

1 patient born in Ireland.
 0 patients born in Canada.
 1 patient born in Russia.
 0 patients born in England.
 2 patients born in Finland.
 1 patient born in Siberia.
 1 patient born in Hungary.
 1 patient born in Denmark.
 1 patient born in Scotland.
 1 patient born in Greece.
 0 patients born in France.
 0 patients born in Italy.

190

157 parents born in U. S.
 74 parents born in Germany.
 33 parents born in Norway.
 11 parents born in Austria.
 9 parents born in Poland.
 2 parents born in Holland.
 30 parents born in Sweden.
 9 parents born in Czecho-Slovakia.
 12 parents born in Ireland.
 10 parents born in Canada.
 3 parents born in Russia.
 5 parents born in England.
 6 parents born in Finland.
 2 parents born in Siberia.
 2 parents born in Hungary.
 5 parents born in Denmark.
 2 parents born in Scotland.
 2 parents born in Greece.
 1 parent born in France.
 1 parent born in Italy.

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With this sort of a background it is a rather difficult problem to satisfy a group of patients who are in good condition except that they have diseased lungs. Their digestive tracts are usually good; their mental habits are normal. They come to a rather lonesome place and are put at rest. One of the chief pleasures they have is eating and they react rather sharply to some of their ancestral traits. This frequently makes them a little bit critical toward what we have to offer. However, it does not constitute a serious problem as there is always a stimulus to quiet criticism.

We are trying to revise our dining-room service at the State Sanatorium. In the past we have had a large dining room where all the patients ate with the exception of about 20 who were served in the

infirmary. There were three tables on the women's floor in the infirmary and three on the men's floor. All other patients ate in the main dining room. At the present time we are trying to convert the service in the main dining room to cafeteria service, in the hope of cutting down waste and labor. With our present system, waitress service, the patients get one helping, and it is usually much larger than would be indicated for many of them if they were served at a counter. I feel sure we can make quite a marked saving by installing cafeteria service in the main dining room. We now have tables on each ward for patients not given the privilege of going in to the main dining room. Those tables will be given linen and a little extra in the way of decorations. In the main dining room we are planning strictly cafeteria service.

We are in need of an oil-burner or a new coal range. I should like to have that discussed if any of you have had experience with oil-burner ranges.

Mr. Coleman: Thank you, Doctor Burns. Is there anyone who can give Doctor Burns the information he desires with regard to an oil-burner?

Doctor McBroom is the next speaker.

D. E. McBroom, M. D., Superintendent, Colony for Epileptics: I think we are all agreed that there are certain general rules and regulations which we must all attempt to follow in purchasing food for an institution—we know we get the best of food—and in the preparation of it and in the serving of it. Aside from these generalities I think that each and every institution has an individual problem to face, one which can not be covered by any blanket rule, for the reason that practically every institution is catering to a slightly different group of patients, and each group has characteristics which must be met and which can not be covered by any general rules.

Doctor Murdoch has covered the problem of the feeble-minded very thoroughly which so coincides with that of the epileptic that little can be added.

I am almost sure that a patient from the School for Feeble-Minded or from the Colony for Epileptics would starve to death at the Sanatorium. I do not mean to insinuate that Doctor Burns is not feeding his patients as he should, but with the lower degrees of mentality there seems—I am not stating this as a fact—there seems to be a marked ratio between the degree of mental degeneration and their powers of absorption; these lower grades requiring many, many times as much food in order to assimilate the required amount of nutrition out of it that the higher-grade patients do.

It is not necessary to consider the appetite. I do not know that I ever saw a feeble-minded person who did not have a good appetite. With us it is a question of quantity, great quantity, bulk. That must be taken into consideration. Those of you who have visited Doctor Murdoch's school at Faribault have undoubtedly stood aghast at the amount of food that each and every patient in his dining room consumes at a meal. Yet their nutrition is only average with a few exceptions.

I believe that assimilation of food by the tissues corresponds in a large degree to the mental defect present, and that throws an aspect on the food problems at the School for Feeble-Minded and the Colony for Epileptics entirely different from that which governs the other institutions. That problem must be taken into consideration. In other words, I think the food problem in institutions where the low mental condition is inherited or acquired at a very early age is entirely different from that of the institution where deterioration has come to its patients later on in life, after the habits of living have become established. The degenerated epileptic and feeble-minded have never been normal. It is a condition which is inherited or acquired at a very early age, and they have not progressed in handling their food like the purely mental case which has at some time been normal.

We find that the epileptic and the feeble-minded are practically all chunk swallows. Very few masticate their food. That involves another serious problem. If the patient does not masticate his food, who is going to do it for him? It is up to the authorities. Consequently we serve a great deal of our food in the form of Doctor Kilbourne's stew, which is properly masticated before it is turned over to the patient. With Doctor Kilbourne I think it is one of the best items of our diet.

I think every institution has an individual problem as well as a group problem. While we are still small at Cambridge, we are paying a little more attention to the individual diet than we can when we get up to four figures. At the present time it is the question of quantity more than anything else. We get the best food that money can buy. It is well cooked and at a small institution it is well served. We serve enormous quantities, and yet none of our patients are overweight. We are not troubled with many gastro-enteric disturbances.

We have a more-or-less marked diminution in the amount of ordinary table salt given our patients. The reason for that is to keep the individual's body tissues as free from chlorides as possible in case we have to saturate that person with bromides. A person saturated with chlorides will not absorb bromide. We are short on table salt at the present time. With epileptics they feel that a great deal of their trouble is due to intestinal disorders, and diets with us are the rule. I have 260 patients and I think I have 260 diets. Every patient is on a self-appointed diet. They all have a hobby they want to ride. It is not doing any harm and it is occupying their time. They are certainly getting enough to eat. We know they are not restricting themselves any.

In addition to our diet we do watch the process of elimination to a great extent by the administration of castor oil and salts. At the present time we use practically nothing but salts, as Doctor Faye, of New York, has advanced a theory of dehydration in the treatment of epilepsy, and I think the dehydration by epsom salts is better than that of castor oil.

The handling of the food problem depends a great deal on the arrangement of the institution. Our food problems at Cambridge are handled almost entirely as they are at Faribault, because I took all of Doctor Murdoch's ideas to Cambridge. Our institution is built on the cottage plan. Two new cottages have just been completed but not yet

opened. Our cooking is done in a central kitchen, the food packed in containers and pushed underground to the different cottages and is delivered in good shape.

As to the special diet in epilepsy, we have tried the ketogenic diet. It was carried on a little over a year ago under the auspices of the Mayo Clinic. A report of that diet has not yet been published.

Mr. Coleman: We thank you, Doctor McBroom. We will next hear from Mrs. Stewart, superintendent of the Home School for Girls.

Mary L. Stewart, Superintendent, Home School for Girls: When Doctor Burns and Doctor McBroom were giving their talks on food problems I was reminded of what I read about Jane Addams' experiments in Chicago. A long while ago, when Chicago was having a long bread line, very hard times there, she thought it would be a good idea to find some substitute food for these poor people in Chicago that would give them a good, nourishing diet and at the same time cost the least money for that diet. So she sent out word to different helpers to have a party at Hull House and serve a certain type of food, and show these people how they could prepare this food so that it would meet the requirements cheaply. She sent her invitations out, and she got great quantities of people to come. The food that she selected as being a cheap and nourishing food from the standpoint of those making up the diet was a good quality of bean soup. That was before beans had come into the aristocratic class that they are in today. In those days beans were cheap. She served this bean soup to these different people. They all came very hopefully and with great expectations of finding something they were going to approve of. The Austrians and the Italians and the Poles and all the people that were there, different nationalities, tried the bean soup, but they did not like it. They turned their bowls back and sort of stuck up their noses and went away. The Americans who had tried this experiment were rather indignant with these people. They thought they were ungrateful because they did not eat this soup. Jane Addams, with her usual broad vision, said: "Well, I guess I know the reason. These people have been raised on different kinds of foods. They have their national foods, and they won't eat our American beans and bean soup." So her experiment on giving Chicago people food for the poor was a failure. But she learned her lesson from it with statesmanlike attitude—she always learned her lesson—and did not try to force on those people what she thought they ought to have.

You all remember the time when the Deutschland went into Newport News during the war and mysteriously stayed there for a long time. There was a great deal of talk about that undersea craft. Some of you remember how the crew all came down with a very mysterious malady. They got in touch with Count von Bernstorff, who had some New York physicians go to see this peculiar condition on the submarine. They found that the people who were having this very serious joint trouble were suffering terribly from pain in their joints. Their heart action was bad. There was a Doctor McCann who saw them, and he figured out that those people had been out on the seas raiding vessels, and they were taking