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And Then I Lost My Job!

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A Dietitian Keeps Busy

By Millie Kalsem, ’21

In general, the duty of a person in charge of a department is to be sure to the management of the institution where he is employed the efficient management of the department in delivering the best type of service that can be rendered within the budget provided.

My main responsibilities as chief dietitian at Cook County Hospital can be divided into two main divisions, that of the administration of food service to patients, and teaching of students, and educational work with patients. The following are some of the responsibilities which each one includes.

At Cook County Hospital the dietary department is responsible for the requisitioning, planning, preparation, distribution and serving of all special or therapeutic diets. The daily average number of diets supervised by the department during the year falls between 600 and 700. Food supplies for the department are requisitioned from a central storeroom. Perishable fruits and vegetables are delivered to the hospital twice a week. Other staple groceries are ordered as needed, usually weekly. Deliveries of supplies are made daily from the central storeroom to the diet kitchen. After the food has been prepared, it is sent to the special serving kitchen on the wards, where it is reheated and served to the patients.

The personnel of the dietary department consists of five assistant dietitians on the graduate staff. The first assistant is assigned to aid and relieve in the supervision of the management of the main diet kitchen. She is also responsible for the clerical work and calculation required in connection with our quantitative diets. One assistant is in charge of the food service to the patients on one of the largest medical wards, where most of the student dietitians and student nurses receive their practical experience in diet therapy.

The other two are assigned to supervision of the food service to patients on the other wards, together with the educational work required in teaching patients so that they will be able to follow dietary instructions when they leave the hospital.

The personnel in the main diet kitchen consists of a meat and vegetable cook, dessert or pastry cook, special order attendant, a general utility attendant, and a dishwasher. Three porters are on the delivery of supplies and diets from the main kitchen to the wards. The duties of the students will be discussed under teaching.

At the Children’s Hospital another assistant is in charge of the milk labora-

tory and diet kitchen where food for older children is prepared. In the milk laboratory all the milk formulas are prepared under sterile procedure. About fifty sweet formulas and twelve sour formulas are prepared and poured into individual nursing bottles daily. By sweet feeding, I mean formulas that are prepared by using sweet milk and by sour feedings, those which are prepared by using a lactic acid milk. Approximately 50 to 60 special diets are served daily and from 100 to 150 ward diets.

The large number of special diets served to patients in our general building and men’s building insures a wide variety of different cases, giving a wealth of clinical material for teaching. Our therapeutic diets include a large number of the following kinds of diets: anemic, pernicious and secondary; diabetic, nephritic, gastric and duodenal ulcers; obesity, etc., as well as some of the rarer diseases requiring special diet therapy, such as pellagra and scurvy.

And Then I Lost My Job!

By Thelma Lowenberg, ’31

Since last June, my work has been most interesting and exceptionally educational. In some ways I’ve been very fortunate, and I’ve had the experience of losing a job I wanted, too!

For six months I worked in a St. Louis advertising agency. In that time, the work was closely allied with foods, including everything from directing an experimental kitchen to helping assemble cook books, foods advertisements and research reports. The in-betweens were fun because they were apt to be almost anything—for instance, answering housewives’ and chefs’ questions on the products advertised.

After six months the big thrill came—and I speak of the occasion of losing the job. The department I was hired for could not materialize, so the company didn’t need me.

First it seemed as if the world had stopped rotating and my life had taken on a new slant—downward to some not-far-distant old ladies’ home! But in a very short time I found other work just as interesting and probably more valuable than the first.

Now I have the title “Visitor” for the Provident Association. In other words, I’m in social service work, developing judgment, hope, and possibly helping people. We deal directly with people for eight and sometimes nine hours each day. It is family case work. We newer workers have the good fortune of handling higher type families, those which ordinarily would not be dependent. We try to care for all the needs, both physical and mental. Each situation is different, and the worker must understand the problems as well as possible, in order to help solve them. Little Anton must get to the clinic; Elizabeth needs shoes if she stays in school; Mrs. Halgrave has a tooth to fill and Mr. Halgrave must have help and encouragement in finding work. Mothers have to be shown that it is wiser to buy fruit than to buy cakes. And there are many individual problems in each family.

We keep extremely busy, and sometimes have the pleasure of helping a family get on an even more substantial basis than before this unemployment crisis. As long as depression lasts, social service work is necessary, and when conditions are better, there probably will be other positions available.