TRAINING OF SOCIAL WORKERS*

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It is safe enough to assume that organized social effort has an objective, and the experience of the last twenty years makes it clear that social work has been gradually building up a technique with which it is attempting to solve its problems. We may admit without question this technique or these techniques to be still in process, but so for that matter is the technique of medicine or any of the other growing arts. I shall not attempt to go after ultimates here but rather to take the situation of social work as it is at present and think along with it to its immediate future. This will furnish certain natural limits to our discussion.

Any profession, to be a real profession, must rest upon three assumptions. First, a mastery of principles; second, the acquirement of technical skill; and third, the acceptance and practice of a code of conduct which includes one's attitude towards mankind, towards one's fellows in the profession, and towards the profession itself.

Training for the first two of these assumptions has been organized fairly well, but unfortunately the third, namely the code of conduct, has only been incidentally or inferentially included in the preparation for social work.

The reorganization of the National Conference of Social Work provided for grouping of activities and programs of the Conference under seven general divisions, namely, Children, Delinquents and Correction, Health, Public Agencies and Institutions, the Family, Industrial and Economic Problems, the Local Community. These permanent divisions of the Conference represent roughly the fields of social interest and the natural affinities between certain groups of workers and students. They do not, however, state clearly enough the precise types of problems which are presented to the individual social worker; nor do they indicate the methods or technique involved.

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They do not, therefore, constitute a base specific enough for the building of a training curriculum.

The American Association of Social Workers analyzes the field much more satisfactorily for the curriculum builder by separating objectives from methods but considering both. Thus the problem fields are: Child welfare, the family, delinquency, medical social service, public health, housing, leisure time activities, the settlement, the school, industry, immigration, community development. The methods fall into: Case work, group work, community organization, institutional work, social research, publicity, finance and other specialties. It is clear that in this analysis the problem field need not be and, as a matter of experience, is not so highly subdivided (for example the problem of the settlement or the immigrant is included in other fields) or if such subdivision is a merit there is no reason why it could not be even more detailed to include, say, mental hygiene, the rural community, or legal aid. Therefore, I am inclined to favor a somewhat more concise division of the field into family welfare; treatment of delinquents, treatment of defectives, child welfare, health, industrial relations, community betterment. Likewise as to methods I should prefer the following outline: Case work, group work, institutional work, research, social publicity. It seems unnecessary to differentiate either methods or fields between public, governmental or quasi-governmental and private agencies.

The placement Bureau of the American Association of Social Workers lists forty-two general types of social service jobs, some with still further subdivisions. It is not to be understood that these different types of social work are mutually exclusive. As a matter of fact there are certain fundamental modes of procedure common to all. They are divided off largely because within each group there is a certain emphasis which differentiates and colors the technique. The fact of kinship is established clearly by the constant migration of social workers from one field to another. That is partly due to the generalized training which these workers have received, and partly to the fact that social technique is still malleable. This is why we can conduct here in one corner of the social service field a discussion of the general training requisites for the whole field.

In general it may be said that the sociological preparation for these various types of social work should include three divisions. First, fundamental general courses; second, special field information courses; third, technical courses; the first to provide the base, the

second the background, and the third the approved methods. The fundamental general courses should be given to every prospective social worker and should be of such a nature as to be indispensable to all. The second, and particularly the third division, should have in mind the needs of the specialized worker; for example, the juvenile probation officer, the rural public health nurse or recreation worker, the large scale industrial relations worker, the medical social service worker.

In such a course of training every student should receive instruction in the introduction to sociology, including a study of the origin and development of human society, to the various agencies which have determined the types of social life, social organization, institutions and progress. The idea in this fundamental course should be to present the normal life of society in its dynamic and functional aspects, on the theory that nobody should attempt to initiate new social processes and machinery without some pretty clear idea of what society is like, how it is built up, how it may be changed, how its different constituent parts affect each other, and what its general drift seems to be.

On top of this more or less theoretical basis it is desirable to offer some more precise idea of the process and content of those great currents of social amelioration which propose to transform present society and make it over into something newer, if not better. Therefore a course should be designed to include a brief history of the attempts to overcome certain social maladjustments such as slavery, intemperance, ignorance, unemployment, industrial strife, child labor, poverty, degeneracy, bad housing, including therefore a discussion of movements for public health, industrial peace and order, social insurance, the protection of infancy and youth, public recreation, the newer developments in education, the use of the police power of the state, the literature of social protest.

Still more precise, and leading out of the general course on social problems and practical reform movements, should come a set of year courses on the nature and treatment of dependents, defectives and delinquents, to include the conditions in temporary society out of which the social problems of the defective and dependent arise, the methods used or advocated for the prevention and alleviation of poverty and defectiveness, the causes of crime, the nature of the criminal, criminal procedure, methods of treatment, including preventive methods. Manifestly this course on dependents, defectives

and delinquents falls into the second division as we analyze it, namely, field survey or information courses designed to give a background to the student; a background in perception and also a background to enable him to make a sufficiently definite vocational choice to elect his training sequence. In this same group we should place also such courses as housing and child welfare. The latter course should include not only the institutional care of children, but all private and public agencies working on behalf of the child, with due attention to the legal aspects of child welfare, that is, child protective legislation, its development and administration.

The ground covered by all the courses listed up to this point should be made the territory of every social worker regardless of his special interests. It represents scarcely more than could be expected of any college graduate, lawyer, doctor or newspaper man. But at this point begins the real specialization, intensification of training, bearing down upon the student, touching him with imaginative stimulus to think in terms of his profession. Specifically, I mean that about the end of the junior year of training, or the beginning of the senior year, the student should normally cover more in detail the facts of social psychology and social control; the family in its evolution, its functions and its current problems; methods of social investigation and social statistics; social progress.

Such courses combine both general information and flashes of technique. They are not bread and butter courses strictly speaking, but are of the type of training which ought to mark off the mere time-serving craftsman from the real leader in the profession.

The third division of training should include such distinctly technical courses as medical social service, mental case work, the technique of family treatment; that is, an indispensable study of social case work; also, if time and training resources allow, juvenile courts and probation as an application of case work and as a meeting ground for general case work and child protective legislation. I should add here also a course on charitable administration, finance and publicity, a study of organizing charitable agencies, financing them and making the public aware of their work.

These courses on the background and the methods of social work should give the history, the experimentation and the methods of the special fields of directed social effort. They are incomplete in themselves from the standpoint of technical training. They should therefore be paralleled by some form of laboratory work, the particular

form and development of such laboratory work to be determined largely by the equipment of the training institution, the social resources of the community and their accessibility. For training institutions in certain localities, visits and observation trips to social agencies, public or private institutions, or industrial plants are about all that can be achieved. This sort of watching in or looking over is not to be considered as field practice or field work, but rather in the nature of illustrative material of somewhat the same kind (but more vivid because alive) as photographs, charts, diagrams, lantern slides, moving pictures. Such materials should accompany normally the courses in the first and second divisions, but with the third division of training, namely, the distinctive technique, should go ntensive field practice under special trainers in properly approved social agencies, the results to be checked up by frequent conference and the whole thing to be conceived either as genuine laboratory practic or as interneship. Whether this can be done better on the installment plan along with class work or on the lump-time basis of alternating semesters of field work and class work is not yet, perhaps not at all, dogmatically settled. It depends upon the student, upon the training institution, the nature of the field resources, possibilities of field supervision, and in part upon the type of social work in question.

So far I have considered the sociological elements in the social worker's training; but this is only one small part of the social worker's proper educational equipment. It is absolutely essential that the sociology instruction should be paralleled with the fundamentals of economics, biology and psychology. Social workers have been frequently accused of being ignorant of economics, they have been charged with holding fantastic ideas about the distribution of wealth and with being utterly naïve and guileless on the subject of production. They are considered by the average business man to be people who sit aside and have dreams and theories about standards of living and incomes without considering how those incomes are going to be provided or what it would do to the country if their fancy standards of living were really put into effect by some sweeping decree. In order to overcome these objections, social workers should provide themselves with the elements of economics, labor problems and public finance. Likewise in the field of political science they should have the fundamental principles and, if possible, some work on state and local government, with perhaps at least the elements of jurisprudence and constitutional law. The social worker's program should also include

a sound basis in normal psychology as a preparation for social psychology and psychiatry in case the student is looking forward to the field of mental hygiene. Enough of the physical and biological sciences should be included to give the social worker the basis for intelligent contacts in his daily life. The same may be said of philosophy, ethics, the history of education, literature, and foreign languages. I do not claim that these subjects are essential for the social worker's daily job, but they are essential for any person who presumes himself to be educated and who hopes to fit into an educated circle. On more than one occasion I have heard people comment sadly upon a group of social workers that they were so uneducated, that all they knew was the details of case work and investigation, that they were little more than walking directories of community social agencies or dictionaries of social worker's slang. Not merely to anticipate this objection but for the real purpose of putting one's whole life upon a solid basis, the social worker must educate himself far beyond the mere technical requirements of his job. In no other way can social work hope to enter the ranks of the learned professions.

It would be interesting at this point to give a rather full list of books which should form the basis of the social worker's library and with which he should become familiar in the course of his training, but the limits of space and time make it impossible on this present occasion. A paper originally prepared for the National Conference in 1920 and printed as revised by the American Social Hygiene Association in their Journal for January, 1921, gives such a list for one type of social work, namely, work with delinquents. Sooner or later I think such a list should be worked out for all the different fields of social technique, but that we shall have to reserve for some later period.

So much then for the outlines of training for a mastery of principles and for the acquirement of technical skill. It still remains to discuss the third very important element, namely, the professional code of conduct.

Social workers have sometimes been accused of various peculiarities and shortcomings, which would indicate that there is no well defined code of professional conduct yet established for this field. For example, I have heard the criticism that social workers are given to indirection in their methods. In other words they are charged with not being quite ingenuous. It is sometimes asserted that they do not have the same respect for the confidence of their clients as do mem-

bers of the religious, legal or medical professions. I would fain believe that most of these criticisms are not based upon fact. It would be better therefore not to indulge in or listen to unsupported charges or mere personal peevishness. The better way will be to appeal to facts. Let me illustrate. If we want to arrive at the true basis of family life we may analyze the causes of divorce. The breakdown of the domestic code and the domestic structure will reveal that some one or more of the true and established bases of family life have been lacking. Now likewise we can analyze the elements of the social worker's professional code by considering some of the causes for failure in social work. A while ago I made a study of the reasons for dismissal revealed by the records of social agencies in twenty-five cities. Aside from faulty preparation or general incapacity, this study revealed certain striking weaknesses in personal and professional ethics. About twenty per cent of all the cases came under this head and included immorality, inability to do team work, insubordination, disloyalty, indiscretion, dishonesty and "slacking." Out of these facts and others which have come to our observation emerge five fundamental points in any true professional code for social work.

The first is truth. This means openess of mind and action, straight-forwardness in thinking and action without casuistry, mere plausibility or indirection.

The second, co-operation; which means both genuine positive day-by-day co-operation between agencies and also the elimination of professional jealousy and "knocking."

The third, promptness in meeting obligations. The real physician is ready at any or all hours, keeps his appointments on the dot, and does not trust to luck or miracles to intervene for softening the effects of his failure to keep appointments and meet his commitments on time. Our profession should be equally exigent in these respects.

The fourth, seeing the job through. There is a tendency for us, unless we are checked up by the undertaker or the courts, to leave jobs half done, to allow our correspondence files to get clogged with old material, to leave our cases in ragged shape, to give up in the middle of a hard case and say that the game is not worth the candle. I am sure that many a physician called in to attend child birth, after struggling and wrestling with death to save the life of both mother and child has felt that after all the world might have been better off if neither had survived the wrestling match; and yet the devotion to life, life in the abstract, and life as a tremendously concrete and

immanent element in the world, has nerved him for his wrestling match and has made him forget everything but his enlistment in the ranks of the life savers. I am convinced, too, that many a lawyer has felt that his client was none too deserving of life or liberty at the hands of a wronged society, yet performed also in a way the service of a life saver who has gone to the work of defense both as an abstract duty and as a concrete responsibility. So, also, the social worker. And here I am inclined to requote the famous words of St. Francis of Assisi[1] from his Little Flowers: "Know, beloved Brother that Courtesy is one of the essential qualities of God, Who maketh His sun to shine and His rain to fall upon the just and upon the unjust, through Courtesy; and Courtesy, is also the sister of Charity, which puts out Hatred and preserves Love alive." This little pearl of wisdom states the whole business, not only the principle of persistence and patience, but also the spirit of love and devotion by which miracles of life and regeneration can be accomplished.

The fifth. A decent reticence in discussing the affairs of one's organization, and a high degree of professional reticence about the affairs of one's clients. The principle of professional secrecy has already been accepted in law, medicine and religion, and already social work has had one or two notable martyrs on the score of professoinal reticence. While it is to be hoped that social workers will not have to go to jail in order to establish the fact that they can keep confessional secrets, it is certainly desirable that at the very outset of his training and certainly at the outset of his professional experience, every social worker should be thoroughly imbued with the idea of the inviolability of the professional confidence reposed in him.

By way of summing up this paper, it is only necessary to state that apparently the professional training of social workers involves study, ceaseless study, increasing study to advance the profession itself, to improve its technique, to broaden its scope, to stimulate its inventiveness and its experimental contributions to social welfare and social progress. It is equally apparent that this study, this improvement of technique and this stimulus to experiment must be motivated by real love of people, by genuine faith in the potentiality of human nature and by the cultivation of a religion or a philosophy which will sustain the social worker in his daily rounds and revivify him in his periods of depression and discouragement.

REFERENCE

[1]Francis of Assisi, St. "The Little Flowers of St. Francis of Assisi." Translated by T. W. Arnold. Duffield & Co., 1908, 106.

SURVEY OF TWO HUNDRED SPYHILITIC CHILDREN — WASHINGTON UNIVERSITY DISPENSARY

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It is the consensus of opinion at the present time, that it is most wise to stop occasionally and make "an analysis of one's job." Every worker has in her own mind some sort of a definite picture of the results of her efforts, but with the stress of her work and the numerous services performed in connection with it, it is quite impossible to analyze closely in order to know where the most emphasis be placed, in order to get the best possible results in the least possible time.

The average time for treatment for these children extends over a period of from one and one-half to two years and even when discharged from active treatment they must return at regular intervals to have a blood test made. It naturally follows that they must be kept under the supervision of the medical social worker for considerable time. As these children are required to report weekly for the first year, it means continuous "follow up." It is the business of the social worker to know her work so thoroughly, that planning her results, she makes use of the best method open to her. If she knows her people, she should be able to judge when, for instance, a home visit is necessary, or if a letter would bring the desired result. Or is it best in some cases to have the parents call at the dispensary, as the combined efforts of the doctor and the social worker are needed to give the best service to that particular family? Is this the type of family where results are obtainable only through the use of the Juvenile Court or Board of Health? Or, is it better policy to work more slowly and win out, say after a period of six months, with the co-operation of the entire family? What about forcing ignorant parents to place their children under treatment, when to all appearances they are well and strong and all explanation and instruction as to their necessary care cannot be grasped by either father or mother? These are only a few of the many questions the medical social worker must solve if her work among these children is to be successful.

For the medical social worker the problem of these children is not simply the question of syphilis and its results. The health problem of the family stands out paramount and it is up to her to bring the forces of the dispensary, the hospital and those of community together, in order to provide them the opportunity for good health. The worker realizes that this disease when neglected, undermines the constitution of these children and makes them a more ready prey to other infection, so that the syphilitic child often has a complication of diseases.

The largest opportunity is the chance for preventive work. By persuading the parents of syphilitic children to have a Wasserman blood test made, and then succeeding in getting them to have treatment, in order to prevent further duplication of the disease and also to help to lessen the number of inmates confined in our city institutions.

With our present legislation, we can only go just so far with the question of treatment of the adult syphilitic, but the opportunity for worth while results is enormous, even within our limitations. We must rely upon our powers of intuition and persuasion and although at times, when we fail, we regret that we cannot substitute force, with the law behind it, yet we can console ourselves with the thought that when our persuasive forces prove successful, we have become the family's friend and advisor and won their confidence and cooperation.

In order to determine just what had been accomplished with a group of these children, 200 histories were selected at random between January, 1918, and January, 1921, and give the following results:

1. *Age Group:*

	Age Group	No. Children	Male	Female
Infants	1 mo.—2 yrs.	78	44	34
Pre-School Age	2 yrs.—6 yrs.	42	14	28
School Age	6 yrs.—15 yrs.	80	37	43

Nationality	
American	100
African	85
Italian	9
Polish	2
Jewish	4

Religion	
Protestant	147
Catholic	49
Jewish	4

2. *Distribution according to period of treatment at the Dispensary:*

Examination at the dispensary, only	21	children
Treatment at the dispensary for 3 mos.	127	"
Treatment at the dispensary for 6 mos.	106	"
Treatment at the dispensary for 1 yr.	96	"
Treatment at the dispensary for 2 yrs.	75	"

No. children lost to the dispensary over 3 mos. period treatment	52
No. children lost to the dispensary over 6 mos. period treatment	21
No. children lost to the dispensary over 1 yr. period treatment	10
No. children lost to the dispensary over 2 yrs. period treatment	21
Total number of children not receiving 2 yrs. period treatment	104

Disposal of 104 not under treatment at dispensary:

Private doctors	24	children
Left the city	19	"
Died	16	"
Institutional care	13	"
Not located	32	"

Of the 104 children lost to the dispensary, 32 could not be located owing to incorrect address, 37 children were cared for by private doctors and institutions. Twelve out of the 19 families who left the city were referred to the venereal clinics of the U. S. Public Health Service. Of the 96 children remaining under supervision, 30 were discharged from active treatment and 66 of these children are under treatment at the present time. One hundred and nine chidren had a spinal puncture made, of which 80 tests proved negative, 29 positive.

3. *No. of children attending other clinics and diagnosis:*

Fourteen children reported to the Pediatrics clinic only; 186 childred were also under the care of the following clinics:

Clinic	Diagnosis	No. of Children
Ophthalmology	Keretitis	47
	Opthalmia	2
	Retinal Degeneration	4
	Strabismus	10
	Optic Atrophy	2
	Conjunctivitis	5
	Total	70

Surgery	Circumcision		10
	Hernia		5
	Abscess		5
	Cellutitis		5
	Enlarged glands		2
	Dog bite		1
	Burn		1
	Syphilis of bone		1
	Tuberculous gland		1
		Total	31
Otology	Otitis Media		12
	Abscess of Ear		6
	Nerve deafness		4
		Total	22
Neurology	Mental tests		20
	Spastic Paralysis		3
	Epilepsy		1
	Central Paralysis		2
	Hemiplegia		2
		Total	28
Laryngalogy	Adenoids		25
Gynecology	Vaginitis		5
Orthopedic Surgery	Arthritis		3
	Osteomyelitis		2
		Total	5

Number of children physically handicapped	20
Number of children feebleminded	12

4. *Social Diagnosis:*

a. Cases having a distinct social problem—

Lack of co-operation due to ignorance	27
Relief	25
Immorality	15
Illegitimacy	12

Juvenile delinquency	6
Adult delinquency	5
Total	90

b. Supervisory Cases 68

c. Co-operative Cases 42

The 42 co-operative cases were handled in connection with the following agencies and organizations:

Provident Association	12 cases
Municipal Nurses	10 "
International Institute	6 "
County Welfare Society	5 "
Big Brother Organization	3 "
Board of Childrens' Guardians	2 "
Childrens' Aid Society	4 "

5. *Recommendations:*

1. Social—

If we are to do more effective work along this line, we should have additional help in Pediatrics clinic, so that a first interview could be made on every patient, which would result as follows:

a. Fewer cases lost to the dispensary.

b. Fewer home visits made, as at least 25% of these children could be supervised at the dispensary.

c. Prevent duplication with other agencies, as it is impossible to register a case until after a home visit is made and the necessary information for registration is obtained.

d. A Social Worker could, in a first interview, be able to judge a certain type of family, where a home visit would prove useless and she could at once refer the family to the Juvenile Court or Board of Health.

e. The "follow up" work from the following clinics to be grouped and districted for visiting:
General Childrens', Baby Welfare and Syphilitic Children and any social problem arising from the result of visit made, to be referred back to the Social Worker in charge of that department.

2. Medical—
   a. To have all children who require a spinal puncture admitted to the Children's Hospital.
   b. The doctors to explain to parents the nature of the disease and necessary course of treatment.
3. Legislation—

Adequate legislation for the control of venereal disease, differing as it does in most of the States, is still an open question. The numerous investigations being conducted in both hospitals and dispensaries, under the financial support of the government, as to the results of treatment of this disease, are bound to greatly influence the making of our laws for the future.

As both a remedial and preventive measure a proper institution for the feeble-minded child is urgently needed. Parents would then be willing to commit these unfortunate children and not keep them at home, where they are a detriment to the family life and also a danger and menace to the community.

6. *Results of Survey:*

Of the total number of children (200):

39% were infants
21% were of pre-school age
40% were of school age

The infants, many of them also attending the Feeding Clinic, respond readily to the treatment. The mothers seeing the improvement in their babies from week to week and anxious for them to begin to talk and walk, are generally willing to continue the treatment and some social condition in the home more often prevents them from following instructions.

The children of school age are more difficult to work with. Many of them object greatly to the treatment and their attitude naturaly influences the parents. These children start out to the dispensary under protest, many of them being old enough to come alone. They are urged to come on Saturday in order not to interfere with their school work, so that half of their weekly holiday is spent in the clinic. They are too young to realize the importance of treatment, so it naturally follows that they are not overjoyed at the prospect in store for them.

Forty-two percent of the children were colored. Owing to the ignorance of most of these parents, numerous visits have to be made

before a period of even a few months' treatment is accomplished. The negro race is readily open to suggestion and if a next door neighbor happens to be taking her child to a midwife to be fed on herb tea for some complaint, your patient is most likely to be put on the same diet as a cure for syphilis.

Proportion of 186 children treated in the various clinics:

Ophthalmology	37%	Laryngology	13%
Surgery	17%	Gynecology	3%
Otology	12%	Orthopedic Surgery	3%

The largest per cent of children were treated in the Eye Clinic. Over two-thirds of these children were of school age and suffering from a severe inflammation of the eyes and in many cases were unable to attend school until they had undergone a course of treatment.

Of the 25 children with enlarged tonsils and adenoids 18 children had a tonsilectomy. A number of these children had evidently been retarded in their school work, owing to this condition, as their improvement was noticeable after the operation.

Investigation of the home conditions of 168 of the 200 families give the following results:

Average income	$16.00 per week
Average rent	11.00 per month
Average no. rooms per family	2
Average no. individuals per family	4
Total number visits made	1533

The average incomes of the families investigated and amount of rent paid will probably hold good for the year 1921, but with this difference, as previously when wages were high and work plentiful, the head of the family was generally the only wage earner. As wages have become lowered and employment almost an impossibility to obtain for men, the mother and the children, as soon as they reach working age, will be compelled to find work. Unless there is a change for the better in the present cost of living and a brighter prospect for work, the living conditions of these families are bound to become lowered and the problems for the medical social worker to become more numerous and perplexing.

INTER-RELATIONSHIPS
III. THE NURSING PROFESSION

JESSIE L. BEARD

Nurses, whom we in America accept as a matter-of-course, were almost unknown as professional people a generation ago and even today are seldom found outside of Anglo-Saxon countries. Many continental nations have established their first schools for nurses since the war, assisted often by the American Red Cross. American schools were first started to assist in caring for patients inside hospitals and dispensaries. Then came the private duty nurse. Shortly after, we find the number of graduate institutional nurses growing and visiting nurses issuing from social settlements to care for the poor in their homes.

Since the beginning of the 20th century, more attention has been paid to standardizing nursing practice by emphasizing educational features in the curriculum, minimizing what is mere drudgery, planning courses for teaching or administrative work in nursing schools, licensing for practice those who meet certain requirements and, as would naturally follow, creating a large literature of which a number of monthly magazines form an important adjunct.

Each health campaign, like those directed against tuberculosis and infant mortality, has brought into being its own special nurse. In response to the industrial welfare movement, comes the industrial nurse. Then we have the school nurse, the pre-natal nurse and we may look for others to be evolved as need is demonstrated. Such specialization has resulted in much overlapping and duplication, with general confusion in the public mind. This in turn has led to a further development, heralded by the rural nurse, in which one woman does all the "outdoor" nursing, even at times covering an industrial plant; but, as she becomes the general practitioner, her district is made smaller. To qualify for a job calling for many subjects not given in the curriculum of even our best nursing schools has of necessity brought out not only short courses for senior pupil nurses but also longer post-graduate courses in colleges, universities and schools for social work.[1]

Along in the 90's, social workers began to become a self-conscious group and shortly afterward, with the development of the human

sciences, especially sociology and psychology, emerged as a profession. One of the early off-shoots in this formative stage was hospital social service which has manifested two main trends. The first, typified in English hospitals, is an adjunct to the administrative department with financial investigation of each patient its primary function. Incidentally, they do medical follow-up and social treatment, but most of the work outside the institution is done by co-operating agencies. The second type, found in many American hospitals and especially exemplified in the Massachusetts General Hospital of Boston,[2] aims to secure more adequate medical diagnosis and treatment and more permanent results for the hospital through social case work. The several ways in which it is continuing to branch are being constantly noted.

This brief review of the growth of public health nursing and hospital social work is for the purpose of considering them comparatively. Some have voiced the opinion that the former will absorb the latter[3] as already seen in Toronto.[4] It is not the purpose of this article to go into that matter, but rather to state present relations. In training, the public health nurse must first complete her course *within* the hospital, supplementing it later with social work training in class and home visiting, preparing her work for *outside*. The social worker, on the other hand, receives her academic training along sociological lines. Following this, comes instruction in the technic of and practical experience in social case work. She also takes medico-social courses and finally begins her work *within* the hospital. Starting at opposite ends, but with somewhat similar training, the one stressing the community, the other the hospital, both really have the same objective; namely, to cure or prevent illness by assisting the medical profession in diagnosis and treatment of specific diseases, to check recurrance of illness and to instruct in healthful living. As co-operation is based almost entirely upon understanding, we would expect these groups to work together harmoniously and we find our prophesies justified. What few suggestions I have to offer for bettering this relationship will be superfluous in most cases.

Our first clinic class was instituted for the care of pulmonary tuberculosis. Now, it is sometimes under the social service department of a hospital. Again, it is conducted by health visitors who may or may not be nurses, representing a local tuberculosis association or some other agency. Most of this work has been taken over, however, by public health departments and is usually done by nurses chosen

through civil service. This in general is also true in infant welfare and venereal disease work. But, whatever the local tendencies, amicable adjustments can usually be reached as the field is so large that surrendering one portion means that forces are freed to work out new experiments. The province of public health nursing is quite clearly defined as the name of each undertaking tells its own story—pre-natal, pre-school, bedside nursing. As a community health need arises, it is met in various ways and, not until the problem is presented as one of real importance, will its solution be undertaken; but, when this is done, much thought is given to its control and an inclusive program is planned along curative and preventive lines.

On the other hand, hospital social workers receive cases, not presented as community health problems but as imperative needs of patients. It is true that much treatment can best be done in groups, as with cardiacs; but diversity of service rather than uniformity marks the day's work. Then, the relation to the community is somewhat different, for the social worker acts as an interpreter for the hospital, showing the individual patient's needs which must be supplied by the larger group and, through collecting data supplied by a number fo similar cases, points out local health problems for solution.

Diversity of activities characterize hospitals. A City General, French, Trade Union or Eye and Ear Infirmary would naturally have different clienteles. Hence, one reason for the differences in the activities of social service departments. Added to this, further divergencies are caused by the control of the department, whether it is attached to the nursing school, administrative or medical departments; if it exists as a co-ordinate body responsible to the directorate only or if it is maintained by an outside body which may be of a private nature, like the Associated Charities, a public health agency or a group of lay people. In the treatment of special diseases, such as orthopedics, staffs of visiting nurses often do home follow-up, give vocational guidance, etc., their work really differing in name only from hospital social service. One point to be noted here is that often they make no charge for their services and thus tend to undermine the policy of the visiting nursing associations which provides that patients pay whenever possible.

In cities well equipped with infant welfare stations and health clinics for those of pre-school age, it is usually best to entrust follow-up after final medical discharge to those agencies which represent health education, a normal interest for all mothers. In the same way

cases may be entrusted to a school nurse to prevent recurrence of disease and children should be referred to her in places where facilities are available for dental work and tonsilectomy as she prevents loss of valuable time by representing such corrections to parents as the normal and not the unusual thing to do. In pre-natal work, often the nurse takes all cases, referring to the social service department only those presenting social problems. In other instances, the social worker interviews the patient first, determining then if she will do anything on the case, or making her decision after the nurse reports on her home visit. But a well conducted pre-natal clinic does not permit both social worker and nurse to visit simultaneously unless the social and medical problems are both grave. Special group treatment may develop through mutual consultation, for example classes for pregnant cardiacs.

Visiting nursing associations are usually voluntary bodies covering those needs in public health nursing unmet by special organizations or public appropriation. In some places they attend to the whole, while in others they are limited to bedside care in the home and pioneering in new fields. Their aim is to develop a service, get it to function well and then have it taken over by the public. Constantly they are opening up new fields of preventive work. Take, for example, bedside care which is usually classed as curative or palliative. Those associations which are truly alive are instructing their nurses that the service rendered the patient is really the least of their duties; that it should be looked upon rather as the introduction to the home where they are to give instruction in hygiene, rectify improper food habits and detect any physical or social conditions needing correction in other members.

Whenever a discharged patient needs medical treatment, but is unable to return to clinic because of distance or physical condition (for example, bed patient with carcinoma requiring dressing), visiting nurses become extension workers for the hospital. They always require that a physician be in attendance, but, knowing their district well, are able to secure one giving free treatment for those unable to pay if there are no public doctors for this service. Where they make daily visits they can report back to the soical service department recommendations for social treatment: to illustrate, a mother with carcinoma had several children who became increasingly unmanageable as her physical condition grew worse. The nurse's consecutive report led to the assumption of their care by a child placing

society. Some associations have social workers on their staffs to handle situations like this or others presenting social problems where the case is inactive with other agencies. A chronological account of such a worker's day is much like that of a hospital social worker except that the home replaces the hospital, as the abiding place of the patient.

Nurses returning from overseas service have augmented the ranks of the public health group so that the rural districts' wants are receiving attention. This fact is being utilized by some hospitals for the benefit of those who come from a distance to receive special treatment for which the institution is noted. A Boston hospital is famous for its treatment of hare-lip and patients come there from all over New England. Upon arrival, a request for home investigation is made by the social service department of the nearest district nurse. The report which has always been satisfactory aids treatment in the hospital and serves as a guide in charges. This investigation also paves the way for supervision which the nurse is asked to assume after the child's discharge. She is expected to connect the child with an agency for correcting speech defect and report back end-results which aid the hospital in research. Such a nurse has an opportunity to evaluate the work of a hospital and, as she is considered a local authority in health matters, can enlarge its scope if she sees fit to do so. Of course, this question sometimes arises: Does not the social service department pass on too much of this kind of work, thereby taking time from bedside or instructive nursing to which the nurse is supposed to be devoting her time?

Misunderstandings may arise between a social worker and an industrial nurse—one seeing the side of the patient, the other that of the company which employs her. This is more likely to be the case in states where industrial welfare legislation is either unenlightened or the laws unenforced. Possibly the hospital is doing research into occupational disease where the co-operation of the medical department of the industry is imperative. In such cases, the employer who controls the situation is the one who must be won over. These nurses will usually co-operate in the follow-up of discharges, especially if the social worker has been helpful earlier. Some small plants use the local visiting nurse for their employees. This would naturally modify the situation. Along similar lines we find visiting nurses caring for insurance policy holders, notably those of the Metropolitan Life. Co-operation in such cases is very cordial.

Americans can congratulate themselves upon their efficient visiting nursing organizations. In London where hospitals are justly rated high, the whole city is not evenly nor adequately covered. Many of the district nurses function as adjuncts to a parish and application for their services must be made to the vicar. One of our recent developments in America is the National Child Health Organization whose method is to secure the active co-operation of children by employing proven pedagogical principles based upon an understanding of child psychology. Their story books, plays, posters, books of instructions and games which aim to make health democratic, natural and interesting have penetrated into many agencies dealing with parents and children both here and in foreign countries. One result has been an approach toward standardization in health teaching, whether fostered by a social settlement, school, visiting nurse association, public health department, or a social service department in a hospital.

In closing the subject of the relation between hospital social workers and public health nurses, we might liken these two services in the field of physical ills to the "indoor" and "outdoor" treatment of the poor, with due consideration to the fact that preventive work has not yet developed to such an extent in the field of material relief. Generally speaking, there is little overlapping, and harmonious relations are the rule. Both understand the limitations and attitudes of the hospitals. Their aims are, broadly speaking, identical, though their approaches are from different angles. Then, when an emergency arises, such as an influenza epidemic, they are ready to join forces in a larger plan.

Graduate nurses occur in two other large groups—institutional and private duty. Social workers meet the former in their own hospital and in medical institutions to which they refer patients or visit in social or medical investigations. These nurses, though sometimes sadly lacking in a social sense, are almost without exception endowed with a keen conviction of their duty on the health side. Often it takes a rare amount of tact to put suggestions in such a way that they will work for, rather than against one, for their job absorbs them to such an extent that they may have lost their sense of proportion, viewing an interested inquiry as an unwarranted intrusion. As a rule, however, they know their own field well and will meet the visitor half way. The nurse's convenience should be consulted when the visit will of necessity consume much of her time. If there are rules to be complied with, such as permits to see patients or

to read records, it is not fair to ask her to make exception. If one's object is to secure data for research purposes, she will appreciate being told what is desired and why, for she is an intelligent being and may be able to assist materially.

It is stupid for a social worker to study clinical charts unless she can read them with as much understanding as a student nurse, for she wastes the time of others, lowers her prestige (especially if she asks questions which have no bearing upon the subject or reveal her ignorance of things medical or their notation), and the saddest of all is that often she does not grasp the real significance of the data. Government hospitals are manned by graduate nurses. Most of them have social service departments established by the American Red Cross. Relations there between the social service department and the nurses are much the same as in civilian hospitals, except such modifications as will arise from greater age and experience. One branch of institutional nurses I am leaving to take up with the student nurse—the supervisors and instructors in one's own hospital.

Somewhat allied to the private duty nurse is the office nurse. Social workers rarely come in contact with her, but in cases where they do, it should always be borne in mind that the interests of the doctor employing her are her first concern. Private duty still continues to absorb more than half the graduates of our nursing schools, although this percentage is steadily decreasing. Many people judge these women as members of a near-idle class when they see them for hours at a time enjoying the air at a health resort or traveling with a wealthy patient. It is true that many do this, but I think I am right when I say that far more avoid such cases and prefer to devote their time to those in more modest circumstances,—artisans, small business or professional people who constitute what is often termed the "backbone of the nation." Most nurses have similar social and economic backgrounds and can meet situations in such homes with understanding.

Usually she is the nearest approach to a social worker that the family will ever know, but that does not mean that she will not have to make social adjustments along with administering bedside care. What nursing school has taught her how to manage a drug addict, conduct the household of a sick mother whose children are unruly, insist upon physical examinations for the members of a household where one has tuberculosis, correct disproved theories of hygiene or diet, reconcile members of a family, cultivate intelligence in par-

ents, discipline children tactfully and constructively, encourage hopes or prepare for the worst, stimulate, curb or direct the interest of friends? Unrecognized as a social worker; in fact, she may hardly know that such a profession exists; still, she is rehabilitating individuals and families all the time, treating no two situations alike and viewing the problems from the varying standpoints of all concerned. For, we must bear in mind that social service is really enlightened neighborliness based upon the desire and ability to work with others combined with that uncommon quality called "common sense."

This leads very naturally to the nurse-in-the-making. Few social workers look upon the nursing school as an experimental laboratory; but, if they studied its development during the past generation, they would soon become conscious that it is not static and, furthermore, never has it been so dynamic as right now. From their numbers are recruited (1) all public health nurses who do a varying amount of social work culminating in the rural nurse who handles all social case work in her district, (2) private duty nurses who are constantly meeting social problems and solving them to the best of their ability, (3) institutional nurses, frequently employed in social agencies, who would find a knowledge of the field of social work an asset, and (4) scattered among all of these are a number who eventually enter medical or non-medical social work. Most of these girls have the plasticity and enthusiasm of youth, the bulk of them falling between eighteen and twenty-five years of age. With so much potential power for speeding the process toward a greater social consciousness, failure to grasp this opportunity appears inexcusable.

The first person to be considered is the superintendent of nurses. She controls the situation not only because she is ultimately responsible for the training and physical well-being of her students, but her attitude as well as that of the doctors toward the social service department, whether friendly and understanding or the reverse, is reflected by her corps of subordinates. Too many times she needs to be educated and such individual case treatment is often a slow process.

But, while that is being done, much can be accomplished in other ways. We can explain to the student nurse why certain social treatment is undertaken for a patient. By securing permission to incorporate a resume of home conditions or plans for social care into the medical record, the nurse is constantly reminded of our department and becomes familiar with some phases of its work. Courtesy will beget courtesy and that is to be kept in mind in our dealings with

doctors, patients and visiting social workers, as well as the nurses on duty. Social workers in clinics are sometimes guilty of treating the attending nurse merely as an assistant rather than a student.

Nurses should be encouraged to observe and report such items as they think will aid us and, when a patient is ready for discharge, may give valuable suggestions for follow-up treatment especially if it happens to be a feeding case, whether child or adult.

Granted that the superintendent of nurses takes an interested, friendly stand, it naturally follows that she help devise a plan so that the subject may be covered fully in the curriculum in the least time-consuming way. In didactic treatment, a course of lectures seems the best method yet arrived at to give a comprehensive idea of the whole, as the majority have just finished school and are accustomed to this form of instruction. In a general hospital, such a course might extend over a period of several months, having in view linking it up with experience in ward and clinic. But, in special hospitals, affiliating with others, it becomes necessary to crowd this instruction into a shorter period as the group will not be together for long. Thus, early in her course, she learns about this and the other phases of hospital work in order that she may have accurate information upon which to build her superstructure of experience. Just how and what subjects shall be treated can best be determined in consultation with the superintendent of nurses, making the course elastic, for this branch of a nurse's training is in its early experimental stage.

Giving probationers practical experience in the department broadens their outlook as student nurses, but it has been found more advantageous, in general, to reserve this for the end of the senior year when those with special aptitudes for the work will have been discovered and the mind become more mature. In addition, as a result of her training, her development of a sense of responsibility and capacity for accurate observation will make her services more valuable to the department. As an aside, few nurses who thus elect social service go immediately into hospital social work, although many enter public health. It may be just as well, for it is a question whether they have yet that maturity of judgment which is needed in social work. There is also an opportunity in guiding the reading of the student nurse, a subject which up to the present has received scant attention.

Concluding these somewhat wandering remarks, it might be stated that hospital social workers are thrown very intimately with

public health, institutional and student nurses. With the first, they work in almost complete harmony, caused largely by mutual understanding which might be further augmented by frequent conference and discussion of disputed points either in the usual informal way or more formally as in Philadelphia where it forms part of the work of the Intake Committee. With the second group, more cordial relations might result in places where they are lacking by tactful attempts to supplant ignorance, prejudice or other unsocial qualities in the nurse and trying to do our full share in efforts toward cooperation. It seems most advantageous, however, to concentrate upon the cultivation of the unfinished product—the nurse in training: "As the twig is bent, so is the tree inclined." They are usually young and amenable to suggestion and training. They form the source whence the various branches of nursing are recruited. Therefore, as they learn much from class work, reading and example, it is up to the social worker, alive to her opportunities, to do individual and group case work with them along these lines. To accomplish this she needs the active help of the superintendent of nurses and her assistants. This can be done best in a large institution through regular conference on policies and consultation on individual problems. The social service department should be a vital influence in the hospital and not an excrescence.

Going back to theoretical training courses in nursing administration and instruction, much might be done there through socialization. It would doubtless be advantageous to consider common problems and borderland territories in their professional journals. Both professions are mutually dependent, although it is probable that hospital social work will have to be preceded always by the nurse. It seems significant that in continental Europe where there are many hospitals but few nurses, hospital social work is conspicuous by its almost complete absence and social service departments exist only in institutions having schools for nurses.

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STARTING A NUTRITION CLINIC IN THE PETER BENT BRIGHAM HOSPITAL

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A Nutrition Clinic was started in the Out-Patient Department of the Peter Bent Brigham Hospital March 9, 1921. Cases of diabetes and unusual cases of nephritis are treated in separate clinics so the object of the Nutrition Clinic was to take care of other diseases needing dietetic treatment, also to supplement medical or surgical care given to patients in the Out-Door Department. Cases of anaemia, obesity, asthma, constipation, hypertension, nephritis and gastric conditions are the types of patients treated. The hospital patients who have been on diets are referred to the Nutrition, Diabetic, or Nephritic Clinic.

Starting this clinic was of little or no expense to the hospital. The card catalogue forms used by the Social Service Department were used in the clinic. Letters were sent to the resident physicians and surgeons and to the Out-Door Department doctors stating the object in starting this clinic and the types of cases that could be treated. It was also stated that the clinic hoped to be a real help to the busy doctor in taking care of diets and seeing that they were lived up to by the patient.

When the doctors in the Out-Door Department refer a patient to the Nutrition Clinic, the Social Service Department notifies the dietitian so that she may know what types of cases to expect at the next meeting of the clinic. The patient, upon reporting to the clinic, has pulse, temperature and weight recorded on the history card and the time clock also records the date and time of entry on the card. Patients are interviewed in the order of their arrival. The first visit of a patient takes from 15 to 20 minutes, sometimes longer when an interpreter is necessary. A diet list is written out for each patient adhering as closely as possible to accustomed food and racial customs. The financial condition of the patient is ascertained so that if a diet is prescribed and the patient is unable to secure the necessary things. the Social Service Department may help by obtaining financial aid or looking into home situations and ascertaining the causes of poverty

and trying to bring about better conditions. The Social Service Department has shown a splendid spirit of co-operation and was the first department to ask for a Nutrition Clinic as it realized that there was a definite need for such an organization in order to make its own work more satisfactory.

In writing out diet lists for patients, the type of work, age, and sex are all influencing diet factors. No special diet forms or records other than that kept on the hospital history card are in use. The Clinic is so new and the time given to it is so limited that little special record work has been done. It is hoped that the clinic may be held three times a week and more time be allowed to the dietitian to work out organization and records of work done. Permission to start the clinic could only be obtained by the promise that no expense would be incurred until it was proven to be of a definite use in the Out-Door Department. The student dietitian who is assisting in the clinic writes on the history card any remarks that the dietitian wishes to have recorded. The date on which the patient is to return is also written on the history card and the patient's Nutrition Clinic card is filed on the date appointed for his return. If the patient does not return on the date assigned, a post card is sent stating that his absence was noted and that it is to be hoped that he will return on the date assigned on that card. If this does not bring any response, and it is felt that the case is an important one, the Social Service Department takes over the "follow-up" work on the patient. At times, personal letters are sent speaking of the patient's special condition and urging an early visit to the clinic. This generally brings results. No visiting of patients is done by the student dietitian as most of the cases that we have had in the past year have been from a class of people who need little or no instruction in cookery. The necessary follow-up work has been handled by the Social Service Department.

The Nutrition Clinic is held every week on Friday morning. On Saturday morning, children from the asthma clinic who are under weight are seen by the dietitian. This class of children has just lately been started and results of work cannot be reported. It is to be hoped that these children who are so much underweight from the fact that they are unable to drink milk or take some ordinary type of food that they are accustomed to, will be helped by diets which are adequate in caloric value and yet leave out the foods to which they are sensitive.

Each week shows the usefulness of such a clinic as the number and variety of patients constantly increases.

A compilation of diet lists to be used for patients is now being contemplated. Each diet list is to be so made that foods may be added or stricken from the list according to the individual patient's needs.

It is interesting to note the number of patients who visited the clinic in its first year.

Obesity cases	69
Nephritis	11
Gastric	10
Mal-nutrition	9
Constipation	8
Asthma	8
Hypertension	7

making a total of 122 patients who came to the clinic last year.

The Social Service Department felt that the type of patients that would be most benefited by this clinic would be the mal-nutrition patients who needed financial and social aid. It has been practically the opposite condition, the clinic having treated more obesity patients than any other type. A great percentage of these obesity cases are Jewish people.

The report of three cases that have come to the clinic this year may prove of interest.

A middle aged colored woman came into the Nutrition Clinic January 6, 1922, with a questionable diagnosis of gastric hyper-acidity. She was suffering with much gas on her stomach and was very much overweight. A diet was given for this condition, meat being completely omitted. No improvement was noted. Gastric analysis proved that there was a hypoacidity. A change of diet eliminating carbohydrates was given and a dilute hydrochloric acid solution. Loss of weight from 162½ to 154 pounds was noted also a marked gastric improvement. The last visit of the patient on March 24th showed that her weight was 146 pounds, no gastric trouble, and patient feeling very well. The patient is within four pounds of normal weight.

A woman 38 years old, weighing 100 pounds was referred to the Nutrition Clinic in March, 1921. She had an eight months old nursing baby and there was a question of diabetes. The patient was very much underweight and emaciated in appearance. All sugar and starch were eliminated from her diet and milk and vegetables added. Her case was referred to the Social Service Department. Financial aid was secured for them so that milk and groceries could be obtained.

Upon the return of the patient to the clinic, a sample of urine was tested for the type of sugar in a saccharometer. Lactose, not glucose, was found in the urine, so diabetes was not indicated. An immediate change was made and a high caloric diet prescribed; no glucose appeared in the urine succeeding this diet. The patient began to gain weight. Her weight increased from 100 to 115 pounds in September. In November, the milk and groceries which had been procured for the family were withdrawn and a short time after this, the patient returned, having lost 2½ pounds. March 17, 1922, the patient again returned to the Out-Door Department, suffering from endocervicitis. She had lost two more pounds. The family was suffering from colds continually, and the father was unable to furnish money for the needed fruit, milk, and vegetables. This is a good example of what proper food can do for family welfare and what may happen when aid is withdrawn.

A Russian Jewess, aged 43, was referred to the Nutrition Clinic with a diagnosis of obesity, September, 1921. Her weight at that time was 182 pounds. She was 50 pounds overweight. This patient could not speak English but had brought her small daughter, Ida, with her as interpreter. This made the explaining of the diet rather difficult. However, an obesity diet was outlined and the patient found to be very co-operative. She returned seven times in a period of over five months. During this time, the patient felt very much better and could do her housework more easily. However, she still complained of aches and pains which seemed to be more or less neurotic. She lost weight rapidly and by March 27th, 1922, had lost 51 pounds. Though the patient feels much better for loss of weight, the reduction was too rapid and she is under the doctor's observation so should there be any ill effects developing therefrom they may be detected immediately.

A tabulation of 15 obesity cases selected at random from the cases treated in the past year is here given:

History Number	Length of time in clinic	Weight on entry	Present weight	Pounds lost while on diet	Av. loss per week
65349	2 months	195¼	187	8¼	1.03
37436	2 months	160½	150	10½	1.3
70874	3 months	186	173	13	1.1
76030	3 months	177	160	17	1.4
70891	3½ months	178	157½	20½	1.46
49286	3½ months	165	138	27	1.1

69521	4 months	182	160	22	1.37½
67595	4 months	316¾	286½	30¼	1.89
36338	4 months	222	208	14	.875
71701	5 months	180	152	28	1.2
73841	5 months	198	179	19	.95
29024	5 months	230	212½	17½	.875
64432	5 months	182	131	51	2.55
36000	6 months	188½	175	13½	.56
70838	11 months	231	207	24	.54

TRAVELERS AID SOCIETIES AND HEALTH AGENCIES:

Their Margin of Contact

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While the diagnosis, treatment and prevention of disease is still, in a narrow sense, the prerogative of the medical profession, yet in recent years, the allies of medicine have increased and among these social work has made a distinct contribution. In hospitals, the methods of social case work have been used in handling situations in which clinic patients, emeshed in social difficulties and with attitudes of mind inseparable from their illness, would have been little helped by the physician's prescription or advice alone. In Public Health work the district nurse has similarly drawn upon the case work technique, with results which have promoted the aims of her special field.

But social workers in every line of endeavor encounter pathological conditions in their clinics and their *discovery* of individuals suffering from the whole gamut of human ailments is contributory to the promotion of healthfulness in so far as they help to bring such persons within the sphere of medical control. Again, social workers have served the cause of health work through the habits of thought they have engendered by insisting upon a point of view which includes a picture of the *whole* community. This emphasis dovetails nicely with the modern stress upon disease prevention as a collective enterprise, a far cry from the grossly individualistic efforts of a generation ago.

If we once admit that the control and prevention of disease or to put it more positively, the conservation of health, must increasingly become a matter of community concern and collective control, then it would seem that the angles of approach to such an end at once multiply themselves and no light on the subject is without it's relation to the whole. It is from this point of view that it seemed worth while to set down, somewhat cursorily perhaps, the lines of contact with health agencies which come within the range of experience of a type of social service, Travelers Aid, which deals with the problems of transient persons for the most part and whose contact with it's clients

is characterized by briefness. In so far as Travelers Aid becomes the means whereby individuals are brought under medical control it acts as the "discoverer" of such conditions in the same way as other social agencies do. It's margin of co-operation with health agencies is smaller, of course, than those organizations dealing with families or individuals over extended periods of time, in that the Travelers Aid cannot generally assist in carrying out the social side of medical treatment. But here again the initiative lies with the Travelers Aid worker who will see to it that, no matter where the individual may be going, there is some social or medical agency put in touch with the case which will take the responsibility for following things up. On the other hand there are ways in which Travelers Aid can be of use to medical social agencies in carrying out plans for their patients. These methods will, I hope, become clear in the course of what follows. For the moment let us first make a general statement regarding the field where Travelers Aid workers operate and what the distinctive characteristics of Travelers Aid work are.

The National Association of Travelers Aid Societies reports that at present there are 167 cities in the United States where Travelers Aid work is being done. In a great many of these the organization is an independent, non-sectarian society. In other places the work is being conducted under the auspices of the Y. W. C. A. or some other local organization, and in a great many places it is still carried on by volunteers. There are, to be sure, organizations doing Travelers Aid work in Canada and some European countries and there is considerable co-operation already developed and a great deal more looked for. An international badge has been adopted which is in general use throughout the United States and Canada.

The national ideal for Travelers Aid service is to maintain, in the railroad stations of the most important urban centers throughout the country, trained social workers who will be the "stranger's friend," act as a clearing house through which reliable information can be obtained on matters such as hotels, lodgings, opportunities for employment, etc., and who will surround the child or young woman traveling alone with a protective influence, assist immigrants in arriving without mishap at their destinations (also putting them in touch with Americanization agencies after they arrive) and in fact, act as the adviser of persons of whatever nationality, race, creed or sex, who fall into any difficulties or perplexities which the extent of modern travel makes inevitable. The old idea that Travelers Aid existed only for

the protection of girls and women is no longer tenable, as any one will be convinced who for a single day observes the multiform character of the problems handled by a Travelers Aid worker in any large city. The aged, infirm and mentally deranged, lost and runaway children and those traveling without their elders, adolescent girls and boys adventuring to a strange city, deserted wives seeking their husbands, immigrants who have failed to meet relatives or friends, persons who have lost money or ticket,—these show the range of human needs which a Travelers Aid worker must be equipped to handle.

It may be well to emphasize here that the manner in which problems come to the attention of Travelers Aid Workers is not always analagous to that which prevails in many social agencies. Whereas the clients of the latter either make application or are referred for help owing to some outstanding problem, people often come to the Travelers Aid requesting the most trivial information but, in the course of conversation directed along significant lines by the skilled worker, clues are often discovered which make it possible to unearth real difficulties instead of surface perplexities. Queries about employment may lead to the fact that a woman has just left her husband and baby because of domestic difficulty; the adolescent girl asking for directions to cheap lodgings may be illegitimately pregnant and have disappeared from home for that reason; the old man who wants "a few pennies for supper" may be discovered to be a paranoiac escaped from an asylum in a distant state; the boy who asks us to loan him money to buy a newspaper so he can look at the "ads" may really want to see whether his disappearance from home has been reported. It is in the milieu of such situations as these that medical problems come to light. Some typical ones are: (1) persons suffering from venereal disease; (2) psychoses or mental deficiencies; (3) pregnant women; (4) persons traveling alone who are handicapped by some malady; (e. g. tuberculosis); physical disability (e. g. blindness, lameness); by an (5) emergency illness; or (6) the man or woman with a "medical wanderlust," ever seeking a new cure in a new city.

(1) No group of Travelers Aid cases with medical aspects are more serious than those in which the person has a form of venereal infection. How Travelers Aid is sometimes able to bring such persons under medical control is illustrated by the two cases following.

A rather pretty girl, about twenty-seven years of age, had been sitting in the railroad station several hours when a Travelers Aid worker, who had noticed her exhausted look, came up and got into

conversation with her. L. M. told the worker that she had come to the city from a distant state to join her husband but that she had not located him. She also said that this was her second marital experience, that her first husband was dead and the two children by the first marriage were with a friend. She also claimed that her own parents were dead. Later events helped to unravel the truth, which in brief was this: L. had only been married once and her husband as well as her parents were living. It was true that she had two children. Three weeks before she had left her home which step was the culimination of a period of promiscuous sex habits into which she had fallen. L. knew that she was diseased and frankly told the Travelers Aid worker so. Consequently immediate steps were taken to determine exactly what her condition was and although the fact of her non-residence was at first an obstacle to her admission to the city hospital (one of the few institutions making provisions for venereal cases), she was admitted after a thorough examination at a public clinic revealed her highly infectious state. Hospitalization took place within twelve hours after she came to the attention of the Travelers Aid worker and she was not in condition to be discharged for three months. Fortunately the girl's mother was a nurse and a woman of splendid character who took matters very philosophically. With the co-operation of the Hospital Social Service Department, Mrs. M. was aquainted with all the facts and L. was discharged to her care. A local social agency in her home town (the only one available) was interested, but as it was not a case working agency the future of the girl lies largely in the influence which her own kin can bring to bear.

A. R. was fifteen hundred miles away from home when she came to the attention of the Travelers Aid Society. She was between fourteen and fifteen years of age and had run away. Her home was in a mining camp where her father, an illiterate Pole, was employed. Upon being referred to the Juvenile Court by the Travelers Aid Society she was given two months treatment in the G. Hospital before being returned to her family. A social agency, although some distance away, arranged for the County Nurse to visit A., with the result that not only was the child's venereal condition carefully watched, but in addition a much needed tonsil and adenoid operation was performed.

(2) The Travelers Aid worker does not fail to receive her share of mental cases, and she must cultivate a certain sensitiveness to symptoms of mental disease in order to know just what to do next. A clue once discovered, the worker often has to exert all the tactfulness,

patience, and resourcefulness she possesses because the Travelers Aid contact with the client is from the start so very tentative. Hallucinations and delusions of all kinds, amnesia, hysteria and pathological lying are some of the most common presenting symptoms of mental disease which come to the notice of Travelers Aid Societies. Psychiatrists and psychologists are frequently being consulted about the individuals who display these symptoms and now and then commitments to institutions, either for temporary observation, or for permanent care, are initiated.

A case illustrating a well defined psychosis was that of W. B., who was stranded. He came to the Travelers Aid worker asking for transportation to his home city more than a thousand miles distant. B. claimed that he had been working as a dishwasher in a nearby city but as one of his fingers had become infected he had to give up his job. A temporary lodging was soon arranged while an investigation was started but the information he gave proved to be false. It was not until the following day that the worker discovered a clue. B. talked of a check of $1,000,000 which he had in bank in the city of M. and he wanted to send for it. The money had been left him by a relative who was murdered and robbed. The police, firemen and mayor and 1,000 other people were in the plot. The relative mentioned also left him two children who were afterwards kidnapped and now appeared on the stage under the name of Mary and Jack Pickford. Consultation with a psychiatrist established the fact that B. had many fairly well systematized delusions of persecution and was somewhat demented. Commitment was advised. The following day a telegram from M. brought the news that W. B. had escaped from the State Asylum two years before. Because he had been out of the state more than a year however, he had lost his residence and consequently could not be returned to the asylum. The Travelers Aid, therefore, had to arrange for his admission to a local institution.

Another case, that of a paranoic, was Mrs. C., who suffered from both hallucinations and delusions. She had brought her two children, ages four and two, from a city ninety miles away and coming to the Travelers Aid worker in P. asked the latter to help her find rooms. Mrs. C. said that her husband was living with another woman and she wanted to locate where they would not be able to find her as she feared for her life. She said that "the other woman" put cocaine and morphine in her food. Mrs. C. also claimed that she was followed by them and that several times they bored a hole in the room where she

slept and "dropped things down upon her." This woman had money to support herself and the fact that she was a non-resident, together with other complications, presented problems of social adjustment which had to be handled along with the steps necessary to commit her to a hospital for observation and treatment.

(3) Pregnant women present a problem to the Travelers Aid worker, not only because they are frequently in need of medical attention, but because they are often unmarried. Established at the threshold of the city, the Travelers Aid worker finds that the girl who has left her home town and family in order to avoid discovery, is often apt to turn to her for advice in making plans. Where confinement is imminent and the girl cannot be persuaded to return home, or where no adequate medical resources exist, arrangements with a local maternity hospital, "shelter," or temporary home must be undertaken. In addition, of course, the social aspects of the problem have to be worked out either by the Travelers Aid or some other social agency which will become responsible for the girl's welfare. Sometimes quick action is called for.

About five o'clock in the afternoon, a twenty-one year old girl of Polish extraction, was found by the Travelers Aid representative in one of the railroad stations of an eastern city. Anna had come from a small town half a day's journey up the state and was bound for the home of a married sister about two hours ride from the city. She expected her sister to meet her in the station. But while she was waiting Anna was taken in labor and an hour after the Travelers Aid worker secured her admission to the maternity ward of a nearby hospital, the baby was born. It was learned that Anna was illegitimately pregnant and that the father of her child could not be found. As in so many other cases the social aspects of the problem as thus presented had to be worked out after it's medical aspects had been covered.

(4) The cases are fairly numerous in which Travelers Aid Societies are asked to meet and assist ill or handicapped persons who are either passing through a particular point and have to change trains, or who need to be met at their destination and put in touch with friends, relatives, or some medical agency.

Not long ago the Travelers Aid Society of Philadelphia was asked by a sister organization in the south to have a stretcher ready to meet a certain train on which a man, paralyzed as the result of injuries re-

ceived in a hotel fire, was expected to arrive. He was en route to his home and had to wait two hours in Philadelphia in order to make connections.

In another case a Travelers Aid Society was asked by a local Social Hospital Service Department to aid them in getting a patient, who was about to be discharged and had to travel alone, safely in the hands of friends in a city some distance away. The Travelers Aid arranged to have a wheel chair meet the ambulance at the entrance of the station and a wire was sent to the Travelers Aid organization at the point where the patient had to change trains so that he might be properly cared for there.

In some instances where a hospital has no Social Service Department a Travelers Aid Society has acted as an intermediary in assisting out-of-town patients coming for treatment. In Philadelphia, for example, there is the famous Wills Eye Hospital and on several occasions the Travelers Aid has met out-of-town patients and conducted them to this institution. One case was that of an Italian child, eight years of age, whose relatives could not come with her to the city. The Travelers Aid worker saw to it that she was properly admitted to the Hospital, where previous arrangements had been made, and also secured a volunteer who visited the child during her stay and took her fruit and flowers. In another instance an elderly man, with impaired eye sight, was coming from out-of-town for periodic treatments at the Hospital. The Travelers Aid Society had a regular appointment to meet him and take him to the proper clinic.

Travelers Aid Societies are sometimes asked by sanitoria, or other medical institutions, to meet children or other patients who are being sent home after a period of treatment, in cases where it is impossible for relatives or friends to meet them upon arrival, or where there is some uncertainty about it. The Philadelphia society has also co-operated with an organization doing preventive health work, the Delaware County Tuberculosis Association, through an arrangement whereby patients coming from their district en route to sanatoria in Pennsylvania are met and assisted. Through tickets cannot always be purchased for patients as they must sometimes leave Philadelphia over a different railroad from that on which they arrive. The Travelers Aid representative conducts them to the other station in such cases, purchases their tickets and sees to it that they are placed upon the proper train.

(5) Among other things, Travelers Aid workers must always be prepared to handle a wide range of emergencies and although no large proportion of these involve cases in which some medical problem predominates, yet when these do occur Travelers Aid often performs a definite function. A young colored man, for example, was stricken with severe pains in the head, neck and spine while traveling to an eastern city on business. His neck became so stiff that he could not move his head. He was brought to the attention of the Travelers Aid worker, who had the station doctor examine him. A diagnosis of acute torticollis was made and immediate hospital care was advised. The worker arranged for this. After the man had sufficiently recovered to return home the Travelers Aid organization which had made the first contact thought it might be advisable to have a visit paid to the man in his home town, by the Travelers Aid worker there, to see if anything further could be done. It was then discovered that the man was suffering from tuberculosis and needed sanatorium care. The district health doctor was interested and he agreed to follow matters up. Thus the handling of an emergency situation led to the discovery of another diseased condition which was brought under medical control.

(6) Persons with a chronic malady, real or imagined, often find the reputation of some famous medical institution, or the alleged curative properties of some watering place, too alluring to resist, even when they have previously secured the advice of, and are perhaps under treatment by some competent physician at home. Sometimes the habit of making pilgrimages to medical shrines itself becomes chronic and such personalities often become well known at centres such as the Mayo Clinic, Johns Hopkins Hospital, Hot Springs, Arkansas, etc. In making a journey to some distant clinic it frequently happens that such persons find themselves in difficulties which are of a social rather than a medical nature. They fail to take enough money with them to insure their return home, they may over-estimate or under-estimate their ability to earn a livelihood during the period of treatment, or perhaps not take such practical considerations into account at all. Thus while the core of their problem may be medical, it is fringed with ever changing social ramifications, which some social agency may be called upon to adjust. Such cases are well known by Travelers Aid Societies at points where there are prominent curative institutions. The following sketch, with the details of actual handling omitted, will illustrate some of the medical and social problems pre-

sented in the case of a man who had developed a "medical wanderlust."

L. D. was a French Canadian by birth and forty-three years of age. He had been self supporting in his early years and had learned a trade. He was very intelligent and it was evident that along mechanical lines he had considerable ability. In recent years this had taken an inventive turn and he believed that he had perfected a contrivance of the greatest importance to the industrial process in which he was skilled. Ostensibly he had come to Philadelphia to place a model and specifications for his invention before the head of a well known manufacturing concern. But meanwhile he had no money and he said that ill health prevented him from working. Further acquaintance revealed the elaboration of these two motifs in the career of L. D. during several years preceeding—his invention and his physical handicap. Everything else ramified from them and it seemed that the health motif dominated the other to a considerable extent. In the seventeen months preceeding his arrival in Philadelphia it was found that L. had been a patient in nine hospitals in eight different cities, scattered from the Great Lakes to the Gulf of Mexico and from the Mississippi River to the Atlantic seaboard. There was general agreement in a diagnosis chronic cystitis with probably a tuberculosis condition besides.

Two days after his arrival in Philadelphia the Travelers Aid Society had gotten L. examined and hospitalization was advised. At the end of a month and a half it was decided that his condition was chronic and so out-patient treatment was suggested. The psychology of L. was revealed in his reluctance to accept the conclusions and his impatience with the course of treatment advised. Later the Travelers Aid worker had him admitted to the City Hospital but after two months treatment there he became impatient and left against the doctor's advice. In suceeding months he took the initiative in getting in contact with clinics in four other hospitals in the city. One doctor planned a plaster cast for him, another thought a brace would help and another administered 606. In one hospital he was treated in every clinic and in fact became a nuisance because he insisted upon treatment for what sometimes were imaginary ills. Meanwhile, a man whom he met in one of the hospitals became interested in his invention, had a lawyer take the matter up, and had money advanced for living expenses. Always confident that the success of his invention was imminent, after which he planned to settle down in comfort and engage a "specialist" to look after him, L. allowed himself to capitalize

his ill health as a trump card for getting support, although he would never "follow through" with any one plan for the improvement of his health.

In addition to the types of problems discussed above, the Travelers Aid worker is often in a position to give the newcomer to the city sound advice regarding it's medical resources, steering the stranger away from the "quacks" whose alluring advertisements they may have read and substituting a modern hospital clinic upon whose advice they may better rely. One instance comes to mind in which a young girl made a journey of fifteen hundred miles to consult a "beauty doctor" in a large metropolis. While in this case the Travelers Aid Society could not deter the girl from undergoing the minor operation upon which she was bent, yet they had the fee reduced, persuaded her to have a general physical examination and after her return to the town in which she had been working, referred her to a Hospital Social Service Department which undertook to help the girl make further plans for correcting the difficulty.

Travelers Aid Societies are also called upon more or less frequently to secure reasonable lodgings for people who have come to the city in order to undergo some kind of medical treatment and to assist young or inexperienced persons who have lacked sufficient foresight to make adequate plans for themselves before coming to the city in order to seek medical advice or treatment. Helen K., age seventeen, was advised by a physician in her home town to consult a specialist in a nearby city. So, persuading her nineteen year old sister to go along for company, they packed a few things in a suit case and upon arriving at X. showed the Travelers Aid worker the letter of introduction with which their doctor had provided them and asked for directions to the office of the specialist. An appointment could not be made until the day following so the Travelers Aid worker found the girls a place to stay in the interim. Although an operation was advised, admission to a hospital could not be arranged immediately and so the girls had to be cared for during several days. They had not counted on any delay and had only $5.00 in cash left after paying their railroad fare. Travelers Aid stood by them however, and their parents, although poor, were able to send the necessary railroad fare for their return home. Had they not had some one to help them make their plans however, it is doubtful whether H. could have remained for the very necessary medical care.

Finally, an interesting plan aimed directly at disease prevention and part of a general program of "Americanization" for the newly arrived immigrant, has been put into operation in Cincinnati, Ohio. In it the Travelers Aid Society plays a very important rôle. The workers of this organization, who meet all the immigrants arriving in the city, record "face card" data. The card is then mailed to the Board of Health "who sends one of their district physicians to examine the immigrant, they in turn send it to the Better Housing League, who make notations as to their findings and finally it goes to the American House, whose work is to interest the immigrants in citizenship classes, English, music, home economics, etc."

Just how far Travelers Aid Societies and Health Agencies can be useful to each other will, in the last analysis, depend on how familiar each is with the other's work. This brief sketch of their margin of contact is far from being exhaustive, but it faithfully indicates I hope, some of the interrelationships which are being worked out in various parts of the country. On the side of Travelers Aid it may be said in all truth that we are just beginning to discover ourselves. This article will then have accomplished it's purpose if it presents some of the possibilities of Travelers Aid service to those who are primarily interested in the health field, but who are also convinced that the firmer integration of all forms of social and health work is fundamental to the promotion of human welfare.

VOLUNTEERS?
HOW ST. LOUIS CITY HOSPITAL No. 2 ANSWERED THE QUESTION

MARY E. BOND

Supervisor of Social Service,
St. Louis City Hospitals and Clinics

In the early winter of 1919 there was opened in St. Louis, a separate City Hospital for the colored citizens of the community. The Superintendent of the hospital and his staff of Internes are colored, as are all the nurses except the Superintendent and assistant Superintendent of Nurses and the Training School.

Some months before the colored patients were transferred from the main City Hospital to the No. 2 Hospital, I had been allowed a colored Social Worker for their wards at the main hospital and so when the new hospital was opened, she was transferred with her charges to the other building but still under my supervision. It soon became evident that one worker could not carry the work unaided, and various efforts were made to secure efficient and regular assistance. The Federation of Colored Churches supported a worker for a while, and later she was taken over by the Board of Religious Organizations: but eventually all these supporters failed us and the work kept increasing in volume, until Miss Mason and I became desperate and resolved to try for *Trained Volunteers!*

Several attempts had been made by others to train a group of colored women for volunteer service in various organizations, and the results had been so meagre that to start another class seemed like flying in the face of Providence. However, Miss Mason offered to go out into the highways and byways until she found a satisfactory group, and then my part began, the holding of them in such a training class.

February First found a group of seven earnest women, assembled in the Parish House of hte Episcopal Church (colored) only a few blocks from Hospital No. 2. A course of fourteen informal lectures with assigned readings and case work discussion, was carried out; and to my great delight, six of the seven continued to the end and five of the six are now doing good work in the Social Service Depart-

ment of Hospital No. 2. Of these five, two are young married women with some extra time on their hands; both had done considerable work during the war in connection with their own Y. M. C. A. and Y. W. C. A. organizations. One of these women is very well educated and would now be an asset as a paid worker, in any social service organization. They are doing excellent work in home investigations and general follow up, on discharged patients, making clear and concise reports. The other three women in the class are older; having raised their respective families, they too have some leisure time. They are of the type who give up one day a week to assisting with the "Penny Luncheons" in their Public Schools; and are interested in other welfare efforts in church and civic organizations. They have been particularly successful in families where there are children and where advice on their care and discipline, and in improving household conditions and management, are needed. These women have not had the educational advantages of the younger women but their longer and fuller experience of life and the sympathy and broadmindedness of their outlook, is as great an asset as the extra years in high school.

The course of reading assigned, contained several chapters in *Social Diagnosis,* by Mary E. Richmond: (most of the women eventually read practically all of the book) *Broken Homes,* by Colcord; *Social Work in Hosptials,* by Miss Ida Cannon; *Doctor and Social Worker,* by Dr. Cabot, and various articles found in *Modern Hospital* and *Hospital Social Service,* and finally as a sort of postgraduate course, Miss Richmond's new book, *What is Social Case Work?* Also some of the pamphlets published by the Inter-City Conference on Illegitimacy, and by the Children's Bureau, Department of Labor, Washington, D. C. Quite a comprehensive course of reading is it not? The lectures were as follows:

1. History of Social Service.
2. The Family as a Unit, the greatest Social Asset.
3. The Ideals of Family Case Work.
4. The Broken Home, Causes and Possible Remedies.
5. The Unmarried Mother and Her Problem.
6. The Child in the Broken Home, Child Caring Agencies.
7. Juvenile Delinquency, and Methods of Dealing with the Problem.
8. The Handicapped and Opportunities for Re-establishment.

9. Communicable Disease as a Social Problem, and Agencies Dealing with Same.
10. Medical Social Work in Hospital and Clinic.
11. The Medical Social Worker in Relation to other Social Agencies and the Community.
12. The Community—
    What it Offers and What it Lacks, and How the Social Worker Can Best Use These Assets.
    Municipal, Health Agencies, Clinics, Visiting Nurses, Board of Health as a Protective Force; Public Schools (Open-Air, Extension, Special); the School Nurse.
13. Municipal continued: Libraries, Story Telling, Music and Art Programs, Parks, Playgrounds, Swimming Pools.
14. The Community—
    Private and Semi-Private Organizations.
    The Travelers Aid Society, the Tuberculosis Society, Outing Farms, Free Ice Fund, the Pure Milk Commission, the Penny School Luncheons, Settlements, Benefit Societies, etc., etc.

These were never lectures in the sense that the lecturer was afar-off on a platform, or that she objected to questions at any time during the hour instead of saving them up till the end and forgetting to ask them at all. We all sat about a large extension table, with text-books and note-books at hand and discussed the readings and subjects of previous lectures as they applied to cases that had come to the attention of any of the group during the week. And then as I went on with the present subject, they frequently asked questions, which I was glad to have done, not only for the real interest it betokened, but because some times, without realizing it, I would catch myself using terms perfectly familiar to a hardened case worker, but far from intelligible to the novice in social service. And I feel amply repaid for the special effort to "just talk it over," in the simplest terms and on the most informal basis.

When the lectures themselves were completed, we began holding regulation "Case Conferences," on the cases assigned to the class by Miss Mason, thus putting our theories to immediate and practical use. The conferences were discontinued early in June; but three of the group are working for Miss Mason this month and the others will take their place later. Then in the autumn we expect to resume

the conferences, either weekly or semi-weekly as seems best. In the meantime they are keeping careful records of the summer work, so we shall have plenty to discuss in the fall.

The course of study was sketchy and inadequate of course for any except Volunteers, unless supplemented by further study; but even so it is more than I can possibly squeeze into the six weeks allowed for my lectures to the Nurses in the Training Schools, and I long to use more of this plan for them too. And I would like to state, that I find the nurses in training at City Hospital No. 2 are more interested in the Social Service course, unsatisfactory thought it be, than the nurses in the main hospital school. The colored nurses are very sympathetic and seem to have caught a vision of what they may aspire to do for their own people when their training is completed; and this seems to be the predominating factor in their work, whether in the Hospital or in Public Health Service, rather than any more selfish viewpoint.

Only one other group of colored women have been as responsive to the social training offered them, as this group of volunteer workers at City Hospital No. 2, and they were especially trained by the St. Louis Provident Association, for paid positions in the districts where there were a large percentage of colored families. They are still employed by the "Provident" (the Charity Organization Society of St. Louis) and most satisfactorily. St. Louis is somewhat unique in that while the negro population has no social equality with the white race, they have their own Public Schools, grade, high, and normal, of the same status and curriculum as the white school, with colored teachers, supervisors, kindergartens, etc. This means that there is a large percentage of well educated colored men and women who are showing a keen interest in the general welfare of the less fortunate of their own race. Some of them are quite well off and contribute largely to their philanthropic undertakings, such as the colored branches of the Y. M. C. A. and the Y. W. C. A.; Urban League; a private hospital; an orphanage, and of course many mutual benefit associations. This is only one of many reasons why every effort to educate the rank and file to a knowledge of social conditions and of the possibilities for enlightenment as to their needs; and the means of improving the living, moral and health standards of their own race, is increasingly important. So that more and more they may be enabled to take the initiative in such programs, instead of relying as in the past, upon having everything done for them by the

older race. The group with which this paper deals, is in one sense a picked group, for these women had all shown an aptitude for some form of service and were considerably above the average, with a well developed "social conscience," when they entered the class. However, I feel that the "end result" of five good volunteers, out of a possible seven, is a percentage to be proud of and encouraged over.

WRITING—A DUTY

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Probably we will all agree that fiction is one thing and a technical article is another. We may go even farther and state that literature is one thing and writing is another. The conclusion that the editor wishes us to draw from these apparently harmless statements is that ordinary people can write acceptable articles for technical magazines. Let us see if this conclusion is warranted.

You do not accept a position because you can do the work better than anyone else, but because it needs to be done and you can do it with some degree of skill. Even the President of the United States is not always chosen because he is the best man for the job; yet he frequently proves a considerable success. In fiction, would-be novelists are advised *not* to write unless they feel an irresistable urge to express something which they feel the world needs; good advice, else the editorial wastebaskets would overflow more often than they do. For serious articles, the advice should be modified to read, "*Always write* if you can say anything which needs to be said."

So it comes that our ability to say a thing better than anyone else is not so much the consideration as the fact that the thing needs, in one way or another, to be said. If we have any piece of experience or bit of knowledge of probable or possible use to other people, it is not egotism, but a duty to put it into print, so that it may be available to those who need it. Perhaps a similar thing appeared a few years ago. Who looks up the back files of magazines? Moreover, not all of the present readers were readers five years ago. Those who need help are the new readers, those recently come into the field, those who are meeting today's problems, not those of a few years ago. If we can give such help, are we not evading our duty if we withold it?

Then you object, "But I can't write." The answer is, you can *learn* to write, and that without even a correspondence course in journalism. If you can think clearly, you can, with a certain amount of practice, write clearly. Often the editor's greatest need is a concise, understandable statement of things which you know or believe to be true, of matters which you have observed or worked out, or even a restatement of facts or methods which you think already well

known. If the editor does not need it, or finds it not to the point, he will not be too soft-hearted to tell you. Editors are not that way. If he accepts an article, long or short, be assured that he and his readers really needed it.

Personal experience may illustrate. A writer of hospital magazine articles and books for nurses says: "My first article to be published in a nursing journal was one page of pointers on teaching materia medica; my first in a popular magazine was information for girls who thought they wished to be nurses. Each was probably accepted because it was a concise statement of facts, and not for any literary merit which it possessed. I should probably never have written a book had not someone else seen that it was needed, convinced me of the need and prodded me until I supplied it. My two "best sellers" are books which I wrote under protest. In them I merely tried to state clearly and comprehensively what the other person had convinced me needed stating, putting it into the form in which I myself could best use it. It appeared that other people were wanting things as simple as that."

One suggestion is pertinent. Do not try to write for the highbrows, the important people, the leaders. They do not need your articles. Write for ordinary people, who need what you, an ordinary person, can give them. Just because you see things from the average viewpoint, you have a better chance of expressing them so that they may be helpful to the average person. Don't pretend to be a genius (though genius has been defined as "ability to see the obvious"), nor an authority on any subject. Merely start with the idea of trying to help people like yourself, or of just a little less experience, who are trying to find out the best way of doing things.

As to the technic of writing. Always make, and follow, an outline, for even the simplest article. Without it, your ideas run away with you, and you will probably fail of a clear statement. In making your first draft, write what seems to you vital at that time, without spending too much time on rhetoric or choice of words. Then, without reading over what you have written, put it away and forget it. In a week, get it out and read it aloud to yourself. You will probably see its strong points and its weak ones. It is likely to need some rearranging. It will almost surely need recasting in parts, classifying or pruning. There will be changes to be made in wording or phrasing. The process is much like trimming a hat or arranging a room. Examine every sentence for clearness. Have you said what

you meant to say? How can you make it clearer? Challenge every statement, to see if it will "hold water." Do not try for style nor beauty nor vividness, merely for clearness. Conciseness may be overdone; verbosity is to be avoided. Good illustrations or examples always add to the forcefulness of any article or statement, and should be used if possible, since the reader may later recall the illustration and so remember your point.

Do not read your work to a friend nor ask an admirer for criticism, unless he is someone who has had a good deal of experience in writing. When you have done your best, send it to the editor. If he rejects it, try again. If he suggests changes, consider yourself complimented and make them. If your first attempt is not an entire success (whose ever was?) still the world is calling to you to help others by telling them the things which you—a commonplace person—have found out.

HANDICAPPED DEPARTMENT

I. M. DUGGAN, *Editor*

HOW THE HANDICAPPED BUREAU MEETS THE EMPLOYER

HANNAH BAUMANN

Employment Secretary

Institute for Crippled and Disabled Men

Some know by actual experience, and almost everyone appreciates, the difficulties encountered in trying to place the disabled in industry. Therefore the importance of holding the active interest of employers cannot be overestimated. If each job meant a new employer, one would soon have exhausted the field and the problem of the unemployed cripple would be even more difficult than it is at present.

The surest way to secure re-orders for help is to send in the first place the type of man who can do the job as well as it can be done, whether he be able or disabled.

The suitable employee can be judged only after his capabilities and limitations have been studied, and the job for which he is being considered is thoroughly understood. This means, in most cases, a visit to the factory to inspect the processes performed.

It is of first importance that the prospective employer be made to feel that he is being asked to consider giving work to the disabled person purely on the latter's merits. There can be no lasting success where a position is obtained out of sympathy. There is only one reason for engaging a disabled workman and that is his ability to perform the job as well as it can be done. A considerable amount of tact is required to awaken the interest of the employer to the fact that the disabled is worthy of an equal chance, or more than an equal chance, at work which can be done where the physical limitations prove no drawback.

There are, broadly speaking, two types of employers: those who are interested in the disabled, but who have never considered them as possible applicants for positions in their factories; the other, more enterprising employer, is the one who is interested in any new idea and is therefore glad of the opportunity to try out a physically handicapped person. The former employer must be convinced that the

disabled person has proven an efficient workman and this can best be done by citing instances of successful placements. The fact that the disabled usually makes a more steady employee is a point to win the employer's interest. It is very often supposed that because he is disabled, special consideration is expected. This idea must be strongly combatted. A businesslike organization, where high standards of efficiency are maintained, is the only kind which can hope to continue to operate with any degree of success. This must be impressed on the employer.

In soliciting for positions, an aggressive, wide-awake person must be selected. A knowledge of factory routine is necessary to gain the interest and confidence of an employer. It should never be necessary to ask pointed questions. Ability to size up the situation quickly is important. The employer's, or foreman's, time is valuable and unless the idea can be explained very briefly, one probably would not be considered at all. Employers in general resent too many visits. In doing follow-up work, either to find what progress has been made by men placed or to get new business, letters are usually efficacious.

Employers will be found ready to offer to the disabled work for which they are suited when judgment and discretion are used in the selection of applicants. Honesty in presenting facts is the best policy. Fit the right man into the job and your employers will come back to you to supply their needs as openings occur.

CARDIAC DEPARTMENT

M. L. WOUGHTER, *Editor*

DEMONSTRATION OF A MODEL CARDIAC CLINIC

An exhibit of a model cardiac clinic and of the cardiac problem was given at the American Hospital Association in Atlantic City, September 25th to 29th under the direction of the Association for the Prevention and Relief of Heart Disease of New York City.

Special charts were exhibited showing:—

(1) Heart Disease as a Public Health Problem.

(2) Special charts of results of systematic care.

(3) Value of a special heart clinic.

- (a) To the Patient.
- (b) To the Hospital.
- (c) To the Doctor.
- (d) To the Work.

(4) Plan of organization of Heart Clinic.

(5) Charts showing growth of work in New York City as to

- (a) Clinics.
- (b) Convalescent Homes.

(6) Chart showing notable national trend.

A demonstration cardiac clinic was given at 11 A. M. each day by Miss E. Louise Adams of the St. Luke's Cardiac Clinic, under the direction of the Association.

Miss M. L. Woughter, Executive Secretary of the Association was in the booth at stated hours to give information in regard to the development of work in New York City and the entire problem as developing in various other cities outside of New York.

The following forms for use in cardiac clinics may be secured from the office of the Association, 325 East 57th Street, New York City.

(1) Classification of cardiacs as adopted by the Association of Cardiac Clinics and approved by the Association for the Prevention and Relief of Heart Disease.

(2) "Blue slips" used for various purposes.

- (a) Vocational guidance.

(b) Occupation.
(c) Convalescent Homes.

(3) Specially prepared charts (in duplicate) for statistical purposes.

(4) Folders of value for distribution.
(a) Official folder of Association.
(b) "Do You Think You Have Heart Disease?"
(c) Prevention of Heart Disease.
(d) Occupations for Cardiacs.
(e) Heart Disease, Prevalence, Mortality, Longevity.
(f) Heart Disease in School Life.
(g) Sanatoria for Cadiacs.
(h) Information on Facilities for the Care of Heart Disease in New York City.

Miss Helen E. Heikes, Executive Secretary of the Philadelphia Association for the Prevention and Relief of Heart Disease had headquarters in the same booth where she was available at stated hours for information in regard to the work in Philadelphia. Folders and directories of the clinics in Philadelphia were available for distribution.

Cardiac Clinics Outside of New York City September, 1922

Arkansas—

Leo N. Levi Memorial Hospital, Hot Springs, Ark. Adults.
Dr. Wm. H. Deaderick, Miss Edwards, Social Service Worker, one registered nurse.

Canada—

Children's Memorial Hospital, Montreal Canada. Children.
Dr. H. P. Wright.

Hospital for Sick Children, Toronto, Canada. Children.
Dr. A. P. Hart and Dr. George Baith.

Connecticut—

New Haven Hospital Dispensary, New Haven Conn. Adults,
Dr. H. M. Marvin, Part Time Social Worker. Children.
Dr. Ruth Guy and Dr. Ethel C. Dunnham.

Grace Hospital, New Haven, Conn. Adults and Children.
Dr. Nahum, Volunteer.

Illinois—

Central Free Dispensary, Chicago, Ill. Adults and Children. Dr. Fred N. Smith, Miss Mabel E. Coyle.

Children's Memorial Hospital, Chicago, Ill. No Social Worker.

Michael Reese Dispensary, Chicago, Ill. Adults. Dr. David Schram, Miss Boudain, Social Service Department. Children. Dr. Jesse H. Gerstley, Miss Frances Stern, Social Service Department.

Northwestern University Dispensary, Chicago, Ill. Adults and Children Dr. J. Carr and Dr. N. C. Gilbert.

St. Luke's Hospital, Chicago, Ill. Adults and Children. Dr. N. C. Gilbert, Volunteer Worker.

St. Joseph's Hospital, Chicago, Ill. No Social Worker.

Wesley Hospital, Chicago, Ill. No Social Worker.

Iowa—

Des Moines Health Center, City Hall, Des Moines, Iowa. Adults and Children. Dr. Meredith Mallory and Dr. Merril N. Myers.

University Hospital, Iowa City, Iowa.

Indiana—

Robert W. Long Hospital, Indiana University School of Medicine.

Massachusetts—

Boston City Hospital, Boston, Mass. Adults and Children. Dr. Burton Hamilton, Miss Beatrice Wright, Volunteer Worker.

Boston Dispensary, Boston, Mass. Adults. Dr. William Duncan, in charge, Volunteer Worker.

Children's Hospital, Boston Mass. Children. Dr. Paul W. Emerson, Miss Hoster Gunning, Social Worker.

Massachusetts General Hospital, Boston, Mass. Children up to 12 years. Dr. Richard S. Eustis, Mrs. Gretchen K. Hager, Social Worker. Adults. Dr. Paul D. White, General Social Service Department.

Peter Bent Brigham Hospital, Boston Mass. Adults and Children from 12 years. Dr. George P. Denny, Miss Katherine Homans, Volunteer, Miss Thekia Andren, Social Worker.

Children's Cardiac Hospital, Brookline, Mass. Children. Dr. Richard S. Eustis.

St. Luke's Hospital, New Bedford, Mass. Adults and Children. Dr. Frank M. Howes.

Worcester City Hospital, Worcester, Mass. Adults.
Dr. G. M. Albee.

Michigan—

St. Mary's Hospital, Detroit, Mich. Adults and Children.
Dr. Walter J. Wilson.

(Note: Cardiac Clinics in Schools of Detroit under direction of Dr. F. M. Meader, Director Department of Health.)

Minnesota—

University Hospital, Minneapolis, Minn. Adults. Dr. Olga S. Hanson. Special Social Service Worker. Children.
Dr. M. Sehan, in charge.

Missouri—

Washington University Dispensary, St. Louis, Mo. Adults.
Dr. Arthur E. Strauss Social Service Worker. Children.
Dr. Hugh McCullouch, Social Servrice Worker.

New York—

Albany State Hospital, South End Dispensary, Albany, N. Y. Children. Dr. Otto A. Faust, Miss Marion Van Benthuysen, Volunteer.

Homeopathic Hospital Dispensary, Albany, N. Y. Adults and Children. Dr. Frederick J. Cox,

Homeopathic Hospital Dispensary, Rochester, N. Y. Adults and Children. Dr. E. W. Jackson and Dr. J. J. Finigan.

Cardiac Clinics in Schools under direction of Buffalo Department of Health. Dr. Arthur C. Schaefer, Assistant Commissioner and Superintendent Bureau of Child Hygiene.

Ohio—

Mt. Sinai Hospital, Philadelphia, Pa. Adults and Children.
Dr. Joseph B. Wolffe. Miss Antoinette Heitman, Social Worker.

Pennsylvania—

Jefferson Hospital, Philadelphia, Pa. Children. Dr. Tyson, Miss Wright, Social Worker.

Mt. Sinai Hospital, Philadelphia, Pa. Adults and Children. Dr. Joseph B. Wolffe, Miss Antoinette Heitman, Social Worker.

Pennsylvania Hospital, Philadelphia, Pa. Adults and Children. Dr. William D. Stroud, Miss Mary E. Matthews, Social Worker.

Philadelphia General Hospital, Philadelphia, Pa. Adults. Dr. Jane Sands, Miss Olga Tattersfield, Social Worker.

Presbyterian Hospital, Philadelphia, Pa. Adults. Dr. Edward H. Goodman, Miss Frances Hostetter, Social Worker.

Samaritan Hospital, Philadelphia, Pa. Adults and Children. Dr. Joseph B. Wolffe, Mrs. Laura M. Southwick, Social Worker.

University Hospital, Philadelphia, Pa. Adults and Children. Dr. John Arnett, Mrs. Blanche Thatcher, Social Worker.

St. Francis Hospital, Pittsburgh, Pa. Adults and Children. Dr. James D. Heard.

Mercy Hospital, Philadelphia, Pa. Adults and Children. Dr. Alfred H. Wedd.

Tennessee—

Memphis General Hospital, Memphis, Tenn. Adults and Children. Dr. Neuton S. Stern.

Wisconsin—

Milwaukee Children's Hospital, Milwaukee, Wisconsin. Children. Dr. Malcolm Rogers, Two Volunteer Social Workers. Volunteer in charge of exercise work. Dr. Patch, chorea specialist, comes every other week.

New York—

New Rochelle Hospital, New Rochelle, New York. Adults and Children. Dr. E. T. Morrison

EDITORIAL

Normal Living

Shakespeare[1] says: "if to do were as easy as to know what were good to do, chapels had been churches, and poor men's cottages princes' palaces." Doesn't this have an application to us social workers? We impress upon those we are trying to help that they must get back to normal relationships. We study their cases in conference and check up their activities with the factors of normal living. Now, do we do such case work ourselves, summarizing our assets and liabilities? Do we then try to remedy our defects, giving a more creditable appearance to the other side of the ledger? Have we lost our senses of proportion and humor when we expect others to heed advice we do not always follow ourselves?

A poorly nourished dietitian was telling a mother that she must have her children eat porridge, milk, fruit and vegetables. In response to the objection that the children dislike those foods, the visitor said he had been raised upon them. "Well," said the mother, "you ain't no ad. for them eats." Sometimes we wonder why certain people have ever entered social work. Is it a matter of compensation that, having failed to make a success of their own lives, they would regulate those of others? Then there are those suffering from disabilities who have a fellow feeling for others similarly handicapped. If they have surmounted their own difficulties, they are an inspiration to their clients; if not, they are a real drawback, for we know that misery loves company but disregard the corollary that company does not always reciprocate.

How many who preach periodic health examinations undergo them on their own initiative? In regard to diet, do we faithfully take account of balance and regularity? Is there not truth in the statement made by one of our leaders that we impose conditions we do not meet ourselves upon those we try to aid? To be a musician, one must have an accurate ear. No amount of training will make a singer of one who lacks adequate vocal equipment. So, the ability to work with people would seem to be the basic fundamental characteristic of the social worker. "Anything which is human is not foreign to me" is considered one of the axioms of social work. Bearing this in mind, can we afford to be intellectual snobs and disdain

popular periodicals and movies which influence public opinion immeasurably?

"Character takes form under relaxation quite as much as under the strain and stress of the day's occupation."[2] Recognizing the re-creating value of play, we try to see that this human need is met in our clients' lives. Turning to ourselves, how do we refresh our minds and bodies when the day's work is done? Do we deliberately develop interesting but unrelated activities; or do we rather follow the line of less resistance, spending the evening with a co-worker talking shop? There's no objection to associating with others in our line, provided conversation is kept away from our work. Those whose common bond consists of professional interest only should avoid contacts outside as it merely lengthening the working day needlessly. Of course, it developes upon us in the interests of our every day job to attend lectures and occasionally evening conferences, not to mention professional reading which cannot be covered between nine and five o'clock. But, why go to problem plays, spending a few more hours in solving social maladjustments?

A superficial judgment might conclude that those who work overtime take their profession seriously. But "serious" work of that type is not sane if we agree with the findings of "Fatigue and Efficiency" and Nature has a way of avenging intemperance in all things. Let us remind ourselves of what Todd[3] said in Providence. "One more than one occasion I have heard people comment sadly upon a group of social workers that they were so uneducated, that all they knew was the details of case work and investigation, that they were little more than walking directories of community social agencies or dictionaries of social worker's slang. Not merely to anticipate this objection, but for the real purpose of putting one's whole life upon a solid basis, the social worker must educate himself far beyond the mere technical requirements of his job. In no other way can social work hope to enter the ranks of the learned professions."

It is not always advisable to try to see ourselves as others see us: such a picture would be too complex. But we should try to appraise ourselves just as critically and clear-sightedly as we do others. Devine[4] says, " a lack of the material essentials to a normal standard of living is in itself one of the most productive sources of the pauper spirit." Therefore, let our aim be normal living both for ourselves and our associates, not only to make us better workers and more valu-

able to others, but also that we may attain a larger measure of personal satisfaction from a well-rounded life.

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1. Shakespeare, W. M. "Merchant of Venice," Act I, Scene II.
2. Devine, E. T. "Social Work." 1922. P. 235.
3. Todd, A. J. "Training of Social Workers." *Hosp. Soc. Ser.* in press.
4. Devine, E. T. "Social Work." 1922. P. 14.

AMERICAN ASSOCIATION OF HOSPITAL SOCIAL WORKERS

ATLANTIC CITY, N. J., SEPTEMBER 25-28, 1922

The first program of the semi-annual meeting of the Association was opened by a brief comment on the Food Clinic of the Boston Dispensary, by Miss Frances Stern. The Food Clinic differs from the Diet Kitchen in that it acts only under medical advice. Miss Ellen Richards, in 1870, during her work at Vassar College, believed that the kitchen and science would one day unite. Now, through the Food Clinic work, the kitchen and medicine are working out the dietary therapeutics of medicine. The medical diagnosis is secured, then dietotherapy is applied. The social aspect of this work is as important as the nutritional or the medical. A social worker is attached to the Clinic for the purpose of co-ordinating such relief or other social needs supplied from allied agencies as are required for the Food Clinic care. As Dr. James Putman wrote on a prescription blank long ago:—'This patient has taken lots of medicine but does not know how to live.' Discussion of the talk was given by Mr. Wing, Director of the Boston Dispensary.

An important summary of the replies to 300 questionnaires relating to the Teaching of the Social Aspects of Medicine in Medical Schools had been prepared by Miss Ketcham of University Hospital, Ann Arbor, and was read by Miss Combs of Brooklyn Hospital. The replies gave the experience and conclusions of various executives in hospital social work. The force and character of an institution is determined by its objective. Some hospitals have not any resources for teaching, others have instructive plans for nurses and medical students. Six departments were giving lectures; twelve, individual conferences; thirteen were teaching nurses; one has conferences of students in the dispensary on individual cases. Indirectly, much instruction is given. Departments of social service are usually long on work and short on staff, therefore it is difficult to provide the organized instruction in a through manner. There are six departments which are affiliated with universities and giving organized work, others are preparing for it. As a rule the medical school curricula are crowded with medical essentials. Stanford University Hospital gives a competent course and has twenty-nine students en-

rolled for medical social service experience and theoretical work. Miss Ida Cannon opened the discussion by saying that hospital social service needs to get its work over to the older and stronger medical men, after which the younger men will accept it naturally. No effort will promote it so effectively as contact by the medical men with good work in the hospital social service department. Miss Cannon believes it is a question whether the social worker is the best person to instruct the medical men. Such a function seems more consistently a part of the medical school work. For a time qualified workers may assume part of the service as the responsibility will help to raise their standards.

The second session was that of the American Association of Hospital Social Workers with the American Hospital Association. Mr. Matthews, Director of Family Welfare of the Association for Improving the Condition of the Poor of New York, opened this evening session with a fine and spirtual plea for complete and prompt service to the families who come to the clinics at a period of physical and mental distress. He spoke of differences of opinion among different groups as to methods of work and urged them not to let consideration of theory result in delayed remedial service to the families. Mr. Matthews gave a word of appreciation to the social service departments of New York. Many of these families are perilously near the line of destitution during normal times and the loss of one day's pay through sickness will mean cutting off some necessary item in the home. Often the busy executive who is absorbed in organizing policies does not have contact with any family and therefore does not realize the urgency of their need, nor the acute hazards in their lives. The stories of duplication of quarts of milk which are quoted often in executive meetings are not as important as real constructive work in the families. The duty of social service is 'to bring life more abundant.' Therefore bring it in a humble spirit. Proper convalescent care in New York has resulted in fine preventive work.

Mr. Michael Davis gave a short comment on the Report of the Committee on Training of the Hospital Social Worker, as accepted by the American Hospital Association. Its requirements on function are taken from the Survey of Hospital Social Service as made by the American Hospital Association in 1920. The outline of subjects for theoretical education which meets the needs of the function as stated is almost identical with that of the average curricula for public health

nursing. It covers study of medical institutions, and increased time in medical social case work, also functioning of the human body; selected problems, of disease; public health, its administration, local, state and federal agencies and the chief problems; human behavior and its interrelations in health and disease; community organization, agencies and resources; industry; government with reference to health and social agencies; human adjustments; statistics and research. The recommendations or requirements for eligibility for the course are fairly high. It is believed by the committee that college experience is essential and that the hospital nurses education or previous experience in a school of social work may be adapted as credit for part of the course.

Miss Mary Tobin read a practical paper on her experience in "Social Work with Problem Children." A weekly clinic is held at the New York Neurological Institute as a form of research work with problem children of the clinics. Case studies were given to illustrate methods of this important work. Mr. Montgomery, Executive Secretary of the Monmouth County, N. J. Organization for Social Service, and Mr. Oliver Bartine of New York were also speakers in this session.

Miss H. L. Josephii, Director of Social Service of the New York Hospital conducted a round table on Methods of Securing the Cooperation of Led Iternes and the Subject Matter to be Included in the Nurses Lectures on hospital social service. Miss Ida Cannon led a round table on Social Service for Small Hospitals. These conferences were the means of bringing out interesting experience among the executives.

The business meeting of the American Association of Hospital Social Workers was well attended. The secretary's and treasurer's reports were read and accepted. Miss Kniseley Director of Social Service of the Toronto General Hospital asked for discussion of a plan to have workers in departments exchange positions for a period of several months as college professors do, in order to broaden their knowledge. The members are asked to discuss the idea in their departments and report back to Miss Waters. Miss Antoinette Cannon as President gave a summary of developments of the past year with suggestions for the coming one. Pamphlet literature on hospital social service in package form is now available for circulation from the secretary's office. Institute courses for the workers are under consideration and definite plans are to be made soon for the spring. It is very desirable that funds be available towards scholarships for students in the new training course. Some amounts are already

pledged. The members are asked to develop speakers and leadership in their district groups. Strong district programs will contribute effectively to the central organization. The plan of forming districts is but a first step upon which to build constructive work within each unit. The psychology of the plan is that local activity keeps the district alive and sustains the growth of the national organization.

AMERICAN HOSPITAL ASSOCIATION

The annual meeting of the Association was held at Atlantic City September 25-28. The attendance was eighty percent larger than at any previous meeting. Mr. Asa Bacon, Superintendent of the Presbyterian Hospital of Chicago was elected President for the coming year, Major Hayward, Superintendent of the Montreal General Hospital, Vice-President, Dr. Malcolm McEachren, Superintendent of the Vancouver General Hospital, President-elect.

Social service in the hospital is given more place on each years' program. Dr. O'Hanlon, the retiring president asked for consideration by the hospital executives of the community relations of the hospital. It is the most appropriate agency to direct community preventive health education and such relief in family life as is needed for complete recovery of the patient.

The measures for hospital standarization were thoroughly reviewed. Incidental to these discussions a paper by Dr. George D. Stewart President of the Academy of Medicine of New York on Standardization Values was timely and met with general endorsement. Dr. Stewart is in a position to observe many plans for standardization and to note the end results. He commends the factor of human nature to the attention of the devotees of complex standards. Such plans may only be effective as far as the personalities in the situation can work together on a common interest. No committee or interest can standardize men, and there is a limit beyond which such effort may not go. There is danger of lessening the initative of individuals. The issue must be determined by sane judgment and clear thinking on the part of the leaders in the work.

Dr. S. S. Goldwater read a paper on Modern Tendencies in Hospital Construction. The note of making the hospital a community center of health was clear in his paper.

The Report of the Committee on Training the Hospital Executive was discussed by Dr. W. C. Rappleye, executive of the Committee.

Dr. Rappleye commented on the many varying opinions of the Report which have been returned to the Committee. The present knowledge of public health and social medicine is far in advance of practice. The rapid strides in medical and nursing education have brought new problems in all phases of the institution. Means are urgently needed to provide for the best training of all hospital workers. The duplication of work calls for some agency to be devoted to a collective expression of standards and to co-ordinate the field. The hospital function comprises three fields, the service to the patient, to the profession, and to the community and the home as a unit. The ultimate efficiency of the hospital is translated into the kind of service given in the home. Education in the hospital field will be defined without equivocation. The executive requires a connotation in personality of maturity, stability and decisiveness. Over 80 percent of the hospitals in this country have under 100 beds and are so located as to invite community service. The report does not attempt to offer any recommendations upon the activities of physiotherapy, occupational therapy or health centers within the hospital. Dr. Winford Smith, Superintendent of Johns Hopkins Hospital finds that in order to attract the right type of men and women to the work of the institution and incidentally to take the longer training, the field must offer them a broad opportunity. There has been acute opposition from the medical profession to organized community activities in social medicine. There is lack of interest from the medical profession in the career offered in institutional work. The greatest need therefore is for sufficient schools of public health to prepare professional people for executive positions in hospitals and attract the right type of persons, and at the same time safeguard adequate community service. The past experience of many executives has not justified them in continuing in the work. Dr. Washburn of the Massachusetts General Hospital endorsed the Report. Mr. Test of the Pennsylvania Hospital made a fine plea for qualities of character in the selection of men for such service. He believes the success of the institution is based on the nature of the men who have leadership.

Mr. Embree of the Rockefeller Foundation gave a comment during this session upon the impression he received during his recent visit to China where the mission or Catholic Hospital has been the only unit giving any demonstration of even simple medical values. He believes the primitive hospitals there with limited staffs have introduced public health in the Orient.

The section on Dietetics, Miss Lulu Graves, Supervising Dietitian of Mt. Sinaii Hospital of New York, Chairman was one of the most important of the week. Dr. Frank Richardson of the Brooklyn Hospital presented to the meeting the importance of good understanding between the medical, dietary and social services. One supplements the other. The nutrition work alone cannot be effective unless it has the follow-up care given by the social workers who go out into the homes according to the policy recommended in the Report of the Committee on Training the Executive. Dr. Richardson believes that gradually there will be increasing appreciation by the trustees of the widening sphere of the hospital and the scope of social service work. This unit as well as the nutritional work must be carefully and thoroughly executed. In the Brooklyn Hospital Out-Patient department the nutrition class covers intensive work with the selected children from the clinics. After suitable progress in weight and growth they are graduated into the health class where they are kept under supervision and are stimulated to keep on with a healthful regime. The routine work is done so effectively by volunteers that the medical men are released for intensive service in their special field.

The nursing session discussed the Report on Nursing Education of the Rockefeller Committee. Miss Laura Logan, President of the National League for Nursing Education, Chairman. There was lively comment on the findings of the Report as to length of a nurses period of education. Miss Greener of Mt. Sinaii Hospital of New York is one of the Superintendents of nurses who does not believe the requisite education can be given in a shorter period than three years. A thorough discussion of the training of attendants followed. Miss Anne Goodrich read a paper on the Role of the Hospital Nursing Department in the Community Health Program.

The exhibits of dispensary and clinic work with demonstrations were most effective. Special mention should be made of the occupational therapy exhibit, the work of the Altro Factory for arrested cases of tuberculosis of New York, and the model of the Health Camp for tuberculosis patients of New Jersey.

On Friday and Saturday hospitals in New York and Philadelphia kept open house to all visitors. Special excursions to institutions were well attended.

NEWS NOTES

HOME ECONOMICS MEETING, CORVALLIS, OREGON, AUGUST 1922

At the annual meeting of the Home Economics Association Miss Anne Goodrich of the Department of Public Health Education of Teacher's College, New York, gave the leading address on the policies of the public health movement. It has unquestionably been forwarded by a steadily increasing appreciation of the prevalence of deviations from the normal and a consequent economic loss. It is imperative that we should mobilize every community for activity in this field. The universal co-operation of every agency which relates to welfare in the community is a first effort for promoting education. The most effective point of attack is through interest in the care of mothers and children. This plan includes not only sanitary environment, right diet etc., but a properly proportioned daily life from the standpoint of education, mental development, recreation and rest. The program should include not only the medical agencies, nurses, physicians, hospitals, health centers and the like, but the constantly increasing groups of health workers such as physical directors, nutrition workers, dentists, and dental hygienists, the great body of teachers at large, and above all the parents. The items of the plan should be as follows: (a) A survey of the locality, (such as the Cleveland Health Survey). (b) A carefully worked out plan under expert advice and criticism. (c) A budget covering the estimated development for a given period. (d) Methods of raising the necessary funds.

Dr. Carolyn Hedger of Chicago summarized the vital measures for child welfare. Hedger believes the community owes the children an unimpared heritage in the future, positive health, education and social conditions which are favorable to development. This heritage should convert the child into a working unit in the various groups in which he must function and develop his responsibility in the fields of parenthood, democracy and service. The prenatal attention to the mother which protects the infant is the first step in maintaining high standards. Hedger made a stirring plea for a full program in the sort of education which includes not only book learning and ethical training, but preparation for full citizenship. The special groups who need selected instruction adapted to their mental capacity must

be eliminated from the schools that they may not retard the classes. The superior child should be conserved during growth in a way to bring his qualities to full strength. There is a certain amount of confusion and pressure in futile directions in the modern education, which depletes vitality of children. Socializing the child means getting him into the church of his community in the right way so that he becomes a force there and not merely a member for the sake of his salvation. Vaccination and deportment are necessary items but they need to be relegated to their real proportion in the plan. The family has failed to get the child into the right group for growth and for stimulating sterling qualities of character. The child must comprehend to the full his responsibility for his own acts, and respect his body as a carrier of the harmony and happiness of future generations

Miss Phillips of the State Normal School of Montana spoke of the need for teachers to represent their precepts in health. Her vivacious appearance bore out the advice she gave the delegates that her coworkers should be examples of good health.

Miss Marjory Smith, a nutrition worker with the Oregon State Agricultural College believes that the work the extension service is doing is practical as it reaches the home directly. The public is getting a new understanding of the values of foods and is ready to use them as fast as it knows their relation to health.

"The Thrift Kitchen as an Asset in City Home Bureau Work" was discussed by E. M. Barber, Director of the Home Bureau of Syracuse, New York, the name reminds us of those other days in war times when it was both patriotic and fashionable to speak respectfully of thrift. The Syracuse Thrift Kitchen is a veteran of the war. Established by the New York State Food Administration in 1918 to care for the surplus vegetables and fruits and well equipped for that purpose it was used to full capacity during the summer. A City Home Bureau, became officially a branch of the County Farm and Home Bureau but organized as a separate project. For a few months the salaries of the workers were paid from Federal emergency funds and since then salaries and running expenses have been financed by various means through combined public and private funds procured by the efforts of the executive committee of the organization which now has over eight hundred members. Such an organization of interested homemakers is a force in the community which cannot be discussed as fully as it deserves under the subject of this paper.

The Thrift Kitchen as it stands now is the headquarters of the Syracuse Home Bureau which acts as a clearing house for the home economics problems of the community, institution and home. One of the greatest functions of the Home Bureau is to serve as a source of information in regard to all home problems. Another function is to act as a stimulus for community projects, such as the annual milk campaign which has increased largely the consumption of milk in the city. Much of the work is carried on in co-operation with other organizations who provide readymade groups, or who give us an opportunity to demonstrate the place of home economics in their program with the idea of their carrying on. Our nutrition classes in the public schools furnish an example of this.

Individuals, commercial firms, social organizations and educational institutions by their constant use of the trained service furnished by the staff of the Home Bureau, from its headquarters prove daily that there is a real place for a Thrift Kitchen in the community.

Mrs. J. C. Gawler talked of the view point of Club Women on "The Home Within and Without."

The modern homemaker must needs be a city maker too. This is partly because of the obligation imposed upon her by the ballot and partly because she can not keep her children in the home indefinitely, or even for a very long time; that is, not exclusively in the home. And she must see that there is a city for them to go out into which shall not offer too great a menace to health or character. This means control of water, proper disposal of sewage, attention to food, especially milk, and proper regulation of public morals and the like. For while the house which shelters her and her family is a material thing, the Nation is the home of the American spirit, and the homemakers must see that this spirit is kept steadfast in the way of noble independence.

Dr. C. Ulysses Moore, child specialist of Portland, Oregon, is a strong contender for the universal adoption of the fundamental diet, breast feeding. He maintains that breast milk holds its place in nutrition in modern medicine, that it measures up with the chemical and non-chemical constituents of an adequate diet, and that it is the chief need of the human race in this age at which diet is the foundation for longevity, health and usefulness. Comparative infantile death rates on different foods were shown by Dr. Moore to prove his contention.

The recent report of the International Health Board of the Rockefeller Foundation, graphically describes this worldwide work and reports increasing health activities in new locations. A public health nursing unit has been created in Brazil; training of health officers in Czecho-Slovakia; units are located in Central America and the West Indies and older work in many places has been continued. It is conducive to optimism for the future of a high standard of public health in places that have been regarded as condemned to disease to review this report of the splendid service of the International Health Board.

The Welfare Courier of the Phillipine Islands is "published occasionally to carry suggestions from welfare organizations to one another." Its contents are practical and the sketches of children under care of the Commission are attractive. Manila is fortunate in having made an energetic beginning through the interest of local women's clubs.

TRAINING OF MEDICAL SOCIAL WORKERS IN PARIS

"The 'Ecole des Infirmieres de l'Assistance Publique' is giving training to social workers for the hospitals and municipal lodging houses administered by the Assistance Publique (Public Charities.) Candidates for the work must be unmarried and between ages of 19 and 26. The course of study includes: anatomy, physiology, administration, hospital management and discipline, hygiene, pharmacy, massage, electrotherapy, roentgenotherapy, theoretical and practical instruction in the care of patients suffering from disease of medical or surgical nature, management of the insane, contagious disease, the aged, incurables, children, parturients, and the new born, dissection, theoretical and practical laboratory, ward service, office service, preparation of decoctions, beverages and light dishes for the sick. The course covers two years and pupils receive board, room, laundry and a salary."—Paris Letter, *Jour. Am. Med. Assoc.*

The Federal Children's Bureau of the United States Department of Labor has prepared Bureau Publication No. 101, on office Administration for Organizations Supervising the Health of Mothers and Children. The pamphlet outlines the requirements for all executive functions in a thorough and practical manner. It includes a section on training and selecting employees; the method of assembling statis-

tics, record material and reports and the office manual are discussed in detail. The publication is free and it meets a vital need of executives in welfare work.

Assistant Surgeon General Mark J. White has succeeded Dr. C. C. Pierce as Director of the Division of Venereal Diseases. Dr. White has had a long and wide experience as a Public Health Officer and comes to the Division not only with a thorough knowledge of the venereal disease problem but with a keen appreciation of the value of nurses and the part they have to play in this campaign. To quote Dr. White "I feel that after the diagnosis is made and indeed in many instances before it is made, the nurse with her training in social medicine, her aptitude in gaining the confidence of patients, with her knowledge of the importance of waging unrelenting warfare against disease, makes her a most important factor in the treatment, control and cure of venereal disease." The public health nurses of the country may feel that in Dr. White of the United States Public Health Service they have a most worthy ally in their campaign for better health.

Baltimore City is making plans to appoint a Public Health Dietitian, in connection with the Department of Health. The work is to be largely in connection with malnutrition of children of the preschool age. She will also instruct the Public Health Nurses in Social Dietetics.

The North Atlantic District of the American Association of Hospital Social Workers held a meeting in Osborne Hall, New York in October, a general meeting is planned on November 17th, at the Academy of Medicine. Miss Pringle, Chairman of this District has resigned on account of ill health and Miss Madeline Oldfield, Vice-chairman, has succeeded her. Miss Margaret Gifford of Grace Hospital, New Haven, Conn., has been made Vice-chairman.

Lincoln Hospital, N. Y. in conjunction with the Social Service Department has started a Children's Cardiac Clinic to be held every Saturday. Dr. Lossow is the physician in charge. Lincoln Hospital has also recently organized a Genito Urinary Clinic for men.

F. Stuart Chapin Professor of Economics of Smith College has resigned to accept a position as Chairman of the Department and as

Director of Training of Civics and Sociology of the University of Minnesota, Minneapolis.

A group of nurses who were formerly in hospital work have opened a convalescent home at Atlantic City, New Jersey. Attention will be given to special nutrition work with the residents of the home.

The Maternity Center Association of New York has prepared for distribution a series of Talks to Mothers. They present an outline of the proper regime for the prenatal and infant care and are especially suited to the uses of all women under the care of the Association, and others who may have need of them. A nominal charge is made.

The Social Service Quarterly, which is the organ of the Social Service League of Bombay, India contains discussions on prohibition, unemployment, medical relief in India, and the Quarterly Report of the Social Service League. The activities reported upon are the Bai Bachudai Dispensary, and Homeopathic Charitable, the Night Schools, Libraries, Workmen's Institute and Settlement work.

BOOK REVIEWS

"Newer Knowledge of Nutrition," E. V. McCollum. MacMillan Co., N. Y., 1922. In eighteen chapters McCollum has very exhaustively covered the subject of Nutrition, in this completely re-written book. The first five chapters deal with the history of the subject, taking it at the time when food analyses dealt with the organic elements of protein, fat, carbohydrates, and mineral salts. From this he goes on to speak of the period of caloric stress, *i. e.* when the heat value of food seemed the paramount issue. "Predigested food" was the slogan of the hour. The fallacy of this reasoning was quickly proved, however, by the discovery of a closer relationship between ecrtain diseases such as scurvey, beri-beri, etc., a limited purified food dietary. Such diseases became known as Deficiency Diseases. The food element controlling their appearance or non-appearance was called the Vitamin. Experimentation has proved already the presence of four food substances affecting these conditions. Foods containing them became known as protective foods.

With this discovery has come a complete change in the theory of nutrition. Foods are no longer classified according to chemical origin. The division is based on biological factors. Cereals, roots and

tubers, legumes, muscle meat and fish may be classified as low in vitamin, and therefore possessing poor protective quality, albeit the last three are rich in protein. In contra-distinction, those living on a dietary of protective foods tend towards a high physical tone. This should not lead one to infer that the first group mentioned is undesirable. Its value from a caloric point of view is most pronounced. But as a whole, this group is not adequate without the protective qualities of the second group. In the latter, the author stresses milk and the leafy vegetables especially, as being rich in calcium, most necessary for bone and teeth structure.

The book is of great value to the student of Nutrition, and the laboratory worker. To the Social Worker its importance lies in the relation of the summary to the practical problems at hand. The most important chapter to her is the one on the "Nutrition of the Suckling." Experimentation with cows' milk has shown a vast difference in vitamin content depending on fresh or dry fodder, as well as on the type. Winter milk, when the cows are stable fed is appreciably poor in this element. Further study has proved the effect the dietary has, not only on the lactating mother, but on her child. Vitamins do not synthesize in the mammary gland, but are dependent on the food supply for their presence. Their lack in the food does not affect the flow of milk, but materially affects its quality.

It is claimed that during pregnancy as well as lactation, the mother should partake generously of salads and milk, in connection with a mixed dietary. One quart of milk a day is recommended.

With this deeper insight into the study of nutrition, the science may go hand in hand with preventive medicine. In controlling the mother's dietary, as well as her general health, we are also controlling her unborn child. With this good start in life, and an intelligent follow up work, we are increasing public welfare. Border line cases, with lowered resistance to infectious diseases and defective bone and teeth formation, are recognized by the author as subacute conditions of deficiency diseases. National predispositions to disease are traced, not only to family heredity and environment, but in a good measure to generations of the same type of food. When by chance only some peoples have more physical ability and mental aptitude than others, what may we not do, through scientific applications of facts, for our future generations.

E. F. W.

Obstetrical Nursing, Carolyn C. Van Blarcom. MacMillan Co., New York, 1922. The author has given to the nursing profession a book on the scientific and social aspects of maternity and infant care, which is based on twenty years of experience and observation in Great Britain and this country. It is written in a spirit of appreciation of the responsibility of maternity in national welfare and recognition of its significance in health and social progress which make it an important work for educational and executive directors in nursing, and for social workers who are responsible for family welfare. The figures given by Van Blarcom include a record of 200,000 infant deaths in the United States in 1920 of which the majority were from congenital causes, showing that there are many homes where maternity is regarded as a commonplace incident. The first municipal agency to create such service was the Women's Municipal League of Boston in 1909. The Maternity Center Association of Manhattan developed an intensive district plan through the good co-operation of Dr. Haven Emerson during his term as Health Commissioner of New York. It is in the rural communities that the most desolate and neglected conditions may still be found.

Van Blarcom has outlined anatomy, physiology and nursing care in detail. The newer field of nutrition in maternity work is considered and the mental influence of the period is estimated with fine comprehension. The mental attitude of the nurse or social worker who has contact with the patient is important in the plan for treatment. The author comments on institutional, private nursing and public health phases of the care for all classes of people and in doing so she discerns the trend of the hospital as a public health and community service in the light of recent studies.

N. F. C.

"Health Service In Industry." W. Irving Clark, M. D., MacMillan Co., New York, 1922. Clark has combined the activities of the medical social department of an industry with certain policies of business organization in a way to give the social worker an understanding of business efficiency in relation to welfare. An industrial clinic is described in full. The entire industrial organization is administered by a board of directors with sub-divisions of responsibility. The Service Division comprises all services which concern the personnel of the organization. They are classed as follows: employment; safety engineering; visiting nurse service; commissary; recreation; housing;

mutual benefit plans; banking and loan service. These services are planned and directed by the service manager and the field workers are responsible to him. The success of the work depends upon their loyalty and co-operation with his policy. All the activities listed are inter-related and each has a medical application. Their end results in public health and community welfare are unlimited.

A most important aspect of the Service Division is the maintenance of a sound educational function in the operation of each activity that its influence in the community may be permanent. As the field workers convey to the families the spirit of the business, their loyalty is essential. Usually the field worker is an industrial nurse with special fitness for the work. Her duties are social rather than nursing except in the case of great emergency. When the real history of the individual home has been given to her she may introduce whatever health or other element of interest may be useful in furthering good family life. The visitor therefore will be as well acquainted with all available welfare resources as she must be with the general policy and working method of the industry she represents.

Clark's chapter on records is brief and business like. He finds the important features to be accuracy, brevity, availability, elasticity or possibilities of expansion, economy of time and space. There are numerous features of this compact outline of industry, health and welfare which will be of interest to the general family case worker, and the industrial clinic executive.

N. F. C.

"Russians and Ruthenians In America," Jerome Davis. George H. Doran Co., New York, 1922. This book is one of the New Americans Series which is published under the auspices of the Inter-Church World Movement to review briefly the religious, social and economic characteristics of selected racial groups of Europe and Asia. The purpose of the studies is to create better feeling toward the people, especially in the United States where we have more and greater numbers of races to assimilate than any other nation.

The history of the Russian people is sombre, the high quality of their literature, music and dancing is notable. Their social life is strongly characteristic of fine religious feeling, kindliness and thrift. The records of Siberian history show their capacity for faith and adherance to a cause. Educational opportunities appeal to them especially if made on the plea of promoting the service to their own people.

The author reasons that the native American has done little that is effective to promote good relations and to make good citizens of the Russians. This is caused in large measure by failure to understand them well.

N. F. C.

"Education for Social Work," Jesse F. Steiner. University of Chicago Press, Chicago, 1921. Technical equipment is a necessary element for the proper treatment of problems, especially in education. As social work has but recently been directed toward the tremendous problems of community disabilities which have been accumulating through generations of social neglect, there has been confusion as to the proper limits of specific functions of social service. The methods of education in the field were similar to the other professions of law, medicine and engineering, in which an early system of apprenticeship was followed by a curriculum of theoretical education with apprenticeship. The time has not yet come when the latter system is well organized in social work.

The author gives an interesting review of the origin and status of the present educational units in this country. Persons who directed the course of pioneer education in social work are living to-day. This part of the study throws sidelights upon the characteristics of persons and communities responsible for promoting education. Marked changes from the early standards have been adopted in recent years and the newer policy tends to require more thorough preparation and strong foundation of general education and a body of knowledge of the whole policy of the work before specialization is permitted. It is obvious that technical instruction must be based upon the social sciences of which those who seek training in schools of social work are usually ignorant. Emphasis upon academic attainments as a basis of education for social work must not force unduly into the background the personal qualifications which in this work need to be of high grade with a decided valuation placed upon those traits which command respect and win confidence.

The chapter on case method of instruction is pertinent. It describes case study as beginning with concrete facts rather than principles and likens the method to use of a microscope or other means of studying natural science. The author points out the need for preparation of case books in social work that would be similar to those in use in law schools. The cases would naturally take up a number of

types that the various factors involved in the treatment might be made clear. Technique of the study of surveys, community organization, etc., are desirable but again as in much of social work there are no definite standards of treating them.

The discussion of field practice is equally comprehensive to that of case study. In considering the values of field work while in the school the author believes that only exceptional graduates should be allowed to assume responsible and independent positions before having a term as an assistant. Comment is made upon the limited number of persons available who are qualified to have charge of clinic instruction.

N. F. C.

ABSTRACTS

"A Brief for Investment in Adequate Prevention of Tuberculosis." H. Emerson. *Amer. Rev. of Tuber.*, 1922, VI, 454. The economic cost of tuberculosis has been a matter of knowledge for a considerable time. The actual extent of the loss attendant upon the disease has not been appreciated in terms of mortality, shortening of life, disability, financial loss. The plan of eradicating the disease from a community as demonstrated at Framingham, Massachusetts, has furnished a body of definite knowledge. The painful aspect of life incidental to the suffering involved to those with the disease, calls for special consideration in estimating the needs of the situation. In Framingham the reduction in disease and mortality was achieved through the combined activities of a group of medical and social workers. A mortality of 121 per 100,000 was reduced to 40 or at the rate of 67 per cent. The cost of the service included preventive measures and education in this special experiment was $2.40 per capita per year. The figures of the estimated increase in earning power of the persons treated through a wide spread adoption of the Framingham plan as given by the author are worth serious consideration. A five year campaign in any crowded urban population may be estimated according to the figures given. The cost of preventitive service is determined by the ratio of reduction in losses from disease. The development of tangible results of the education, sanitation and medical work justify an investment which represents $3.00 per capita in addition to the present welfare budgets. It is reasonable to assume a reduction of 50 per cent. in death rate through increase of such measures on the basis of facts quoted, which will serve as an illustra-

tion of service here and abroad. This study was prepared for the use of the Association for Improving the Condition of the Poor of New York in stimulating interest in increased activity in the tuberculosis work of their organization.

"Approach to Mental Hygiene Problems Through Elementary and Secondary Education." H. M. Grant. *Amer. Jour. of Nursing,* 1922, XXII, 1064. The general trend of this paper on elementary education bears directly upon the social hygiene problems of children and adults which are due to the prevailing ignorance of sex hygiene. Also to lack of efficient methods of it and its far reaching results in community life. The welfare agencies are occupied with innumerable phases of social abnormality. The Social Hygiene Association of Oregon has made appreciable advance in correction of the faulty or inadequate education of children in this subject through a staff of specially qualified teachers who have been secured for the public schools. They give the children in the elementary grades the first principles of social hygiene in a manner which is adapted to their capacity, and later more advanced knowledge of its relation to environment and human behavior. It is apparent that social workers have frequently been as unaware of the significance and biological meaning of this subject as the individuals they were working to relieve. It is often difficult to decide whether the special prbolem belongs to the mental or social hygiene field. Re-education of adults can be effective only in a limited degree. Through the system of the Oregon Social Hygiene Association a young generation of citizens is being prepared to meet the social organization in which they live on a basis of definite knowledge which will insure a competent public opinion as well as stronger individual morale.

"Mental Hygiene and Its Relation to Present Day Nursing." L. V. Briggs, *Mod. Hosp.,* 1922, XIX, 236. Briggs reviews the evolution of the comprehension of mental hygiene as a fundamental study in all nursing and public health education from the attitude toward it of a few decades ago. In Massachusetts at present one adult in every twenty dies in a state hospital for mental disease. Mental hygiene cannot be isolated from physical hygiene for mental processes are involved in every disease and all specialties are interdependent. Therefore it is an important feature of nursing education in any field. The Report of the Committee on Nursing Education of the Rockefeller

Foundation finds it essential that all nurses shall have at least three months in a mental hospital. Nurses and social workers who have not received such education do not understand their own personalities or how to adjust themselves with poise to the serious demands of the problems and emergencies of their work. No medical care demands more well equipped attention than the mental for there are more beds for mental patients in our hospitals than in the combined medical and surgical hospitals. The percentage of nurses prepared to assume this work is small in proportion to the demand. Bianchi and Janet are authorities who find respectively that work is a mental stimulus and restorative. Janet believes that the pressure of social competition is responsible for a large percentage of the increase in abnormality. Therefore the treatment required comprehension of the whole individual, his environment and his physical complications. The influence in preventive medicine of nurses who are prepared for this complete function is far reaching.

"Study of Venereal Disease Problem in New York City." L. W. Funkhouser, *Jour. of Soc. Hyg.,* 1922, VIII, 307. This study was made through the appointment of a Sub-Committee on Venereal Disease by the Charity Organization Society of New York, because it was desirable to have a comprehensive viewpoint on facts pertaining to the function of the social workers regarding the prevalence of venereal disease among patients, resources for treating such patients, and the quality and effectiveness of the legislation which effects the treatment. Case records of the Society were studied, venereal disease clinics and officials who have direction of all the available resources were visited. Questionnaires were sent to all the district workers and it was learned from them that the activity in behalf of patients is increasing. The weaknesses in the system are the obvious lack of medical knowledge by case workers who treat patients for a time while unaware of their true ailment. The data on the records is inadequate in some respects. The case workers place emphasis on the nature of the medical treatment rather than on infectiousness of the patient, his working capacity, general prognosis, etc. 'Too often the social worker assumed the responsibility of making a diagnosis of venereal disease to the doctor on the basis of the social history.' This is unfavorable to good co-operation. From an economic point of view it was determined that 42 per cent of the cases studied required financial aid because of the disease. Great impetus has been given to increase in clinic facilities since the war. There are

55 clinics and six additional hospitals in New York where this disease may be treated. The rules pertaining to care were uniform in all. The numbers cared for range from 30 to 4000 active cases according to space and equipment. Many items in this service need improvement, of which the most apparent is the need for more social workers. Medical social follow-up care is very essential to good medical results. The other social agencies are now trying to supply this lack, which duty interferes with their regular function. Other needs are more night clinics, better records of the work, reduced fees, and always more clinics. Maternity hospitals are not alive to the importance of thorough examination and treatment for the venereal aspects of their service. There is very limited provision at present for the dependent children of syphilitics in New York. New York State Department of Health through its Bureau of Venereal Disease, and the New York City Department of Health are responsible for the enforcement of legislation on this problem. The State Bureau is chiefly devoted to educational and supervisory duties. The laws of the state are given in this important study which is clear and definite on the resources and limitations of the care of the venereal disease patient in New York.

"Social Aspects of Heart Disease." S. Neuhof, M. D., *Jour. of Lab. and Clin. Med.*, 1922, VII, 607. Etiologic factors of heart disease are grouped as infections, intoxications and bad living conditions. Some of these phases may be met by direct attack and others are not susceptible to special treatment as they are not clearly defined. The educational measures in schools and factories have been a decided factor in reducing cardiac disease. There is imperative need for more educational work with venereal disease patients. Nutrition offers an opportunity for cardiac care through the regulation of diets. High protein diet for instance in unfavorable to a normal organic state. However much more chemical research and demonstration is necessary to determine the real influence of diet in cardiac disease. Diphtheria is now believed to have slight cardiac sequence since the use of serum has reduced the toxic reaction of the disease. The usual hygiene routine is indicated for maintenance of a life as near normal in cases of this disease as in the average medical condition. Infected tonsils and teeth have been regarded as of grave consequence but it seems desirable that further study be made of their relation to the disease. Occupation and exercise have unquestioned importance and

their regulation has progressed to a stage where definite conclusions are reached as to the rate of decompensation attendant upon their unregulated use. The increase in cardiac clinics calls for a complete and standard program of medical and social care. When the social worker is a trained nurse she can control group exercises of the cardiac, especially with children, as her medical knowledge is sufficient for her to observe beginning dyspnea, rapid or over forceful heart action. The follow-up observation in home and clinic gives the most important link between home and hospital. When carried out in a kindly unobtrusive way this department tends to harmoniously bind the medical and equally important out patient social problems of the cardiac. Educational work with the families of the patients is of value when it covers sanitation, diet, rest, good morale in sickness, and the indicated medical care. The cardiac classes have been organized to stimulate the interest in education and routine care. The country convalescent home is especially useful for cardiacs with fair compensation and exercise tolerance and is of benefit to all patients.

"Calcium Requirement for Children." H. C. Sherman and E. Hawley, *Jour. of Home Econ.*, 1922, XIV, 414. Dietary studies of typical American families have brought out the fact that the actual calcium content of the diet frequently falls below the requirement of man for normal equilibrium (that of .45 grams per day per 70 kilograms of body weight). To determine further the requirement for the growing child, and the best source of supply, experimentation was carried on with four groups of children. This was made possible under the joint auspices of the Department of Social Welfare of the New York Association of Improvement of Condition of the Poor, and the Department of Chemistry of Columbia University. The children received milk as their chief source of Calcium, amounting to from one pint, to one and one half pints daily, together with such food as bread, butter, orange juice, oatmeal, macaroni, potato, apple and meat. They were allowed as much of the latter group as they wished in each case, but the quantities eaten were accurately determined. Results of the work revealed that with an ordinarily good diet, children store .01 gram of calcium per kilogram of body weight a day. A mixed diet with the addition of one quart of milk a day allowed calcium storage to this amount. Cutting the milk supply also cuts the calcium storage. There is little if any increase in storage when one and one half pints of milk were used. Calcium from vegetables

is not as efficiently utilized. In order to provide for the optimum development in bones and teeth, it is therefore recommended that one quart of milk per day be allowed in the dietary of the growing child.

"A Critical Age As a Factor In Labor Turnover." H. D. Kitson, *Jour. Indus. Hyg.*, IV, 1922, 199. The labor turnover is an increasing source of perplexity in industry. The causes have been listed under inadequate wages, bad physical conditions in the factory; social problems and physiological factors. Other psychological features are apparent, one of which is behind labor turnover. Many persons have reached the age of independence, their home is paid for and a feeling of release is experienced. The man may appreciate that after 50 years of steady application it would be hazardous to try a new position. Studies were made of 2500 workmen who sent in voluntary resignations from their position. They were reviewed by age groups and length of service. All were found to have given short service if under 25 years of age. Instability of youthful interests, and lack of social responsibilities as well as the material ambitions at this age were found to be causative factors. Stability of service after 50 years of age was due to the disinclination to face hazards of change. The long term periods of work were found between the ages of 31 and 35 due to the responsibility of men to their families. Short term service is found among persons of 36 to 50 years. The minimum is reached after 41 years. The reasons were believed to be economic and psychophysical. Physiologic changes of the period are experienced by women and in a less serious degree by men. With the latter there is high arterial tension, quick fatigue, oppressed sensation in the chest, vertigo and mental instability ranging from an anxiety neurosis to insanity. Therefore the program for the service division in industrial hygiene should assume a special care for men at this time. Promotion for special merit is desirable. Further studies of this phase of industry are needed to complete the analysis of this phase of the work.

"Relation of General Biology to Medicine and Dentistry for the People." V. A. Latham. *Med. Woman's Jour.*, 1922, XXIX, 203. The value of preventive medicine lies in its influence and eventually with the qualities of civilized life in the community. Environment and individuals constantly counteract each others forces. Health is the balance of the organic functions. Persons whose habits are given

to excesses inevitably create disease. Among the most telling examples of this are the commercial forces which are sometimes organized so as to ruthlessly injure the lives of employees. A grave and abnormal pressure causes serious nervous disorder. The relation of biology and dentistry is traced through microscopic research. The chemist, bacteriologist, zoologist, pathologist and dietitian are all concerned with the care of the mouth and gastro intestinal tract. Use of micro-analysis brings comparatively the same results in each of these branches. The time for dental care in the earliest years and the work of the teacher is of vital importance.

"Five Years of the Framingham Tuberculosis Demonstration," D. B. Armstrong. *Canada Lancet,* LIX, 1922, 96. Statisticians find that tuberculosis cuts off two and one-half years from the average mortality rate of the people of the United States. Appreciation of the hygienic, social and human significance of the disease led to creation of the National Tuberculosis Association in 1914. After summarizing its conclusions upon 11 years of activity certain outstanding facts were available for a basis of the ensuing program. The query as to whether the methods by which the disease had been treated were sound was answered in the affirmative. In the beginning the Metropolitan Life Insurance Co. gave $100,000 as a nucleus of a budget. Its primary object was to discover all cases of tuberculosis in an average American town, provide all adequate hospital or sanatorium care or home hospital treatment for those who do not go to the hospital; determine the end results of the program on the community, and the cost of a competent health program. Research and observation was the primary work in outlining the field work. Routine equipment for medical and nursing care for special groups such as factory workers, school children, infants, was then installed. Nearly all the school children and about 75 percent of the industrial employees are now under the measures of the system. Much literature has been distributed which gives hygienic and educational instruction. The work has concentrated upon the idea of creating community responsibility and participation as far as possible. This effort has met a good response. An appraisal committee studied the work of 11 years and estimated the results. Approximately 1% of the population were found to have the disease. Another percent gave evidence of arrested tuberculosis. The percentage of early diagnosis has been raised from 45 to 83. More patients are now pursuaded to go to

sanitoria. There is known to be an average of 9 active cases to each reported death. At the beginning of the service the town of Framingham was spending 40 cents per capita for health work of all kinds including tuberculosis. Now it is spending $2.15 per capita, which includes the cost of the health and tuberculosis program plus 25 cents per capita for certain demonstration facilities. When the work began the mortality rate for the preceding 10 years had been 121 per thousand. In 1921 it was 40 per 100,000, or 67% less.

EMPLOYMENT BUREAU

In order to be of greater service to our readers, *Hospital Social Service* will conduct an employment bureau for Hospital Social Workers. Until further notice, a list of positions open will be carried free. Copy should be received at the Editorial Office by the tenth of the month. In answering keyed advertisements, please mail replies separately to Editorial Office in New York. In replying, give professional training, salary requirements, previous positions held and three or more references. Position wanted announcements will also be carried. The charge will be $2.00 per insertion. Copy should reach the New York Office by the tenth of the month.

COMING MEETINGS

November 14-16—New York State Conference of Charities and Corrections, Albany, N. Y.

DIRECTORY

Corrections and Additions Hospital Social Service Departments

NEW YORK

BROOKLYN

St. Christopher's Hospital Social Service Department	227 Hicks Street K. M. Scott, Head Worker

ELLIS ISLAND

U. S. Marine Hospital, No. 43 Social Service Department	Bertha J. Fulton, Head Worker

NEW YORK CITY

Woman's Hospital Social Service Department	Miss L. M. Remier, Head Worker

ROCHESTER

Rochester Homeopathic Hospital Social Service Department	May H. Rogers, Director

NEW JERSEY

SPRING LAKE

Ann May Hospital Social Service Department	Anna A. Walz, R. N., Head Worker

PENNSYLVANIA

PHILADELPHIA

Philadelphia Hospital for Mental Diseases Social Service Department	34th and Pine Streets Jane Estabrooks, Supervisor

CORRECTION

Miss Willa Murray is Chief of Social Service of the Mayo Clinic, Rochester, Minnesota, instead of Miss Gooding.

Miss Louise Wenzel has resigned her position on the staff of the Committee on Dispensary Development of New York, and is married.

Mrs. Katherine F. Harvey has resigned her position as Head Worker of the Social Service Department of the New Haven Hospital and Dispensary.