generally recognized excepting with one group, the blind. In other words, they are not affected by appearance. They are a little have to find out about it in some other way. Home think that persons observe, is just as acute as that of other people. Perhaps a little more discriminating. Let me say this further, it may be that their taste is a deal for this reason, they can not see things they are eating, and they more intensively. So, in case of taste, they depend upon if more, perhaps. Of course the food can not be served in the same way that food is served to seeing people. This applies particularly to the young totally blind. The food is served already to eat. Meat is cut before it is placed to food. This applies particularly to the young totally blind. The food is served already to eat. Meat is cut before it is placed

Mrs. La Du: Mr. Vance, you have the same problem to deal with, although possibly there is a little difference, as has been suggested by one of our speakers today. Possibly in dealing with the handicapped group such as the blind there is more serious thought needed with regard to food. Will you tell us how you manage these problems?

Joseph E. Vance, School for the Blind: Madam Chairman, it is true, I believe, that one of the things that has been said here that this afternoon will not apply to our institution. We were told that the appearance of the food has a great deal to do with its palatability. I think that rule is generally recognized concerning with one group, the blind.

We know that hotels pride themselves on having their dishes attractive in appearance as well as in taste. We know, too, that an orchardist in the Oregon apple country tries to have his Spitzenburgs 80 per cent red if possible. Why? Because they sell better. He gets more money for a nice red apple than for a green one. The green one always sells at a lower price. Color has a great deal to do with appearance of all fruit, and I might add with all food and foodstuffs.

With the blind it is different. We have a small institution. Our housekeeper and dietitian are wrapped up in one package. She is one of those persons referred to a while ago who looks into all the niches and corners, looks over the pots and kettles to see that they are clean and in their proper place. She is a maid of all work.

We have to do differently in serving our children. Food should be well cooked, of course. The taste of blind people, so far as I am able to observe, is just as acute as that of other people. Perhaps a little more discriminating. Let me say this further, it may be that their taste is a little better developed than is the taste of the seeing people with whom you deal for this reason, they can not see things they are eating, and they have to find out about it in some other way. Some think that persons who lose their sight develop a wonderful sixth sense. They do not do anything of the kind, in my judgment. They simply use the other faculties more intensively. So, in case of taste, they depend upon it more, perhaps. In other words, they are not affected by appearance. They are a little bit more inclined to criticize or find fault than the average seeing person.

Of course the food can not be served in the same way that food is served to seeing people. This applies particularly to the young totally blind. The food is served already to eat. Meat is cut before it is placed on the table. So are vegetables. Anything that needs to be cut at the table, the ordinary person must be cut before it is served. So some of the things that have been mentioned do not apply to our institution.

I should like to lend my little word of approval to what a lady said a while ago about the standard set up by a dietitian. I think that is a fine thing. If our institutions were large enough to have a dietitian, I think I should have one. At any rate, three or four from our school came up today because we were so much interested in this program, especially because it deals with standards of food and service, one of the most important phases of institution work. We should set a high standard and live up to that standard so far as possible.

Mrs. La Du: Doctor Murdoch has the largest group of any in the state, the largest number to be served at each meal.

I recall hearing the cook at Doctor Murdoch's institution say something about pies one day. He said: "There are about 375 or 380. They will do for this meal."

I should like to have any comments that you have to make, Doctor, with regard to the service of food, or any questions you might have to ask. We will be pleased to have you take part in this discussion either with questions or by contributing from your practical experience—anything of additional interest.

Doctor Murdoch: Madam Chairman, I feel this has been a very inspirational meeting, helpful to us all. I know it has been to me. Food is something of great importance to us all, as is also the way in which it is served.

I find it beneficial to visit the various wards or departments of our institution at the time the food is on the table and is being served. While you can not be there always, just occasionally dropping into the various dining rooms and giving your approval, where things are being served in the way that you can commend, is inspiring to those who have charge of the dining room, or showing disapproval when things are not so. If the superintendent shows his interest in the service of food, it is sure to help. If he does not get around and see how it is served, I think it will go back. So just by your presence, going around, we can help.

We are very fortunately situated at Faribault, being in a district where we have an excellent garden, a good farm and dairy.

I look upon milk as the fundamental, basic, and most important food in an institution for children. If you have a good herd of Holstein cattle right on your place, where you can see that the barns are well cared for, and your serve good, wholesome, pure milk, you have the foundation of the best diet...
An important factor in the dietary is the protein content. We have been trying to cut down the quantity of meat served. A great number of our inmates are not very actively employed, not at hard labor. We are trying to give more vegetables, all the milk we can and less meats, beef and pork. We have found a preparation of fish called sandwich haddock, I believe, which comes in slabs, the thinner portions of the haddock. It comes to us frozen, without bones, all ready to be cooked. We get that at a very reasonable price, and it is much more easily handled than the uncleaned fish. Our children seem to like it very much. But it is a great thing to have your own garden where you can raise lots of rhubarbs, tomatoes and cabbage.

Of course we do not approach the 42 cents per capita for our dietary, but I feel that we do have a good, wholesome dietary.

We are very fortunate in having a chef who has had long experience and is thoroughly interested in his work. We have one central kitchen in which this chef cooks for 5,000 people. The food is sent to various departments in containers bucked together. One dining room will have possibly 20 or 40 people. The bulk of that food will keep it hot so that it can be served on the table some distance from the kitchen in very good condition. It is important, however, that it be kept in the containers until it is to be served, and it should be served promptly.

I have enjoyed hearing the papers very much. I feel it has been inspiring, and I am sure it is advantageous to us all.

We have a colony which was formerly the epileptic colony, the patients of which were removed to Cambridge, where we now have a semi-custodial group, and these boys and girls help largely in the raising of this food. We take the food there, a distance of about half a mile, in a wagon in these large containers. The wagon closes. It is carried into effect that day, or the reason why it can not be carried into effect is reported back to the doctor who ordered it, and he makes modification if it can not be supplied. Some of those who work with doctors know that if it is humanly possible it is supplied.

They also expect and get a diet to control the ordinary functions of the patient. We are eliminating the necessity for drugs and medicines and if the doctor, in making his rounds, finds that a certain child has to be given laxatives, he demands to know what is the matter with the diet, and he finds out.

Miss McGregor: I contributed Miss Moreland, our first dietitian.

Mr. Skyberg: I might report on the matter of waste so far as the School for the Deaf is concerned. We leased our farm and our hog house to a lady nearby the institution. She was to have the hog house to keep hogs, and we were to supply the garbage. About a month ago I received quite a complaint from her. She said she could not keep the children on general diet have their routine diet prepared, and that is the meal that the Board of Control gets.

I do not see how a hospital can function without the right kind of dietitian. Of course, we do not expect the young dietitians just out of college and through with their internship to know as much as those who have had 15 or 20 years of hospital service any more than we expect the one to know as much the first day he is out of college as he does after he has been practicing 25 years. In an institution for children especially, whether it is a hospital or a home, I feel that the work of the dietitian is exceedingly important.

Doctor Patterson: I should like to say a word. I am glad, for one, that we have the dietitians here today. I certainly have received instructive information and ideas from them. I haven't a doubt that if one of these ladies could make a thorough survey of our hospital she could offer me valuable suggestions that would he helpful in improving our service.

When a woman comes into our dining rooms and kitchens, she is up against old traditions and old ideas and old ways of doing things. You can not make people over in a day. Our head cook has been at Fergus 20 years. None of our cooks has been there less than two years. When a woman comes and tries to change things over night, she has quite a task on her hands. Neither is it going to be an easy task to discharge, because you can not all those positions at the salaries offered by persons who would prove any better than the ones we have at the present time.

Miss McGregor says she does not see how a hospital can function without a dietitian, but they do function, and people get fat. The diet may be more or less unbalanced to a certain extent, but we seem to make up for it in the excess of food that we supply. For instance, these patients of ours get 2,000 pounds of whole milk a day which goes to the institution. The average diet at a New York hospital is 1½ pounds a day. We supply 2 pounds of raw milk a day, to say nothing of 600 pounds of buttermilk which we get each day. We can bring in fresh lettuce in the spring, but you find most of it left on the plate. You can not force things upon people who are used to a certain diet and expect them to eat it. They will not do it. They will leave those things on the plate. In a hospital for the insane one is up against a good many things that you do not find in a general hospital. Everything is routine, monotony. Our employees get into the habit of doing things the same way. It is not easy to change them. Things become mechanized and there is a sameness everywhere. It is well, of course, to have new blood come in once in a while, but I can assure any new person he is up against quite a proposition if he wishes to change things.

Mr. Skyberg: I might report on the matter of waste so far as the School for the Deaf is concerned. We leased our farm and our hog house to a lady nearby the institution. She was to have the hog house to keep hogs, and we were to supply the garbage. About a month ago I received quite a complaint from her. She said she could not keep