

## For Old Folks, Things Are Getting Better

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higher standards than can probably be achieved under present circumstances for, as you talk during that morning's visit, you realize she is troubled that she "can't do more."

"There's so much that can be done," she says, "but when you can take so few patients, you just can hardly make ends meet, let alone do all you'd like."

Sitting on the upholstered sofa in Mrs. Howard's attractively furnished front living-room, with a bowl of flowers on the coffee table and family photographs on the mantle, you feel things cannot be too bad for the folks there; in fact, that some of them probably "never had it so good," but as you listen and look you realize it is the old story of too many for too little space and too little help.

Most of Mrs. Howard's patients are ill, in one way or another, with Drs. Vanore or Brady dropping in to keep tabs on things, but this is to be expected. The county department tries to reserve this home for those who need nursing care. The home boasts two—(only two)—hospital beds and these are at present occupied by two men who, mental cases both, must be tied in at night, for they cannot be left long unwatched.

"And who does this night work?" you ask.

"Oh, I do. . . and my husband helps," says the operator. "He cooks too." She admits that the nights are sometimes pretty rough and it's a long pull that next day when you've been up and down half the night. "But I have two helpers during the day," she says.

But even with illness, senility, broken bones adding their complications to the general hopelessness, Mrs. Howard doesn't let it get her down—or her charges either, if she can help it.

She hears you sigh and smiles: "You get used to it," she says, "and when there's something you can do for them, it makes it



Mrs. Gibson's Boarding Home in West End, one of several in the county that takes care of welfare patients, presently has eight elderly people living there. It is regulated in accordance with strict state rules. (Pilot photo)

different. I like this work. It's a challenge, in a way. You have to do anything you can think of to keep their spirits up: you have to get them to eat, get them to dress and get out in the air, when they are able; tease them to take a little stroll, maybe, out on the grass. They're like children," she says.

You go into the rear room with her where two old men sit huddled in their dressing-gowns, one, legless, in a wheeled chair. As you edge past, one old fellow coughs loudly. "Put your hand up when you cough, Mr. T." the operator tells him.

Mr. T. looks at her questioningly from under his craggy brows. As you pass into the next room you hear another cough. It has a defiant croak.

Did he put his hand up? You guess not.

Mrs. Howard sighs. But there is a gleam of humor in her eye. "Just like children," she says. And you think: they're probably worse to take care of than any children could be. And not for the first time, you find yourself wondering: how can these people do it—and how lucky it is for these poor forlorn old folks that there are people who "like this work."

### Water From Home Tastes Good

The women are in bed, suffering from various ailments. One old lady, half-paralyzed, holds up something for you to notice, with a look of mingled pride and mirth on her shrewd lined face. "What is it? A baby's bottle?"

She nods, smiling, and Mrs. Howard's resonant voice tells how the daughter brings her mother water from the well on the home place every day. "She won't drink any other." Mrs. Howard says. "She is so weak she would spill water in a glass all over her. So we fixed the bottle."

The operator is especially pleased with one phase of her program: she has organized a weekly prayer-meeting which the ministers of Robbins take turns holding. She believes this brings much help and comfort to her patients.

You feel she's right, and you think, again, of how this help might be further implemented by good neighbor groups from the community: to drop in occasionally; to rattle up some more hospital beds—so badly needed—perhaps to work out a way for more help at night. If, besides the ministers, each church could take turns at it, you think. . .

As you walk down the cement path, between flowerbeds, with Mrs. Howard's cheery: "Come again soon!" floating after you, and stop to look back at the long low house, you realize how well suited it is for this boarding home purpose, if only there were a little more room. It's too crowded. In the summer, when some could sit out on the wide porch, that encircles the whole house, with a fine view out over the ridge, the days wouldn't be too bad, but what the nights must be like is something else. At that, though, it is important, you have come to realize, to remember that most of the people in these homes are in varying stages of senility, mental confusion and weakness: they are mostly unaware of their surroundings. With the ease of old age, they brighten up momentarily, or fret, but quickly drift off again into dreams. And, too, few have come from homes as comfortable as these are.

### The Prettiest Yard

To run over to the boarding home operated by Queenie Waddell in West Southern Pines takes but a minute. Situated on New York Avenue, the first thing that strikes you about it is the yard: it must be one of the prettiest in town. You thread your way in between a mass of shrubs and flowers.

This boarding home is licensed for six; at the moment it holds three men and one woman from Moore County and one woman from Harnett County. . . and you wonder how it could possibly hold any more.

The three men are together in the back room: one, dressed in a very clean white shirt and his trousers, is sitting in a chair, the other two are in bed. Of these

two, one is legless, the other ill and Dr. Caddell has been to see him several times. (Dr. Caddell's name has come into the conversations time and again during these survey trips. He seems to be carrying much of the welfare case load in southern Moore County). But Queenie insists that her health record is good: "not a bad cold, even, in a year," she says. Queenie is a registered practical nurse, she tells you.

Her needs? Badly needed are rubber sheets. Also clothes, day or sleeping, for a man size 40, who has NONE, she says firmly. She must need bedclothes, too, it would seem, as there were none on at least one of the beds, with the occupant, a delicately thin woman, lying on the plastic mattress cover.

### How About Finances?

And now for a look at the finances of this boarding home program.

It is supported largely by the two public assistance grants: Aid To The Permanently and Totally Disabled, (APTD), and Old Age Assistance, (OAA). These grants come from three sources: federal (73 per cent), state (14 per cent) and county (13 per cent). The

highest grant allowed is \$60. If the cost is more than that, the county must pay it, except when relatives can help and except in the case of patients who come from state mental institutions. Because these are so overcrowded, with many violent patients needing hospitalization on the waiting list, the state tries to move out those that can be cared for elsewhere. In these cases—and Moore County's boarding homes are taking care of a good many—the state pays the extra charge.

It will be easily realized that the \$60 grant is a very low charge, these days, and few boarding homes could operate on such a budget. Charges vary, depending on the accommodation and what sort of care must be offered. With \$60 as the minimum, individual costs range up to \$85, \$95, \$100. In the Pinehurst Convalescent Home, which takes, in its fireproof wing, several county patients, and gives them full nursing care, the charge is, of course, a good deal higher.

The county's share of this cost is drawn from the General As-

sistance (or Poor) Fund. For the first eight months of the past fiscal year, the county spent \$5,908.46 for boarding home care of adults. There are 35 cases now being taken care of in the county, and four boarding outside. Wherever possible, the Welfare Department tries to get some financial help from relatives, if there are any; and quite often families are able to contribute something, on occasion, even, all the extra amount needed.

And what's the over-all picture? Not bad. Not, of course, bad at all compared to what it used to be. But, in some cases, at least, it could be better. There is always the need for more space, a need that will be helped when another home, soon to be licensed, will be opened in Carthage. This will relieve the pressure some. But, unless there are a certain number of patients in a home, the operator is hard-pressed to make a go of it. And unless they can make something out of this business, it is difficult to get people to undertake it.

There could, certainly, come a time when the people of Moore County would begin to look at

the old county home, now standing virtually unused, and wonder if the state's old suggestion, to get it fixed up as a really well - equipped, well - staffed boarding and convalescent home, privately operated, could be worked out. It will hold 25 to 30 people; the sick could be separated from the comparatively well, so that those who were ill or mentally deranged could be kept in hospitalish surroundings and where their troubles did not so pervasively encompass everybody else in the sickroom atmosphere—without doubt the worst feature of the smaller homes.

But: things are now a lot better than they used to be for the old folks in Moore County and we shall doubtless compromise, at least for a while, and let well enough alone. But always with a certain amount of haunting doubt: Is this situation really "well enough"? Or should we try for something better?

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