Is Malnutrition Increasing?

ESTHER JACOBS

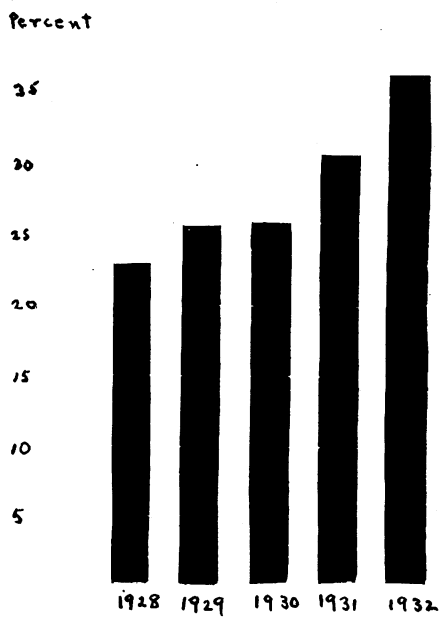
Executive Secretary, Community Health Center, Philadelphia, Pa.

RECOGNIZING the wide variance of opinion with regard to the entire subject of malnutrition, and appreciating that the basis of diagnosis differs with each individual physician, we deem it wise to state at the very beginning that we propose only to show what we have found in studying our diagnoses of malnutrition on clients coming to the Community Health Center diagnostic medical clinics during a five-year period.

The Diagnostic Clinic is only one of the activities of the Community Health Center, which also includes a Dental Clinic, giving complete treatment service; a Mental Hygiene Department, giving both treatment and diagnostic service to a limited number of patients; and a Health Extension Department, which carries on an educational program. The clients are referred by the constituent social agencies in the Federation of Jewish Charities, with the exception of a very small group examined each year for the Mothers' Assistance Fund. Both family and childcare agencies (including day nurseries) are represented. The patients are almost all Jewish. They are a dependent group of individuals, referred for periodic health examinations semi-annually or annually, depending on the age of the client and the referring agency, so that a certain proportion have been coming back at regular intervals over this five-year period. The agency referring the case assumes full responsibility for supervision of the client's health follow-up.

The Community Health Center medical examiners are practicing physicians of experience and standing in the community, who give us clinic periods on a paid hourly basis. The work is under the direction of Dr. Bernard Kohn. The appointment system is followed. Each new patient sent to us is preceded by as complete a medical history as the case worker is able to secure, plus any significant

CHART I



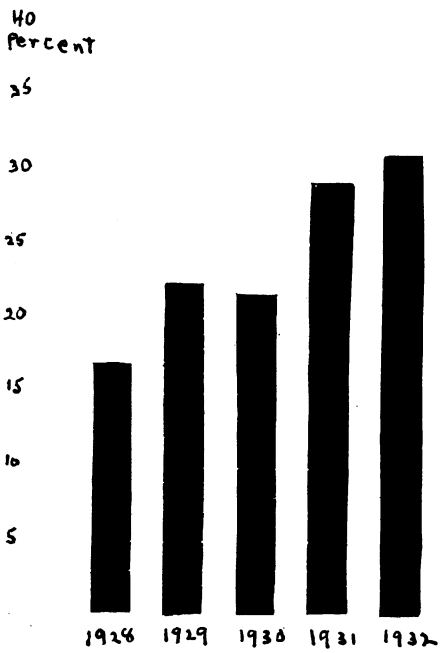
DIAGNOSES OF MALNUTRITION AMONG COMMUNITY HEALTH CENTER PATIENTS, MAY TO OCTOBER, INCLUSIVE, FOR EACH YEAR (IN PERCENTAGES OF TOTAL NUMBER OF PATIENTS)

medical-social data. In the cases of re-examination, medical history is supplemented to bring the medical data up to date.

A report of any treatment that has been secured, either as a result of recommendations previously made by the Community Health Center, or because of some illness which occurred during the interval between examinations, is usually sent to the Community Health Center by the case worker at the time such treatment is completed.

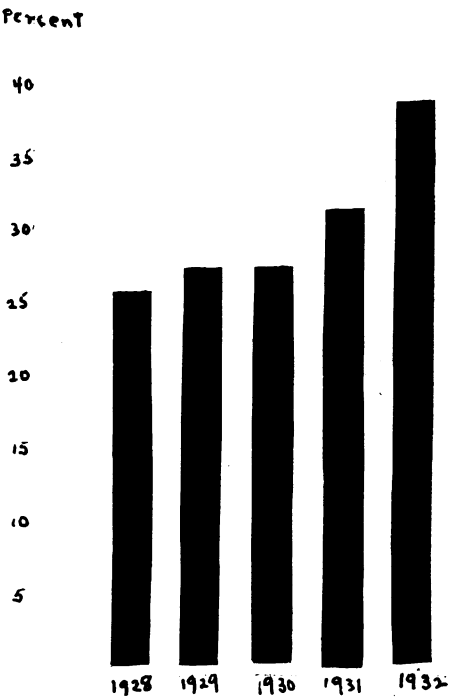
The medical staff based their diagnoses of malnutrition on clinical findings and symptomatology—height, weight, condition of skin and tissues, mucous membrane, musculature, and patient's general physical condition. A staff meeting held just prior to the making of this study brought out general agreement among the physicians as to the diagnosis. Since the staff was materially changed between 1929 and

CHART II



DIAGNOSES OF MALNUTRITION AMONG COMMUNITY HEALTH CENTER PATIENTS, MAY TO OCTOBER, INCLUSIVE, FOR EACH YEAR (IN PERCENTAGES OF TOTAL NUMBER OF NEW CASES *)

CHART III



DIAGNOSES OF MALNUTRITION AMONG COMMUNITY HEALTH CENTER PATIENTS, MAY TO OCTOBER, INCLUSIVE, FOR EACH YEAR (IN PERCENTAGES OF TOTAL NUMBER OF OLD CASES *)

* *New* cases means those patients seen for the first time at the Community Health Center. In this group there has been a very definite increase since 1930. The proportionate increase in malnutrition diagnoses from 1928 to 1932 in the new cases was 82.3 per cent.

* *Old* cases means those previously known to the Community Health Center and re-examined for the first time in that fiscal year. New cases in 1928 become old cases in 1929, and so on, for each succeeding year. Therefore, although there is no duplication in the data for the individual year, the old cases necessarily are cumulative.

It would seem from this material that the *percentage* of malnutrition according to Community Health Center diagnoses was higher in old cases than in new. However, the *proportionate* increase over the five-year period is lower in the old cases.

1930, the same question was put to our former staff members, each of whom stressed the same points in defining the basis for a diagnosis of malnutrition.

The study covered the five-year period, 1928 to 1932, taking all individuals examined during the first six months of the fiscal year, May to October inclusive, which brought the material practically up to date. The data are shown in the following table.

DIAGNOSES OF MALNUTRITION IN INDIVIDUALS EXAMINED AT COMMUNITY HEALTH CENTER MAY TO OCTOBER (INCLUSIVE)—1928—1929—1930—1931—1932.

	1928			1929			1930			1931			1932		
	Individuals Exam'd	Malnutrition	% with Malnutrition	Individuals Exam'd	Malnutrition	% with Malnutrition	Individuals Exam'd	Malnutrition	% with Malnutrition	Individuals Exam'd	Malnutrition	% with Malnutrition	Individuals Exam'd	Malnutrition	% with Malnutrition
NEW															
Under 6	177	20	11.3	157	18	11.4	107	12	11.2	111	23	20.7	98	16	16.3
6 to 12	189	51	27.4	216	56	25.9	142	37	26.2	173	64	37.0	193	72	37.3
13 to 16	84	16	19.0	82	23	28.0	68	18	26.4	51	22	43.1	92	36	39.1
17 to 20	29	2	6.9	41	6	14.6	9	3	33.3	15	2	13.3	16	3	18.7
Over 20	230	32	13.9	232	60	25.8	136	30	22.0	121	27	22.3	144	42	29.2
TOTAL NEW	709	121	17.0	728	163	22.3	462	100	21.6	471	138	29.3	543	169	31.0
OLD															
Under 6	200	23	11.5	196	24	12.2	161	18	11.1	149	20	13.4	124	35	28.2
6 to 12	600	190	31.6	675	216	32.0	623	178	28.5	616	217	35.2	543	234	43.0
13 to 16	310	96	30.9	280	84	30.0	278	91	32.7	281	102	36.3	291	127	43.6
17 to 20	84	29	34.5	83	32	38.5	53	26	49.0	58	18	31.0	62	22	35.4
Over 20	227	31	13.6	268	55	20.5	194	49	25.2	149	37	24.8	125	29	23.2
TOTAL OLD	1,421	369	25.9	1,502	411	27.3	1,309	362	27.6	1,253	394	31.4	1,145	447	39.0
TOTALS															
Under 6	377	43	11.4	353	42	11.9	268	30	11.1	260	43	16.5	222	51	22.9
6 to 12	789	241	30.5	891	272	30.5	765	215	28.1	789	281	35.6	736	306	41.5
13 to 16	394	112	28.4	362	107	29.5	346	109	31.5	332	124	37.3	383	163	42.5
17 to 20	113	31	27.4	124	38	30.6	62	29	46.7	73	20	27.4	78	25	32.0
Over 20	457	63	13.7	500	115	23.0	330	79	23.9	270	64	23.7	269	71	26.3
GRAND TOTALS	2,130	490	23.0	2,230	574	25.7	1,771	462	26.0	1,724	532	30.8	1,688	616	36.5

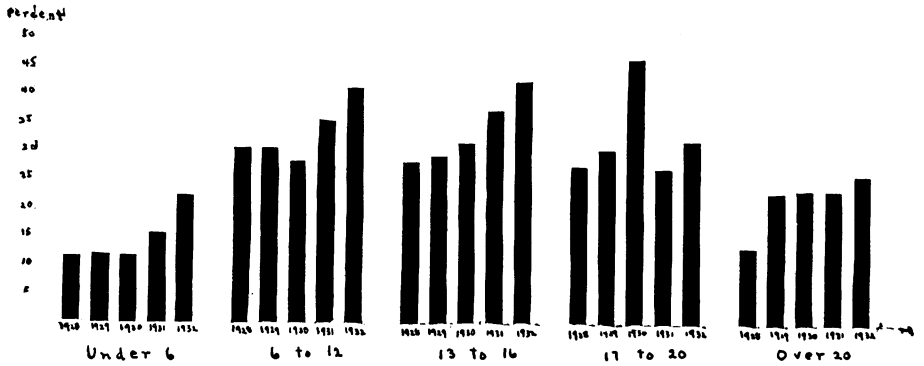
There has been a gradual increase in malnutrition diagnoses from 23 per cent in 1928 to 36.5 per cent in 1932, or a proportionate increase for all cases of 56.5 per cent.

During 1928 and 1929 a nutrition worker on the staff may have made the physicians more nutrition conscious during those years, and may have possibly increased the malnutrition diagnosis above what they would ordinarily have been; also, the staff of physicians was slightly different during 1928 and 1929 than during 1930, 1931, and 1932. However, as previously stated, the individual examiners agree that their basis of diagnosis is the same, and this would seem to be more or less borne out by the fact that there is no startling difference between 1929 and 1930, which might be expected with a change in examiners.

Among the old cases returning to the Health Center regularly over a period of years are a large group from broken homes. Just what part poor heredity and what part the emotional factors play in these cases where malnutrition persists must undoubtedly be considered in the problem as a whole.

In addition to the age division as

CHART IV



DIAGNOSES OF MALNUTRITION AMONG COMMUNITY HEALTH CENTER PATIENTS—MAY TO OCTOBER, INCLUSIVE, FOR EACH YEAR (IN PERCENTAGES ACCORDING TO DIFFERENT AGE GROUPS)

presented in Chart IV, we also classified the groups according to sex, but found only a slight variation in that respect.

It seems important to emphasize the gradual upward trend over the entire period, rather than the percentage in any one group at any particular time. However, from the study it would seem that the more serious problem here definitely centers about the six to sixteen year old group. The rather erratic up-and-down curve in the seventeen to twenty year group is probably explained on the basis of the very small number of individuals in each subdivision in that particular age group; while in the group over twenty the fact that lack of adequate or proper diet does not develop symptoms as quickly as in children would affect the total picture and make it less spectacular, though probably just as serious in terms of future well-being.

Is there not some significance, and should we not be concerned, in such an increasing number of malnutrition diagnoses, and the possible causative factors? Is it due to physical defects and poor heredity, or has the depression, with its lowered standards of living—involving inadequate food budgets and overcrowded living conditions—been largely responsible? In either case can we lose sight of the possible effect of the emotional element as a cause in malnutrition? The insecurities and conflicts which arise when unemployment strikes at the very foundations of family life surely might conceivably be a very basic cause and one not so amenable to treatment.

From many sources we hear how the health of the nation has been main-

DIAGNOSES OF MALNUTRITION IN OLD CASES EXAMINED AT COMMUNITY HEALTH CENTER, MAY TO OCTOBER (INCLUSIVE) 1928—1929—1930—1931—1932.

Year	Total Number of Old Cases	NEW Malnutrition on OLD Cases		PERSISTING Malnutrition on OLD Cases	
		Individuals	Percentage	Individuals	Percentage
1928	1421	81	5.7	288	20.2
1929	1502	111	7.3	300	19.9
1930	1309	66	5.	296	22.6
1931	1253	75	5.9	319	25.4
1932	1145	127	11.1	320	27.9

tained at a high level, and this is most encouraging when one realizes the fundamental part the public health movement has had in bringing it about. Such proof, particularly at this time when budgets of health activities are being so drastically reduced, is especially needed and helpful and must not be minimized. However, in his presidential address before the American Public Health Association last October, Dr. Louis I. Dublin, in stressing the favorable health condition throughout the country, injected this thought: "I should, however, point out that our records throw no light on the mental health of the people, which must be anything but good. Nor can I avoid the fear that, should present conditions continue, we will soon become aware of the consequences of malnutrition of children in terms of disease and mortality records."

How serious the inroads upon the general health have been during this period of depression, and what eventually will be the cost to communities in the future, one can only speculate at this time. Health activities must continue, and more than ever before we must think and plan in terms of positive health. Mental hygiene, periodic health examinations, dental care, correction of physical defects, carefully planned and well-rounded food budgets, must all play a large part in our health programs if we are to safeguard our future generations of children.

The Physician's Prayer

ME also Thine eternal providence hath chosen to watch over the life and health of Thy creatures. I am about to begin the exercise of my profession.

Aid me, O All-kind One, in this great work, so that it may be of avail, for without Thine assistance nothing succeeds, not even the least.

May the love of my fellow-man and of my art ensoul me. May not thirst for gain nor craving for fame mingle in my service, for these are enemies of truth and charity, and they might mislead me, and keep me from doing what I ought to do for the weal of my fellowmen. . . .

If wiser men wish to teach and correct me, may I follow them and be grateful; for the compass of our art is large and wide. But if zealous fools upbraid me, then let the love of my art keep me strong, so that I may adhere to truth without regard to years and fame; for weakness and yielding would involve the pain and even the death of Thy creatures. . . .

Give me frugality beyond all, except in the great art. May never awaken in me the notion that I know enough! Oh give me strength and leisure and zeal to enlarge my knowledge, and to attain ever to more. Our art is great, and the mind of man presses forward for ever.—Extracts from The Physician's Prayer (Maimonides), The Canadian Medical Association Journal, January, 1931, page 2.