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Phil Lyon & Ethel Kautto

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Half the battle is fought in the kitchen: convalescence and cookery in 1920s and 1930s Britain

Phil Lyon and Ethel Kautto

Department of Food, Nutrition and Culinary Science, Umeå University, Umeå, Sweden

ABSTRACT

"Invalid food" was still widely understood in the 1920s and 1930s as a special category of food for people with chronic conditions and those who were convalescing from illness or injury. In an era when there was still limited capacity to restore full health quickly with effective treatments, even for those who had access to the best medical attention, being an invalid was often protracted. Care at home was commonplace especially for the poor in a period of significant economic and social change. Generally, the impact of nutritional science on medical education was minimal and households often turned to mass market cookery books, newspapers, and the radio for practical advice about the preparation of meals to give some benefit to the patient, or to stimulate the appetite. By reference to period materials, this article explores the nature of that advice and the transition to more targeted publications offering a greater menu range and guidance for those preparing food.

KEYWORDS

Food literature; invalid food; interwar; cookery; domestic care

Introduction

Managing long-term illness, or convalescence, in the home creates practical challenges – not least of which is the stimulation of appetite to limit further decline or assist recovery. Nowadays, we can turn to professional dietary advice and have considerable food choice available to meet those needs. This has not always been the case and, even in relatively recent history, households had to adapt their ordinary diet for an invalid[1] as best they could or seek guidance from whatever sources were available to them.

How was this special category of food – traditionally termed invalid food – understood for domestic sickroom applications in the 1920s and 1930s? Throughout the later 19th and early 20th century mass-market cookery books had routinely featured pages devoted to invalid cookery, even if little was said about the reasons for their inclusion, or even why specific recipes might be beneficial for a household member afflicted by unspecified disabling illnesses or injuries. Although World War One (1914–1918) had provided a strong impetus for advances in surgery, wound treatment, and life sciences more generally, in the 1920s and 1930s considerable emphasis was still placed on the slow processes of convalescence following illness or injury. In practical terms, little could be offered over what had been done in earlier decades to encourage an improvement, or limit the decline, in the health of an ailing family member.

CONTACT Phil Lyon phil.lyon@umu.se

While our focus here is on the interwar decades of the 1920s and 1930s, an earlier comment is useful for context. When Berry Hart wrote the preface to her book on invalid cookery she recognized both the importance of diet in illness and the relative impotence of medicine to restore health: … "half the battle of the sick room is fought in the kitchen" (Hart 1902, *iii*). This observation was to remain important in the years that followed: the quality of food, how it was cooked and how it was served for maximum beneficial effect were still everyday practical concerns for households in the 1920s and 1930s, although medicine and food science had progressed (see, for example, Santich 2005). Even in the mid-1930s, the exhortation to domestic carers had been … "to think of yourself as the 'Doctor in the Kitchen'. Just believe you are the 'Doctor – thinking and working out the items of the diet according to your medical adviser's directions, and very quickly you will realize the immense importance of your job" (Webb 1936, 1).

Invalid food was, therefore, a matter of continuing concern. If half the sickroom battle was in the domestic kitchen, what could be done to acquire the knowledge and skills necessary? Although invalid cookery has been examined, the *corpus* of published work is limited and ranges from continuities in the conceptual framework underpinning dietary advice for convalescents in the early modern era (*circa* 1500–1800) to the relationships between cookery advice for invalids and the traditions of domestic medicine *circa* 1900 (Adelman 2018; Albala 2012). Recently, and from a different direction, Williams has examined dietary recommendations for invalids in old cookery books that were sold in Australia. *Inter alia*, this study examined the prevalence of recipes for invalids between 1860 and 1950, outlined the kind of dishes regarded as suitable and summarized "advice about how best to feed invalids and convalescents in the home" (Williams 2019, 75).

It is important to understand the dietary advice available for invalid households and, as Williams illustrates, period general cookery books are a prime resource. These are more than historical collections of actual recipes – from the still-familiar to the now-curious – they provide insights into the social circumstances that motivated their production and intended use at publication, and the succeeding years of oblivion or utility (Mitchell 2001, 2008). So, one way to understand what invalid households might know or be able to find out is to examine the contents of period cookery books. However, they are not the only searchable source at this time, newspapers had expanded into health, family, leisure, and cookery coverage and, hungry for content, this was also of interest to radio stations operating from the mid-1920s. What the cookery books included, and how they varied, is of great relevance but so too are the developing information possibilities of newspaper advice columns and radio broadcasts.

Here, we share Williams' interest in the nature of dietary advice but restrict our analysis to a more recent historical context – the 1920s and 1930s – and extend it to other sources for recipes and more general dietary guidance. In this article, therefore, there is an examination of the continued importance of "invalid cookery" in this period of major cultural and structural change[2] that, often painfully, heralded a new framework for so much of British society (see background discussion in Lyon and Ross 2016; Lyon 2018a, 2018b).

Historical sources

As far as possible, our literature review and source material focus on contemporary accounts. However future generations might evaluate what was written or said in the

past; narratives produced at the time are a permanent expression of the thinking that was presented to their respective audiences. Much is unknowable about the details of lives in other times[3] and invalid households are no exception. In fact, people with long-term illness or injury and their carers might be among the least visible in their communities. We rely, therefore, on the printed evidence of food preparation efforts that survive into the present and, in addition to the normal library searches to provide context, our data derive from three sources. As with all historical research, each has limitations as part of the past's "imperfect evidence base" (Bingham 2014, 21). Collectively, though, they provide corroboration and serve to improve our analysis of the way that invalid cookery was dealt with at this time.

First, a number of cookery books published and reprinted in the period were examined for inclusion of invalid cookery recipes. Some had been specifically designed for sickroom cookery though most of the books were not like that. They were for general readership but routinely had something to offer readers looking for recipes that might suit an invalid member of the household. No definitive British database of 1920s and 1930s cookery books exists but the National Library of Scotland catalog provided most of the examples for this analysis (NLS 2021). However, our purpose was not enumeration of publications, or a quantitative analysis of content, but to understand how invalid food featured as part of the contents in mainstream cookery books. What recipes were provided and was there some discussion of general principles when it came to the preparation of invalid meals? Second, newspapers of the time were important not only for the distribution of news but for advertising and, increasingly, for what we would now term their lifestyle pages. Articles about health or cookery were now to be found. This was linked to a more explicit recognition of their women readers and occasioned not only by press rivalry but competition from radio programming (see Lyon and Ross 2016). Anyone seeking guidance on invalid care would probably have read such articles and seen the advertising material for invalid food products. So, to understand what readers saw in their newspapers between 1920 and 1939, we searched for "invalid" content in the digital copies of surviving issues of United Kingdom and Irish titles held by the British Library Newspaper Archive Archive (BLNA 2021) and, separately, The Times Archive (TA 2021).

Third, details of British Broadcasting Corporation[4] (BBC) radio broadcasts associated with invalid cookery were extracted from the BBC Genome Archive where radio program listings from 1923 were searched using the term "invalid" (BBC Genome 2021). This database provides very limited detail of the content – just what had been originally published in the *Radio Times*[5] as intended transmission for the week ahead. However, program titles and sometimes brief synopses, are useful contemporary indicators of what households might have been hearing as radio guidance for the preparation of invalid meals. These listings serve as a proxy for the ephemeral output of the day.

In what follows, we first outline what was understood by the term invalid and then discuss the more general problems of access to food at this time. Sequentially, we then show the treatment of invalid food as a topic in cookery books, newspapers, and radio programs drawn from our three sources. In this description of their respective content, we adopt a low abstraction-low interpretation approach to the data (Graneheim et al. 2017). The manifest content was noted and extracts are provided for illustration. In the course of examining cookery books and newspapers for invalid food content, we also

identified three broader themes that provide additional insights about life as an invalid at this time – commercial products; invalid food and the wider community; the role of professionals. In discussion, we reference the insights provided by Williams' (2019) study in relation to our own and briefly reflect on the changed circumstances of nutritional advice nowadays.

Invalids and convalescents

The term invalid eludes neat definition although some level of functional impairment through injury or illness is central. As a social category, though, congenital disabilities are included and there is frequently an overlap with the frailties of old age – senescence. In this sense, being an invalid can be acquired simply by aging to the point where compromised motor or psychological functions make an individual incapable of prior levels of self-care. Moreover, there is a time factor more important for the individual than common usage of the term might suggest. Being an invalid can be for life, or for the foreseeable future, following trauma, illness, or other incapacity. It can also be a transitional state – as in convalescence – where there is at least reasonable hope of improved functionality over time.

Back in the 1920s and 1930s, the term invalid was widely used with little apparent need for explanation or delimitation. For example, newspaper "Situations Vacant" columns often advertised without indication of the nature or severity. "Middle-aged woman wanted to do housework and look after invalid widow; good home and wages" ("Wanted," 1921, 5). "Retired trained nurse would like to hear of invalid or elderly person requiring care and attention: good testimonials" ("Helps and Nurses," 1932, 3). "Nurse-companion – Lady recommends; invaluable to invalid; experiences, cheerful, would housekeep" ("Domestic Situations," 1933, 4). Other classified advertisement columns used much the same terms: "Cheerful airy bedroom wanted for lady invalid, good food essential" ("Board and Apartments," 1921, 4). "Comfortable home offered elderly lady or gentleman (suit invalid) with trained nurse" ("Nurses," 1929, 1). "Eastbourne nursing home, Tel. 627, with Downland and Channel view, receives invalids requiring temporary or permanent care. Efficient day and night staff, coal fires, No visiting restrictions" ("Nursing homes and hospitals 1938, 2).

The Times, an important national newspaper in Britain, provided an irregular but quite frequent column – "Condition of Invalids" (later shortened to "Invalids") – to report medical afflictions endured by establishment figures and the progress, if any, in their health. The term "invalid" was used indiscriminately. "Field-Marshal Lord Plumer, who has been suffering from a chill, was stated yesterday to be very much better" ("Condition of Invalids," 1929, 14). Similarly … "it was reported yesterday that Sir Henry Walker, Chief Inspector of Mines, is confined to his house with a chill" ("Invalids," 1936, 14). In the same columns, more serious conditions were also evident. "Lord Carson is suffering from broncho-pneumonia, and has passed a quiet day. Up to the present his strength is well-maintained, although he is gravely ill" ("Invalids," 1935, 16). "A bulletin issued from Llandaff Palace yesterday stated that the Bishop of Llandaff, the Right Rev. Timothy Rees after a few days rally showed increased signs of weakness" ("Invalids," 1939, 14).

This imprecise usage conflates convalescence from common ailments with much less certain outcomes for more serious conditions. However, invalids with significant incapacity were a feature of most British communities because, in addition to the aftermath of warfare, home and work presented opportunities for injury and many serious illnesses were not then curable or, at best, cures were incomplete. Incapacitated survival was commonplace.

However defined, and however long the duration, dependency is always implied by the term "invalid" although care practices and individual circumstances can mean the effects on daily life vary widely. This is the central tenet of the term and underpins usage in everyday discourse. Covering lost limbs to long-term recovery from illness, and from the frailties of old age to incurable afflictions at any age, the term was reflexively used and accepted despite these ambiguities. The problem had already been recognized in late 19th century book – *The Household Physician* – which neatly side-stepped the problem in a section on "Diets for Invalids." "Without attempting any definition we may say that an invalid has, as a rule, a poor appetite, a weak digestion, and a marked difficulty in making good use of the food that is consumed" (McGregor-Robertson n.d., 627). Although much was becoming understood about food science and dietetics, this book took the pragmatic view that care for convalescents as well as people with long-term illnesses, chronic conditions, or mobility-limiting injuries was often a matter for households rather than institutions – and this was still the situation in the 1920s and 1930s.

Food in context

In addition to the residual effects of World War One on people throughout the country, this was a period of contrasting economic circumstances, with regional and occupational variations in unemployment. While some made progress in new offices and factories, other struggled with their community's reliance on failed or failing older industries and had few prospects for improvement (see, for example, Branson and Heinemann 1971; Glynn and Oxborrow 1976; Priestley 1935). Many struggled with the basics of shelter and food even if they were not ill, and abject if they were (Hannington 1937; Lestrange 1936; M'Gonigle and Kirby 1936; Pilgrim Trust 1938). For example, in his account of life among the 1930s' British underclass, Orwell was to outline dietary impoverishment not only in terms of inadequate income but, more subtly, as a set of poor food choices.[6] Although better nutrition was accessible, even within a tight budget; "the basis of their diet, therefore, is white bread and margarine, corned beef, sugared tea and potatoes – an appalling diet" (Orwell 1937, 95). This was an early observation of the emotional and subcultural underpinning for food choices that were nutritionally less than optimal. Unquestioning reliance on processed food was a consequence of the well-established industrialization of food supplies that had facilitated distribution to urban centers of population and kept costs down. Ready availability had, moreover, shaped tastes for "the English palate, especially the working class palate, now rejects good food almost automatically. The number of people who *prefer* tinned peas and tinned fish to real peas and real fish must be increasing every year" (Orwell 1937, 99). Brown bread and real milk were eschewed in favor of white loaves and "that dreadful tinned milk which is made of sugar and cornflour and has UNFIT FOR BABIES on the tin in huge letters" (Orwell 1937, 99). Such preferences existed widely and processed foods were well established in

British homes by the 1930s (see, for example, Lyon and Kinney 2013). For middle class and working-class people, tinned food often represented something "special" or simply more interesting when, generally, there was a restricted range from which to make everyday food choices.

In terms of *what* was eaten, there was inevitably differentiation by social class and employment status but typical fare even for those who could make choices would rely heavily on carbohydrate-rich foods as "stomach fillers". A wry comment at the time had been that bread was called the "staff of life" … "because every class in society eats so much of it, and because the poor find in it their mainstay" (Mottram 1928, 208). John Boyd Orr's survey and dietary analysis showed that … "the consumption of more expensive foodstuffs, e.g. liquid milk, eggs, fruit, vegetables, meat, rises progressively with income, the increase being superimposed upon a relatively constant quantity of bread and potatoes" (Orr 1936, 30). The average diet of the poorest group in his study was … "deficient in every constituent examined" (Orr 1936, 49). Even better-off income groups often had diets deficient in vitamins and minerals.

Against this food culture backdrop, anyone who was an invalid and poor was particularly vulnerable to poor nutrition. To illustrate, one invalids' kitchen charity, collected donations and distributed to the needy using a ticketing system. It was reported that … "a ticket for this only costs 2s 6d [0.25 GBP] and will supply a poor person to whom it is given with 4½ pints [2.56 L] of milk, 3 pints [1.7 L] of strong beef tea and 6 portions of bread" ("What a Ticket Costs," 1925, 3). Household income aside, providing regular meals and trying to ensure adequate nutritional uptake might be at the extreme limits of what could be achieved.

How invalids were fed at home and where the dietary advice came from is important in these circumstances. This postwar period was particularly eventful for public attitudes toward invalids and for the possibilities of amelioration even if, by modern standards, what could be done was quite primitive. In large part, any changed perceptions were a result of developments in medical knowledge and treatment but the catalyst for that was the number of people with health and mobility problems as a result of World War One. Even though the land war had been conducted elsewhere, few British communities were untouched by its effects. Attitudes aside, there was no shortage of difficulties for those engaged in the home nursing of invalids whether these were occasioned by the recent war, civilian injuries, poverty or the limits of medical science.

Cookery books

Pragmatically, given ambiguities of definition, cookery books with sections detailing invalid food recipes set themselves a fairly restricted objective and mostly reflected practical feeding difficulties, poor appetite and poor digestion. Many publishers took the view that there was a demand for information about recipes for this special purpose. Even if the need did not exist at the time of purchase, it almost certainly would at some point in the book's life.

However, mass market cookery books providing guidance for invalid meals faced several editorial problems. How should this material be positioned and organized without distorting the way other content was arranged? There was also the question of how many, and what kinds of recipe to include. Obviously, not all medical circumstances

could be addressed, so should recipes be augmented by general principles for guidance in households where there would have been little certainty about what to cook or how to cook it? Period cookery books can therefore be differentiated by the way in which the invalid cookery section was incorporated – the kind of recipes provided and the extent to which general preparation and feeding principles were articulated for the cook.

For example, in their preface, the editors for an interwar edition of *Mrs. Beeton's All About Cookery* mentioned invalid cookery as one of the principal features of this new edition and made the point that … "suitable food, properly cooked and tastefully served, has saved many a patient who would otherwise never have been able to pull through after a long and trying illness" (Ward, Lock, n.d., 6). In that section of the book, two pages of detailed guidance on principles, were followed by 23 recipes for beverages, five for puddings, seven for jellies, and 11 for liquid foods, broths and soups, along with some cross-referencing for additional ideas in other sections. There were also 14 meat and eight fish dishes. Unusually, there was a separate page of peptonized[7] recipes where the enzyme (as liquor pancreaticus) was added to assist digestion. The comprehensive *New Model Cookery*, offered no less than 43 recipes for drinks, liquid diets, and light meals along with a clear six points of guidance about what should, or should not, be done when catering for invalids and convalescents (Wiljey 1926). Similarly, May Little's *A Year's Dinners* – a text published by Harrod's Book Department – took an imaginative menu-based approach for the whole year seeking to avoid monotony and took the opportunity to suggest the same might also be applied to invalid cookery since it was … "often looked upon as a disagreeable necessity only, and very little care is bestowed upon it" (Little 1930, 158). Two pages of preparation and feeding guidance were followed by 36 recipes for drinks, liquid, and light diets. Although separate, Little followed this a two-page list of digestion times for particular commodities and cooking methods thus signaling what choices could otherwise be made from the general recipes with ease of digestion in mind. With a different market focus, as part of Faber's Modern Housewife series, Fletcher and Kingdon provided just five recipes for a liquid diet along with a jelly and a sponge pudding. Principles for feeding invalids were provided but gave little guidance for the cook wanting to extend the menu, other than saying that food must be cooked … "by the most digestible methods [avoiding] greasiness and all strong smelling flavours [*sic*]" (Fletcher and Kingdon 1932, 28).

By contrast, home economists Lindsay and Tress included a short section on invalid dishes in their book *What Every Cook Should Know* (Lindsay and Tress 1932). They provided a useful domestic rationale in terms of the invalid's ability to digest food, ranging from serious illness and the advisability of a liquid diet, through light meals – eggs, custards, chicken, and fish – in the intermediate stages and, in later convalescence, the introduction of more typical meals. Their treatment of the issue is interesting given the title of the book and their lack of specific recipes. This is a book of cooking principles rather than how to prepare particular dishes.

However, practices were changing and other ways of presenting recipes and cooking were becoming evident. Three popular cookery books of the 1930s, Ambrose Heath's *Good Food* and *More Good Food*, and Ruth Lowinsky's *Lovely Food* looked for new approaches to content favoring seasonal dishes and ideas about entertaining over the more limited requirements of invalids (Heath 1932; Heath; 1933; Lowinsky 1931). So, they included nothing specifically for them. As if hesitant on this matter, Claire McInerny and Dorothy Roche's *Savor: a New Cookery Book* did not list an invalid cookery section

but under the heading "Miscellaneous" a few standard invalid recipes might be found (McInerny and Roche 1931).

The 1920s and 1930s were to be a period of considerable innovation in the domestic kitchen, and in cooking equipment. A number of cookery books were published to promote new products or to revive old recipes by association with them. By extolling the virtues of the new gas and electric cookers, a new type of publication appeared that was able to offer a narrative of modernity but there was not a uniform willingness to exclude invalid cookery. Celebrating technical developments of the period (gas and electric cookers, pressure cookers, prolific canned food), *Cooking for Two* organized content by commodity and meal type and did not mention invalid cookery at all but, of course, lighter meal recipes could be found if the reader was aware of the principles involved (Yates 1930). Preston Electricity Department (n.d.) *Recipes of Foods in Season* avoided the issue entirely but, again, suitable recipes might be found by cooks who already knew what kind of recipe was appropriate. The same might be said of the *Woman and Home Cookery Book* (Anon. 1938) with contents organized as lessons. *The Main Cookery Book*, first published in 1929 to promote domestic gas cookers, provided no guidance and a fairly traditional 12 recipes for invalids (Gompertz 1935). The very popular[8] *Radiation Cookery Book* also took the precaution of including a small section on invalid cookery (Radiation 1938). Elizabeth Craig's *The Way to a Good Table: Electric Cookery* offered guidance on principles for feeding invalids as well as 12 recipes varying from liquid diet meals to stewed sweetbreads (Craig 1938). By contrast, Tuxford's *Cookery for the Middle Classes*, by now in its 12th edition and with a cover promising useful hints on gas stove cooking, provided no invalid cookery guidance but had 40 recipes for drinks, light and liquid diets (Tuxford 1931) Far from being residual content from earlier editions, the original had only 10 recipes (Tuxford 1902).

The invalid food section of cookery books was still commonplace even if there was diversity in the presentation of recipes and guidance. Some publishers/authors were bold enough to ignore the invalid but, in those, we examined, most made at least a token effort to meet the needs of households confronting this problem.

Newspaper and radio advice

Help for carers was also to be obtained from cookery, health, or more general articles in newspapers and magazines or from the new medium of radio broadcasts. The press provided intermittent but widespread advice on what to cook and how to serve for the invalid in the household. There was the counsel – if any were needed – that medicine would probably not be providing a solution. A 1921 newspaper article was to say … "food for the invalid calls for the greatest consideration, and any doctor will tell you that your 'kitchen physic' may do as much, if not more, for the patient than all his drugs" ("Cooking for Invalids," 1921, 7). Even toward the end of the period, the same point was being made: "Invalids cannot be restored to health by medicine alone – their food has very great influence on their recovery" … "once the period of danger is past, the cook may be considered more important than the doctor" ("A Fickle Appetite," 1938, 8). Fairly predictable recipes were offered in newspapers of the period but readers could also find general guidance about the vagaries of the invalid's appetite. Successful feeding … "requires great attention as regards cooking and serving … only small portions should

be given at a time as it is necessary that an invalid should have food oftener than a person in health; and if each meal is daintily cooked and served the appetite of the patient is sure to improve, if convalescence has begun" ("Women's Interests," 1927, 7). A short article – Cooking for Invalids – advised that … "invalid cookery must necessarily be plain, light and simple; all fatty, rich or highly spiced dishes must be avoided and variety constantly aimed at. Eggs and milk, generally speaking, are always safe and nourishing" (Cooking for invalids 1921, 7). The article drew attention to the problem of how much nourishment jellies and beef tea actually provided even though they were common recipes in the invalid sections of cookery books. In identical form, this article had already appeared in other regional newspapers ("Cooking for Invalids," 1920a, "Cooking for Invalids," 1920b). Invalid cookery was also examined in a lengthy Household Hints article covering general guidance and providing several recipes. "How often, alas, is the invalid of the household sadly neglected in the way of proper cooking? How often is he or she served with greasy, grainy beef tea, lumpy, stodgy arrowroot, and cold steamed fish &c.? Proper, well-cooked and daintily served food are more essential in most cases than the doctor's medicine" ("Household Hints," 1925, 9).

Even when diets were not particularly restricted ideas about something different for the menu were sought. "It is very difficult to vary food for a confirmed invalid but as yours can eat ordinary food why not make sandwiches for a change for one of the meals. Freshly fried bacon chopped up between thin bread and butter is delicious, so are sandwiches made of thin brown bread and butter with a very thin scraping of Bovril in between" ("Our Ladies Column," 1928, 11). The value of something different in convalescence was also espoused in an article with general guidance and recipes … "it is better to make the meals a surprise, rather than ask him, or her, hours before, what they would like. Their taste in health, modified to the occasion, should be sufficient guide" ("The Invalid Upstairs," 1936, 11).

When radio programs of the 1920s and 1930s are considered, little can now be known about the detail of content, as recordings do not exist, but it is clear that invalid cookery was recognized as relevant scheduling. As with radio cookery programs more generally, this occurred from the earliest days of broadcasting (Lyon and Ross 2016). The first talk appears to be, "Invalid Cookery" by Annie Grey, on the British Broadcasting Company's Bournemouth transmitter on July 25, 1924 and served as filler content for a piano and dance band program relayed from the Royal Bath Hotel, Bournemouth. As programming evolved, invalid cookery talks were often short contributions designed as part of the schedule for women listeners. For example, on November 22, 1924, Invalid Cookery was a Homecraft Chat within the Women's Corner program from the Birmingham radio station. In February 1926, as a set of Talks for Housewives, the Belfast station broadcast three 12 minute talks by Florence Irwin – General Rules for Cooking and Serving of Food for Invalids (February 8, 1926), Invalid Cookery – The Making and Serving of Beef Tea (February 15, 1926) and The Cooking of Slops for Invalids (February 22, 1926). Charlotte Dunnett, a teacher at the Glasgow and West of Scotland College of Domestic Science, gave two talks on invalid cookery (April 21, 1926; April 28, 1926) as part of the Glasgow station's Afternoon Topics programming. Using that same program in 1927, Hilda Ferris gave two talks in invalid cookery (February 18, 1927; February 25, 1927) and, in 1930, three talks on invalid cookery as, separate 15 minute programs (February 4, 1930; February 11, 1930; February 18, 1930) for the same station, were given by Mrs. Stuart

Sanderson. Throughout the period, then, ostensibly similar talks were irregularly broadcast on regional or national output. In 1938, for example, two of the nine-part nationally broadcast program – Sickness in the House – made direct reference to invalids: Marjorie Guy's Invalid Cookery (January 28, 1938) was one of these.

As far as invalid cookery is concerned, output was most probably quite similar for print media and radio although, given the nature of the BBC Genome database, it cannot be known if the new medium brought new ideas to the old problem of how to vary the menu for an invalid in the household. Listeners wrote down recipes from the broadcast, or sent for pamphlets that accompanied programs, but perhaps these were little different from the recipes cut out of newspapers and magazines.

Commercial products

Alongside what special meals could be prepared at home were several patent products advertised to improve health in some way. The language of these advertisements was emphatic and designed to dispel doubt. At perhaps its most extreme, Bovo-Lactin … "immediately revitalizes the blood stream and efficiently influences the repair of wasted tissues, giving the patient strength to pass successfully over the crisis into quick convalescence" ("Invalid Bovo-Lactin," 1924, 9). Less stridently, Bovril reassured with the claim that it was … "a great appetizer and is most useful for invalids. When tired of all other 'invalid' food a cup of Bovril is generally acceptable" ("Bovril," 1924, 3). Moseley's Food was said to … "bring together the most strengthening food elements in a palatable and easily assimilated form, and can be made in a minute with boiling milk" ("Moseley's Food," 1922, 8). It was later advertised as … "the finest invalid food yet produced … It is piquant and appealing" (Moseley's Food," 1923, 8).

Ease of digestion and appetite stimulation were the usual selling points for such products. Virol was already a well-established invalid food, and a variant, Virol and Milk powder, promised the … "unrivaled energizing and tissue-building properties of Virol (the supreme tonic food, of which 40,000,000 portions have been prescribed by doctors in the past year) combined with the goodness of full cream Devonshire milk … You will never go back to the ordinary insipid invalid diets once you have tasted Virol and Milk" ("Virol and Milk," 1924, 6). Another product addressed the same concerns about taste and appetite, albeit without an answer to the inevitable weariness the invalid might feel with same diet day-on-day. "You probably have been wondering how to relieve the monotony of the plain milk diet often so worrying to invalids," asked a Benger's Food advertisement ("Benger's," 1937, 17). Practically an advertorial, one article on the problems of eliminating certain foods was to say this … "generally results in the meals becoming featureless, dull and uninteresting" … [so] … "It is suggested that those who have the care of an invalid or a convalescent on their hands should try giving the patient Ovaltine. Its flavour is really delicious and it is always welcomed even by the most capricious and fastidious" ("When Food is Distasteful," 1938, 5).

Speaking at an event in Fortnum and Mason's – the premier London grocery store – the Principal of the London School of Dietetics was to endorse the use of commercial products because they were consistent. "He spoke, therefore, in favor of the practice of obtaining invalid foods made up in advance so as to be "fool proof", as it were, and leave nothing to the risk of domestic clumsiness or inexperience in preparing them – turtle

soup for invalids made without spice, chicken breasts in jelly, and all manner of broths and jellies" ("Foods for Invalids," 1934, 9). The location of this talk serves to remind us that the dietary and culinary problems of illness were not restricted to poor people. Professional endorsement or even hinting at professional approval was important for credibility and hence sales. Mostly, this occurred in the wording of advertisements but was underpinned by casual reference to branded products in articles. Answering a worried correspondent, a doctor columnist advised that the reported illness had probably been gastric influenza (gastroenteritis). To assist recovery, the advice was to take … "more nourishment as it is no wonder you feel weak and "drawn" on such a meager diet … For the present take some form of invalid food, such as malted milk or Benger's Food, with a beaten-up egg, in milk slightly sweetened and diluted with a tablespoonful of water or soda water" ("Medical Answers," 1922, 8). Benger's Food, the advertisement stated … "is prepared for use by being mixed with fresh new milk. It is dainty and delicious, and highly nutritive. All doctors approve Benger's Food" (Benger's Food," 1928, 4). Another advertisement was to say that … "for the invalid no food is so easy to digest, so valuable to rebuild lost strength, so tempting in flavour as Horlicks Malted Milk. Your own doctor will tell you so," ("Horlicks," 1925, 5). Peptalac came with the assurance that … "unlike every other predigested food it is 'made in a minute' by the simple addition of hot water – no waiting – no thermometers – no milk – just simplicity itself. A boon to nurses and those in charge of invalids" ("Peptalac," 1932, 10). Similarly, Sister Laura's Food … "agrees with convalescents and the aged when other foods do not. The great nourishing properties of Sister Laura's Food are quickly apparent. It promotes healthy refreshing sleep and restores lost strength" (Sister Laura's Food," 1924, 5).

Such was the commercial success of Sister Laura's Infant and Invalid Food that the company had been … "registered as a public company with a capital of £20,000 in shares of £1 each" ("Bishopbriggs," 1920, 2). Business stories suggested success for a number of companies. The chairman of Cow and Gate Ltd. … "said, at a meeting yesterday, that the company's infant and invalid food sales at home and abroad constituted a further record" ("Company Notes," 1937, 10). Another report was to say … "invalid food, too, is extremely lucrative. Mr. J.C.G. Mellin and Mr. Benger, the proprietors of two famous patent foods between them left well over half a million pounds. Indeed, the patent food trade seems more profitable than any of the professions" ("Fortunes in Food," 1922, 5). Sales success depended on the widespread newspaper advertising and local retail availability established by contact with thousands of small outlets. "Infant and invalid food manufacturer requires the services of a high-class agency with staff of trade travellers to work North of England on commission terms. Good connections with chemists in the area are essential" ("Agents, Travellers Wanted," 1927, 2). In the 1926 *Grocers' Year Book*, a wholesale company advertisement promised shopkeepers needing invalid foods that "we are organized for prompt despatch … [and] … Don't wait a week for your goods and lose customers" (Rees 1926, 100).

Fortnum and Mason went further than most with a sales booklet listing their extensive range of "invalid delicacies" including specially formulated bread products with nutritional values. There were many commercial products on offer with the narrative that … "invalid appetites are notoriously capricious – and the deadly monotony of being in bed is not relieved by the routine of ordinary meals, however temptingly they may be served. But something unexpected – something from Fortnum's (we are unblushingly proud of

this fact) always stimulates interest, which is *the* great aid to getting well. We have designed these exquisitely prepared delicacies, which you can take or send. The gleam in the patient's eye will tell you more than we can" (Fortnum & Mason Ltd., 1939, 10). Fortnum and Mason also offered invalid food hampers and a range of non-food gift sets – trays with bookrests, specially designed crockery, padded supports for sitting up in bed and so forth.

With an eye to this profitable market, manufacturers of more prosaic branded foods on general sale also promoted them as being appropriate for invalids. "Invalids and those with weak digestions find St. Ivel Cheese a pleasant and beneficial addition to the diet" ("St. Ivel," 1938, 15). As another war seemed imminent, there were other lines of argument. Heinz reminded readers, in relation to the Government Food Defense Plans initiated in 1936 and increasingly in people's minds, that they sold "strained foods for babies and invalids … equal in every respect to the freshest of vegetables – cooked in a way that retains all their natural elements … This is the safest way of protecting the babies and invalid members of the family" ("Heinz," 1939, 16).

Invalid food and the wider community

The problematic nature of food for invalids was sporadically reflected in newspaper accounts of community groups, social events and charitable efforts. Reporting a first aid talk at a Women's Institute meeting, it was also noted that … "several recipes [were] given for the preparation of invalid foods" ("Great Horkesley," 1921, 8). Of a Girl Guides' skills demonstration at a village school, it was said that … "special interest was shown in the nursing display, when girls prepared invalid food, made poultices, changed bed-clothes and applied bandages" (Larbert Girls' Guildry," 1923, 7). Reminding British Red Cross volunteers that there was still vital work to be done even though World War One was over, an official stated that … "the preparation of invalid food is a matter of vital importance … [Well prepared] … food will be quickly assimilated, and the chances of recovery considerably advanced" (Red Cross Work," 1922, 2). In 1933, it was reported that the Board of Education had recommended Health Study periods each week in senior schools and that female school pupils should, by the age of 14, be expected to know … "how to do sick nursing and prepare invalid food and something about infant care" (Health Study," 1933, 6). Obliquely, one article suggested that, instead of a gift of grapes or flowers … "a quaint cup, saucer and plate of good china, or a breakfast tray in shining metal or dainty white wicker makes invalid food look more appetising" ("Visiting the Invalid," 1924, 11).

Clearly the extra cost of a separate menu or branded invalid foods was more keenly felt by poor people and, for some, the impact of major economic changes happening in the 1920s and 30s was unremittingly bleak (see, for example, Lestrange 1936). A letter from the Shaftsbury Society and Ragged Schools Union appealing for donations, advised readers that … "parcels of clothing, boots, invalid foods, coal, toys and books" … were welcome ("A Christmas Appeal," 1927, 6). A chemist shop announced it was to collect and distribute … "articles of Invalid Food, Extract of Malt, Meat Extract or other necessities which they may require … [to local] … invalids and sick amongst the deserving poor" … who had been notified to them by doctors and nurses ("Correspondence," 1922, 2).

On occasion, even the police and judicial authorities were moved to compassion. A collection was made in Canterbury Police Court for a woman found guilty of stealing from an electricity meter because she . . . "was destitute and took the money to buy invalid food for her two sick children" (Portsmouth Evening News 1924, 5). In mitigation for a man on trial for theft from the Royal Mint, it was reported that . . . "Mr. James Burge, defending, said that Gardner's wife had to have extra invalid food, and he could not manage on his wage of £2 16s [2.80 GBP] a week" ("Smuggled Blank Discs," 1939, 10). During a protracted coal miners' strike, police officers had been drafted from West Sussex to Wales to prevent violence during the dispute. Economic hardship was widespread in the community because of the strike but a local chemist reported that, despite the tensions, "on hearing a striker relating to another his wife's poor condition" [a policeman had] "purchased a large bottle of Bovril and some invalid food . . . and taken it round to their house" (West Sussex Police, 1926, 2).

In these indirect references, we can see that the difficulties encountered by people supporting invalid family members. Food was central to this discourse. How to cook it, and often how to afford it, was part of a narrative that needed little explanation to readers or, indeed, listeners to the increasingly popular radio output of the day.

Professionals and invalid food

It is clear that doctors, generally, and general practitioners specifically, ought to know the most appropriate diets for the various conditions experienced by their patients: this had long been recognized (see, for example, Drinkwater 1906; Fothergill 1884; Soyer 1857). Moreover, in the early decades of the new century, there had been profound developments in food science and dietetics (see, for example, McKillop 1916; Plimmer and Plimmer 1925). For example, beyond the known constituents of foods – proteins, fats, carbohydrates and minerals – there was the identification of specific vitamins to be found in food items. Emerging from disparate research to better understand disease etiology, the effect of these vitamins on healthy functioning was being progressively established. However, paradigm shift was slow. What is now accepted as a revolutionary scientific development was, at the time, still contested intellectual terrain. Scientists differed on the importance of vitamins: John Plimmer was, for example, at odds with John Boyd Orr over the importance of vitamins in 1919 although the latter was to change his position dramatically later in this period (Kamminga 2000). Elsewhere, the dietary management of diabetes changed only slowly after insulin was more widely available in the 1920s as clinical experience was gained to reassure those continuing to prescribe weight-reducing diets that higher carbohydrate levels were safe (Moore 2018). From the present day, it is easy to underestimate the difficulty new ideas – and their dietetic ramifications – had in becoming accepted wisdom, taught as such, and manifest as everyday clinical practice (Stark 2018).

It is not surprising that doctors far removed from the forefront of medical science were ill-equipped, or at least behind the times, in their guidance for invalid feeding. Robert Hutchison, in the preface to the first edition (1900) of *Food and the Principles of Dietetics* had noted that he was induced to write the book since there was an "almost total neglect of the subject of dietetics in ordinary medical education" (Hutchison and Mottram 1934, *viii*). Despite the noteworthy advances in food science and dietetics, contemporary

observations suggest that medical education was slow to respond for, even in 1926, invalid diets were "not part of the curriculum of the already sorely-tried medical student" (Morton 1926, *v*). On qualification, for general practitioners in particular, this deficiency made little sense as … "a knowledge of the principles of diet are of more practical importance than an elaborate acquaintance with the details of surgical operations he is never likely to be called upon to perform" (Morton 1926, *v*). Dorothy Morton's book – *Invalid Diet* – suggested that there was considerable room for improvement in the knowledge acquired, and therefore the guidance offered, by general practitioners.[9]

There is something of a paradox in this because readers of general cookery books were often cautioned to follow medical advice without question. Tersely, Fletcher and Kingdon had started their Invalid Dishes section with: "Essential rules to remember … 1. Always obey doctor's orders" (Fletcher and Kingdon 1932, 28). The first sentence in Elizabeth Craig's Invalid Fare chapter was to say that … "Every housewife should know how to care for an invalid, according to doctor's orders" (Craig 1938, 273). Some writers, still cautious but perhaps jaundiced by their experiences, were more nuanced. "In cases of serious illness, the doctor's advice on diet must be strictly followed. In ordinary cases, a sound knowledge of food values can be drawn upon to provide a suitable diet" (Lindsay and Tress 1932, 145).

Carers might have expected some general dietary guidance from the doctor and then to deal with the everyday practicalities themselves by reference to friends and family, their cookery books or what they had gleaned from newspapers, magazines, and the radio. At this time, new specialized invalid cookery books, like Morton's in 1926, were being published to try and bring better dietary understanding to medical professionals, and greater menu variety for invalids themselves. Several were published in this inter-war period although Senn's book stands out as particularly innovative since it was originally published in 1900 but, with a new edition in 1928, it provided much better contextualization for invalid food than general cookery books and even most of its specialized rivals in the 1920s and 1930s.[10] Recipes were augmented by an introduction to diets in illness, food values, a discussion about patent products and peptonized foods, cooking methods and dietary suggestions for people with specific conditions – such as diabetes, tuberculosis, and diarrhœa. This approach was useful for the domestic cook, and considerably more helpful than the short list of standard recipes that could be found in general cookery books. However, some of specialized books of the period addressed the problem by extending the list of invalid food recipes. For example, other than seven pages of introductory comments on invalid care, May Tremel's book followed the convention of organizing recipes into food types – soups, fish, puddings and the like Tremel 1925). As shown in Table 1, other content for this *genre* was quite variable and usually concise. In many ways, that was a mark of the transitional character in this period. Some authors took the view that people involved with day-to-day care mostly needed a better menu repertoire; others tried to improve their understanding of the principles involved. Furthermore, the extent to which cookery books specifically devoted to invalid needs were prompted by advances in food science or medical research is difficult to gauge but there is little evidence of this in the books examined.

Table 1. Contents organization of books specifically for invalid food.

Author and Date	General Guidance for feeding invalids (pp)	Guidance on Food Values (pp)	Recipes by Food Type (meat, fish, desserts etc.) (pp)	Special Diets (recipes by invalid condition) (pp)	Other Inclusions (pp)
May Tremel (1925)	yes (11–17)	no	yes (19–180)	no	no
Dorothy Morton (1926)	yes (v–viii; 6–7; 92–93)	no	no	yes (8–89)	no
Herman Senn (1928 edition) [1st edition 1900]	yes (7–13)	yes (14–20)	no	yes (25–125)	Patent foods (20–21) General cooking guidance (22–24) Peptonized foods (100–102)
Mrs. Arthur Webb (Mabel Webb 1936 2nd edition) [1st edition 1935]	yes (1–3)	no	yes (4–92)	no	General nursing guidance (medicines, change of outlook, warmth, ventilation, hygiene etc.) (93–122)
Moira Meighn (1939)	no	no	yes (49–146)	yes (149–218)	General principles of food preparation (21–45)

NOTE: Pages shown to indicate relative content distribution.

Discussion and concluding comments

The recent analysis of invalid food in Australian cookery books had differentiated content categories in terms of their advice "on the food requirements of invalids, safe and appealing meal service, cooking methods and suitable food choices" (Williams 2019, 75). In general, these categories are confirmed by our interwar British study but here the real emphasis is on recipes – with the inherent guidance on cooking methods. Perhaps this was inevitable for invalid cookery sections in mass-market cookery books. Newspapers and the radio were also likely to offer recipes because they were more straightforward communications. Mostly, there was poor linkage between the invalid's needs and the recipes listed since "the invalid" was not specifically defined and ease of preparation, feeding and digestion were important practical matters. As Williams indicates, a generic "light diet" is what might be understood as "invalid food" and only in the later books specifically devoted to invalid cookery can we see an attempt to group recipes and medical conditions but, even here, knowledge of specific nutrients, what we term *modern diets*, was still limited. Today, dietetics is more directed to the differentiation of conditions were diet is an important factor. For example, when a person struggles with leg ulcers, dietary effects on wound healing are an important consideration (Haughey and Barbul 2017). After a stroke, a high energy intake during rehabilitation has been associated with improvements in physical and cognitive task performance (Nishiyama et al. 2019).

Williams also makes the point that recipes and advice "did not appear to be based on any clear scientific evidence" (Williams 2019, 75). Undoubtedly, our sense of evidence-based practice is more developed now and, although dietetics made progress in the 1920s and 1930s, research filtered down at a slower pace to medical practice where more reliance was often placed on the hazier measure of clinical experience. At the level of individual households, even that would have been moderated by what was possible.

Williams had noted that the eclipse of invalid chapters in general cookery books available in Australia coincided with the development of dietetics as a profession in Australia during the 1930s, and suggested the possibility "that the increasing availability of expert dietary advice from health professionals made information in cookery books less necessary" (Williams 2019, 77). In Britain, cookery books published in the 1920s and 1930s were still routinely to be found with an invalid cookery section and we can see from the evidence of newspaper and radio coverage that traditional invalid catering problems had currency even at the end of the 1930s. However, that said, the period can be seen as transitional. First, there were a number of books published to focus on invalid diets. Some were fairly traditional in the organization of their contents but provided more variety, while others sought to better match dietary advice with specific medical conditions. Second, in the 1930s, newspapers and commercial advertising brought a public discourse and wider awareness of the dietary role of vitamins and minerals (see, for example, Apple 1988; Kamminga 2000). Third, diet was given a political identity in research that directly, or indirectly, linked inadequate nutrition and low income on the political agenda (see, for example, Jeacle 2016; McLaurin 1997). These data made for uncomfortable reading, and were contested, but nonetheless served to politicize poor diet to much better effect than had been possible in the late 1920s and early 1930s when significant malnutrition was first denied and then attributed "to the housewife's

ignorance of food values and of cooking" (M'Gonigle 1936, 10). M'Gonigle and Kirby's work had thrown light on the relationship between income and diet but it also provided evidence of differential child health by income group. Poor housing and poverty often gave rise to intractable health problems (M'Gonigle and Kirby 1936).

Our study has limitations. It is not a complete survey of cookery books in the period although we see it as reasonably comprehensive to illustrate the issues especially since there is thematic support from newspapers around the country and the program listings for both regional and national radio broadcasts. Of course, we can never know how people used this invalid cookery advice. Did they test procedures and recipes then settle for those that seemed to provide benefit or at least caused no difficulties? Did they modify recipes to improve palatability or better use what they had available in the kitchen? Content analysis can show what exists in a defined timeframe rather than how that content was used in everyday practice.

This review of the advice available in the 1920s and 1930s serves as reminder that the day-to-day difficulties of feeding sick people at home was a widely recognized problem with the discourse represented in newspapers, on the radio and in general cookery books. At the time, medical conditions often eluded the quick and complete cures that might be expected today: any convalescence would probably be slow and many invalids would be confined to the house for long periods. Half the battle for their recovery might well have been fought in the kitchen but culinary weapons were as limited as those of the doctors. However, a new emphasis was to be found the tentative *genre* of specialized invalid cookery texts. Though variable, they were an attempt to move on from the limited guidance found in mass market cookery books.

Although the start of World War Two in 1939 forms an end point for this analysis, it would be wrong to assume that the need for invalid cookery advice ended with the raised dietary awareness of the 1920s and 1930s. The positive effects of wartime food rationing on the diets of the poorest households and operative in some form until 1954, and even the development of State health care arrangements in the late 1940s were not able to eliminate the problems of feeding invalids at home. Marguerite Patten justified her postwar *Invalid Cookery* book with the comment that, after her invalid cookery demonstrations on television she had been … "quite unprepared for the almost unbelievable flood of letters and requests for help" (Patten 1953, 9). Her recipes were organized by medical condition, the more modern approach heralded by Herman Senn half a century earlier, and gaining ground in the 1930s, but it was still the case that invalid households confronted catering problems on a daily basis. Some of these would have existed irrespective of household income but addressing the problems would have been easier for some that for others. Even now, the problem of invalid food is more than a historical vignette. Although words change, the underlying patterns linking health, poverty and diet persist. Poor availability of food – now more frequently termed food insecurity – is still experienced more acutely for those with … "long-term health problems or a disability, particularly conditions which reduced daily activities a lot" (Loopstra et al. 2019). The distinction between individual and structural causes of diet quality is still a matter of concern reflected in the argument that … "the emphasis in policy documents on individual choice, coupled with an ethos of empowered consumerism, underplays the limitations of achieving a healthy and nutritious diet experienced by low-income households" (Attree 2006, 75). Moreover, with increased

longevity, many of the diet quality problems facing invalids in the 1920s and 1930s are still evident for older people living in the community – whether it is access to nutritious food, the consequences of reduced appetites and disinterest in meals, or even the physical difficulties of swallowing (Wood 2017).

That said, a more extensive view of health and social care now prevails: dietary advice and special diet food products are now available on a State or commercial basis. Continuing problems undoubtedly exist but most change will have been positive over time. Food is now far better understood as a contributory factor for health recovery but perhaps the argument has more successfully focused on energy/nutrition via artificial feeding than on the domestic preparation of ordinary food. Although food education is still limited in medical training, support is more readily available to give specialist advice (see, for example, Adams et al. 2006; Cuerda et al. 2019; Mowe et al. 2008). As ever, though, there are gaps between such structures of intent and their implementation – especially in the context of home care. Reflection provides not only an opportunity to see the positive direction of change but to understand where we still fall short of what might be achieved.

Notes

1. At this time, the noun "invalid" referred to those with incapacity through illness or injury – particularly if the condition was long term or incurable by the medical standards of the day. It was used for both official and everyday purposes. Additional numbers of invalids were a notable feature of British society in the aftermath of World War 1 (see Cohen 2001; Korven 1994). Today, this incapacity usage is uncommon and the word used in all contexts adjectivally to indicate a lack of validity.
2. These interwar years were characterized by a substantial economic reconfiguration. Traditional industries – coal, steel, and heavy engineering – contracted with massive job losses in areas where they had been concentrated. Domestic service, already less attractive before World War 1, did not subsequently recover as a major employment sector. New manufacturing industries – light engineering, electrical goods – expanded elsewhere, often for people with very different skills. Alongside this, office and shop employment expanded. There were huge regional disparities: in some areas, there were opportunities for well-paid work but, for other parts of the country, protracted unemployment and impoverishment was inadequately relieved by rudimentary state welfare provision (see Mowat 1955; Overy 2009).
3. Perceptively, a novel featuring reflections on a 50-year-old diary starts with the words … "the past is a foreign country: they do things differently there" (Hartley 1953, 9).
4. This was the British Broadcasting Company until December 31, 1926.
5. *The Radio Times* was first published September 28, 1923 and contained programs for the week commencing 30 September along with general interest stories linked to BBC output and advertisements, mostly for radio equipment (Radio Times 1923).
6. In this, Orwell reflects the wider debate of this period about poor diet as a consequence of ignorance or poverty (see, Jeacle 2016).
7. Dating back to the late nineteenth century, 'artificially digested foods promised to outsource the energetically taxing process of digestion, and thereby provide a solution for all invalids, not just sufferers of a specific digestive pathology (Haushofer 2018, 181). Patent peptonized products could be bought but … "other foods commonly given to sick persons, and milk for infants, are often found difficult to digest … [and] can be easily peptonized in the home … For this purpose peptonizing agents such as 'Benger's Liquor Pancreaticus' and 'Fairchild's Zyamine Powder' are sold" (Nash 1926, 258).

8. The *Radiation Cookery Book* (1938) was first released in October 1927 to promote Radiation gas cookers and explain how to use them. The 20th edition was published in July 1938.
9. Even in 1947, with British wartime food rationing arrangements still operating, it could be said that … "many doctors in practice at the present time have insufficient knowledge of the science of nutrition and the practice of dietetics. Since the family doctor is the man above all who can best advise the people on nutritional matters, it is essential that all universities should give careful thought as to how future generations of doctors can be made more competent in this respect than those in practice at the present time" (Davidson 1947, 106).
10. By contrast with the 3rd edition of his book, for example, the 8th edition in 1928 contained sections specifically on Diets for the Gouty, Diets for Constipation, Diet for Diarrhœa, Diet for Eczema, Diet for Fevers, Diet for Indigestion, Diet for Obesity, Diet for Rheumatism, Diet for Sleeplessness (Senn 1904, 1928).

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Notes on contributors

Phil Lyon is an Affiliate Professor in the Department of Food, Nutrition and Culinary Science at Umeå University, Sweden. His research focuses on the intersections of social change, domestic food practices and food retailing in Twentieth-Century Britain.

Ethel Kautto is Associate Professor at the Department of Food, Nutrition and Culinary Science at Umeå University, Sweden. Her research focuses on the sociology of food and gender, and specifically on the intersections of health and nutrition.

ORCID

Phil Lyon http://orcid.org/0000-0002-9357-5596
Ethel Kautto http://orcid.org/0000-0002-4749-2642

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