ogous days were identical; the midday and evening meals were eaten at the Investigation Centre, and breakfast was supplied by the centre the evening before. The subjects' physical activity remained stable. The ingesta were evaluated by weighing the aliments and the leftovers. The subjects' weight did not vary significantly during the ‘beer’ and ‘water’ periods. The caloric intake and consumption of total glucides, lipids and proteins were not significantly different between homologous weeks and beer weeks despite the surplus of energy caused by the beer. The distribution of energy provided was significantly different during the ‘beer’ period, with a decrease of energy intake during snacks (beer vs water during 4th week; 99.2 ± 17.8 vs 194.2 ± 39.5, p < 0.05). The caloric supply of the afternoon snacks represented 3.2% of the overall energy supply at the end of the ‘beer’ period, while it was 6.2% at the end of the ‘water’ period. The caloric content of the dinner increased during the first 2 weeks, to become once again comparable to that observed during the ‘water’ period. These variations were essentially related to the carbohydrate consumption. The daily consumption of 660 mL of beer, representing an 268.4 kcal, was offset by a reduction in caloric intake, particularly interprandial. This consumption did not result in a weight gain in the subjects of normal, stable weight.

**Comparison of eating habits between 2 towns in northern and southern France using a food frequency questionnaire.**

JM Lecerf, B Lefebvre, O Arade, V Boulinguez, D Isorez (Service de nutrition, Institut Pasteur de Lille, 1, rue du Professeur-Calmette, 59019 Lille cedex, France)

In spite of a relative standardization of some dietary habits, are there still north–south differences? A food frequency questionnaire about actual intake for many foods was filled in (by 2 investigators) in January 1993 by 100 people in a small town in the north (Estaires) and 100 people in a medium-sized town in Lot-et-Garonne (Villeneuve-sur-Lot). The 2 samples were similar in age, gender, social and professional status.

In the south, there was a higher frequency in the consumption of raw vegetables (p < 10−6), soup (p < 10−6), raw garlic (p < 10−6), cooked garlic (p < 10−4), raw onion (p < 10−4), cooked onion (p < 10−4), fruit (p < 10−3), dried fruits (p < 10−4), cooked fruits (p < 10−2), wine (p < 0.05) and cheese (p < 0.05). In the north the frequency was higher for the consumption of potatoes (p < 10−6), beer (p < 10−5), fried potatoes (p < 10−4), and meat (p < 10−2). There was no difference in the amounts of cooked vegetables, fish, pork products, other alcoholic beverages, or wine consumed. With respect to the different kinds of meat, the frequency of calf (p < 0.05) and poultry (p < 10−3) consumption was higher in the south, and that of horse (p < 10−3), beef (p < 10−5) and pork (p < 10−5) was higher in the north. The frequency of olive oil (p < 10−4) and grapeseed oil (p < 10−2) consumption was higher in the south. The use of butter on bread was higher in the north (p < 10−2). More oil was consumed for cooking meats, fish, vegetables and potatoes in the south while the butter was used more often in the north for cooking meats and fish.

In conclusion, many differences remain in the consumption of fruit, vegetables, garlic, onion, meat varieties and fats between the 2 investigated towns. This may explain the north–south gradient that exists for coronary heart disease.

**Dietary intake in building trade workers using thermos flask or warmed-up mess tins.**

P Laurent 1, J Guisnet 1, F Dhuyme 2, JM Lecerf 2 (1 Médecine du travail, rue