim to make immunisation about the age of one year an automatic proceeding, as the disease was most fatal in the early years. Immunisation, he said, offered a first-class bargain in health. It was almost a reflection on the common-sense of the people that they did not make the fullest use of this opportunity.

Referring to the recent outbreak of smallpox from a ship which arrived at Glasgow, Sir Wilson Jameson said there were 41 cases and eight deaths. All the cases except four occurred in Glasgow. Three were notified at Swindon and one in London. The smallpox was a virulent Eastern

type. It said a great deal for the manner in which the outbreak was handled that it had not spread more, because the risks were tremendous. Enormous energy in dealing with the outbreak had been shown in Glasgow.

We learn that Glasgow has now presented a bill for £66,000 to the Department of Health, with the suggestion that it should meet the cost.

## ULTRA-VIOLET RADIATION IN WAR SURGERY.

• Every surgeon who has included actinotherapy in his routine measures for wound treatment agrees about the results—bacteria and toxins are quickly destroyed; an abundant lymphorrhoea sets in soon after irradiation and persists for 24 hours or more; in this, pus, shreds of tissue, necrosed fragments are shed, and a clean dry wound results; gangrened, stinking wounds become inoffensive, and foul discharges dry up, after a few powerful irradiations. As Paschoud points out, the surgeon can restrict excision to those zones which are "indisputably devitalised"; those (much more numerous) areas which are in instable equilibrium and suspect as potential foci for infection will be reanimated and revitalised through the stimulus of irradiation.

When a clean dry wound is obtained, mild filtered irradiations replace the first caustic doses. Under their influence, healthy, firm granulations proliferate, giving a result which shows good conservation of natural form. "Thiersch grafts, if necessary, succeed and grow rapidly on wound surfaces treated in this way." The epithelial cells are stimulated to regrowth, and the end result is a level, supple, well-vascularised fine scar, of good cosmetic appearance.

Particularly marked from the outset is the alleviation of pain; patients are able to sleep, regain lost weight, and make good progress. In Paschoud's words: "The sequel would generally be that of an aseptic surgical wound, except for the copious lymphorrhoea during the first hours following irradiation. The primitive sutures have held without the appearance of any inflammatory reaction even at the stitch-points. There is manifest quickening of cicatrisation. The pain of the wound is markedly alleviated. . . . In summary, we suggest that ultra-violet irradiation should be utilised in all surgical treatment of war wounds."

Many authorities use ultra-violet irradiation as routine treatment for burns of any degree, even if infected. The technique for local irradiation is similar to that outlined for wounds.

Describing the use of actinotherapy at the Royal Infirmary, Preston, Dr. A. E. Rayner stresses its value in—

- (a) Extensive burns.
- (b) Indolent or suppurating ulcers—as over compound fractures, etc.
- (c) Certain common skin diseases.

It is not too much to say that in (a), (b), and (c) there is far more rapid relief of pain and distress, and in (a), (b), and (c) more rapid healing, than by any other method of treatment. Experience has shown light treatment to be indispensable for these cases, since no other method of treatment can be substituted for it with equal results.

### THE AUDIOMETER IN SCHOOLS.

Children from poorer homes, notably those attending open-air schools, have better hearing than children from secondary and high schools.

This has been discovered by Salford education authorities, who have introduced hearing tests, using an apparatus known as an audiometer, in schools.

"Why poor children should have better hearing than those in better circumstances is a mystery it is hoped to solve," said an official.

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