Editorial

" — HALF A PHYSICIAN "

"A good cook is half a physician, for the best physick doth come from the kitchin " wrote Andrew Boorde. What in the days of the first Elizabeth was a truism would be hotly contested by those who now wear the mantle of Thomas Linacre's College; they would point to the number of specifics—antibiotics and synthetic remedies —with which they now combat disease. And they would be right, let there be no doubt about it; a cook, be he never so good, cannot claim to be even a quarter of a physician—he does not handle the best physic: but this is not to belittle his importance. Who, in health is not gratified by good food, well cooked? How much more important is it then that the appetites of the sick should be titillated in their feeding.

Good cooking does more to help keep the home together and the family united than any other domestic duty. Even the post-prandial routine of washing up is less irksome when full honour has been done to a good meal. Doctors should take greater interest in cooking. How dull a Diet always sounds, how insipid a Balanced Meal; how satisfying a good breakfast can be, and how delicious a well designed dinner. As so much of our day is occupied in eating and drinking, it behoves us to see that we derive the greatest benefit from the time so employed. A healthy inquisitiveness into the eating habits of our patients is as necessary as a knowledge of any other particular concerning them. It is an indictment—and no small one—of the Feudian School of psychology that we have often more knowledge of the sexual than of the feeding habits of our people.

" Cooking, like enjoyment of art, is tradition ", writes Felix Marti-Ibanez[1]. The longer established the civilization of a country the more sophisticated are its dishes. The British tradition in cooking is for good, wholesome food, plainly cooked, but our tradition has been ruthlessly interrupted, and two world wars and severe rationing have left their mark on our gastronomic habits. We still like our meals simple and ungarnished, but the great majority have forgotten how to prepare them to the best advantage. The art of cooking is to bring out the natural flavour of the food. How far short we fall from this objective! Chips have become the staple of the nation, and the pride of the potato is cremated in frying-pans of rancid fat and synthetic oils. Ice creams are consumed at all times and in all places, and are offered instead of pudding in all eating houses. (It is odd that the manufacturers of these concoctions are not compelled to state of what they are composed.) Those who have not

experienced the delights of good cooking cannot appreciate good food. This regretable ignorance also permeates our hospitals and other institutions. Diets are arranged, but the cooked meal seldom studied by the medical staffs. This is not as it should be. Although much has been done in recent years there is still a strong argument for improvement in the cooking and serving of meals in these institutions. The quality of the food supplied to our hospitals is on the whole good, and special diets are often elegantly served, but no pretence seems to be made at serving " ordinary diet " with any degree of imagination. We have seen cold, lonely sausages; dry fish and soggy chips, and unspeakable milk puddings placed on patients bed-tables. The production of diet sheets is only the first part of the duty of the dietician; the aim should surely be to make the finished product not only nourishing but palatable. Moreover, hospitals should recognize that they have not only a duty to feed their patients, but that it is also incumbent upon them to set an example in good cooking which may be followed by their patients when they return home. Those local authorities who supply home-helps could, in the same way, raise the culinary standards of their ratepayers by ensuring that those whom they employ to replace the ailing housewife are good, well-trained cooks.

The duty of the dietician should be to teach people what to eat and how to prepare it, and not, as so often is the case, what not to eat and how to avoid it. It is human nature to resist compulsion, and, though people may be led to ambrosial pastures they will not be driven. This the government has recognized wisely in its approach to the problem of the tobacco habit. Nearly every nation has its dietetic failings. The beriberi of Indo-China; the trichinosis of the eastern coast of the United States and Germany; the intestinal flukes of Asia; the lung flukes of the Japanese and Philippine coast dwellers are all diseases produced by traditional feeding habits. So too, in Europe during historical times, we have seen St. Anthony's Fire from eating rye infected with the ergot fungus, scurvy ravaging our mariners, and gout assuming alarming proportions due to improper diets. Many believe—and evidence in support of their thesis is growing—that the increasing prevalence of arterial disease, intermittent claudication and coronary thrombosis is due to the over indulgence in fats and steroids and that the milk-and-eggs theme so beloved of modern experts in food is being too much stressed.

Whenever the welfare state, in the distribution of its benison on its people, undertakes their feeding, it must see that the meals provided are exemplary.

REFERENCE

(1) Marti-Ibanez, Felix. *Internat. Rec. Med.* **170**, 256.