Heart disease is now the greatest single cause of death in the United States. Well informed physicians, however, tell us that it can be brought under intelligent control. Co-ordination and well-planned organization will determine the ultimate success of such control. Just as all great enterprises of the world attribute their success to well planned and well managed organization, so also must the movement toward intelligent control of heart disease be well organized and well managed if we wish to realize our hopes.

The Evening Cardiac Clinic at Bellevue Hospital was begun in 1911, because physicians and social workers connected with the hospital observed that patients suffering with heart disease were returning with more and more frequency to the hospital wards. It seemed to them that many of these, especially the working man, could be enabled to remain more steadily employed if outside supervision were available. Thus the clinic was established, not only for its value as a medical centre, but also as a Club of Encouragement to Cardiac patients.

The function of the Cardiac Clinic is to keep ambulatory patients suffering with organic Heart Disease in the best possible health for as long a time as possible.

For this two processes are necessary:
1—Diagnosis must be made.
2—Treatment must be instituted and maintained.

Thus the cardiac clinic aims to provide the best possible adjustment of the patient to the community in which he lives.

To collect and file all available facts.

*Read at the National Conference of Social Work, Denver, Colo., June 10-17, 1925.
To carefully consider these facts in relation to the different methods of relief.

A complete diagnosis should consist of cardiac diagnosis and a diagnosis of the factors influencing the Heart condition.

**Medical**

For a medical diagnosis the following factors are necessary:
- Etiological Diagnosis.
- Structural Diagnosis.
- Pathological Physiological Diagnosis.
- Cardiac Reserve.

For a Social Diagnosis we must consider:
- Home Environment.
- Habits.
- Social and Financial Status.
- Education.
- Responsibility.
- Occupation (the most important of all).

Medical treatment is undertaken with the idea of increasing the cardiac reserve by:
1—treating cause.
2—treating changes in structure (rare occurrence)
3—treating change in pathological physiological condition as for example controlling the ventricular rate in Auricular Fibrillation.

Social treatment is undertaken with the idea of:
1—Alleviating or eradicating improper home conditions, environments and habits.
2—Helping to relieve financial handicaps.
3—To adjust occupation to suit cardiac reserve.
4—To educate patient about Heart Disease and the care of himself.

As stated previously success depends upon well-planned organization. This may be considered in two ways.
1—The relation of the clinic to outside agencies.
2—The internal organization of the clinic itself.

Outside agencies related to the clinic may be classified as:
1—Those that refer patients to the clinic for
   a—Diagnosis.
   b—For diagnosis and treatment of heart condition.
2—Those referring only for treatment of heart condition and to
be referred to the original agency for treatment or care of another condition as, for instance, patients coming from the prenatal or mental hygiene clinics.

3—Agencies to which the clinic refers patients,
   a—For diagnostic purposes.
   b—For medical therapeutic procedures.
   c—For Social Service care and supervision (all clinic cases are referred for Social Service care and supervision.)

The affiliating agencies now used are:

   Bed Service: For ideal treatment clinic physicians should be enabled to care for the same patients when in hospital wards. This is advisable in order that the disease in all its phases may be observed by the same physicians. Notes of hospital records should then be transcribed on clinic charts to make the history complete.

   Medical Clinic: When a diagnosis of cardiac disease is made in the general medical clinic the patient (if employed) is referred to the evening clinic.

   Pediatric Service: At the age of sixteen children under the care of the children's clinic are automatically transferred to the adult clinic. It is at this stage that many of the patients are lost to the clinic. They must become accustomed to different physicians, different social workers. Many of them are uninterested and as yet not of mature enough judgment to realize the need of supervision. The ideal plan of course would be to have some of the same staff represented in both clinics and to have the methods of procedure so similar that a child graduating to the adult clinic would feel perfectly at home.

   Prenatal and Obstetrical Service: Patients in the prenatal clinic who are found to need cardiac supervision are referred to us. Consultation at time of delivery (when that takes place in the hospital) is arranged when necessary.

   Venereal Disease Clinic: One grouping of the cardinals are those who have heart disease due to syphilis. Patients from this group who require treatment are referred to the venereal disease clinic. In connection with this, results of Wasserman tests obtained at the clinic are directly submitted to the venereal disease clinic to spare the patient another Wasserman. In all cases the routine examinations and treatments are made as easy as possible for the patient.

   Laboratory: Specimens are collected at the evening clinic and
sent to the laboratory the following morning for examination. Reports therefrom are returned and recorded the following Friday evening by the volunteers in charge of the respective groups.

Otolaryngological Clinic: This department of the evening clinic examines and records its findings and advice for treatment on the record of the patient. By this routine many diseased tonsils have been removed as possible foci of infection.

Dental Clinic: This clinic also open on Friday evening in connection with the Cardiac Clinic reports and records findings and recommendations for necessary treatment. The last two mentioned clinics in connection with the evening clinic make it possible to secure extensive examination of the patient without requiring that patient to lose time from his work. Since the cardiac as a rule must work for less wages because his work must be light it is highly important that the clinic be so efficiently organized and managed that they lose the least amount of time.

Convalescent Homes: A large proportion of patients suffering from organic heart disease need rest and supervision after an acute illness. To Burke Foundation, a large convalescent home situated on the outskirts of New York City, we are indebted for great aid in assisting us to meet this need. It is, however, unfortunate that the supply of sanatoria admitting adult cardias for prolonged supervision does not meet the demand. A great crying need exists for a place to send permanently disabled cardias. Social workers dealing with adult cardias are daily finding cardias with hearts so damaged that they are unable to maintain a place in the world. Treatment in sanatoria over a period of months would probably enable a large proportion of these to become again self-supporting and thus cease to be a financial burden to the community. Social workers not knowing where to turn are often tempted to send these patients to the available convalescent homes whose purpose, and rightly so is, to take patients who can be rehabilitated and returned as assets to their communities.

It is unfair to use the facilities of convalescent homes for other than such cases. I should at this point like to mention the splendid co-operation of the large relief organizations of New York City who are seeing more clearly each day the need of care and who, until we have more homes for chronic invalids, are extending aid to us in meeting this great problem. Naturally everyone will agree that
if such institutions are established they should be designated as sanatoria or hospitals and not as Homes for the Incurables. Cardiacs, due probably to lack of education about their disease, are often inclined to be hopeless and depressed and every effort must be made by all co-ordinating agencies to overcome this.

Illustration: I have in mind a young Italian boy of 16 who came to the clinic after a severe attack of rheumatic fever. He seemed greatly frightened and in utter despair because he had heart disease. The first step was to give Angelo some instruction about this disease, to tell him that he could conduct himself as other boys of his age do and to make with him a plan for his future. Having just come from the hospital, he was first of all sent to Burke Foundation, where he made great progress not only in his physical condition but in his general attitude towards life. While Angelo was at Burke a visit was made to the home. This revealed a very clean, well-kept home, with parents interested in instruction about heart disease. Their co-operation and aid was secured and upon Angelo’s return a position as errand boy was found for him in the offices of a large insurance company. Fortunately his employer was a man of great understanding and telephoned the Social Service Bureau to know more about Angelo. Accordingly an interview was arranged. Angelo was present and the advisability of placing the boy at a desk of his own was discussed. One evening about two months later Angelo came smilingly to clinic to tell us that he now had his own desk. All this has taken about two years and much of the success is due to the co-operation of patient and parents and the attitude of the employer. Also in this time Angelo has never failed to keep his clinic appointments.

Bureau for the Handicapped: Since suitable occupation is of primary importance in the life of a cardiac we can not speak with too great praise of the splendid work of the Bureau for the Handicapped of New York City. Before referring a patient to this bureau for proper placement, the physician in charge of the clinic from which the patient is sent must know the potentialities of the case. The social worker must know the history of the case as regards his previous work record; his attitude towards work and his reliability in reporting and sticking to a job offered. When referred to the Bureau for the Handicapped the classification in terms of functional capa-
city, i.e., the capacity of the heart for exercise, is also submitted. For instance:

Class I. Patients with organic heart disease but able to carry on ordinary physical activity.
Class II. Patients with organic heart disease unable to carry on ordinary physical activity.
   a—Activity slightly limited.
   b—Activity greatly limited.
Class III. Patients with organic heart disease unable to carry on any physical activity.
Class IV. Patients with possible heart disease. Patients who have abnormal physical signs in the heart, but in whom the general picture, or the character of the physical signs leads us to believe that they do not originate from cardiac disease.
Class V. Patient with potential heart disease. Patients who do not have any suggestion of cardiac disease, but who are suffering from an infectious condition which may be accompanied by such disease; e.g., rheumatism fever, tonsilitis, chorea, syphilis, etc.

From this evening clinic alone this bureau has in the past year placed 73 cardinals in industry.

The question of cardiac patients in industry is too large a one to deal with at this time, though it is important.

State Bureau of Rehabilitation: Today there is an increasing demand for specialization in trade and for aid and advice in this most important part of our clinic we turn to two agencies. Adults over 16 years old have been referred to the State Bureau of Rehabilitation who have given us valuable assistance in helping patients to obtain training in special trades adapted to their temperament and work capacity. A recent development of this bureau and a most interesting one is the Curative Work Shop. Here adult cardinals are admitted and trained up to work capacity and then placed in regular industry. This fills a long felt economic need as it enables patients to work a few hours a day only increasing at the advice of the doctor in charge of the case. This development of the Bureau of Rehabilitation is so recent that figures as to its success are not as yet attainable.

Cardiac Vocational Guidance Committee of the Public Education Committee: For children between the ages of fourteen and eighteen we turn to this agency. A busy social worker with her many duties
does not have time nor is she usually well enough informed to guide children of this age to suitable vocations. No plan made, however, is put into effect without consultation of physician, social worker and representative of the Vocational Guidance Committee.

_Private Physicians_: Our duty towards the private physician must not be forgotten. Economic conditions often makes it necessary to refer patients to free clinics and physicians thus referring are entitled to know the progress of cases sent.

_Social Service Department_: This department is the unit which binds all functions and activities of the clinic into a harmonious whole. The social worker must make proper adjustment and coordination with all the affiliated agencies, refer and discuss with the respective agencies the needs of each individual case. An attempt has been made to carry out the original intention of the clinic, to keep the clinic as much like a community center as possible and at all times to establish friendly interest of the patient with clinic and Social Service Department. Through the kindness of an interested person we have on many cold winter evenings been enabled to serve hot chocolate and wafers to patients. All this is an attempt, as stated before, to overcome the feeling of depression common to so many cardiacs. When some of our young adults say “Coming to the clinic is just like coming to a party,” we feel well repaid for our extra effort. On account of the nature of the organization of the clinic this phase is a separate part of the clinic and in no way interferes with the medical routine.

In considering the internal organization of the clinic itself we must first think of the equipment necessary for an ideal clinic.

For proper management we must have:

1—Physician in charge.
2—Nursing assistance.
3—Social Service Assistance both Professional and Volunteer.
4—Clerical assistance.

Space:
1—Waiting room.
2—Preparation room.
3—Dressing room.
4—Examination rooms.

_Instruments:_

1—Stethoscopes.
2—Measuring tapes.
3—Blood pressure apparatus.
4—Scales.
5—Thermometers.
6—Tongue Depressors.

Co-operating Services:
1—Nose and Throat Department.
2—Dental Department.
3—Fluoroscope.
4—Electrocardiograph.
5—X-Ray.
6—Spirometer (Vital Capacity).
7—Serological.
8—Pathological.

Next the personnel:

In order that a clinic run smoothly with the least waste of time and with the greatest possible efficiency, order and system must be maintained. A definite routine must be established. Each staff member must have his own specified duties, must be in his place regularly and on time and must be equipped to carry out his own function to the maximum benefit of all concerned. In our evening clinic we have been able in a single evening efficiently to care for as many as 90 patients in two and a half hours.

1—All workers in the clinic must have well defined duties.

2—These duties should be performed in proper sequence so that it becomes a clinic routine. The latest data may be obtained before treatment is instituted. A record should be kept of all observations and instituted activities. Careful records are kept and an attempt is being made to describe all procedures, medical and social, in such a way that valuable research information may be compiled.

Technique of a patient’s visits to the clinic is as follows:

1—First Visit:

History taken, general physical examination made, Laboratory specimens collected. Temporary medical treatment instituted. During the ensuing week home visit is made by the social worker and social, economic and industrial facts obtained. This first visit has,
however, deeper underlying motive—namely to establish a friendly basis which insures always better results, to give instruction that patient may be helped to overcome fear and hopelessness of cardiac disease.

Second Visit:
Electrocardiographed and fluoroscoped and he has a special nose and throat examination.

Third Visit:
Data of previous observations is made on chart and physician and social worker are now in position to make plan based on careful study of patient.

We have said that success depends largely on well planned organization. Regularity of attendance both of staff and patients is the first and most important requisite of such organization. At the present time appointments are made for a definite date, but as yet not for a definite hour. In order to assure regularity of return visits, attendance books are kept. These are kept by volunteers whose assistance in this and other duties such as recording results of examinations on charts is invaluable. Upon failure of a patient to report at the specified time a double return post card is sent out. When no response is obtained from this a personal letter is written to the patient by the social worker. No response from this requires an immediate home visit. Constant close contact with the home brings best results.

Since so many of our failures have been due to lack of close cooperation of patients and since we know that regularity of attendance and a complete follow-up system is essential if best results are to be obtained, certain plans have been put into operation. One of the most important of these is attempted districting of areas from which patients are drawn. Experience has shown that patients living at too great distance from the clinic do not attend clinic regularly. Patients who through lack of interest and carelessness persist in clinic non-attendance except when they feel ill, are dropped from the clinic and only readmitted when they give evidence of willingness to cooperate.

The intricate organization of the evening cardiac clinic has seemed to many to be impracticable and criticisms on this point have come to us from many sources. That such organization has been accom-
plished in a city hospital where, as you all know funds are almost impossible to get, is I believe sufficient proof to the contrary. We attribute much of our success to the interest and untiring devotion of the Chief of the Clinic, Dr. John Wyckoff, to the conscientious work of the medical staff, to the regular attendance and co-operation of patients, to the splendid assistance of the volunteer workers, and to the continual interest, aid and understanding of Mary E. Wadley, Director of the Social Service Department.
THE SMALLPOX PROBLEM IN THE WESTERN STATES*

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The State of Texas in which the City of Houston is located is really in the southwest rather than the west, and Houston being rather a short distance off the Gulf is perhaps more southern than western; therefore, perhaps our problems may be somewhat different. No doubt the mortality is much lower in Texas on account of the mild climate than it is in the other states; also, it is well known that small-pox is usually more prevalent in cold weather than in the summertime and of course being in a semi-tropical climate no doubt some weight must be given to that in summing up the general situation, both morbidity and mortality, as also there is not as much crowding as in some states, there being few tenements.

The great State of Texas also has a border adjoining Mexico of over 1,000 miles in length, with immigration both legitimate and illegitimate going on at all times. Then, for the past twenty years there has been a great deal of immigration to our State from the North, the East and the middle West, sometimes great train loads of home-seekers coming in daily; therefore, you can realize the probability of small-pox coming along, especially as the immigration is generally in the winter time.

Another condition in Texas which has a bearing on the situation in reference to small-pox as well as other diseases is the large colored population. We never have an epidemic of small-pox but that the Negroes are usually in the majority; the reason being, that they are not as apt to be protected by vaccination as much as the whites; a great many of them living in the rural districts outside of the city limits and coming into the city only to work or trade; and on the other hand a great many of our

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town Negroes go to the oil fields or railroad grading camps, lumber mills, etc., to work and are there thrown with an unvaccinated group of people again. Really, except for the above reasons, our small-pox problem is not much different from that of other states, although this State is so very large and the distances in the country districts are so great that there is a lack of country doctors which naturally leaves a rather large unvaccinated rural population. Most of the large cities of Texas, including my own City of Houston, have a compulsory vaccination law for school children. Houston was among the first in the south to institute the same and although it has been attacked several times by anti-vaccinationists and others, it is still in force and has proved to be very valuable in checking the spread of this disease.

The population of Houston has been increasing very rapidly in the last twenty years and in the last five years it has almost doubled in size but still there were not as many cases of small-pox in 1924 as there were in 1904. Our highest point in the past twenty years was in 1907 when there were 194 cases, and the lowest in 1923 during which year we had only six cases. In 1924 we had a renewal of small-pox having 86 cases, and since the first of January this year, we have had about a like amount. During the past twenty years there were 1215 cases of small-pox in Houston with only 33 deaths which is indeed a very low mortality. We have not had a death since 1922 when there was only one.

Personally, I have seen a great many cases of small-pox since my graduation in medicine in 1901 but I have never seen a case of small-pox in a person with a good vaccination scar, regardless of how old the scar was. However, that is only my personal experience. I have seen patients who had chicken-pox that had been vaccinated and diagnosed as small-pox but no true small-pox in successfully vaccinated individuals.

In the schools of Houston in the last four years there have been over 20,000 successful vaccinations. In evidence of the success of vaccination in preventing small-pox, I wish to state that in 1924 and so far in 1925 there has been fifty school children in homes in which small-pox was present and as they had all been properly vaccinated, not one of them developed the disease.

Now, what is the small-pox problem? One of prevention of course, and what is the method of prevention, not anything new by
any means, just the tried and proven remedy, vaccination early and properly performed. We, like most other localities, have had to put up with anti-vaccinationists of all sorts, even some with the doctor of medicine degree of irregular schools, politicians of various sorts, misguided people of culture and refinement, religious bodies, etc. I have rambled a good deal in this article but I wanted to show that there is only one problem in the prevention of small-pox and that is to have everybody in a community regardless of race, color or station in life vaccinated and I believe the best way is to continually urge the same and to protect our school children by compulsory vaccination. It has been proven many times in the last 50 years, that whenever the inhabitants of any country have become lax in requiring vaccination; small-pox has appeared.

Dr. W. W. Keene’s article last winter in the Saturday Evening Post was very accurate and to the point and surely the experience and opinion of such an eminent medical man as Dr. Keene will have a great deal of weight with the vast number of readers of the Saturday Evening Post.

Social Workers such as the men and women present at this magnificent gathering can be of great assistance in stamping out small-pox by urging vaccination and by explaining to everyone with whom they come in contact that it is the only method of protection and that sanitation while it effectively curbs many other diseases that might become epidemic does not control small-pox. Many large industries have long known the value of vaccination and have made it a requisite to employment. The experience in all branches of the government service should be a sufficient demonstration of the efficacy of this procedure, to satisfy anyone.

A great many people ask me if the large amount of Mexicans present in our State has not had a great bearing on the small-pox this winter? I have only seen one Mexican with the disease this winter and he was a Texas born Mexican.

The United States Public Health Service has watched our border so closely and required vaccination of every person coming across that they have just about closed the door on small-pox from that source. The greatest offenders in the last few years against the curb of small-pox have been our own American people. A great many have been asleep at the switch. Local and State Health Authorities have been hindered in carrying on their vaccination pro-
gram though the United States Public Health Service, the American Medical Association, American Public Health Association, have warned them many times. You all rush to the doctor to be vaccinated or immunized against typhoid before you sail for abroad. Why not do it at home and see that others do the same.

Social workers should always stay on the side of scientific medicine and further the cause of real scientific medicine and not take up with the cults and unscientific bodies that are smooth of tongue and excellent advertisers. I have known social workers and teachers that did not believe in the teachings of modern medicine, and although they occupied high positions in their chosen field were lined up with certain irregular schools of medicine and were really a hindrance to health workers instead of assisting them.

Such Societies of laymen as the Association of Medical Progress will do much in the future to prevent the increase of small-pox by urging vaccination and keeping the general public informed on the importance of the same.
WHEN PEOPLE APPLY AT A MARRIAGE LICENSE BUREAU*

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The increase in the divorce rate which is being much heralded in the newspapers and current periodicals is viewed with more indifference by social workers than by the lay public. In the first place, to the social worker it is "old stuff." Even the worker in training is so submerged in the wreckage of human marriage that the most glaring newspaper headlines on divorce fail to shock her. In the second place, she is skeptical of the solution, which is usually suggested, namely some change in the divorce laws of her own state or of the country as a whole. Adjustment of divorce laws comes pretty nearly to being a case "of locking the barn after the horse is stolen," or to be more modern, installing a burglar alarm in the garage after the Ford is gone! The real tragedy has occurred long before the couple reached the divorce court, and for that reason social workers are turning their attention more and more to a consideration of marriage reform.

The method used by social workers in the attempts to solve the problem of divorce is really similar to the technique employed by the public health authorities in handling a typhoid epidemic. As soon as the victims of the epidemic have been given remedial treatment, the search for possible sources of pollution begins. Until these sources have all been discovered and removed the community is not free from a recurrence of the epidemic. In handling divorce problems our first step has been to establish family courts or courts of domestic relations to care

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for the families which have already gone to pieces but we have all realized that these were merely remedial measures. We have accomplished very little in finding out the real causes of divorce and still less in removing them.

To continue the analogy of the typhoid epidemic, let us suppose for a moment that all other possible sources of the pollution have been eliminated except the water supply and the epidemiologists of the community have gone outside the town and into the hills to examine each little stream as it enters the main river. To purify and to keep pure each of the thousand tributaries would be a stupendous task so they recommend that a reservoir be built through which the water supply shall pass. A process of purification is established; the unfit streams are diverted from the water supply of the community and the danger of future epidemics is removed.

We have attempted to do the same thing in handling our marriage problem. We have tried to build reservoirs, in the form of marriage license bureaus and have sought to have all applicants pass through them but we have not been very successful. In the first place, many of the tributaries have failed to enter the reservoir and have run off down the hillsides as independent streams. These are our common law marriages. Then we have not been very successful in discovering the polluted streams before they entered the reservoir. These are the marriages of the unfit. Some of the streams which come to the reservoir may be all right but before they enter, their content needs to be analyzed, and such analysis means a period of time must elapse before they are admitted. We have not been very careful to introduce this waiting period in our marriage license bureaus, and to make the investigation it is designed to facilitate, and consequently we have the problem of hasty marriages, largely recruited from the ranks of youth. Is it any wonder that the community suffers from epidemics of marital typhoid and homes are broken up by divorce?

Minnesota has just passed through an unsuccessful campaign to remedy some of the defects in its present marriage law of the type just mentioned and in addition certain details of the administration of the law. Because our experience is probably not
unique I should like to consider some of the reasons for failure; and possibly to suggest the next steps in the program.

Early in the campaign we discovered that opposition to the proposed marriage bill might center upon the first section, which would make marriage valid only when a license had been secured and a ceremony performed, thus abolishing common law marriages. Minnesota statute law says that a marriage shall be recognized as such when a license has been obtained and a celebration held but is silent as to common law unions. The latter, however, can be and have been recognized by judicial decision. The popular protest against abolishing common law marriage was somewhat of a surprise to proponents of the new bill because the opposition came from conservative law-abiding citizens whose own marriages are undoubtedly recorded properly with some clerk of court. The rigorous plea for the preservation of common law marriage was found to be based on a total misapprehension of the subject. The argument was constantly put forth that common law marriage afforded some protection to the woman and children involved. Members of the legislature and interested individuals in the lay public were amazed to learn that the children of a common law union in Minnesota were illegitimate until there had been a court decision giving such a union the status of marriage. In the light of this situation the usual methods of legitimizing children by civil marriage or by court procedure is just as easy as to secure the consent of the court to the common law arrangement. After the bill reached the Legislature the time was too short either to educate the members of the Legislature or to create the popular demand for this much needed change in statute.

While Minnesota's standard regarding youthful marriages is not as low as that of some states, there are thirteen states ahead of us prohibiting the marriage of any girl under sixteen even though she has the consent of her parents. The proposed bill would have raised the present age at which marriage may be contracted by a girl, with her parents' consent from fifteen to sixteen and would have required that the consent be given in writing and under oath. People had not realized that our compulsory education laws had out-run our marriage laws in the protection afforded children; and that it is entirely possible for
a fifteen-year-old girl to be legally married and also to be com-
pelled to attend school for another year. We certainly needed
Miss Richmond's Book on Child Marriages to enlighten people
on this subject. One representative in the legislature was quite
appalled to learn that several girls had through the perjury of
their parents been married at the age of twelve or thirteen. In
the light of this information it was easy to convince this legis-
lator of the value of having both applicants appear at the license
bureau. There were many members of the Legislature who
were not reached with definite concrete illustrations of the
failure of our present statute in the protection of very young
girls.

Probably the most needed change in the marriage laws of
forty of our states is provision for a waiting period of at least
five days between the application for and the issuance of the
license. Without such delay, the clerk of the marriage license
bureau is helpless in determining the eligibility of the applicants.
A conflict in rural and urban viewpoints as to the length of the
waiting period appeared in the Minnesota campaign. In order
to have names of applicants printed in rural newspapers a delay
of ten days would be necessary, while urban residents feel this
would be a real hardship when the bridegroom comes from out-
side the state.

The bill also carried a proviso which would make the license
valid for one year only. Eight states have already legislated in
a similar manner. Such a limitation on the life of the license
might help to protect our immigrant brides who are often told
that in America a license is the sole prerequisite for a legal
marriage.

The need for such changes in our marriage statutes as the
last two mentioned is not obvious to the average citizen because
he has not yet begun to think of marriage as a social institution.
It seems rather to him to be a very personal relationship which
is no one's business but his own and consequently any attempt to make
marriage more difficult is likely to be vigorously resented until
we can change at least one social attitude.

The present Minnesota law specifies as unfit for marriage the
feeble-minded, insane and epileptic. The proposed bill added
persons infected with venereal disease, but did not add a pro-
vision for a medical examination. The requirement for a medical examination can scarcely be really successful until the state is willing to employ specialists in venereal disease who will examine all applicants for a marriage license. The only way by which such a law could be even partially enforced would be to have the Division of Venereal Disease of the State Board of Health furnish to the clerks of the license bureaus lists of individuals who should be refused a license. This procedure is being followed by the State Board of Control with reference to the feebleminded but of course only a very small proportion of either the feeble-minded or venereally diseased would be prevented from marriage in this way. Such a provision, however, might be an opening wedge for more efficient legislation later and should prove easier to pass than a law requiring a physical examination. The mere mention of the term venereal disease was sufficient to prevent consideration of this section of the bill.

These suggested changes in the laws concerning applicants are the ones most vitally needed in the present statutes but those involving changes in administration are equally difficult to pass. The co-operation of marriage license officials in this portion of the bill was secured by providing for an increased fee to compensate for additional clerical services such as are involved in state registration.

The present fee of $2.25 for a marriage license was raised in the bill to $3.00; and after the legislature was in session a proposal was adopted by the proponents of the bill, after a conference with the clerks of the bureau to raise the fee to $4.00. The discussion of this administrative detail occupied an entire afternoon of the committee in charge of the bill and in deference to the announced economy program of the ruling administration, was again reduced to $2.25. This discussion clouded the real issues in the bill and undoubtedly helped to defeat it.

As long as the clerks of the license bureaus are on a fee rather than a salary basis such scenes are likely to occur. The clerks are constantly tempted to increase the number of licenses issued when such an increase means more money for them instead of scrutinizing carefully each application for possible violations of the law.

We have had already at least one demonstration in this
country of a transfer of the position of clerk of the license bureau from a fee to a salary basis with the result that the money received from fees proved to be sufficient not only for the salary of the clerk but to buy fireproof filing cases for the marriage records!

When the position is controlled by civil service as it may sometime be, perhaps some professional case workers will enthusiastically seize the opportunity to make a new application of case work technique. Then our marriage license bureaus will become matrimonial advice bureaus like the one in Vienna described by Miss Colcord. Until Utopia arrives we can expend our efforts in strengthening the present laws along the lines already indicated!

A few other changes were included in the defeated Minnesota bill such as penalties for the violation of the act in which the present law is quite defective and in the question of voidable marriages a provision that mere defects in jurisdiction or form will not invalidate a marriage if the contract was entered into in good faith by both parties concerned. This point was stressed by one opponent of the bill who tried to prove that common law marriages were necessary to take care of situations where the celebrant was really disqualified from performing the ceremony.

After such a brief survey of some of the most obvious marriage reforms we are confronted with the far more difficult problem of accomplishment. Shall our efforts be directed toward federal legislation or state legislation or both simultaneously? Most people who have followed closely the history of legislation in another field—namely child labor—are inclined to feel that federal legislation can never be secured until the local standards have reached minimum requirements in at least two-thirds of the states. Such a method seems painfully slow but even a little legislative experience has a sobering effect. We are forced back to the position not of what we want or what is needed but of what we can get.

Some of us go even one step farther back and question whether it is advisable to attempt all the reforms needed in a state in a single bill. Perhaps several different bills, each covering one specific reform will stand a better chance of survival
than the blanket form of bill which was so badly mutilated in Minnesota.

Since the close of the legislature a uniform marriage act has been proposed by the League of Women Voters which has several features on which there is likely to be a divergence of opinion. The act would require physicians' statements that the applicants for a license are free from venereal diseases but does not require a specialist's report or a diagnosis based on laboratory findings except in the case of an individual who has previously had a venereal disease. Such a person may not marry if the disease is in a communicable stage.

The act would be unable to do much toward preventing child marriages since both parties are not required to appear at the license bureau. Moreover, the consent of the parents of girls under sixteen or boys under eighteen does not need to be in writing or under oath.

The statement regarding "common law" marriages is vague and by the very use of the term would precipitate opposition whereas the bill proposed in Minnesota this year did not use the term common law but merely stated that in order to be valid any marriage must be consummated with a license and a ceremony.

The celebrant is not required to file with the license official any credentials as to his right to perform marriage ceremonies and does not receive any certificate of his eligibility.

The celebrant is permitted to return the certificate of marriage to the bureau at any time within thirty days instead of three days. Such a delay is especially unfortunate when evidence is found that a license has been issued illegally and it is necessary to find the couple as quickly as possible.

State registration of marriages is provided for in this bill, but the local clerk of the marriage license bureau is required to make the returns to the state only once a year instead of monthly. This method does not permit the state department to check as closely on the licenses and the returns in the different counties as a monthly report would.

One serious omission in the bill is no statement regarding the legal status of illegitimate children whose parents marry later
or regarding the status of the children of a marriage which proved to be voidable. Other provisions regarding void or voidable marriages are equally incomplete or totally lacking.

Among the people who are qualified to act as celebrants appears the superintendent of the State School for the Deaf and Dumb. Why such discrimination! Certainly the superintendent of other state institutions should have the same privilege. This brief comment on this proposed bill which will probably be widely circulated should make social workers on the watch for its appearance and ready to participate in discussions of it.

Before questions as to the form of the bill or even state or federal legislation is determined there is a more immediate program which should challenge the interest of every case-worker, that is, the enlightenment of the general public on the need for reform in the field of marriage legislation. Family case-workers especially have more first hand information than anyone else in the country and yet comparatively little of this telling evidence is being utilized. The directors of every social agency should assume the responsibility not only of permitting but of urging or even requiring the members of the staff to help in an educational campaign on this subject. The assistance must be a quadruple one, first in forming the policies of the campaign; second, in furnishing leaders for study groups, third in providing speakers for larger meetings, and fourth in making local studies. Such a program must be put into effect in non-legislative years in the states where the legislature does not meet annually.

The local chapters of the American Association of Social Workers might profitably initiate such a plan through its committee on social legislation, or through affiliation with some organization like the League of Women Voters it may contribute the technical knowledge which must be popularized and broadcasted.

As usual it is far easier to advocate a campaign than to execute one. In a non-legislative year it is extremely difficult to arouse sufficient interest in the general public to secure a discussion of legislative proposals. The attempt must be made, however, because the enlightenment of more people on the evils of our present marriage laws is the only sound basis for reform.
Perhaps women's organizations might be appealed to with the argument that women must become better informed in order to perform their duties of citizenship.

The fourth part of the program is by no means the least. Each state and each community must study the operation of its present marriage laws because such study is the only sound basis for further legislation, and secondly, because only illustrations of what is happening now in your own state will really influence members of your Legislature.
SOCIAL SERVICE IN A LARGE GENERAL HOSPITAL

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We are told that the history of medicine can be traced as far back as 2,500 B.C. and that, with the exception of astronomy, there does not exist a more complete history of any other science. As long as social service in any form has existed, it can never have been entirely dissociated with medicine, and yet it is only with this generation that medicine and social service have come together on the same scientific basis to form the comparatively new subject of medical social service.

A large general hospital forms, no doubt, the best background from which to view one of the most recent developments in the hospital world. We find there the most representative gathering of suffering humanity; the sick mother with a large family at home, the incurable father, the neglected child, the lame, the blind, and the baby who is born without even the chance of good health.

We see them arriving at the hospital where they receive the best medical and surgical attention available, and after an hour, a day, a week, or perhaps months they return; but where? To what sort of homes are they going? What care and attention is awaiting them? Fifty years ago, nobody cared, unless it was the Church or some branch of philanthropy to which perhaps a few were known.

Today there is the social worker, or Almoner, as she is called in England, whose duty it is not only to know and care what becomes of the patients, but to help when necessary. She is not there as the dispenser of charity, but rather to turn charity into service; to serve by showing people the way to help themselves; to serve through her knowledge of all that exists to raise the standard of health and social life in the city; to give a service which can only be rendered
by those who have been trained in the school of Human Service wherein are trained the greatest of all artists—artists who work in human clay.

Medical social service in England is yet too young to give varied examples of motives and theories which have influenced the setting up of social service departments in different hospitals, so that, whilst the Institute of Almoners in London is training more and more students every year on definite lines, the extent to which this service is carried varies considerably.

In many hospitals development is retarded by ever-present financial difficulties, and in others the work has suffered from the lack of a definite understanding of its proper functions.

It has been said that no out-patient department can be efficient without some form of social service being carried out in co-operation with the medical staff. As in education, the teaching of a child should depend largely on the child's parentage, environment, history and physical state, so in medicine, the value of the doctor's prescription depends on the temperament, environment and financial position of the patient, and the Almoner should act as the interpreter of such condition to the doctor.

A poor woman was once told by the hospital doctor that the only further treatment she required was plenty of nourishment and fresh air. Her reply was a laugh, but a laugh as far removed from merriment as riches from poverty. Her case is an illustration of the point where medical skill ends, and hospital social service begins. A trained Almoner would have known everything possible about convalescent treatment for the poor, and means would have been provided for the patient to receive a course of treatment in a convalescent home where she would have air and food such as it would be impossible for her to have at home.

Arrangements were made for a similar patient on one occasion to go for a much needed rest and change at a convalescent home; two days before the date fixed for her to go she returned to the aftercare department to say that she had been unable to arrange for the care of her baby of eighteen months, and her small boy of three years; her husband was practically an invalid and could not look after the children in her absence. She was very distressed and declared she could not go away.
The after-care worker was faced with the choice of cancelling the arrangements made, placing the children temporarily in the care of the City Guardians, to whom the mother refused to let them go, or finding a home for both children at twenty-four hours' notice, with no money to provide for their board. She took the last choice of the three. A telegram was sent to the home asking if the baby could be admitted with the mother; this was not usually allowed, but fortunately the matron was a baby lover and the reply wire read "delighted," much to everyone's relief.

A telephone message was then sent to the Secretary of the "Children's Country Homes Association," which is a society for providing poor school children with holidays in the country. The boy was not of school age, so was not eligible, but the Secretary was good enough to give the address of a cottage to which he could be sent, although the society could not pay for him. Fortunately, his father was an ex-service man and a grant of 10/- a week for three weeks was made by the United Services Fund to pay for his board in the country until his mother returned.

The mother, however, appeared the next day in the greatest distress. She had been to the Guardians for her usual relief money and was told that whilst she was away, as the house would be closed, no money would be allowed. This meant she would be faced with three weeks' rent to pay on her return, and had no money out of which it could be paid. She hated the thought of getting into debt.

An appeal was again made to the United Services Fund, and a further grant was made to cover the cost of the rent during her absence.

The above case has been quoted in detail because it shows that however much a social service worker may do for an individual patient, she never knows when she has finished. In the treatment of one patient may be involved problems in connection with the children, the husband, perhaps a grandmother or even a lodger.

The social diagnosis of a patient may take weeks. In medical social service the investigator is invariably up against abnormal conditions due to the particular disease of the patient. This is specially so in neurasthenic cases when a patient speaks and acts entirely contrary to his or her normal manner.

An Almoner's work is to make it possible for every patient to carry out medical instructions, when conditions are such that the
patients cannot, or will not, do so on their own accord. To do this, she must satisfy herself on four points in regard to each case; (a) what is the physical condition, (b) what is the mental condition, (c) what is the home environment, (d) what is the spiritual environment. The last point is particularly applicable to children, so much depends on the care, love and attention with which they are surrounded.

To satisfy herself on these four points alone may mean innumerable interviews, not only with the patient, but with the patient’s relatives, friends or employers.

Medical social service in a general hospital embraces such a variety of cases that one could write of it indefinitely. In Sheffield very little advance has been made apart from a special branch of the work which is perhaps one of the most important, and that is convalescent treatment.

The Sheffield Voluntary Hospitals are mainly supported by a Contributory Scheme known as the “1d in the £” Fund; by which employees pay 1d. in the £ of their wages and the employers, in the majority of cases, pay one-third of the total paid by their employees. Ten per cent of the total fund is set aside for convalescent and after-care treatment. Out of the 10% the full maintenance cost is paid of each patient at a convalescent home, and the return rail fare. Approximately twelve hundred people received convalescent treatment in this way during the year 1924.

To provide suitable convalescence is one of the brightest parts of an Almoner’s work. To see the face of a woman perhaps 50 years of age light up at the prospect of going to the sea for the first time in her life, is a joy few have known. To realise that there are hundreds of people who have never been outside Sheffield City, and that there can exist in these days girls of 18 years of age who have never been in a train, is to feel deeply the truth of the saying that “one-half of the world has no idea how the other half lives.”

Records play an important part in the Almoner’s Department. It should be the work of at least one clerk to keep accurate and detailed records of each case. It is doubtful if two record cards could be found alike in any two hospitals, so varied are the opinions as to the most essential points to be recorded. It may safely be said that to err on the side of too much detail is better than on too little. One never knows in referring back to an old case requiring further as-
sistance how important an apparently small detail may be. It is better to limit the work than to limit the detail of the work.

The great attraction in the work of an Almoner is its variety. She comes in contact with every side of human nature; one day she comes in touch with its humor, as in the case of a grateful patient who presented an after-care worker with a pound of bacon as an expression of appreciation; the next she may be faced with one of life's greatest tragedies.

The more one deals with human nature, the more one realizes the need to exercise that tact which Sir Charles Loch, the pioneer of Hospital Social Service, described as "telling the truth with love."
TREATMENT OF CRIPPLED CHILDREN*

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To do justice to this subject would require the ability to discuss it from the point of view of the orthopaedic surgeon, because, of course the prime object of the treatment of the crippled child, in a hospital, is the cure of disease, or the correction, as far as possible, of disabilities. This object must always have the first place in any hospital scheme for the crippled or sick child and failing to accomplish such an end the hospital has no excuse for existence.

I must start by frankly disavowing any fitness or desire to approach this aspect of the discussion or any aspect of the religious education of the child, and by stating that—when I say that the Surgical is only a part of the treatment of the crippled child in Hospital, I am granting it the big part, which provides the excuse for all the rest. It is a part only. A part of a big program which, to meet the needs of the occasion, that is, to turn out whole and wholesome children, who may take their places in the world in fit shape to cope with the problems of human contacts and daily living, requires divers additional aids and a piece of team work both intricate and delicate.

I believe, in this age, even very competent parents feel wary of trying to bring up a child without the advice and help of a number of different experts. How much more do we, who deal with the crippled child, whose entire life, or at any rate, several years of whose life, must be spent in an abnormal confinement, need the help of those, wise in preventing the ill effects of idleness, restricted activity, lack of habits of concentration, and the selfishness, so often the result of our poorly directed sympathy with illness and affliction.

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To say that even, the most broadly educated and humane nurse could fulfill these requirements, would be to say that, in addition to being not only a good nurse, but one specially trained in orthopaedic nursing, (a branch given a very meagre opportunity in even the better planned nursing curricula) she must be several other specialists besides. She must be, not only a good school teacher, but one of the very best—for she must, as a teacher deal with some of the most difficult children, as teaching problems, and under conditions, unusual, and often discouraging. She must have sufficient imagination, initiative and ingenuity to supply the deficiencies of inexperience, due to a confined mode of life, and unusual environment, and to bring to these children, at the bedside, or wheel chair, sufficient stimulation and incentive to create interest and desire to learn in the pupil, and to see that no opportunity for enlarging the limited scope of experience is lost. To do this she must spend almost as many hours in preparation for her work as in the actual practice of teaching. At the same time she must adapt methods to the many interruptions and inconveniences of the hospital routine, tolerantly accepting the inevitable ones, and tactfully managing to prevent unnecessary conflicts between routine, medical treatment and teaching periods. For this, team work of doctor, nurse and teacher is necessary, and only an ardent desire to attain what is best for the child, and a broad minded realization of the equal importance of the aims of all, can accomplish good results.

The Occupational Therapist plays an important part in the development of the crippled child. If this therapy was in effect as many hours as nursing care, there would be fewer behavior problems or need for disciplinary measures, which are futile, unless administered by a very clever person, or one well schooled in psychology. At the same time it requires much versatility and experience, as well as knowledge of the limitations of the patients, to supply enough variety in the work to sustain interest and to cultivate the proper activities, and at the same time to supply a real basis for future vocational training.

Children learn much from play. Supervised and directed play is recognized by educators and psychologists, as well as the learned professionals dealing with behavior problems, as one of the most valuable means of building good dispositions and good habits and prevention of much that is base and vicious.
Games, music and dancing all form a part of schemes of education, the public school curriculum, and welfare programs for prevention of delinquency. In truth it is hard to determine where the line is drawn, these days, between work and play, and which accomplishes the finer results. Certainly none can deny the child’s necessity for play. It is a great way to work off steam, or as the psychologist more elegantly expresses it—an emotional outlet—a prevention of sulks, sourness, and tempestuous tempers and quarrels. It is an aid in developing ideals of fairness and unselfish helpfulness, team work they call it—also quickness, accuracy, concentration, interest, co-operation, skill and many other good habits, most valuable assets in every day life, and the earlier acquired in a child’s life the better able he will be to cope with the problems of living. How pitiful and barren is the life of one who has never learned to play. How unfortunate the individual who has learned to play wrong—not on the square—to cheat, to “hog it”—to indulge unsocial and unhealthful proclivities and habits. When this phase of play is considered it does not seem unreasonable to demand for the crippled child supervision and direction of his play, nor can this be started at too early a period of his life—nor can too much stress be laid on its importance.

Many of us who have intimate contacts with the crippled child in the hospital, know the results of restriction and idleness—in the phases of screaming, quarreling, destructive activity, the aping of the acts seen around them and the senseless parrot-like repetition of what they have heard. How quickly a diversion may be created if some one will lead them off in a song, a clapping game, concerted recitation, a guessing game for the bed patients or some rhythmic group games for those able to move about.

A teacher of crippled children, I know, has made a study and written a paper about the games the crippled child can play. The physiotherapist is called into consultation on this subject, and a program worked out for the volunteer entertainers. I think a salaried director for play is a paying investment for children who need this as much as the hospitalized children who may waste valuable years before they have the opportunity to acquire all that the right kind of play, rhythm and music might teach them.

In our community it has been found possible to persuade the Kiwanis Club, a group of as hard headed, tender hearted businessmen, as it is possible to imagine that it is a paying proposition to
support a Nursery School for the pre-school, crippled child in the hospital. They pay the salary of a very high type of teacher, specially trained for this work in the nursery schools of England, and furnish equipment for work and play, for the children two to six years of age, that is a revelation in its ingenuity and variety. At first it was thought to be impossible to adapt this elaborate program of the nursery school to the handicapped child or one strapped to a Bradford frame, though their need was acknowledged—also the interruptions and distractions of hospital life were most discouraging, but, after eighteen months' trial, it is considered no longer an experiment but a successful and essential part of the treatment of the nursery children. It has proven itself, no fad, but a necessity. It requires more imagination, ingenuity and painstaking labor and thought than almost any work of art you could mention, but it is teaching these very little children to concentrate, use their hands, use their minds, imagination and reason, co-operate, sing in unison, and have a gloriously happy time—to say nothing of all the hours they are kept out of mischief and destructiveness and prevented, to some extent, from forming habits of selfishness, mental inactivity, and inattention. It is providing a better foundation for school days, wage earning days, social contacts, life. There will surely be less to unlearn and better material to build with, and when, to all the curative work of orthopaedic surgery, heliotherapy, roentgenology and physiotherapy for the prevention and correction of bodily deformities, is added those contributions mentioned, to prevent the warping of character and mental stagnation, then will the long months or years of hospital treatment be less one-sided. Body repaired at expense of mind and spirit.

The money spent for the medical treatment will be a better investment if those other avenues towards child culture are better guarded, for there will be a more nearly normal child who will make a more nearly perfect citizen and neighbor.
Psychiatrists in general agree that the laity must be led to appreciate the need for early recognition and expert treatment of mental disorders, and that social rehabilitation of non-institutional cases can be accomplished only with society's willing and continual co-operation. In such a program there is no place for the social worker who has chosen her profession to counteract a personal complex, for only a sane and load-free advocate can convince the community of its responsibilities with respect to the mentally disordered and only a serene personality can perceive and provide for what is necessary to the rehabilitation of the maladjusted. The psychiatric social worker must have insight, courage, and persistence in order to serve both society and her patients. She must be trained in psychology, social psychiatry, sociology, and biology, and she needs actual experience of life, with a faculty for drawing reserve powers from some stream outside the round of work. She must be able often to reassure herself and others that somehow there is evolving among the whole people a philosophy of life that promises for the future a general mental health far sounder than that of today.

Among the signs of such an ameliorating process are the psychiatrist's comparatively recent interest in preventive measures and conduct problems, and his establishment of children's habit and guidance clinics. Also the psychologist in devoting himself to a study of the factors of personality and is opening behaviour clinics for both normal and abnormal children. Minor conduct disorders are being successfully handled by the nursery school for the pre-school child. Research in these fields has led to the new dynamic methods

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of public school instruction. Perhaps most significant of all is the recent introduction, into the curricula of various state universities, of extension courses for parental instruction. To this opportunity for studying the physical requirements and the intellectual and emotional reactions of their children parents have enthusiastically responded. As such movements do not spring up until there is a more or less clearly recognized need for them, it appears that the fundamental impulses of the social order are encouragingly right. Also there is no doubt but that this change in society’s attitude toward the mental health of children and adults has been promoted by the psychiatrist and his social worker. Through them people have come to realize the significance of conduct disorders and have undertaken to conserve the mental health of childhood.

The Michigan State Psychopathic Hospital, under the able direction of Dr. Albert M. Barrett, is the oldest of its kind in America, having been opened in 1906. A somewhat cursory survey of its records indicates clearly the change in society’s attitude toward mental health during the two decades of the hospital’s service. In 1908, in addition to a high percentage of dementia praecox and manic-depressive cases, we find 9.4 per cent of the patients classified under the diagnosis of Psychopathic States, as opposed to a group in 1923 of Psychoneurotics, Neurotics, and Psychopathic Personalities, comprising 22.2 per cent of the hospital population. This indicates that society, awake to the seriousness of gross mental deviations, has begun to concern itself with the psychiatric treatment of human disorders previously regarded as mere peculiarities or physical illnesses.

Since the State Psychopathic Hospital has at the present time no facilities for the care of children, its house-patient records do not indicate the social interest in the present day diagnosis and treatment of child cases, but the out-patient records, available since 1916, afford index to the people’s attitude by the following data. Beginning with 1916, out of the first 500 patients 9.6 percent were between sixteen and twenty-one years of age; 8.5 percent were under sixteen, that is to say, 18.1 percent of the 500 were twenty years old or under. Among the last 500 out-patients we find 46.8 per cent were 20 years old or under, and 32 percent of these were under sixteen years of age. It is interesting to compare the diagnoses of these two groups of patients. In 1916 we find Hereditary Lues, Imbecility, Feeblemindedness, Dementia Praecox, Feeblemindedness, Juvenile Paresis, Hysteria, Fee-
blemindedness, etc. Among the last 500 cases are Marked Retardation, Mild Reactionary Depression, Conduct Problem, Endocrine Disturbance, Manic Depressive Psychosis, Conduct Problem, Seclusive type of Personality, Conduct Problem, Conduct Problem, Conduct Problem, etc. These data need no comment.

That society is recognizing mental deviations more readily and demanding treatment earlier than formerly is evident. But along with this alertness goes the old demand for permanent hospitalization. The social worker must therefore face the fact that the family and the community of the mental deviate are inclined to shirk their responsibility when confronted with the problem of his social rehabilitation. In many instances the community is afraid of him and the family will not endure his presence. Here is a case in point. A psychoneurotic, hypochondriacal husband was ready for parole. We wrote his wife, who replied: "Keep him; I've got a job and a mother's pension." We wrote again, saying, "He should be at home." The wife then said, "Send him to his people." "But," we urged, "he is your husband, the father of your children. So long as the family remains an approved social institution you and he should live together. He says you are a good woman, he loves you, you have loved him. A wife's love is half maternal. Can't you take him home, encourage him, mother him a little, and help him to support you and the children, and so leave the mother's pension for some one who has no husband?" Sometimes all appeals fail, but usually, in course of time, the social worker reaches a vulnerable spot and the family accepts its obligation. And society is showing more and more insight into mental disorders, and more and more willingness to adjust itself to the paroled patient.

In view of the growing conviction that the parole of patients is desirable, it might appear that a psychiatric field worker should be sent throughout the state to do psychiatric nursing among her clients, but one concludes that a well established local agency whose case workers know the patient's background, sense the community attitude toward him and his family, and can be permanently in contact, will usually do better work and get quicker results than could a stranger. Moreover, it is certain that the community profits by handling its own problems. Take the case of Mrs. H. Her husband wouldn't live with her because she was abusive and quarrelsome; one of her daughters was delinquent, and the other children were neglected. The easy way to handle the problem was to break up the home, place the chil-
dren with a child-caring agency, and permanently hospitalize the mother. She was sent to us for such recommendation. After observation, diagnosis, and indicated treatment, the hospital returned her to the community with the following statement: "Cyclothymia. Mild hypo-mania. Family maladjustment. Difficult social problem. Trial in community under local social service supervision." The agency replied: "You are certainly handing us an impossible problem. We had earnestly hoped that this woman would be given institutional care. She is quite impossible in her home." Five months later a follow-up letter brought from the agency this answer: "This woman has made a fair adjustment. Our Miss M. has been working on the case and has made a very splendid record. She brought the man and the woman together and made them see a reasonable amount of fault on both sides, and made Mr. H. agree to return to his family. Mrs. H. was brought to understand that only so long as she co-operated with her husband would the children be left with her. Our visiting housekeeper has been there two or three times a week and now Mrs. H. can manage her own affairs. Quite recently the man threatened to leave because of one of the patient's tirades, but Miss M. persuaded him to stick it out." We congratulated the agency on the work being done.

In spite of the fact that out of its last 200 cases the State Psychopathic Hospital returned to the community 80 per cent of its patients as opposed to 30.5 per cent in 1907-08, most people are still distressed by any demand that they assume responsibility for the social adjustment of a person who has been mentally ill. And when a social worker is preparing a plan for the parole of a patient she is beset with misgivings until her sleep is interfered with. Three weeks ago, after a night of such disturbance, I was awakened early by a group of sparrows who were enjoying their social maladjustments in the elm that sweeps my window. Irritated and half-awake, I muttered, "Those birds are exactly like a lot of family relations who just won't get along with my clients!" But just then above the wrangling rose the sweety deliberate and peaceful call of a mother quail and the joyous stammering of two young ones who were trying to repeat her rhythmic wisdom. Wide awake now, I caught from the quail calls a message for even the psychiatric social worker. Her philosophy must embrace certainty and serenity; her plans must be in harmony with cosmic forces and with the slow social processes of which we are so slowly becoming informed. We who deal with sick minds must be
conscious that back of the particular case may lie all sorts of matters that strictly fall within the provinces of biology, economics, ethics, and politics, and are conditioned and complicated by constantly changing theories and practices as men, women, and children live together in their baffling world. Or, to be specific, the writer is fully aware that the system of parole for mental deviates involves allied questions of vital importance. Among these are prevention of marriage, sterilization, birth control, vocational training and economic opportunity, as well as adequate supervision of the resocialized to prevent suicide, homicide, and general delinquency.
THE TRUE FUNCTIONS OF STATE INSTITUTIONS*

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Governments existing by the consent of the governed, represent broadly a service to the people. The administrative departments of such a government function in the interest of the public, by the making and keeping of roads, by the advancement of public education, by the development of penology and the care and treatment of offenders, by the custody, care and treatment of the mentally sick or defective, by the relief of the dependent poor and by many other enterprises which the people have in common, and for the doing of which they turn naturally to their government. The first point to be noted, therefore, is that a public institution is a specialized instrument for service.

For the purposes of this discussion, we speak not of institutions broadly, but rather of those enterprises only in which the state provides care, custody or treatment for individuals and is under the necessity of developing establishments for their housing and equipment for dealing with them. For our use an almshouse, a hospital for the insane, or a prison are typical.

Let us note, in the second place if you will, that a police institution exists only by virtue of legal authority contained in a statute. Now legal authority thus conferred is always specific; set like concrete; seldom confers discretion; and will always be construed by the courts strictly.

This legal authority represents, in theory at least, the will of the people crystallized into the word of law. Sometimes it is enacted hastily as the result of a special plea; but for the most part it arises out of the considered judgment of the community arrived at through

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generations of thought and deliberation. Legislation of the true type is a slowly moving process in which the critical needs of the moment cry aloud and are unmet, the remedy in the form of law following a long while after the need. It must be apparent, therefore, that your state institution finds itself hampered at any given time because of the antiquity of its authority and its inability by reason of so much restriction to adapt itself to the changing needs of the times.

A third point worthy of notice is that public institutional service suffers in the nature of things from sundry tendencies toward mediocrity. In the first place it tends in the direction of inadequate leadership through low pay and politics. This question of low pay I believe arises from the fact that the average citizen, who is the greatest influence in law making, gets less money than the public servant whose salary he is fixing, and for lack of vision fails to realize the market value of skill. Let the reason be what it may, public service in the United States is wretchedly paid, and because there is an economic law which usually brings you out with just about what you pay for—if you are lucky, public service in the United States speaking broadly is itself a sad tale of mediocrity. I need not discuss politics; we know its influence.

Second, your institution is in danger always from mediocre staff service, through low pay and the lack of a good source of supply for workers. This difficulty reaches its height perhaps in the supply of attendants for the care of the insane. As few American institutions, if any, have ever developed a housing plan which will take care of the families of attendants, the authorities must depend upon a body of floaters who drift about from place to place, filling the position of attendant at pay poorer than that of a domestic, or a gardener.

Third, the superintendent of a large plant is constantly beset by so many routine and mechanical duties that he tends always to fall away from his specialty and to become a general business agent, forgetful of the deep philosophy of his institution.

A fourth item among these dangers is the constant urgency under which the superintendent and his staff labor to make an economical showing in per capita expenditure, with a resulting constant urge to keep all the beds full and the waste can empty. This danger shows itself often in bad classification. It is sometimes revealed in ready compliance of the public department with the demands of local poli-
ticians for the sending of new groups of individuals to an institution
never originally intended for their care.

With these considerations in the background I wish to discuss
more particularly the question of function. A crippled child is sent
to the Massachusetts Hospital School because he cannot get an edu-
cation in the ordinary way out in the community, and because his
body needs study and treatment to make it more serviceable to him
and to his community if that shall prove possible. The public is
interested in the degree of effective citizenship which that child may
be able to render to the community. What, then, are the functions
of the Massachusetts Hospital School with reference to this child?
Among other things at least are these: (a) his physical rejuvena-
tion; (b) the preparation of his mind through education so that as
nearly as practicable he may become a self-supporting and a com-
petent citizen; (c) the study of problems of physical defect which
his case represents, yielding to the sum of human knowledge all
deductions of which the institution authorities are capable, to the
end that society may defend itself more completely against such
defects.

Let us look at another case. A young man shoots up a grocery
store and kills the clerk. He goes to Sing Sing for seven years.
What are the functions of the prison with reference to that convict?
Society has sent him there in order to protect itself from his crimes.
It thinks of his punishment, justly, only as a deterrent to him and
others similarly tempted. In committing him it has lost the citizen-
ship service of a potential citizen for seven years. What, then, does
it expect of its institution in which he is to spend that seven years?
Whatever else the institution may do for him, these obligations seem
clear: (a) He shall be kept with all reasonable guarantees against
his escape and the consequent nullification of the decree which society
has thus passed upon him; (b) his physical powers shall be pre-
served so that at the end of his sentence he may not be infirm; (c)
his intellect and personality are to be dealt with in such manner as
may result as far as practicable in his being able to go out into the
community and earn his way; and so that he may show the will
and the determination so to do; (d) his offense and all its attendant
circumstances, especially his mental texture and his environment are
to be studied with a view of helping society by all the conclusions
deducible to set up as perfect a defense system as practicable against the tendencies of its individuals to commit crime.

Let us take even a third case. A young girl is apprehended setting fires under back porches. She is sent finally to an institution for the feeble minded. What are the functions of that institution in her case? She was sent there to protect society from her arson. Whatever else the authorities may do for her, at least (a) she is to be maintained there humanely; (b) she is to be taught as much in the way of a self supporting occupation as her mentality will permit; (c) she is to be studied with a view of her release back into the community if and when competent authority is of opinion that the danger from which society has already suffered in her case can be sufficiently guarded against without her longer confinement; (d) the problem of mental defect which she represents is to be studied unremittingly, to the end that there may be set up as complete a defense as practicable for society against the recurrence of like defect among its individuals.

It will be noted in all three of these instances that the function of the institution seems to be to deal with the individual and to use his case as a basis for analytical study of the problem which he and his type represent. The public think always of the first of these functions and almost never of the second. To the man on the street the public institution is a place where persons who are insane, or infirm, or incorrigible may be sent away. To him it is a depository, a pickling vat. He never goes near it unless his blood kin is in residence there. He does not realize that its upkeep and maintenance are the chief items in his tax bill.

The social worker, when he thinks, looks upon the public institution as a process. For the most part it is the convenient terminus for many of his case problems. He takes relatively little interest in its progress.

There are few persons indeed in any community who think of a public institution as a vast laboratory, a tremendous, far-reaching opportunity for the study of the individual and his case as it bears upon the problems of society. Yet this is its true function. There is nothing genuinely static in the modern state—nothing but the grave. Our public institutions exist for the purpose of the custody, the protection, the reformation, or the relief of the individual, or for the treatment of his physical or mental difficulties, or for the
prevention of harms to society which it is believed on a basis of conduct that individual if left free to come and go in the community will commit. Aside from such basic features as food, clothing and shelter, this dealing with the individual varies greatly according to the case.

But however necessary be the many processes of dealing with the individual in the public institution, the most important element in institution service is the analytical study of the problems which that institution was created to help correct. An institution is a middle-link in a three link process, no one of which can function properly unless it be coupled to the others. The first of these links is the pre-institution field occupied by public and private enterprises in social work, carrying on education, prevention, probation, first aid, out-patient service and various forms of relief; all undertaken to prevent the necessity of sending the individual to the institution. The third of these links is the post-institution period, in which the individual has gone through the institution process and is now adjusting himself to the community out of which he came originally. This is the period of convalescence, of follow-up medical treatment, of case work, of service with family problems.

No public institution can keep an intelligent eye upon the nature of its intake without a close understanding of what other social work agencies in the pre-institution field are doing. Nor can it estimate the value of its own process without following its inmates back into the community to see to it that the same causes which brought them to the hospital in the beginning do not become operative again. In both of these fields there is need of active cooperation with other social agencies. In the institution process itself there is need for the keeping of adequate case records. There is need all the time for the constant use of the central index or Social Service Exchange. In the post-institution field this necessity for co-operation means hospital social service carried on in conjunction with private dispensaries and other agencies. It means friendly visitors to the families of convicts, visitors who are the agents of the public department or of the prison and who have the assistance of private agencies constantly at their elbow. It means constant visitation of the families of insane persons, and in particular of the families of those who are feeble minded.
A public institution which turns a cold shoulder to private social welfare interests, and which is neglected by those private agencies, soon becomes a hermitage, neglectful of its own basic philosophy, busy with the little details of congregate living, filled with the wreckage that nobody wants, a bourne from which no competent traveler returns.
DISENFRANCHISING ASYLUMS*

RALPH A. SONN

Atlanta, Ga.

At the close of the last century, there lived in Georgia an evangelist widely known as Sam Jones, and noted for the rusticity and directness of his speech. On one occasion he prefaced his sermon with the words: "I am going to strike straight from the shoulder, and I am going to hit hard. And I am not aiming at the other fellow, I am aiming at you."

I shall follow Sam Jones' example only insofar as striking straight from the shoulder is concerned. There will be no indulgence in personalities. What animates this conference is not to cast aspersions on any man or set of men, but to disseminate and to broadcast the reasons that motivate its preference of the family to the institution for the normal dependent child, and more particularly for the normal orphan.

There have been orphans as long as the human race has existed. The same cannot be said of the orphan asylum. Did the fatherless perish? By no means.

The pioneers, however, realized that the haphazard and uncontrolled tutelage of uncompensated relatives and neighbors was subversive of many an orphan's best interests, and they proceeded to establish the well and favorably known asylums.

The concentration of this highly benevolent work was a decidedly progressive step, resulting in untold blessings to both orphans and public.

Such being the case, it may be asked, why disapprove or oppose? Because what was hailed as progressive in one age may have be-

*Read at the Conference of the Child Welfare Committee of America, Hotel Biltmore, New York, May 18th, 1925.
come reactionary in the next, and because experience and quickened conscience have evolved newer and better methods.

Much is to be said in favor of the asylum, but nothing better than to extol it as a public educator and an expander of hearts. But the asylum should not be too modest to admit the fulfillment of its grand mission in that respect. Having reached its summit, it must strike out for newer and higher ideals. As it rallied the people to its standard in the past, so must it now take the initiative in mustering them for the onward march. Possessing, deservedly possessing, the confidence of the multitude, it must doubly earn that faith by enlightening its constituency. And this enlightenment means nothing more nor less than the courageous announcement that, after having shaped its affairs to resemble, as closely as possible, normal family life, it is now preparing to have just that.

The initial step—all will agree—can safely be taken with the subvention of the mother. If the husband’s death has made wife and children objects of charity, let them receive material assistance without desecrating the shrine—for that the hearth is—and without robbing the children of an inalienable birthright. If the most hallowed word in the human tongue is “mother,” it applies to the widowed mother before the rest.

To permit mothers to mother their offspring is equivalent to a reduction of about forty per cent of an asylum’s numerical strength.

The next step in order is the Fathers’ Subsidy. It can be launched with even less difficulty than the Mothers’ Pension for several reasons. First, the element of control, so often advanced in opposition by the mother, cannot be pleaded by the father. Second, the widower is not entitled to nearly as much compassion as the widow. The Book of Books inveighs twice, and both times most forcibly, against the oppression of the widow and the orphan. Nowhere does it accord the widower, so much as a mention. That is because a man, to deserve the name of man, must work out his own salvation. Indeed, he comes to the institution not because he cannot do that, but because he follows the line of least resistance. Do away with the institution, and see how readily, if we point the way, he helps himself.

What, indeed, does the rich man do if bereft of his helpmate?

He employs a housekeeper and a governess. They will not replace the mother, but it is the best that even he can do.
What does the man of moderate means do under the circumstances?

He requisitions the help of sister, aunt, cousin, grandmother or mother-in-law. That costs less money, and the children have a better chance.

The poor man differs from the other only in one respect: in point of means.

If we supply these, we acquit ourselves not only as well, but better than in any other manner.

Of course, there will be those that have no available relative. In such cases, is there any reason why, again like other men, and again with our material aid, they should not go boarding?

It is true that even pecunious families are hard put to find suitable boarding houses, but he less so than they. He has the advantage of our organization. Suppose John Doe presented himself today with two or three little boys. Scanning the Mothers' Pension list, we find thereon Mrs. XYZ. The benefit is mutual. His children obtain womanly care, her children manly protection.

Can there be anything more logical?

The logic of Fathers' Subsidy may well be illustrated by this little allegory:

A poor man's children had the misfortune of losing their mother. They came before a wise and powerful judge for advice.

"There is only one thing I can do for you," said the learned judge. "Because you have lost your mother, you shall also lose your father."

That wise and powerful judge is the institution.

We still have to deal with the full orphans who form about twenty per cent of the asylum. After having knocked at the doors of the near and distant relatives with more or less success, our communities are not so destitute of sympathetic families, as to leave the proper provision for the remaining contingent in doubt.

The question before the asylum really is: Shall it disestablish itself voluntarily now or shall it wait until the tide sweeps it away? With a little more introspection and an ear to the ground, it might realize its inevitable doom. From the day that the family advocate raised his voice, the asylum has been on the defensive. It saw some of its defects and corrected them. It transformed the name of orphan asylum into orphan home. It discarded uniform habili-
ment, did away with military discipline, and it began to call the
"inmate," child.

When the cry for the family home insisted, it dismantled the big
barracks, and built cottages.

It was a big concession, but not a normal home, and the family
man resumed the attack.

Now the institution began to temporize with boarding out its over-
flow.

It was another concession, but the institution with its thousands
of normal orphans stood.

Why should the institution continue to feign the family, when it
can have the family itself? What else is this chain of concessions but
a tribute of the substitute to the real thing? The institution covers its
retreat with creditable rearguard actions, but it is defeated.

I may be pardoned for stating that my observations are not made
from the outside, but from the inside. They are made by a man who
for thirty-five years has been the superintendent of the Hebrew Or-
phans' Home at Atlanta, Ga. Naturally my study of the subject is
based in the main on that institution, but the conditions are quite
typical at least of most of the Jewish orphanages, if not of all of them.
So, for instance, in following up marriages, I found that of 250 mar-
rried graduates, thirty-three had married out of the faith. In view of
the fact that Atlanta had subsidized all its fatherless children for the
past fifteen years, the lesson derived from these figures is quite
pointed, for thirty-two were institution-reared, and only one, and
that one the daughter of a subsidized non-Jewish mother, family-bred.

Is there an explanation? There is, but to give it constitutes so
severe an arraignment of the institution, that one in my position must
steel himself against too much reserve.

In the eyes of the superficial world, especially that part of it
known as "society," a certain stigma attaches to the charity-bred
institutional child from which the subsidized child escapes. Call it a
reprehensible prejudice, a base snobbery, or what not, the feeling
exists. When the fledgeling leaves, and seeks his level in the strata
of society, he finds, in the first place, that the institution, with its
boasted education and refinement, has unfitted him for his former
environment, and he discovers, in the next place, that an indefinable
something bars his association with the other crowd. He suffers this
indignity until his loneliness becomes unbearable, and then drifts
into non-Jewish company where he is made welcome. And what is more natural than his marriage into the adopted circle? The mixed marriage is not a phenomenon peculiar to one institution, it is the experience of all Jewish orphanages, be they orthodox or be they reform, and it demonstrates the superiority of the family, religiously, over the institution, no matter how tolerant one may wish to be in these matters.

Now, what attitude do the graduates themselves maintain towards the institution? To their honor be it said they are supremely loyal. Not one of them would throw mud in the well from which he had been drinking. Not a word of opposition from them. But actions speak louder than words. So cognizant are they of their misinterpreted past, that whenever possible they will not live in the home cities. I know this to be true, all over the district, but accurate statistics are herewith presented covering Atlanta. There are eighty-five graduates who hail from that city. Of this number twenty-seven live in Atlanta, and as many as fifty-eight have taken up their abode elsewhere. Now, Atlanta is not a village, but a city offering many opportunities materially and spiritually, and all the diversions that a youth may seek. There is a reason for this ominous hegira.

There is another test, an acid test, that can be applied:

Are graduates proud of their Alma Mater?

No.

There is nothing to be proud of. Aside from the described handicaps have a look at the rules covering admissions. The requisites for admission are often poverty, for the child, and physical or mental incapacity, divorce, desertion or criminality for the parent. The admission blanks to Yale and Harvard read differently. As long as lads and lasses dwell in the institution they lead a care-free, happy childhood. That is the silver lining to the cloud. But when they reach the thinking age, and it dawns on them why, father, mother or both, did or had to abandon them to the mercies, however tender, of boards, superintendents and of matrons, it smothers the pride the officials had tried to inculcate.

With all the criticisms that are justly being leveled at the institution with the unanswerable arguments adduced against it, one wonders why they do not prevail.

The answer is this: The interests.
Those who have read the pathetic story in Sophie Irene Loeb's book, "Everyman's Child," how a lone Assemblyman contrived to hold up indefinitely the enactment of New York's Mothers' Pension Law, can appreciate the power of the interests in even this field of endeavor.

An incident of more recent occurrence and strongly corroborative of the charge against "the interests" shall here be noted.

When an eminent member of this conference, in my estimation its most eminent, prepared the call for this conference, she applied to the Board of Public Welfare of a certain state for the names of all trustees functioning in children's institutions. The applicant's proclivities being known country wide, the Welfare Board's secretary replied that, before complying, she would want to know for what the names were wanted. If wanted for purposes of propaganda against institutions, she would prefer not to give them.

One is reminded of Marshal Kleber's famous retort: "To such an insult there is but one answer—Victory."

What the lobbyist is to legislation, that the entrenched official is to orphanhood. Partisan that he is, though he does not know it, he can see only his side of the question, and the Board blindly follows his lead. He elicits the applause of his members for his family-like direction of the institution, and in the same breath obtains their consent for the restriction of a parent's visits to one a month, and that to a given day at a given hour.

He can expiate on the mildness of his regime, and in quick succession glorify the beauties of a Republic Junior, a Golden City or a children's Board of Commissioners.

Have we a Republic Junior in our families, or even a regime?

I know an orphanage of excellent standing where the superintendent elects not to live on the premises. He keeps regular office hours, coming to his big family when other people leave theirs, and when the average man rejoins his family, he leaves his. Is that an inexplicable institutional vagary?

Once I visited a very large orphanage whose superintendent was a famed educator. When I expressed a wish to be shown around he approached an "inmate" who was on duty for errands of that nature with the words:

"What is your name, little boy?"

"Nathan, sir."
“Nathan, show this gentleman over the building.”

This lad lived in this palatial mansion, but his “father” did not know his name.

I am familiar with an orphanage that is considered a model of its kind. Not long ago the directors installed in office a bachelor superintendent. Since that time there is in the girls' and boys' entourage charged with their rearing, neither man nor woman who is or ever was married. Incredible, but true.

Incidents like these, which could be multiplied, go far to show that the most ideal institution is still an institution. While the intentions are uniformly good, the institutional spirit is ineradicable, and it will crop out in the most flagrant manner when and where least expected.

A great artist prided himself on having painted a bunch of berries so true to nature that the birds came to peck. Yet there was not a real berry in the bunch.

Institutions, at their best, are artistic imitations. There is not a real home in the “bunch.”

The way to de-institutionalize the institution is to cashier it.
EDITORIAL

Hospital Social Service

Social service may be considered as the youngest of the group of sciences which tend to make the world a finer and better place in which to live. It may be looked upon as a daughter of those handmaidens of progress—the Church, Medicine and the Law.

The social service worker must therefore know something of the doctrines and tenets and ethics of all of these. She—for it is most usually a woman who takes up social service as a serious profession—must minister to soul and body, mind and heart. In the study of her profession, prevention must be her watchword. Prevention of disease, and so its elimination, is the ambition of every progressive physician of the day. The aim of the church is the development of mental and social health. Law seeks to make the community realize the benefits of living together in harmony and conserving the rights of all. Full cooperation with doctor, lawyer and minister, therefore, is the basis on which the social worker should build her plans. The modern doctor is no longer satisfied to treat disease in the individual when he is called in. He instructs the family how to live so that they may avoid disease conditions, whether they be of the mind or body.

There has been a tendency in the past to speak of the social worker—and she herself has fostered this—as a "case worker." There should be no "cases," however. First, it should be the family that is looked after. Are the health surroundings perfect or as nearly perfect as they can be made? Are members of the family worried by their working or social or mental or health conditions? What effect have these on the individual members of the family? It will not do to send Johnny or Nellie or Father or Mother to a convalescent home for a rest of several weeks and then bring them back to undergo the same strain they have just been through. The worker must be quick to recognize that there are health conditions to be adjusted. For this reason she must have had experience and learned not only
how to care for the sick, but how to recognize that they are suffering from or subject to disease.

So the nurse has been found to be the best and most effective of workers in this special field. She does not look upon the task as a routine one. Her sympathies have been stimulated through her training at the hospital. She has learned to recognize disease. She knows the necessity of caring for physical or mental sickness. Inasmuch as most hospitals today have a social service department, this work is made part of the regular education of student nurses, and they are therefore prepared upon graduation to take it up. In this training, hospital directors and superintendents of nurses must stress the big field of preventive medicine and look to the actual elimination of disease from the community rather than care of the individual case. My whole point is that the care of one person will not eliminate social distress and disorders, while a study of the conditions which bring worry, discontent and ill-health to groups is the real function of the social service professional so that they may be removed as a whole.

Social service is really one of the biggest spheres of endeavor that have been opened to women within the century. It will continue to be one of the most worth while things that women can do for a long time to come, and it is therefore the duty of every woman who has the social instinct in her to take up this work and foster it, either through encouragement of others or by doing some of the field work herself and devoting her best mind and thought to the solution of the problems that have to be met.

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NEWS NOTES

In recognition of the distinguished service rendered by Dr. Edna M. Henry of Indianapolis, for the development of Hospital Social Work, the Association of Hospital Social Workers at its last annual meeting in June elected her to Honorary Membership. Dr. Henry was one of the pioneers in hospital social work. As a member of the faculty of the University of Indiana and as Director of the Social Service Department of the School of Medicine, she has developed one of the strongest and most influential departments of social work in the United States. She was the first to point out clearly and definitely and to put into practice that social work is essential to good organized medicine. She and Dr. Charles P. Emerson, Dean of the Medical School have for many years conducted a well organized course of social work for medical students, jointly teaching and demonstrating the inter-dependence of the medical and social aspects in the treatment of patients. She has always stressed high standards and the importance of especially trained social workers. Dr. Henry is a charter member of the Association and its first president.

The Joint Committee on Preventing Delinquency, 50 East 42nd Street, New York City, reports that ten cities in which a three year demonstration of visiting teacher work has just been completed under the auspices of the Commonwealth Fund Program for the Prevention of Delinquency, have decided to continue the work as a regular feature of their public school system.

Miss Charlotte Carr has been appointed chief of the newly established “Section of Women and Children” of the Pennsylvania Department of Labor and Industry.

Boston, through a “Household Nurses Association,” prepares women to go into homes as household nurses and gives them a diploma when they have completed a year’s course of training and 6
months' experience on the Association registry. The course includes instruction in hospital nursing under supervision, in cooking, serving and planning meals, marketing, and the care of well children.

World's Children.

The Hospital for Ruptured and Crippled has established the following new clinics in the out-patient department. Orthopedic and hernia clinic, Tuesday and Wednesday, 7 p. m. Physiotherapy night clinic, Tuesday, 7 p. m. Arthritis Clinic, Tuesday and Friday, 9 a. m.

The Metropolitan Life Insurance Company has offered $15,000 to the Canadian Social Hygiene Council to further its public health work for the coming year.

The Kentucky Society for Crippled Children plans to spend $100,000 in the aid of crippled children.

It is reported that tuberculosis is making serious ravages among the natives of Greenland, where the knowledge of the principles of hygiene is very primitive. A year ago a society for the relief of the children of Greenland was formed in Denmark, which already has 5,000 members. With the aid of the Danish Ministry of the Interior, the Health Service and the officials concerned with the government of the island measures have been adopted for the installation of a 20-bed hospital for tuberculous children. The society is also taking measures for the protection of orphans in Greenland and is endeavoring to find foster homes for them.

World's Children.

That syphilis is a very heavy burden on the taxpayers of a community is shown by figures issued by the New York State Hospital Commission. There were 911 persons whose mental condition was caused by syphilis, admitted to institutions for the insane during the year ending June 30, 1924. The yearly cost of treatment and custodial care was estimated to be $580,762.00.

The fourth session of the International Association for Child Protection was held at Luxemburg in July of this year.
The report of the Philippines Health Service for 1923 shows that Manila has been free from smallpox since 1921 and that in 1923, 2,132,653 persons were vaccinated.

Arthur Dunham has been appointed as the new secretary of the Child Welfare Division of the Public Charities Association of Pennsylvania. During the last two years Mr. Dunham has been the executive of the Council of Social Agencies of Newton, Mass., previous to that time he was secretary of the Philadelphia Social Service Exchange.

Statistics given by a writer in the “Times of India,” published in Bombay, show the extent of child marriage in India. The figures are from the 1921 census report for the Bombay Presidency. They show that in 1921 there were in Bombay, in round numbers, 49,000 married girls under the age of 5 years, of whom more than 2,000 were widows; 261,000 between the ages of 5 and 10 years, 13,000 of whom were widows; 643,000 between the ages of 10 and 15, of whom 34,000 were widows. The infant death rate in Bombay in 1924 was 411 per thousand live births, compared with the United States rate (1923) of 77. World's Children.

The Metropolitan Life Insurance Company announces the interesting fact that there was a decided seasonal variation of suicides in New York during the period 1910-1923. The spring months claim the greatest number, the maximum being reached in May when the mortality is 10 per cent above the average for the entire year. The minimum death rate is observed in August and September. A sharp rise is noticed during the cold weather.

Miss Anna A. Stevens, General Director of the National Organization for Public Health Nursing, has resigned her position to take effect December 31st, 1925.

Fifty per cent more mothers in Michigan received allowances for the support of their children during 1925 than during 1915, the first year of the mothers’ pension system in the state, according to the state welfare commission. The number of widows, deserted wives, unmarried mothers, and others who were aided during 1924 was
1,853 and the number of children affected was 5,383. The total amount paid out was $1,741,656; the average expenditure per child per week was $2.14.

World's Children.

The Rockefeller Foundation of New York City has given $350,000 to endow chairs of bacteriology and biochemistry in the King Edward the Seventh College of Medicine at Singapore. The local government will establish a chair of biology and maintain all three departments.

Chile recognizes the important fact that working mothers must be protected in order to conserve the health of children. The legislature recently passed laws which require that the expectant mother in industry must have a rest period of 40 days before confinement and 20 days' rest after childbirth. The employer is required to keep her position open for her. The employer must also provide nurseries for the care of infants and allow their mothers the necessary free time to nurse their babies.

The League of Red Cross Societies reports that approximately 1,200 nurses from 38 different countries attended the International Council of Nurses at Helsingfors in July. The following nurses were elected to office: Miss Gage, China, President; Miss Gunn, Canada, Vice-President; Miss Noyes, United States, Vice-President; Miss Musson, England, Treasurer; Miss Reimann, Denmark, Secretary.

The Industrial Clinic of the Beekman Street Hospital, New York, has been enlarged in order to meet the needs of the district. There are no special hours; the clinic is open all day, every day excepting Saturday.

The Department of Health of Porto Rico has just announced the establishment of a monthly periodical known as the "Porto Rico Health Review." The first issue contains articles describing the work of the Department in combating hookworm, tuberculosis, plague and venereal diseases. The Bureau of Venereal Disease Control was organized within the last year and confined its attention chiefly to syphilis.

U. S. Public Health Service.
Dr. Carl H. Smith, who is connected with the New York Nursery and Childs' Hospital, is in charge of the new Pediatric Clinic at the Beekman Street Hospital, New York City. Clinic hours Mondays and Fridays, 2 p.m.

The Latvian Nurses have formulated a programme of education not surpassed in any other country, and the nurses of Lithuania and Esthonia have signified their determination of adopting it at the first possible moment. Requirements for entrance into any training school for nurses have been regulated by law and a high school diploma is demanded. It is also intended to give short courses of a general educational type to all the nurses in Latvia, as "refresher" courses, as well as post-graduate instruction for nurses wishing to specialize in public health, hospital administration, surgical nursing, or as nurse instructors.

League of Red Cross Societies.

It is not very widely known that the last congress passed a law authorizing the Veterans' Bureau to extend its hospital and traveling expense service to include veterans of all wars since 1897 for certain diseases. Under this law "any person who served in the military or naval forces of the United States during any period after 1897, except those persons whose discharge from the service was dishonorable, will be furnished treatment at any hospital under the jurisdiction of the United States Veterans' Bureau, when such persons are suffering from neuropsychiatric or tuberulous ailments and diseases, paralysis agitans, encephalitis lethargica, amoebic dysentery, or the loss of sight of both eyes. The term "neuro-psychiatric ailments and diseases" will include psychoses, psycho-neuroses, epilepsy, organic diseases of the nervous system, endocrinopathies, Raynaud's disease, sangioneurotic oedema and erythromelalgia. "Tuberculous ailments and diseases" will include all forms of tuberculosis.

In accordance with a report (Le Nourrisson) the Municipal Council of Paris, France, has authorized the school authorities to appoint hygiene welfare workers in all the schools of Paris.

Health News reports that the Foreign Language Information Service has informed the New York State Department of Health
that during June of this year their organization published in the
foreign language press of the United States, 57,000 words from the

A story going the rounds of the newspapers serves to remind
health officials that warning notices should be worded so that even a
child will heed them. The story is to the effect that a traveler thought
a sign reading "this water is contaminated" was an advertisement of
a new mineral water. It is stated that the health authorities immedi­
ately substituted the following: "This water is rotten. It is not fit to
drink."

Health News.

That self-preservation, one of the strongest laws of Nature, is
entirely disregarded when the sick or disabled are in need of care
was again demonstrated in the recent Santa Barbara earthquake.
The following tribute by an eye witness is copied from the Pacific
Coast Journal of Nursing. "Small heroisms are constantly being
required of the nurse, but that she is just as ready for the larger ones
is testified to by her instant response to the exigencies of disaster.
Eloquent evidence of this was given during the recent earthquake in
Santa Barbara, when the nurses of the various hospitals, most of
which were wrecked, displayed such courage and loyalty. The nurses
of St. Francis Hospital, with no thought of their own safety, carried
out the patients, caring for and quieting them until they could be
removed to the Santa Barbara Cottage Hospital, which was fortu­
nately left standing. Amy Cryan of Mills College, San Francisco,
who happened to be visiting in Santa Barbara at the time of the dis­
aster and who offered her services, afterwards wrote a tribute to the
high morale of doctors and nurses of the Cottage Hospital, in the
course of which she says: "When the earthquake came the forty
nurses were at breakfast and at once, without delaying for orders
from the nine supervisors, each one went to the patients she had
just been nursing, as promptly and simply and courageously as if it
had been part of her routine training. These girls carried out the
patients, many of whom were helpless and some of whom were
heavy men, and not till afterwards did they realize how strained their
backs and arms felt. They did not realize that they had acted
heroically; they did not even know how all-important their courageous
work was to prove, since it left them ready to deal with the patients who were rushed down from the St. Francis Hospital, which was wrecked." Occasions of stress and misfortune are nearly always rich in tales of individual endurance and self-sacrifice but it is not common for bodies of people, however well trained, to act in unison with the spontaneous courage that was here displayed. Many lives must have been saved and panics averted by such matter-of-fact heroism and nurses everywhere no doubt felt a thrill of pride when they read of the noble part their sisters in Santa Barbara played in preventing this disaster from being more terrible than it might otherwise have been.

Dr. Leartus Connor states (J.A.M.A. June 14, 1884) that the first medical journal was a Paris publication edited by Nicholas de Blegny. It appeared in 1679. The first medical journal published in this country was apparently a translation of the Journal de Medicine Militaire issued in Paris from 1782-88. It appeared in New York City in 1790. The first really American medical journal was a quarterly, The Medical Repository, published in New York from 1797-1824. The second American journal, the Philadelphia Medical Museum, was born in 1804 and lived only seven years. The Baltimore Medical and Physical Recorder was the third American journal, issued from 1808-09. Boston's first medical journal was the New England Journal of Medicine and Surgery, 1812-27. This quarterly was consolidated in 1828 with the Boston Medical Intelligencer to form the Boston Medical and Surgical Journal, still being published.

The United States Public Health service has released the following interesting information regarding the combined efforts of medical journals and labor papers to assist the health authorities to combat the venereal disease problem and to give the widest possible publicity to the subject.

"In an effort to cooperate with the State Department of Health in meeting the venereal disease problem which is engaging the attention of sanitarians and the medical profession" the Boston Medical and Surgical Journal, owned and published by the Massachusetts Medical Society, has devoted the issue of August 27, 1925, to a symposium on venereal diseases. The attitude of this medical journal
suggests the opportunity for non-medical journals to aid the health authorities in the same problem. It is officially reported that the state of New York spent in 1924, $580,762 for the care of 911 syphilitic insane admitted during the year. The United States Public Health Service calls attention to the important fact that this expenditure of over half a million dollars is the cost of institutional care alone, in one state only, and for but one of the hopeless disabilities resulting from neglected or inadequate treatment of syphilis, either in the early or late stages. Attention is also directed to the fact that this information should serve to influence negligent persons, who are aware that they are in need of treatment, as well as persons who have to do with delinquent adults, boys and girls, in whom the detection of the diseases and their adequate treatment might tend to correct their social trends and to protect the community from further expense. The labor papers and journals are already cooperating with the health authorities, having published a series of articles entitled 'Venereal Diseases—Destroyers of Health and Wealth.' This stimulation of workers to cooperate with the health authorities in the production of fitness and in safeguarding the earning capacity of the individual is a valuable activity in which the non-medical press can ably assist by editorial discussion as well as by news items and feature articles.'

The Metropolitan Life Insurance Company Statistical Bulletin reports that the death rate of the industrial policy holders in the United States and Canada was lower in July, 1925, than for any month prior to 1925, the rate being 8.1 per 1000. In 1924 the rate was 8.6 and in 1923, 8.4.

Canada has launched a campaign to raise $500,000 to establish a Banting Research Foundation. The purpose of the fund is to give the opportunity to Canadian scientists, medical men or students to carry on research work in medical or allied subjects if the facts and ideas are endorsed by their university.

The New York State Committee on Tuberculosis and Public Health of the State Charities Aid Association will hold its Semi-Annual Meeting this Fall by inviting its membership to sit in with the Advisory Council of the Milbank Memorial Fund, when it holds
its annual meeting in New York City, November 19 and 20 at the Hotel Biltmore. The New York City Tuberculosis Conference will also be held at the same date and place.

The Advisory Council, composed of the foremost men of America in Public Health work, will meet to consider the progress of the New York Health Demonstrations in Syracuse, Cattaraugus County, and New York City. The State Committee is the organizing, and supervisory agency for the Syracuse and Cattaraugus County projects.

The following items from the Hospital Library and Service Bureau, Chicago, Ill., will be of interest to hospital social workers who were unable to attend the meeting of the American Hospital Association in Louisville, Ky., October 19-23:

**HOSPITAL LIBRARY AND SERVICE BUREAU EXHIBIT.**

The first bureau of hospital information to be established was the Hospital Library and Service Bureau at 22 East Ontario Street, Chicago. Demands upon it for service have so increased that each year additional space is required to exhibit material showing the service rendered. This year five booths with six hundred square feet of floor space will be devoted to material of interest to hospital trustees, superintendents, building committees, the medical staff, nurses, occupational therapists, social workers, dietitians, and public health workers.

**PACKAGE LIBRARY SERVICE**

While only a few of approximately three thousand package libraries now in circulation can be shown, there will be on exhibition packages typical of the material on all phases of organizing, equipping and administering hospitals and their various departments.

**COLORED NURSE STUDY.**

The Informal Study of the Educational Facilities for Colored Nurses, made by the Bureau, aroused a great deal of interest in the
education of the colored nurse. A copy of the complete report and the accompanying tabulation will be shown. This study gives detailed information relative to the schools of nursing admitting colored students, their use in hospital and private duty nursing and their utilization as public health nurses.

BIBLIOGRAPHIES.

Thousands of bibliographies compiled by the Bureau have been sent upon request to hospital workers, over three thousand being asked for at one exhibit of the American Hospital Association. In most cases these bibliographies cover the literature for a period of ten years. Since they are revised annually they are at all times comprehensive and up-to-date. At the exhibit this year many new ones will be shown, and hospital and public health workers will be given an opportunity to indicate those which are desired for their files.

NEW HOSPITAL PLANS.

The regular exhibit of floor plans of almost eight hundred hospitals, sanatoriums, nurses' homes, medical schools and allied institutions will be supplemented by a special exhibit, attractively displayed, of General Hospitals Constructed or under Construction. These floor plans are invaluable to hospitals having building programs under way. The exhibit will be so arranged as to give ample opportunity for careful examination of the plans. There will also be package libraries on general principles of hospital construction and special phases such as soundproofing, ratio of private rooms to wards, and dimensions of private rooms.

HOSPITAL ARCHITECTS.

With the exhibit on new hospital plans will be shown the Bureau's very comprehensive list of hospital architects. This list gives information in regard to the work of the various architects, and contains the names of architects of new hospitals for which plans have been approved, as well as of those of hospitals already constructed. The arrangement of the list is geographical.
INDEX TO HOSPITAL JOURNALS.

One of the most formidable tasks confronting the Bureau was the indexing of hospital journals. The work is so extensive that it is possible only to show a sample of it in the exhibit. This will consist of a complete author, title and subject index to one month's issue of The Modern Hospital, Hospital Management, and Hospital Progress.

THE SCHOOL NURSE.

There was ease in Johnny's manner
As he walked into the school,
There was pride in Johnny's bearing
That was absolutely cool;
And when in answer to the roll
He lightly raised his hand,
Not a pupil in the room
But thought that he was grand.

'Twas the first week in September
And the school nurse was on hand,
With professional approval
She closely viewed her band.
And the first one that she noticed
Was our hero Johnny Jones,
She saw his month was open
And no air went through his nose.
He was pale and he was languid,
He drank coffee every day,
And she knew that with these habits
He would never win the day.

So she took his name and address
And his mother went to see,
And before he knew what happened
He was fixed by an M.D.
He was vaccinated 'gainst the smallpox
Schick tested right away,
His teeth were cleaned and polished,
Had some cocoa every day.
He was scrubbed and got his glasses,
Had his fresh air in the night,
And in twenty years you'll see him
A mighty man all right.

FRANCIS A. HUNTER,
In The Public Health Nurse.

BOOK REVIEW

One or Two Reasons for Reading The Life of Sir William Osler, by Harvey Cushing, M.D.

This is a very brief statement of a little of my enthusiasm for what I feel is an epoch making event in literature, even aside from the medical field, and which I think you will find, having chosen a perfect subject, is largely due to Dr. Cushing's masterful handling, for he it is who has made him live and breathe again; and the story never, never lags even if you read all the footnotes, which you will also find you cannot afford to miss. So that even for those people who do not know Dr. Cushing as a surgeon, it is not altogether important, as this alone is, I feel, a very permanent monument to him and a great achievement.

William Osler had many qualities and characteristics which I am sure we should all be proud to possess. The two which I think perhaps are the most enviable are, his superhuman capacity for work, and I hasten to say for the benefit of those to whom this would not be a recommendation, is made to seem in his modest personality to be insignificant as compared to what he felt others were doing; and his goodwill towards everyone and interest in what they were doing, be they young or old, with the rare result of perfect harmony being ever present, even between fractious groups of people, when he was the magnet. That he was called the Consoler General during the European War, is typical of this.

To feel the fascination of his varied interests, whether first for the microscope and all it grew to mean, or at McGill or the University of Pennsylvania, or later at Johns Hopkins and even later at Oxford, you will have to read for yourself. If one started quoting it would be impossible to stop, just as in reading it you will find that although you may have thought you only had time for a few pages, when you "come to" it will be several hours later and even then you will be loath to put it down.
His ability in organizing societies where he felt there was a need, was insurpassable, and in reading the history of preventive medicine you will find how much credit goes to him for its success in many fields. Perhaps chief among them was the fruitful beginning of the crusade against tuberculosis.

With all the many things he did he always found time, though it is impossible to see how or where, to write addresses which were delivered at Universities or elsewhere, or articles for some medical journal, or if he were traveling abroad, to report his visits to clinics or hospitals there, so that those reading the journals at home might be stimulated by the work that was being done in Europe.

One of his entrancing characteristics was a remarkable power (and I am sure some of his victims would say "hypnotic") of gently ordering other people to write articles also, on any and every subject as he felt suited their ability: and they seem to have always done it even if it was many years after the suggestion was first made.

One would think that his work as a bibliographer alone, would be enough to keep the average human being fully occupied, and anyone who has ever had the thrill of acquiring a first edition of some book they are particularly fond of or of one they have been pursuing for a long time, will share particularly, again and again, Osier's excitement and joy at realizing many of his dreams, in getting books to add to his wonderful library of medical books and those having to do with the history of those in the medical profession—all of them stimulating him (though he seemed not to need it) to write many articles about the character and life of various members of the medical profession in different centuries.

There is no last, but certainly not least was his love of children, with whom he was at all times during his life the merriest child of all; and his love and reverence and idolization for his wife and son.

I could go on indefinitely for I feel that anyone whether medically inclined or otherwise, will get a great deal of joy from these two volumes, which are among other things, a perfect example of the art of the Oxford University Press, in whose interests Dr. Osler's help and enthusiasm never flagged.

_Mildred Sawyer, Director of Social Service, The Babies Hospital, New York, N. Y._
NEW PUBLICATIONS


“What Builds Babies?” Dorothy Reed Mendenhall of the Children’s Bureau, U. S. Department of Labor, Washington. The second of a series of articles in press syndicate form published by the Children’s Bureau. This series of eight articles deals with the expectant mother and her diet. The instruction given covers the nine months of pregnancy. The daily dietary essentials for growth are given, also menus for the average expectant mother, the hardworking undernourished woman and the overweight expectant mother. Copies may be obtained from the Bureau. Ask for Folder No. 4.

“Hospitals and Health Agencies of Louisville, Ky.” A survey made for the Health and Hospital Survey Committee of the Louisville Community Chest, by Homer Emerson, M.D. and Anna Phillips. A report of the fullest investigation and research into the health facilities of the city of Louisville. The various phases of public health, of service such as health education, sanitation, hospital facilities, social service, the venereal disease menace, disease prevention, etc., are analyzed, the work accomplished noted and the needs to carry on the work in the future are set down. Much has been accomplished. The survey was made in order to get expert knowledge on health conditions in order that through the cooperation of the various public and private agencies the best standards of community health could be established and maintained.
ABSTRACTS

"Reasons for a Child Guidance Clinic." R. L. Richards, *Cal. & West. Med.* 1925, XXIII, 164. Medicine and medical research has been in the past as it is in the present of interest to those outside the profession only in proportion to the benefits derived. The Child Guidance Clinic, in addition to its wide field of service in directing and correcting tendencies which if neglected in the formative years of childhood would lead to social maladjustment in adult life, has an opportunity to interest the public in medicine and health through their children. The study of the child who is a behavior problem is medicine in its broadest sense. In the clinic the child is seen as a whole. His physical condition, mental equipment, trends, determining factors and his emotional reactions are studied. His relation to the family, to the school, to the courts and various social agencies is also considered. The author notes the vast sums of money which are yearly paid in taxes for custodial care in correctional institutions and state hospitals for the insane, the cost of educating children who repeat the grades in school, the money expended for maintenance of children's courts, and the alarming increase in crimes committed by youthful offenders. Workers in Children's Courts and social agencies now fully occupied with end results are vitally interested in prevention but realize that their function is to use such remedial measures as will fit the individual case once it has come under their supervision and care. Prevention and treatment belong to another cooperating agency which is logically the child guidance clinic. The schools, courts and social agencies all accept the problem as it is presented but have neither the time nor staff to delve into the child's physical or emotional life outside of school. Through the Child Guidance Clinic medicine has a wide opportunity to advance in a new field of preventive medicine. The future clinic for the problem child will consist of a co-operative group embracing the family, the schools, the churches, the courts and social agencies and the work will be initiated by medical men and under medical guidance.

"The Objective in Nursing Education." C. D. Lockwood, *Pac. Coast Jour. Nursing*, 1925; XXI, 535. A sane and logical endorsement of the higher education for women who elect to enter the profession of nursing, and a condemnation of the attitude of physicians and hospital administrators who consider it unnecessary to give a
scientific training and education to students of nursing. In the past
the nurse has been considered a financial asset to the hospital; in the
future the hospital must be looked upon as a place of education for
the nurse. There should be no lowering of standards in order to
meet the demand for more nurses. That there is a need for nurses
for the great middle class who cannot afford to pay the nurses’ fee is
not denied, but the author considers it unfair to put the blame on the
nursing profession. He considers it a community problem and feels
that it should be met by co-operative measures, by endowment or pub­
lic support. Nursing organizations can help solve the problems by
awakening the public interest. The author approves the affiliation of
the nursing school with the Junior College, and hopes in the future
one of the requirements for entrance to a school of nursing will be
a Junior College diploma. One of the most important reasons given
for the higher education of nurses is the fact that the technical re­
quirements of medical practice are becoming more and more exacting
and much of the detail of medical treatment is given over to the
nurse. Hospital authorities, physicians and the public must be edu­
cated and made to realize that the young woman who gives up three
years of her life to study nursing is entitled to the best in scientific
training. If nursing education is to assume its rightful place in hos­
pital economy and public esteem it must be separately budgeted and
its needs met by endowments. The author sets down briefly and in
a general way what he considers the objective in nursing education.
(1) To produce a well-rounded woman who has not only mastered
the art of nursing, but who also possesses sufficient culture to give
her a broad outlook on life and render her a useful citizen. (2) To
provide a trained personnel qualified to meet every demand of both
a private or a public nature in the field of nursing. (3) To
organize and efficiently administer all the agencies that have to do
with nursing. It is delightful to find a physician who has such a
broad conception of the ideals of nursing. Lockwood realizes that
while the first duty of the nurse is the care of the sick, there is need
for something higher and finer than mere mechanical services and
the woman who is to become a successful nurse needs to be cultured
and well educated.

“Adult Delinquency” J. Catton, Cal. & West. Med. 1925, XXIII,
170. The law which temporarily protects society from the criminal
by keeping him in custody has proved ineffective in the vast majority of cases, in reforming the prisoner or correcting his anti-social attitude. Medicine has a far better opportunity to help in the problem of adult delinquency. The approach will be through the physical examination and history of the man, who will be considered as a patient rather than as a criminal. By special psychiatric, psychological and sociological investigations, causes for maladjustment will be discovered. The following statistics, which show conclusively that the criminal class is largely made up of men and women suffering from some form of mental defect, are interesting. Glueck reports that among criminals at Sing Sing 12 per cent are insane, 28 per cent defective and 18 per cent psychopathic (58 per cent mentally abnormal); Anderson reports that among the juvenile delinquents in Cincinnati 26 per cent were psychopathic or mentally ill, 26 per cent subnormal, 8.4 per cent feebleminded (66 per cent psychiatric problems); Anderson reports that 75 per cent of the dependents in Cincinnati were psychiatric problems, 25 per cent being mentally ill; Adler reports that 35 per cent of the unemployed were "inadequate" and all the others showed paranoid make-ups or emotional instability. Wherever surveys have been made of delinquent types it has been found that from 50 to 75 per cent present psychiatric problems. The author is of the opinion that the time to reform the criminal is in early childhood and if reformation cannot be accomplished it may be possible to correct or modify the tendencies due to heredity, environment, physical or mental defects, which when left uncorrected fill our prisons and asylums. If causes for maladjustment in childhood are recognized an intelligent attempt can be made to help the individual to adapt himself to society and find the level where he will find happiness and usefulness.

"Maintenance of Health in Adults." H. Emerson, Am. Jour. Pub. Health, 1925; XV, 705. The activities of official health agencies in the past have been centered mainly in the enforcement of existing sanitary laws and the control of communicable diseases. Although practically all health services have been created to conserve and maintain the health of children, adults have derived the benefits of the various child health programs. The author, while approving all that has been done in the way of health conservation, questions the soundness of any policy of official or volunteer service, whether for
adults or children, which shoulders the responsibility of such work in order to obtain quick and easily proven results. Industrial hygiene will be more effective when the workers are organized for self-protection. School health service will not show the desired results until parents are educated up to the point where they desire the equivalent of it for their own children at their own expense. Prenatal care, to be more than superficially effective, must be provided by the fathers of families; and so on in all phases of health work. The people as a whole must have the desire to seek health and pay for the precious inheritance. Two factors in a large measure responsible for the awakened interest in health are the visiting nurse and periodic medical examination, and gratifying results may be expected from both: first because they cannot become universal quickly, and secondly because they cannot be provided out of tax money or through volunteer service to the community. It will take a generation for these services to be used widely and intelligently enough to impress all the people. For all adults to derive practical benefits of applied preventive medicine it will be necessary for all to have a wider conception of social justice and an appreciation of the individual’s responsibility for his own health and the health of the community.

“Care of the School Child’s Health.” T. D. Wood and M. O. Lerrigo, Hygeia, 1925; III 485. The health examination when a child enters school and at different periods during his school life is now accepted as a standard for an adequate school health problem. That the pre-school age child is neglected is shown definitely by figures compiled in New York City by Dr. Jacob Sobel of the Department of Health, Bureau of Child Hygiene, in 1921. An examination of approximately 1,061 children who were about to enter school showed the following defects; defective teeth, 72 per cent; hypertrophied tonsils, 26 per cent; defective nasal breathing, 23 per cent; malnutrition 19 per cent. Of this group only one child in three was ready to enter school unhandicapped by physical defects. The author stresses the great importance of mental hygiene and the fact that the time to build for a healthy personality is in early childhood. The child who is endowed with, or who has acquired faulty reactions to life is just as handicapped in school as a child with a marked physical defect. From infancy the child emotions should be guided closely. Because of the spreading idea that warped adult personality is the aftermath of fears and mental conflicts in the child many
educators advocate the nursery schools. Children who have had the advantage of the supervision and training of scientifically trained teachers in a nursery school are both physically and mentally better fitted to enter school. Although the idea of the nursery school is not accepted by all educators, the consensus of opinion is that the child is benefitted by the nursery school health program.

“Eyes for School.” E. Jackson, *Hygeia*, 1925; III, 491. Parents, teachers and all others who are entrusted with the care of children should read this interesting and instructive article on the care of the eyes. Periodic examination of the eyes should be made, not only for defective vision but for trachoma. Education puts the eyes to work. Before entering school the young child has had the advantage of using his eyes as he pleased; if the light was too strong he shut his eyes; if the room was too dark he sought the light; if the task was uninteresting he did something else. In school the child is compelled to keep his eyes on his task and to work in a room whether or not the light is suitable for him. Parents are apt to overlook peculiarities in their children and take for granted evidences of defective vision, such as twisting the head around when reading or holding a book too far away from or too near the eyes. Teachers generally notice these habits. Far sight, near sight and astigmatism should be corrected with proper lenses and every effort made to overcome the objection of parents regarding the wearing of glasses. Neglect of correcting defective vision with proper glasses causes serious injury to the eyes and may lead to invalidism in later life. It is also important for that the school child to have favorable conditions for eye work: good light, good position, good air and good nutrition influence the working ability of the eyes.

“Some By-Products of Hospital Activities.” J. C. Doane, *Mod. Hosp.* 1925, XXV, 93. The aim of an ethical hospital is to restore the sick to health in the shortest possible time and at the least expense. The vast sum expended to maintain hospitals is a good investment as the wealth and prosperity of a community depends upon the health of the people. In 1870 there were 149 hospitals with a bed capacity of 35,000 in the United States. At the present time there are 7,000 hospitals with a bed capacity of 800,000. The care of the sick is the
hospitals' first duty, but as a result of this obligation other duties have been recognized, i.e., to furnish educational facilities for nurses, interns, graduate and undergraduate students, to serve as a laboratory for research work in medicine and disease prevention, to establish itself as a health centre in the community, to give out information regarding public health matters. The main point of emphasis is on the hospital as a teaching institution, which is usually interpreted as meaning an hospital connected with a medical college. While this is true in many respects, the author is of the opinion that no hospital, large or small, can afford to neglect the opportunity to take its place as a teaching centre. A contrast is made between the hospital where the staff is on a salary basis, and the hospital with a student body. In the former the obligation to interns and nurses is apt to be overlooked, while in the hospital with an unpaid staff the hospital authorities and the visiting staff recognize their responsibility of preparing the interns and nurses for their life work. The hospital in brief should provide the best educational facilities to the young men and women whose attitude towards their future work will be deeply influenced by the training received in their hospital. In its relation to the community the hospital does perhaps its most effective work in the prenatal and postnatal clinics. Close cooperation between the home and hospital will strengthen the position of the hospital and encourage people to avail themselves of the life-saving and educational services of the hospital. A by-product not to be overlooked is "the fine reward which comes to the souls of those who serve." It is through this last thought that we can grasp the high ideals of the author and comprehend just how important a place the hospital should have in community life.