58. Patricia Torrens

(1) Tell me about your background.

Well, I was born and brought up in Lincolnshire, in a small market town, where Dad was the local GP. And he had come over from Ireland, as soon as he finished his training, and set up there in 1912. Then he went off to the war in 1914 to '18 - he was a POW for part of that - came back, and went back into the practice again. And I was born there in 1921. My mother was a nurse - had been a nurse. And I grew up in a very, sort of ordinary, small market town. I had a brother, who was nine years older than myself, so he was away at prep school, almost from as soon as I was born. So, it was almost like being an only child. But I had lots of friends there. I wasn't able to go to school for a bit, because I had TB glands in my neck, and I had to be treated for that. So, I was looked at as rather a sickly kid. And I had a governess for several years, with two or three other children. We joined together, as a sort of small group, to be educated. Then I went to a kindergarten, for a little while, which was fun; I enjoyed it. And then I went back to having a governess again, until I was about eleven, when I was deemed fit enough to go away for a bit. So, I went to a nearby grammar school - about fifteen miles away - where I was a weekly boarder. And stayed there, coming home at weekends to have treatment for my so-called TB, and stayed there until I was fifteen. When I went away to school, by the sea in Suffolk, at Saint Felix School in Southwold, where I was for four years from 19... from the time I was fourteen to the time I was eighteen. And it was there that I did - what was then - school certificate, and it was there that there was discussion about what I was going to do when I had finished my education.

What were your own ambitions?

I wanted to be a nurse - I suppose, probably, because mum had been a nurse. But she was wise enough to say "you'd be absolutely no use as a nurse, because you haven't got enough patience". And so she started looking around to see what else there was. I wasn't... I had no ambition to be a doctor, but I wanted to do something that was allied to medicine, in some sort of a way. So, I don't know how she found... discovered about it, but my mother discovered there was this new profession, called dietetics. And we went to look into that, because I liked food, and I was interested in medical things, so a mixture of medicine and food seemed to be quite a good idea.

(2) What qualifications did you need to embark on training as a dietitian?

Well, one of the subjects was essential was the equivalent to today's O level Chemistry. But I hadn't done any sciences in my school certificate. So, during my time in the sixth form, I took a further course in chemistry - organic chemistry... sorry, inorganic chemistry - so that I could take... have the necessary qualifications to start the dietetics training. So, that was what I spent my time doing in the sixth form: that, among one or two other subjects, like Italian, which I was interested in.

Tell me, then, about your training.

Well, the training was fascinating, because, in those days, there was no course for dietetics, as such. You did bits and pieces from other courses, which, combined together, qualified you to go on to take an eighteen month dietetics training. There was a course for people who were graduates in science to do this dietetics training, but there were not very many of those. And you could do a degree in science, and then go on to dietetics, but the growing way of doing dietetics was to do what I did. And that was to go to one of the centres which had this organised course for dietetics, which included all sorts of strange things. And in Edinburgh, it included doing household science, then institutional management. Then we did a stint - you'll never believe - in the tea shop of the college, making cakes and oatcakes for sale in the shop. And then we did a course, which was part at Edinburgh College of Domestic Science, as it was in those days - now Queen Margaret's College - and the Edinburgh Royal Infirmary, which was a sort of pre-prep thing for doing dietetics. And then you went full-time, for the final eighteen months, to the Edinburgh Royal Infirmary, where you did the dietetics training, which was the equivalent, really, to today's practical part of the dietetics training.

And can you name the institutions where you trained?

Yes, the domestic science college was then known as Atholl Crescent, and I was there from 1940 to 1942. And then the final eighteen months was at Edinburgh Royal Infirmary, which was 1942 to the autumn of 1943.

And what was the background of the other students on your course?

Many of them had done the same course that I had done, but there were one or two who had done... who were graduates in science. But, the majority had done the course that I had done at Edinburgh... at Atholl Crescent.

(3) Tell me about the course at Edinburgh Royal Infirmary in 1942.

The first part of it was purely theoretical. It was lectures in organic chemistry, biochemistry, medicine, anatomy, physiology, and a certain amount of practical work in the laboratory, for the organic chemistry. But that was all theoretical work. And a certain element of dietetics came in in lecture form, but we did nothing practical for the first nine, ten months. After that, the practical work started, and that's when one came into contact with people with diabetes. Some of the practical work was in the dietetic outpatient department. And there was an outpatient department purely for dietetics, in those days, run by Sister Ruth Pybus - who was one of the original dietitians - aided by a Sister Bissett, who was her assistant. And they ran the outpatient department, and there were clinics for diabetics every day of the week, Monday to Friday. Mostly, the consultant was Professor Derrick Dunlop, who was the consultant physician specialising in diabetes, in those days. And then we did some practical work in feeding diabetic patients, on what was then known as Ward 21, which was a ward entirely of patients with diabetes. And that was... there was a kitchen attached to it

where their food was prepared, where we, as students, worked. That was run by a Miss Jehu, who was in charge of the ward, and the food produc... - not in charge of the ward, the patients - but in charge of food production. And I cannot remember the name of the ward sister there, but, whoever it was, there was a ward sister in charge. And in the kitchen there, we, as students, prepared all the food for the patients with diabetes, under Miss Jehu's eye, and also under the watchful and very domineering eye of the ward... the kitchen maid, who kept us all under control. And we prepared all the food, for breakfast, lunch, and the so-called evening meal, for the patients in that ward, who were all diabetics, all being stabilised.

What food did you give them?

It was very restricted. I don't remember the details of what they had for breakfast, but it pretty surely included porridge, which was made, obviously, with weighed amounts of porridge oats and water. I remember particularly the lunch meal, which we cooked during the morning. And then, when everything was ready, it was all laid out, and we were... we weighed everything into little aluminium pots with aluminium lids, which went into the patients on a tray. And we weighed everything, including the meat - even the cabbage was weighed - and the potatoes, of course, which were very restricted. And the dessert, which was almost always fruit without any sugar in it.

(4) I remember cooking the cabbage, and having to weigh out a hundred and fifty grams of cabbage, religiously, for each patient, which is fascinating, when you think of what patients eat nowadays.

What about the evening meal?

Do you know, I don't remember exactly what the evening meal was. But, I do remember that it was all cold, and left ready for the patients when we went home at four o'clock. So, the details of what it actually included, I don't remember, but it was a sort of cold meal. But then, all the patients in hospital, in those days, had breakfast and a cooked meal in the middle of the day. And the evening meal was whatever the nursing staff could scratch together from what was left of the morning... of the breakfast and lunch. So, I think the diabetic patients probably fared better than everybody else, in that they had something specially prepared for them.

How much was this diet affected by the fact that it was wartime?

Well, certainly patients got extra rations. It must have been, to some extent, but then, of course, because we were all restricted, one didn't really notice them as being particularly badly done by. In fact, I don't think they were, because they had extra rations of all sorts of things. They had extra rations of meat and cheese, and they gave up, of course, some... their bread ration, when bread became rationed. But really, they did quite well, I think. I don't think they came to any harm for their rations.

Can you remember what the theory of the diet was, that you were following for people with diabetes?

Yes, I can. It was very restricted carbohydrate. I mean, a hundred grams of carbohydrate was probably fairly average. The active, young, working diabetic probably got more than that, maybe up to a hundred and fifty grams, but I wouldn't be absolutely certain of that. But their protein and fat was unrestricted. It was a pretty restricted diet, and they were not really asked what they liked and dislike. They were given what they got. And, on the whole, they ate it, but then it was wartime, so I expect they were happy to get what they were given. It was the Lawrence Line diet, which, of course, was: each black line was ten grams of carbohydrate, and each red line was seven grams of fat and nine grams of carbo... sorry, seven grams of protein and nine grams of fat. And, they were given so many black, and so many red lines for the day, and that ration was divided out into the amount they should have for each meal. And they were expected to abide by that.

And have you any memories of the outpatients' clinics?

I remember being allowed to sit in with the consultant, Professor Dunlop, and hearing him talk to the patients about what he wanted them to do from the point of view of their diet. He was very strict, but he was also very understanding. And I think the patients thought the world of him.

And did you have much to do with doctors and nurses, when you were on the ward?

Precious little, really, because the students were not considered suitable to talk to medical staff. And the nursing staff were much too busy with what they were up to, to take any notice of us. It was all... Miss Jehu, who was in charge of the kitchen, was the person who sorted us out, and told us what to do, and expected us to learn from it.

And how much did you have to do with the patients?

Very little indeed, really. The students were being used as labour in the kitchen, to do the cooking and get to learn about what the patients should have. But, we really had very little to do with the patients.

(5) What did you do after your training?

Well, my first job was as assistant dietitian at the part of St Thomas's Hospital, in London, which was evacuated, because of the war, down to Hydestile in Surrey, near Godalming. And I was there as their assistant dietitian, working purely with inpatients, because all the outpatient work was done in London. The inpatient bit was a diet kitchen, which was an offshoot of the main kitchen. And the diet kitchen part of it was supervised by Miss Wansborough, who was one of the dietitians belonging to the team there; in fact, she was the senior dietitian. And she organised, and did all the liaison with the nursing staff on the wards, and so on. But, I was in charge of the diet kitchen, where the... we

had nurses, in their training, working as part of the team. And they did the cooking, under my supervision, and we then delivered the food to the patients on the ward. And they were scattered: they weren't all diabetic, of course; there were a number of patients with diabetes. But the thing I remember particularly is one whole ward of Metropolitan police, who were all suffering from gastric ulcers! And I remember having a lot of fun with them, on their diet, when we produced all sorts of sloppy food for them to eat to cure their ulcers! But, as far as the diabetics were concerned, we followed the Lawrence Line diet, and we gave the patients what we knew they should eat, and hoped for the best that they would eat it. We did, actually, take some notice of what they liked and disliked, but that was not too easy, because we were under wartime rationing conditions, and that was quite difficult. So, we persuaded them, on the whole, to eat what we produced for them, which was quite edible food. And it was produced in the diet kitchen. It was taken round the wards, by the nursing staff, in a sort of unheated wooden trolley. So, by the time... they had to be in a hurry to deliver it quickly, otherwise the patients got very cold food. But, on the whole, they didn't grumble; they did very well. And it was a hutted hospital. It had been taken over by the Canadian... from the Canadian army. And there was a covered ramp, up which they wheeled this trolley, which had no heating in it at all, and delivered the food to the patients in the wards from there. I didn't do much... have much contact with the patients, but I did have some, because Miss Wansborough was up in London for several days of the week, coping with the diabetic outpatient clinics, and I was left to cope with the inpatients down at Hydestile. So, I did actually do some teaching of patients with their diabetes, there. But, it was almost as much a sort of business of trying to get the nursing staff to co-operate with the patients' diet, because I don't think they understood anything about it. They didn't... the nurses, in those days, had no lectures in dietetics at all. So, they were left a little bit wondering, I think, what this strange food was we were producing for patients, and were not very supportive, always, in getting the patients to eat what they were given.

So, you were teaching both nurses and patients?

Well, the teaching was very much by remote control, for the nurses. We weren't expected to be teaching them, but any conversations we had with them would have been to try and explain why we were giving the patients what we were giving them, and asking the nurses to see that they did actually eat what they were given.

(6) You've talked about the profession of dietitian being a new one, but there were people that you were working for - for example, this woman who went up to St Thomas'. So, what was their background?

Their background was that they were State Registered Nurses. And they had been - most of them - had been over to America to do a further course in dietetics, 'cause that's where it had originated, and that's where they had been to get whatever qualifications they had. And they had then come back to this country to run the dietetic departments. And they were also... Those were the people I

was working with. The other dietitians in the country were people who had been science graduates, who had also gone over to the States to do a post-graduate dietetics training. So, there were two different groups: there were nurses who had done the training, and there were science graduates who had done the training. And they were the people, in this country, who were beginning to set up the training of dietetics here, which was where Miss Pybus had been. And she was setting up... she had set up the training in Edinburgh. There was a comparable training, which was set up in Glasgow, shortly after that. And there was a training at King's College Hospital... not King's College Hospital, King's College, where science graduates could go to do a post-graduate training. So, those were the three sources of training in this country, then. And then, rapidly after that, there was an expansion into all sorts of different colleges. There were, gradually, there became other ways of entry into the dietetics training. And, before the integrated dietetics courses, which we have these days, came up, there were courses... there were... that you could do, which would allow you to go on to do the eighteen months. One way in was to do the Institutional Management Association course, which was a catering course, which was... prepared you for the sort of nutrition element of the dietetic course. The other was a domestic science teachers' course, which included a lot of catering, of course, and a lot of other things, which were sort of relevant to dietetics. But, if you'd done either of those courses, you could then go on to take the eighteen months course. And, of course, we'd already mentioned the science degree, as an entrance qualification.

(7) What did you do after you worked in this evacuated part of St Thomas's?

Well, from 1945 to 1946, I was home, because my mother was ill, and I needed to be home to cope... to look after her. 1946, I went back to Thomas's, but not as a dietitian. I had thought, then, that I might like to go... to become a caterer dietitian, because that was a profession - a branch of the profession - that was starting off. And there were a number of dietitian catering officers who had got very good jobs, and who did a very good job. I went back to St. Thomas's as a cook - in the main kitchen, as opposed to the diet kitchen - and there I learnt large-scale catering, which was very interesting indeed. And I thought I might like to become a dietitian catering manager, of which there were a few in the hospital service. I'm talking about hospital service, because it was before the days of the Health Service. And they were in hospitals working as catering managers, but they were also qualified dietitians. And, therefore, they were bringing a nutritional aspect to their catering. And I thought that would be something I might like to do. And so, I spent two years at Thomas', and then I went to Moorfields Eye Hospital, in City Road, as assistant catering manager and dietitian. And there, I worked mainly as assistant catering manager, because the dietetics part of it was minimal. You would expect there to be a number of diabetics in an eye hospital, and indeed I expect there were. But it was almost impossible to find out where they were, because the surgical staff were really not interested in the fact that people were diabetics; they were in to have their eyes operated on. And if they were diabetics, it was just co-incidental that we got to know about it, and fed them the right food, because neither the nursing,

nor the medical staff, were particularly interested in their diabetes.

Can you remember if, when you were at Moorfields from 1948 to 1951, if it was still the Lawrence Line diet for people with diabetes?

Patients who were in with diabetes - if we got to know about them, as I said - were on the Lawrence Line diet, if they could remember what they were on at all. I mean, one didn't get to see the patients at all. The request for diet came from the nursing staff, and you got told what you got told.

(8) What did you do after Moorfields?

Well, as I spent my time at Moorfields, I decided that I did not want to become a dietitian catering manager, and I was looking around for other dietetic posts. And I was fortunate enough to be appointed the Chief Dietitian at Westminster Hospital in 1951. And I went there, really, as quite a green dietitian. How on earth they appointed me as their chief, I'll never know. But they did, and I spent the next twenty years there.

Did you come across many people with diabetes during those twenty years?

Yes, there were a lot of patients with diabetes, then. A number of them were still on the Lawrence Line diet, but they were... there was one consultant who ran the diabetic clinic - Dr Frank Hart (F. Dudley Hart) - who was looking into all sorts of other kinds of treatment. And, gradually, the Lawrence Line diet was relaxed. And it was still used as the basis for the diet, but the amount of carbohydrate they were allowed was considerably increased. And I do remember patients wanting to experiment with their diets, and have a rather wider variety of food. And, as rationing came to an end, and there was more food available, so they wanted to be able to use a wider variety in their diet. One of the things we did try experimenting with, at the request of one of the senior registrars, was to try and make bread more available to the patients, because their bread allowance was very restricted. And this particular doctor had an idea of making bread with a much lower carbohydrate content, so that the patients could have a much larger ration of it. And he would have us experimenting with making bread from... using bran instead of flour. And we had all sorts of efforts to make a loaf of bread that was edible, using bran and yeast, and the other ordinary ingredients of bread. But it really was not very satisfactory. It was very heavy, very solid - almost like rye bread, but even more solid. And the patients were not particularly impressed by it, and were rather content having their ordinary amount of bread, and not being expected to eat this rather solid stuff, which we presented them with.

(9) Tell me about the wards.

Well, the patients were on... there wasn't a diabetic ward, as such, although a number of diabetics were on the ward which was looked after by Dr Dudley Hart. But they were scattered around the hospital in surgical wards, in antenatal wards; all over the place. And we would deal with them wherever they were. We had a separate diet kitchen, to begin with. And we had... the food was sent

out from there for lunch and the evening meal. And we had a separate menu. The patients were able to choose from the menu what they would like to choose, of what was available. And we supplied their food for their two main meals of the day. It was taken to the wards in the ordinary ward trolleys, with the rest of the patients' food, but it was separately labelled, and separately plated. And it was taken to the wards at meal times, and was served out by the nursing staff to the patients. And then, gradually, we started having a choice of food for all patients, and the catering manager and I would plan the diet... the menu together. And we would indicate, on the patients' menu choice, which foods were suitable for which diets, including the patients with diabetes. And they were given a choice of food from the general patients' menu, but with their desserts prepared separately in the diet kitchen, to have a reduced amount of carbohydrate. We didn't include sugar, and so on; we made separate desserts for them. But, wherever possible, we tried to make the menu as much like the ordinary patients' menu as we could, so that the patients began to realise that they weren't very different, and that they could eat socially with other people. They could go out to restaurants to have food, and so on, and they need not feel too restricted. And gradually, of course, their diet became more liberal, and this made it even easier for them to join in with everybody else. It was fascinating planning the menu with the catering manager, because we were trying to make the patients feel that they were fairly normal, and they could eat normally. And the interaction between catering manager and dietitian was something which was growing, and was quite new, really. At one stage, they'd been totally apart, and almost - not quite - but almost at loggerheads. And gradually - particularly for those dietitians who had a catering background, as I had - we were able to co-operate with the catering manager, and make a joint menu, which made the production of food much more streamlined, and much more sensible. And it did make the patients feel that they could eat from a normal menu.

In what ways would they have been at loggerheads, previously?

I think one of the reasons why they didn't co-operate too easily was they didn't understand each other's professions. Many dietitians had no catering knowledge - especially the ones who had come from a nursing or science background. They had no knowledge of the catering manager's problems, and his difficulties in producing food - to a very tight budget - for the whole hospital. And catering managers had no knowledge of nutrition or dietetics. And they were frightened of dietitians, because they thought they were very full of theory, and not much full of practice, which to some extent was right.

You referred to the catering manager as 'he', in this case. Were they largely men and dietitians largely women?

Many of the catering managers were men. To begin with, the catering manager-dietitian, that I spoke about: they were all women. But after the war, a number of caterers came out of the forces into the hospital service, and they, of course, were almost all men. They hadn't met dietitians in the army, and they just didn't know what they were, and they were a bit apprehensive about them.

And I think it was... there was a bit of fault on both sides, in that neither understood the other, and they didn't take the trouble to do so.

(10) Can you tell me about the outpatients' clinics at the Westminster Hospital?

Yes, we just had one diabetic outpatient clinic a week. And it was request... the consultant requested that I should be in attendance at that each week. And so, I did go, and I sat in with him, but was available to the rest of his team to see any patient that either was a new diabetic - in which case we made an appointment for them to come back, or saw them at the end of the clinic - so that we could really explain in detail about their diet. Or for patients who were already on diet, who had any questions, or there was any amendment or alteration to their diet, then we would see them at the clinic, so that we had direct contact with both outpatients and inpatients. We would see the patients in the clinic with the consult... when they were seeing the consultant, and there might be just the odd question then. But if there was any need for, sort of, a detailed discussion, we would make an appointment to see them afterwards - either after the clinic, on that day, or if it was possible for them to come back to have a more detailed discussion - because some of them wanted to know more about their diet. They wanted to know how they could vary their diet; they had particular questions about foods that they wanted to include, or whether they could include them or not. And gradually, the diet was getting more relaxed, and it varied. If the patients were obese, then, obviously - and those were often the elderly patients - it was a question of getting their weight down. And, very frequently, when their weight got down and they got back to a relatively normal weight, their diabetes was much minimised. But with the younger and the more acute diabetic, then they needed much more careful restriction, and... Rather, they wanted more detail about their diet, because they were trying to live a normal life, and they wanted to know how they could fit their diet into that.

So, did you see your role as educating patients?

Yes, indeed. Especially the diabetics, because, well, if they were new to diabetes, then the whole thing had to be dealt with. They were educated by the consultant, by the nurse about urine testing and blood testing, and so on, and we would talk to them about their diet. We would need several visits, usually, to complete all the sort of questions that they had to ask, and it was important to have ongoing relationship with them. So yes, we saw them frequently. They would sometimes ring up with questions about their diet. And it was just... An important thing was to get them to understand their diet, so that they could change it, and make as much use of all the foodstuffs that were available - and particularly at the end of rationing - as they could. So, they could have a really wide variety of diet, and enjoy life.

Did you have any educational material to give them?

We had a number of diet sheets. We would print things as much as we could, but a lot of them had to be amended. I mean, no two patients' lives were the same, so you would end up with a printed diet sheet, with lots of scribbling

on it, to amend it to fit in with their needs. 'Cause just to give somebody a diet sheet, and say "go away and read that", was totally irrelevant, really. They got nothing much out of that. But a lot of the diabetics were able to lead very active, very normal lives, and fit their diet in: carry food with them when they needed to, go out for meals and choose from restaurant menus, and so on. And they got to know a lot about their diets, and were very able to cope with it.

(11) Any more memories from those twenty years at Westminster, 1951 to 1971?

Well, one thing that stands out, particularly, is the study tour I did in the United States, because I was lucky enough to get a scholarship to go and look at clinical research units there, because we were going to open one at Westminster. And I spent three months in the States, visiting various hospitals. And, although I was looking at clinical research units, in the dietetic departments, I was shown a lot of other things to do with dietetics. And I found that the patients, over there, were, in those days, having a much more liberal diet for diabetes than we were used to giving them in the UK. And I think it was there that the more liberal approach to diabetes, which we now have, began.

Can you remember when that tour of the States was?

I think it was about 1965, but I'm not absolutely certain of the date.

Would you say that that time, 1951 to 1971, was a period of change in the treatment of diabetes?

I don't think there was an enormous change, then. Gradually things relaxed. And as research took place, and as some of the oral hypoglycaemic agents came in, that people could take just the odd tablet instead of having to take insulin, helped some of the milder diabetics considerably. There wasn't really an enormous change in the diet, in those days; except, of course, that we began to make people understand that they could eat from the same food as everybody else was eating. But there wasn't an enormous change in the actual diet treatment of diabetes, I don't think.

What did you do after you left the Westminster Hospital?

Well, I was appointed as the Dietetics Adviser to the - as it was then - the Department of Health and Social Security. And I was attached to the catering and dietetic unit of that department, and worked as the dietitian with the people who were responsible for catering management in hospitals. There were men and women as catering advisers, and I worked closely with all of them. I got on very well with them; I think, probably, because I'd got a catering background, and they realised that I did understand the work they were doing, and what they were trying to do. And they understood, to some extent, what I was trying to do, because their original head of that department had been... Miss Washington was the original dietetic and catering adviser, and she, actually, was one of the original dietitians. And so, they were used to having a dietitian around. And when she retired, she said "you should appoint a dietitian to this department,

because you need a dietitian to work with the catering mangers". And that was when I was appointed.

(12) When I was appointed, we were just running up to the major reorganisation of the Health Service. And this was going to occupy a lot of my time, during the first few years of my appointment at the department, because the work of dietitians was changing in the Health Service. They were coming away from being purely clinical hospital personnel, to being responsible for the dietetics and nutrition over the whole of the locality. So, they were working with health visitors, with medical officers of health, with social workers, with anybody who was dealing with people in the community, who might have questions or special dietary needs, or even need to know about nutrition. So that the work of the dietitian was totally changing from being purely hospital orientated, to being community orientated as well. It was decided that there was a need to appoint a district dietitian for each Health Authority. Now, not every Health Authority took this up, but very many did. And, in the first instance, there was a rush of activity to appoint these people. A district dietitian was to be responsible for the nutrition and dietetic services to the hospital and the community, in the area where she was working. And this was a very different role from the clinical dietitian that we'd had before. They needed to be that, but they also needed to have the ability to work with all the other health workers in the community, and to work through them. It was not possible for the dietitian to be in contact with every person in the community that needed to know about nutrition or dietetics. And so, working through health visitors, through community nurses, through social workers, was an important part of the district dietitian's job. And so, she had to be able to impart her knowledge, or work through them, to get them to spread the message to the community they were working with. The district dietitian needed some sort of background, or some back-up, to help her with this new job. And so, the Department of Health ran courses, at their training centre in Harrogate, for people who were appointed as district dietitians. They were seconded by their employing Authority to come on a course, to learn the special skills that they needed to work as district dietitians. And I worked closely with one of the training officers, at the Department of Health, to run these courses, to talk to the district dietitians about the work of health visitors and district nurses and social workers, and all the people who were working with folks in the community, who might help to spread the word that they wanted spreading. It was interesting running those courses, because some of the people that came on them had been thoroughly enjoying their jobs as clinical dietitians, had really been encouraged to take on the role, because they were the senior dietitian in their patch. And had been encouraged by employing Authorities to take on the role of district dietitian, without really understanding what the job was going to be. And I don't think the employing Authorities had any idea what it was going to be, either. So, when they came to the course,

they were... some of them took to it like ducks to water. Others were a bit aghast at the number of people they were going to have to work with and through, in order to get their message over to the community. And, I think, felt, perhaps they'd taken on something they didn't want to do.

(13) So, what was this message that needed to be got out to the community in general?

I suppose it was the beginning of the healthy eating campaign. We were trying to make people understand what healthy eating was, how they could eat healthily, what foods were - so-called - "good for you", although that's a term I don't like.

Why don't you like the phrase "good for you"?

Because all food is good for you, if you eat it to the right quantities. It's a question of eating what you enjoy, and eating it in the amounts that are sensible.

But you wouldn't always have believed that, would you?

No, I guess not. I guess, when I was younger, I thought we knew exactly what was good for everybody, and we would get people eating just that. But people have got to make choices. They like what they like, and they want to eat according to their lifestyle. And it's important that, as long as they understand what's in food, and what foods make a good mixed diet, that they go ahead and make their own personal choices.

How would this change to having district dietitians have affected people with diabetes?

Well, I think the district dietitians were very keen to make sure that all the people who were in contact with diabetics, in the community, would understand about the diabetic diet. And would be able to reinforce the teaching, that the dietitians had given, with the people in their own homes, or in the clinics, where the health visitors or district nurses met them. They had an understanding of diabetic diets, most of them. Most of them had done a little bit in their training, but many of them, perhaps, were not aware of the details. And particularly when you'd got people, like health visitors and school nurses, who were very much involved with people who were requiring to follow diabetic diets, it was important that they understood what it involved, and were able to reinforce the teaching that the dietitian had given, and help the patient to cope with their diet at home.

Did doctors know much about diet?

As far as diabetics are concerned... As far as diet's concerned: generally, no. As far as diabetics are concerned, I think where GPs had diabetics in their practice, they would read up about it and would try and cope with it, and did. But many of them would refer their patients to a diabetic clinic, to have... for the diagnosis, and the treatment to be set up. Having had a brother and a father who were both GPs, I know that diabetes was not high on their priority list of things to keep up to date in. But, on the other hand, if they had patients with

diabetes, they would see to it that, somehow or another, they were treated. But, I think doctors in training had very little training in nutrition and dietetics, in the days when I was first working in the hospital service. By the time I got to the Department, this was beginning to change, because medical students were having nutrition and dietetic lectures in their training, which they do now. And I know a number of dietitians, now, do take part in the training of medical students, so that I'm sure this has totally changed. But in the days when I was practising, doctors were - unless they were specialising in diabetes - were pretty ignorant of the treatment of it.

(14) During your time at the Department of Health, from 1971 to 1984, you must have visited a fair number of hospitals. What was your overall impression?

As far as dietetic treatments were concerned, the situation was so variable. There were places where it was way back in the forties, fifties, sixties, maybe, where things hadn't changed. There might have been a dietitian who had been there for twenty or thirty years, who'd been running it the same way all the time she'd been there. And then there were other places where it was absolutely top notch. And it didn't have to be the big teaching hospitals, necessarily. Some of the smaller hospitals had first class services. It was very patchy; very patchy, indeed. And it depended so much on the individuals concerned, on their interest in the work they were doing, on their ambition to get their service as high as it could be. There were huge variations. I think some of the teaching hospitals rested on their laurels a bit, because they had been doing research into the treatment, or they had set the treatment up in the early days, and they were still following the same treatment. It did, to some extent, depend on the consultant in charge of the diabetic clinics too, because some of those were very progressive, and wanted to do modern treatment, and so on, whereas others were resting on their laurels. I should have mentioned community dietitians. These were people, who were appointed by the district dietitian, to do the work in the community. And they would have been the people who would have liaised with health visitors and district nurses and school nurses and practice nurses, and anybody in contact with patients. They would be the point of reference for all of these people to talk to about diabetic patients. And they would probably have taken part - well, certainly have taken part - in the training of any students in these various professions.

(15) Can you also tell me about the growth in the profession, from when you trained in the early 1940s?

I think when I was appointed as a dietitian, in 1943, only the major teaching hospitals had dietitians, because the service hadn't existed before the dietitians had gone off to America to train. So, there weren't any dietetic departments, except in the major teaching hospitals. And after that, I guess the growth was fairly slow, because there weren't any dietitians to be appointed, because the training schools were pretty small. And gradually, as they produced qualified dietitians, so they went to work in these teaching departments with other

dietitians. So, those departments grew, but it was quite some time until it was common practice to have a dietitian appointed at a hospital. In fact, when I went to Westminster in '51, I was only the second dietitian to be appointed there. There had been one appointed about two years before, who'd worked for them for a year, and then gone off abroad for something or another, and I was only the second one. So, before that, there had been no dietetic department at the Westminster. I was on my own for a year at Westminster, just sort of starting to get the department going. Then I was allowed to appoint one assistant, which I did. And then gradually, over the years, the need for extra people grew; not to work only in the Westminster, but we had other hospitals in the vicinity, which were joined up to the Westminster, who also needed a service. So, by the time I left, in 1951... 1971, sorry, there were a department of six.

So, what happened before there was a dietitian at the Westminster Hospital, for example?

Well, a friend of mine, who had trained there, who started her training during the war, told me that when she was looking after patients on the ward, their catering, such as it was, was done by a home sister, who was an elderly nurse who had taken over the administration of the cooking. And there were a couple of cooks in the kitchen, and they produced either shepherd's pie or mince and vegetables for lunch, everyday, followed by rice pudding. And all there was available for supper was anything that was left over from lunchtime, or anything the nurses could scratch together.

And what about breakfast?

Breakfast, I think, was bread and margarine.