



Food acceptance in three Montana institutions
by Patricia Tutty Hennessey

A thesis submitted to the Graduate Faculty in partial fulfillment of the requirements for the degree of
MASTER OF SCIENCE in Home Economics
Montana State University
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Abstract:

Food acceptance, or rejection, has "been explored by many investigators, Numerous factors can be determining influences in food acceptance, among them, biochemical, physiological, psychological, social, economic, and educational factors.

In group feeding situations, where the individual is "captive," acceptance of food is a part of the total therapeutic and social program and cannot be compartmented. Positive acceptance of the food is an indication of the success of the aim of the institution — to return the resident to his fullest potential in community life.

The study was made to determine what forces might be influential in food acceptance at three Montana institutions, a retirement home, a school for the mentally retarded, and a general hospital.

An historical case study was necessary to evaluate the food service in the light of established standards. A comparison of the menu of each institution was made with the Recommended Daily Allowances. It was concluded that regardless of the history and philosophy of the unit or of the standards of food service, food was accepted at each of the three institutions.

The recommendation is made that inactive professionals take positive and active interest in the work rather than merely giving lip-service. More important seems to be a study to determine the feasibility of the creation of a position for a nutritionist who could, under the Department of Institutions, be responsible for the establishment and maintenance of high food standards at those units under it's jurisdiction.

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Approved:

Marjorie Kesser
Head, Major Department

Marjorie Kesser
Chairman, Examining Committee

Henry L Parsons
Graduate Dean

MONTANA STATE UNIVERSITY
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TABLE OF CONTENTS

CHAPTER	Page
I. INTRODUCTION	1
Importance of the Study	1
Purpose of the Study	2
Hypothesis	3
II. REVIEW OF LITERATURE	4
Definitions	4
Institutional Food Service	5
Background of Institutions	10
Hillcrest Homes	10
Boulder River School	15
Silver Bow General Hospital	29
III. PROCEDURES	38
IV. RESULTS	42
Standards of Acceptability	42
Food Acceptance by Residents	53
V. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS	57
Summary	57
Conclusions	58
Recommendations	59
APPENDIX A	
Recommended Dietary Allowances (1963)	62
SOURCES CONSULTED	64
Personal Interviews	67

LIST OF TABLES

TABLE	Page
1. SCHEDULE OF MEAL SERVICE AT HILLCREST	15
2. BOULDER RIVER SCHOOL AND HOSPITAL RESIDENTS BY CLASSIFICATION, DECEMBER, 1966	25
3. COTTAGE ASSIGNMENTS, NUMBER AND CLASSIFICATION, DECEMBER, 1968	27
4. MEAL SCHEDULE FOR PATIENTS AND EMPLOYEES OF SILVER BOW GENERAL HOSPITAL	36
5. COMPARISON OF AVERAGE DAILY NUTRITIONAL LEVELS AT HILLCREST, BOULDER, AND SILVER BOW GENERAL WITH NATIONAL RESEARCH COUNCIL'S RECOMMENDED DAILY ALLOWANCES	39
6. EVALUATION OF STANDARDS OF FOOD SERVICE AT HILLCREST, BOULDER, AND SILVER BOW GENERAL HOSPITAL	51
7. RESPONSES OF PATIENTS TO FOOD SATISFACTION SURVEY CONDUCTED AT SILVER BOW GENERAL HOSPITAL	54

LIST OF FIGURES

FIGURE	Page
1. BOULDER RIVER SCHOOL ORGANIZATIONAL CHART	23
2. HILLCREST MENU	43
3. BOULDER RIVER SCHOOL MENU	45
4. SILVER BOW GENERAL MENU	47

ABSTRACT

Food acceptance, or rejection, has been explored by many investigators. Numerous factors can be determining influences in food acceptance, among them, biochemical, physiological, psychological, social, economic, and educational factors.

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CHAPTER I

INTRODUCTION

Importance of the Study

Although nutrition may be called a new science, knowledge of some of its aspects goes back to the beginning of civilization. That food was needed to maintain life, that one had to find food and eat it, and that when food was withheld one got hungry and suffered varying degrees of discomfort, were all bits of knowledge that our ancestors learned very early in life.

Genetically, nutrition has always incorporated some of the diverse disciplines that are with it today: environment, agriculture, economy, and physiology to cite a few. Acceptance of food, however, is a complex matter. It is not simply eating per se, nor is it just the satisfaction of hunger. Because man is man, the senses were involved with the acceptance or rejection of food by the primitive just as today we react to the stimulus of the senses in accepting or rejecting foods.

It is Goffman's thesis that the individual and his self-concept are largely determined by the institution in which he resides; that he eventually assumes the role determined by the institution.¹ The individual in an institution, however, should still retain his basic human rights. If the concept of total care is truly the aim of all members of

¹Erving Goffman, Asylums (New York: Doubleday & Company, Inc., 1961).

the institution's therapeutic team, acceptance of food must be an interdisciplinary process, although primarily the responsibility of the food service director.

Nutritional standards have been established and guidelines set for the administration of an effective food service system. The incorporation of these values into the individual dietary department or their exclusion from it may be a reflection of the philosophy and history of the institution itself.

Purpose of the Study

This study was undertaken as an investigation of the factors that may influence the acceptance of food by an individual residing in an institution because of illness, mental retardation, or old age.

Projections of population would indicate that a large segment of the population will probably spend time in an institution of some type during their lifetime. Group feeding will be experienced by these individuals. Because eating is essential to life, acceptance of food can be an important tool in any comprehensive care program. This is supported by Atwater who wrote:

Not the least potent of the factors that influence the welfare of a country is the rational and satisfactory nutrition of its people.²

Galdston states further:

²U.S., Department of Agriculture, Office of Experimental Stations, Annual Report of the Office of Experiment Stations to the Secretary of Agriculture for the Year Ended June 30, 1901 (Washington, D.C.: Government Printing Office, 1901), p. 437.

When the chemists took over nutrition, we gained in knowledge but lost in humanity.³

For the purposes of the study, acceptance was defined as:

1. An experience, or gesture of experience, characterized by a positive (approach in a pleasant) attitude.
2. Actual utilization (purchasing, eating); may be measured by preference or liking for specific food item.⁴

The two are often highly correlated, but not necessarily the same.

Hypothesis

In many cases, group feeding occurs when individuals are incapacitated in some way. In institutions involved in this study, the objective is to bring the individual back to his highest potential, capable of functioning in community life. In this case, food service becomes a part of the interdisciplinary program and acceptance of food an indication of its success.

If food acceptance is to be an effective tool, measuring the success of group feeding situations, an understanding of the culture, emotions, and values of the individual as well as the philosophy of the institution is necessary. A dietary regime should be acceptable to the individuals, yet meet the prescribed nutritional levels.

³Iago Galdston, "Nutrition from the Psychiatric Viewpoint." Journal American Dietetic Association, 28 (May, 1952), 405.

⁴Maynard A. Amerixe, Marie Pangborn, and Edward B. Roessler, Principles of Sensory Evaluation of Food (New York: Academic Press, 1965), p. 9.

CHAPTER II

REVIEW OF LITERATURE

Definitions

Goffman's classic study of institutions characterized them as having a total or encompassing quality. This is symbolized by a barrier of some kind, which acts to separate the institution from the outside society. Such a barrier also serves as a deterrent to departure. Walls, fences, locks, and even the location itself may be seen as symbolic barriers.

He visualizes several categories of total institutions. One is the institution devoted to the care of persons who are incapable and harmless. Homes for the blind, the aged, the orphaned, and the indigent are in this group. Another includes those institutions established to care for persons believed to be incapable of caring for themselves and who also act as a threat to the community, although an unintended one. Mental hospitals, TB sanitariums, and leprosariums are in this category.

None of the characteristics are shared by all the institutions nor is any one characteristic peculiar to a total institution. As Goffman sees it:

The central feature of total institutions can be described as a breakdown of the barriers ordinarily separating these three spheres of life. First, all aspects of life are conducted in the same place and under the same single authority. Second, each phase of the member's daily activity is carried on in the immediate company of a large batch of others, all of whom are treated

alike and required to do the same thing together. Third, all phases of the day's activities are tightly scheduled, with one activity leading at a prearranged time into the next, the whole sequence of activities being imposed from above by a system of explicit formal rulings and a body of officials. Finally, the various enforced activities are brought together into a single rational plan purportedly designed to fulfill the official aims of the institution.⁵

Institutional Food Service

Since earliest times the feeding of large groups of people has fascinated investigators. The bible notes Christ feeding the multitudes. In our own time, research of the food habits of people of varying ages, nationalities, geographical location and occupations under different conditions were undertaken by Atwater.⁶ His concern for his fellowmen was a salient feature of his investigations.

The first extended inquiries in the United States were those of Wright concerning statistics of food consumption in 1886.⁷ His results, computed and reported by Atwater, resulted in the authorization to experimental stations for cooperative studies of man and his nutrition. Apparatus and methods were devised and data was collected on food consumption of families, boarding houses, clubs, and institutions, and of the congested districts of Chicago (1895-1896). In 1901 Atwater reported:

The proper nourishment of the institutions where large numbers must be fed, such as schools, reformatories, prisons, and hospitals, is a subject attracting no little attention at the present time.

⁵Goffman, Asylums, p. 6.

⁶U.S., Department of Agriculture, Office of Experimental Stations, Annual Report for the Year Ended June 30, 1901, p. 45.

⁷Ibid., p. 439.

In several instances, studies have been made of the actual food consumption in such institutions, and quite recently an extended study of the food requirements of the insane have been carried on by one of the states.⁸

In 1909 eight dietary studies were made in homes for the aged and three in orphan asylums in Philadelphia and Baltimore. These were institutions of two types, those publicly funded and those privately endowed.

Objectives were:

To secure data regarding the food consumption of aged men and women and children for use in formulating dietary standards for such individuals, in comparison with a man in full vigor. It was recognized that a matter of great importance, particularly in the expenditure of public funds, was to determine whether the diet of an institution corresponds in all respects to reasonable standards.⁹

One humanitarian aspect that was raised in this study was:

In planning diets for institutions, whether for the aged, the middle-aged or the young, humanity demands that some account be taken of the comfort as well as the bare nutritive requirements of the inmates, especially when they have become wards of the public, through no fault of their own. To what extent the dietitian is justified in going beyond the minimum ration which is consistent with safety, or beyond the minimum cost for the sake of variety, must depend upon the character of the institution, and the funds at its disposal. There are, however, many methods by which variety can be increased with little or no increase in cost.¹⁰

Factors influencing food acceptance could be biochemical, physiological, psychological, social, economic, and educational. As stated by Eppright:

⁸ Ibid., p. 466.

⁹ U.S. Department of Agriculture, Dietary Studies in Public Institutions in Philadelphia, Pa., and Dietary Studies in Public Institutions in Baltimore, Md., Bulletin 223 (Washington, D.C.: Government Printing Office, 1910), p. 1.

¹⁰ Ibid., p. 44.

Full application of the knowledge in nutrition awaits a better understanding of the reasons why people eat as they do. Acceptance of food is a complex reaction determined by the biochemical condition of the body, the response of the sense organs, and the mental state of the individual. The latter, in turn, is influenced by social, economic, and environmental conditions, coupled with the past experiences of the individual. It has been said that food with man is not just food; it is the crossroads of emotion, religion, tradition, and habit.¹¹

Other studies show that "The factors which influence food preferences are extremely varied - from the caprices of fashion to the prevalence of dentures."¹² Cultural patterns could be considered important. As stated by Amerixe, et al:

The specific environment, both social and psychological may also have a marked influence on food consumption. Further, group situations lead to rejection or complaints about foods or to acceptance and even preference.¹³

Other investigators expressed the reasons for acceptance of food in the family group as follows:

One answer to what people eat in a family situation is that they eat what is on the table. A change in food acceptability requires a change of the individual's frame of reference.¹⁴

Emotions were considered a crucial factor in the theory advanced by Gottlieb and Rossi. In their 1961 studies they enumerated cases of anxiety, early childhood experiences, use of food as a substitute for love, security, or companionship, involvement of oral and gastrointestinal activ-

¹¹ Erce S. Eppright, "Factors Influencing Food Acceptance." Journal American Dietetic Association, 23 (July, 1947), 597.

¹² Amerixe, Pangborn, and Roessler, Principles of Sensory Evaluation of Food, p. 9.

¹³ Ibid., p. 9.

¹⁴ Ibid., p. 11.

ities, and other psychogenic factors in food acceptance or rejection.¹⁵

In the Weisskopf studies, the feeding problems of the mentally retarded child and acceptance and rejection of food was associated with behavior problems. A specific abnormality which occurs more frequently in mentally retarded persons, is rumination. This is attributed to a disturbance in the parent-child relationship.

Weisskopf reports seeing this syndrome in the institutionalized child. In these cases, he believes, the problem is related to the lack of proper stimulation to the child from its environment; the habit is seen as a form of self-stimulation.¹⁶

Young pointed out:

. . . although food selections often are in accord with nutritional needs, the correlation between need and acceptance is far from perfect. Food acceptance is regulated by the characteristics of the food object (palatability), by the environmental surroundings of the food object, by established feeding habits as well as by intraorganic chemical conditions which themselves may or may not be directly related to metabolic needs.¹⁷

Lepkovsky was concerned with the internal factors that were influential in food acceptance. Some normally unacceptable foods could become highly acceptable when a state of stress developed and he believed that the opposite was also true.¹⁸ An example of the former may be cited

¹⁵Ibid., p. 11.

¹⁶Kentucky State Department of Health, Proceedings of 1966 Growth and Development Conference (Frankfort, Kentucky, 1966), p. 151.

¹⁷Amerixe, Pangborn, and Roessler, Principles of Sensory Evaluation of Food, p. 13.

¹⁸Ibid., pp. 18, 19.

from our own history, that of the Donner party.

Some stress factors Lepkovsky listed as making foods more or less acceptable by:

1. Affecting the flavor of a food, either increasing or decreasing its perception.
2. Affecting motor phenomena in the digestive tract and thus increasing or decreasing peristalsis, gastric emptying time, etc.
3. Changing the composition of body fluids which bathe the hypothalamus and other tissues which play a role in the basic phenomena of food intake, such as hunger, appetite, and palatability.¹⁹

Among the many tests devised to determine acceptability of food is that of the frequency rating questionnaire. As Schuh, et al., stated:

Consumption of food is the ultimate objective measure of acceptability when an adequate food supply is available.²⁰

As recently as 1967, Schuh investigated the acceptability of food, noting that "acceptance criteria are the least explored and understood because they deal with the inconsistencies of human attitudes and behavior." She offers the theory that "one technique of quantifying the elusive characteristic of food acceptability is the frequency rating." Her investigations involved plate waste as an objective measure of consumption, and the use of the frequency rating questionnaire as a tool to validate the technique.

¹⁹Ibid., pp. 18, 19.

²⁰Doris D. Schuh, Aimee N. Moore, and Byrdine H. Tuthill, "Measuring Food Acceptability by Frequency Ratings." Journal American Dietetic Association, 51 (October, 1967), 341.

Background of Institutions

Hillcrest Homes

Hillcrest Homes is a non-profit agency of the Methodist church. It was established in 1963 as an expansion of the corporative structure of the Bozeman Deaconess Foundation.

The institution, commonly called Hillcrest, is designated Hillcrest Retirement Apartments on the directional signs. It is located atop a hill in the southwest section of the city of Bozeman and occupies about twenty-one acres of land.

Hillcrest was opened for occupancy August 9, 1963, ground having been broken in May, 1962. One building encompasses the living quarters and medical care unit. Located in the central section are the dining room and kitchen facilities, the lounge, chapel, and recreation areas.

As stated in the brochure:

Hillcrest is considered to be one of the finest retirement residences in the United States. It was given a 1963 award of merit in architectural design by the Federal Housing Administration. Operated like a resort hotel or club apartment house, it offers a large variety of apartments ranging from the economy size to the deluxe.²¹

There are 120 living units, some of which are combined. Wall-to-wall carpeting is part of the apartment, but residents provide their own furnishings.

Residents pay a lifetime occupancy fee which gives them a guaranteed lease regardless of length of life or degree of care. However, they do not have an equity in the building as such.

²¹Hillcrest Brochure, p. 1.

A monthly care charge, based on the cost of operations, "provides utilities, upkeep, linens and linen laundry, meals and care in the health unit when needed, dovetailed with Medicare under Social Security,"²²

It is anticipated that the facility will eventually be financially able to provide a residence "for deserving persons compatible with the Christian atmosphere of the home to be admitted to residence regardless of their ability to pay."²³

Requirements

Persons admitted must be ambulatory and in normal health for their age. Sixty-two years is given as the lower age range, although exceptions are made. There is no upper limit.

Staff

The Bozeman Deaconess Foundation, comprised of the Board of Trustees of the Bozeman Deaconess Hospital, is the administrative force of Hillcrest. At present, the administrator is a retired Methodist minister who was an active participant in the preliminary planning and development of Hillcrest.

The departments of the institution are maintenance, dietary, nursing, housekeeping, and administration.

A total of forty-two full time employees, eight part-time employees including nurses, and a recreational director constitute the personnel

²²Ibid., p. 1.

²³Ibid., p. 1.

structure at Hillcrest.

Residents

When Hillcrest opened in 1963, there were nine residents. At present there are 103 regular residents and ten on a temporary basis. Three of the original residents are still at the residence.

The temporary residents are cared for in the health center, being extended care patients who are entitled to the facilities of Hillcrest under Medicare.

Services

The program of services includes maintenance, housekeeping, dietary, health, administration, recreational, and religious. In addition, residents with cars are provided with heated garages; a bus is maintained for trips to town or special functions elsewhere; a branch post office is located in the main lobby; garden space is available to those who wish it; a beauty shop is operated regular hours. Other features are a fish pond, greenhouse, and workshop.

Dietary Services

Food service is under the direction of a professional food manager. His association with the institution dates from the planning stage. Pre-planning at that time established standards which resulted in personnel policies, work schedules, job specifications, and the managerial programs that make for efficiency. Records are kept and purchases weighed in and accepted by authorized personnel. Authority is delegated to key

members of the staff. Menus are written well in advance and posted, allowing preparatory work to be anticipated and scheduled.

Other members of the non-union dietary staff include a lead cook who has worked with the food manager for twenty years, and seventeen other full and part-time employees.

Waitresses are classified as follows:

1. Head Waitress
2. Assistant Head Waitress
3. Regular Waitresses.²⁴

The head waitress is directly responsible for the operation of the dining room and acts as supervisor of all dining room employees. In her absence, the assistant head waitress assumes the responsibility. The regular waitresses are charged with the usual work procedures of serving, clearing the tables, and other duties of waited service.

A continuing training program is in effect with the premise that "all of Hillcrest's employees must learn and fully understand that Hillcrest is operated for the benefit of the residents and not for the employees."²⁵

Waitresses are given the following rules:

1. Always be courteous.
2. Never argue with a resident.
3. Bring all complaints to the attention of the food service director, regardless of how trivial this complaint may seem to you.
4. Be attentive to your work.
5. Keep smiling.²⁶

²⁴Hillcrest, Memorandum to Waitresses, 1963 (Mimeographed.)

²⁵Hillcrest, Memorandum from Food Manager, 1964. (Mimeographed.)

²⁶Ibid.

Physical Plan

The department is located on the second floor level. It is efficiently planned and well-lighted and ventilated. A large dining area, - separated from the main kitchen by the cafeteria line, - an office, meat-cutting room, staff dining room, and storage room comprise the department. Another large dry storage area on the basement level is assigned to the dietary department.

There is a large walk-in refrigerator and recently a walk-in freezer was completed. Up-to-date institutional equipment such as pass-through refrigerators, ranges, bake ovens, steamers, and mixers are installed. These are planned to handle an additional work load required should the institution expand.

Meal Service

Actual food service includes a variety of systems. Breakfast and lunch are cafeteria style. Dinner is waited table service. For those who are non-ambulatory, a selective menu is provided. Trays with their selections are delivered to the resident's room by means of heated food carts.

The health unit receives the amount of bulk food needed for the patients. Nursing service sets up the trays, dishes the food, and passes the trays to the patients. The dietary service is responsible for the return of the heated food cart to the kitchen.

Serving times are planned for the convenience of the residents. (Table 1). Menus are posted for their perusal. (Figure 1).

TABLE 1

SCHEDULE OF MEAL SERVICE AT HILLCREST

Day	Meal	Times
Weekdays	Breakfast	7:15 A.M. - 8:45 A.M.
	Lunch	11:30 A.M. - 12:45 P.M.
	Dinner	<u>First Seating</u> 5:15 P.M. - 5:30 P.M. <u>Second Seating</u> 6:00 P.M. - 6:20 P.M.
Sunday	Breakfast	8:00 A.M.
	Dinner	<u>First Seating</u> 12:30 P.M. - 12:45 P.M. <u>Second Seating</u> 1:15 P.M. - 1:30 P.M.
	Snacks	5:15 A.M.

Meal Cost

Meal Cost for June, 1968 was:

Raw food cost30
 Cost per meal per resident63

27

Boulder River School and Hospital

The Omnibus Statehood Bill, signed February 22, 1889, by President Grover Cleveland, provided for the creation of Montana, Washington, North and South Dakota.²⁸ It was an Enabling Act, and in it, lands were laid

²⁷ Joe Roe, private interview, June, 1968.

²⁸ Enabling Act, Codes and Statutes of Montana, Annotated (Booth, 1895), Vol. I, sec. 1 (1889).

aside for the establishment of the institutions of higher learning. The distribution was as follows:

100,000 acres for a school of mines
 100,000 acres for state normal schools
 140,000 acres for agricultural colleges
 50,000 acres for a state reform school
 50,000 acres for a deaf and dumb asylum.²⁹

What was to become the Boulder River School and Hospital was described in the Constitution of the State of Montana:

The object of said school shall be to teach the English language to all the deaf and dumb children in the State, and to furnish all children who are debarred from the public schools by reason of deafness, dumbness, blindness or feeble-mindedness, with at least an ordinary public school education in all customary branches, and to train them into mastery of such trades as shall enable them to become independent and self-sustaining citizens.³⁰

Location

Boulder, a growing settlement nestled in the Jefferson valley, was chosen for its location. For the most part, this was due to the lovely scenery, thermal springs, and the rich farm and ranch lands which surrounded the community.

But most of all, Boulder was chosen by the "out of sight, out of mind" attitude that prevailed during that time. The town was small; it was secluded in the mountains equidistant from Butte and Helena, two of the larger settlements of the state. The physically and socially handicapped of the new state were thus provided for.

²⁹Ibid., sec. 17.

³⁰Montana, Constitution (1889), art. 2, sec. 2331.

Initiation

The Third General Assembly of Montana set the needed machinery in force. Thus it was that the school formally opened September 1, 1893. It was housed, however, in temporary quarters which had been leased for a two-year period.³¹

Organization

A three-man board of trustees, appointed by the Board of Education, was responsible for the management and control of the institution. They were authorized to elect a president and secretary from their own members and each would serve a two-year term. The three were responsible for the appointment of a superintendent who was to be:

A man of recognized Christian character, who shall have acquired an easy and ready use of the 'sign language,' ...who shall have had at least three years' actual experience in teaching the deaf; who shall be familiar with the methods used in general instruction of defective youths, and who shall possess other qualification necessary in their judgment to fit him for such office.³²

Governor Rickards appointed five Boulder residents to serve as a local executive board and act as a liason between the school and the community. This they did, without pay.

A Helena woman was elected matron-in-charge of the institution, and two teachers, Miss Anna Wood, teacher of the deaf, and Miss Daisy

³¹Montana, Deaf and Dumb Asylum, First Annual Report of the Montana Deaf and Dumb Asylum to the State Board of Education for the Year Ending December 1st, 1895 (Helena: State Printing Office, 1896), p. 7.

³²Montana, Constitution (1889), art. 2, sec. 2338.

Doyle, instructor of the blind, were the first faculty members.³³

Ten pupils had been admitted. They came from all parts of the state. Handicaps were classified as deaf, blind, and feeble-minded with four each for the two former, and two of the latter. In May, 1894, another deaf boy was admitted, making the total permanent enrollment for the first session of the school eleven.³⁴

The ages of the students ranged from nine years to twenty-three years. The two "feeble-minded" boys were thirteen years of age.³⁵

Requirements

To qualify for admittance one must be deaf, dumb, or feeble-minded; a resident of the state of Montana; between the ages of six and twenty-one years; and not of unsound mind or dangerously diseased in body or of confirmed immorality or incapacitated for useful instruction by reason of physical disability. Applications had to be passed on by the board of trustees.³⁶

Financing

The legislature appropriated \$15,000 per annum for the expenses of the school and \$5,000 for a building and furnishings. Hopefully, this would be raised by the sale, rental or leasing of the 50,000 acres of

³³Montana, Deaf and Dumb Asylum, First Annual Report, p. 7.

³⁴Ibid., p. 8.

³⁵Ibid., p. 8.

³⁶Montana, Constitution (1889), art. 2, sec. 2342.

