Behind the Menu

In Canada the habit of eating in restaurants has increased greatly in the past two years and the Department of National Health and Welfare has produced, through the facilities of the National Film Board, a movie which deals interestingly and in detail with the whole subject of restaurant hygiene. This film was previewed by the Canadian Restaurant Association and points out the need for planned layout of kitchens and dining rooms as well as staff washrooms and locker rooms, and urges correct handling of food and utensils. The point is stressed that public health cannot be guarded by laws and regulations alone, as these must be backed up by the understanding and cooperation of the restaurant industry. Behind the Menu recognizes the importance of avoiding crowding, the provision of adequate refrigeration, and care in dish washing. Chipped and cracked dishes are discarded as they cannot be cleansed of bacteria. Pests are controlled by insect sprays and powders. Every year food-borne diseases render thousands of persons ill. Some of the diseases may be served up at ten dollars a plate and others are hidden in a ten cent sandwich. In the taverns and dining rooms in Canada are displayed signs stating the number of customers who may be seated, it being contrary to law to exceed this number.

Nutrition and Resistance to Infection

While it is assumed that mass starvation favors epidemics of infectious disease, it is difficult to prove, because famine is only one of a number of serious dislocations which usually include breakdown of sanitary precautions and general demoralization. Superficial skin infections are unduly common during starvation owing to lowered resistance of the skin. Probably anti-body production is adversely affected by starvation because of the well-known lowering of serum protein. In a human experiment in Germany, undernourished individuals produced a lower response to antigen injections than normal persons (1) and it was felt that this comparative failure in anti-body production was due specifically to malnutrition. Nevertheless the difference between the controls and the patients was not great, and the fact that no great epidemics have occurred in Germany since the war, suggest that malnutrition may not be a very important factor in producing lowered resistance to infection. On the other hand, there is a high general mortality rate, and a high morbidity rate for tuberculosis in the malnourished, and famine produces an appalling, demoralizing effect which is a serious psychologic problem in itself.

The toxin sensitivity is known to be affected by the nutritional status of the host. For example, diphtheria toxin units with ascorbic acid, and a very high ascorbic acid intake may reduce the sensitivity of the host to diphtheria toxin. Probably the optimal ascorbic acid requirement is increased in all fevers (2).

Vitamin A deficiency causes an atrophy of the epithelial surfaces followed by keratinizing metaplasia and lowered local resistance. In patients who had recovered from rheumatic fever it was found that relapse occurred in those having low blood vitamin-A levels but not in those presenting a high vitamin-A level (3).

REFERENCES

Abstracts on Nutrition


Nutrition is the combination of processes by which the living organism receives and utilizes the materials necessary for the maintenance of its functions and growth and renewal of its components. Dietetics is the combined science and art of feeding individuals or groups under different economic and health conditions according to the principles of nutrition and management. The acceptability of foods to the patient is now being recognized as the largest single factor in effecting a change in food habits.


In the treatment of coma the author continues to use infusions of sodium bicarbonate as indicated since certain animal experiments showed better recovery when alkali was used. He also uses glucose in addition to insulin. In the management of non-acidotic cases he employs rapidly absorbed types of insulin in patients under five years of age, using both these and those of delayed absorption in older patients. He has considerable to say with respect to the psychological aspects of treating juvenile diabetics.

In order to supply caloric needs, as well as vitamins, via the intravenous route before and after operation in ill-nourished patients incapable of receiving food orally, the authors have devised a mixture of amino-acids, glucose, vitamins and alcohol, the latter not only supplying calories but affording such excellent post-operative sedation and tonic effects on bowel and bladder that morphine is unnecessary. Above all the method eliminates the weakness and post-operative illness and facilitates early ambulation. Since fat cannot as yet well be given intravenously, alcohol supplies the calories thus missed. The formula is as follows: vit. B complex and vit. C, fluids 3000 cc.; sod. chloride 6-18 grams; glucose 150 to 180 grams, amino-acids 100-150 grams; alcohol (95 per cent) 120-180 cc. Total calories 2020 to 2400. Directions for the speeds of injection are given and should be consulted. The technique has been used in more than 300 operative cases without ill effects.