

To *Miss Simmonds*. I must say that I stand rebuked, for it is clear that the hospital dietician does a lot of good work in teaching health. It is nevertheless true that the work could be done by the dietician of the local authority.

I entirely agree with *Miss Washington* that the two chief jobs for dieticians are at present in hospitals and with local authorities. On her fears as to the authority of a dietician working in a public health department I should say that I did not deal in my paper with this particular point, but I had in mind that she would wield authority to look after her own section. She could, it seems to me, quite readily advise on the school meals scheme, which is under the Director of Education, as part of her duties in the public health department. I do not agree with *Mr. Le Gros Clark* that a school meals scheme should have a dietician to itself because in my view the job is too narrow.

*Mr. Le Gros Clark* replied: A few members seem to hold the view that the courses for dieticians should be more varied in character. At a later stage in the development of the profession, possibly in another 10 years' time, this might be quite appropriate. What is needed at the moment is rather a course of a strictly practical nature intended to equip qualified men and women to play their part in the task of national reconstruction. We have to consider the probable demand for the services of those who qualify. At present the demand arises mainly from the hospitals and a few large institutions; the demand from the field of local government will develop at a slower pace. It is therefore necessary to train persons to undertake the type of work that gives them immediate prospect of employment and of a career. To establish this principle is not to fix the nature of the course for all time; it can be made more varied and specialized as fresh opportunities of employment begin to emerge.

### Chairman's Summing Up

*Dr. H. E. Magee* (Ministry of Health, Whitehall, London, S.W.1): There are four points at which a dietician can exert influence in endeavouring to apply the science of nutrition to communities. How she should discharge, and should be trained to discharge, her functions at these *loci* has been dealt with by various speakers in various ways. I shall endeavour to put before you the greatest common measure of agreement.

(1) *Public Health*. The great mass of the people come under the care, in one way or another, of the local health department, and it is as adviser to the Medical Officer of Health, as *Dr. Brockington* has said, that the dietician can affect the food habits of the greatest number of the people. *Miss Washington* has well said that posts on the staff of local health departments are amongst the most responsible in the whole profession, and require to be filled by senior members of the profession. On this there is general agreement. Holding such a post, the dietician would superintend all the communal and institutional feeding, including that in hospitals, nurseries and schools controlled by the local authority, be generally responsible for educational work in nutrition and dietetics, and conduct dietary surveys when required. In her educational efforts

she would naturally concern herself with those whose normal function it is to bring a knowledge of health and its ways before individuals and into the homes of the people. I refer in particular to the health visitor who is, and must remain, the spearhead of every effort in health education. The dietician would naturally require expert assistance in proportion to the population and size of the local government area.

(2) *Canteens.* Miss Brown did not maintain that dieticians are essential for industrial canteens and her view was not seriously disputed. There was in addition a consensus of opinion expressed somewhat vaguely here and there by various speakers that dieticians could obtain very valuable experience of catering by spending a year or two in a workers' canteen. Miss Brown rightly points out that the efficient working of a canteen requires a person of experience, but the necessary experience can only be gained by holding a junior post under the manager of a large canteen or a post as manager in a small canteen. It should, however, be remembered that difficult and important as the job of canteen manager is from a strictly practical viewpoint, it lacks wholeness from the point of view of applying the science of nutrition. Such a post is, therefore, not likely to prove wholly satisfying to a person interested in the physiology of nutrition rather than in the technique of serving meals. The reason is that the canteen manager is concerned with supplying only something like one-third to one-half of the day's requirements and, having no factual knowledge about the home diets of her customers, she is to a great extent in the dark as to the physiological desiderata of the canteen meal.

(3) *School Meals.* The dietician supervisor of school meals is for the same reason restricted in her outlook and hampered in her scope. The organization and development of school meals from scratch is no doubt a difficult and responsible job but, once organization is completed, the job, because of its narrow range in a physiological sense, tends to become monotonous to the dietician who aspires to a post of a more comprehensive type. Therefore, I regard school meals more as a training ground, than as a final goal, for the majority of dieticians. There are, however, some dieticians to whom this type of work would prove very attractive. Many here have expressed much the same views. Once school meals, and the same applies to industrial canteens, have been placed on a satisfactory footing they could quite well be taken over by persons holding the certificate in nutrition of the Royal Sanitary Institute. It will be remembered that a committee of The Nutrition Society presided over by Miss Broatch has been mainly responsible for organizing the course of training and examination leading up to this certificate.

(4) *Hospitals.* No one has questioned the need for dieticians in hospitals and, with equal unanimity, the meeting has condemned the restriction of dieticians to work on special invalid diets. It is surely just as important that the convalescent patients and the staff should have the diets they require as that the patients on special diets, who rarely constitute more than a small minority of the hospital residents, should be rightly fed. Every dietician should be able to compute and prepare diets prescribed by physicians for any type of illness but she should not by any means confine her attention entirely to such work.

In regard to training, I can well imagine prospective students becoming thoroughly dismayed at what various speakers have said are the indispensable requirements in training and experience. Some have insisted on expert knowledge of the biochemical, physiological, statistical, public health, economic, and social aspects of nutrition and of the hygiene of food far beyond what is in practice or in contemplation at present. They might as well have included knowledge of electrical and sanitary engineering and of architecture! Some have laid stress on the necessity for a working knowledge of cookery; others have considered it of only secondary importance, but the most vigorous argument has been round the question whether and to what extent training in hospital dietetics is an essential part of the training. We must maintain a sense of proportion. We cannot expect a dietician to be a specialist in everything any more than a doctor can be a specialist in every branch of medicine. It would be just as foolish to endeavour to canalize the training of the dietician with a view to specialization as of the doctor. There must be a basic training for all dieticians as for all doctors, and specialization obviously cannot be decided on until this qualifying examination is completed. To those who complain of the inadequacy of the present training as a qualification for specialist posts, *e.g.*, in public health, teaching, research and industry, I would reply that the profession is a very young one and has not cut its incisor teeth, let alone its wisdom teeth. Give it a chance to grow and expand and, in the fullness of time, specialists of sufficient variety will assuredly come forward in sufficient numbers.

Those who contend that hospital dietetics should not be an essential part of training do so on the argument that, since the sick are only a small minority of the population, the dietician should learn to feed the well rather than the ill. This point of view is based on a wrong interpretation of the purpose of training in hospital dietetics. This is not merely, as many suppose, to enable the dietician to prepare invalid diets but is an important means of inculcating fundamental and essential physiological principles. I need not remind you how much of our knowledge of carbohydrate metabolism has been derived from the study of diabetes or how much of our knowledge of the central nervous system has depended upon the study of locomotor ataxia. To eliminate this training from the dietician's course would, I am convinced, be a grave blunder.

I fear I have somewhat exceeded my functions as the one who sums up, but I felt that I must endeavour to check the spread of a notion which I regard as fundamentally opposed to the best interests of the profession of dietician.