WHAT MEDICAL SOCIAL SERVICE SHOULD MEAN TO A GENERAL HOSPITAL

JOSEPH C. DOANE, M.D.

Medical Director, Philadelphia General Hospital

It must be granted, at the outset, that any attempt to evaluate the work done by the hospital medical-social service department must make mention of the form of organization under which it works; the type of work being done by the hospital in question; the method of appointment of workers; the system and adequacy of financing the work; the sympathy and support received by the department from hospital authorities, advisory committees, etc., as well as mention of its aims and designated functions.

While medical-social service has existed as a definite departmental entity only about sixteen years (our sister city to the East having the honor of first giving us, at least, the nomenclature, as well as much of the stimulus, as to the recognition of the need for such work), many of the principles, and, indeed, the practices of modern social-medicine have existed much longer. Almost a half century ago, the need for home visiting by a hospital representative was recognized, although no clear understanding existed as to the real scope of such work. As near as I can learn, there are about three hundred hospital social service departments in the United States today. In Philadelphia, about two-thirds of the hospitals, having a bed capacity of fifty or over, have a social service department. In not a few hospitals, wherein a definitely organized social-medical department does not exist, some not altogether discreditable work is being done.

Much difference of opinion still exists as to the social worker's place in the hospital organization. Should the lines of authority, from the Medical Administrator or Board of Trustees, be as unbroken to her department as to the X-ray, Laboratory, Electrocardiographic Station, or any of the other specialties; or should the relationship of this division be one of understood co-operation only? We feel emphatically that the former relationship should exist. True it is that in some very modern and

efficient institutions the administrative authority, in so far as the social service department is concerned, is vested in the hands of an advisory or co-operative committee—which committee is at the same time financing the work done. This arrangement appears to be illogical and conducive to misunderstandings and intramural friction, and should not be encouraged.

The seeking of contributions, for the routine needs of her department, by the social service directress does not appear to be either a profitable expenditure of her time, or an activity consonant with the dignity of her office. Alms-gathering for private or other ventures, for that matter, does not seem altogether respectable. Efficiency and economy of effort demand that all lines of authority must converge within the hospital. The most efficient work will be done, if the social service department is an integral part of the hospital organization, over which the Executive or his Board of Trustees has direct authority. It should not be necessary to add that these directing officers should be wise enough to choose a trained social specialist, and then scrupulously avoid meddlesome interference—a general rule which all successful hospital directors have found to be wise. Such a system of organization implies that the budget for the maintenance of this department should be derived from the same source from which the hospital is financed. This is the ideal arrangement, and yet it not infrequently occurs that the first step in securing a hospital social service department is taken by interested and wealthy men and women, who underwrite the venture, and by so doing demonstrate the need for such work, the financial burden later being assumed by the proper state, municipal, or other authorities. This was the case at the Philadelphia General Hospital, and Philadelphia owes a debt of gratitude to such a committee of generous women.

An interested committee of intelligent men and women, which exists in an advisory capacity, usually strengthens the work of the social department. These members bring to the hospital their moral and, oft times, financial support for unexpected activities and needs, for which budget provision has not been made. The greatest of care must be exercised, however, in the selection of this committee; for unless a sympathetic and interested attitude is supplemented and tempered with some social

understanding and knowledge of hospital etiquette and usages, meddlesomeness may negative the good accomplished.

When we venture to attempt a definition of the function of the hospital social service department, we meet with a vast and confusing variance of opinion. This uncertainty of purpose affects not only the public, and the hospital personnel in general, but also there is often much confusion in the mind of the social worker herself, as to just what is expected of her. Surely the man who does not know what to do will encounter much difficulty in performing his task. Even though during the last sixteen years much has been accomplished to establish the scope of hospital social service, yet there is no general agreement anywhere, either as to its functions or the qualification of its workers.

Let no uncertainty exist in regard to the fact that every activity of our hospital life must in some way favorably affect the return of our patient to usefulness. For him we exist and have our medical being, and so it is our belief that the medical-social worker in the hospital has, as her prime function, to join with the many other agencies in a united and co-ordinated effort to cure the sick. She is neither qualified nor expected to scan the histologic slide for evidence of malignancy, nor to perform electro-cardiographic studies, nor to remove an offending appendix vermiformis, but she is required to bring her specialty report to the patient's bedside, and thus not infrequently renders valuable service on the behalf of the patient.

Let it also be proclaimed from the housetops that none of the medical, or non-medical, hospital specialists work *for* the doctor—the doctor merely happens to have his hand on the rudder of the ship which is endeavoring to bring the patient into the port of restored health. It is the patient *for* whom we labor, and the doctor and the nurse *with whom* we serve. If this almost axiomatic truth could be indelibly affixed to our medical creed, much bickering and petty misunderstandings could be avoided in hospitals the world over.

In the recent report of the Field Secretary, on the survey of hospital social service, there appeared much uncertainty in the minds of the workers as to the most important function of their work, but twenty-eight per cent. putting the patient as the chief

one to be served. I shudder to think of the kind of answers which would be elicited should a question as to the work expected of the hospital social department be put to individual members of many of our hospital visiting staffs. Next to the workers themselves, the visiting, resident, and nursing staffs present many educational problems. True as it is, however, that the physician may possess but scanty knowledge of what service the skilled worker may be expected to render his patient, it is equally true that he may know but hazily what steps are necessary for blood urea estimation; he may know, however, how to utilize the results of the study when once procured. It seems to us a glorious humility—if such it be—to be directly concerned with lightening the burdens of the sick—to be united with, and respected by, the fellowship of those who practise the healing art. Briefly, we believe the medical-social worker may be most useful in the following ways:

To bring to the hospital, an environmental word picture of the home.

To follow up the work of the hospital after the stay there is over.

To remove certain obstacles to the successful treatment of the patient, which may exist at home, while he is under hospital care.

To perform certain educational activities of a public health nature in the community.

Later, detailed comment will be made on each general function.

We are learning today that to fulfill the highest conception of our duty to our patients, a hospital must be more than a mere machine, into which is fed a constant stream of ills, and from which comes a smaller stream of restored individuals.

We are also learning that this great flood of human ills must be so carefully sieved and assorted that each disease is treated in proportion to the individual medical and social needs of the unfortunate, whose faulty bodily functioning has produced the disability. We have intimated also that to do its best work, the hospital can not exist as an isolated island of sick people in the community. The life of the sick man in the hospital is so closely linked with his life at home; the causes of disease are so many,

so complicated, so interwoven with the causes for many of the ills of society, that to endeavor to treat a patient without some knowledge of the surroundings in which he lived, worked, and became ill, has too often proven unsuccessful and unavailing. Physicians are asking the reason for failures where successes should have resulted; are enquiring why treatment, well conceived and carefully administered, resulted only in temporary relief; why the heart case, which left the hospital restored so quickly, asked again for aid. All too frequently in the past has the physician looked upon the diseased organ as somehow disconnected from either the rest of the owner's body or his past life. He has looked upon his patients as capable of being automatically and pathologically classified, without much knowledge of, or interest in, their medical-social attributes. When the doctor begins to adjust the focus of his medical vision, so that even though the acuteness of his scientific gaze is slightly lessened, a field, which includes not only the head or the hand, but the owner himself, the kind of clothes which covered his body, the cleanliness of his personal make-up, and a glance at his ancestry, his habits, his method of earning a living, comes into view, the whole aspect of his case, in many instances, is changed.

We have referred to the fact that medical-social work is not charity. Charity is easy to give if one has the goods and money. The man or woman, who generously gives of his or her means where want is, is not always doing either good to the recipient or to society, for great harm often comes from mis-directed charity. The-basket-on-arm-credit-at-the-grocery-store type of medical-social worker is usually not the one who is doing the most efficient work.

One lesson, which should be patent to all, is, that none of us should be guilty of thoughtlessly burning the brand of pauperism on any man or woman. The gospel of personal responsibility for the individual's community standing, in so far as earning, if not all, a part of his own support, of getting by giving, of refusing help unless effort has been honestly expended toward self aid, will go far toward maintaining an individual and community self-respect. In one dispensary at the Philadelphia General Hospital, all are expected to pay something, and if the patient is obviously unable to pay, an account of indebtedness is kept,

even though we know it will never be satisfied. The world owes no one a living, and the mere expression of this belief bespeaks either a perverted outlook on life, or an unhealthy or undeveloped moral fibre.

To the trained social worker, what to the average man is a disease, is but a symptom, and the physician knows that the symptom may be far from the real source of trouble, for the empty cupboard, which surely forebodes hungry stomachs, may be but a sign of a much more serious and difficult condition. To relieve the pain does not cure the diseased appendix, and often so masks the difficulty that the true nature of the trouble is later difficult to ascertain. True it is that no sensible worker ever allows actual hunger to exist while she seeks out hidden causes, but it is equally sure that, if she is not a novice, she will not be guilty of treating solely a social symptom, where permanent relief can only be gained by removing the cause.

The physician has learned that painstaking attention to detail is necessary before he can decide as to the nature of any illness. Often hours, and even days, are spent in the patient search for facts which may further a correct solution of the diagnostic problem. With all the data at hand, the skilful doctor then proceeds to weigh their value to him, discarding one finding as useless, and elaborating another there, until a conclusion as to cause and effect is reached. Such a plan must be adopted by the skilled medical-social worker, for social diagnosis is essential before a rational treatment can be prescribed. For example: A man comes to the hospital, complaining of weakness, deranged digestion, and inability to work. He may be in the early stages of pulmonary tuberculosis (in which case he should be immediately isolated from his family, and by rest and hyper-nutrition a cure may be effected). He may be engaged in work that is physically too difficult, and the treatment must involve a change of occupation. He may be worrying over some family or financial difficulty, which makes sleep impossible —the solution of which might be easily gained after the true cause is detected. He may be suffering from faulty digestion and assimilation of food, which can be traced to improper selection and preparation of food, the treatment for which might involve the changing of his boarding-place, or the purchase of a cook-book for his wife, or he may be just plain hungry.

The above suppositious case might be presented to the ward doctor, with the worker's note as follows:

Impression: Weakness from faulty nutrition, due to slovenly home conditions. Recommend home supervision, from dietetic and hygienic standpoint.

Here is a practical, definite plan of action, which, stripped of all theories, may save the hospital much laboratory work, and useless, blind dispensing of pepsin and hydrocloric acid. In fine, the skilled social worker soon learns to accurately make her social diagnosis, and frequently effects a cure without the aid of the hospital at all. Here, a further word concerning the relation between the physician and the social worker should be inserted. Because of a lack of understanding, with a resulting absence of sympathy, many physicians do not fully avail themselves of the social worker's help. The doctor of a century ago know not that there was a drug which would work wonders in the treatment of a venereal disease, and, therefore, could not give his patient the benefit of his knowledge. Today, the informed physician takes advantage of every ethical thing which will aid him in bringing about health where disease is. Team work, between the doctor and the social service department, is necessary for the good of the patient, even as the doctor needs the X-ray, the laboratory, the heart station—each a special department, conducted by a specialist.

Mention has been made concerning the social aspect of disease; of the necessity of bringing the home to the hospital ward, and of taking the teachings of the hospital to the home. It is upon these fundamental needs that the work of the hospital medical-social service department must be founded. The medical-social service worker, first of all, is the representative of the hospital in the home, the school, the factory. She it is who sees the successes and the shortcomings of her hospital through the eyes of the people. She it is who defends where defense is just, and excuses or explains where the fault can not be immediately remedied. She is the friend of the patient in the ward and is welcomed in the home as the person who can tell the wife just how the husband is getting along; as to whether the doctor thinks an operation will be necessary, and as to why vistiors are allowed but thrice in seven days. She is the interpreter who hears, in the language of the doctor, and talks to the patient and his family

in their own tongue; who translates to understanding ears the hitherto not understandable reasons why the operation is necessary to save the life of the child, the wife, or the husband; or why it was best to take blood from the arm for study in the laboratory. It is she who can explain the terrifying sounds, the distressing sights of hospital life, to the overwrought and over-anxious relatives. It is she who tactfully allays the fears of the distraught husband, to whose ears, through the swinging, etherizing doors, was accidentally borne the cry of early ether anesthesia. It is she who goes in search of the mother of the nursing child, and explains that her presence is needed at the hospital, even though she herself is not ill, in order that weaning may not be the straw that decides the issue unfavorably for her child. As previously suggested, the medical-social worker takes to the home her interpretation of the physician's admonitions and advice for the period of convalescence. She transplants from the hospital enough correct ideas of sanitation, of clean living, eating and drinking, to not only aid in hastening a complete recovery, but to serve as an example to the particular little section in which the patient lives. Let me illustrate:

A family of children, four in all, had come to the hospital, suffering with scabies. The disease was quickly cured, and the mother joyfully took her children home. In the course of two weeks, three of the four returned to the hospital with the same ailment, having been excluded from school by the medical inspector. Treatment again was successful, only within a few days to have a recurrence, not only of the disease, but also of the children's presence in the hospital. One visit to the home by the medical-social worker brought back news of the uncleanly condition of the home and its bed linen, which resulted in the source of infection being removed by a visiting nurse, and a consequent absence of further illness from this cause. A child is brought to our Children's Hospital, pale, wasted, and the picture of what a well child should not be. It is carefully nursed back to health. Its mother—her ears ringing with the doctor's "don'ts" and "do's"—gratefully takes the baby home, only to return soon, with the picture nearly, if not quite, as distressing as at first. The medical-social worker, on her first visit, brought back a picture of carelessness and uncleanliness, which, when

corrected, removes for the time being, at least, the danger of further trouble for the baby.

These examples could be multiplied indefinitely, but the point which ought to be stressed is that the costliest and most elaborate hospital architecture and organization are mere expressions of poorly conceived extravagance, if the interest in the patient is at all broken at the discharge door, and the aggregate cost of preventable return cases to hospital maintenance would go far toward financing an efficient social service department from this activity alone.

Mention has been made of the manifold, beneficial, extramural activities of the medical-social worker. Let me briefly sketch the many services which our social worker may perform in her work *within* the hospital:

At any large municipal hospital, where work is done on a large scale, and where there is such a multiplication of wards and departments, the social worker finds herself confused at first by the very size and number of the problems which confront her. Then, too, the need for good social diagnoses, and treatment, is greater here than, perhaps, in many hospitals, which are both smaller and dissimilar in organization and clientele. The worker in any hospital, and especially in a large municipal institution, finds herself, at first, on the defensive—she must prove her worth; she must create a need for her services.

In the admission ward, where a stream of many thousands of patients flows by the worker annually, great good can be accomplished. We can imagine the joy to the alarmed newcomer of having a refined and kindly person ask interestedly of the people left at home; of whether there will be enough food for all, or whether the coal will hold out until his return. Here, first-hand information of social wants can be procured, and, where the need for a home visit is urgent, the worker can be on her way before the entry bath has hardly begun. Here, unusual skill and tact are required, for in no other department can the urge and hurry of work so easily cause misunderstandings and friction to arise. The worker here, not only tries to make sure that no worry about home conditions will delay convalescence, but she is constantly on the lookout for factors which will help the doctor to quickly learn why the patient is sick, and how to most quickly return his earning power.

In the Women's Venereal Department, our worker must be, perhaps of all others, best fitted to her work. The charity, which so often is wanting in the handling of the problems of venereally-infected women, must be possessed in abundance by our social worker. The winning of the confidence of these patients may be the first step toward a partial restoration. The tactful worker arranges for the dispensary return of the patient, when released from the ward, and, here and there, may pick out a victim of circumstances, which so often seem to grasp human beings and drag them down. The worker must tactfully meet inquiries by relatives about these patients; must remember always the ethics of giving out information about any patient, and frequently it is the tact and skill of the social worker which pieces together the fragments of the disrupted home, so that innocent children may not suffer. A little knowledge on the part of the worker, concerning the nature and interpretation of luetic seriologic reactions, is most dangerous. We have seen workers—usually non-medical—who regarded a positive Wassermann reaction as a sure evidence of the patient's eternal damnation. We have received, along with the pre-admission history, a polite, but equally ridiculous, request for the treatment of this dread disease, called "Wassermann!"

How much longer will the public continue to regard syphilis as always a disgrace; to look upon the venereally-infected patient as always a commandment breaker, and a social outcast? How much longer will hospitals, which by their name indicate their purpose of doing the work of the Great Physician, turn from their doors, as unclean, the unfortunate child, which through no fault of its own is venereally infected?

In the children's hospital, the worker finds many problems which try her skill and patience. It is her function to tranquillize the distracted mother, who can not believe that her baby is all right, or that it has not been exchanged for one of a different color, because she is not allowed to visit it; to go out into the highways, and bring in a qualified wet-nurse, when artificial formulae do not agree, to bring to the doctor a story of the baby's life, his illnesses, his exposure to contagion; to find a home for the poor, little, homeless waif—the foundling. The children's worker must—perhaps more than any other—understand the public health aspect of contagious medicine. Her eyes must be

open to the danger to each hospital child, incurred every time an additional child is admitted. A quarantine sign in the same block in which she visits must assume the proportions of a red flag of danger. The history which she brings must stress the possibility of contagious contact. Is it too much to expect, on unfavorably affected by light, and a blotchy rash spell danger; our worker's part, a knowledge that a coryza, eyes that are or that a sore throat, a lobster rash, preceded by vomiting, require immediate medical attention, and preclude general hospital admission?

Mention has been made of the follow-up work; the interpretation, and sometimes almost physical enforcement of the doctor's advice, so necessary for the child's welfare.

Much good work can be done in the maternity department, to which comes the problem of the unmarried mother; the estranged wife. To the trained worker, the question of illegitimacy has many interpretations. So often is the real, fundamental cause of the difficulty a mental defciency, which has not been recognized until too late to prevent trouble. Not infrequently a cruel and unsympathetic foster parent has so harrassed the growing girl, that early training and moral sense have been thrown to the winds, in a rebellion against circumstances. Or, perhaps, the home training has been lax; or, perhaps, an inherent, faulty moral tone has been causative. The worker often is able to return the erring girl to repentant and enlightened parents; to place her in a custodial institution, or to arrange a delayed, but not wholly unsatisfactory marriage.

In the psychopathic ward, the social worker requires still another type of training. Too often the public looks on insanity as a hopeless, and not entirely respectable state, dismissing the mention of the unfortunate's name with a shrug-of-shoulder, and finger-to-temple attitude. But much constructive and preventive work is to be done here. That this work requires a very special form of personality and training seems proven, and yet we can not agree with the belief of some, that there exists any great difference between the fundamental training rquired for the worker in the general medical wards, and in the psychopathic wards. The attention of all physicians, doing work with the mentally ill today, seems to be varying from the attitude that the patient should be studied from the behavioristic stand-

point, chiefly, to the belief that in many cases of insanity there exists a very definite, yet oft times difficult to detect, faulty physical basis. The inability of the wage-earner to long hold a job; the irritability of the father with his children; the lack of ambition and pride in his home, often suggest to the worker the need for medical examination, and frequently are found to presage a mental breakdown. Through the help of the psychiatric worker, permanent commitment may be postponed for months, or even years, by the lessening of home worries, of thoughtless teasing of the patient by friends or relatives, who would not knowingly do harm. Suitable occupation often may be secured by the worker in her after-care work, and return visits to the institution's psychiatric clinic insisted upon. As is true in most out-patient services, the success of the neuropsychiatric clinic will vary directly as to the skill and understanding of the worker assigned here.

In the wards for the tuberculous, the wide-awake medical-social aid may do much good work. Here, enters also the possibility of doing good, preventive medicine. Not only can the worker aid in bringing contentment to the mind of the sick man, by assuring him that his family will be taken care of during his stay in the hospital, but she may bring about the examination of other members of the family, especially the children, for a possible, early infection, and thus prevent serious illness by securing an early diagnosis. Our social aid may thus greatly prolong the stay of a patient in the hospital, who unwisely, as soon as he begins to improve, feels that he must return to the support of the family. By her knowledge of other agencies, which are doing their part in combating tuberculosis, she arranges for seashore or mountain convalescent care; arranges for clothing and other equipment, where patients are going to state sanitoria, and generally spreads the gospel of fresh air, clean food, and healthful exercise. The separation of the tuberculous mother from her young children requires a strong will and great tact, but such a step is frequently life saving.

In the medical wards, the great number of patients treated present almost as many different problems. Here, is the typhoid-fever patient, about whom the physician wants more history, as to how he became infected, and the worker is off to the East Side, the Bronx, or Brooklyn, to get the desired information.

In another ward is a man with signs of lead poisoning, and the worker is requested to find out whether modern protective methods have been installed in the particular factory in which he worked. In still another ward is a case of chronic heart disease, which must be visited, weekly, after his discharge, to be sure he is not overdoing, physically, or that he is taking his medication regularly.

The medical-social worker finds many of her greatest opportunities for doing good in the out-patient department of the hospital, for this service represents the outpost, the van of the hospital's campaign against disease. It is the listening-post, midway between the hospital ward and the home. Not only will adequacy of follow-up care determine the ratio of return to the dispensary, but the saving to the hospital, from the standpoint of in-hospital expense, as well as the increase in the hospital bed turnover, at the same time insuring appropriate attention to the patient's welfare, will represent a far from negligible saving in money and community service. To accomplish these ends, the medical-social service department must have an adequate system of records for follow up, so that it secures and retains a continued influence over all discharged cases, from all departments. It must be largely the aid's personality and tact which makes the patient desire to return, because he believes such is necessary for his own good.

Much could be said about the importance and varied expression of this administrative function of hospital social service, but time and the patience of this audience forbid any further great detail. Mention should be made, however, of the excellent work being done in this and other cities along lines of preventive medicine, relative to cardiac disease. Here, the intelligent aid of the hospital worker is most essential, and preparation for this specialized endeavor must include a definite understanding of the mechanics—if nothing more—of cardiac disease; of the effect of a diagnosed valvular defect on the patient's type of work, and of such basic truths as to life expectancy, and its application to the future of the economics of the family.

It is our belief that the ideal arrangement for the handling of discharged patients, from the standpoint, at least, of these special clinic activities, is for the hospital social service department, if possible, to assume and retain complete charge of the

case. Reference to other clinics or agencies too frequently means either the absolute loss of the case, or a change of direction and planning, which does not augur well for the patient.

There are many other varied, and yet most important duties of our hospital worker. The following is selected at random, to illustrate the rapdily developing public health aspect of hospital social medicine:

Recently, thirteen children were bitten by a rabid dog, which ran amuck in a crowded city street. A police patrol brought all of them to the Philadelphia General Hospital, but only three of the parents would allow their children to be separated from them, when they learned the nature of the Pasteur treatment. The social worker, for almost a week, was following these cases, and finally was able to triumphantly announce that all were under treatment, either in this hospital, or by a private physician. The value of such service is difficult to express in money.

These are but a few of the possibilities for accomplishing good, which present themselves to the hospital worker. That she is failing to measure up to the splendid opportunities offered, in far too many instances, seems all too evident. Not infrequently this failure is not in any way her fault. Hospital Boards are often too penurious, or too poor, to adequately finance the work of their social service department. They offer salaries for which no trained, self-respecting man or woman could work. They often house the social worker in dark ill-ventilated offices, which can not fail to engender a lack of respect by the public, as well as by the hospital population. They expect that for every dollar paid out in salaries and carfare there will come back one hundred cents in board collected, or in some other monetary return; that unless the ledger shows that the social service worker saves money, by performing clerks' or messengers' or Jack-of-all-trades' duties, she is not worth while. I have seen high-salaried college women, who in addition have years of specialized study in preparation for their hospital work, carrying bundles, collecting board, acting as telephone girls, chasing money for braces, false teeth, glass eyes, wooden legs, dispensing clothing, doing clerical work that no one else has the time or inclination to perform, and the one and one hundred odd jobs necessary in the hospital day. Some of these duties can be classed as necessary

temporary functions, and are permissible only for brief periods, as an evidence of a healthy, helpful attitude on the part of the social department. We would not have the social worker assume the attitude of, "Show me the sick man, and I'll help him"; but to preserve her self-respect, and to establish such a regard for her specialty, the worker must not be regularly expected to assume the guise of the department store errand girl.

It would be a worthy charity for some one to establish a fund to educate some Boards of Trustees, with which I am acquainted, as to just what the work of their social service department should be.

The end product of the social worker's activities must and will be restored or preserved health, or earning power, but I have yet to see a well-organized and well-trained social service department, which by aiding patients to more quickly return to their work, by helping them to preserve their earning power, did not show a balance of several times its salary budget at the end of the year. The dollar is surely not the unit in which we can measure the worker's value, but if she is efficient, she will show a ledger balance on only a small part of her activities. Who can say what will be the ultimate value, to the world, of the life of red-headed Johnny Jones, or who knows whether Willy Brown will be a guest of the Government at Ossining, or at the White House.

Sometimes the worker fails because she is not trained in observing lines of procedure in her hospital life. In not a few instances the social worker is regarded as the champion long-distance interferer with what is regarded by the critics as other people's business. Close observance of the rules of hospital etiquette will avoid this stricture. The nurses and doctors frequently get the real state of affairs reversed, and look on the patient as their own private, personal property, and woe to him or to her who crosses the dead line surrounding the bed.

The proper charting of hospital lines of authority, with no broken or uncertain line existing between the medical-social worker and the medical administrator and the visiting staff, and the recognition of the ranking of this with other specialty departments, should remove this lack of understanding co-operation. The medical administrator of every hospital, being first

convinced of the need for an ethical, wel-ltrained social service department, should be able to aid in establishing no uncertain liaison between resident, nursing, and social service staffs.

Again, it is said in criticism of social workers that there exists in some a kind of pathological sympathy, which replaces a cool, businesslike survey of the difficulties and resources in any given case. I presume the opposite state of mind might be as harmful. If either fault must exist, let it be the former, for, let it be said to our shame, that in every hospital in existence today, be it high-grade or low-, free or private, there is found too much of a certain cold, almost cynical aspect on pain and suffering, and too much routine and machine-like precision in handling sick people, so that the patient rightfully wonders whether he is an individual or just a grain of wheat in a great grist. Humanizing the hospital is not the least of needed reforms in the medical world, and the social worker should be one of the great factors in bringing this about. All of us, doing hospital work, should undergo a major operation in a large, strange hospital, in order to appreciate fully the utter loneliness and desolation of soul with which our patients suffer at times. The psychology of the sick is a book into which more of us should delve. Not less important is an understanding of the mental processes of the grief-stricken relatives; of the surgeon, physically and mentally fatigued after a day's work. A knowledge of the psychology of the approach, in regard to all the hospital personnel is usually clearly manifested in that golden thing, called "tact".

Slowly the public is becoming enlightened as to this new profession. How often have you seen a certainly inefficient, yet so-called social service department, which consisted, in whole or in part, of the deserving but inexperienced widow of a staff physician, the well-meaning but untrained daughter of a member of the Board, or of his friend; the rich and sympathetic but wholly untrained friend of the hospital, and so on ad nauseam—all estimable ladies, but unsuccessfully, yet sometimes lightheartedly, attempting the performance of duties of the specialist.

High standards, and the strict observance of these requirements, is the answer to the difficulty. Is it too much to expect that in the near future hospital social experience will be required

in our social training schools, just as this type of experience is now required in our medical curricula.

Lest I be considered an untiring and unjust critic, but one or two more suggestions will be offered. All of us, doing hospital administrative work, should ask ourselves whether we have done our part in informing nurses and visiting staffs just how the social service department can serve best the patient's interest in our institution. It is our belief that every medical school should have, at least, an elective course in social medicine, so that when the young doctor begins his work he will not have to learn, for the first time, concerning the social aspect of disease.

We have avoided any attempt at discussion of the educational requirements or curriculum best suited for the education of the medical social worker, as too large a subject to be included in this paper. We wish only to mention the recent report of the Committee on Social Service Education to the American Hospital Association to commend it. We have also avoided any detailed comment on the mooted question, as to whether all, or no medical-social workers, should be required to possess a nurse's training. She should be medically educated to a degree, and whether she secures this education in the class-room of a nurses' training school, or whether in a school for medical-social workers, appears inconsequential. The mental attitude of the nurse, engendered by her course in training, in so far as the doctor is concerned, should not be but helpful in her social work, should she choose to enter this field. On the other hand, the mere possession of a registered nurse's degree will not guarantee any particular fitness, beyond her knowledge of hospital usages and medical information, in regard to disease, for entrance into social medical work. The attributes of a successful medical-social worker are many, and a degree from any or all classical colleges, while very useful, may be possessed by an abject failure in hospital social work.

Finally, to the hospital medical-social worker is opened the door which leads to the hidden recesses in the life of the patient. Let her enter with respectful tread. Let her leave on the threshold, any prejudices or narrowness of vision, as to the acts of human frailty. Let her take with her charity in abundance, love for her fellow-man without stint, and a full understanding

that human character is so weak, and so easily wrongly moulded, that none of us must judge hostilely or harshly. Let her not probe too deeply into the past, unless by so doing the present may be improved. Needless pain and embarrassment of the patient does only harm. And let her most certainly of all remember to hold in confidence any of the secrets of life which the patient has entrusted to her keeping.

THE CINCINNATI ILLEGITIMACY PLAN

RUTH I. WORKUM

Executive Secretary, The Ohio Humane Society, Cincinnati, Chairman Cincinnati Committee on Illegitimacy

The problem of illegitimacy is as old as the institution of marriage. It presents one of the numerous phases under which the individual fails to conform to the rules and standards prescribed by society. Recognizing that the offender is prompted by elemental impulses of far longer standing than the regulations and laws of civilization, we may accept the fact that illegitimacy as a social problem will always be with us. It is therefore a matter of importance that the subject receive thoughtful consideration, in order that causative factors may be studied, and that the child involved, may in a measure be relieved of the burden and injustice which age-old prejudice has placed upon him.

It is recognized that the handicap of illegitimacy is one of the most severe and continuing hardships which society imposes on any individual. In former times at common law, a bastard was said to be "filius nullius,"—the child of nobody, or "filius populi"—the child of the people. Such a child was barred from many of the rights of citizenship, and to this day there is no relation in life which may not be jeopardized by the stigma of bastardy. However, in this new era of the child, social bodies have come together with a view to evolving plans which aim not only to protect the child born out of wedlock, but also to safeguard the interests of the state and society on the question of support and care of such dependents.

In 1919 the Children's Bureau of the United States Department of Agriculture sent out questionnaires covering problems of illegitimacy. with a request that the matter receive the special consideration of child caring groups throughout the larger cities in the United States. Illegitimacy committees were organized, and devoted time and thought to the problem presented. The pooled opinions of these committees were eventually considered at regional conferences, and brought with them recommendations for better standards of case work, and general policies covering various phases of the question, together with plans

for treatment, legal, medical, social and economic. Therefore, rising out of the haze and obscurity which traditional habit of thought has thrown about illegitimacy, we have now more definite standards covering the technique in the handling of the problem, and the methods endorsed at the regional conferences have been used in some cities as a guide and basis for general social adjustment.

Perhaps the proper approach in treating the question of illegitimacy is to consider it as a family problem. Under the law the word "family" is used to mean a collective body of persons living together under one head. At the outset it will be seen that in any study of the mother, father and child comprising a group in an illegitimacy problem, many obstacles will be encountered in the way of assembling them as a family unit or whole.

The unmarried mother presents certain general characteristics, all, or some of which, may be present in any case. Of first importance is the consideration of the mental hygiene aspect, since a high percentage of such mothers have been found afflicted with mental defects which, in a measure, explain the inability to conform to social customs. Many cases are below par physically, and are accompanied by evidences of poor social background, crowded living conditions and generally undesirable environment, together with records of delinquency and promiscuity. Any, or all, of these factors may precede and precipitate the presentation of the specific problem of illegitimacy. A striking element is the large contribution from rural districts, where lack of supervised recreational outlet produces a large group of girl offenders. When the mother is of a higher social order, the period of expectancy is frought with shame, fear and suffering. In these cases the girl frequently drifts along concealing her condition and at the crisis of birth is unprepared with any plan for herself or the child.

In the case of the father of the illegitimate child is found a history indicating physical and mental defects, low economic status, records of previous delinquencies and general complications running the gamut of social disorders, together with difficulties arising out of eccentricities of age, ranging from the youth of tender years to the older married man with an established family. In the matter of support are found the difficulties of securing proper evidence, and legal technicalities produced by state boundary lines, when the man has absconded, and the continuing problem of permanent security for maintenance, when adjudication for non-support has been obtained.

The fruit of this union is the child born out of wedlock, and when it is recognized that approximately 50,000 illegitimate births are registered annually in the United States, the extent and seriousness of this type of dependency is apparent. Statistics indicate that infant mortality in this group runs at a high rate, mortality of illegitimate infants being about three times greater than the mortality of legitimate infants. This condition is no doubt due to lack of prenatal care, and early separation of mother and child. The children who survive not only suffer a social handicap, but many face life with lowered vitality, burdened with the seeds of what in many instances constitutes a poor mental and physical heritage. In addition, the lack of a normal family background produces mental conflicts in the child, the sense of inferiority laming competitive instincts of childhood, when confronting those who are blessed with the requisite of a mother and a father. The child born out of wedlock is many times a direct contribution to the delinquents of society.

Custodial plans for children of illegitimate birth indicate a wide variety of disposition, varying with the conditions and general make-up of the mother. The woman is sometimes found whose maternal instincts and affections far outweigh her fear of the opprobrium of society. She is willing to face the world with her infant on her arm, and she is entitled to the fullest support. Many mothers would no doubt develop the natural emotions of motherhood, which would induce them to cling to their child at all costs, but only too frequently the child—the human document of parental indiscretion—is hastily consigned to the social scrap basket. Such children are hurriedly shunted off to obscurity, sometimes condemned to permanent institutionalization, or given into the care of the unworthy or unscrupulous. A recent example is the case of an infant born in a private hospital of doubtful reputation. The child when two hours old was removed from the hospital and placed across the state boundary line, where it was legally adopted an hour after arrival. The child was located in the possession of the adoptive parents, who bore a long and damaging record in the courts and social agencies. The little one was found asleep in a small wooden soap box, placed under a sink in the kitchen, and was without the first requisites of clothing or proper nourishment. A terrific fight between the parents the night before had left the room in a state of mad confusion. Under these circumstances the child was starting out on life's journey. In this case no

adjustment was possible owing to legal technicalities and variation of state laws covering the matter.

There can indeed be little doubt of the need of social intervention in the problem of illegitimacy, and a first essential is centralization of effort, in order that a net may be placed to catch this drift of human material. The logical ground of first contact is Hospital Social Service, since the majority of cases are centered there. But, owing to the complexities presented, illegitimacy cases should after the initial interview at the hospital be transferred to a selected field agency. Few departments of Hospital Social Service are able to render an effort far-reaching enough to meet the requirements, and the agency selected for transfer will be obliged to call upon the ingenuity and resources of many allied activities if a proper adjustment is to be attained.

The Cincinnati Plan of Handling Illegitimacy, evolved in an attempt to ameliorate some of the conditions described above, was generally guided by the recommendation of the Inter-city and Regional Conferences. The plan in use is sufficiently elastic to meet changing needs and conditions which may arise from time to time. The program has been made possible through co-ordination and cooperation, which is a feature of social service in Cincinnati. However, a similar plan can no doubt be developed in any center and modified according to local conditions.

THE CINCINNATI PLAN OF HANDLING ILLEGITIMACY

I. Methods of Receiving Cases.

Following the organization of an Inter-city Committee on Illegitimacy, representatives from the Courts and those agencies interested in child welfare met, and assigned to the Ohio Humane Society the case work on problems involving illegitimacy. The sources of intake have been:

First—From the applicant direct to the Humane Society.

Second—Cases referred from the Cincinnati General Hospital and other maternity services.

Third—From the field agencies of Cincinnati.

Fourth—From the Courts—Juvenile and Municipal.

The work of the Humane Society has been supplemented through a co-operative plan with specialized agencies, particularly those giving health service—hospital care for confinement—post-natal care of the infant during the pre-school years, and especially with those agencies offering shelter for the mother and child.

2. Case Work.

(a) Physical Treatment.

1—Pre-natal Care:

In all cases where the client makes direct application to the Humane Society the first step refers the mother to the Pre-natal Clinic especially established for this purpose. The importance of this step cannot be exaggerated. The handicap for the illegitimate child frequently begins during the period of gestation, as the mother often conceals her condition and receives no medical attention until the moment of confinement. Early recognition of pregnancy, with proper medical supervision, is greatly to be desired in these cases, particularly when a venereal condition may exist. Contact with the Pre-natal Clinic insures observation of the mother until the time of delivery and hospital care at the time of confinement.

2—Post-natal Care:

Following the birth of the child, the hospital contact insures continued care of the child by the Children's Clinic and Babies' Milk Fund Association during the pre-school period. All plans include a nursing period for the infant which in addition to giving the benefit of proper feeding, also allow time for the observation of the mother and her inclination to care for the child, and instruction by the Clinic nurse in the care of the infant. Wasserman Tests are taken in cases where the social history makes this measure advisable and are imperative in all cases offered for adoption. Whenever possible, Wassermans are also taken from the father when the child is to be given in adoption.

(b) Social Treatment.

1—Policy with Hospital Social Service.

It is impossible to insure proper follow-up work and field investigation from the average Hospital Social Service Depart-

ment. Until hospitals can develop a complete staff of investigators, field workers, etc., such as are employed by case-work agencies, the complex problems of illegitimacy should be handled by a field agency on a co-operative plan with the hospital.

The Cincinnati General Hospital Social Service notifies the Ohio Humane Society immediately upon the registration of an unmarried mother. A worker is sent to the Hospital to interview the case and to provide a plan to cover the care of the mother and child upon dismissal. It is not advisable to press the mother for a definite decision at this time in regard to her permanent custodian plans for the child as she is laboring under physical and mental stress

With the dismissal of the patient the work of the Hospital Social Service is entirely discontinued, leaving to the Children's Clinic the medical care, and to the Ohio Humane Society the Social Service

A similar policy is followed with other maternity services—all referring institutions reserving the privilege of withholding "refers" or "transfers" on those cases, which, in their opinion would not be benefitted by social investigation.

(c) Marriage.

"Forced marriages" are discouraged. Marriage is only encouraged when it is found that the best interests of those involved will be served.

(d) Confidential Exchange.

All cases are registered and cleared daily with Confidential Exchange.

III. Court Action.

Prosecution is initiated by the Ohio Humane Society (without expense to the client) after a study of the case, which is thoroughly examined from the angle of the previous moral record of the mother. When a record of promiscuity is discovered, prosecution is not initiated. Where the case warrants it, the usual process is under § 13008 of the General Code

of Ohio, which provides compulsory support for the illegitimate child for a period of sixteen years of minority.

IV. Child Placing.

When the mother is able to keep her child, the plan covers intensive supervision of mother and child for an indefinite number of years. Some very satisfactory returns have been obtained in these cases. An agreement with the Church Mission of Help provides a trained worker, with assistants, who do follow-up work, reporting to a supervisor of the Ohio Humane Society on the physical, mental and moral status of these cases.

Catholic cases are handled on a special program under the direct administration of the Bureau of Catholic Charities.

(a) Surrender.

Surrenders are not encouraged. The most desirable process is a dependency proceeding in Juvenile Court, giving a permanent commitment to a child placing agency, the agency completing the process by final proceedings in the Probate Court, when the child is adopted.

(b) Adoption.

Adoption is through the Placing Out Departments of those agencies designated by the State Board of Charities for this service.

(c) Boarding Homes.

Cincinnati has a Boarding Home Bureau which is the instrument appointed by the State Board to enforce the licensing of all homes boarding children. Illegitimate children are placed temporarily in boarding homes, especially in those cases where the mother is unable to keep the child with her—such placing offering her the opportunity of informal and frequent visits and insuring a normal home environment. The Boarding Home Bureau is affiliated with the Children's Clinic and the Babies' Milk Fund Association, thus giving proper physical care to the child. Board is paid by the mother, or from money received from the father, from relief agencies, or from the County Commissioners.

V. Statistical Records.

An officer from The Ohio Humane Society calls daily at the office of the registrar of the Department of Vital Statistics in order to copy in detail the registration of all illegitimate births, using the record form employed by the Department of Vital Statistics. These basic forms, which are held confidential, offer the opportunity of checking up against the history already received and registered with the Humane Society. They also furnish valuable statistical material on: color; occupation; industry; age; residence; place of birth; prophylaxis, etc. Furthermore, these forms automatically register with the Humane Society those cases which have not been received through the usual channels and are not reported with any agency or hospital.

All of the foregoing refers to adjustments after the calamity of illegitimate birth has taken place. Constructive and preventive measures are the task of those special agencies which deal with general community problems of modern life. Such agencies contribute a direct service, which tends to lessen the number of cases of illegitimacy, and recommendation for the fostering of the following measures are herewith presented.

1—Sex education under the general supervision of Social Hygiene.

2—Supervised amusement and recreational centers under proper guidance, offering healthful outlets for boys and girls in adolescent years.

3—Improved housing conditions, and lessening of the crowded and congested mode of modern living.

4—Early recognition of feeblemindedness and segregation or supervision of this group. Sterilization of the feebleminded is worthy of careful consideration.

5—The uniform illegitimacy act adopted by the National Conference of Commissioners on uniform state laws at the Thirty-second Annual Meeting held at San Francisco on

August 2nd to 8th, 1922, presents a bill which will provide uniform state laws relating to children born out of wedlock. This is the most far-reaching and comprehensive measure ever attempted on this angle of the question. It should receive full support, and its early adoption is greatly to be desired.

FUNCTION OF MEDICAL SOCIAL SERVICE IN THE COMMUNITY*

GEORGE R. BEDINGER

Director Health Service, New York County Chapter, American Red Cross

It seems to me the function of the hospital social worker in the community can be summed up in three main headings:

1. To know her community.
2. To use her community.
3. To stimulate her community.

To give the greatest amount of help to the patient, who is her particular interest, and to his whole family she must be thoroughly acquainted with the various resources in her community. This is not easy in a community so complex as ours. One of her first steps should be to acquaint herself with the large clearing-house type of agency. Among these would be: the Department of Health; the Joint Application Bureau; the Hospital Information Bureau; the Children's Welfare Federation; and the Health Information Bureau of the New York County and Brooklyn Chapters of the American Red Cross. If she does not know the resources of her community in a particular matter she should know the bureau that has this information. These clearing houses are information short-cuts.

The possibilities of service to the community by the hospital social workers are somewhat unique. In nearly all cases, due to the emergency of illness or accident, the patient's family has sought the hospital. Consequently the representative of the Social Service Department of the hospital should receive from the patient's family a welcome perhaps warmer than that accorded to many social workers visiting in the homes of the people. The hospital social worker immediately becomes an ally and a guide, not only to the patient, whether in the hospital or attending its out-patient department, but to the entire household and often to many of its connections and friends.

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*Read before the Hospital Social Service Association of New York City, November 1, 1922.

If the Social Service Department is conducted so that each worker has to plan for not more than 50 to 75 families and if the hospital social worker is not overwhelmed by an impossible number of clients, she can make her influence really felt throughout the community.

After first surveying the needs of her family I think the hospital social service worker will then proceed to enlist the agencies in the community for the up-building of her patient's family, so that there will be greater resistance to disease, greater improvement in health and happiness.

At the outset two types of service will, I think, be most apparent. First, the need of assisting the patient's family in various material ways. I find records of your Association, which have been courteously loaned to me by your Executive Office, filled with services of this kind: payment of rent; gifts of coal, clothing and food; tickets for Thanksgiving and Christmas dinners,—sometimes made by the Hospital Social Service Department itself, more often through the co-operation of relief societies of various kinds. If the most immediate problem in her patient's family appears to be material relief, the hospital social worker will help both her patient and the relief agency if she keeps close enough to the situation to see that relief is adequate and constructive. I like to find in your records a report of service such as was given to Mrs. K. B., a widow with four small children. After relief had been given to supplement the meagre earnings of the mother, the hospital social worker arranged for a Mother's Pension for the widow and followed it up until it was reasonably adequate.

The second most apparent need for service in our patient's family will, I think, be in relation to its health. Diagnostic clinics will be used for the examination of the different members of the family and insofar as possible their recommendations followed. This will mean, of course, further contacts with medical agencies; arrangements for mothers to use infant welfare stations; arrangements for them to be taught the proper selection and preparation of food and the training of their children in right health habits. Especially in this health work will the social worker impress upon her family the importance of dental care, even for the very young children and she will use such means for family health improvement as are provided by the Home Hygiene courses conducted by the Red Cross. Your records are full of uses made by the hospital social workers of the various fresh air homes, camps, and facilities for convalescent care. Delicate children are sent to this or that home and almost uniformly are reported as returning

in an improved condition. In a number of cases arrangements can be made for the mother to go also.

Not only in connecting the patient's family with agencies in the community for material relief and for health improvement and health education can our hospital social worker be of inestimable value but also in informing her family about the vocational, recreational, social and educational opportunities afforded particularly by our social settlements and our neighborhood associations. After Mrs. K's two older girls with positive tuberculosis symtoms had been placed by our social worker in a sanatorium, she proceeds to have the two younger children examined and carefully supervised. Warm clothing and supplemental food in the form of milk and eggs do their share toward improved health and a greater service perhaps is rendered by getting the father a better paying job. It is pleasant to see the number of times in which our hospital social workers arranged parties to the circus or to the Hippodrome for the little children in the families where she must appear as a fairy godmother. In educational matters, our worker will be in touch with the public and parochial schools, will know of scholarships, juvenile employment and continuation classes. Then again our hospital social worker will meet cases where the law can be of aid to her families. For over five years one hospital social worker did her best to secure legal compensation for a widow who had been injured by a fall. In this particular instance, no compensation was apparently obtainable but it only shows how often societies for legal aid and honest lawyers must be appealed to. The hospital social worker will be familiar with the Court of Domestic Relations and the Children's Court. She will understand something of the legal technicalities of insurance policies, of guardianship, and other matters affecting the rights of minors.

Perhaps more than anywhere else in the world vast numbers of people are herded in our city. These people, I believe, are only dimly aware of the many and various agencies organized for their service. They seldom know them by their names. When one studies the many types of community welfare activities and realizes what excellent work most of them are doing, one is struck by the fact that they serve a comparatively small number in the community. Unless the community is organized, unless the social workers within the community are spreading the information of how the community welfare agencies can be used, these agencies will not function fully. An example of this, I think, is shown in the recent experience of the East Harlem

Health Center. Before the Center was opened in August 1921 the agencies for health and family welfare now housed together in the buildings at 345 East 116th Street were scattered in the various parts of the East Harlem district. Since these agencies, including the Department of Health, through its Bureaux of Child Hygiene and Preventable Diseases, and the great relief societies have all been given a home under one roof by the Red Cross, the increase in their service to the community has been marked. Here are just a few advanced figures. Comparing the year ending August 31st, 1921, before the Health Center was opened, with the year ending August 31st, 1922, after it had been in operation one year:

At the end of August 31st, 1922 the Jefferson Tuberculosis Clinic of the Department of Health reported an increase in patients of over 9%, 4664 as against 4267; 52% increase in new patients, 2805 as against 1840; 39% increase in total visits to the clinic, 9514 as against 6836.

Even more marked has been the increase in the Baby Health Station of the Department of Health: 40% increase in total patients, 1131 as against 806; 37% increase in new patients, 710 as against 518; 25% increase in total visits, 13,907 as against 11,124.

In the Eye Clinic of the Department of Health there was: 45% increase in new patients, 3584 as against 2602; 39% increase in total visits, 10,942 as against 7883.

In the Visiting Nurse Service of Henry Street in the 8 sanitary areas comprising the East Harlem Health Center District there has been during this last year since the East Harlem Health Center was opened an increase in patients of 160%, 964 patients being visited from September 1st, 1920 to August 31st, 1921; and 2509 patients receiving this service from September 1st, 1921 to August 31st, 1922.

Is not the marked increase of these services on the part of the Health Department and the Henry Street Visiting Nurse Service due largely to the fact that by being in the East Harlem Health Center in a common accessible building called by the citizens the East Harlem "White House" the community knows much more about them and on the advice of social service workers from our hospitals and other agencies uses them more freely?

The social worker is the *spokesman of the mal-adjusted.* It is her opportunity to inform her clients of how her community is organized to aid them.

The function of our hospital social worker in knowing her community and in using her community for the betterment of her patients and their families needs little more than the brief mention it has been given. It may not be quite so clear that the hospital social worker can stimulate her community in serving her patients' families. This she should not be afraid to do. A case in point has just come to my notice. A social worker connected with one of our large hospitals came to one of our health centers and asked if any service was offered by the Health Center in home-making. She was told that the Visiting Nurse Association and a Family Welfare Association, both with offices in the Health Center, taught home-making but only to the families registered with them. This hospital social worker wished a visiting house-keeping service for many of the patients discharged from her hospital, only a few of whom would be registered with the Visiting Nurse Association or the family welfare agency. She was told by the director of the Health Center to outline the need for him and he would then present it to his group and see if it could not be met. This would initiate a new service and stimulate the community to extend its helpfulness to a greater number of families in a constructive way.

The hospital social worker who is thoroughly up on her toes and filled with a spirit of service, can perform, as I am sure she is performing, a vast good by being a bureau of information on all community resources, prepared and ready to help her patients' families. Co-ordination is a crying need today. In her own way individually every hospital social worker can perform a real service of co-ordination by bringing her patients' families in close and ever growing touch with the community.

Finally, (to paraphrase the title of one of Mr. Hutchinson's books) if Winter comes,—and it comes so tragically and so often to these bewildered families—if our hospital social worker knows the recources of her community and uses them with intelligence and courage, then for those whom she serves can Spring be far behind?

THE WORK OF GOULD FARM

PROFESSOR CLAYTON R. BOWEN

Meadville Theological School, Meadville, Pennsylvania

In December, 1920, William J. Gould did something unprecedented in his career. He gave a lecture. To his own amazement he found himself speaking on the Ballou Foundation for Christian Sociology before the students of the Meadville Theological School. His subject was: Country Co-operation with City Social Service. What he talked of was the subject of this article, the work of Gould Farm. He told the students that the city is not socially sufficient unto itself, any more than it is economically sufficient unto itself. The city creates its vast congeries of social problems which it cannot solve alone; to many of these the country must be the answer. Particularly is this true of problems arising out of broken physical and mental health. The hospital is not the last word. The city cannot heal the wounds of body and spirit which itself has inflicted. The open spaces, the forests, the meadows, the simplicity of life, the touch with the elemental foundations of civilization—all these are restorative as the huge process of the city cannot be. Everyone realises that. The rich and the privileged know it, and take their holiday at seashore or mountains, or maintain luxurious country estates. The poor know it, and sigh for these things as for something needful yet unattainable. The doctors know it, and cursorily order their patients "three months rest in the country," when they might sometimes as well order three months quiet in the moon. Social workers know it, and fresh air camps, boys' farm schools, country vacation homes for working girls and innumerable similar philanthropies dot the landscape. The need is felt, and response is made, but the need is never even remotely met. Philanthropies, institutions, homes, sanitariums, schools; these do work of incalculable and increasing value. There is a work they cannot do. Will Gould's fine social sense detected that need and his finer ethical sense would not let him rest until he had single handed attempted to meet it.

The thing began very simply. A devoted over-worked Congregational minister broke down in health. With wife and five children to be supported, bread must still be earned. He found a tiny parish among the Catskills, a stony hillside farm, the healing mountain winds,

toil and hardship and poverty, but continued life and joy in the primitive spaces and unspoiled beauties of that paradise of lakes and splendid hills. The children grew amid it all, learning to love and trust the infinite bounty and resourcefulness of Nature. The father died. Will, the only son, made the rocky farm support his mother and sisters. Hopes of education had to be given up; never could he, as from childhood he had dreamed of doing, follow his father through college and seminary into the pulpit. Ploughing on the hillside one day, pondering these things, he threw down the reins and went to the homely, homey farmhouse where his mother was preparing the frugal supper. Very simply he told her that his mind was made up. He could not gain an education, he could not become a minister of religion, but he could do one thing and that he would do while he lived. He would be a minister of Nature and country life. This great, free, wholesome, simple living in the open places close to the sources of life, which could be had without money and without price, this thing which was such a passionately prized boon to himself, he could help to make the portion of others less fortunate. The mother put the supper on the table; it was popcorn and milk. "There are thousands who are supping worse in the city tonight," thought the boy, "and while I have a roof and a bed and a bowl of popcorn and milk, they shall be shared."

The mother died, the farm was sold; the young farmer made a new home for his sisters nearer the great city, and scarcely was the table spread for the first meal when he felt the challenge of the empty chairs. He went to New York, to the Social Service Agencies of those days, (I do not know the correct titles of these societies, the reader can readily supply them) and asked if there were not patients ready to come out of the hospitals who needed a period of recreative convalescence in the country before going back to the city's toil. If there were any such! There were only too many! Will Gould had hardly reached his home before his guests began to arrive; all he had asked for, and more. The change was a godsend to them; they grew well and strong on their simple fare, their plain surroundings, the atmosphere of genial friendliness which surrounded them, taking them as brothers and sisters in need and asking no questions. If these profited, more ought to profit; the roomy barn could be made to house the new-comers and the milk and vegetables and home made bread could somehow be made to go around. The cost of all this was not great; it was all so simple. The largest part of it did not demand

money. Will Gould, assisted by his guests as they were able, could make the fields and gardens produce a large share of the food. His sisters could manage the cooking and simple housekeeping. The actual cost per person was little and this the social service agencies were glad to supply. Nowhere else could so much be found for so little outlay.

Will Gould's ambition to serve grew by what it fed on. This earliest home gave place to others, each of greater capacity for service. Among the earliest guests were boys from New York, weak, anaemic, sometimes only just from the hospital. To these their host's heart especially went out. He determined to learn all he could about helping boys. He spent a year at the George Junior Republic as an unpaid assistant, accompanied by one of his sisters with a vision and a desire like his own. Profiting by all such an institution could teach him and by extended service as a conductor of summer camps for "fresh-air boys", he settled on a farm in the Berkshire Hills, and opened his home to a group of twenty boys from the city. Scarcely was this venture well established when the house and its entire contents were destroyed by fire. With never a moment's loss of courage or enthusiasm he began again on a new site. Again came a destructive fire, and yet again in a succeeding home. Through these and other changes, the scope and possibilities of the work grew. Nine or ten years ago he settled in his present location, and Gould Farm, as we know it, began to be. It was a small and painful beginning. The farmhouse was dilapidated and without any improvement. He had some twenty guests and no one save himself to do the outside work of the place. But he had recently married Agnes Goodyear, daughter and granddaughter of two of the most eminent inventors of modern times, and in her had the perfect sharer and helper in his enterprise. Neither one could bring any money at all to the work; Will Gould never worked for pay or enjoyed an income of any sort, and the Goodyear fortune, such as it was, had passed entirely out of Goodyear hands. But both brought an identical social vision, an identical passion to serve. Little by little, from the first incredibly hard winter, Gould Farm took shape. It has never been much of a farm, in the large sense, for Mr. Gould has had to do most of the farming, with such desultory assistance as his guests could from time to time render. Men from the cities rarely make good farmers. But some of them have developed unexpected talents, and willingness and zeal have counted for much. Somehow the gardens and fields have been

made to feed the increasing family; the dairy has grown until a great new barn for fifty cows has just been finished as a simple necessity. Alongside the barn is rising a cottage for the man who tends the stock; a new road of hand crushed rock built as the Romans built and to last as long, leads up to the home place crowning the hill. And that home place! It is not the ruinous farm-house of a decade since. It is a broad, hospitable, white painted dwelling, in the midst of a spacious lawn with great shading maples. About the house are broad terraces of cement, where the less robust guests take the bracing air or "walk the deck" as on an ocean liner. Within, simplicity, spaciousness, beauty of an austere and yet appealing kind. The great living room with huge fireplace and grand piano, books galore, a few good pictures, hosts of windows to welcome the floods of Berkshire sunshine. Then the dining room, where a hundred people may eat in comfort, as one family; with one side mainly glass, fronting the sun. Two huge kitchens, one for the cooking, one for washing-up. Pantries, laundry, storage, sheds in plenty. And upstairs, forty or more bed rooms, very tiny, but very clean and very charming. That is the home place. All about are the fields and the woods and the hills of glorious views. Here and there are cottages, nearly a dozen now, where families may go, or those who need greater retirement. There is a dormitory for women. There is a sleeping porch, a sugar bush, a swimming pool, a haymow and all the things you expect at a farm. But these are all very plain, of the real old-fashioned farm sort. The home place has grown to an area of some six hundred acres, some of it with valuable timber, and most of it capable of great productiveness under cultivation. During the last year the "family" on the farm place has varied from ninety during the summer months to thirty or forty during the winter. That is the maximum expansion of which this original home is capable. But applications for admission have increased to such a degree that two new units are in preparation, and the locations have already been secured. Sunset Farm with a spacious house in excellent condition, will soon be ready for use; it is a mile from the original house. A little farther away is Hyde Farm, which will take more reconstruction, but which has great possibilities. It is more retired and has more natural beauty, including a remarkable ravine with fine waterfalls.

This then, is the plant of Gould Farm. It lies tucked away in the heart of the Berkshire Hills, nine miles from the railway station at Great Barrington, Massachusetts, with which constant connection is

maintained by automobile. New York is four hours away by through train, Boston a little farther. Lenox, Stockbridge, Pittsfield and Williamstown are close by. The section is among the most healthful in the country; the climate, winter and summer, is stimulating and delightful. There is health for mind and body in the clear air and the bright sunshine, in the abundant wholesome country food, in the quiet peace that brings long hours of deep sleep. Above all, there is recreating power in the atmosphere of friendliness and goodwill that makes the place a home to everyone that comes. One does not come as a "boarder" or as a "patient;" one comes as a member of the family, It must be remembered that Gould Farm is not a sanitarium; there are no doctors or nurses or medical treatment. It ministers primarily to those who have graduated from the hospital and the direct medical care and need only a wholesome environment for complete convalescence. It ministers also to those whom such a period of rest and invigoration may save from the need of a hospital and the physician.

It is an experiment in social service, and a very daring experiment. It was begun without the faintest financial resource; it was simply Will Gould making a home for himself which he could share with others. Neither he nor any of his workers has ever had any salary or income beyond the living which they share with every one of their guests. Some of these helpers are trained social workers, others are grateful guests who have elected to stay and serve. Altogether they are an extraordinarily efficient group. As to the guests, they are of every sort. Rich and poor, educated and ill-schooled, Jew, Gentile, Catholic, Protestant or no church at all—if they are only human beings and need what the Farm can give. The majority no doubt, come through the mediation of some social service agency, mainly those of New York City. Through the Association for Improving the Condition of the Poor, through the various Social Service Associations, the American Red Cross, or others, and through individual workers, the contact is made. Many, of course, come independently, having heard of the Farm through friends. For some the social service agencies contribute, some make their own contributions. But at the Farm no one knows or cares which, there is complete democracy and family unity. The financial support of the Farm comes from these contributions by or for the guests, and through occasional gifts from interested friends. The place is made so far as possible self-supporting, expense is kept at a minimum, all share as they are able in the work that supports the common life, there are no salaries to pay, and

so the home goes on and expands. There is no incorporation or organization whatever, nowhere is there any suggestion of the "institution." It is just a great home, whose moving spirits are "Brother Will" and "Sister Agnes," where the money side is kept in the background, where broken and discouraged lives may come back again to faith and hope and the will to work with regained strength.

And that is just why it is so hard to tell anything about cases. There are no "cases" on the place at all; there are only our brothers and sisters, about whose problems and troubles we cannot talk in public. The confidences of this family intimacy may not be violated. But one remembers how there came to the farm some of distraught and troubled mind, on the verge of mental illness, perhaps of the most serious sort, and how these under the influence of peaceful good cheer, under the stimulus of the incentive to serve rather than to be served, came back to normal mental poise, to enter again, as new born, into the world's work. One remembers those who came seeking and finding escape from pathological alcoholism. Others there were with recurrent illness, that would be cured only to come again, who found in the wholesome and happy life of the Farm, strength to throw it off permanently. One thinks of some friendless and homeless, with nowhere to turn, who found here home and family and kin, and so came to find again the world a place wherein life could be happy. Some who came have grown permanently into the family life; the majority come for a period of weeks or of months, and go back to the world's life refreshed and renewed, not only in body, but in spirit and ideals.

There is no reason why such homes should not multiply, and the country everywhere be made to minister largely to the city's distresses. Yes, there is one reason. It cannot be done as it is done at Gould Farm without such wise and gracious personalities as make Gould Farm what it is. Given such personalities, the thing can be done with ease. The money cost is reduced to a minimum; the really important factors are those which money does not and cannot provide.

Gould Farm needs money; the financial responsibility which Will Gould is carrying is a staggering one, of which he should be at once relieved. But, in its continued work of ministration to men and women, its greatest elements of success will be what they have always been, unselfish friendship for the service of all who need. Gould Farm is a kind of co-operating country social service unit. It is a home for convalescents; it is a rest cure; it is a great many things to a great many people, but in the last analysis it is a unique experiment station in the art of completely socialized living.

THE DIETARY PROBLEM IN THE CHILDREN'S DEPARTMENT OF HOSPITALS*

DR. FRANK HOWARD RICHARDSON

Children's Department, Brooklyn Hospital, Brooklyn, N. Y.

It is the needs of the child in relation to the hospital, rather than the needs of the hospital as related to the child, that must constitute our sole criterion, in considering every aspect of our problems. It is only fair to face the fact that the children's hospital and the children's ward, as constituted in most places today, are really on trial; and are called upon by thinking folk everywhere to justify their existence—or at least their existence under ordinary conditions as we meet with them.

The ideal relation existing between the hospital and the child, has long been a subject for keen debate. It used to be quite generally accepted that there was nothing better for any child, whether rich or poor, and of whatever age, than to be subjected to the regular, steadying regimen of the life of the hospital ward, with its carefully regulated diet, its freedom from excitement, and its cleanliness and perfect sanitation. It took some of the horrifying statistics of some of the big child-caring institutions, with their 100% mortality rate for infants who stayed long enough in their wards, to jolt us out of this complaisant mood, and make us wonder whether such mortality records could co-exist with a fair deal to the hospitalized child, no matter how beautifully white the walls and the beds of such wards might be.

Such figures as these—and they can be matched without much trouble today, wherever infants are gotten together in wards and kept for any length of time, even under what used to be called "ideal hospital conditions,"—cannot be gainsaid; it is admitted by us all that the bottle fed baby does wretchedly in even the best of wards. And yet not every pediatrician is willing to go so far as does Chapin, for instance, in feeling that every child-caring institution, except those providing only the most transient and transitory care, is a curse to the child. Of course, "hospitalism," as seen in a listless infant who refuses to thrive on any mixture, no matter how well adapted, theo-

*Read before the Section on Dietetics of the Annual Meeting of the American Hospital Association, Atlantic City, September, 1922.

retically, to his needs, or as seen in the "good" child of the oldtime orphan asylum, with his uniform clothing, his lockstep play, and his brooding air of detachment and lack of interest in life—is going to find no defenders today among thinking people. But is even the possibility, much less the probability, of such a commonly observed phenomenon, for instance, as cross infection, not enough to render the admission of a child to a hospital ward at least a very real hazard —to which we must subject that child only after determining that the gain is far in excess of any possible harm? In other wards, as serious students of the hospital problem in all its bearings today, it behooves us seriously to consider and weigh the "pros" against the "cons;" and to evalute both, justly, in order to arrive at a conclusion which shall be satisfactory to us as hospital specialists, and as humane human beings.

First, then, the "pros,"—which are not only manifold, but plainly manifest, and seem to admit of no denying. Certain conditions one thinks of offhand. Such are surgical procedures practically impossible of accomplishment outside of hospital walls; the nursing problem, with its excessive financial drain upon the purses of even the more than moderately well-to-do, especially in such long-drawn-out cases as typhoid, or some of the surgical infections; the exigencies of such a treacherous, fulminant disease as pneumonia, with its demands for constant attendance and constant alertness on the part of both doctors and nurses; the sudden deprivation of parents, either by death or by disease or accident, with its consequent temporary "boarding" of the well child in the ward; all of these seem to constitute almost insuperable reasons for the hospitalization of children (using the term here in its original and best sense.)

The "contras" have been hinted at above. The appalling death rates of infants in even the best-regulated of infant wards, if they remain there for any length of time; "hospitalism" in its worst sense, a condition that no clinican or experienced nurse needs or cares to have called to mind, with its picture of unavoidable and early dissolution stamped on the tiny faces of its victims; cross infection, that bane of everyone who deals with children in institutions; the frequency with which a child well on entering the institution (the socalled "boarder") becomes a sick child before leaving; the marked reluctance of parents of any social status or economic stratum whatsoever to give up the care of their children unless absolutely unavoidable; the usual extreme terror of the average child at the mere mention of the separation invol-

ved in hospital admission; the mental effect upon the child of the sights and sounds of a hospital, with the inevitable resultant psychic trauma and scare; the unnecessary expense of detaining in the hospital for long periods of time, with the well-known high per diem expenditure, such cases as long-drawn out orthopedics, interval or terminal convalescents, etc., and their consequent occupation of beds that should be available for really acute cases,—all these constitute the other side of a picture that at times seems to present an overwhelming case for the negative, as too depressing, not to say uneconomic, to be allowed to continue.

What then are we to do? What can be suggested as a possible solution of the problem? Can we fairly and truly say that the hospital treatment of children is out of date, as Chapin virtually does; and lives out his conclusion in the establishment of his wonderful system of Speedwell Orphanges, where the children and infants are boarded and adopted out, with only the shortest possible detention in hospital on the way. Or shall we say that the children's ward, as ordinarily conducted, has been with us always and must always continue as it is? Or is there perchance some middle ground, which we can find, and on this erect our structure?

My own belief is that we have ready to our hand, although so far not very generally utilized to its fullest extent, an agency that offers the ideal solution of this very real hospital problem. This agency is the properly conceived and properly run outpatient department, with its logical appendage, the nutrition or health class. For such a department is nothing more or less than an amplification of the children's ward, with a multiplication of its opportunities for service; which takes over every conceivable phase and function of the children's ward except such as absolutely demand the facilities offered by the ward, and not available elsewhere. I am of course speaking here of the outpatient department which is staffed by the identical men who compose the intramural staff of the chilren's department, and which functions as an integral part of the pediatric service, with a single record that passes freely with the patient from clinic to ward, and vice versa, as circumstances vary and inside treatment becomes imperative or ceases to become so, and outside care becomes possible. I am of course barring out from discussion the more usual conception of a children's clinic—as a nuisance imposed upon the juniors of the service, to be pushed along by them, if possible, upon the shoulders of young practitioners not connected with the hospital staff, who do not

know any better than to be thus imposed upon. Under such a perfectly co-ordinated system as we are supposing, supplemented by the co-operation of the up-to-date Social Service Department, every case is carefully and fully studied while at home, and every appropriate diagnostic aid is applied before the child is asked or allowed to enter the hospital. Many an acutely, even desperately ill child may never need ward care at all. If, however, a hospital sojourn proves unavoidable, it is reduced to its shortest possible extent; for it does not begin until the latest possible moment, and is terminated the very moment the child has recovered sufficiently to be carried home in its parent's arms, and brought back to the clinic for follow-up work. There is no break in continuity of attendance, as the medical attendants are the same outside, as in the wards; the visiting nurse takes over the functions of the ward nurse; and special diet, when needed, is directed, supervised, and if necessary provided, by the Social Service Department. Return visits are secured as a matter of course; for even quite seriously ill pediatric cases may be handled as ambulant cases, both before and after their stay in the ward, in the sense that they can safely and easily be carried to the clinic; whereas equally ill adult patients could not be so handled. The fact that the same doctors who made the first contact with the case, studied it before its admission, and carried it through its sojourn in the ward, are the ones who will go on with its conduct in the outpatient department, renders such return visits almost a matter of course. That most useful appendage of the outpatient department, the nutrition class, carries all these advantages to the *nth* power. For here we already have in operation the nearest approach to the ideal of preventive medicine that has so far been made available for general hospital use in a community. Here we have at work the machinery for giving the child, before acute illness ever comes upon him at all, the complete all-round searching examination that the Life Extension Institute has rendered available for adults—the inter-departmental liaison, if you will, that alone can adequately provide an examination so much wider in its scope than medical pediatrics alone is prepared to give. Here we have, too, the confidence in the doctors born of intimate friendly acquaintance with them in time of health; the familiarity with the hospital, the nurses, the dietitian and the social service workers and volunteer aides, growing out of the happy times spent at the weekly sessions of the nutrition class, with its games, its fun, and its frolics; and the realization, early impressed upon every child and every parent, that

immediate treatment of every symptom, whether serious or trivial, is the only safe and sensible course. All these conditions combine to make an ideal patient, in an ideal frame of mind, whenever entrance into the hospital does become necessary. It goes without saying that such an ideal milieu for the hospital patient exists only in the hospital whose outpatient pediatric department is an integral part of its children's service, such as has been sketched above—with identical staff, single record, and absolute ease of transfer from outpatient to inpatient service, or vice versa, as occasion may require. How simple and rational this condition of affairs seems; and yet how rarely is it to be met with, in actual hospital practice! I venture to go to the logical limit implied by what has gone before; and say that the hospital which lacks such a co-ordinated children's department, is wasting the money entrusted to it by its donors, is depriving needy children of bed space that they should have, and has no right to attempt to minister to children at all.

I cannot close this paper without saying just a word as to the modern trend in the feeding of infants, on the part of the best pediatricians. Whereas there was a time not so very far back when doctor vied with doctor in the creation of milk formulas that exhausted the resources of the higher mathematics to comprehend, much less to prepare; there has of recent years been a most healthy (not to say healthful!) reaction in the direction of what has come to be known as "simple dilutions." Hand in hand with this simplification of what is done with milk after it comes to our hands,—or perhaps lagging a step or two behind along the way,—has come a realization that perhaps it is even more important to know and to control what happens to this highly perishable and most easily contaminated product, before ever it comes into the diet kitchen at all! In other words, whereas it may be beyond dispute that "pigs is pigs," it certainly is *not* equally true that "milk is milk," at least in our vast metropolitan areas today, if by "milk" we mean a food that is clean and decent enough for our babies. It must come to be realized on a far greater scale than has so far been the case, that the only milk fit to be given to an infant or a child, inside the hospital or out, is pure, fresh, unaltered, uncontaminated, sweet-smelling and sweet-tasting cow's milk; And quite as important is it to realize,—I say it advisedly,—that the only milk that conforms to these simple and minimum requirements, in these huge cities today, is certified milk. I would urge, you as dietitians who would be amazed and scandalized if you were asked to prepare for your

patients tainted meat, cold storage poultry, third class eggs, or dirty or wormy cereals, to take equally high ground, on any and all occasions, when the opportunity comes to you, with regard to the milk that you are asked to modify for the little ones who look to you for the means of subsistence;—and to urge upon your Superintendents the desirability procuring of Certified Milk in the Children's Diet Kitchen.

The expense entailed need not be so great as at first might seem necessary. For one of the very considerable factors in the high cost of certified milk lies in the expense of its scattered distribution. This item of expense would of course be eliminated in the case of a hospital whose whole supply was of certified milk. While not authorized to speak either for the Medical Milk Commission of which I am a member, or for any one of our producers, I feel reasonably safe in saying that the present price 28 cents a quart could probably be reduced by 25% in such a case—perhaps ever more than this, if it were to be delivered in cans, sealed and certified; leaving the price of decent first class milk not very much in excess of that now asked for a third grade of this most important article in the whole hospital dietary.

EDITORIAL

Dr. Charles Elliot says, "The training of sense is a prime object," "Make every pupil active, not passive; alert, not dawdling; led or piloted, not driven; and always learning the value of co-operative discipline."

This splendid theory of education has been carried out by the Play School Committee of the Federation for Child Study in classes conducted during the hot summer months for children suffering from physical defects, who would otherwise spend their time on the city streets One of these Play Schools was started as an experiment in 1917. Each child eligible for admission was given a thorough examination and physical defects found were corrected. The work has grown to such an extent that there are now seven well-equipped Play Schools with an attendance of 1,200 in New York City.

The object of these Play Schools is to take children from the hot and crowded tenement districts and give them wholesome recreation, careful supervision and nourishing food. The Board of Education provides teachers and the use of several schools, also motor busses for transporting the children to and from school. A central kitchen has been established and a well cooked nourishing lunch is sent from this centre to the other play schools daily. The lunch is served in family group style, one child acting as father, another as mother. The mother serves the soup; the father, the meat; and the children, the vegetables and desert. A small thing on the face of it, but vastly important when we consider that the children from the tenements seldom, if ever, sit down to a properly set table. The effect cannot fail to be far-reaching.

Play is supervised by specially trained teachers who inspire in the children, a regard for the rights of others. The child working and playing in groups is quick to recognize his individual place in the scheme of things and is unconsciously being molded and shaped for good citizenship. A well known educator recently made the remark that anything which sounded pleasant in connection with education was frowned upon. The Federation for Child Study defies the frown, and stands out as a beacon lighting the path of childhood and plants seeds of character which are bound to bring forth good fruit.

COMMUNICATION

How Everyone Can Help Fight Cancer

During the past decade the death-rate has been lowered forty per cent. for tuberculosis. Why can't the same be done for cancer? About 90,000 die yearly in the United States after 40 years of age, one woman in eight and one man in 13 from cancer.

Although the Rockefeller Institute has, and is, using everything that science can afford to find a cure, we should not sit back and wait for that. We should do everything that possibly can be done to lower the death-rate by education, and every one can, and should help to conquer the feeling of helplessness, horror and shame that keeps so many from being examined and attended to in time. Never allow the thought of alarming people to deter you from talking about cancer. If people become alarmed it is much better for them to go and be examined, and either have their minds put at rest, or be placed under treatment. Incidentally, too much attention cannot be given to the selection of the surgeon.

Just as soon as the prevailing hesitation is conquered, and people talk about cancer as they do about any other serious disease, thousands will be saved from the agonies of cancer, and those around them from witnessing their living death. Ask anyone if he is afraid of appendicitis and he will say "why no, not now-a-days unless you wait too long allowing the appendix to burst and peritonitis to set in," and this argument applied to the cancer situation does more to help the cause than any other.

Think and remember all the cancer cases you have known or heard about. Go over the little pamphlet of the "Danger Signals Which May Mean Cancer" and figure out how many might have been saved if they had known about it and paid attention to it. Of course there are incurable cases, just as there are in all diseases—pneumonia, diphtheria, etc. Think what has been accomplished for typhoid! What has been done may be done again—but every one should help by talking about the subject, and interesting others.

The American Society for the Control of Cancer does wonderful work, as you know, and their distribution of literature is splendid. As a member of the Executive Committee, I know personally that nearly three and a half million pamphlets in English and twenty-two

foreign languages were distributed in New York City in the 1921 campaign. To demonstrate the value of these pamphlets, one of the visiting surgeons at the Skin and Cancer Hospital asked applicants at that time why they came to be examined. In about two weeks from the start of cancer week he had performed five operations as a direct result of the pamphlets. Three of the patients could not speak English. That surely is a most forcible example of what may be done. English and foreign pamphlets may be obtained from the Society's office at 370 Seventh Avenue.

We have started dollar membership books in connection with the Skin and Cancer Hospital, giving a Danger Signal Pamphlet with every membership receipt, and we are anxious to send them all over the United States, having an article printed in the local paper at the time the book is sent. There are a great many who pay much more attention to something that they have paid for, and I seriously believe that the psychological effect of becoming a member will do wonders in spreading interest about cancer, and the feeling of hope inspired by knowledge will in time save many.

Think back as many years as you can of how you have felt about a friend ill with tuberculosis, and compare it with the situation of to-day,—when there are many more cures than deaths from tuberculosis if taken in time—which is exactly what we want to accomplish for cancer. This can be done if every one will help. Can we not count upon the assistance of the Social Service Auxiliaries?

Gertrude Alexander Clark
(Mrs. Samuel Adams Clark)
Chairman Social Service Committee
New York Skin and Cancer Hospital.

SECTION ON PSYCHIATRIC SOCIAL WORK*

American Association Hospital Social Service Workers

Psychiatric social workers throughout the country have organized as a section of the American Association of Hospital Social Workers, to be called the Section on Psychiatric Social Work. This action, discussed and planned at the time of the National Conference of Social Work in Milwaukee, 1921, was put into effect during the 1922 Conference at Providence, when the American Association of Hospital Social Workers at its annual meeting formally adopted the Section. The active membership of this Association includes any one who has been employed for a year in social work in a hospital or dispensary. As many psychiatric social workers are employed in clinics not connected with hospitals and dispensaries or in mental hygiene societies, provision is made for admitting associate members of the Association to active membership in the Section when they meet the Section's membership requirements.

The requirements for active membership in the Section are based upon training and experience; and there are no associate members. Graduates of recognized training courses in psychiatric social work of not less than nine months duration are eligible after they have held a position in psychiatric social work for one year; graduates of schools of social work who have not taken a special course are eligible after two years in a position in psychiatric social work; and persons who have not taken formal training but meet certain educational requirements are eligible after four years of successful accomplishments in psychiatric social work.

The objects of the Section are stated as (1) to promote association of psychiatric social workers and (2) to promote standards in psychiatric social work. Various local groups that meet more or less informally are co-operating with the Section. No local branches of the Section, however, are being formed at present, as the emphasis is now upon uniting all eligible psychiatric social workers of the United States and Canada in one organization. News of the progress of the new section will appear in the Association's Bulletin, and meetings will be held when the Association holds its annual

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*Mrs. H. C. Solomon, Secretary, 74 Fenwood Road, Boston, Mass.

meeting during the Conference of Social Work in Washington, May 16th to 23rd.

The term "psychiatric social worker" was first used about 1918 to indicate a social worker working in association with a psychiatrist in the study and care of persons who present psychiatric problems. Such problems may appear as mental disease, delinquency, anti-social behavior, or bad habits, and in so far as all social workers meet these problems some knowledge of psychiatry is essential to all social case work. But then a need arose for a specially trained social worker, with a dominant interest in mental processes and mental hygiene, to work with the psychiatrist. In 1918, there were perhaps fifty social workers in the United States engaged in this field, who had received their preparation in various ways. During this year two special courses of training for psychiatric social work were started by the Smith College School of Social Work and the New York School of Social Work. Previously the only systematic training offered for this special field had been an apprentice course given by the social service of the Boston Psychopathic Hospital. Since 1918, a number of courses have been offered in various places and others are under discussion. The demand for social workers in this field has been so great that many who were trained for other branches of social work have been drawn into it, sometimes with a short preliminary course of study or a short period of apprentice training and sometimes without even this slight preparation. In many places, particularly in connection with work for the ex-service men, it has been necessary to use the services of persons who have some knowledge of mental disorders but have had no training in social work. Because of this variety in personnel, there is considerable variation in the standards for psychiatric social work held by different persons, but in the main the standards met by the two schools of social work that first introduced this special training are being upheld and advanced. These schools require for admission previous education of college rank and give a course of approximately two years including practice in social case work for at least nine months. A curriculum for a course in psychiatric social work is recommended in the report of the Committee on Training for Hospital Social Work of the American Hospital Association, which worked during the year 1921-1922 under the chairmanship of Michael M. Davis, Jr., upon an investigation of the subject of training for medical social work and psychiatric social work.

The officers and the executive committee of the new Section on Psychiatric Social Work of the American Association of Hospital Social Workers are as follows:

Mary C. Jarrett, President, Boston; Mary Ferguson, Vice-President, Philadelphia; Maida H. Solomon, Secretary-Treasurer, Boston; Marie Donohue, Boston; Cornelia Hopkins, Chicago; Susie Lyons, Boston; Martha Strong, New York.

NEWS NOTES

PROVIDES HOSPITAL CARE FOR INDIANS

An appropriation of $370,000 recently was made by Congress for hospitals, medical treatment and care for the preservation of public health among the Indians. An item of $25,000 for the suppression of liquor and drugs, including peyote, was struck out. *(Modern Hospital.)*

SUPPLIES BOOKS TO EX-SERVICE MEN

The American Library Association is supplying in a limited way books and periodicals to ex-service men in hospitals and sanatoriums not under the Veterans' Bureau and where library facilities are not available. Inquiries regarding books may be addressed to Miss C. N. Bogle, American Library Association, 78 East Washington Street, Chicago.

Burke Foundation through the Strugis Research Fund will make a study of the resources and results of convalescent care of patients in the neuropsychiatric clinics of New York.

FINLAND PLANS SERIES OF DISPENSARIES

Since the death rate from pulmonary tuberculosis in Finland is very high, and since fully 85 per cent. of its population is rural, the national association for combating tuberculosis is planning the establishment of a network of dispensaries throughout the country where tuberculosis and other diseases may be discovered early or prevented. Facilities for the institutional care of the tuberculosus are said to be "sadly inadequate."

The Third National Hospital Day will be celebrated May 12, 1923.

The Advisory Committee on Foods and Nutrition of the National Child Health Council in a report which is to be published by the United States Public Health Service, estimates that at least 20 per cent. and according to some tabulations 33 per cent. of the school children of the country are suffering from malnutrition.

The United States Veterans Bureau has established a school of neuropsychiatry at St. Elizabeths Hospital, Washington, D. C.

The forty-fourth annual collection of the United States Hospital Fund has reached $603,000 in collections and pledges. The collection is to continue throughout the year.

The first Boy Scout Mother's Auxiliary has been organized in Amarillo, Texas.

Dr. Dinguizli of Tunis, in a paper recently prepared for the Academy of Medicine, Paris, shows that methods closely resembling those of the present day were employed in the treatment of tuberculosis a thousand years ago. A famous Arab physician named Avicienne prescribed the following treatment; "Cure by fresh air, cure by mental and physicial repose, cure by asses' milk and cure by superfeeding."

The American Relief Administration in Russia recently announced an anonymous gift of $525,000, to be used for food and clothing for teachers and school children.

The Palestine Foundation Fund has opened a drive for two million dollars.

According to the Dispensary Development Committee, one million people receive free medical care in New York Dispensaries, and seven millions are treated free of charge throughout the country.

Bills providing for physical examination as a pre-requisite for the issuance of marriage licenses have been introduced in New York, Michigan and Oregon.

The Reconstruction Hospital, 100th Street and Central Park West is proceeding with extensive plans to enlarge the hospital and extend the work of "putting the worker back on the firing line as soon as possible." Dr. Joseph A. Blake has been appointed Surgeon-in-Chief.

Beth Israel Hospital has established something new in community service. The hospital now loans special equipment to physicians for use in the homes of patients living in the vicinity who are too ill to be moved to the hospital.

It has been announced that Cornell University Medical College is to have a Health Clinic.

Miss Frances B. Mayer, has been appointed social worker in the Massachusetts Department of Public Health, Sub-division of Venereal Diseases, State House, Boston. Miss Mayer was formerly on the staff of the Boston City Hospital.

Miss Effie J. Taylor has been appointed full time Executive Secretary of the National League of Nursing Education.

The Section on Pediatrics of the Associated Out-Patient Clinics of New York, through its Executive Committee has been actively engaged in working out plans for aiding and improving out-patient service in pediatrics. The Section agreed that the professional staffs and governing authorities of the pediatric clinics would be stimulated by the existence of an approved standard, and by comparison of existing clinics with this standard. As a first step towards this end, requirements for an out-patient service in pediatrics were formulated. The standards are published in the "Archives of Pediatrics." They are not regarded as in any sense complete or final, but as a working basis. The Section also decided to select the Children's Medical Division of Bellevue Hospital as a demonstration clinic. At Bellevue a demonstration of complete unity between the in-

patient and out-patient service will be made possible by improvement of record transfer between ward and out-patient department. Through the employment of a part time admitting physician, improved methods of admission and distribution of patients (especially the control of contagious disease) will also be worked out.

COMING MEETINGS

American Association of Hospital Social Workers, Washington, D. C., May 16-23, 1923.

Womens Medical Society of New York State, May 21, 1923 in the Hotel McAlpin, New York City.

National Tuberculosis Association, Santa Barbara, California, June 19, 1923.

Joint meeting American Nurses Association, National League for Nursing Education and National Organization for Public Health Nursing, June 16-23, Detroit, Michigan.

American Medical Association, June 25-29, San Francisco, Cal.

BOOK REVIEWS

Heredity and Child Culture.—Henry Dwight Chapin, (E. P. Dutton & Company). Social Workers and those interested in the welfare of children will welcome Dr. Chapin's new book, "Heredity and Child Culture." The book deals with the child from conception to young adult life. The author says, "At the birth of the individual, heredity has done its best or its worst, and can be reckoned with only in the sense of having all the best potentialities and predispositions cherished and developed and all the worst avoided." "The question of environment and nurture being of the present, and to a certain extent possible of control, now assumes the greatest importance." The chapters on organic and social inheritance seem to prove that heredity is more important as an influence in lower organisms than in man, and that many with a good biological heredity never attain a good social heredity because they have lacked a fair chance in life. Dr. Chapin pleads for this chance for the child—first by giving the expectant mother proper care and supervision during pregnancy, thus making it possible for the child to be well born. The author then deals with the supervisory care of the child during the developing

period, and from that time on to pre-school and school life stressing the importance of mental, nerve and moral culture. Nutrition and its importance is then taken up, and a classified table of regulating and body building food is given. Dr. Chapin points out the importance of the family as a unit and says; "The trend away from the home is one of the evils of the day and must be checked if future civilization is not to become retrogressive. The family must be conserved at any cost if only for the benefit of the child." The chapters on "the Dependant Child and the Adoption of Children" are what one would expect from a man who has unselfishly devoted the greater part of his life to caring for and finding homes for abandoned and homeless infants. The book is interesting from cover to cover, and those interested in child study will find it a trumpet call to enroll in the cause of childhood with the slogan "Concentrate on the Child."

How We Resist Disease,—Jean Broadhurst, (J. B. Lippincott, Co.) This book is the answer to a long felt need in the field of nursing education. Although the knowledge of bacteriology and immunology is of vital importance and of practical necessity to a nurse, both the instructor and the pupil have often been at a disadvantage due to the detailed and technical character of most of the texts on this subject. The main principles of immunity are clearly discussed and the most important currative and preventive practices covered in a general way. The language is simple, many of the scientific terms being used parenthetically only. Wherever possible uninvolved descriptions of processes and reactions have been used rather than the exact details of the technique, although sufficient detail to enable the student to picture the process or the phenomenon under discussion has been furnished. Each chapter is briefly outlined at the beginning and is followed by a list of study suggestions. The chapter headings are Bacteria and Their Effect upon the Human Body, Active Immunity, Passive Immunity, Toxins and Antitoxins, Agglutinins and Precipitins, Opsonins, White Corpuscles, Lysins, Vaccines, Anaphylaxis. The numerous illustrations add essentially to the interpretation of the text.

ABSTRACTS

"Health for School Children," National Child Health Council, School Health Studies, No. 1, Department of the Interior. This report on Health Education of the Advisory Committee of the National Child Health Council is both concise and comprehensive. The scope of the school health work, the possibility of linking it up with the home and the community, the administration, the personnel and the functions of the necessary staff are discussed. The report itself is divided into seven sections; health training and instruction, which deals with fundamental principles, kind of subject matter and methods to be used; physical training activities in the school health program, which has to do with the place and value of play, athletics, formal exercise and corrective work; health supervision for teachers and school children in which is a discussion of the daily inspection, the health examination, the forms and records used and the duties of the school nurse and physician; preparation of class room teachers for health training; hygienic arrangements and management of the school program; essentials for healthful school buildings; and mental health for normal children. There is a list of national child welfare and health agencies from which charts, bulletins and exhibits material may be obtained.

"Superstition as Affecting Disease Prevention," A. Levinson. *Nat. Health,* 1923, V, 85. Levinson points out that the control of communicable disease in any one community may fail unless the physicians and nurses are acquainted with the various superstitions current concerning those diseases. Many mothers expose their children to measles "to get it over with." In some places, patients suffering from communicable diseases which are accompanied by skin eruptions are not allowed to be bathed. The "no air" theory in the treatment of measles has often been the cause of pneumonia, as has the custom of taking the whooping cough patient to the gas plant or exposing him, for a long period of time, to cold air. Some physicians still hold to the notion that patients with contagious diseases should be fed only liquid diet, where as, research has proved that they fare better on semi solid food. Another prejudice is that milk will produce fever.

"Eye Clinic Follow-up Work," *Nat. Health,* 1923, V, 78. In order to ascertain present conditions and develop desirable standards, leading ophthalmologists of the city of New York organized as the ophthalmological section of the Associated Out Patient Clinics and made a study of 5,200 records from 5 representative eye clinics. It was found that a patient rarely made more than two visits to the clinic, received little care beyond the filling of the prescription and almost no instruction as to the protection of the rest of the family. As a result, the committee adopted the following recommendations: systematic follow up work to insure continued treatment for at least the most serious cases should be instituted; physicians should be responsible for informing the patient as to the nature of his condition and for deciding on what date he should return; the social service department should endeavor to secure his return at the date specified.

"Nutrition in the Public Health Programme," L. H. Gillett, *Am. Jour. Nursing,* 1923, XXIII, 458. Since proper nutrition is now generally considered one of the fundamentals of good health, it is therefore necessary, says Gillett, to broad cast the knowledge of food values. No one has a better opportunity for doing this than the public health nurse. She can win co-operation from the public, teach the mothers in the homes, the children in the schools and the people in industry. Although not a nutrition specialist, she should have a thorough understanding of the principles of normal nutrition and food economics and sufficient knowledge to be able to tell when to call in a more technically trained person.

"The Out Patient Department as a Field for Nursing Education," Mary B. Hulsizer, *Am. Jour. of Nursing,* 1923, XXIII, 445. As a result of the study of the educational possibilities found in the clinic of Cornell University Medical College, Hulsizer reports that the out-patient department is a largely neglected but a fertile field for the training of the student nurse. It offers nursing knowledge derived from the various clinic specialists and technical experience, especially as to minor diseases, almost impossible to be obtained within the walls of a hospital proper. It should also give a nurse a sound point of view toward the whole health movement, including its social background. The effective carrying out of such a program depends upon the co-operation of the training school, the nurse and the entire clinic force.

"Measuring the Total Value of a Public Health Nursing Service," Frances V. Brink, *Public Health,* 1923, XI, 38. Brink gives briefly the points of view held in past years as to the value of a public health nursing service. The usefulness of such a service is now measured by its program of Positive Health, generalization and coordination of work, intelligent grasp of social and economic conditions, adequate supervision and accurate record keeping; the four essential factors of program, worker, community reaction and results must be considered in gauging the value of a public health nursing service.

"Welfare Service Builds 30 Trucks," Arthur W. Giersbach, *Hosp. Manag.,* 1923, XV, 68. Giersbach gives detailed comparative statistics compiled by the Four Wheel Drive Auto Co., of Clintonville, Wis., showing the effectiveness of their Hospital Department, in existence since 1917. By figures he proves that it has paid in time and money and draws the conclusion that it has also paid in decreased suffering and general good will.

"Venereal Disease Control," Alec. N. Thompson, *Mod. Hospi.* 1923, XX, 63. Although no startling advance was made in venereal disease control during 1922, according to Thompson, there were indications of a slow, steady step toward progress. Federal funds were reduced but most of the states were able to hold their own appropriations. The number of treatments as well as the number of patients attending clinics increased. No outstanding experiments were made but community interest in venereal disease control was not lacking. This was evidenced by the report of the Charity Organization Society of New York City on the special study of its venereal disease problem in relation to hospitals and dispensaries, that it is prognosis rather than diagnosis that is wanted. In the educational field, emphasis has been placed upon the "constructive" side of sex education and character building, rather than simply giving information regarding the diseases themselves.

"Venereal Disease Control in Indiana," J. G. Royse, *Jour. of Soc. Hygi.,* 1923, IX, 77. The anti-venereal disease campaign in Indiana rests, says Royse, upon a thorough campaign of education. This has been carried on in a dignified way without attempting to over-ride the individual or trespass upon the prerogatives of organ-

izations. Nevertheless, information as to the nature, results and prevalence of venereal disease has been wide spread by means of lectures, exhibits, films and pamphlets. There are 16 public clinics, in each of which there is a staff consisting of a physician, and one or more nurses and investigators. In most cases the Bureau and private physicians work in close co-operation. The clinic provides treatment only for incorrigible cases and for cases unable to pay for the service.

"The States and Child Health," Richard A. Bolt, *Mother and Child,* 1923, IV, 9. A great awakening has come over the entire country as to the essential needs for maternity and child health, according to Bolt. The Federal Government is making temporary appropriations through the Sheppard-Towner Act. Forty-six states now have bureaus devoted to maternity and child health work. The general lines of development in the state programs are: educational classes for mothers and school children; increased interest in and provision for birth registration; increase in number of maternity centers and infant welfare centers with an extension of the work into the pre-school age; closer co-operation between private physicians, health authorities and agents; more careful planning of the health budget and the recognition that maternity and infancy are basic parts of a general health program.

"The Health Examination—the Key to Preventive Medical Work," Anna M. Richardson, *Med. Woman's Jour.,* 1923, XXX, 35. During 1922 the Committee on Dispensary Development of the United Hospital Fund of New York, tried out methods of making physical examinations to determine the health of individuals and to find out what was required to meet the needs of persons free from symptoms yet with hampering physical conditions. In this experiment it was found, as reported by Richardson, that the examinations could best be made by private physicians and through the use of a questionnaire dealing largely with the personal interests, habits and occupation of the examinee. There should be an examination of the vital organs, and the special senses, as well as search for foci of infection and an estimation of muscle strength and tone. Follow up work is necessary in order to determine the practicality of the directions and the interest of the examinee. A re-examination is made at least once a year. A specimen of one of the questionnaires is appended.