tapioca whirl, tea or coffee. Tea: Cake, bread-and-butter, tea. Supper: Soup, macaroni and cheese, mashed potatoes, almond sponge, custard. Snack: Soup, cottage pie, bread-and-butter, tea or coffee.

June 25.—Breakfast: Porridge, rissoles, bread-and-butter, marmalade or jam, tea or coffee. Dinner: Vermicelli soup, cold ham, cabbage, semolina and custard, tea or coffee. Tea: Scones, bread-and-butter, jam, tea. Supper: Mannastorme soup, cold roast beef, lettuce, beetroot, jacket potatoes, steamed chocolate pudding, tea or coffee. Snack: Soup, fried cheese sandwiches, tea.

June 26.—Breakfast: Porridge, boiled eggs, bread-and-butter, tea or coffee. Dinner: Kidney soup, Irish stew, haricot beans, potatoes, rhubarb tart and custard. Tea: Cake, bread-and-butter, tea. Supper: Vegetable soup, Irish stew, cottage pie, cabbage, potatoes, steamed marmalade pudding, custard. Snack: Vegetable soup, lentil cutlets, lettuce, pickled cabbage, tea or coffee.

June 27.—Breakfast: Porridge, liver, sausage, or bacon, bread-and-butter, jam, tea. Dinner: Potato soup, steamed fish, parsley sauce, mashed potatoes, rice pudding, tea or coffee. Tea: Currant loaf, bread-and-butter, tea. Supper: Vegetable soup, roast lamb, mint sauce, cabbage, mashed potatoes, Swiss roll, custard, tea or coffee. Snack: Soup, sardine sandwiches, tea or coffee.

Commentary

Catering Management.—The general standard of trained catering managers is high. At the same time there are evident weaknesses in kitchen methods.

Nutritive Value of Meals.—Specific instruction by nutrition authorities on the nutritive value of meals would be welcomed by caterers. This could with advantage include cold dishes and hot meals.

Cold Salads.—These are not always well chosen or effectively served, and there is not a sufficiently wide appreciation of the food values available in salad form. I consider instruction is needed in this connexion.

Stock-pot.—This is a wartime necessity and must be given a higher status in the kitchen. While the value of vegetables and vegetable water is appreciated, there generally is lacking any precise knowledge of the effect of boiling on foodstuffs. Great variation is to be seen in different kitchens. A few stock-pots and soup-containers are well handled, but it is doubtful whether the bulk of the soup that is served contains the qualities that the food used could provide. Too much water is employed in the preparation, or too little; the soup is boiled either longer than is desirable or not long enough. In fact, soup preparation is still considered too simple a matter to particularize, and it calls for more attention from the catering management.

Fish and Chips.—Fish and chips is the *pièce de résistance* of the factory working-girl. My view is that the girls are good judges of body needs. Fats under wartime conditions are in minimal supply, while both fish and chips are excellent foods. The girls describe the dish as "tasty," but it is no more so than many dishes could be made if properly cooked. The savoury element in fish and chips points the way to the better handling of savoury dishes.

Cheese.—Cheese dishes, generally speaking, are unpopular in the hostels, though in some cases they are appreciated and favourably commented upon. I have sampled these dishes in various hostels, and it does seem that while as a rule they are well prepared, they are produced very differently by different caterers. Where cheese dishes are rejected and unpopular, these have a particular character that does not appeal to the girls' taste. The importance of cheese and its availability under present circumstances make it desirable that this aspect of catering should be looked into.

Conclusion

In general the types of food necessary for health are well appreciated, and these are supplied to the limit to which they are available. The food provided appears fully to meet the health needs of the residents. The catering management is in good hands, but more precise direction in respect to particular aspects of preparing some of the foodstuffs is desirable and would be welcomed.

The preparation and provision of a communal meal is a practical and economic proposition so far as Royal Ordnance Factory workers living in hostels are concerned. In fact, the health of the girls resident in these hostels notably improves, and this improvement can be attributed, in part at least, to the manner and method of the feeding arrangements.

Medical Memoranda

Unusual Case of Intestinal Obstruction in a Child

The following case appears to be uncommon enough to warrant record.

CASE HISTORY

The patient, a girl aged 3, was admitted to the Whitehaven and West Cumberland Hospital with a history of 4 days' abdominal pain and vomiting. The pain, which was intermittent in character, was becoming less frequent, but the vomiting, which had at first merely consisted in the return of any fluids given by mouth, had become bilious. The bowels had not been opened for 4 days. The child, though obviously ill, was quiet between the attacks, the temperature was normal, and the pulse rate 140. She was not markedly dehydrated. The tongue was normal; the abdomen was distended and tympanitic. There was no visible peristalsis and no definite tenderness. A small hard mass was palpable in the right iliac fossa; the lower bowel was empty. The white cell count was normal. A diagnosis of intestinal obstruction was made, and it was thought that this was probably due to adhesions to tuberculous glands in the right iliac fossa.

A general anaesthetic (open ether) was administered, and a right lower paramedian incision made. The abdomen contained slightly turbulent free fluid. A distended and inflamed coil of small intestine presented. This was followed down, and in the lower part of the ileum a hard mass about the size of a mouse was found in the lumen; there was a similar smaller mass a few inches further down, and below that the bowel was collapsed. The larger mass was firmly impacted and fixed, but it was possible to "milk" the smaller one back to the larger fixed one. The bowel over this was friable, and the peritoneum had split longitudinally. The bowel was clamped and incised and the two foreign bodies removed. These were found to consist of tightly matted hair, with strands of cotton interwoven (see Fig., compared with a penny). In view of the state

of the bowel it was considered advisable to do a resection, and about 6 in. of bowel was removed and an end-to-end anastomosis performed. The abdomen was closed without drainage.

The child was very ill for the first 3 days and vomited twice. After this she started to improve, and a week later the bowels were moved. There was a slight residual superficial infection of the wound. This quickly resolved, and the patient was discharged 3 weeks after operation.

COMMENT

Cases of hair-ball in the gastro-intestinal tract are relatively uncommon, and those which have been described have usually been in the stomach and in older persons. The condition is often associated with mental disorder. The child under discussion is of a highly strung nervous type, and had been known to chew her hair, though not for several months previously. Immediately she came out of the anaesthetic she started to clutch her hair, which was short. It was kept covered for the first few days after operation and the parents were warned to watch the child carefully in future.

The condition, which is known as trichobezoar, is found in domestic animals and cattle; it is also described as occurring in fowls (Hutyra and Marek) due to feathers, and is said to be caused by protein deficiency in the diet.

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