

## FOUR



*The Library of the Home of Charles Evans Hughes,  
New York City, April 1919*

IN EARLY APRIL, ANTOINETTE HAD TAKEN ELIZABETH TO DR. Allen's office on Fifty-first Street to be examined. Now Allen sat in the library of the Hughes home to discuss his findings. Charles and Antoinette both knew that Dr. Allen's verdict carried a special gravity and no recourse; it was highly unlikely that his opinion would be refuted by anyone. And so it was with a sense of profound dread that Antoinette and Charles heard the words *she will likely be dead in six months*.

"How can you say that with such certainty?" Antoinette asked, forcibly modulating her voice to sound calmer than she was.

Allen was not insensitive to the harshness of the news, but he was not one to mince words, particularly when consideration for the parents' emotional well-being was purchased at the expense of the child's physical well-being.

"Without treatment, the life expectancy of a juvenile diabetic is less than a year from the onset of symptoms."

"Yes, but surely there are miracles. Not every single child who —," Antoinette continued pleadingly.

"I'm afraid so," Allen countered.

"Come now, Doctor. There are exceptions," Charles weighed in.

"I have yet to see one. I could refer you to Dr. Elliott Joslin's work for statistical confirmation, but I'm afraid you really don't have time for

research.” Allen was thinking, at that moment, of Joslin’s sad testament, the diabetic ledger. The ledger recorded the names, ages, and addresses of the diabetics he had treated since 1893; it was like the passenger manifest of a doomed ship. While his ledger represented a uniquely useful record of diabetes for medical research, it also documented the lack of progress in the clinical treatment of diabetes. All of the patients listed in the ledger died prematurely of diabetes or its underhanded complications such as coma and gangrene. For a moment the three sat in silence.

“The decision you have before you is a critical one,” Allen resumed after a time. “Unfortunately, it’s a decision you will have to make quickly. I am here to provide you with the facts.”

“We appreciate that, Doctor.” Charles spoke now. The deep authoritative tone of his voice comforted Antoinette. “But isn’t there something we can do? Some measure that can be taken?”

“There is no cure. But there is a way to buy time.”

“Go on,” said Hughes.

“We must starve her.”

“But she’s so thin!” Antoinette blinked uncomprehendingly.

“A normal girl Elizabeth’s age consumes 2,200 calories daily,” Allen explained. “I propose that we begin Elizabeth with a fast followed by a diet of 400 calories, almost none of which will include carbohydrates.”

“And this will help her to gain back the weight she has lost?” Charles asked the doctor.

“Certainly not. But it will keep her alive.”

“For how long?” Antoinette asked.

“It’s hard to say,” Allen replied. “If she survives the diet she might live with her diabetes for up to eighteen months. Elizabeth’s symptoms began in . . . November? December?”

Antoinette nodded grimly.

“How long would Elizabeth have to remain on this diet before she could eat normally again?” Charles asked.

“She will never be able to eat normally again,” Allen said. “Every gram of food that she eats will be weighed and measured and the preparation supervised for the remainder of her life.”

“Four hundred calories . . . What *can* she eat?” Antoinette asked.

“Eggs, cream, bran rusks, all in extremely limited quantities,” Allen

said. “Vegetables boiled three times to purge them of carbohydrates. No desserts or bread ever.”

Antoinette’s mind raced with the implications: no corn or potatoes, no birthday cake, no Sunday morning flapjacks, no roast goose with stuffing at Thanksgiving. Antoinette considered the practicalities of caring for Elizabeth at home. Would she eat at the table with the rest of the family, watching everyone else consuming what she could not? Would it be worse for her to take all of her meals alone in her room? She tried to imagine Elizabeth, gaunt and silent, spooning up tiny bites of bran rusks and boiled cabbage in the kitchen while the sound of laughter and lively conversation floated in from the dining room. And how could they possibly ensure that the maids, who adored Elizabeth, would not sneak food to her, particularly if it looked like she would die if she didn’t get it?

“It would be easiest for all,” Allen continued, “if you could begin to reconcile yourselves with the idea that food, previously seen as the staff of life, is now a deadly poison.”

“Easiest?” Antoinette sputtered. “But she’s hungry all the time.”

“It’s hard to believe that starvation could be the answer to hunger,” Charles explained.

“The less food, the more life.” Allen leveled his clinical gaze at Antoinette. “To starve is to survive.”

Antoinette pressed her lips together as if she was afraid of the vitriol that might escape them. Having met Americans from coast to coast during the 1916 presidential campaign, she got along with people of all ages and walks of life. She was known as a gracious hostess and a charming dinner companion, providing measured and thoughtful contributions to conversations on a variety of subjects. But when she met Dr. Allen, she was seized with a palpable dislike of him, which was only reinforced in this, their second encounter.

“I assure you, Mrs. Hughes,” Allen continued, “it will get far worse. Some of my patients weigh as little as thirty pounds—which is why I insist on inpatient treatment.”

“Elizabeth would not live at home?” Charles asked.

“The sanitarium is the safest place for Elizabeth.”

“But we have so little time left with her!” Antoinette protested. “Can’t we keep her at home?”

“I can extend that time, if you consent to commit her to my care,” Allen asserted.

“At what cost to Elizabeth?” She countered.

Hughes noted his wife’s ears turning a vivid pink.

“How do you keep from going too far?” Hughes interjected. Allen looked back blankly. Hughes continued. “Have you ever lost a patient to starvation?”

“Most certainly,” Allen replied.