SOME PROBLEMS IN PUBLIC HEALTH ADMINISTRATION*

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When we take into consideration the comparatively short time that official care of the public health has been recognized in America, with certain noteworthy local exceptions, as a problem of fundamental importance to the citizenry, it is not surprising that the rapid strides which have taken place in this field—especially during the past decade—should be accompanied by difficulties inherent in any widespread campaign which seeks the adoption of a program frequently opposed to customs and habits of life inherited from individualistic forbears. Today the American people as a whole, when the value of rules and regulations affecting public and personal health habits have been convincingly demonstrated, show remarkable willingness to comply with their provisions, even though such compliance may entail a good deal of discomfort and not infrequently physical and mental suffering. There are no other countries in which the almost autocratic powers of constituted health authorities are so generally upheld by the higher courts and sustained by the force of enlightened public opinion. That a noisy and troublesome minority is to be found in practically every community, which, through ignorance, malice or alleged personal conviction, are with difficulty made to comply with well-established and fundamental principles underlying the preservation and promotion of public health is a matter for regret but by no means for discouragement.

The influence on the public of the teachings and practices of false prophets and charlatans under a variety of high-sounding titles, of unscrupulous, badly-informed, commercially-minded editors and publicists is indirectly proportionate to the efficiency with which

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official and unofficial health work is administered and its value convincingly demonstrated. So that the best, indeed the only weapon with which to fight effectively these opponents of public welfare is good public health work, and effective, sane publicity regarding its accomplishments and aims.

A certain number of people even in enlightened communities have always worshipped false Gods, and even in this age of scientific progress that number is by no means inconsiderable, but we may be confident that truth will ultimately prevail and that the teaching and practices of those who can not or will not recognize and acknowledge it will become negligible as a factor in the proper conduct of public health administration.

The difficulty experienced by states and local communities in securing qualified health administrators and adequate staffs of co-workers and subordinates is dependent on a number of well-recognized conditions: First, the comparatively recent recognition by the medical profession and public of the fact that public health work as a career is a true specialty for which training, experience and certain fundamental personal qualifications are essential to success. Universities and medical schools are now placing much more emphasis on the importance of a knowledge of hygiene and sanitation as part of the equipment of every well-grounded physician, and a number of special schools are industriously turning out men and women technically trained in public health, but the demand for qualified men with a reputation of having made good, especially in the more important positions, is far greater than the supply. Administrative ability in public health and other fields is not a common human attribute. It is usually inborn, but is capable of being acquired only in the rough school of experience. Contrary to a frequently expressed opinion, I believe that it is no more uncommon among members of the medical and allied sciences than other professional groups, but the fact remains that among a large number of persons, who by intelligent application may become technically proficient in various branches of public health work, but a very small percent will prove to possess a high degree of administrative ability, for which reason—in order that the demand for such individuals may not only be met but maintained,—public health work must attract a far greater number of persons than at present is the case, and not only a greater number but more of the right type. This can not be brought about until certain fundamental drawbacks are eliminated or largely re-
duced. Of these I may point out the inadequate financial return accorded to the higher grades of public health workers, which averages far less than is available in the private practice of medicine and in the practice of most other learned professions.

It is perfectly true that official public health salaries are showing a distinct tendency to be revised upward, largely for the reason that there is a popular demand for efficient public health work, and a gradual dawning upon the consciousness of the public and of state and local governing officials that certain qualifications are essential to its performance, and that the attainment of such qualifications involves the expenditure of a great deal of time, large financial outlay, and often much personal sacrifice, which are justly entitled to an adequate return on the investment.

He who elects to devote the fruits of study and experience to the service of public health as his sole or principal life-work thereby takes a step which it is difficult or impossible to retrace, should he wish to do so. In this country the chief administrative health official is usually a physician. His training has been, in the majority of cases, in the general practice of medicine or one of the many specialties, but though knowledge of the medical sciences be the basis upon which the qualifications of an efficient health officer rest, a good physician will not necessarily make a good health officer, and, conversely, official health work fully entered upon by no means enhances the prospects of success in medical practice, but as shown by experience, actually decreases it. In this respect the health officer's position is quite unlike that of other administrative officials whose tenure of office usually entails little or no sacrifice of business or profession, or only a temporary one, and who has been under no expense of time or money to qualify himself for holding office. Indeed, many of them derive much benefit from the reputation and associations afforded by public service. Yet notwithstanding these undeniable facts and the overwhelming importance to the welfare of a community of the work of an efficient health officer, when we use our efforts to have an adequate salary granted to him, how frequently are we met by the statement: "Why, we can't pay the health officer as much as the Mayor, Governor or other official," or "We need the money for parks, lighting, paving, police and fire department," or "We can't compete with private business."

The health officer giving full time to his work has practically no other means of supplementing his income. He should not be sup-
ported in luxury, but in all justice and for the general interest of public health work throughout the country, be granted, as Mr. Hugh Frayne has so well expressed it in regard to labor, not only a living but a saving wage, in order that he may support himself and family in reasonable comfort, and when incapacitating illness or death puts an end to his earning capacity, have something left for his dependents, beside life insurance, which is unfortunately not usually the case.

Another important deterrent to entrance upon public health work is uncertainty of tenure of office and freedom from political interference with the authority of the health officer. Until the American people with their surpassing genius for efficiency in the conduct of private business insist that a like efficiency be exhibited in the management of national, state and local affairs, which is strictly a business and requires the services of those who are qualified, other than by political and personal affiliation, the health officer will continue to be regarded, as he now so frequently is, as just a member of the great army of office-holders, good, bad and indifferent, toward whom the public is so prone to assume an attitude of extreme cynicism, if not suspicion. But that same public, absolutely responsible for the character of their official representatives, seldom takes the trouble by organized and efficient effort to make its influence felt, even in matters so vital to its interest as the preservation and promotion of the public health.

It is, therefore, not surprising that public health service is frequently hampered by the ignorance and selfishness of partisan politicians who are too shortsighted to realize the responsibility which they assume in interfering with the machinery for protecting the health and lives of the people. If a deserving health officer cannot count on the organized support of the community which he serves he is pretty certain sooner or later to find that his office is desired by someone backed by political or personal influence, or both.

Though laws and regulations regarding tenure of office have been enacted in several states and communities, it may be truthfully stated that in the absence of effective public support a health officer may be and not infrequently is compelled to relinquish his office because he is persona non grata with certain political or commercial interests, who by constant nagging, interference with his duties and his official staff, and efforts to discredit his work, make it impossible for him to do his work effectively. It is true that if he has made
good he can always find another position, but his going means a loss to his community, frequently a good deal of personal sacrifice, and the necessity to work amid strange surroundings in which he is not familiar with the local problems and the attitude of the people toward public health. It takes time for a health officer to establish himself and do effective work, and the interchange of health officers constantly going on throughout this country between states and cities for one or more of the reasons which I have mentioned makes for general inefficiency in public health work.

A word regarding Civil Service. I believe that with its well-recognized defects but few if any State health officials would voluntarily dispense with the Civil Service system. In order, however, that it may help and not hinder efficient public health work there should be provisions, certainly in the case of technical appointments, that only such persons should be admitted to examination as are qualified according to the regulations of some responsible central health organization, as, for instance, in the State of New York, by the Public Health Council.

While no one will deny the desirability, for various reasons, of appointing to office residents of a State, and, if possible, in the case of local appointments, of a community, it so frequently happens that they are not available, that for the higher positions, at least, examinations should be thrown open to non-residents, if not to non-citizens who are properly qualified. Too much weight should not be placed on the written examination and there should be always granted to the appointing power a period of tryout of several months by means of provisional appointment. Furthermore, the appointing power should not be restricted to the first man or woman on the list, but should be given some choice in selecting the candidate. In general, if Civil Service officials, both State and local, perform their work with a single eye to efficiency in public service, it will be found—certainly insofar as health officials are concerned—that they will be granted full support and cooperation.

In conclusion, if I have seemed to dwell too pessimistically on public health service as a career, it is not for the reason that the Department over which I preside and which for so many years was administered by my distinguished predecessor, Dr. Hermann M. Biggs, has suffered from the conditions which I have endeavored to outline. Quite to the contrary, since its reorganization and for the last ten years it has not only been left absolutely free to do its work
without interference, political or personal, but has had the fullest sup­
port, sympathy and coöperation of the various governors and legislat­
ors, irrespective of party affiliations. It is because I know that such
a condition of affairs is possible, though not present in many states
and local communities, including some in the State of New York,
that I have the utmost confidence that its prevalence throughout the
whole country is merely a matter of time, which, judging by the
progress which is now being made, should not be long deferred.
ENVIRONMENTAL HANDICAPS OF 400 HABIT CLINIC CHILDREN*

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The elect children who formed "the four hundred" were chosen quite democratically from the first 492 applications to the habit clinics of the Massachusetts Division of Mental Hygiene in the first eighteen months of their operation. Every record was taken except 92 which were slight service cases lacking a social history. A distribution by age showed that 67.5 per cent were under 6 years, 84 per cent were under 8 years, and all but 2.5 per cent were under 12 years of age. The children were referred to the clinic by visiting nurses or social workers, or in a few cases by their parents.

The home backgrounds of the children studied may be roughly indicated by the fact that 66 per cent came from homes where foreign customs were predominant and from neighborhoods made up largely of people of their own nationality or race. In 43 per cent of the whole number this was Italian, in 23 per cent Jewish. About 25 per cent of the children were from American born parents. In spite of the fact that the first four clinics were started in so-called poor neighborhoods of Boston, only one in ten of the whole number of children was found to be suffering for lack of the physical necessities of life.

A meagre environment, however, did handicap to some extent 322 out of the 400 children. Suppose that we assume that a normal home should give to a child not only food and shelter and cleanly care but some home training in conduct, some idea of the orderly control which we expect government to exercise toward its citizens and which a young child must get through parental discipline, some

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religious training, some of the culture of the group to which he belongs, an opportunity to express himself in play or in simple duties, affection from his own circle, and some chance to mingle with other children of his own age. In this expectation, 80.5 per cent of the 400 children failed to get what a home should give. The remaining 19.5 per cent were considered to have homes adequate for their needs and were habit clinic cases for other reasons,—physical or mental defect or disease or some lack of understanding by their parents being the most prominent. In other words, not quite 20 per cent were problems for the psychiatrist uncomplicated by serious defects in home life.

Only 13 per cent of the children whose homes failed them suffered from poverty. In 280 cases, or 87 per cent, the failures were in some wise spiritual rather than material; 83 per cent of these got from their parents no teaching that the historian could discover of what right and wrong behavior means; 78 per cent received no effective control in the home. Nearly half, 47.8 per cent, lived in homes that, outwardly at least, showed no cultural interests; 41 per cent lacked opportunity for normal play; 23.6 per cent were cut off from the social give and take of their fellows and 10 per cent were children unloved in the place they called home. What do these figures mean, interpreted in the light of day by day experience in case work?

In the first place, lack of training and discipline must be understood in its racial setting. The first two clinics were started in Italian neighborhoods where the belief prevails that children under school age are "too little" to discipline and where there is sometimes even a superstitious fear that a little child will die after punishment, leaving his parents to lifelong regret. The clinics have had to face the question whether this attitude combined with the Latin temperament may be able to justify itself against a more rigorous Northern system. Conceivably, delay in training while the habit-forming years slip by may be more easily made up for in an Italian village, with early responsibility for still younger children, close contact with unyielding natural forces, and comparatively stable organization of family life and customs, than in the welter of readjustment of an immigrant home in a city tenement. As far as we can judge, the parents whom we meet are themselves handicapped in their parenthood by their lack of self-control which may or may not be due to lack of early discipline. Some who have thought
about the subject want better training for their children, but find it hard to achieve against the public opinion of their group. The particular barrier to discipline in a Jewish community, the next most largely represented foreign group, will come out in the study of over solicitude in parents.

The figures for lack of educational advantages in the home, though the product of careful consideration in each case, mean little in themselves. They signify absence of reading in the home other than a foreign or American daily newspaper. They may conceal much folklore and commonsense philosophy which the children may glean from the conversation of their elders, much fine appreciation of music and art, and, in Jewish families especially, an urge to know which sends the children of barren homes eagerly to the opportunities of the school. Practically, the fact that 38.5 per cent of the 400 children studied lacked educational opportunities in the home, or that 225, or more than half, had parents whose handicap of ignorance was a serious one means simply that these children will bring to their school opportunities either a culturally barren soil or one already preempted with a culture other than the one they there meet, and we must at best expect some difficulties as these children have to make school adjustments.

There are no figures on which to base conclusions as to the religious training received by these children. In view of the fact that, as a state department, we were approaching parents, many of them foreign born, with a form of service which they were hardly prepared to understand at first, it was thought wise to make the approach as far as possible a medical one and to avoid detailed inquiry in any field where prejudice or suspicion might be aroused. From the large number of homes where training in conduct was distinctly lacking and from the impression gained in visiting the families, it seems fair to assume that these children were meeting very little vital religious influence in their homes.

The problem of play is even more serious than that of discipline. One third of all the children studied lacked normal opportunities for play. In every case, a congested city neighborhood was at the bottom of the difficulty. Let him who despairs of the value of safety campaigns try urging mothers to let their little children out to play, even in the comparative safety of a block play yard. Children are kept prisoners in homes and on doorsteps till the desire for active play is gone out of them, or they get old enough to defy
their distracted jailer. Parents have seen children picked up bleeding from the path of a truck and they fear. They have not seen the connection between playless childhood and warped, inefficient adult years. Some mothers mention fear of moral corruption of their children. Some, in keeping their children in, provide toys and the child gets on with home play, suffering only a cramping of physical activity. In a quarter of the cases, however, a poverty that gave no stimulus to the play spirit or a repression that made any activity in the home impossible cut off from the child even the restricted play-life there.

Since a child gets his best social contacts in play, it is not surprising that, of the 77 children lacking contact with others, 56 were also shut off from play. The remaining 21 played, but alone or with adults in close supervision; 10 of them had no brothers or sisters to play with; 2 were excluded from association with others because of bad habits; 9 did not get along well with other children.

Out of 400 children, we found 33 who lacked an opportunity to learn the meaning of affection normally in daily life; 12 of these were placed out in frequently changing homes or in institutions. Some of these had serious conflicts to remember in their broken homes; 13 were definitely disliked by father or mother; 6 others were victims of the unwholesome emotional attitudes of mentally abnormal parents, still others, loving both father and mother, were in constant conflict because of parental quarrels. Such children could hardly know the meaning of normal family affection.

An effort to learn why homes fail to furnish the essentials of good child care showed certain menacing factors at work. Predominant was friction between parents or relatives in the home in 51 cases, Conflict of ideas about child training in 35 cases, although in 19 of these the parents were quite amicable about their differences, made a division of authority serious for the child. Early exposure to sex knowledge or experiences was present in at least 27 cases. In scattering instances bad conduct in the children, such as destruction of property, running away, and violence against others could be traced directly to examples furnished in the home or immediate neighborhood. These instances are much more frequent in the older group of children. What the seeds are in early childhood which bear fruit in delinquency from eight or ten to twenty years is still largely unknown. The friction in the homes studied was, in half the instances, connected with drink, gambling or lack of parental
responsibility on the father's part; with mental defect or disease in one or both parents in 11 cases and with temperamental differences between parents in 10. In 14 families, strife had already resulted in a separation of parents, not always, however, with elimination of the absent parent from the child's circle of influences. A marriage to patch up illegitimate parenthood left seeds of conflict in 7 homes. In 8 cases the discord was between parent and child or, to an extreme and chronic degree, between one child and another; 6 were cursed by jarring relatives. Racial and religious differences between parents and a wide disparity in age made up among them 8 more sources of irritation; 16 pairs of parents quarrelled over methods of training the children, although in every case there was some other factor present, such as interference of relatives or a conflict between old and new world standards.

It is impossible to say how many of the 400 children studied had been the victims of exposure to sex knowledge and experiences. We know that 16 were noted as sharing the room with their parents where the habits of the latter made it unlikely that the child could escape such knowledge; 8 children were known to have had sex experiences with brothers or sisters or companions; carelessness at the time of the birth of another child resulted seriously for at least 2 children.

To view the failing or menacing home from another angle, we studied the handicaps of the parents represented; 225 of the children had parents who were prevented by ignorance from making a success of their parenthood. This does not mean ignorance of child training alone, but lack of general educational background so that new knowledge could find a foundation. They were not counted ignorant if they could think about their problems even crudely, and express their thoughts sufficiently to interchange ideas about them; 48 children had parents who were handicapped by physical illness, the fathers so as to be unable to work, the mothers so that housework and the control of the children were at times impossible. This does not include non-disabling syphilis or chronic poor health which gnaws away at one's patience and self control. The mothers suffered most often by far from gynecological conditions, with heart disease and tuberculosis next in order. The fathers furnished only a quarter of the number of disabled parents and most often with diseases of the digestive system or injuries to the spine.

Mental defect in parents had been diagnosed by psychological
examinations in 11 cases and informally in 12 more. Mental disease was known in 8 cases and believed to be present in 4 more by the clinic physician. In addition, 75 children had one or both parents who were considered by the clinic staff distinctly neurotic,—parents whose own mental difficulties made an effective relation to their children impossible. In all, mental or nervous disability in the parents was a disturbing factor in the lives of 110, or more than a quarter of all the children.

Aside from those whose parents were suspected of mental disability, 18 children had one parent at least who was distinctly irresponsible in relation to the child; 7 of the mothers seemed indifferent to their children, 5 more were the victims of habits of loose living; 2 were young and so dependent on their mothers as not to count in their own homes; 7 fathers indulged in bad habits and took their family cares lightly.

Is it possible to be too good a parent? 85 children were considered by the clinic to be the victims of oversolicitude. There were certain conditions which seemed to accompany this misfortune fairly often. The child was an only child in 19 cases and the only boy in 23 in all. The mother was neurotic in one fourth the cases. Loss of other children, widowhood of the mother, advanced years of the parents, unhappy married life accounted among them for another quarter. One fourth of the children had had much illness or had met with some injury.

A bit of racial background comes out in the study of oversolicitude in parents. The Jewish mothers made up 58 per cent of oversolicitous mothers or two and one half times their proportion in the whole number of cases. There seems to be a good reason for this in the ideals of the Jewish community. Mothers are proud to tell the clinic worker of their untiring devotion to their children, especially in sickness, and loath to undertake measures recommended to cure a child of peevish self absorption lest their neighbors think them "without a mother's heart." One of the educational tasks of the clinic is therefore to show this group of mothers, the most devoted in the world, how they may sacrifice to make their children wholesomely well instead of rendering them unfit for joyous living.

What of the children themselves? One of the surprising things about the clinic work was to find the large proportion of quite normal youngsters who became patients solely because of abnormal homes and training; 32.5 per cent showed some physical disease or defect,
frequently enlarged tonsils or adenoids, or were in rather poor physical condition. Only 6 per cent had a diagnosis of mental defect or disease; 13 per cent more were estimated by the social worker to have a poor personality makeup for social living, constituting them a special problem in adjustment.

The position of the child in the home seemed to have some though not marked significance; 47 were only children, 80 had no rival children of their own sex in the family; 108 were the oldest, 83 were the youngest, 24 were adopted or placed-out children; 26 were cursed by being the favorite child, usually of one parent, in 3 cases of both; 85 were regarded as peculiar by their families and usually advertised as such among their parents’ friends.

The tragic fact about the homes represented in this study seemed to be that the children were not harmonious elements of a happy cooperative family, but combatants on a battle field where usually the laurels were pretty much on one side. In 209 cases they were with the children. The methods used fall into three classes which we may call the method of violence, the method of stubborn resistance and that of playing on the weaknesses of parents through appeal to sympathy or weariness or fear. A resourceful child might use all of them; 104 relied prominently on noise, destruction, kicking and striking, 109 on stubbornness, while 152 whined or cried their parents into submission; 27 of the 152 had developed some terrifying physical symptom which made it imperative that they be given their way. More than half of these had fainting attacks or “blue spells” without physical cause, while others vomited, stayed awake at night or otherwise awakened parental solicitude.

In what per cent of cases the parents were the victors is impossible to tell because of the difficulty of distinguishing between normal parental direction and the mistaken control that warps a child’s life. Only those cases were listed where parental domination was so clearly unwholesome as to constitute a problem, being either cruel, a manifestation of parental bad temper, and hence not a method of discipline at all, or else a control by fear. In the latter instance statistics mean little, since obedience is not a test of the child’s being really controlled. Fear based on threats which amount to nothing sometimes evaporates leaving a cynicism which may obey but leave its possessor quite the victor in the contest. However, we felt that 22 of the 400 children were dominated by fears, of which the most common were those of punishment or the bogie man in some
form, 21 by physical punishment, 24 by lying promises and a few, 17, by sheer force of will or by emotional appeal to be good because mother was ill or for love of her. This latter form is capable of great abuse, as in the case of one fine lad with a good mother whose need of wholesome play and companionship with other boys of his age was being placed in false conflict with his real love for his mother. The fits of stubbornness by which he reacted to the pull in two directions were still further used against him as evidence that he was not a loving son. Mother-love may curse as well as bless. If it does not fit its dear one for other loves and sterner realities, it kills instead of giving life.

This study reveals a tremendous educational problem. If more than half the parents of these children were too ignorant to live understandably in the world of common life, if 80.5 per cent of the children failed to find adequate home care, including training in conduct for living with other people, what can be done about it? Almost universally the parents were ignorant of some of the simple, commonsense principles of child training. In addition to trying to furnish a skilled diagnosis of what the real trouble might be underneath a bewildering complex of symptoms the clinic was kept busy teaching such simple ideas as “You cannot lie to your child and expect him to go on believing you,” or “Bribing is only payment for wrong doing,” or “Fear controls for a little while, but either hardens the child or makes a coward of him in the end.” These ideas ought to be as much a part of common knowledge as the use of milk for babies, and, if they were, would make a large part of the habit clinic work unnecessary.

When we, as a people, care supremely for the upbringing of our children, care enough to provide training for young people in parenthood as carefully as in reading, writing and arithmetic, when we believe in play enough to see that no child misses it because of the accident of living in a city wilderness, when we learn enough about living together to prevent our quarrels from embittering our children’s lives or our foolish love from sapping their vitality, then perhaps we shall be fit to be the guides of the children of the future.
Child Welfare Commissions, as understood by this title, are commissions for the study and revision of laws and the study, preparation and recommendation of legislation, including the annually proposed legislation, relating to children, or in a broader conception, to minors in general.

In the State of New York, the commission is a legislative committee, created by a special act in 1920, with full powers necessary to carry out the purpose of such a committee, consisting of six members of the legislature, three senators and three assemblymen: a representative of the State Departments of Charities, Health, Education, Industry, and the State Board of Parole or Probation, and five members at large. The personnel includes two judges and four persons conspicuous in voluntary social welfare activities—a total of sixteen members—employing an executive secretary and a clerk. The members of the Commission serve without compensation.

There are approximately thirty commissions, in as many states, authorized either by direct law or by the exercise of the power of appointment by the Governor of the State—and in some of the remaining states there is a semblance of commission activity by the action of voluntary associations.

The creation of such commissions by direct state authority, began in 1911, by enactment in the State of Ohio, followed each year thereafter to date, by enactment and action of the various states, utilizing this progressive means of stable and carefully studied child welfare law activity.

In the four reports to the legislature of the N. Y. Commission, there were thirty-seven legislative proposals, twenty-seven or seventy-three per cent of which were adopted including the general reorganization of Children's Courts, throughout the State, one Children's Court measure including courts outside New York City and one for New York City—Partial revision of Charities, Education and Domestic Relations Laws—in replacing out and boarding children—in reinstruction for the deaf, dumb and blind, and the providing of support for children—Extended organization and additional powers of Child Welfare Boards, amending penal laws so as to conform with new Childrens' Courts legislation—Numerous affirmative helpful provisions and the repealing of a number of obsolete laws.

Action was taken in an advisory way on a large number of measures under the consideration of the legislature, and recommendations made. Numerous public hearings and conferences were held in the principal cities of the State—and a Manual of Laws relating to children was prepared and published. Much is left to be done to fulfill the immediately affirmative purpose of their creation. For example: (1) Complete revision of the compulsory education law: (2) Revision of health law and charities law relating to children: (3) Revision and codification of the penal law relating to children.

Accomplishment of similar results were experienced in practically all of the other states employing the activities of such commissions.

Why were such commissions made necessary?
Is their continuance advisable?
What is their value to the state?

Our system of government providing for the making of laws through the various legislatures of the states, meeting annually in most instances, with the continuous changing in personnel, while splendidly expressing the thought of popular government, carries with it the method the human imperfection of inharmonious action. Impelled by highest motives, social legislation is enacted from time to time, suited to the day and subject, and the many such in progress of time lose order and co-ordination. This is particularly true with respect to laws affecting children. For a long period of time throughout our history as law makers, including the days of the
development of the so called common law, Colonial days, and America's early state development, in fact until about fifty years ago, we deserve the criticism of being listless, apathetic and unprogressive on the subject of laws affecting minors. True, we had given some considerable attention to contractual rights and obligations: an infant, so called, could not be bound without act of his guardian, liability for torts, apprenticeship laws, property rights—what might be considered the civil or chancery aspect as distinguished from the rule of conduct governed by punitive or protective laws. In the one we had been careful, in the other careless. When a child reached the age of discretion, it was subject to practically the full rigor of the criminal law. If an offender it was herded with the flotsam and jetsam of the underworld offenders in criminal courts and prisons, with all the hideousness of the surroundings of adult handling. If guilty the rigor of punishment was tainted almost to the extent of inhumanity by imprisonment. Laws relating to improper guardianship, or to child protection, morally or physically, were, to say the least, open to the just stigma of crudity. In the last half century there has been a splendid awakening, impelled rather from the action of the people through welfare organizations, than owing its inspiration to legislative inception. Societies for the prevention of Cruelty to Children—Institutions and homes for the reception and care of wayward and delinquent children—various civil and religious denominational welfare and protective associations, have been organized and vigorously pressed their activities to the great emancipation of childhood from neglect and insufficiently organized social protection. Legislation naturally has resulted, pressed with unremitting and laudable zeal, in every state in the union. America is in the van in the progressive legislation for the protection of childhood. Humane regard is expressed in the social legislation for the general welfare of childhood.

In the process of legislation though, zeal and earnestness could not avoid resulting lack of order, confusion, overlapping, inconsistencies, incongruity, sometimes approaching chaos. Nor did it efficiently cure the evil of archaic or obsolete laws. Working without concerted, or organized cohesion, however laudable the zeal, the evil of confusion could not be avoided. There were many organized revisions and codifications of laws but they did not address themselves particularly to laws relating to minors, hence the evil was not overcome.
Hence revision to cure overlapping, overcome inconsistencies, co-ordinate, and bring order out of chaos was irresistibly necessary. The same problem confronted every state in the union. Then too, improvement expressing the views of the enlightenment of the age, in new child welfare legislation, was necessary. Many sporadic efforts of separate welfare organizations aimed at the accomplishment of the task, but without adequate results. How meet the problem? Child Welfare Laws Commissions was the plain answer and Ohio blazed the way. Representative commissions properly constituted, including representatives of all angles of child welfare thought, working in organized effort, are accomplishing the large task of revision, legislative betterment, and orderly arrangement.

The accomplishment of revision alone, with sufficiency, requires time, especially when those applied to the task are taken from the active walks of business, professional and official life, whose time applied to the task must be employed consistent with their other duties. And such commissions are the best constituted—they understand the subject—they inspire confidence of social welfare organizations of all denominations, and the public generally, in their efficiency and freedom from bias—and particularly enjoy, by reason of their official connection and capacity the respect and confidence of the legislature.

To indicate the value of such commissions, as a forceful utility in carrying out the purpose intended, let me take the New York Commission, with the working of which I am intimately familiar, as an illustration.

In the first place it is a legislative committee, empowered to act between sessions. This advantage is of great importance. Usually, progressive legislative activity ceases with the session frequently leaving unfinished important subjects which had almost reached the point of final consideration; there may or may not be a revival at the next session, but in the meanwhile circumstances make necessary the beginning all over again of the reform activity, likely without organized concentration. This difficulty is almost entirely overcome, the legislative consideration of a subject is continued—three senators and three assemblymen, sitting throughout the legislative vacation, acting upon pending and new measures for the succeeding session—with first hand information and knowledge acquired under the most favorable circumstances for the speedy information and enlightenment of the new session, with the added advantage of the
legislature always considering the commission its own official agent for authentic information and correct report. A senator has always been the chairman of the commission, and although there may be a change of individual personnel in the legislative composition of the commission, the established thought and information is continued: the men are always especially selected because of their deep interest in the nature of the work.

The department of health, charities, labor, education, and State Board of Probation, each with a representative on the commission, brings to its deliberations expert knowledge on each separate branch of child welfare necessities which come within the proper purview of the state, which when supplemented with Judges, having to do with all court procedure concerning minors, and lay members, specially selected because of their conspicuous activity with organized social welfare work, fairly representing the different religious denominations, whose interest in child welfare must always be impartially safeguarded, we have an almost ideal organization for efficient achievement. We have the legislative mind and official stamp—departmental knowledge of existing health laws, their imperfections, and suggested reforms: departmental knowledge of all institutions and homes for children, the necessities for state charitable endeavor affecting children within the scope of the Department of Charities, existing laws governing and suggested changes—departmental knowledge of labor laws affecting minors, their effectiveness, and recommended improvement—departmental knowledge of the education laws, the working out of the compulsory education law, and the necessity for change—departmental knowledge as to the working of the parole and probation system throughout the state, and legal imperfections if any: court knowledge of the whole of the working system of the laws in court operation and procedure, the virtues and imperfections of the system, and immediately necessary improvement—and the point of view of social welfare agencies in contemplation of the whole scope of welfare endeavor—and then, the crystallization of the whole by combined applied thought and action in relation to the inter-connection or dovetailing of the various kinds of laws having to do with child welfare, guarding against the encroachment of one upon the other, inconsistencies, overlapping, and the contemplated reform of the one in its effect upon the other, with the most favorite opportunity for avoiding vexatious conflict.
Such a commission organized for its purpose, at least undoubtedly in theory, represents the best value of organized effort as compared with the unorganized desultory efforts of various unconnected agencies however well intended and zealous in their activity, and of course is incomparably superior to the sporadic impulse of ordinary legislative inspiration.

In organization the commission is of course divided into committees with work assigned along the necessary lines of special effort. Public hearings are had when necessary, resulting, at times, in the reconciling or harmonizing of conflicting views or opinions between welfare societies, or societies and the commission. Suggestions are invited from the general public and all interested agencies. Meetings and conferences of sub-committees and of the general commission held. Bills drafted. Bills approved or opposed. Independent legislative bills on child welfare considered, and general and special reports made to the legislature, and occasionally representatives of the commission appear before legislative committees in support or opposition of pending legislative measures.

This all makes for what? Revision, codification when necessary, recommendations of the new measures of reform best calculated to meet the end desired: a live vigilance in connection with the whole scope of child welfare laws, in the existence of an official body whose duty it is to act, and so equipped as to be best calculated to effect tangible results.

All that I have said applies as well, in proportion to the necessities, to every state in the union. The achievement in the states where there are commissions are quite similar to the experience in this state. The great value of Child Welfare Law Commissions to the state is no longer a theoretical affirmative, it is unqualifiedly a demonstrated fact.

Let me add this thought—the value of co-operation between the various state commissions and the measures of importance it would be to each state in the experience and helpfulness of the others, to say nothing of the one great adequate opportunity for the vigilant incentive, preparations and enactment of uniform laws where such are deemed advisable. The subject of uniform laws, in various lines of social legislation, has long been the impotent emanation of conferences, conventions, and legislative assemblies, ending, so far as accomplishment is concerned, in the uttered thought or expressed inoperative resolutions.
In child welfare, with the existence of state commissions, where the occasion exists, the way to uniform laws is practical and pregnant with opportunity of accomplishment, it need only be started to be achieved. Take, for instance, child labor, without passing upon the merits of the child labor federal constitutional amendment or rejoicing, or lamenting in its failure of adoption, can not all and everything that could be claimed in the direction of adequate child labor protection be accomplished by concerted action on the part of the states through their Child Welfare Commissions.

What should be the duration of such commission? Certainly during the period necessary for revision and the enactment of contemplated welfare laws reform. The commissions of some of the states are very well employed in studying the scheme of progress in others, as, for instance, in the construction of Juvenile Courts. Revision takes time, and there is no wisdom in its being hastily done: besides, the members composing commissions, as has been previously stated, are unable to solely apply themselves to the work of the commission. The field of necessary revision is wide, the extent required, of course, depending on the conditions in each state. But should the life of the commission be limited to the necessary revision and enactment of immediately required reforms? Would they not perform an important function when the pressing necessities of revision and immediate reform are accomplished, in passing upon suggested measures which would crop up each year, and where necessary legislation would eventuate to see that it would be properly co-ordinated with the whole? Would it not be advisable to have some such continuous commission for wise co-operation between the states on the subject of Child Welfare Laws?

The commissions are practically of no expense to the state—the members in every instance, that I know of, serve without salary for the work. The cost for travelling expenses, employees and general overhead is comparatively negligible, while the saving to the state in expense and effort, to say nothing of the saving to welfare organizations for necessary propaganda and advocacy, is vast. The usual cost for revision and codification, the expense of legislative committees variously active on legislative inquiry, that would be made unnecessary, is considerable. The good is incalculable. To haggle or hesitate over the reasonable expense of such commissions is stupid.

Our America is the union of all the families: they are the units
that compose it, their safeguarding, the protection of their lives, their liberty, their property, on the highest standards, is the justification for the existence of America as a state. The first form of government exists in the family, and our system of organized government forbids interference with the government of the home, unless the welfare of the whole demands it for the protection of the home, and the individual rights of those who compose it. The child is the hope and staff of our future, and general child welfare is and should be a subject for our most grave concern. In the fostering of Child Welfare Laws Commissions, we are making for safe and wholesome laws best calculated to promote the general welfare.
THE HOSPITAL — A COMMUNITY ASSET*

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Probably nothing is more interesting in the social life of today than the contrast between the estimation in which hospitals are held in our time and that in which they were held fifty and above all seventy-five years ago. We celebrated in New York three years ago the fiftieth anniversary of the coming of the trained nurse to Bellevue Hospital. That was the introduction of the trained nurse to this country. I wonder how many of us realize the condition of affairs in hospitals in this country before that time. While writing the "History of Medicine in New York State" some ten years ago I made it my business to come intimately in contact, though I had known them for nearly twenty years before, with two of our great pioneer physicians. One was Stephen Smith who died not long since at the age of 99 years and 8 months and the other was Dr. Thomas Addis Emmet who died at the age of 93. To Dr. Smith more than to any other we owe the introduction of the trained nurse into this country. He has often told me the story of hospital conditions before that time. We would think them almost unspeakable.

Dr. Smith used to tell with a twinkle in his eye that practically the only nurses we had in this country before the trained nurse came were recruited from among the "ten day women." Lest the unsophisticated might not know what a "ten day woman" is, may I be allowed to say that in the New York of that day she was a lady who having either been drunk or disorderly or having given her neighbors too much tongue, had been hauled before the magistrate as a nuisance or a common scold and had been sentenced to ten days or ten dollars. Not having the $10, and no one being willing to lend

*Read before the Eleventh Annual Meeting of the Ohio Hospital Association June 2nd, 1925.

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it to her, she was committed to the workhouse which was one part of Bellevue and then after she had sobered up, if she had had any family training in nursing, that is, if she happened to have the ill fortune to have lived with her husband and children in a portion of the city where there had been a good deal of illness, and such places were not hard to find, she was invited to transfer over to the hospital side of the institution and care for the ailing. It was one of these dear ladies who said to a young doctor who was trying to tell her, as she thought with entirely too meticulous particularity, how to care for little children, “Doctor, d’ye think I don’t know how to care for little ones? Sure I buried six of my own.”

Under these circumstances the conditions in the hospital were awful. The buildings were old, the windows were not large, the corridors were rather narrow, the women were lazy and were always anxious to spare themselves as much effort as possible, only the very poor came into the hospital, often they came from the dirtiest kind of slum, not infrequently they had not come until they were hustled in by the Board of Health because of the neglect in the dwelling where they were and almost always they were extremely ill usually with some infectious disease. Three years before the trained nurse was introduced into Bellevue, Nussbaum, the surgical director of the great public hospital at Munich said at the end of the year, “I will operate in that hospital no more.” And no wonder, for his operating mortality for the preceding twelve months had been 79%, that is to say four out of five of the patients he operated upon had died. That is not surprising when you consider that Lister was not yet attracting much attention and patients who came in with comparatively simple operative conditions, amputations for instance of the finger or of the toe, would acquire erysipelas during the first week and hospital gangrene during the second or third week or else come down with pyemia or septicemia which were always rife in a hospital and then be carried out feet first. Hospital conditions had reached almost the lowest ebb that it is possible to think of.

No wonder the poor dreaded hospitals. You still find an occasional old person, perhaps I should say that you used to find them a dozen of years ago, who would not think of going to a hospital. They considered it a disgrace to have to go to a hospital. Only under the most absolute compulsion did they go. It was felt that anybody who went to a hospital had no one who would care for him.
There are those who say that the hospitals of the '50's and '60's were far better than those of the '30's and '40's. There is perhaps some reason for thinking that because at least water was reasonably handy in abundance in the '50's and '60's, and it had not been by any means twenty years before. Bellevue in the first quarter of the nineteenth century had a pump in the yard. All New York was drinking well water at that time from famous pumps which had special tastes that the neighborhood was very proud of, depending on the particular kind of sewage that was seeping into them. To go back and read the history of those pumps is to understand very easily why typhoid fever was almost endemic and a number of contagious diseases almost constantly present. When water was laid on from the city mains, Bellevue at first even as late as the '30's had a hydrant in the yard. Water was brought up into the wards only much later, well on in the '50's. When bathing was introduced into Bellevue, I think the date was about the early '50's, there was one bath tub in the basement for doctors and nurses and patients and all. Perhaps you may think that a very low modicum of the bathing facilities but then I doubt when that bath tub came to Bellevue whether there were much more than a dozen bath tubs anywhere in the city. I would be willing to bet that there were not a hundred. After all the first bath tub in this country was built in Cincinnati in the late '40's. It is described as being about like a grand piano. It was filled with buckets of water and emptied the same way and there was a ladder to climb up into it. It was such a curiosity that people who visited Cincinnati, and I need scarcely tell you that what the Easterners liked to call Swinecinnati because the trade in hogs put it on the map, was at that time one of the centres of culture in this country having because of its large German population a better taste for music and a better cultivation of it than any city in the country, made it a point to see that bathtub. So many of them came that finally an admission fee was charged, the money I believe being given to a local charity but of that I am not sure.

That tub inoculated a number of people with the microbe for bathing and that was not approved of at all in the East. Indeed I believe there are the records of a series of ordinances passed by Boards of Aldermen in Eastern cities forbidding the building of bathtubs because of the danger to health that was involved in exposing one's self to water. A friend has suggested that possibly the
layer of dirt which was washed off by these early tubs had proved a sort of protective film against the cold and that people only too readily got chilled after it had been removed.

Under these circumstances it is not surprising that hospital conditions were as bad as I have suggested. Only the very poor ever went to the hospitals, they were usually looked upon as departments of or related institutions to the poorhouse. People usually did not go until they were almost hopelessly ill. Before anesthetics were introduced, whenever an operation was performed the patients had to listen to the awful screams of the person who was operated upon. Hospitals were indeed dreary places.

Perhaps the best way to emphasize that is to tell the story of a cholera epidemic in Philadelphia in the early '30's. At the moment Philadelphia was the largest city in the country, or at least New York was only just beginning to outstrip the Quaker City in population which had been the metropolis for the first half century of the nation. Cholera came as it came about once every five years to all the sea coast cities in the first half of the nineteenth century. When it wasn't cholera it was typhus but about once in three years there was some fierce epidemic raging. When cholera came to Philadelphia some hundreds of patients suffering with the disease were rushed out to Blockley which had often witnessed such conditions before. The nurses thought this a good chance and they struck for higher wages. I think that they were getting $3.00 a month and their aprons. Perhaps you will think that a miserly wage, and it undoubtedly was, but at that time the best class of domestic help were getting $2.00 a month without any aprons and there were some who were getting about $10 a year. The nurses struck, I think, for $5.00 a month but they insisted on having it in advance. Anyone familiar with cholera as it acted in those days would not be surprised at that. Dr. Thomas Addis Emmet tells the story in his recollections of having two barracks over on Blackwell's Island, with some sixty or seventy patients, males, and half a dozen young fellows to care for them. He left them one morning and was not able to get back until the next evening because the epidemic was raging also over on Manhattan, but when he came back everybody in his department was dead, patients, nurses and all. That is the way cholera acted especially at the beginning of an epidemic. No one knew that the bacillus was in the vomitus and stools and the same orderlies who washed the patients.
gave drink and food to the other patients and they reinfected them until recovery would almost have been impossible and they infected themselves so badly that they were swept off in a few hours.

The nurses got their wages in advance and as most of them probably never had as much money as that in their possession before they sent out to get something to celebrate with. I may say that in those days ordinary whiskey was about fifty cents a gallon so they got plenty of it. A few hours later there was not a sober nurse in the place. Some of them were lying in the yard, some on the stairs, some on the corridors, wherever they happened to fall. They had quarreled and some of them were under the beds of patients and some of them were across the patients, but there was said not to be a sober nurse in the place. The news that came to the president of the Board of Guardians was rather disheartening. He did not know what to do. There was no hope of recruiting other nurses with cholera in the hospital and yet there were thousands of other inmates, the old and the feeble-minded, the insane and the ailing poor. In his quandary the president went to the Catholic Bishop of Philadelphia and asked him if there were not Sisters available somewhere for an emergency of this kind. So a messenger went down on horseback to Emmitsburg, this was before the day of the telegraph or of the railroad, and two hours after the messenger got there six Sisters on horseback were on the way back to take charge of Blockley. Miss Nutting and Miss Dock in their "History of Nursing" declare that the Sisters gave Blockley for the next five months its one period of peace and quiet and efficiency for 150 years. The trained nurse did not get to Blockley for half a century after this in the early '80's.

This was the period in the history of the last five hundred years when hospitals were at their worst. Ordinarily it would be presumed that if hospitals were so bad as we have said at the beginning of the nineteenth century they must have been much worse in the eighteenth and almost infinitely worse in the seventeenth, and as for the period before that, the less said the better. The lowest period in the history of hospitals and of nursing however was the time from the beginning of the eighteenth until about the middle of the nineteenth century. Before that the hospitals had been beautiful institutions. The medieval hospitals particularly were often surrounded by gardens with streams of water running through them, they were roomy and cleanly, and often anticipated many of our modern hospital im-
The principal factor in the degeneration of hospitals was undoubtedly the fact that women were taken out of the positions of at least coordinate authority with the men which they occupied and hospital care or hospital authority was almost entirely delegated to men. If there is one thing that according to the history of care for the ailing we have brought home to us, it is the fact that men do not make good caretakers for helpless people. It takes a woman's heart to do that properly and the women in the hospitals of the seventeenth and eighteenth centuries sank to entirely subordinate positions and serious hospital degeneration took place. Besides the hospitals ceased to be the property of the community and became offices of the state. As a result comparatively little community interest was taken in them. Women visited them very little and there is nothing in the world that keeps an institution up to what it ought to be in the matter of proper care for those in need than outside visitors who are interested in the poor and who want to see that they are treated properly.

There were other reasons for hospital deterioration. Buildings were allowed to get old and were neglected. Dirt accumulated in them and then it became almost impossible to care for patients properly. Above all good surgery became impossible. After all good surgery rests on a tripod, each leg of which is as important as every other. There must be first good surgeons, secondly good nursing and third good hospitals. Good surgeons could not be obtained since they lacked practice because they were afraid of the mortality that followed their operations. Good nurses had become impossible under the conditions in the hospitals and by a fatal vicious circle the hospitals had gone down. They were no longer a community interest,
they had ceased to be a community asset and they had become one of the worst kinds of a community liability.

Something awful had to come before the awakening could be expected. It came in the shape of most horrible neglect of wounded soldiers that has perhaps ever been chronicled in history. Englishmen were wounded over on one shore of the Baltic Sea and they were to be transported over to a hospital on the other side of the Sea. There were no arrangements to bring them in properly to the landings, the vessels were delayed in getting there, they were slow to get across and then they were slower even in landing and getting into hospital quarters. The result was that thousands of wounded soldiers lay in the clothes in which they had been wounded almost without water and without any proper food, festering in all their excretions for that length of time, and then there was no adequate care for them, the medical stores were badly packed and were ungettable, the only nurses to care for most of them were untrained soldiers like themselves whilst an inadequate number of doctors did whatever they could for them. In the howl of dismay and horror that went up over England when at last some of the details of this information leaked through the press to the English people, came the appointment of Florence Nightingale as nursing director. Her experience at Kaiserswerth and in observation of hospital conditions enabled her to do something for the men after a while and then gradually organize the nursing care for the English soldiers.

The French had suffered from no such debacle. They had the Sisters from their hospitals with them and their soldiers were cared for by them. They had nothing like modern care because Lister's work did not attract attention for nearly twenty years after this and the impossible could not be expected. There were however women's tender hands and hearts and women's unfailing patience and untiring devotion to make the men satisfied with their lot and the surgeons had to do the rest. Military surgery was a mess. Erysipelas, hospital gangrene, septicemia and pyemia did their worst, but at least there was not the awful shock of utter neglect and failure through incompetence that had been noted among the English troops. Women had ceased to be authorities in the English hospitals and decadence had come to the uttermost degree. Women had remained as the guiding spirits in the French hospitals and had been able to accomplish much.
How wonderfully we have changed all that and in a single generation! The hospitals of the English speaking world have now become the models and while fifty years ago, and a generation now thanks to modern medical advance is well above fifty years, no one wanted to go to a hospital unless he had to, now most of us would prefer to be treated in a hospital rather than anywhere else and would scarcely think about undergoing an operation or going through an ailment that we knew was to be prolonged beyond two or three days anywhere else than in a hospital. This generation is born in hospitals, father and mother go through the experience of the birth of their own children in hospitals, and very often they die there. The hospital has replaced the home in many of the emergencies of life decidedly to the advantage of humanity.

There are many people who seem to think that with the advance in medicine we shall have ever so much less need for hospitals and that perhaps we shall soon reach the saturation point. As a matter of fact medical progress is only increasing the need for hospitals. Mortality is lower, people are living longer, they are dying seldomer of the acute infectious diseases but ever so much oftener of the chronic degenerative diseases. These require hospital treatment over long periods. Heart disease, arterial disease, Brights disease and the various organic affections apart from these all represent prolonged illness before death or hospital care so as to lift people up into other intervals of reasonable health and strength. Many of us doubtless felt twenty years ago that we would soon reach the saturation point in nurses, but we need them more than ever and are finding it harder to be sure to get them when we want them. Of course some of that is due to the fact that men have selfishly as always learned to pick out the best women as wives and they marry the trained nurse three times as often as they do the school teacher. This constitutes a very serious drain on the nursing profession.

There is nothing that we can do for our generation that will probably mean more for the benefit of mankind than the organization and upbuilding materially and spiritually—for the spirit of the hospital is all important,—of our hospitals. About a generation ago Gladstone said, "When we are seeking to ascertain the measure of that conception which any given race has formed of our nature, there is perhaps no single test so effective as the position which it assigns to woman." He emphasizes the fact that this brings out
whether man is under the law of force approximate to the brute or in that higher sphere of being and claiming relationship with the Deity. In something of the same way it seems to me that it can be said when you want to appreciate how much a community is above the sordid round of material existence, you can judge it better by its interest in its hospitals than in any other way. This represents that law of care for others and for the cultivation of our feelings of sympathy which constitutes civilization.

Dante brought out in the Divine Comedy that the great majority of men, so many indeed that you would not think that many men had ever been born, do not reach heaven, fail to do so not because they have done evil but because they have done no good. They have just done nothing but lived selfish lives concentrated on themselves and their relatives, who after all are just parts of their bodies, and their friends who have come to occupy something of the same selfish relation to them. With Dantesque intensity the medieval poet sadly consigned these ne’erdowells, for anybody but themselves, to a place just inside the gate in the Inferno where they were stung by insects because there was nothing else small enough to punish such small souls. As civilization progresses, thoughtfulness for others is the badge of it and the hospital is the best index of that. A community asset it is but ever so much more. It is an infallible sign of a community striving for better things.
COMMUNITY AGENCIES AND THE CLINIC*

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If one believes in case work he must believe in the Child Guidance Clinic, for case work is one of its essential functions. There are at least five ways in which the case work of the Clinic differs from that of most other case working agencies:

First, its case work reaches many more middle-class families and is, therefore, better appreciated by the public.

Second, it focuses attention on the child, studying his life from every aspect.

Third, it employs the case conference plan in a unique way, holding on every case a conference of the social worker, physician, psychologist, and psychiatrist.

Fourth, it utilizes psychiatry and psychology to a greater degree than the average case worker in her every day work.

Fifth, and most important, its work is on the average, more intensive.

Let us address ourselves to each of these points in turn.

Case work ordinarily is not appreciated by the layman. It does not appear vital to him because he has not yet recognized that even he and his family may have a personal need for it. The most devoted supporter of an anti-tuberculosis movement is often the man or woman who has had in his personal life some bitter experience with the ravages of that disease. But organized case work has grown up largely in connection with dependency. The Clinic is a means of bringing home to the average man, through a direct personal experience, its universal value. When a father has seen this type of case work effect a transformation in his own child, then he may more readily appreciate its value as applied to other families. He may be-

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come enthusiastic for the case work approach,—the plan of dealing with an individual as influenced by his emotional make-up and by environment.

Those who are conducting Clinics can render great service to the case work movement if in their group education of parents in child care and their frequent talks before other lay people, they will make clear the connection between the case work of the Clinic and that of other case-work agencies,—if they will explain why their work is such as the local agencies also need to do, and which those agencies are, under heavy handicaps, striving to do.

Secondly, the Clinic is particularly helpful to general case workers, because it aids us to focus on the individual child, causing us to practice to an even greater degree the thing we have always advocated, and which, for example, the Cleveland Associated Charities has striven for several years to promote through a staff Child Study Committee, namely, individualization in diagnosis and treatment. On the other hand, the Clinic must exercise care that it does not minimize the importance of the lives of other members of the family.

The third distinctive feature of the Clinic, is its employment of the case conference plan in a unique and strikingly effective manner. The clinic has a staff conference on every case examined, in which the clinic's social worker, psychiatrist, psychologist, and physician will participate, together with any local social worker interested in the case.

True, without any such conference, the local case worker might in turn consult a psychiatrist, a psychologist, and a general practitioner, regarding Johnnie. But that method does not have the same effect that is obtained by group thinking on the part of these four workers after they have made a painstaking study of the mental, physical, and emotional make-up and the social background of the individual child whom they are discussing.

A fourth characteristic of the Clinic is that it is employing psychiatry and psychology to a marked degree. For most case workers, no demonstration is required to convince us of the immense contribution of psychiatry to case work in problem cases and in affording us a deeper insight into all human behavior. However, there are few if any other social agencies where a psychiatrist is participating in every case.

The Clinic certainly makes the psychologist more accessible to
the local agencies than he is in most cities, and it insures the availability of a social psychiatrist.

The fifth contribution of the clinic is that, on the average, it does more intensive work than other case work agencies, and, incidentally induces the other agencies to go more intensively into the problems which they bring to the clinic. Here is an instance.

A boy of 15 refused to do anything in school, even to taking off his overshoes and coat. He had been obliged to repeat several grades, having been a chronic truant. At home he had stolen money repeatedly. Finally, he was brought into Court on charge of being incorrigible and a runaway.

Today his attitude at school and in the home has completely changed. He has become fond of his teacher,—the same teacher he hated, and he seems willing, even anxious to please. For the first time he is trying hard with his school work, has been advanced a grade and is doing the work well. This improvement has continued for several months now without one lapse. At home also he is now happy. For the first time in his life he has even offered to help his sister with the dishes. This conversion was effected by the Clinic, on the basis of the following diagnosis and treatment.

Handicapped early in life by the death of his mother, this boy had longed in vain for someone who would show him affection. His stealing was for the purpose of getting money to buy the affection of his comrades by treating them. He was lying as a defence. The clinic recommended that the teachers and social workers should not stress the incident when he was caught stealing but simply make him return what he had stolen and that his lying should also be overlooked. Other interests were supplied, instead, to occupy the center of his emotional life, replacing the scoldings and whippings. John's teacher was told of his longing for attention and affection. And the teacher seeing the point made him feel that there was a place for him in school, praising him whenever possible. John has mechanical ability and is now being given a chance to express it. A Big-Brother has taken him auto-riding and is showing a real interest in him. John's older sister, after having the situation explained to her, has ceased to nag him and is paying him more attention. Thus the affection and attention which he craved has been substituted for censure, and his delinquency has ceased.

Before the Clinic, six social agencies were interested in this boy,
including the Attendance Department, the Juvenile Court, and the Associated Charities. The Clinic brought in the element which in this particular case made their work, for the first time, really effective.

Thus does the clinic help with a most difficult part of case work, namely the establishment of a relationship between social findings. For example, here we knew that John stole and we also may have observed that he had an inferiority feeling and a longing for affection. But we might not have connected these two facts nor thought out the solution. The Clinic helped us to see that stealing was simply the expression of his inferiority feeling and desire for affection. And when the boy was given a chance to achieve in other ways he did not think of stealing thereafter.

Clearly such adjustments are a joint product. The Clinic helps the agencies and the agencies greatly facilitate the effectiveness of the Clinic by placing at its disposal their great bulk of accumulated information and by applying in many other families the principle suggested in a few instances.

The social agencies are looking to the clinic to demonstrate results in case work. Even the most progressive general case work agency cannot practice so thorough a study of more than a small percentage of its cases. The clinic with its very limited case load per worker its freedom from the exigency of a time limit, and its well nigh ideal set-up is in a strategic position to be a standard maker.

In addition to the stimulation it gives in individual cases, the Clinic is peculiarly equipped for research as to the effectiveness of various lines of treatment.

Even when it fails we may learn from the experiment.

For instance, I am most interested right now to learn whether heredity or environment will triumph in a case where the Clinic is endeavoring through environment to change the character of a problem child of eleven, with an intelligence quotient of 146, almost in the genius class, whose mother was epileptic and feeble-minded and whose father was psychoneurotic and unstable. This girl is sexually precocious and is manifesting other behaviour difficulties. Such a struggle between heredity and the best case work, if recorded in many such instances, should indicate the future direction of our efforts toward prevention.

In instances where the Clinic's case work succeeds in effecting a social adjustment where our case work has failed, we derive the
tremendously valuable opportunity of studying our own previous failure. Here we can hold up a mirror before us. We can study wherein our unsuccessful treatment deviated from their more successful plan. Thus can we discern our weaknesses, and can at the same time absorb their more successful technique to be applied in other similar cases, of course, with the advice of such specialists as the psychiatrist and the physician.

We would not convey the entirely false impression that the Clinic always suggests a more effective plan. Often its plan does not prove more effective than our own. Such double failure of both the local agency and the clinic reveals the even yet undeveloped stage of our case work technique, and demonstrates the need for a co-operative effort on the part of us both to delve more deeply into motivation and study more painstakingly our technique, until each group can reach its highest achievements with the aid of the other, until we are able to touch springs of human action now hidden and assemble social forces not now known.
THE PROBLEMS OF A PERMANENT CHILD GUIDANCE CLINIC*

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The problems which daily confront a permanent Child Guidance Clinic are so many and so complex that even to attempt an enumeration of them within the brief time which is allotted me becomes out of the question. It is, therefore, my task to select from the many issues which present themselves, a few of those which have been most forcibly brought to our attention during the first year of our work in Minneapolis. These problems may be considered under the following heads:

1. What is the permanent clinic?
2. The financing of the clinic, involving question of personnel and intake.
3. Type of service—preventive or curative; complete or partial study.
4. Educational and preventive work.
5. Research work.
6. Unification of the efforts of the social agencies for a Mental Hygiene program.

The first question: just what is a permanent clinic? Is it a diagnostic and consultant service for the problem cases of social agencies and parents? Or is it an interesting experimental frill maintained so as to give an air of progressiveness to the public board which sees fit to maintain it? In either case, how can the community be convinced of the necessity for its continued maintenance? If such a clinic is supported by a community chest, then the probability is

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that its value would be recognized by the social agencies; its bearing on the solution of their problems appreciated; and its permanence not so vague. Its continuance would, no doubt, be assured as long as the community chest was adequately financed. Furthermore, its type of service and nature of intake would be chiefly indicated by the agencies which it serves. If, however, the clinic is maintained by a publicly financed board, it must, in addition, have some results evident to the public at large to justify its existence; otherwise, it becomes a matter of enlisting the power of the erudite and influential to keep the clinic in the public graces.

Aside from the necessity of obtaining visible results, there are other difficulties which invade the realms of the publicly financed clinic: the question of maintaining satisfactorily trained personnel and the exclusion of those desirable from a political standpoint; to avoid having the clinic used as a parking place for time-honored employees who need comfortable salaries and whose chief qualifications are age and life experience.

The problem of intake of a clinic so financed is also a paramount one both as to number and selection. How much consideration should be given to the children in whom strategic people such as doctors, influential parents, etc., are interested? Often these children are referred to the clinic with some imagined behavior disorder or personality difficulty. This may cause the clinic to be surfeited with cases for whom, from a psychiatric standpoint, the real value of its services is relatively small. On the other hand, is it not a valuable service to reassure parents who feature minor difficulties of the assets and possibilities of their children?

Though I hold no brief for the clinic financed by the public budget, there are many factors in favor of the clinic so supported. There seems to be a certain prestige which accompanies a public movement, and its right to make certain demands for the co-operation of other public agencies is recognized. Thus when the clinic is under the direction of the school board, as ours is, the teachers seem to take a proprietary interest and, on the whole, are most willing to do any extra work incumbent upon clinic examination, treatment, or a research project initiated by the clinic.

Likewise, would not other public agencies, such as the juvenile court, child welfare boards, etc., have a certain fraternal feeling toward a clinic which, like themselves, has the public backing with
the perplexities which this entails? Our Minneapolis experience has led us to believe that they feel more free to discuss their problems, make requests as to the types of service most feasible for them, and offer constructive suggestions.

It would seem that if a clinic can be adequately financed by public boards without dogmatic restrictions as to service and type of work, and with the assurance that it is relatively permanent, not the hobby of some passing politician, then such maintenance would seem highly desirable.

A question that confronts all permanent clinics is the type of work which should be undertaken. In the first place—should the main efforts of the clinic be directed toward cases where the difficulties are apparently in their incipiency and may or may not become fixed and undesirable? Or should its main efforts be directed toward curative work where undesirable patterns of reaction seem fairly well fixed? In our present state of knowledge, are we able to distinguish definitely cases for which preventive work is needed, provided there is no asocial reaction and no overt behavior? If we cannot differentiate such cases, is it not better to concentrate upon an attempt to "cure," and from this data eventually can we not work out a technique of prevention?

Should the clinic have various types of service or should a thorough and exhaustive study be made of every case so that errors of treatment can be reduced to a minimum? Take, for instance, the case of a child who is exceedingly low grade intellectually, yet both parents and teachers have expected the standards of the average child of him and he has been pushed and pressed at every hand. His behavior may be decidedly asocial. Is it fair to assume that his undesirable reactions are the result of this pressure and that when his mental inferiority is understood and his environment simplified, desirable reactions can be substituted for his undesirable ones? If so, then would not partial study (a social history, a psychological examination, with perhaps a physical examination) be adequate? (Psychological facilities outside of clinics still do not seem easily available in many cities.) Similarly in certain cases, a brief social history and a psychiatric examination may frequently serve the purpose. Is it feasible, as another rather extensive type of work, for the social service department to maintain an advisory or consultant service for parents? Is it possible for a wise selection of problem
cases to be made by the social worker in this way? If it seems legitimate for the clinic to render such types of service rather than the thorough study of every case, its services thus can be greatly extended, which is most desirable in a publicly financed clinic as numbers seem to talk. Is the risk involved great enough to justify the curtailing of this service? The Minneapolis clinic does not feel that it is, and so far, follow-up on such partial service cases has not shown this practice to be undesirable.

What of the educational phase of clinic work? Certainly this is a most important phase, and how can a program of preventive education best be carried out?

All clinics seem to agree that staff meetings offer the logical means of giving the social agencies an insight into clinic methods and procedure. The question is how to make these staff meetings both alluring and educational. Unless the discussion is carefully guarded, it is apt to drift into reminiscences and comparisons on the part of the social workers. If the discussion is too carefully guided, spontaneity may be lost and an atmosphere of restraint prevail, which makes the meeting unpopular, dry, and boresome. People in general, and social workers especially, take it as a personal affront if they are not allowed to express their opinions freely. Just how to stimulate this free expression and at the same time secure intelligent discussion is indeed a problem.

The group which can be reached by staffs is relatively small; hence, if possible, a consistent system of preventive education should be worked out with parents and teachers. Can courses in mental hygiene be made available, interesting, and practical for parents and teachers, or is a little knowledge a dangerous thing? The problem would seem to be to make the limited amount of information so acquired sufficiently intriguing that more would be eagerly sought for. The wisdom of Solomon might be necessary to achieve great success in this way; yet, does not a fair amount of success with the maximum precaution to prevent undesirable results make the experiment worth while?

Since the Minneapolis clinic is working with the schools, an attempt was made to initiate preventive work by a study and advisory treatment of kindergarten children. These children will be followed as they progress through the grades, and it is hoped that
some definite results of preventive work can be observed and further plans for this type of work formulated.

As a preventive and also a constructive measure in Mental Health, a course in Mental Hygiene was given to one hundred high school seniors. Results cannot be measured, but apparently there has been little adverse criticism either from parents or pupils. Optimists would interpret this favorably.

Since clinical work is as yet largely in the experimental phase, the fund of material which is acquired should be made available to those working in similar lines. Furthermore, definite research work must be done if a clinic hopes to develop and perfect the techniques at hand. The question of each worker or department following up a problem or directing the united efforts of the clinic toward one large research project is one to be decided. The amount of time to be devoted to research will depend upon the “set up” of the clinic, but certainly a definite time should be allotted this important phase of work.

Then, a clinic should seek to unify the fields of experience. No one clinic working alone can hope to solve the problems at hand. If it can serve as a unifying center for the work of all the social agencies in its community, judiciously guiding their efforts toward the development of a constructive program for the promotion of mental hygiene for the community as a whole, its service will be greatly increased and its influence felt.
SOME TESTS FOR THE EVALUATION OF CASE WORK METHODS*

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Once upon a time there was a client who, through tears which blinded her sight but not her insight, gave a summary of what in her mind was the net result of contact with a keen case worker. The woman had managed her life badly and the worker knew the facts. The case read, "Mrs. X., in defence of her husband's non-support, says she probably spent too much money on furniture and too much time in hard work which he should have shared in. She condones her husband's infidelity and seems unable to see clearly what her next step should be." But from the trembling lips came, "It was here in my little sitting room the worker told me I had taught my husband to loaf. God knows I did try to make him love that room. It was here in my shining kitchen that she told me I should have spent less time over the menial things of life. And here in our little bedroom leaning against the baby's crib, she stripped the romance of life away, and where once my husband and I had erected our altar to love, she only saw a desecrated temple. I liked that girl for the fearless honesty in her eyes and I hoped she would like me too. Yet she didn't give me time to see things her way, and I am sorry now I did not take her advice."

Once upon a time there was a so-called case worker who told a pregnant high-school girl that as the father of her unborn child was a married man, and bigamy was unlawful, she could do one of two things: marry the man's bachelor brother or go to a state institution. The frightened girl found a third solution all by herself.

Once upon a time in a certain city, a case worker died. It shook many a family to its depths. Love and despair longed to express

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themselves in positive ways. A group of small boys found a way and organized a squad to keep the last watch. From the undertaker’s to the railroad station, they marched as escort to the hearse. Then waited with uncovered heads by the lonely coffin till the midnight train carried their friend away into what was to them very real darkness. Had she not understood all their badness and yet been their friend? Had she not even made their parents understand them?

Now each worker obviously had methods and each worker had an attitude of mind. Yet one brought death to the spirit of the woman. Another brought death to the body of the girl. But the third made an undying impression on some boys and their parents.

A first test, therefore, might be “Who uses case work methods?” Well, we do. And who are we? When Alice thought herself most important in her travel through Wonderland, the Caterpillar bluntly ended a conversation by saying “You, who are you?” And when Alice appeared offended, he added, “Keep your temper.” The public is saying “You, who are you” and, I suspect, secretly watching to see if we keep our tempers. The kind of people we are speaks out so loudly that the public and our relatives do not wait to hear our definition three paragraphs long describing ourselves as case workers. One terse adjective and one ugly noun, and we are damned as “smug meddlers.” It is fair to say then that just so long as we let practically anyone qualify and handle these tools called our case work methods, just so long will we have in our professional ranks third and fourth rate case workers to discredit us as third and fourth rate ambulance chasers discredit the legal profession. Whether we like it or not, whether it is just or not, whether we say “the public be damned or not,” that little age-old process of being sized up is going right on. The public dimly knows there are differences. We should meet the challenge and apply the test of who uses the methods. The best methods can be ruined by untrained and untrainable people just as truly as they can be transfigured and transcended by trained, eager spirits.

The second test is “Where are we using it?” We are using it in a changing world, with changes of emphasis, in a world to mend. Yet some of us are plugging along as if unconscious that fifty years have slipped by since first methods were being formulated. Do we really know what is going on in the world about us today, or what is going on in the public’s mind, or in our client’s mind, in our
worker's mind, or even in our own minds? We acknowledge that
the differences between us as case workers are as wide as the customs
in the places of our birth—for we are of every race, and sect, and age.
We observe differences in personal standards in different sections of
the country. Is this method, then, something which we all can use?
As each of us regards the standard of living today, so each of us
goes out to influence individuals and families through case treatment.
Do we admit the passing of old authorities? If we believe that
fathers no longer have power of life and death over their children's
physical being, do we also believe they should not have the power
to break the spirit? Do we believe a husband should not enslave
his wife's physical, mental and spiritual life? What standards of
conduct do we set up for the wife? Do we have any common agree-
ment upon minimum grounds for divorce? Do we feel there is
nothing sacro-sanct in a biologically perfect family—man, woman
and children—and that they are individuals first, members of a
group second? Are any of us still frightened over that phrase,—
breaking up of a family? Do we rather believe that no longer
physical separation in a family group means breaking up of a
family? And that a real bond of affection is not severed by a
temporary or even more permanent separation of individuals from
each other? Have we really challenged the so-called home as de-
finied by many a man,—a safe little kingdom where once the door
is shut, he can let loose his real nature, and in the name of love
outrage his wife, and in the name of affection tyrannize over his
children? Or the home dominated by a vain and shallow mother
who demands constant expression of affection and maddeningly
poses as a martyr at the stake earning a halo. Do we admit that
family feeling is not necessarily strong between married people any
more than we insist that marriage in every case rights a wrong?
The fact that we raise these questions should make us face the test
of the differences in present day opinions and practices.

Case Work Methods—"On whom do we use them?" On
our inferiors, or our peers? Case work grew out of caring
for those who fell below the poverty line; those obviously inadequate;
those maliciously or wilfully dragging down the higher standards of
life. In starting to use scientific methods, we have taken the dis-
advantaged groups in many fields. Montessori methods were first
tried on feebleminded children; industrial handicrafts on negroes.
These methods are now used with all groups. In family social work,
people needing us have been caught by the extremes of sentimentality and technicality. Will the same methods used by people thus widely motivated, work equally well? Until we have some higher ground for accepting cases or limiting intake (after allowing for local conditions) a big test is right here. You may have challenged my emphasis on the public's lack of apprehension of our job. We can rationalize by saying that great movements usually are misunderstood. But do our fellow social workers really understand us? We often think not, when they expect us to honor their requisitions for blankets, railroad tickets and drug store prescriptions. We have let relief problems retard the comprehension of the other services we can render. Our peers will not come to us for services until we separate our functions. Service is a separate concept. Why not train most case workers to give service and few to administer relief? This will help us guide between the Scylla of niggardliness and the Charybdis of playing Lady Bountiful.

"To what purpose?" We have said to solve individual and family problems and for general social betterment. The original pitifully thin, chronological case record reported relief given. The next effort tried the classification of worthy and unworthy revealing at the same time the barrenness of the recorder's observation. As a third step, we have tried to individualize the family and the treatment needed and we tend to become verbose. We are in the process of a fourth attempt to raise the standard of all case work. Might we not expect to find as a result of all our record writing some data on "What are better homes?" Do we have comparable pictures in our minds of what we think are better homes? It is out of our so-called better homes that the most reckless youths are coming. These homes are built on the bread winning capacity of the parents, not on the attitude of the parents to each other. We must be able to justify our statement that our records contribute to the body of social data. If we do not accomplish this, we shall just justify the popular hit, "Social workers go round improving everybody—especially go round."

Certainly all the things some social workers do are not social work. Let us take another test—"Comparison with other fields." We are advised of publicity methods and talk of "the selling points of case work." The latest streetcar signs take us through the whole gamut of life and death: a dollar down and a dollar forever. A placard bearing a Wrigley stork, carrying a toothless baby, informs us that every five seconds during the year another new customer
for chewing gum. Another card tells us we can clothe the baby on credit, "Dress well and pay nothing." We turn our heads and see we can buy our lady-love a diamond—"Why pay cash?" An auto is a necessity now and a $5.00 payment will start us rolling down hill. The next card advertises a cheap funeral. We are thus helped to decide at every turn in life what we need and the facilities for gratifying that need. I do not believe our profession wants any wholesale publicity methods any more than the legal and medical professions. The lawyer uses the method of trying to build up his client's confidence in his knowledge and in using that knowledge to help in a particular crisis. The teacher uses the method of imparting knowledge and of showing the scholar how to use it for his own growth. In each case the method involves the active participation of both the layman and the professional. Should the social worker not take a lesson from the methods of each of these professions who at their best are already becoming socialized?

"Present methods." One of the committees in our American Association for Organizing Family Social Work has been studying content. A definition of method is "a special form of procedure, especially in any branch of mental activity." Workers in eight states have been trying to analyze content. In Minnesota an analysis was applied containing four steps—What Was Done, Objective Sought, Device Used and Underlying Philosophy. Here is an illustration applied to the record of a young couple who were separated,—incompatible they said. The little children were with the reluctant wife and were supported partly by her and her relatives' efforts, partly by the husband's efforts. An interview was held with the rebelling man at his place of employment. The objective was to arouse a father's protecting instinct. The device used was to ask him what he thought was happening to his children. The underlying philosophy was that people should be motivated. Next he was told that his family would have to leave their present shelter with the wife's relatives. The objective sought was to force him to join in plan-making and to arouse his emotions. The device was to give the relatives' ultimatum. The underlying philosophy was, "As a man thinks." Next we asked permission to write his relatives. Objective sought was to get his reaction to the request which would give a better understanding of what led up to the family break. The device used was questioning him regarding
living with his own family. The underlying philosophy—we all have something we are proud of in our past which helps us build a better future after a crisis. By this time the children were in a temporary shelter. It was suggested that the father see them at this home. The objective sought was the hope that seeing his children might reestablish the bond of affection. The device used was the offer of making necessary arrangements during his working hours. The underlying philosophy—belief in the power of a man to "come back,"—but the first steps are hard.

Contact had shown that a thorough understanding of the woman's character was necessary. She was, therefore, given chances for a long talk. The objective sought was to help her analyze herself and to get her reactions to the present status of a broken family. The underlying philosophy was "Know thyself,"—a first step in rebuilding. Next, an opportunity was given for the couple to see each other. The objective sought was to have matters talked over and joint planning begun. The underlying philosophy was that discussion hurries conflict to conclusion. Next, the children were carefully watched. The objective sought was an intelligent understanding of them during this period of parental conflict. The underlying philosophy was that children must not be made to suffer for inadequate parental care. Again health care for all members of the family was arranged. The objective sought was that better health might improve mental outlook. The device used was making the necessary dispensary and hospital appointments and arranging transportation. The underlying philosophy—people must be shown how to use the medical resources of a community. Later they were urged to make subsequent health arrangements themselves. Objective sought—self-dependence. The device used was keeping the volunteer from giving motor aid. The underlying philosophy,—help given must not hinder the will-power of clients. This is a typical service case as distinguished from a relief case. The father earns a real American living-wage. The problem—a broken home to mend. Factors: parents caught in the present day whirl of wanting a good time each in his own way.

Why not each of us try some such schedule on our next one hundred consecutive cases? Might it not be a searching test? I say "one hundred consecutive cases" remembering that to make application to the American College of Surgeons, a doctor must submit a full case history of one hundred consecutive operations. Might we not set up some such standard for those who want to qualify as
case workers? We might even attempt such an analysis of some of the case histories of ten years ago which have the well-known epitaph—"Case closed. Family uncooperative." Here we would find a veritable cemetery. Here would be the record in which every step in the theory of investigation had been followed out only to find the worker did not have the vision or courage, wisdom or ability to accomplish anything positive except meticulous recording of relief,—which the bookkeeper does any way. Or, having some of the qualities, she used no judgment as to which families gave promise of responding to service treatment. She imagined the family could be helped but in reality the wish was the only fact involved. From such records we rationalize and deceive ourselves, hating to challenge our own wasteful methods. These records are the correlative of the hospital bulletin of ten years ago—"The operation was successful but the patient died." Case closed. A critical something, however, about the patient had not been discovered. All family case workers today should be eager to have their case records analyzed. We should expect, also, the same willingness in all those whose jobs call for case work processes.

The following entries were taken from the case record of an organization dealing with families and children but whose workers were not trained case workers. This, too, was a record dealing with a young couple separated and whose children had to be cared for. "I went down to see Mr. X. at his work and had a long talk with him. Unless I am no judge of character and very much mistaken, I feel very certain that Mr. X. is a man who is putting forth every effort to do the right thing for the sake of the children. He told me everything he possibly could in the short time we had. Their marriage was a mistake from the very first and she harassed him ever since. I am ready to believe most anything he says about her. She says the stories that are going around—that she is starving the children and neglecting them—are not true. However, she is such a rattle-headed thing I do not think it impossible. Yesterday Mrs. X. came in and said she had decided not to put the children in a foster home as she wanted them placed elsewhere. I certainly told her what I thought of her after the work we had had in trying to place the children and after she had given her promise to take them over there. I told her until I was positive of the fact that she was a woman of her word and would do as she promised, I could do nothing for her. Hereafter, when I have made arrangements
M. P. Wheeler

for her to do certain things, I did not want her to change her mind. Today I telephoned Mrs. Blank and she said she thought it was terrible that Mrs. X. had gone back on her promise and that they were going to hold her to her agreement, and I told her that if she could get that to puncture Mrs. X's. brain to go ahead. She promised to let me know what happens. Later, called on Mrs. A., a friend of the family, and received quite a revelation. Mr. X. has lived with her for ten years and knows him very well, and I will have to admit I am no judge of character. I was so convinced that Mr. X. was sincere and a well-meaning man. She blasted all my hopes and said that without an exception he was the biggest liar and the most clever man she had ever met. He even told a number of the neighbors his wife was dead. Later, Mrs. X. was in this morning and sore as usual about something. I doubt if she will ever work unless she just gets to the place where she will have to work or starve. She is like a lot of other people. She has been around spending a considerable time here the last few days and just about exhausted my patience with her. As soon as you give her sympathy, she cries. I talked very plainly to her. It just about broke her heart, but it produced the desired results as within an hour she got work."

"The test of reality." This year we witnessed a superb eclipse. It was appreciated by us as no other human beings have ever understood it. It was a reality not to be feared. Many tests were made but all started from the knowledge that it was our own earth's shadow which darkened the sun. It was we who moved across the face of that other system and lessened its power to give us light and heat. Yet, seeing the sun set that night, we still expressed ourselves in Lanier's lines "Thou descending immortal, immortal to rise again." Can we say this of our method, "it is a system which can give mortals light and generating power? And, it is we perhaps who eclipse its power?" We have the test of reality which should not be feared. We have a better opportunity than ever before to try to understand ourselves and it. Just as so many young people challenge life's shams, so the Junior visitors are coming out of our colleges and challenging their own work and our work. In some cities these Junior visitors are having case competitions. They look for underlying social problems—drink, desertion and unemployment. They try to make adjustments between individuals and their environment. Just as these youngsters are different and do challenge the world they live in, what patterns of life are they weaving for the families
they influence? Do they believe that men are still bent on enslaving one another? How do they interpret the significance of women as bread-winners? Can they picture the long line of fourteen and sixteen year-olds going each month in the year as productive units out into the world's work-shop? As they fling off old restraints in their own living, what kind of restraints (if any) do they consider necessary and whom do they advise practising these restraints? Do they sense the effacing process due to the affectionate selfishness of parents and the perpetual surrender or rebellion to old authorities? How do they react to the sorry picture shown each day, in the thwarting of personal tastes and legitimate ambitions to the so-called head of the family? Someone has said the notion of a head to a family is truly comic—the "Comics" reflect it. These students may admit, after an undergraduate course on "The family as a social and educational institution," that the primitive family may have been the so-called educational institution but they challenge its educational value today. They admit it is only a biologic and economic grouping. They claim that we are not able, as family workers, to deduce as we should be able from our records the elements in a successful marriage or in successful family life. Their own personal criteria are different from the college youth of even ten years ago and they claim that marital happiness is not identical with the welfare of offspring. Certainly the apartment house advertisements, you may have noticed, do not urge that Wrigley's stork to stop every five seconds on our American doorsteps. The ignorant mother, who tried to find the Baby Welfare Association and asked for the Baby Farewell Association, really used the slogan of that powerful enemy of family life—the kitchenette architect. Those architects must believe we live to eat at any rate; but they provide the skeleton in the closet—the Murphy bed. The world of reality is the world of unstable homes right now—divorce, desertion, non-support, child marriages, childless marriages. There are new predicaments in life today—forces to recreate us. There are new tyrannies. Our case work methods must meet the test of reality.

It has been said "a technique can be mastered." That is a first step. But there must always be those who blaze the way to still more advanced positions. "A method has indefinite possibilities of extension, depending on advance in science on the one hand, and on the other, the education of human nature to demand and maintain better institutions." We put emphasis on improving our technique, and
that is necessary, but after all that is only the "mode of artistic execution or the mechanical skill in art." We need also to turn our minds and imaginations to the indefinite possibilities of extension which lie in the case work method! Method is a form of procedure. Let us proceed!

I have tried to put before you some of the challenges I have had to face as a case worker. We and our methods are being judged every day. Just as we see that law does not always work out for the justice or happiness of the individual, so we have to face the fact that in our field adjustments will sometimes be painful, advice misunderstood. But let us be on our guard against adding to the sheer unhappiness in the world.

We started out with the familiar phrase, "Once upon a time," in speaking of some clients. Is it too much to ask that in the future the biggest test of case work methods should be—"And did they live happily ever after?"
THE SOCIAL SERVICE EXCHANGE AS A
COOPERATIVE PROCESS*

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A Social Service Exchange is not a cure all for every community ill. It cannot manufacture a spirit of co-operation unless such a spirit already has some beginning. If there is a spirit of jealousy and suspicion in the community and an Exchange is set up as a piece of machinery to prevent duplication, which all are invited or commanded to use, your Exchange is not going immediately to establish a spirit of peace and harmony. On the other hand, if there is already a promising spirit of co-operation, a genuine desire on the part of the agencies to work together and to understand each other's function and attitude; if there are enough workers with training and vision to interpret correctly Exchange reports when given to them, so that there is no danger of the file's being considered merely a black list; if the office is adequately equipped both as to personnel and mechanics, then there is no one factor which can do more to foster this desire to work together, and bring it to fruition, than a Social Service Exchange.

The services of a Social Service Exchange should be available for anyone who has a clearly defined social interest in the client, and has sufficient training, or adequate knowledge of community resources, to interpret reports when received. Without this training and knowledge, unfavorable data is likely to be over-emphasized, or conclusions drawn which would not be warranted by study of the material in the hands of agencies. Inquirers at any Exchange must know that the Exchange does not carry information about any individual or family, that it is simply the index showing where information may be found.

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An Exchange in any community must serve, not only the relief agencies, or the privately supported agencies, it must serve the medical field, as it is concerned with Public Health nursing, clinics and hospitals; the schools in connection with their attendance department, working permits and special work with retarded or otherwise handicapped children; the court probation officers, and the Departments of Public Welfare, of city, county, or state. In our own community last year 25% of our total clearings were from tax supported agencies. If there is a tendency in any city to feel that this is a service a privately supported agency should not render, will they bear in mind that the material in the hands of these public agencies is thus made available for the private, also that an almost invariable result of the use of the Exchange by any agency, is a realization of its own weakness whether in the way of record keeping, or standards. If we expect more of the burden to be assumed by the public, this is surely a desirable preparation. There are many tax supported societies where working standards are the highest, but in some spots the Exchange has failed to reach this group.

A probation officer who honestly thinks he has not the time or clerical staff to use the Exchange, had the time and stenographer to write to another city to the parents of a boy who was under arrest, but was offered a suspended sentence if he would leave town. When the parents took this letter to the Red Cross in their city, which in turn wrote the Red Cross in Cleveland, it was learned that all the facts regarding his home were available with the local Associated Charities, as they had previously interviewed the boy. The probation officer could have had all this information in ten minutes, had he used the Exchange.

In the main, the responsibility for enlisting new agencies must rest with the Executive, but these agencies should be interested and not coerced. The Big Stick method is never particularly fruitful, though an Endorsement Committee can stimulate this interest and bring to the executive helpful suggestions. Some hold that to make these contacts and otherwise to make the Exchange function, the secretary must have case work training; some believe that business training is more important. We will all agree that a successful Exchange Executive must have enough social training to get the point of view of the constituent agencies, to appreciate their limitations, to understand their functions, and to be able to meet the
workers on their own ground. If, with case work training in addition to general social knowledge, she is able to maintain a neutral position, to avoid indifference on one hand, and unwise interference or partisanship on the other, then we have an ideal social equipment. But unless the Exchange is large enough so there is an assistant with business training, this important side of a secretary’s equipment must not be overlooked. She should have knowledge of business methods and of filing, with ability to adapt the best methods from the business world, bearing in mind that methods applicable to a concern dealing in automobiles, may not work when dealing with social maladjustments.

The executive should be painstaking, accurate, patient, fond of detail, and in the large Exchanges have the ability to keep her staff up to the mark, conscious that they are playing an important part in the community’s social program. Such a staff should be adequately paid according to standards prevailing in that community, for turnover in an Exchange office is even more expensive than in the business world, due to peculiar training necessary to fit a clerk to her task.

However small the office, an Exchange needs two people on the staff. They may have other duties outside the Exchange, but there must always be some one in the office available to serve an inquirer intelligently, and there must be some one free to visit agencies in their own offices to see how the Exchange service fits, to advise with them on records and routine questions, free also to attend various meetings where she will meet and mingle with representatives of the different groups, though the subject under discussion may not bear directly on the Exchange. She must be ready, also, to meet workers in training from various agencies that they may early get the right point of view.

In one city not much progress had been made with the Children’s Homes, until the Exchange secretary became a member of a Conference which met regularly among the Children’s agencies. Here she became personally acquainted with superintendents and board members, visited the institutions as one interested in them, attended luncheons, bazaars and teas, though it took an afternoon from the office, or an evening from home. In that city now the superintendents of these Homes often bring their problems to the Exchange secretary. They realize that information in the hands of the Exchange is as safe as in their own offices; they see why such indexing is necessary.
But granted we have a well manned and well equipped Exchange and an adequate number of agencies participating, is our Exchange anything more than a mechanical overhead?

To use Miss Richmond's illustration, it is at this point that a secretary finds herself in the position of the driver who could bring his horse to water, but could not make him drink.

An Exchange can progress no faster than its constituent agencies. Organically the agencies are responsible for the Exchange, not the Exchange for its creators. Practically every agency dealing with individuals requires some investigation into the circumstances of their client, and usually the first step is inquiring of the Exchange. But too often this is a prefunctory routine without idea of the value of the report received, or a proper conception of how to use it. Too often the agency is content to learn that there is no apparent duplication of relief or service and fails to realize that information of others may be of value to them. I have in mind a situation where a worker never looked up a Legal Aid Society report, because she thought she knew the legal question involved. When a new worker took hold, she learned from the Legal Aid Society that the woman had come to them the day after she was discharged from the State Hospital for the Insane. This threw a different light on the situation, for there had been no indication of mental difficulty.

Our case supervisors and teachers of social work must realize that there is no more fruitful expenditure of time than in sustained effort to get the young worker to see the potential possibilities of consultation with other agencies.

A society dealing with delinquent girls wrote a family society in another state, asking that a visit be made to throw light on a puzzling situation in one of their Maternity Homes. They mentioned another baby in Cleveland, of whom the mother claimed to have lost track. The reference visited told the worker that the child was with a Mrs. A., where the mother had placed her to board, but had been unable to keep up payments. Mrs. A. was visited and said she was fond of the baby and willing to keep her until the mother could pay. The visitor was quite satisfied. In the beginning she had duly learned through the Exchange that no agency knew either the girl or the reference mentioned. She quite overlooked the possibility of anyone knowing Mrs. A. When this was called to her attention, she found that Mrs. A. was known to many agencies from whom
came information that not only was Mrs. A. unfit to care for children, but the situation had recently been reported to a Children’s Agency by a visiting nurse, because of the baby in the home who belonged to none of the family and was being neglected. Through information thus brought to light, not only was an innocent baby given proper protection, but a potential burden on a private agency in one state, was transferred to a public agency in another, as the mother was definitely feeble-minded and guardianship belonged with the other state.

In contrast with this visitor’s first attitude, may I cite another instance where a children’s worker realized the possibility of even a card file in helping to solve her problem. Her office received a request by telephone to place a week-old baby during the mother’s funeral. The mother’s name was Mary Morgan, and the man calling was her brother-in-law, named Smith. Upon being asked a few questions, he became annoyed and withdrew his request. The Exchange had no report. Worried over the fate of the baby the visitor tried to locate the family at address given, but failed. The morning’s paper contained the death notice of a Mary Morganstein, on the same street but at different number than given for Mary Morgan. With this information and the list of relatives from the paper, the Exchange reports brought to light a history of immorality and crime, which made it advisable to remove the child through court action.

An old German man, destitute, in an attic room, was reported to a family society by the landlord. He refused to give his name, saying he wanted to be left alone to die. He might have been referred to the city authorities for admission to the Infirmary. But the visitor had a sense of responsibility and knowledge of community resources. She obtained the man’s name from a German newspaper in the mailbox, and through the Exchange learned that the Bureau of Domestic Relations had inquired five months previous. After calling the district doctor and nurse and sending in food she consulted the Bureau of Domestic Relations and was told that the wife and son had been there applying for a divorce, because of the man’s drinking, following an injury in the shop. Calling at the address furnished by the Bureau it was found that the man had left home after being reprimanded by the son for drinking. After persuasion on the part of the visitor, the son accompanied her to the father’s room, and in less
than twenty-four hours the old man was back in his own home. The injury was reported to the Industrial Compensation Bureau and he is now receiving proper compensation.

All co-operation is primarily an act of faith, implying vision, trust, and a common goal. I have been impressed recently by an apparent lack of trust between agencies both public and private in some communities. It should not be necessary for four different agencies to write to the same city to verify the same information, and yet this happened recently when a Probation Officer, a hospital, a state department, and a city department all wrote a private agency in Cleveland asking for previous history and verification of a family's legal residence. A check up with the Exchange in the other city showed that two of the agencies were users of the Exchange. The secretary may use this instance in an endeavor to impress upon the other two the advantages of its use, but she can accomplish little if there remains in that community a lack of confidence in each other, lack of understanding, overlapping of function and effort, that such duplication implies. These are lacks which rest primarily with the several organizations and not with the Exchange. The Exchange is no more responsible for these duplications than a bank which has striven to induce savings, is responsible for the loss of money stolen from the old family teapot, or the physician when the patient declines to follow his directions.

But even with these illustrations of lack of appreciation of the principles of co-operation, I am confident that there are far fewer self-sufficient workers and agencies in most communities than there were five years ago. The lone hand worker is out of date. There is more sitting down together of the family case worker, the probation officer, the settlement worker, and the medical social worker, in order to pool their experiences, to get each other's slant on the problem and together create a workable plan of procedure, with responsibility definitely placed.

We have been encouraged by the findings of a study recently made in Cleveland by a member of the Associated Charities staff, to determine how successfully families are being served when the treatment involves the services of the Associated Charities, and several child-caring agencies, during the same period.

Twenty-five records were studied in conjunction with twenty-one from Juvenile Court, nineteen from one children's agency, and four-
teen from another, on the same families. One of the questions noted was the use of Exchange reports. One agency missed but one report out of fourteen and the largest was but five out of twenty-five. This student feels that any weakness in co-operation or apparent duplication comes, not from failure to use Exchange reports, or lack of knowledge of function, but from a lack of co-operative planning. She suggests more frequent case conferences with a definite formal decision uniformly recorded by each agency.

There is a difference of opinion as to the wisdom of the Exchange’s being the medium through which a case conference is called. My personal opinion is that while the Exchange may properly serve as secretary of such conferences, the initiative in each instance must come from one of the agencies.

With increasing willingness on the part of the worker to give and take, to subordinate her own individuality to the good of the client and the community without considering the credit coming to a particular organization, with an increasing willingness to withdraw gracefully from a situation and relinquish a natural proprietary interest in the client when it seems best to turn it to another agency,—is developing a new idea of co-operation,—a co-operation based on mutual understanding of motive and purpose.

Does it not indicate an appreciation of the possibilities of the Exchange, when we noted in our office at one time recently, representatives from the Children’s Bureau, the Associated Charities, Community Fund, and an interested individual, and at the same time on the telephone were the Red Cross, the Jewish Social Service Bureau and the Day Nursery Association? Each was seeking to know not only if some other agency was already adequately handling a situation which had been referred to them, but also to learn if there was material with any other agency which might assist them in understanding the situation. Are we wrong in assuming that in four minutes our office, by an apparently mechanical method, furnished in seven situations stimulation not only to more fruitful expenditure of community resources, but to a possible readjustment of human ills?

May I leave with you a little tale, which, when we were somewhat discouraged, was brought to our staff by a field worker who had learned to use our service to its full capacity. It has to do with the humble weavers of certain famous tapestries. They work on day after day following the pattern of an artist they have never seen,
trying to match the threads of different colors on the wrong side of the cloth. It is only when all is completed and they turn the cloth right side around that they can see and admire the beauty of the picture.
EDITORIAL

KEEPING FAITH WITH THE CHILDREN

Let us be glad of the Christmas season, glad of the opportunity it presents to put joy into the hearts of little children. It is their heritage, handed down to them through the centuries. Yes, just as long as little children keep coming into the world, we are going to observe Christmas. Without them, it might be possible to get rid of Santa Claus and Christmas trees. Even then, I am afraid some of us old folks would surreptitiously drag from our book shelves the “Sketch Book,” “The Christmas Carol,” Lewis Carroll, Clement Moore and wish that we might again go tiptoeing to empty stockings by the fireplace, or even put on a Santa Claus suit and tumble out of the hearth into the midst of a group of eager, open-eyed children.

However, we will not wish Christmas out of the way just because we, as grown-ups, have sometimes spoiled its spirit by over doing the gift-giving and gift-receiving habit among ourselves. Rather will we continue to be glad that we have not become so infirm in imagination, so decrepit in sentiment and emotion as not to find joy in listening to children’s voices as they sing of angels and shepherds, of Santa Claus and reindeer. If the spirit of the day opens some long unused corners of our hearts, let us not be ashamed. Even though it threatens to topple over the cynicism and worldly omniscience that would scorn all sentiment, that would have us distrust all feeling which has not been properly regulated and organized, let us not be afraid.

From children, whose day primarily it is, we need not require too much understanding of the deeper significance of the season. That will come later if we keep faith with them today, if with kindness and love we help to bring realization into their world of dreams and hopes. For them let Santa Claus continue to come on Christmas Eve with gifts to make children happy. Anything that makes the world a happier place for children is worth keeping. So let us at
least keep Christmas for children. Let them know that Merry Christmas is not a fiction, but the truest, kindest thing in all the world.

So—

Let's start today a planning for the children's Christmas time
That none shall be forgotten when the bells begin to chime,
That none shall have to doubt the tale and wonder if 'tis so,
That Santa Claus with reindeer drives from lands all white with snow,
With dolls and drums and caps and gloves in such a big supply—
You know the rest—just help him out—that no child be passed by.

WILLIAM H. MATTHEWS,

THE KIDNAPPING OF MR. HAROLD HUNTLEY

Mr. Harold Huntley was generally known as a grouch. For twenty-odd years he had lived at the Arlington Club—with the exception of the four or five months he spent each year in the Adirondacks or abroad. Of real pals he had none. On occasional evenings, as he sat at one of the club windows looking cynically out on the Avenue pedestrians, he would be joined by a fellow member. But the conversation was usually of short duration, unless, as sometimes happened, the uninvited companion had experienced a bad day in the market, or had been rudely jolted by some unexpected happening of the day, and was looking for some one who would agree to the proposition that he temporarily wished to maintain, namely that things in the world were in general all wrong. In support of that argument, Mr. Harold Huntley could always be counted upon.

At the approach of Christmas his grouch was always at its highest point of development. He resented the general good feeling of the season. He didn't see why the club should go to the bother of festooning its rooms with holly and evergreen. His morning mail, which, because of his membership in the exclusive uptown club, brought him many appeals to help this or that organization in their plans to make the Christmas Day one of happiness among the less fortunate of the city, all found its way unanswered
into the waste basket. To him all such attempts were silly sentiment and waste of money. Had any one approached him with a plan whereby the custom of making gifts at Christmas time promised to be suppressed entirely, he probably would become a charter member. In this mood was Mr. Harold Huntley as he sat by his accustomed window at the club on the evening of December 23rd.

Had Jim Granger, a new and youthful member of the club, known what was going on in Huntley's mind, he probably would have hesitated to ask him for a contribution for the Christmas tree that his sister's sorority was planning for the youngsters who during the year had found their way into the Home known as The Children's Shelter. Huntley's reply to Granger's appeal was a curt refusal as he continued to gaze out of the window.

Granger, joined at dinner a little later by a group of college classmates who with him had agreed to raise the fund necessary for the proposed celebration at the Shelter, forcibly expressed his opinion of Mr. Harold Huntley and all his kind. To his outburst, "I sure would like to give that cold proposition something to think about besides himself," Bill Chadwick, once center on his college football team, shot back with the question, "Why don't we?"

His suggestion met with ready response from the group. An hour later "a program of education," as Chadwick expressed it, had been planned for Mr. Harold Huntley, namely that on Christmas Eve they would kidnap "that anti-Christmas gentleman," bundle him into an automobile, put him inside of a Santy Claus suit and carry him off to preside at the Shelter's Christmas festivities.

Mr. Harold Huntley, taking his accustomed walk through the park between five and six o'clock on the late afternoon of December 24th, had just made the turn that would lead him to the club and his usual chair by the window, when several figures appeared suddenly from the shadows. He was barely aware of their presence before strong arms were wrapped around him and he was quickly lifted into the automobile that was waiting conveniently by. His attempt to cry out was stifled by a strong arm thrown about his neck and a thickly gloved hand placed over his mouth. His struggle to free himself from his captors and open the door were of no avail. Quickly, as the auto sped through the park, he was told of the evening that had been planned for him. The Santy Claus suit, the bells, the well-filled pack were all exhibited. He was given the alterna-
tive of accepting the plan and playing the game through, or of being forcibly dressed, carried up the fire escape to the window of the room in which the 150 children were awaiting him and unceremoniously dumped in among them. If he accepted the former, nothing should ever be said of the method of persuasion; if the latter, then his captors assured him they would return him to the club after the party, exhibit him in his full Santy Claus regalia to all present, help him broadcast the story of the kidnapping, and be ready and willing to take their chances against any action which he might choose to take against them.

Now one of the things on which Mr. Harold Huntley had always prided himself was his dignity. To be sure these fellow club members of his had already somewhat upset that. Yet in spite of the anger that burned within him, he saw clearly the further loss of that treasured quality if he accepted the exhibit plan. Like many a man who boasts indifference to other people's opinions, Mr. Harold Huntley didn't like to be laughed at. He realized also the temper of the men with him. The unyielding grip of the arms about him, the utter indifference of his captors to the possible results of the court action, which, in muffled words, he had sworn he would take against them, convinced him they would carry out their threat. And so Mr. Harold Huntley, as he had done most of his life, chose the way that seemed to offer the least of discomfort to himself.

They had left the park and as the auto threaded its way through the uptown traffic, Mr. Harold Huntley, with some help, changed from a faultlessly attired clubman into a rotund, red footed, white bearded Santy Claus, with a sprinkling of bells on arms and legs and a mammoth pack upon his shoulders. By this time the Children's Shelter had been reached. With lights out, the car swung slowly into the yard and Santy Claus with his four self-appointed guardians got out and moved cautiously to the rear of the building. Walking close ahead and behind, they helped his overdressed feet find the steps to the third story by way of the fire escape. Through the edge of the curtains they glimpsed the lighted Christmas tree. From a slightly opened window came the voices of the children singing the old, old song—

He is coming Kriss Kringle, Ho-Ho, Ho-Ho,
He is coming Kriss Kringle, Ha-Ha, Ha-Ha,
You can hear his bells jingle, afar, afar—
And come he did, jingling right through the quickly shoved up window, helped a little by the push of strong hands behind him, the big pack slipping from his shoulders to the floor at the feet of the 150 eager, shouting children. From then on action was rapid. The expectant youngsters swarmed about him, seizing his hands, ringing his bells, catching at his beard. One tiny tot was lifted to his shoulders by an enthusiastic nurse so that it might, "for the first time in its life, kiss a real Santy Claus." Just what Mr. Harold Huntley was thinking all this time cannot be recorded. The chatter of the children made any speech he might have decided to make quite unnecessary. Of that, perhaps he was glad. At the end of half an hour, he extricated himself from the entanglement of children and backing his way to the open window, climbed out on the fire escape and disappeared as the children cried out their goodbyes and invitations to come again next year.

Evidently his captors had decided their presence was no longer necessary. Below, he saw the dimmed lights of the auto. Alone he picked his way cautiously down the fire escape, climbed in the waiting machine, and answering the driver's request of "where to" with "down town," he settled back in the car and divested himself as quickly as possible of the now badly rumpled red garments. In the upper part of the city, stores were still open and people were thronging in and out for last minute Christmas purchases. Again it cannot be recorded just what was going on in the mind of Mr. Harold Huntley sitting alone in the auto, as its driver made slow way through the heavy traffic. Perhaps he still felt the cling of children's arms about him. Perhaps from the land of children's hopes and dreams realized, there came to him new realities. At any rate, as traffic halted in front of a store where windows were still piled high with children's toys, he got out and, asking the driver to wait for him there, he disappeared through the store doors. Some fifteen minutes later he emerged, his arms filled with packages, and followed by two clerks bearing more.

The door men of the Arlington Club, thoroughly schooled though they were, found difficulty in concealing their surprise when late that evening Mr. Harold Huntley stepped from an auto at the club entrance, bearing in his arms several packages from which protruded articles that looked much like dolls, trumpets and other like things. Hastening to help him, they were told to bring in others that were
in the auto and carry all to his rooms. Disregarding their illy concealed surprise, he sought a chair by the open fireplace that was throwing a soft glow about the club's spacious lounge room. Somewhat later, he requested the clerk at the desk to get his chauffeur on the phone and instruct him to be at the club at nine in the morning.

Promptly at that hour, Mr. Harold Huntley directed the loading into his auto of the night before purchased packages. From a nearby church on the Avenue, the chimes had just begun sending their Christmas message across the city, as Mr. Huntley squeezed himself in among the many bundles. To his chauffeur's "Where to, sir," he replied with the address of The Children's Hospital.

WILLIAM H. MATTHEWS.
NEWS NOTES

Mrs. Mabel Kaufman Webb has been appointed director of the Social Service Department of the Polyclinic Hospital, New York City.

The Metropolitan Information Service reports that the New York City Health Department and the Milbank Memorial Fund, with the co-operation of a number of other agencies, recently launched a campaign to eliminate diphtheria as a serious menace by immunization in the Bellevue-Yorkville District—14th street to 64th street east of Fourth Avenue, the district which was selected some time ago by the Milbank Memorial Fund as an excellent field for a health demonstration. Agents of the Metropolitan Life Insurance Company made a house to house canvass. In New Haven, Conn. and Auburn, N. Y., where an immunization campaign was successfully carried out, the death rate from diphtheria during the last year was the lowest ever recorded.

Dr. Blanche M. Haines, formerly director of the Michigan Bureau of Child Hygiene and Public Health, has been appointed Director of the Division of Maternal and Infant Hygiene of the U. S. Children's Bureau, Washington, D. C.

The Charity Organization Society reports that 1227 copies of their booklet "The Social Worker's Approach to the Problem of Venereal Diseases" have been sold by the Committee. Hospital Social Service is glad to again call the attention of public health nurses and social workers to this valuable booklet. Copies may be obtained from the Committee, 105 East 22nd Street, New York City. Price twenty-five cents the copy.

The corner stone of the extension to the Staten Island Hospital, New Brighton, S. I., has been laid and building operations are now in progress.
The Fraternity for Friendly Service, 70 Fifth Avenue, New York City, plan to establish a free taxicab service for the transportation of crippled and disabled people to and from hospitals to clinics.

The Bulletin of the Save the Children Fund of the International Union reports that the First General Congress on Child Welfare, which met in Geneva, Switzerland, last August, unanimously adopted the following resolutions in regard to the training of child welfare workers. (1) That all workers in the child welfare movement, doctors, midwives, visiting nurses, social workers, teachers, administrators, officials, office staffs, lower-grade workers, should be specially trained so that they may all act in the same spirit, whatever may be their particular share in the work. (2) That child welfare institutions, in engaging their staffs, should give a preference to such specially qualified persons, and should place them, morally, socially and financially, in a position corresponding to their capabilities. (3) That the Universities should set up Chairs of Social Welfare and that the instruction given in this subject should be open to young men and young women alike. (4) That a State Diploma be awarded to students in social welfare. (5) That an international programme be drawn up for the next Congress, indicating the guiding principles adopted in these matters by all nations.

It has been announced that the Women’s Foundation for Health will award a bronze medal to a woman in each state in the Union who has during the past year or years rendered the greatest service in advancing the health and happiness of womanhood. The award will be known as the Agamede Medal.

It has been reported that the oil drained from automobile crank cases, collected at garage and filling stations, has been successfully used in the mosquito exterminating campaign in Mamaroneck and vicinity.

All nurses and others in sympathy with nursing will be interested in the announcement that the 1926 Calendar of the National League of Nursing Education is off the press, and orders may be sent to
the Headquarters of the League at 370 Seventh Avenue, New York City, for Christmas delivery. "The Nurse in Poetry" is the theme of the Calendar this year, and its poetic and artistic features make it an appropriate and beautiful gift. The price is one dollar per single copy and seventy-five cents on all orders of fifty or over delivered in one shipment.

Speech Defect Classes are held at P. S. 93, Amsterdam Avenue and 93rd street, New York City, in connection with the Evening School, Tuesday and Wednesday evening, 7:45-9:45 o'clock.

The Dominion Bureau of Statistics reports a marked decrease (nine per cent) in infant mortality in Canada for the year 1924.

Miss Mary Tobin, who for the past four years has been Director of Social Service of the Neurological Hospital, New York City, has resigned and was succeeded by Mrs. Edith H. Clarke. The Work of the department, which is largely psychiatric social service, developed steadily under Miss Tobin's able administration and the staff now consists of four workers who cover the hospital and out-patients' departments.

The College of Nursing, London, England, has instituted a special course of training especially adapted to prepare nurses for public health work.

Miss Anna Drake, formerly Director of the Bureau of Public Health Nursing of Iowa, has been appointed Supervisor of Nurses at the Cincinnati Tuberculosis Sanatorium, and Instructor in the School of Nursing and Health, University of Cincinnati.

At the recent annual meeting of the Canadian Council on Child Welfare, in Ottawa, Canada, a five year program of minimum standards was adopted. The aim of the council is to provide physical and mental health for all children, efficient care and supervision of the so-called problem child, better child labor conditions, and adequate educational and recreational facilities.
A new world-record infant mortality rate of 40 per 1,000 live births was made in New Zealand in 1924, according to the Royal New Zealand Society for the Health of Women and Children. The death rate of babies under one month old was 24 per 1,000 in 1924, a decrease of 5 per cent from the average for the preceding five years.—*World’s Children*.

Recently the Division of Social Hygiene offered to cooperate with local libraries throughout the State in giving publicity to available books on sex hygiene. A considerable number of libraries have made up a special mailing list of the names of parents and young people to whom this information should be sent. The Division of Social Hygiene has mailed letters to these people to stimulate their interest and has enclosed a bibliography of such available literature in their respective libraries and of other literature distributed by the New York State Department of Health.—*Health News*.

The United States Civil Service Commission has announced the following open competitive examinations: Junior Medical Officer, Assistant Medical Officer, Associate Medical Officer, Medical Officer, Senior Medical Officer; Graduate Nurse, Graduate Nurse-visiting duty, in the Indian and Public Health Service. Physiotherapy Aide, Physiotherapy Pupil Aide and Physiotherapy Assistant. Dietitian in the Veterans’ Bureau and Public Health Service. Applications for the above positions will be rated as received until December 30, 1925.

Health News, issued by the United States Public Health Service, reports that health conditions in this country have been generally good this past year. Preliminary figures indicate that the death rate will be lower than the average for the past four years. There has been a marked decrease in the following contagious diseases: diphtheria, scarlet fever and measles.

A course consisting of lectures accompanied by demonstrations and practical exercises for teachers of blind and of semi-sighted children, and for workers with the adult blind, is being conducted by Harvard University Graduate School of Education with the co-operation of the Massachusetts Department of Education, Division
of the Blind, and of Perkins Institute for the Blind. This course is offered for the first time as a regular course in the Graduate School of Education.

William Hodson, formerly Director of the Department of Social Legislation of the Russell Sage Foundation, has been appointed Executive Director of the newly created Welfare Council of New York City.

Midwifery supervision is one phase of the continuous Child Hygiene Program of the New Jersey State Department of Health. In 1919, 946 midwives had been licensed in the State. In 1920, after a survey, it was discovered that in addition to the 946 licensed midwives there were 262 practicing without a license. In 1925 these figures were reduced to 387 licensed supervised midwives and about 11 reported unlicensed women, who are being watched for evidence. There are large foreign-born groups who demand the services of the midwife through tradition and for economic reasons. Recent figures show that of 76,530 births in the State, 17,645 were delivered by midwives, or about twenty-three per cent of the total births.

Miss Laura Bleecker, who for the past four years has been in charge of the Information Service of the Children's Welfare Foundation, has resigned.

BOOK REVIEWS


It is more than two hundred years since Ramazzini published the first modern classical work on the subject of occupational diseases. His pioneer efforts to direct attention to the toxic agents and to environmental conditions which were frequently responsible for occupational disease, were recognized to be of importance but did not lead to any very substantial studies along the same lines, until more recent times. With the tremendous impetus given to industry in the past several decades, especially along chemical lines, a variety of industrial poisons have attracted the attention of a comparatively small group of clinicians and investigators, both here as well as abroad.
Dr. Alice Hamilton has been identified for a number of years as one of the outstanding investigators of various types of industrial poisons. The present work is a very excellent compendium on the subject. In this book Dr. Hamilton presents the views of a host of scientific workers abroad with the addition of generous quotations from the work of American clinicians and field workers. As one who has played a leading role in field studies of the effects of various industrial poisons upon the health of workers, Dr. Hamilton is able to draw on a rich experience, and illustrates and illuminates many of the quotations which form the substantial part of the book, with citations of her personal observations and studies. She has surveyed the literature and presented the body of facts which she has accumulated in the course of the past years, with commendable thoroughness. It is a work which should be of great value to clinicians, directors of industrial welfare work, and industrial nurses.

About two hundred pages are taken up with the consideration of industrial lead poisoning. The book justifies its existence, if for no other reason, because it brings the innumerable studies which have been made on this subject, up to date.

Carbon monoxide poisoning, which is emerging as a very frequent source of sickness in industry, receives its due share of consideration. Closely allied to this, is the question of the use of tetraethyl lead to enhance the motive power derived from the combustion of gasoline in automobile engines. This subject which is now in the process of being studied by the United States Public Health Service and other bodies, is not discussed in Dr. Hamilton's work. While it is not an important omission, it has however, importance because so-called "loony gas" has given great impetus to the general interest in industrial poisons. The prevention of poisoning by the various toxic agents employed in industry, receives only passing mention. Dr. Hamilton's work touches very little upon the environmental conditions of the methods of work which are very largely responsible for poisonous effects upon workers.

Louis I. Harris, M. D.

Book Reviews

In a foreword our attention is called to the magnitude, complexity and importance of the National Government of the United States. The Institute for Government Research has undertaken the gigantic task of preparing a series of monographs describing the organization and function of the fifty departments.

The purpose of these monographs is to stimulate the interest of those concerned with constructive legislation and to act as a spur to those responsible for the proper and efficient administration of each department. In this, the first of the series, is given a complete history of the establishment, organization, functions, activities and results of the work conducted by the Children's Bureau.

The following appendices are included.


Careful study has been made of all data and the result is an interesting volume which will be of great value to students of government and to those engaged in public health and social welfare work.


This valuable contribution to social welfare literature is an historical account of the growth and development of social work in New York City from the earliest days of the Dutch and English settlement up to the present time. In the year 1691 plans for a workhouse were accepted but the building was not erected until some forty-three years later. This small frame structure was equipped with a school, a workhouse, six hospital beds and provision for the care and punishment of unruly slaves. This small institution served for sixty years, when it was replaced by a larger brick building which housed the young, the old, the diseased, vagrants, lunatics, imbeciles, etc., until 1861, when new quarters were provided on what was then known as Bellevue Farm, on the East River. Thus began the charitable and social work which plays such an important part in the health, progress and happiness of the city. Today approximately $70,000,000 is spent yearly for the maintenance and care of those who need aid and assistance.

Mrs. Springer has drawn a broad and graphic picture of the
ideals, organization, growth and development of charitable and social work, the powers and functions of the departments caring for the sick and unfortunate. Welfare workers, whether they be directors, staff members, volunteers or merely remotely interested in welfare work will find in this pamphlet a valuable background for every phase of social work.

The House that Health Built. A detailed and comprehensive report of the three years demonstration of what can be accomplished by the co-ordination of health and allied agencies in a Health Centre, prepared under the direction of Kenneth D. Widdemer, Executive Director, and issued by the American Red Cross.

The East Harlem Health Centre, 345 East 116th Street, New York City, houses under one roof twenty-three agencies all working in closest harmony and co-operation to promote health and educate the people of the community in health matters. It takes merely a cursory glance to see that this unique experiment has been successful beyond the dreams of the most sanguine. Once pausing to glance through the program and statistical reports will mean serious reading from cover to cover. Every phase of health conservation and disease prevention has been included in this practical health demonstration. Perhaps the finest achievement has been the submerging of self and the concentrated efforts of all agencies to fall into line and do a fine piece of health work for the sake of the ultimate results.

The following items from a summary of the three years’ progress will give a definite idea of the value and magnitude of the work.

1. Local health work has more than doubled in the three years period of the Health Center’s existence, as compared with the pre-center period.

2. Steady expansion has taken place in Health Center service (public health nursing and clinic visits) each year of operation from

   First year..........101, 194 services
   Second year.......143, 731 services
   Third year.........171, 730 services

3. A faster decreasing death rate is recorded for the East Harlem district from 1921 to 1923 (twenty-three per cent decrease) than for New York City as a whole (twenty per cent decrease).
NEW PUBLICATIONS

The Research Division of the American Child Health Association recently issued for press publicity a series of stories giving the more significant findings of the “Health Survey of Eighty-Six Cities.” The health work of cities ranging from 40,000 to 70,000 population is analyzed and the data compiled. This will serve as a guide and a source of information to health administrators and workers.

“The Promotion of the Welfare and Hygiene of Maternity and Infancy.” U. S. Department of Labor, Children’s Bureau, publication No. 146.

An interesting report of the activities of the department in the promotion of the welfare and hygiene of maternity during the fiscal year ending June, 1924.

Commonwealth Fund Program for the Prevention of Delinquency—published by the Joint Committee on Methods of Preventing Delinquency, fifty East forty-second Street, New York City. An interesting and enlightening progress report following the publication of a report which outlined the purpose, scope and organization of the Commonwealth Fund for the Prevention of Delinquency. This report briefly outlines the activities of the different divisions and notes the progress made during the past five years. Short summarized reports of the various demonstrations are given, also a list of publications and miscellaneous reprints which will be of interest to social workers and teachers.

ABSTRACTS

“Bringing Nature to Mental Defectives.” F. B. Willson, Occ. Ther. and Rehab. 1925; IV, 373. Do we accept too readily the idea that the mental defective lacks the capacity to understand the beauties of nature, seemed to be the disturbing doubt in the author’s mind one morning. As if in answer a small boy came to school with a bloodroot blossom which he had found in the woods. When the child was told the name of the flower he was greatly surprised that all flowers had names. This incident served as an inspiration to
the author and she showed the flower to the class and explained the shape of leaf, stem and petals and why it was called bloodroot. The children were interested and were encouraged to bring flowers to school. They were also taken on field trips and at the end of the school year had a list of one hundred flowers to their credit. The work has been extended and the children are taught with the first call of Spring to report the flying, creeping or growing things seen. Several interesting incidents are cited which go to show that even the child with defective mentality can appreciate and enjoy the wonders and beauty of nature. Nurses and social workers who are in constant touch with many of these handicapped children will profit by reading this interesting article.

“Rural Problems in Maternity and Child Health.” J. H. Mason Knox, Jr. South. Med. Jour., 1925; XVIII, 593. Comparison is made between the health conditions and health practice in rural and urban districts. The city adult or child when threatened with disease or convalescing from illness is sent to the country where he can have sunlight, fresh air and nourishing food. Country folk have all of these God-given health gifts, but in many instances do not recognize their value. Windows are carefully sealed both day and night; food is often spoiled in preparation; the best fruit, vegetables and meat are all too often sent to the city market. The author reports the significant fact that in a recent examination of more than 3,000 students of the University of Minnesota it was found that students from the rural districts had the largest number of physical defects, and these defects decreased in proportion as the students were listed as coming from villages, towns, small cities, and large cities. Therefore it would seem that the city child has a far better opportunity than the country child to reach healthy adult life. Education is the mighty force to combat disease. The author very aptly remarks that at present the public is undersold on health and sees the need of publicity, as for instance using the same enterprising methods of salesmanship as are used in bringing before the public the merits of cars, soap, chewing gums, etc. In a rural health program the first important procedure is to interest the country doctor. Another important agent in a health campaign is the public health nurse, who meets the busy and often very tired mother in the home, where every phase of household and personal hygiene can be emphasized.
The public health nurse has a distinct advantage in her work in the country as all social problems will have to be worked out on a personal basis. There is no turning of cases over to other agencies as is the custom in the cities. Thus her relationship in the community is of a much more intimate nature and she can, and has, become a vital force in health education. Arousing the interest of local health officials, doctors and the people in general through publicity and education is the means of fostering better health standards in rural communities. This of course includes stressing the value of periodic physical examinations. Maternity and child health conferences are perhaps the best avenues of publicity. In these centres no treatment is undertaken; if defects are found the patients are sent to their own physician for treatment. The demonstration of the value of warding off disease and keeping children well often impresses parents where other means have failed. Haven Emerson is quoted as saying that "the progress of a community towards adequate standards of child health is to be measured not by the number of defective children corrected nor by the visits of doctor or nurse, but by the smallness of the number of abnormal children entering school." The author is convinced that when the people request periodic health examinations the medical profession will respond gladly.

"The Old Age Problem." G. W. F. Rembert, South. Med. Jour. 1925, XVIII, 588. The subject of old age is interesting to all who have passed their first youth. To physicians the interest should be keener as the author quotes from a recent actuarial report the startling fact that the death rate among physicians is 110 per cent of the expectancy, whereas among lawyers it was only 80 per cent. This disproportionate rate was accounted for not because lawyers as a class were better physical specimens or led more exemplary lives, but because of the nature of the physicians' work and the subsequent body wear and tear. The many theories of the cause of old age are quoted, but apparently the reasons advanced remain theories. Nothing definite has been found to warrant a decision as to which factors are causative and which are contributary. The author considers heredity one of the important factors in longevity. Studies made by Raymond Pearl and Thompson show among all those whose ages ranged from 80 to 105 years practically all had long-lived parents, especially on the maternal side. The history of long-lived grand-par-
ents was found to be even more important. Climate, altitude and environment favor longevity; past infections and illnesses detract from one's chances for a long life. Food, habits, exercises, the use of tobacco, lack of recreation, and weight are all carefully considered and will serve as a guide to those hoping to attain a ripe old age. Weight, or rather underweight in proportion to height and age is apparently one of the guarantees of long life. According to recent studies made by actuaries in a series of 700,000 persons the lowest death rate was found among those who were 10 to 15 pounds above "standard" weight up to 34 years of age, and with those whose weight was 5 to 10 pounds below the "standard" after the age of 35; and at the age of 50 or over a weight of 15 to 30 pounds below "standard" is favorable from a standpoint of expectancy.

The following suggestions for maintaining health after middle life are given: "Keep old people in harness but encourage them to develop 'hobbies' which will bring about diversion in their lives and help to keep them young. Have them adhere to a diet principally of carbohydrates and low in proteins and fats, paying due attention to vitamin values. Maintain a body weight from 15 to 30 pounds below the accepted 'standard.' Keep up sufficient body exercise to promote digestion and to facilitate the elimination of the waste products of metabolism. Submit to frequent medical examinations to detect beginning disease processes at a time when assistance can be afforded."

"A Kindergarten-Nursery Project Run by Industry." S. P. Moore, Nat. Health, 1925; VII, 613. An interesting account of the ideal, scientific and business-like welfare methods in vogue at the Kellogg Company, Battle Creek, Michigan. Routine and individual hygiene is carried on with a niceness of detail so necessary in a food industry. Expert medical and dental supervision and care are provided for the employees. As in all social or welfare work the work has expanded and developed so that all the members of the family of employees are benefitted by the health regulations and the health conservation program. A nursery-kindergarten has been added and the young children of working mothers are cared for under ideal conditions. Trained kindergartners, physicians and nurses supervise and care for the children. There are two sessions, one from seven in the morning until three in the afternoon, the second from three until eleven o'clock. As the employees are on an eight-hour working
schedule, the children of working mothers are cared for during the full eight-hour work period. Indirectly the nursery school and clinic have served health purposes to other members of the family. Special attention is paid to the diet; the menus are carefully planned and the food prepared scientifically. In order to make vegetables attractive they are frequently served in gelatine molds and the author notes the fact that the children need no urging to eat this daintily disguised food. Menus for ten consecutive days are given and it seems almost incredible that such a wholesome well-balanced diet can be supplied at a per capita cost of slightly more than seven cents per meal. The entire expense is borne by the Company; the parents are not required to pay for this ideal supervision and care.

"Federal Safeguards of Child Welfare." J. Lathrop, Annals Am. Acad. Pol. and Soc. Sci. 1925; Vol. CXXI, 96. After reading this interesting article one cannot doubt but that governments the world over have concentrated their efforts to make the whole world a better place for children in every station in life. A few brief excerpts and references quoted from the constitutions of several European powers show conclusively the trend of government policy is to recognize the fact "that child welfare is the most imperative single element in the program of social progress." The Children's Bureau of the United States Department of Labor was established in 1912. The primary duty of this Bureau is research in the field of child welfare and "to investigate and report upon all matters pertaining to the welfare of children and child life among all classes of our people." The work of the Bureau is described and important facts relating to infant and maternal mortality and the Sheppard-Towner Act are given; also an interesting account of the introduction of the first bill calling for Federal restriction of child labor, its defeat, the acceptance of a similar bill nine years later, the subsequent decision of the United States Supreme Court that the bill was unconstitutional. Since that time there has been open and hidden opposition to every effort to establish Federal control of child labor. Ratification of the Child Labor Amendment is still an open question but the author speaks with authority when she declares that whatever may be the fate of the Amendment, "the old fatalism and neglect are dead" and that "honest investigation, research, the search for essential facts—by what title we like—will not leave its long task until the final adjudica-
Abstracts

Articles are made ‘in the interest of the child and society’.

“At present it is not possible to state how the United States stands in comparison with other nations in the protection of the children.” Are we doing all we can for the children is a pertinent question. While great strides have been made in improved standards of living, of education and health, the author feels that while child welfare is and should remain a state and local responsibility, the Federal government should not refuse to accept the clause of the Constitution “to promote the general welfare” in the interest of children.

“A Little Child’s Defective Hearing.” M. S. Birge, Hygeia, 1925; III, 618. The author draws a graphic pen picture of the bewilderment, misunderstanding and mental conflicts of a child who at the age of two was rendered partially deaf by a mastoid operation. The child was almost totally deaf to low vibrations and as she heard better in one ear than the other, she had no sense of location of sound. An unexpected approach or the sound of a voice when she did not see the speaker startled her and her family criticised her for lack of self-control. She was scolded and made to feel ashamed of her nervousness. Even at play she was constantly in a confused state of mind. Her school experience was unhappy. She was accused of being inattentive—of telling falsehoods when she had the courage to say she did not hear. She ran the gamut of all the unhappy experiences of a misunderstood childhood. The result was a marked shyness and a lack of initiative, and a withdrawal into a subjective dream world. At the end of her school life she was graduated from high school with scholastic honors, and with a worn-out nervous system. A significant emphasis is placed on the fact that four years later another girl, totally deaf, was graduated from the same school with honors but with a poise that indicated physical and mental health. The totally deaf girl, proficient in lip-reading, was under practically no strain whereas the child with the minor defect was constantly keyed up to the breaking point. The author stresses the need for serious pioneer work, both medical and educational, for the deaf child and advocates lip reading classes in the public schools for slightly deaf children as a means of removing early strain from the ears, thus helping to conserve hearing.

Health, 1925; VI, 411. This interesting subject is treated scientifically yet couched in such simple language that it will be of great value to social workers, especially those engaged in social hygiene work. The author emphasizes the fact that the way to prevent the transmission of syphilis from mother to child is to give intense antisyphilitic treatment to the expectant mother during pregnancy. The following interesting data compiled by K. Marcus in 1913 are noted. It was found that 90.2 per cent of 41 untreated syphilitic mothers gave birth to syphilitic infants; that 82.3 per cent of 17 syphilitic mothers treated before but not during pregnancy gave birth to syphilitic infants; and that but 45.6 per cent of 46 syphilitic mothers treated during pregnancy gave birth to syphilitic infants. Other figures and the opinions and findings of leading medical authorities are given, all of which indicate the importance of pre-natal care and treatment. The author is of the opinion that if vigorous antisyphilitic treatment is given to the mother during pregnancy there is a favorable chance that the infant will escape intra-uterine infection. However, there is grave danger of the uninfected child being infected during delivery. Eternal vigilance is necessary to note the first evidence of disease in the infant. The author does not approve of the indiscriminate treatment of all children born of syphilitic mothers. Apart from the fact that many children may be treated unnecessarily, this method makes it impossible to determine in which cases maternal syphilis is transmitted as it obscures the factor of post-natal infection. Using his own experience and the observations and results obtained by scientists here and abroad, the author has formulated eight prophylactic rules to be applied in preventing congenital syphilis.

"Every-Child—How He Keeps His Mental Health." F. E. Williams, Annals Am. Acad. Pol. and Soc. Sci., 1925; VCXXI, 178. We are confronted with the staggering prediction based on statistics that in the next ten years there will be at least half a million school boys and girls who will lose their mental health. This appalling estimate does not include neurasthenia, hysteria, obsessions, phobia; these cases are known to physicians and social workers. The author is of the opinion that for every person adjudged insane there are three out of five who have neurosis. For the sake of social convenience the mentally ill are classified as the insane, the neurotic, the delinquent, the dependent. The mentally ill are compared with the
physically ill. It is quite as possible for people to suffer from mental ill health as it is for them to be in poor physical condition, without being actually ill. When a person is physically below par an effort is made to establish good health; the same holds good in mental conditions, particularly in the case of children, where much can be done to overcome mental handicaps. Who is to blame? The author evidently looks to the home for causes as he makes the pertinent statement “Parenthood is the only profession that can be practiced in the United States today without at least an apprenticeship training.” The child, when he enters school, is all too frequently under the care of instructors who have no conception of the emotional life of the child, who seeks refuge by attempting to adjust his personality to the confusing forces. Whether it be poor heredity, environment or other causes which stir up a conflict of emotions the problem of mental health must be attacked in the same way that the problem of physical health is being solved: by education; by applying the knowledge we have; by research; by using experts skilled in the handling of such problems and by disseminating information regarding mental hygiene. Psychiatrists, social workers, physicians, teachers and parents have awakened to the importance of controlling and guiding the child’s emotions. Much has been gained but the real solution will come when parents are trained and when the world in general realizes that a mental problem is as important as a physical problem and that expert advice and care are necessary to ward off serious consequences.