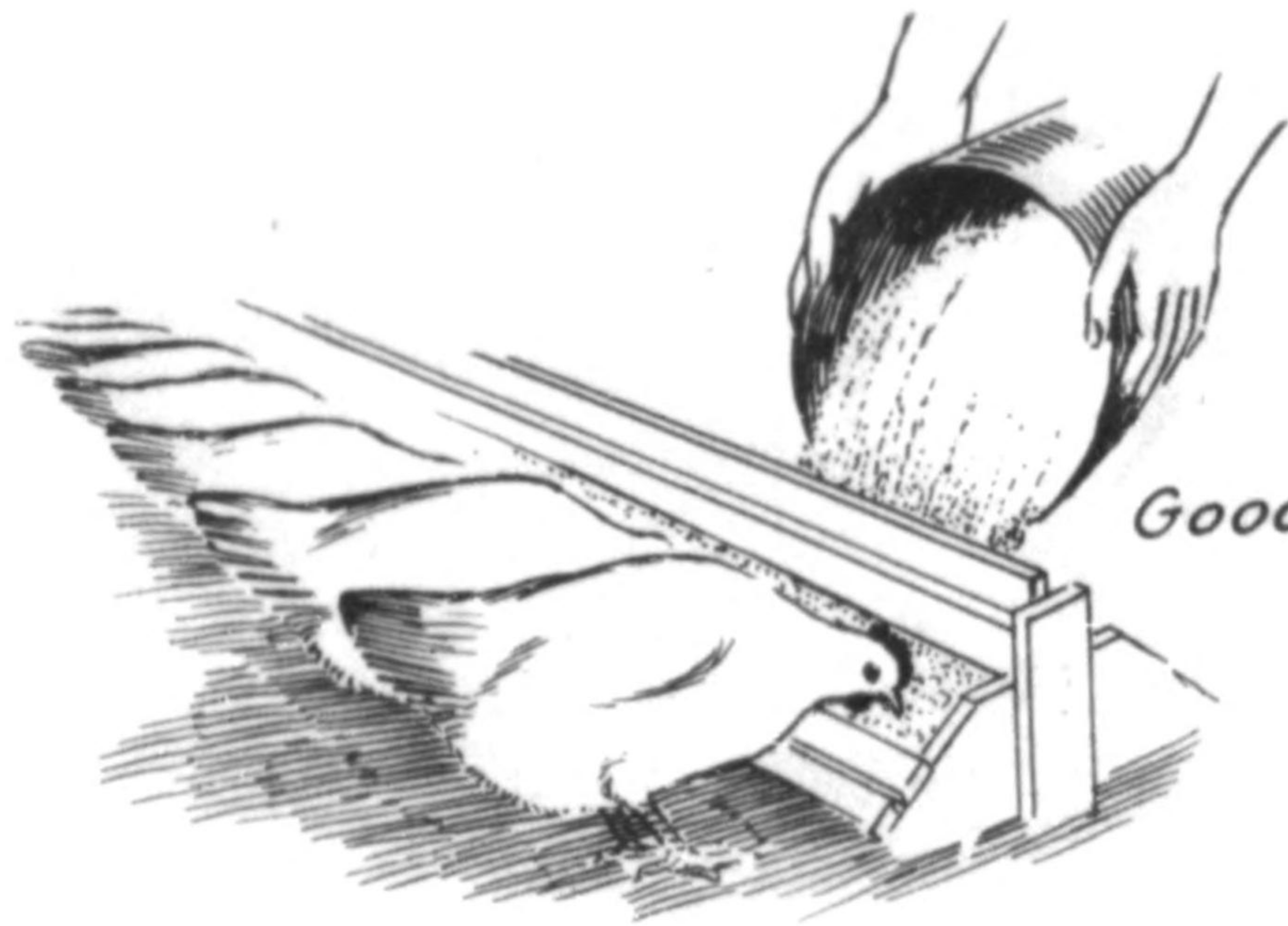


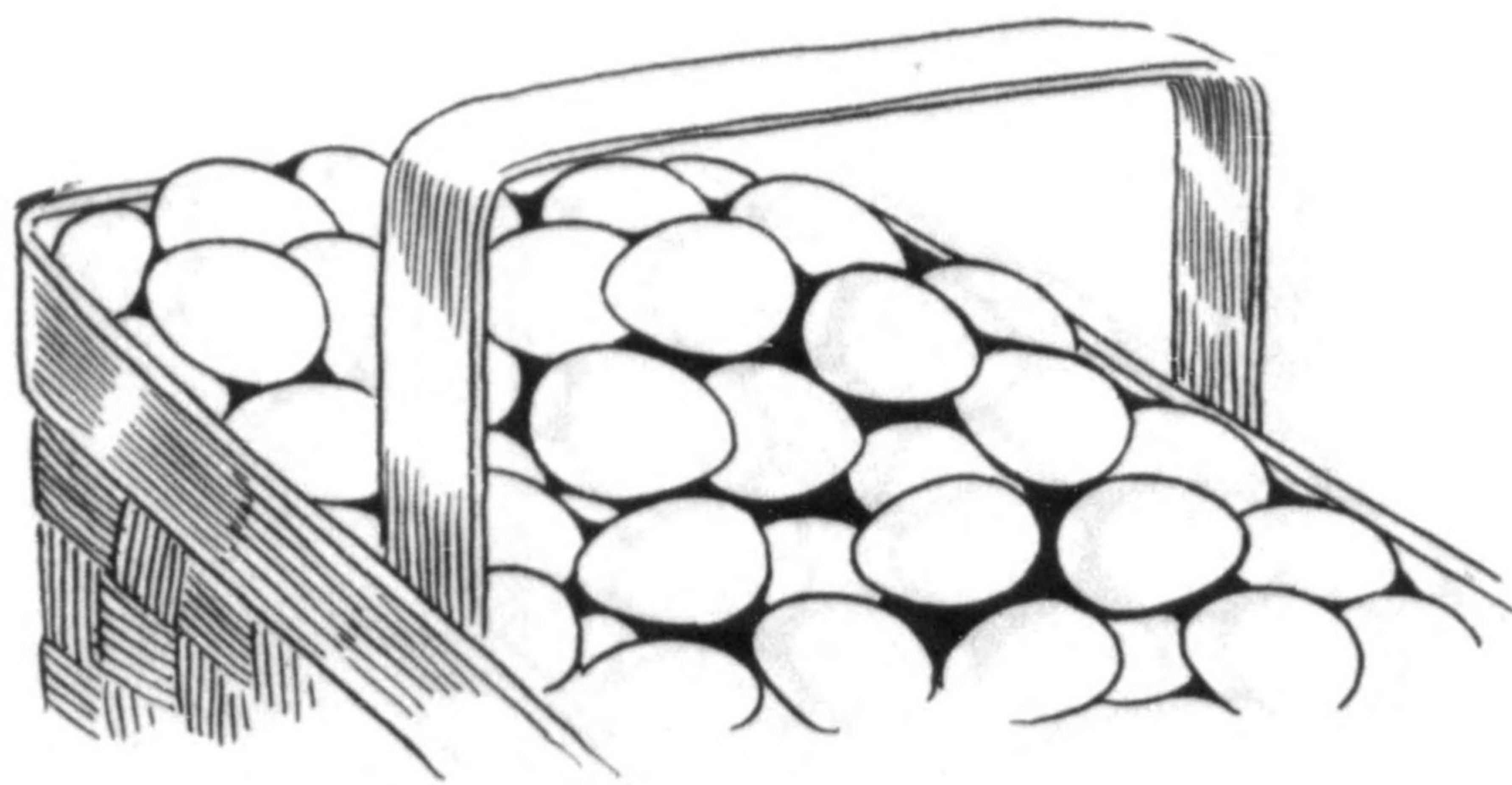
Good Care



Good Feed



Good Flocks



Plenty Eggs

MUSCLE MAKERS AND MONEY

Lean meat helps build muscles.

It also helps keep people from having pellagra.

Beef, pork, lamb, mutton and goat are good meats.

Chickens, rabbits, deer, squirrels and 'possums have lean meat.

Fish, oysters and shrimp are lean meat.

Liver, heart, kidney and chicken gizzards are good foods.

They help build rich blood and muscles.

Farm families can grow their own meat.

They can raise chickens, hogs, calves, rabbits and other animals.

Some farmers can have fish ponds.

Many town people can raise chickens and rabbits for meat.

Some families have to buy meat.

Meat is a high price food.

When money is scarce it is wise to buy the cheaper cuts.

Cheap cuts of meat are just as good muscle builders as high price cuts.

Stew beef is as good a muscle maker as steak.

Fat meat is not a muscle maker.

It cannot take the place of lean meat.

When people work hard, they do not need any more meat than when they do not work hard.



Some Other Muscle Making Foods Are:

Milk and cheese

Eggs

Beans and peas

Peanuts.

Soy beans are good muscle builders.

They can be grown in this state.

They can be cooked like lima beans.

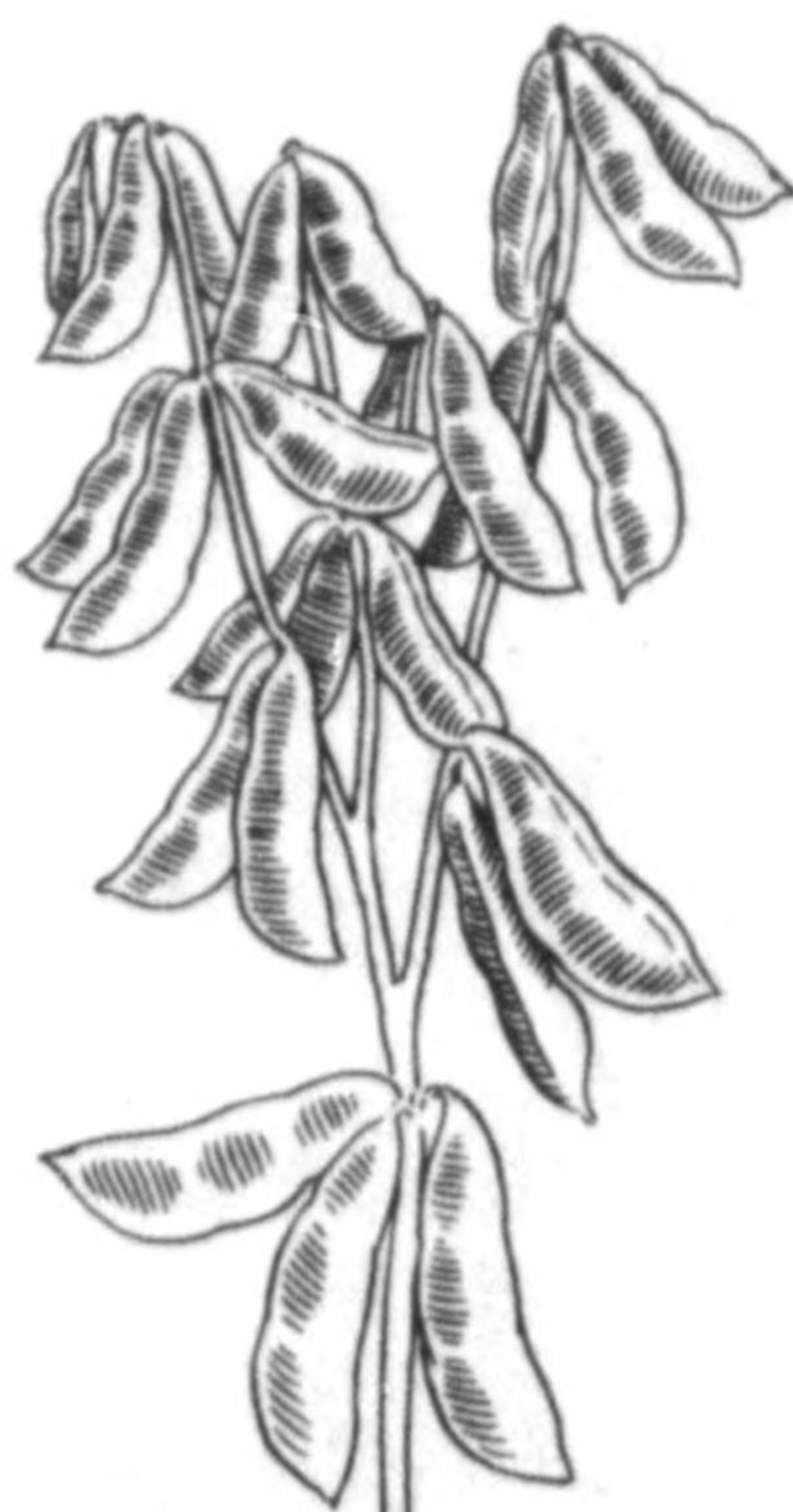
Farmers should grow enough beans and peas to last all the year.

Peanuts can be grown on many farms.

They are good for dinner.

Peanut butter is good mixed with molasses and spread on bread.

Beans, peas, and peanuts are cheap muscle makers.

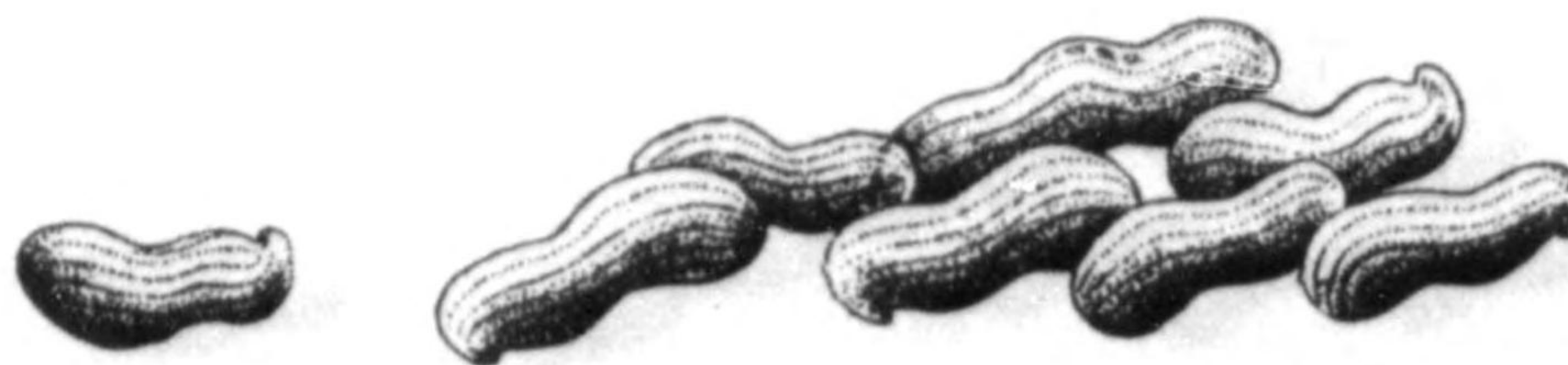


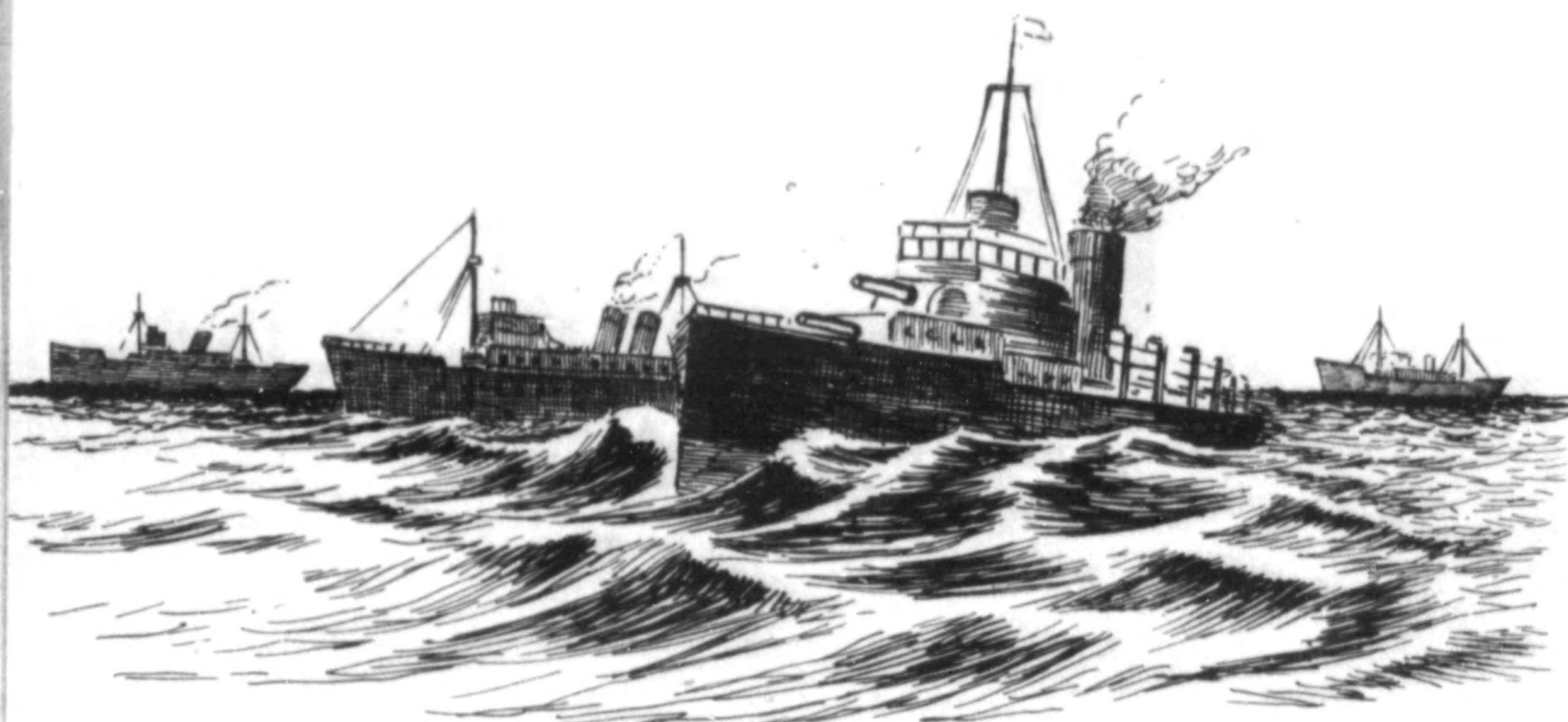
Soy Beans

Eat one of them on the days when you do not have meat.

Eat lean meat at least 4 to 5 times a week.

If you have enough meat it is good to eat it every day.





VICTORY SWEETS

There is not enough sugar now for everybody to have all he wants.

Before the war most of the sugar that we ate was brought to us in ships from across the water.

Now those ships are needed to carry guns and planes and other things to win the war.

The government wants everybody, rich and poor, to have his share of sugar.

That is why the government has rationed it.

Do we need sugar for good health? No.

It has nothing in it to help build the body.

Many people eat more sugar than is good for them.

VICTORY SWEETS

There are many sweets better for us than sugar.

Molasses is sweet and has in it more food than white sugar.

Molasses has in it things that help build the body and help keep it in running order.

Farm families can make their own molasses, and other syrups.

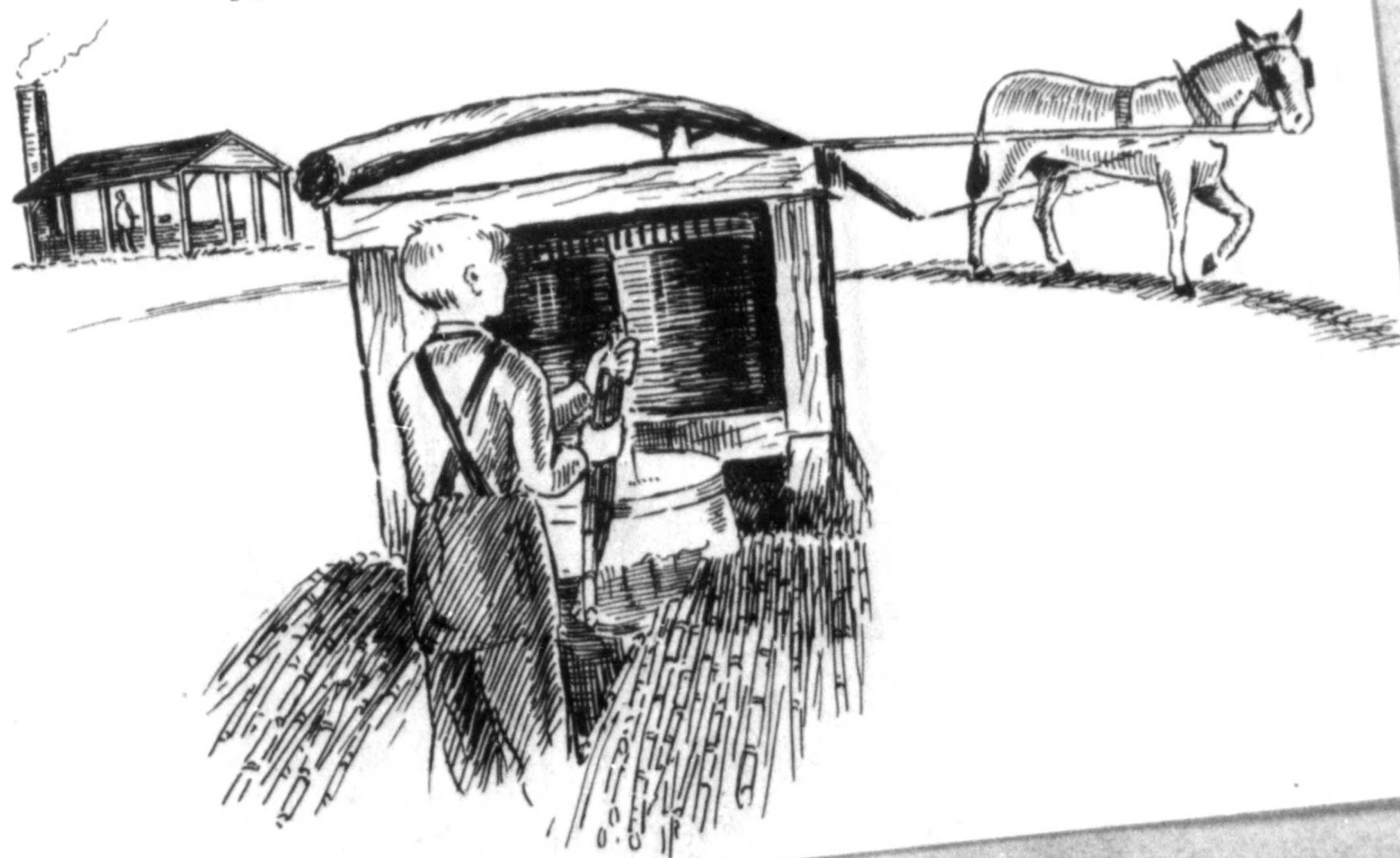
Home made molasses is a better food than most factory made syrup.

Honey is another sweet which takes the place of sugar.

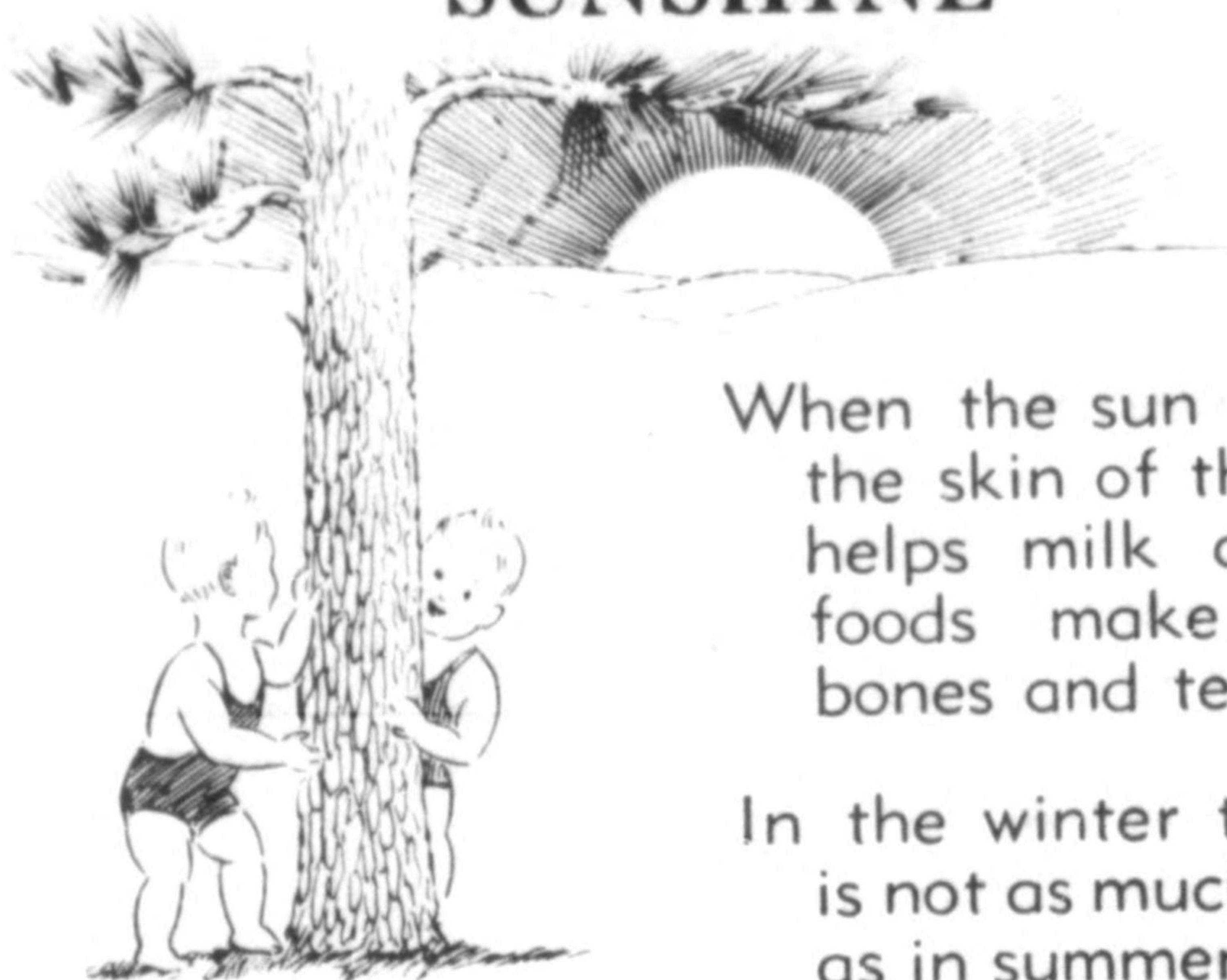
Fruits also have sugar in them.

Grow your own sweets!

Home Grown Sweets For Victory!



SUNSHINE



When the sun shines on the skin of the body it helps milk and other foods make stronger bones and teeth.

In the winter time there is not as much sunshine as in summer.

People wear more clothes in winter.

In winter people get little sunshine on their skin.

When people do not get sunshine from the sky they should eat a sunshine food.

The best sunshine foods are fish liver oils.

Cod liver oil is a good sunshine food.

If you cannot buy cod liver oil use shark liver oil or halibut liver oil.

Babies and children need fish liver oil, especially during the winter months.

Expectant mothers and nursing mothers need cod liver oil during the winter months.



TOMORROW'S CHILD

Every mother wants her baby to be well and strong.

If she wants a strong baby she must eat the right foods.

An Expectant Mother Needs Every Day

Milk—4 cups or more.

Bread and cereals—Whole grain or enriched.

Egg.

Meat or fish, extra eggs, soybeans or peanuts.

Tomatoes or their kin.

Greens.

Other vegetables and fruits. During the day there should be five helpings of vegetables and fruits counting tomatoes and greens.

Sunshine or cod liver oil.

As soon as a woman thinks she is going to be a mother she should see a doctor.

The doctor will tell her how to keep well and have a healthy baby.

Expectant mothers who eat right have a better chance of giving enough good milk for their babies.

Good Food For Mother's Health and Tomorrow's Child.



FOOD FOR BABY

The best food for a colt is the mare's milk.

The best food for a calf is the cow's milk.

The best food for a baby is the mother's milk.

Mothers should try very hard to nurse their babies.

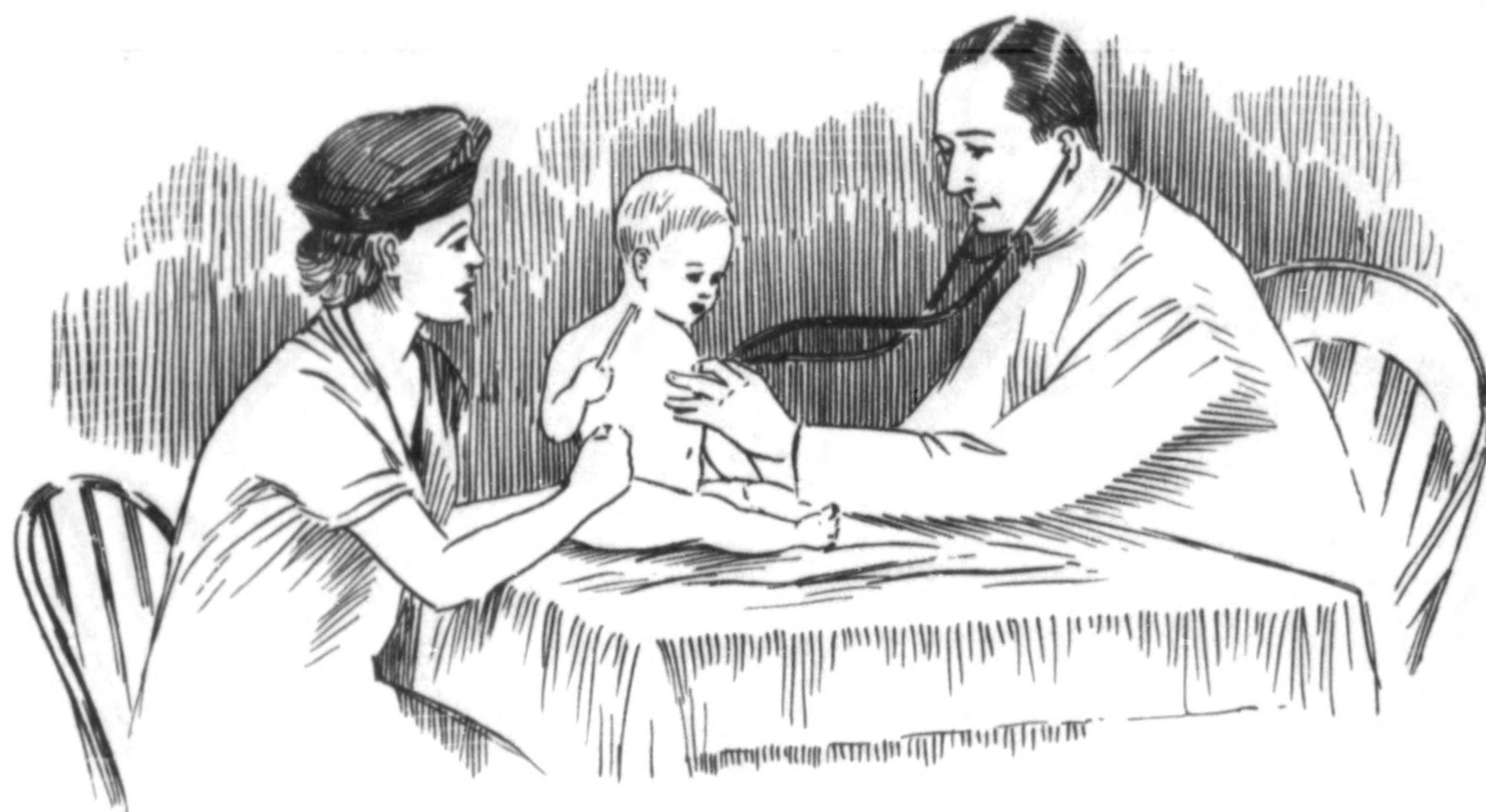
They should be fed by the clock and not just when they cry.

Babies need sunshine and cod liver oil—the sunshine food.

Babies need fruit or vegetable juice.

They need to sleep all night and part of the day.





GOOD CARE FOR BABY

Every young baby should be taken to a doctor at regular times.

The doctor will tell the mother from time to time what to feed the baby.

The doctor can treat the baby to keep him from having smallpox, whooping cough, and diphtheria.

The Government has written little books for Mothers.

Mothers should get one of these books from their doctor or from the County Health office.

EVERY DAY FOOD RULES

These are the foods children and grown people need every day.

1. **Milk.**
2 or more cups for grown people.
3 to 4 cups for children.
2. **Egg.**
3. **Vegetables and Fruits.**
Potatoes—1 or more.
Greens and pot liquor.
Tomatoes or a kin food.
Two other vegetables or fruits, or second helpings of above vegetables.
4. **Enriched bread or whole grain bread and cereals.**
Use as much wheat as corn.
5. **Lean meat, or beans, peas or peanuts.**
Once or twice a day.
6. **Fats and sweets.**
Especially molasses.

**EAT RIGHT AND KEEP WELL
AMERICA NEEDS YOU STRONG!**

OUT OF THE DARK

People who do not try to learn, live in darkness.

Those who do learn live in light.

Our duty to our country is to learn new things,
new ways of eating and living.

The way to learn to like new foods is to eat a little
every day.

During the war many families have to make
changes.

For the sake of our country and ourselves we must
learn the best ways of living.

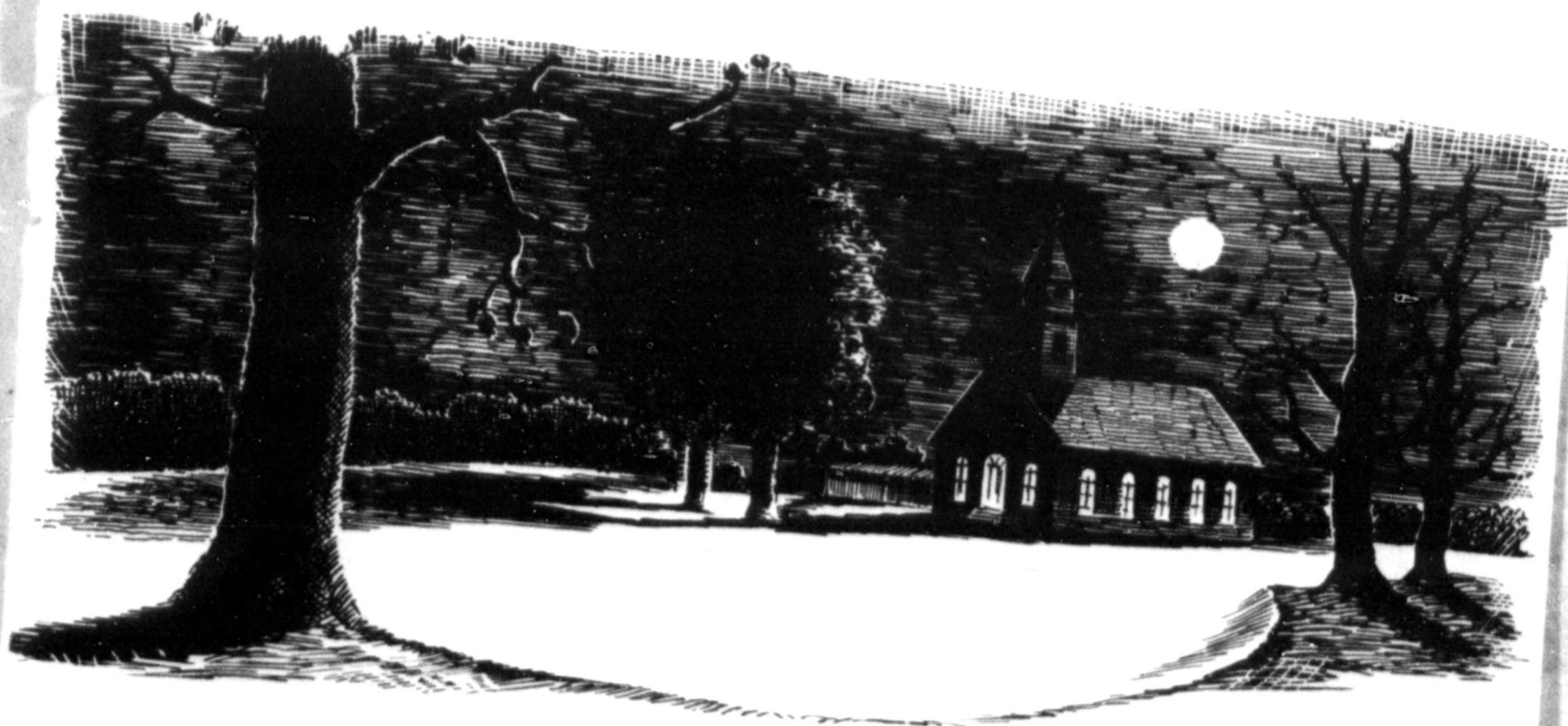
God gave life.

For the best life man needs a strong body.

God has work for every one to do.

A strong body is needed for the best work.

A duty to God is to keep a well body and do His
work.



**LIST OF PEOPLE TO HELP YOU WITH
YOUR FOOD AND HEALTH**

Family Doctor
Dentist
Home Economics Teachers
Agriculture Teachers
County Home Demonstration Agents
County Farm Agents
Farm Security Supervisors
Nutrition Committee
Public Health Nurse
County Health Doctor

PER CAPITA EXPENDITURES FOR MAINTENANCE OF PATIENTS IN STATE HOSPITALS
 (1943 reports based on 172 hospitals; 1942, on 181; 1941, 175)
 "Includes total spent for salaries and wages, purchased provisions, fuel, light, water and other miscellaneous expenditures."

State	Rank 1939	1939	1940	1941	Rank 1941	% for Sal., Wages	1942	1943	Rank 1943
Dist. of Col.	1	654.37	666.21	666.52	1	66.0	703.99	723.63	1
Wisconsin	2	572.17	501.42	498.40	2	58.1	501.09	551.66	2
Michigan	3	505.34	481.62	495.33	3	58.7	452.57	485.52	3
Massachusetts	4	420.18	424.93	437.47	4	54.6	452.50	417.00	5
New York	5	413.12	398.11	401.56	6	63.3	414.06	431.92	4
Delaware	6	383.10	379.95	399.46	7	48.6	395.03	379.01	10
New Hampshire	7	372.91	382.92	381.82	9	49.0	421.10	412.00	7
New Jersey	8	372.73	395.01	404.59	5	68.4	403.60	416.60	6
Connecticut	9	343.31	355.71	391.84	8	56.6	425.83	401.73	8
California	10	308.31	290.58	307.84	14	68.3	398.32	361.99	12
Rhode Island	11	307.63	303.19	295.84	15	49.3	292.08	279.18	26
Vermont	12	296.72	287.05	285.24	16	49.4	308.52	323.03	17
South Dakota	13	284.33	240.66	257.93	26	39.0	294.93	279.69	24
Arizona	14	281.87	-----	326.63	11	52.2	332.90	390.31	9
Missouri	15	280.69	266.93	244.90	30	44.7	259.89	269.59	28
Pennsylvania	16	279.26	299.60	329.23	10	55.1	328.04	315.57	18
Maine	17	273.24	304.90	314.51	13	48.3	337.29	344.90	13
Nebraska	18	269.32	246.83	280.52	17	39.5	287.74	313.86	20
South Carolina	19	266.71	263.58	278.42	18	38.9	303.11	314.30	19
Colorado	20	264.86	276.11	316.24	12	52.2	321.27	364.83	11
North Dakota	21	263.22	237.13	271.97	19	37.9	243.33	279.58	25
Florida	22	261.39	265.10	258.52	25	39.9	272.92	285.14	23
Illinois	23	255.47	272.43	271.48	20	53.4	327.32	337.63	16
Nevada	24	254.86	237.22	268.12	21	45.1	263.86	210.43	42
Utah	25	249.99	258.16	262.88	23	53.0	261.02	342.48	14
New Mexico	26	245.90	242.70	248.58	28	45.5	320.18	-----	?
Idaho	27	242.03	258.45	250.01	27	40.1	192.84	289.81	32
Maryland	28	239.31	233.43	233.62	31	43.8	253.72	276.64	27
Washington	29	239.19	238.35	267.02	22	48.5	271.77	298.52	21
Minnesota	30	227.20	212.77	214.01	35	52.9	223.58	244.36	33
Wyoming	31	217.85	219.06	247.10	29	38.6	192.84	196.38	46
Montana	32	215.29	-----	231.00	32	39.6	220.00	-----	?
Oklahoma	33	215.27	198.99	194.61	40	38.6	201.44	201.84	45
Texas	34	212.29	216.13	221.70	34	39.9	229.20	236.83	35
Indiana	35	203.72	201.56	202.97	38	44.9	212.91	220.34	39
Kansas	36	206.19	198.94	197.60	39	41.8	218.39	250.77	31
Georgia	37	204.08	204.08	228.52	33	35.6	234.58	231.38	36
Iowa	38	195.92	221.31	261.69	24	40.4	243.21	253.08	30
Ohio	39	191.36	203.46	210.01	37	46.4	226.30	249.90	32
Louisiana	40	189.59	180.25	187.30	44	43.3	253.43	241.94	34
Virginia	41	182.87	188.50	189.95	42	38.4	205.41	206.11	44
Alabama	42	182.26	200.31	212.49	36	34.6	220.45	228.32	37
Arkansas	43	181.59	193.72	191.39	41	40.9	196.22	225.70	38
West Virginia	44	179.51	177.70	188.41	43	38.4	234.13	256.74	29
Mississippi	45	164.03	265.12*	156.80	47	42.3	190.44	194.07	48
Oregon	46	163.68	179.14	187.02	45	47.1	202.38	213.64	41
Tennessee	47	163.58	158.00	156.69	48	34.8	188.67	208.54	43
North Carolina	48	161.52	157.86	166.48	46	37.4	172.00	216.34	40
Kentucky	49	132.41	147.31	146.11	49	47.1	166.49	180.19	49
ALL U. S.			300.63	306.62		54.3	323.69	335.84	

*incomplete

(From U.S. Census Bureau Reports)

The latest release of figures on per capita expenditures comes from a Bureau of the Census bulletin (Series MP, No. 6) dated May 22, 1945 and giving data on "Normal Capacity, Administrative Staff, and Expenditure of State Hospitals for Mental Disease: 1943 and 1942."

A large body of information is included in the annual report, "Patients in Mental Institutions" and these are on sale by the Superintendent of Documents, U.S. Government Printing Office, Washington 25, D. C. The report is divided into three parts, Part I, Patients in Hospitals for Mental Disease; Part II, Patients in Institutions for Mental Defectives and Epileptics; Part III, Consolidated Data for Mental Defectives and Epileptics. The last issue was for 1942 (Published in 1945, price 40¢)

From Bureau of the Census (Series MP No. 6, May 22, 1945):

"An acute shortage in the personnel of State hospitals for mental diseases, which reflects the wartime manpower crisis, is indicated by statistics announced today by Director J. C. Capt.... At the end of 1943 there were about 61,000 full-time employees in these hospitals, or about 147 for every 1,000 patients. This ratio of employees to patients was the lowest in the entire period between 1934 and 1943, and represents a decrease of about 16 percent from a peak of 176 in 1940....

"During 1943 the average daily resident-patient population of State hospitals exceeded their normal capacity by 10 percent. The corresponding percentages for 1942 and 1941 were 9.5 and 9.0, respectively. The percentage by which average daily resident-patient population exceeds normal capacity is a rough measure of overcrowding, and its variation from year to year indicates something as to the extent to which new construction has kept pace with the growth of patient population....

"The statistics on expenditure for maintenance for 1943 contain estimates for hospitals in Massachusetts, New York, and Maryland. Because of changes in the terminal date of the fiscal year in these states, financial statistics were reported for only part of the year...."

From "Patients in Mental Institutions, 1941," Bureau of the Census, Page 60:

...."Michigan, Wisconsin and the District of Columbia were excluded in making these comparisons.

"In Michigan the high rate of expenditure for maintenance...was due not to expenditures in its State hospitals but to the inclusion of the total expenditure for maintenance of Eloise Hospital in Detroit, in which mentally diseased patients constituted less than one-half of the patient population. In Wisconsin three-fourths of the patients were cared for in county hospitals....Expenditures for their care were very much less than in the State hospitals.... The District of Columbia (St. Elizabeths Hospital) received funds from many sources... "(U.S. Public Health Service, the War Department, the Navy Department, Veterans Administration)

National Mental Health Program
Box 7574, Philadelphia 1, Pa.

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News - views

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Series 2 - No. 1
July, 1946

FOSTER HOME CARE FOR THE MENTALLY ILL

By Grant Stoltzfus

Foster home care, long a successful way to care for mental patients in parts of Europe, has received some new emphasis in America in the past few years. Several reasons may be given:

- (1) Overcrowded institutions need relief.
- (2) Foster home care is an economy over hospital maintenance.
- (3) The family atmosphere can restore some persons to normal living better than the impersonal treatment so often prevailing in an institution with several thousand patients.

At the International Congress on Mental Hygiene held in Washington during May, 1930 some other values of foster home care were mentioned:

- (1) It is the most natural and freest form of placing mental patients.
- (2) It saves the patient from the mental damage of prolonged institutionalization.
- (3) It is a natural bridge to parole and discharge.

The selection of patients for family care is usually done by a psychiatrist. A study of New York patients shows that a majority of those placed in homes were dementia praecox. Other types were alcoholic psychosis, manic depressive, general paresis, senile psychosis, paranoid condition and psychoneurosis. Patients considered unsuitable for home placement are the disturbed or suicidal, those having pronounced delusions of persecution or erotic tendencies and those suffering from infections or contagious disease.

2.

The selection of homes for patients is no less important. References from ministers, social workers, and other community leaders can help to determine wise choices. Homes should be comfortable and should provide for a patient without overcrowding. Vegetable and flower gardening or some similar occupation ought to be provided. It need hardly be mentioned that wholesome family life needs to prevail and a friendly attitude toward the patient by all members of the household is essential.

A number of states have active programs for the care of mental patients in the home. They are: California, Illinois, Maryland, Massachusetts, Michigan, Nebraska, New York, Ohio, Pennsylvania and Rhode Island. States with prospective programs are Connecticut, Minnesota and Utah.

The following references are suggested:

Family Care of Mental Patients, edited by Dr. Horatio M. Pollock, State Hospitals Press, Utica, N. Y., 1936, is the first book in the English language on family care of mental patients. It outlines the different systems of family care in Belgium, Scotland, Germany, France and Switzerland and also in America. The pages of the book are full of practical suggestions, the limitations and values of family care being given in detail by competent observers.

In the Psychiatric Quarterly Supplement, July, 1943, Dr. Pollock has an article on Prewar Family Care in Europe and Postwar planning for Family Care in New York State. This article contains forward-looking suggestions for a family care program. Among the goals established for family care is that this method "SHOULD KEEP PACE WITH THE INCREASE OF PATIENTS SO THAT OVERCROWDING WOULD NOT BECOME SERIOUS AND THE BUILDING OF NEW INSTITUTIONS WOULD NOT BECOME NECESSARY."

Foster Home Care for Mental Patients (1944) is a work by Hester B. Crutcher, Director of Social Work in New York's Department of Mental Hygiene. It can be secured from the Commonwealth Fund, New York, 22, N. Y. It contains nine chapters that tell of the value of family care, the administration of such a program, and besides giving case histories, the book presents a number of practical suggestions on form and procedure. An appendix outlines the existing and prospective state programs in family care and the work concludes with a valuable bibliography.

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