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## Too Much of a Good Thing? Society, Affluence and Obesity in Britain, 1940-1970

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A period of absolute economic growth in the 1950s and 1960s gave the British population the freedom to indulge in consumerism as never before, and in 1957, then Prime Minister Harold Macmillan declared to the population that they had ‘never had it so good’ (Black & Pemberton 2004, p.92). Yet, in the following decades, this new prosperity came to be viewed as something of a poisoned chalice in relation to the health of the population, as affluence was written on the bodies of the British population through a rising tide of obesity. The UK has not been alone in this development: by 1997, a World Health Organisation conference in Geneva marked the ascendancy of obesity by formally recognising it as a global ‘epidemic’. That obesity has become a ‘global’, rather than ‘western’, problem reflects the current development of obesity in middle-income countries whose increasingly affluent populations are rapidly becoming more obese. As an example, WHO statistics on obesity rates classify 32.8% of Mexico’s population as obese in 2008 – 1% higher than the US in the same year (WHO 2008). There are numerous concerns that accompany rising obesity rates, and questions such as how and when a government should intervene in the health of the population are considerations that Britain, as a wealthy western state, has needed to grapple with since the early 1960s. However, before obesity could be perceived as a public health risk, its physiological consequences first needed to be identified and recognised both by governments and the medical profession.

In Britain, concerns over the rising weight of the population were simmering in the background since the end of the Second World War and increasingly intensified so that by the 1970s, the end of the period of consideration for this paper, the phenomenon of obesity was already discussed by the Department of Health and Social Security and the Medical Research Council as the greatest threat to public health in Britain (James 1976, p.1). It was also at this time that the UK government began investing heavily in research to explain, and hopefully 'cure' the increasing percentage of the population that were classified as obese. This is particularly striking given that fifteen years prior, rationing was still in place and the food consumption of the entire British public was regulated by the state. Using a historical discourse analysis of primary material, such as news media and state responses to the developments in the weight of the populace, this paper will discuss the ways in which Britain has politically, socially and culturally responded to changes in food availability and the subsequent consequences for the health of the nation between 1940 and 1970. It will argue that throughout these developments, new sets of medical knowledge have led to major reconfigurations of the politics of the obese body – which in part defined the parameters upon which modern WHO concerns over global obesity are based – but that the social cost for those perceived to over-consume has remained a consistent challenge.

The post-war era in Britain is often recognised as a period of intense social change, with gender, race, and even class relationships being drastically reconfigured. However, this is also a period in which the British economy develops from a situation where everyday foods, such as milk, eggs, butter, meat, and sugar were accounted for ounce-by-ounce by the state – to a situation where the population is able and content to over-consume en masse. Given the

fast pace of change experienced at this time, it is helpful to further divide the period 1940–1970 into three phases. The period 1940–1950 covers the time during which rationing was first introduced and remained at its most austere. From 1950 to the mid-1950s, controls were still in place but becoming increasingly lax. Finally, in the late 1950s through the 1960s, one can trace the development of an increased sensitivity to the health consequences of excessive food consumption, sparked by the discovery of a relationship between obesity and coronary heart disease.

### **British Nutritional Policy in the 1930s and 1940s**

The renowned study by John Boyd Orr *Food Health and Income: Adequacy of Diets for Health* (1936) provides a good basis for understanding the nutritional station of the population, pre-affluence. Boyd Orr's study took place during the Great Depression, and highlighted that the majority of households did not get enough food to maintain their 'perfect nutritional state':

The tentative conclusion reached, is that a diet completely adequate for health, according to modern standards, is reached at an income level above that of 50 per cent. of the population. This means that 50 per cent. of the population are living at a level of nutrition so high that, on the average, no improvement can be effected by increased consumption. (Boyd Orr 1936, p.5)

The conclusion reached by Boyd Orr, that half of the population did not have a diet that was sufficiently varied as to achieve their full health potential, caused outrage in media outlets such as *The Times*, where it was suggested that the high price of fruits, vegetables and animal protein made foods with the highest nutritional content the most inaccessible to the majority of people.

This outrage over the health of the nation was transformed into a particular point of anxiety for the government as they recognised its importance in the war effort, as a 1941 report for the Ministry of Health (MOH) stated:

Good health will not itself win the war but a nation in bad health would certainly be well on the way to losing it. (*Summary Report for Ministry of Health 1942*, p.3)

Maintaining and improving the health of the nation was of great concern to the wartime government. However, this aim was complicated by the necessity of rationing, the need for which became quickly apparent at the start of the war, as pressure was quickly put on food supplies at the start of the war - which led to the introduction of rationing in January 1940.

The calculations, used by the ministries of health and food, to plan the wartime rationing allowances provide an instructive insight into the understanding of nutritional science and conceptions of 'health' at that time. The focus of those devising the allowances tended to be on the number of calories available, which was calculated at an average of 2,900 a day per adult - although this was adjusted depending on the work performed by the individual (*The Times 1947a*, p.8). While the MOH tended to focus on the provision of sufficient calories, they also discussed the importance of the source of calories being 'balanced' between protein, fat and carbohydrates. There was also awareness that minerals (such as calcium) and vitamins (mainly vitamin C) were beneficial to one's diet. Milk, in particular, was viewed by the MOH as forming the basis of a healthy diet under the strictures of rationing, as evidenced by the introduction of the National Milk Scheme in 1940. However, despite this awareness, the focus tended to remain on ensuring the provision of sufficient calories rather than ensuring that energy is

derived from a balance of foodstuffs. This is illustrated by a report on the food consumption levels in the UK from 1949:

The rise in consumption of butter, margarine, lard and sugar, has made good the loss of calories resulting from a reduced meat [and soft fruit] consumption. (*Food Consumption Levels in the United Kingdom 1949*, p.2)

While it is not surprising that the pressure to provide minimum energy requirements were met by the foods available on rationing, it is still important to note that the perceived value of a 'balanced' diet was superseded by the demands of energy and in this context, fat was as valid a nutritional energy source as meat and soft fruits. As such, political developments in Europe at this time had led to the continuation of concerns over the provision of food, as even the most basic provisions were under considerable strain.

The approach toward nutritional science outlined here – wherein the provision of sufficient energy (regardless of food source) and increasing weight of the populace is viewed as a sign of health rather than illness – is also consistent with pre-war understandings of health and nutrition. Prior to the war, the heights and weights of schoolchildren were viewed to indicate the overall health of a nation struggling to feed itself during the 1930s (Webster 1985, p.224). Official statistics had therefore long taken the view that higher body weights amongst the population indicated improved public health. Likewise, it was the increase of schoolchildren's weights during the war that led to the assertions by the MOH that the health of the nation had improved (*The Times* 1947a, p.8). This sets the scene at the beginning of the period 1940-1970 where the cultural associations of fat were those of a highly nutritious and beneficially integral aspect of one's diet, and where an increase in the average weight of the

population was heralded a positive development in the health of the nation.

### **‘Excessive Consumption’ and Rationing**

Given the significantly different dietary understandings expounded during the war, the question that naturally arises is: how was, in this very different social context, obesity (a symbol of affluence and inequality) perceived? This is particularly pertinent given the context of rationing during the war, where food could be a highly emotional issue. According to Ina Zweiniger-Bargielowska, rationing had the potential to be socially cohesive, because everybody – from the royal family to unskilled farm labourers – was allotted rations based not on who they were, but on their requirements. Therefore, at this time, food could serve as symbolic statement of equality within British society (Zweiniger-Bargielowska 2000, p.61). Although this argument is, as Zweiniger-Bargielowska notes herself, somewhat problematic; food could also serve a divisive role too, and this can be seen through an analysis of newspapers of the period. In the *Scottish Sunday Express*, for example, it was common to see stories that contrasted the British and German food situations. As the Allies began to invade Germany in April 1945 one can find many similar stories being printed, such as: “‘I haven’t seen a hungry German:’ Plenty of eggs, milk and meat in Germany’ (*Scottish Sunday Express* 1945a) and; ‘Champagne orgy at Nazi headquarters’ (*Scottish Sunday Express* 1945b).

These headlines suggested that Germans had been able to eat normally and maintain the lifestyles they enjoyed before the war, while the British population experienced intense hardship. As claims that the German population were faring better have subsequently been proven to be untrue, it seems that the intention of such articles

were to form part of the wartime propaganda. Articles such as these could have acted to alienate against a sense of shared experience between the German and British population. Food, therefore, may have had the power to unite a nation, but clearly it could also be used to emphasise difference, in this instance furthering the designation of another population as distinctly 'other'. It is also a reminder that through creating a sense of shared experience, it also becomes easier to stigmatise those who are understood to deviate from this 'norm'.

That the matter of the over-consumption of food by the 'enemy' was a favourite propaganda tool of the state during wartime is an indication of the difficult status that the obese person held. A 1947 *The Times* article, for instance, discussed the suggestion that - for persons working in the control and distribution of food - to become obese should be grounds for criminal investigation. This represents an escalation of the situation mentioned earlier, whereby those who over-consume are not only socially isolated, but also actively criminalised. Strikingly, the article's author argues against this proposal, not because of the potential infringements to social dignity, but because they believed that those who investigate potential infringements could be fooled too easily (*The Times* 1947b, p.5).

The suggestion that the obese body should be criminalised is especially interesting, because it draws upon pre-existing narratives of obesity as a form of socially unacceptable greed as its justification. Zweiniger-Bargielowska has noted that in the late 1940s, as austerity measures actually increased after the end of the war, the population became increasingly weary of such measures, as they were felt to be unnecessary (1994, p.179). In the context of a progressively contentious relationship with the notion of a shared national hardship, those who were perceived to be consistently 'guilty' of over-consuming came to be seen at fault not only in terms of their



personal morality, but also by ‘betraying’ the national cause of austerity measures. In accounting for this perspective, it is perhaps easier to understand how the obese, as a symbol of affluence, could become a target of frustrations over increasingly draconian food restrictions.

### **Responses to the End of Rationing**

Naturally, as the government began to scale back post-war austerity measures, the cultural focus on food began to shift. During the early 1950s, one can trace a tension between the decline of older concerns (regarding low body weight and insufficient national nutrition) and the development of a new discourse over body weight and slimming. In 1951, the BBC caused a minor controversy by showing a programme that followed several dieters as they sought to lose weight. Complaints about this focused on the thousands of ensuing applications by viewers for diet sheets so that they could follow the same diet. The fear behind the outcry was that programmes such as this would encourage individuals to diet without the necessary medical guidance, many (including the editor of *The Times*) were especially concerned over the effect this may have on young women:

The high rate of tuberculosis among young women, it is thought, may be associated with the self-imposition of a slimming diet, and in the present precarious state of the nation’s food supply it would seem the height of folly to suggest limitation of food on a wide scale. (*The Times* 1951, p.7)

This is illustrative of a seeming contradiction that existed at this time. While rationing was still in full effect with tea, sugar, sweets, meat, butter and bacon still being restricted, one might expect attitudes towards weight loss to be similar to those held during the war itself (whereby loss of weight was taken to indicate ill health), and this

attitude is indeed reflected in such responses. However, given the decision by the BBC to commission, produce, and air this programme, as well as the high number of requests for diet sheets from audience members, one may assume that this attitude was not necessarily reflected by wider society. The popularity of the programme indicates a clear identification of sections of the general public with the aims and objectives of dieting, which was, ostensibly, the loss of weight to achieve an idealised body shape. With regards to adult weight loss, however, it seems that despite rationing and difficulties in securing supplies of certain foods, the allure of a slender body, and a dislike of being overweight, proved attractive to many people. There is a tension, therefore, between those who did not believe that affluence (and the ensuing availability of food) had extended to a point where food restriction was advisable, and the general population for whom there was an existing dislike of certain body shapes.

Initially, the end of rationing was greeted with considerable enthusiasm; a Pathé News report made especially to mark the end of sugar rationing in April 1949 captures this mood:

As zero hour approaches, the dawn patrol gathers outside the confectioners, early birds get a special reward, moneyboxes are rifled and even father joins the queue. The longest memories find it hard to recall such days of plenty. Begat that, that stuff makes even grownups do childish things. The good news that draweth old men from the chimney corner and children from play puts the fun back into being young. Tots' mouths have watered a whole lifetime for that great day, for years they have been cheated by the hard fact of world economy, from the unrestricted orgies once accepted as the birth right of every child. But now hundreds and thousands are back by the billion, sherbet and rock, gobstoppers and aniseed balls, lollipops and chocolate bars.

And now for the tummy-ache of a lifetime! (Pathé, 1949)

Notably, sugar rationing was reintroduced in August 1949, due to unexpectedly high demand, and only ended in 1953. The air of excitement that accompanied the initial lifting of some types of rationing was short-lived, however, as the end of all governmental control over food in 1955 also marks a more decisive break in the re-conceptualisation of national concerns over diet and nutritional discourses. This is exemplified by a steady stream of articles written after 1955 that encouraged their readership to reconsider learnt approaches to nutrition. One example states:

Though some medical officers seemed to think that the ideal baby was the one with the biggest girth, the fact remained that if one overfed animals they matured earlier and died earlier. There was reason to believe that the same was true of humans. (*The Times* 1954, p.5)

By focusing on the potential consequences of ‘over-nutrition’ and critiquing the belief that a higher weight indicated greater health, the author here is directly questioning many of the previously held notions and assumptions regarding weight and nutrition, in particular those expounded by the government during the war. This article also draws comparisons between the problem of overeating and malnutrition. This is done partly through the choice of language, as the article also uses the term ‘over-nutrition,’ encouraging comparisons with the more familiar problem of malnutrition which had a longer history as a recognised medical condition. It seems that there was a media-led intention to develop the legitimacy of overeating (or overfeeding) as a medical problem by associating it with established nutritional issues. While weight loss in adults was overwhelmingly represented as beneficial, this discourse did begin to seep into understandings of childhood weights. However, weight loss

in children continued to be discussed – and with good reason – with greater qualifications.

It is within the context of a wariness of the over-availability of food – especially as the nation was celebrating the ‘first years of freedom since the war’ (*The Times* 1957a, p.ii) – that one begins to see British society fully embracing a dieting culture. Following the theme of ‘over-nutrition’, much of the advice from the medical profession and mass media was based on emphasising the need for a new approach towards food and eating patterns. Learning to choose and eat in moderation was often central to such advice, with reference often being made to controlling oneself, given the variety of cheap carbohydrates and high sugar foods available in post-rationing Britain (*The Times* 1957a, p.ii). The different approach advocated within such articles relied on the readers themselves learning a wholly new approach to food whereby the individual is limited not through state control or what they can afford, but through developing an inner self-control.

### **Fat and Social Consequence**

It is notable that while being overweight is clearly understood and presented as an undesirable state, the overweight person is not viewed as part of a wider national problem – instead the consequences of overweight are discussed largely in personal terms. A *The Times* article from 1957 suggested that few people ‘appreciate’ being described as ‘fat’:

Especially this is so at the present time of year when, as one correspondent points out with feeling, “after the murk of winter women look at themselves in the mirror and shudder at the thought of appearing without a winter coat in the searching light of spring.” (*The Times* 1957b, p.13)

The desire to lose weight, as constructed here, was centred on social concerns of conforming to current fashions, both in terms of clothing and body shape. Within these recommendations for weight loss, it is also notable that weight (rather than more holistic beliefs in health) are placed as the central goal for dieting, which leads to recommendations that the dieter avoid drinking liquids (aside from at meal times) and eating fruit because of its high sugar (fructose) content. This implies an understanding of a type of dieting whose central purpose was aesthetically based rather than that more elusive goal of 'health' that appears in later treatises on dieting. Aside from the aesthetic judgements which were particularly levelled at females, the overweight person was also consistently represented as socially isolated. In a 1959 report, the Chief Medical Officer for the Board of Education stated that the 'fat child':

is at a grave disadvantage [...] [F]requently he begins to fail in school work, to dislike games and to retire into his shell, unhappy and ashamed. (*The Times* 1959, p.xiii)

The consequences of being overweight were therefore understood not in terms of public costs, but in terms of personal costs; of finding oneself unable to follow certain fashions or suffering from social exclusion.

While it is not possible here to fully discuss the gender dynamics of weight loss between 1940 and 1970, it is important to note that much of the media content from the period assumes an explicit association between weight-loss (or slimming) and the maintenance of feminine beauty, at least until the late 1970s when second wave feminism became increasingly influential in wider media culture. This is illustrated in *A Cruel Kindness*, a 1967 public information film produced by the British Medical Association and the British Life Assurance Trust for Health Education, which was

designed to provide information about nutrition and diet balance. However, the film takes a somewhat condescending tone, particularly in reference to the character of 'Mrs Brown', a working class housewife of an overweight family, and – as the film describes her – 'a fat, breathless woman'. Mrs Brown is accused of 'making matters worse by stuffing her family with a stodgy meal' and failing to listen to her doctor's advice.

However, the film largely – and typically – frames the negative aspects of overweight by referring to the personal misery of social disadvantage rather than health risk. In the case of its description of the female experience of overweight, the film describes this in terms of physical undesirability. This is notable in the depiction of 'poor, lonely' Valerie, an overweight girl from a 'broken home' who 'eats chocolate to console herself' since her father left home. Valerie is shown being too embarrassed to swim with her friends, eyeing the latest fashions mournfully because she cannot fit into them and being left at the side during a school dance – all consequences of her weight.

### **Medical Re-evaluations of Obesity**

The mid-1960s mark a decisive shift in the history of food, obesity and body weight in the post-war period. In 1959, the Metropolitan Life Insurance Company released a series of seminal articles (collectively known as the 'Build and Blood Pressure Study') that discussed the relationship between 'excessive' weight and mortality rates (Simopoulos, 1985 p.33). The focus of these articles was the statistical relationship between obesity and cardio-vascular diseases. This was a landmark publication, not only in terms of how the medical profession viewed obesity – given the attention that it received in British newspapers – but also for wider social

understandings of health and wellbeing. One observer in the late 1960s likened the attention that these articles shone on heart disease and obesity to a mass cultural 'hysteria' (Cahnmen 1968, p.285). Certainly, from 1959 onwards, one can trace the development of a more concerted interest in the previously little-discussed medical condition of obesity.

Before the Build and Blood Pressure Study, being overweight was considered to be a personal problem that resulted in the individual being socially disadvantaged. In the wake of the study, there was a new cultural dimension to obesity as the cost of heart disease was more relatable to social and economic consequences. Obesity could now be – and was – discussed in terms of the costs to the NHS in treating heart disease, the costs of young, working age men dying to the economy, as well as in terms of the social costs of the loss of life (*The Times* 1967, p.9). Seemingly, the ability to relate obesity to more discrete, tangible problems like heart disease focused a disparate interest in maintaining certain body shapes into a national health concern over obesity and its ensuing consequences; thus obesity could now be viewed as a matter of public as well as personal importance. There was then a perceived requirement that the state dealt with the consequences of obesity, stemming from an understanding that obesity (as a consequence of new-found affluence) represented a direct threat to the future development of the nation.

As is often the case with public health crises, the young, as the future of the nation, become a focal point through which problems are discussed and the medium through which preventative measures are taken. For instance, the introduction of free school meals in 1906 has often been cited as a response to fears over national health and efficiency in the wake of the Boer War (Searle 1971, p.285). The way that concerns over childhood health interacted with developments in

attitudes towards food and obesity can be illustrated through the development of attitudes towards fat in the diet. As noted above, at the beginning of this period, public health professionals had a positive attitude towards fat as an effective form of energy. By the late 1950s, while such a viewpoint was less commonly expressed, it was common for health professionals to exhibit a relatively ambivalent attitude towards fat within the diet, while carbohydrates were often described as a greater potential threat to the maintenance of a slender figure. For instance, Professor J. Yudkin, a leading commentator on matters of health, nutrition, and later obesity, stated in 1961 that the 'best cure for obesity was to eat much less carbohydrate and not worry so much about fat intake' (*The Times* 1961, p.17).

Throughout the 1960s however, this viewpoint seems to have become increasingly marginalised as fat began to take centre stage as the nutritional culprit of obesity. By 1972, the end of the period in question here, this had escalated to such an extent that the feeding of milk to children was beginning to become controversial. In a medical exhibition held in Glasgow, Dr. Barry Lewis suggested that:

Obesity increased the risk of dying from heart disease. The very high saturated (blood cholesterol-raising) fat content of milk produced by modern farming techniques might well harm the coronary arteries. (*The Times* 1972, p.3)

This marks how much attitudes towards health, obesity, food, nutrition and fat had changed since the end of the war when a shortage in milk was capable of producing national outcry. By the beginning of the 1970s, however, the status of fat has changed to such an extent that its consumption by the nation's youth, even in foods such as milk, was suspect. Heart disease – and through it, obesity –



had clearly pre-occupied the nation to such an extent that milk (a cornerstone of equality and nutritional policies during the war) was now viewed as potentially destructive to the health of the nation.

## **Conclusion**

It would be impossible to consider the challenges that faced Britain as it began to understand the nutritional consequences of affluence without paying considerable attention to the improved scientific and medical understandings of obesity. Once constraints of consumption were removed in the mid 1950s, the population was thrown from a situation where every purchase had to be accounted for, to a situation where personal choice was not only restored but the development of an affluent society also meant that the population had much greater purchasing power than ever before. As such, the variety and quantity of food consumed in Britain increased. Now that the population no longer had to struggle to feed itself, a reorientation of British society's approach to food, health and nutrition was required – the received wisdoms of previous generations became defunct within a matter of fifteen years, as new scientific and medical knowledge's changed how national (and international) institutions viewed the obese body. In this aspect, the challenges that now face nations fearing development in their own obesity crisis as they become affluent themselves is different because they can both forecast and prepare for rising obesity rates. Similarities may be drawn, however, between the socio-political stigmatisation of the obese person. The attitude exhibited towards the obese, and those who were perceived to be over-consuming during rationing, highlights that at the beginning of the period individuals were being characterised and judged based on body weight. As such,

while increasing affluence between 1940 and 1970 increased the occurrence and visibility of obese bodies, the negative stereotypes of greed, laziness and fecklessness, with which the obese person could be socially ostracised, have remained constant.

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