

A word or two is necessary regarding income and its sources. If the total fiscal requirements, including both budgetary and capital expenditures, is received from one or two principal sources, such as a grant from a Community Chest or Federation, and/or an appropriation from public funds, and/or an appreciable income from endowments, invested funds, etc., the per-capita cost will be lower. This is true because no expenditure need be made for fund-raising activities, publicity, etc. The ratio of such receipts to the total receipts, as reported in the schedules submitted by the 21 homes reporting, range from 28.6% to 92.5%. The median ratio is 68%.

I wish to project one other thought, which, I believe, merits further study, namely, is it feasible to endeavor to find boarding homes for the aged who apply to institutions for admittance, and, if so, would the cost of boarding these people be less than maintaining them in a home for the aged? I am informed that this policy has not generally been tried. It has been tried in a small way in New York City. Because it is not in general practice, no figures are available on the cost of outside

care. This is a subject for further study. My conviction is that it is neither possible nor expedient to maintain these people in boarding homes, but I base this conclusion purely on personal experience. Child-caring institutions have adopted this policy with great success, but it would be less difficult to find a foster home for a child than for an aged person.

In conclusion, I wish to make the following recommendations: that a committee, similar to the one which was appointed at last year's conference, should again be appointed for further study of the many problems in which we are all so vitally interested; that the committee should include in its study, a recommendation of some uniform method of accounting for all homes for the aged; that regional conferences should be established, similar to these annual conferences, to be held more frequently than once a year; that on the agenda of our conference for next year shall be included a paper on methods of fund-raising. These recommendations are made for the purpose of setting up additional vehicles for the exchange of information which can be utilized for our common good.

DISCUSSION

By BLANCHE RENARD

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It is interesting to find institutions for the care of the aged making a self analysis of costs. Mr. Abrams' experience in the compilation of that data is what might be expected from such a national study representing organizations in different kinds of communities with various traditions and with probably a wide difference of set-up in both the physical equipment and the social attitude toward caring for the aged.

These variations produce wide differences in both the type of budget items included and the amount of cost appropriated to direct and indirect service. It would be phenomenal if a common unit basis per capita could be determined out of this initial and almost preliminary study. The figures so ably presented by Mr. Abrams should be considered as a "path finder" making the way for a more intensive study (as has been suggested) which shall include not only statistics but interpretation of "what you mean" by these figures. I see, for instance, that no "income from inmates" is recorded as received from a St. Louis institution, and I happen to know that often as much as \$10,000 a year has been received and included under capital income. That situation, in itself, raises the question which

I have often heard discussed in budget meetings—"should all income received in one year from an inmate be credited to that year even though it may be to provide residence expense over a much longer period"? This is only one of the many items which have been considered but not determined. It would seem to me that you would have before you a challenge for a long time analysis of these cost interpretations.

I personally believe, that a study of care of the aged in institutions, is not sufficient but that it should broaden its scope and make itself a study of the cost of the care of the aged both within and without institutions.

With a development of placements and a rapid growth toward old age insurance we must consider the care of aged people in terms of those newer trends. And you may as well make up your mind that you cannot study "costs" alone. A budget is a financial factor in a social program. We must know the problem, its size, and type before we can determine how much we are willing to pay for it. That is why I have suggested that we should find out what placement is being done and what are its social and financial advantages and disadvantages, to the person

for whom care is desired and to the community which must pay for that care.

I would suggest that you spend at least a year in studying the quality and quantity and type of service given by institutions for the aged translated, if you will, into budget form. I am convinced that a budget, in social terms, is equally important as a budget in money terms. In other words how, in detail, are aged people being cared for in the various institutions throughout the country.

I am hoping that a study of the care of the aged now in process in St. Louis (which will include a case work analysis of persons in both institutions for the aged and those under the care of the Family Service in their own or boarding homes) may be helpful in providing some information for the progress of your study, and I am hoping further that Federation and research persons in each community, whether they are directly concerned with care of the aged or not, will be willing to assist in this extremely worthwhile cooperative study.

Medical Care of the Aged

By SIGMUND FEINBLATT

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SUMMARY

IN recent surveys of Aged Homes, there is indicated a definite trend toward the admission of old people with physical disabilities or chronic ailments. Many Homes are gradually making provisions to meet this new condition, yet there is today no accepted standard of medical service in institutions caring for the Aged. That service ought to be based on the needs of the Aged Sick. Few Homes are so adequately staffed and equipped as to give fully the care needed by the diseased; but the need, not the equipment, should be the measuring rod of the service to

be given. Available community facilities should be utilized to supplement those of the Homes.

Certain basic formulae should be accepted as the very minimum requirements for the medical care of the Aged—a thorough physical examination at the time of admission; routine examinations (probably annually); medical records of all diagnoses and follow-up treatments; adequate medical and nursing service for the ill; an approved diet and proper sanitation; and above all, a trained, sympathetic directing head.

The Role of Nutrition in Health

By DR. L. H. NEWBURGH

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THE striking and brilliant advances in the field of Nutrition during the past two decades have been largely concerned with the various factors that must be present in the food to permit ideally normal growth, maintenance and reproduction. The work has been carried on with such enthusiasm and by so many brilliant workers that the situation has become vastly complicated for everyone; more especially for those who are not intimately associated with the work itself.

A group of this type, however, needs a simplified statement of what the food should contain rather than an acquaintance with the varying opinions and unimportant details. All such requirements may be fulfilled by means

of a very few foods intelligently selected for the purpose. Single foods are scrutinized in regard to this question. The accepted dietary requirements in the five major fields are: (1) Energy; (2) Protein; (3) the important minerals, calcium, phosphorus and iron; (4) the Vitamins A, B and C; (5) Fiber. No one of them is entirely satisfactory. If one eats enough to supply the energy requirement, green leaves, represented by cabbage, would be adequate if the human organism could digest a sufficient amount. White bread falls far short because of its paucity of calcium, its lack of vitamins and fiber. Whole wheat bread is much more successful, but is a poor source of vitamins. Corn will not do because of its low content