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## CUTS IN RATIONS

The meat ration has been cut. The ordinary individual can now spend only 1s. a week on meat instead of 1s. 2d., and the number of "points" available each month has been reduced from 32 to 28. The direct effect of these cuts on our nutrition will not be serious. The figures for our consumption of calories and nutrients that are most commonly quoted are derived from estimates of food imported and produced in the country; these estimates, of which a recent example appears elsewhere in this issue (p. 427), are a very poor index of the actual amounts eaten by average families. Surveys of food consumed at home by representative families have been conducted by the Ministry of Food since 1941; the results have been treated as confidential, but Drummond<sup>1</sup> has published some details. Judged by the restricted standards of the National Research Council (U.S.A.) our average food consumption in July and August, 1945, was adequate in all respects except that the vitamin A content might have been too low owing to failure to use carotene, and the vitamin C content too low because of losses in cooking. At that time the weekly bacon ration had been cut to 3 oz. (85 g.) and cheese to 2 oz. (57 g.) and the amount of animal protein available daily was 34 g.

The survey of school-children's diets made by Bransby and Wagner<sup>2</sup> in 1943-4 in Stoke-on-Trent and Salford showed that the average calories were well up to requirements, that animal protein was over 30 g., and calcium alone was deficient. The dullness, which was the fault of these diets up to 1945, is not shown in the estimates of calories and nutrients, though it might be suspected from the level of animal protein. Changes in our rations between August, 1945, and August, 1947, were not sufficient to affect the supply of animal protein, minerals, or vitamins seriously. Judging by the figures that have been published, the intake of calories has remained adequate in spite of the rationing of bread. The chief result of the present cuts will be to make our diet still less varied and less appetizing.

The present cuts may be forerunners of more drastic changes. So long as the rate of extraction of flour is kept up there will be no lack of vitamins of the B group. Vitamins A, C, and D come mainly from sources that are not likely to be affected. The main danger is to our calories, for though the average has been enough there has been no margin. Bransby and Magee<sup>3</sup> showed that it was, and it still is, difficult for heavy workers who were not eating meals in canteens to get sufficient calories without consuming larger amounts of potatoes than our supplies allowed. At the time when we published this paper it was impossible for many people to buy 2 lb. (900 g.) of potatoes a week. Even if the cuts do not seriously reduce the number

of calories available, there is a danger that the intake may fall. In 1941, according to Drummond, the average caloric intake fell to about 2,100, although there was no restriction on the number of calories that could be taken in the form of bread. It is uncertain how far this reduction was due to failure to adapt habits to the changed supply of food, but it was in part secondary to the dullness of the food, and particularly to the lack of foodstuffs to eat with bread. When lend-lease supplies brought a greater variety the intake of calories rose. Further cuts now of the "points" food that lends variety to our diet will be followed by a similar fall in calories.

Any reduction of the calorie intake, whether primary or secondary, may lead to a drop in production. Therefore if more cuts are coming it will be necessary to consider further differential rationing for manual workers, graded according to the type of labour. At present manual workers (not included in certain special categories) get each week an extra 42 oz. (1.2 kg.) of bread, or its equivalent without anything to go with it. Miners—where the majority do not use canteens—get a total of 189 oz. (5.4 kg.) of bread a week with an extra ten-pennyworth of meat and 12 oz. (340 g.) of cheese. The most welcome extra ration, apart from more bread units, would be neither meat nor cheese but some form of "visible" fat. The lowness of the present fat ration is quite the worst obstacle to varied and interesting cooking.

## THE FUTURE OF NURSING

The report of the Working Party on the Recruitment and Training of Nurses, of which the main recommendations are briefly summarized elsewhere in this issue (p. 426), must be regarded as the judgment of the community upon the shortage of nurses. There is no body in the nursing profession that could have undertaken this task, for to an important extent the statutory limitations of the General Nursing Councils have helped to bring about the present difficult position. The recommendations of the Working Party can be assessed properly only in the light of some knowledge of how and why the present critical shortage of nurses has arisen.

The General Nursing Councils are concerned solely with the maintenance of a register of nurses and the regulation of the examinations that give admission to it. They have no concern with, and, it might be argued, are actually precluded from taking account of, the supply of nurses, though the conditions they impose must affect recruitment. The curriculum may be so long, and the syllabus so academic, or the examinations so exacting that potentially good nurses are deterred from entering the profession or fail to qualify, but the G.N.C. take no cognizance of this. By refusing to recognize as teaching schools hospitals with less than 100 beds the G.N.C. may make it impossible for them to obtain enough nurses; but, again, the Nursing Councils do not take that into account. At least in this respect the governing bodies of the nursing profession possess power without responsibility, and, though there are many causes for the present shortage of nurses over which the G.N.C. have no direct control, it is the lack of a body that has a responsibility in the matter that has called for action by the Government.

The educational policy of the Nursing Councils, supported by all but a few of their members, has often been

<sup>1</sup> *Sth. med. J.*, 1946, **39**, 18.<sup>2</sup> *British Medical Journal*, 1945, **2**, 682.<sup>3</sup> *Ibid.*, 1947, **1**, 524.

expressed. It is to raise the academic status of nursing, in the belief that this will attract an increasing number of intelligent women who wish to understand the theory of what they do—hence a syllabus which, with its load of anatomy, physiology, and theoretical medicine, more and more resembles that laid down for medical students. Any criticism of this policy is regarded not only as a betrayal of the cause of the intellectual woman but also as short-sighted, because, it is claimed, any lowering of the standard will keep potential nurses out of the profession. It is always assumed that there are enough women of the degree of intelligence required to implement this programme. For the first time the Working Party has provided evidence on this point. About half of all present-day nurses leave school at 14 or 15, and only one-fifth reach school certificate or a higher educational standard. Intelligence tests show a wide range of ability; whereas some 40% of nurses falls within the top 30% of the population in intelligence, one quarter of the profession is among the lowest 30%. Obviously, then, we cannot now, or in the foreseeable future, staff the hospitals of this country with nurses who satisfy the intellectual requirements of the G.N.C., and the attempt to impose these high standards must turn away from nursing many otherwise suitable candidates, and also contribute substantially to the present alarming wastage.

The remedy which the Working Party proposes is a shorter and necessarily simpler, but at the same time more comprehensive, training. It suggests that time could be saved by the elimination of domestic work and unnecessary repetition, and by more efficient training. Nurse Training Units should be set up and should be independent of individual hospitals and responsible for co-ordinating all the educational facilities in the region for the benefit of the student nurse. All nurses would have fundamentally the same training, with opportunities for some specialization during the latter part of the two years of the course and in the first year of work after qualification. There can be no doubt that much of the time laid down as necessary for the training of nurses in the past has been called for because the student nurse has been required to do much of the domestic and routine work of the hospital. The new proposals could not succeed, therefore, without an adequate supply of domestic labour for hospitals, and the suggested replacement of the assistant nurse by a nursing orderly is also an integral part of the scheme. Much time would then be saved and the barriers between the different branches of nursing would be broken down. These proposals, of course, are not free from dangers. Repetition in training is not entirely a disadvantage, and it would be deplorable if the student nurse were ever to believe that, having been signed up for a limited number of hypodermic injections, she need give no more until after qualification. The student who is merely a student may find it hard to develop the sense of responsibility towards her patients that the student nurse feels at present and that forms such an important part of her training. The disappearance of the individual hospital as a training unit would mean the immediate loss of a sense of loyalty which it would be difficult for a Nurse Training Unit to re-create. But there is no progress without risks, and if these proposals are to be put into practice the new educational bodies will need the courage and vision to inspire something like the spirit of a university.

Reform of the General Nursing Councils is overdue, and in this sphere the proposals of the Working Party are indefinite. They suggest that Regional Nurse Training Boards should be set up but do not define their relationship to the reformed G.N.C., which, moreover, would still appear to control nursing education without having to take account of the effects of its policy on recruitment. It is proposed that the Minister of Health should still have the power to veto the syllabuses of the G.N.C., but it seems desirable that the last word on all matters of nursing organization, recruitment, and education should be given to a central advisory council.

Discussing the loss of nurses in training, the Working Party states that "the type of discipline which pervades the training schools to-day is unquestionably the most important cause of wastage." This has long been known, but remains largely unremedied. Historically derived from the organization of religious orders, copied in its turn from military models, nursing discipline is now more dictatorial than that found anywhere else in the lay world and is far more irksome than Service discipline. A commanding officer does not personally take account of the peccadilloes of the lowest ranks, as the matron often does in the case of the student nurse. In nursing there is, to adapt John Knox's phrase, a monstrous regimentation of women. The committee hint at psychological reasons for this, and psychologists could undoubtedly make a valuable contribution towards increasing the happiness of hospital life. Every nurses' training school should have a governing body which ought to include two or three married women with grown-up children; the matron should be this governing body's executive officer. There is much to be said for putting discipline in the nurses' home or hostel under the control of a warden directly responsible to the governing body, and for limiting the authority of the matron to education and ward discipline. In large cities where there are several small hospitals joint residential hostels under their own wardens might be set up with advantage. Much could be done along these lines at once; later, the proposals of the Working Party would go a long way to free the student nurse from a purely local autocracy.

It is a measure of the present crisis that, when industrial and domestic work are criticized as drab and monotonous, a profession as rich in varied interests as nursing cannot get enough recruits. The Working Party has brought courage and vision to its difficult task. Let its critics be equally courageous and constructive.

### SUBCLINICAL POLIOMYELITIS

In 1945 a team of workers in Chicago began a co-ordinated study of poliomyelitis. They undertook careful history and neighbourhood studies, recorded the daily temperatures of contacts, examined the cerebrospinal fluid two to five weeks after the onset of fever, and tried to detect the presence of virus in specimens from the nose, throat, mouth, and stools of those persons whose temperatures were taken. A paper<sup>1</sup> describing some of the results obtained was mentioned by Kelleher<sup>2</sup> in an article we published recently. Daily determinations of the axillary temperature were made between 5 and 25 days (usually 6 and 21 days) after the known exposure of 22 children to a patient with polio-

<sup>1</sup> Casey, A. E., et al., *Amer. J. Dis. Child.*, 1947, **72**, 661.  
<sup>2</sup> *British Medical Journal*, 1947, **2**, 292.

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