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SOCIAL PATHOLOGY



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SOCIAL PATHOLOGY

BY

GEORGE B. MANGOLD, PH.D.

PROFESSOR OF SOCIOLOGY
UNIVERSITY OF SOUTHERN CALIFORNIA

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SET UP AND ELECTROTYPED BY J. S. CUSHING CO.
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To my wife,

EDITH PUTNAM MANGOLD,

an inspiring companion for many years,
this book is affectionately dedicated.

PREFACE

It is hoped that this book will explain itself and that no elaborate preface will be necessary to indicate the things that are significant and unusual. A few observations, however, may prove profitable to the reader and the student. The writer believes that books in the field of practical sociology should give considerable space to thoughts for the future and should recognize the desirability of positive programs for the improvement of the social order. He knows, on the other hand, that even the wisest of men cannot map out or survey the exact road that society will eventually travel in order to reach the goal.

The author has attempted to present selected material from the field of social pathology and to consider it in the light of the sociological and economic principles that shape and transform human conduct. In the presentation of this material his viewpoint has been largely objective. In interpreting the meaning of current social conditions he has utilized the thought and the inspiration of the leaders in the movement for social improvement and has not hesitated to express his own views. As a consequence it is hoped that a palatable mixture of objective and subjective has been produced. Otherwise the student will constantly be left dangling in the air and wondering whether or not a constructive program is feasible.

It has therefore been necessary to challenge the permanent efficacy of our awkward individualism and to insist on the supremacy of associational activity. No longer can our social problems be solved on the basis of the rights of the individual as against those of the group. No longer can individual opportunity and aggrandizement be permitted to sacrifice the hopes

and the aspirations of the majority. Our social problems constitute phases of cultural evolution and depend largely on the workings of certain social and economic forces. The modification and re-direction of all injurious social processes represent the task of far-sighted leaders of welfare movements. Many attitudes and values have become warped and are out of harmony with the needs of community welfare. That processes can be modified and attitudes made more conformable to the requirements of a social goal cannot be doubted; otherwise hopes for a better social order become entirely illusory.

There is a wealth of factual material at the disposal of any writer on this subject. The author has tried to select that which best illustrates problems and practical situations. Accordingly many tables will have more than an ephemeral value and will, for a long time, be typical of given problems. For example, the adaptability of a blind or a deaf person for a particular job will be the same tomorrow as it was in Minneapolis when data on that subject were collected there. Efforts have likewise been made to prevent the book from becoming a babel of useless and cumbersome knowledge.

No apologies are necessary for the wide variety of topics included in this text. Every student of social problems needs to familiarize himself at the outset with the entire gamut of subjects discussed. Furthermore, the inter-relations of our various social problems are demonstrably so definite that a view such as that presented here should prove decidedly worthwhile. The world is suffering not so much from social problems as from the social problem.

GEO. B. MANGOLD

LOS ANGELES, CALIF.
March, 1932

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SOCIAL PATHOLOGY

SOCIAL PATHOLOGY

CHAPTER I

INTRODUCTION

1. The Religious Motive.

The ideal of social welfare has required all of the past millenniums to germinate and come to blossom. The highest ideal of the world religions has been that of seeking the brotherhood of man. It is probably an exaggeration to claim that in the beginning the Christian ideal aimed to bring about universal brotherhood rather than the spread of the Christian religion. However, from the days when the Apostle Paul felt the call of the Gentiles until the present moment, Christianity has sought to diffuse itself and its doctrines throughout the world, and the inevitable by-product of Christianity as a culture trait has been international and inter-racial good-will. The spirit of Christianity comprehends a world-wide unity; the practice of the various sects and denominations, of course, reflects the impact of other influences and ideals, with the result that often disunity and hatreds developed and even "holy wars" were fought.

The world religions have not generally sought to encompass the entire world. They have been satisfied with the conquest of certain races or peoples. Christianity and Mohammedanism have been imbued with the missionary spirit and have not limited the field of their activity. Particularly in the case of Christianity, human beings from all parts of the world, in addition to their adherence to one religion, express a unique fellow feeling that involves mutual care and protection. Unques-

tionably this religious motive has been the chief dynamic factor responsible for the broad sympathies of the present day.

The natural effects of Christian philosophy have been neutralized and even overcome by other human interests. Therefore the prevailing attitudes of any national or racial group professing Christianity represent a composite of these interests. During the World War, for example, the religious groups in each country aligned themselves with the national interest. However, they did so with some reluctance, and, within the last two years, many denominations have definitely recorded their opposition to war as a method of settling disputes. In case of attempts to embroil our nation in another war stiff resistance from denominational organizations, and particularly from their more militant anti-war leaders, may be expected. In fact, the number of the unreconciled and of conscientious objectors would fill many a prison and would seriously handicap the prosecution of a war. War and Christianity are irreconcilable and the conflict between the two will grow with the passing years. As a consequence an increasing humanitarianism and a deeper fellow-feeling for the rest of the world may be expected.

2. The Humanitarian Ideal.

Another motive is the humanitarian ideal. Pain and suffering grip the emotions of the observer and cause him to extend aid and service. Perhaps the impulse to mutual aid is the basis for such an attitude and such action. At first this ideal operates within very narrow limits, that is, within the confines of simple primary groups. As the area of economic and race interest widens, the expression of neighborliness is extended. Being a " good neighbor " is a humanitarian as well as a religious ideal and first expressed itself as the former. The urge to help takes form even though no hope of reward or returns appears. The mutual desire to give a man a chance wells deep within the human breast and the wounded, sick, captured, suffering, enslaved, and the unfortunate bear witness, both

mute and articulate, to the well-wishing impulses of human kind.

The humanitarian ideal, although spontaneous in its incipiency, can be cultivated or neglected with results accordingly. Emphasis on this motive by recognized leaders has greatly strengthened the spirit of neighborliness and helpfulness, and has caused it to flow far beyond the limits of primary groups and to embrace remote neighborhoods and communities. Accordingly we give not only to the needy in our large cities but to the sufferers in Cuba, China, Italy, or wherever disaster strikes.

The ethics of humanitarianism has often been tersely expressed in the literature both of past generations and of the present time. Writers may have lacked an appreciation of the gravity of a reform program; they, however, did not overlook the serious conditions that should be set aright. Even before the statesmen attempted to promote social justice, the poet spoke of the sorrows and woes that afflicted mankind and cried out for a remedy. The motive and the ideal were present, although the method had not been divined.

Goldsmith was merely representative of the type that recognized causes and conditions of injustice. What, for example, can be more graphic than that stately and sonorous couplet from the *Deserted Village:*

> Ill fares the land, to hastening ills a prey,
> Where wealth accumulates, and men decay.

In England the battle for better child labor conditions and for limitations on hours of labor was won with the aid of the writers and delineators of slum life and its evils. No one proved more influential than Charles Dickens, whose novels aroused so effectively the dormant humanitarian impulses of the English people and eventually brought about many needed reforms.

Likewise the great poets of American history have faithfully stood for a greater degree of common or human welfare. Some, in fact, cried out boldly against the more serious wrongs of the

day. Others, wrapped in the mysticism of a former age, were less aggressive, but nevertheless recognized the existence of evils and made dutiful protest. Perhaps the writers of the present age represent a more militant attitude. Lacking the poetical adornments characteristic of the previous century, their writings, however, clearly express the mood of discontent with the inequalities and the injustices that continue to abound. The somewhat shoddy but pointed stanza by Sarah Cleghorn is an example.

> The golf links lie so near the mill
> That almost every day
> The laboring children can look out
> And see the men at play.

The humanitarian ideal has been greatly strengthened by writers such as these and their congeners.

3. The Intellectual Appeal.

The scientific or intellectual interest in social change represents a third influence of tremendous importance. To the English-speaking world the bequest of individualism represents the chief contribution from a group of philosophers of the 17th and 18th centuries. Among these, perhaps the influence of Rousseau is of greatest moment, since his philosophy strongly tinctured the language and thought of our Declaration of Independence. This individualism furthermore insinuated itself into our legal and social system with the hearty cooperation of a frontier life which enabled most men to shift successfully for themselves and to resent intrusions or interference by others. The hauteur with which this self-sufficiency expressed itself forms a unique chapter in American history.

The sociology of most of the 19th century proved of little value for the promotion of social welfare. The philosophy of wealth as represented by the Malthusian theory of population was ably flanked by the Darwinian theory of natural selection or the survival of the fittest — a doctrine which in its naked brutality became the joy of the eugenist and the despair of the humani-

tarian. Nor did the prodigious mind of Herbert Spencer relieve the impasse toward which scientific thinking was drifting. Spencer was an individualist who veered so far to the extreme left that he frequently stood on most precarious ground. As a sociologist his analysis and attitude were those of the pure scientist who seeks to explain and to understand. To him society, as an organism somewhat resembling a huge uncontrollable animal, was a creature the habits and habitat of which were to be examined and studied. Spencer stood by the banks of the stream and watched the water flowing by; he saw it break through the banks and carefully studied the principles which made the overflow possible and the devastating effects of the flood on property and lives. He did not study the methods or the technique necessary to protect these human interests. In fact he had little, if any, appreciation of the capacity of the human race to direct or modify its own evolution. This barrenness of purpose and results seriously retarded the advance of a constructive humanitarianism and confirmed the thought of the day in the stupid individualism from which we are so tardily recovering.

Social welfare owes much to Lester F. Ward, the first outstanding American sociologist. To him dynamic sociology was not merely an analysis and explanation of society in motion but a study of the processes and forces capable of direction and control. Always his own dictionary, Ward founded and elaborated the theory of social " telesis," according to which the fate of society rested largely in the hands of human beings themselves. Intelligence matured by education and the emotions harnessed for constructive service could when wisely guided effect social achievement invaluable to human progress.

Ross, in his forward-looking *Social Control*, advances the philosophy of human welfare still farther. He inquires into the basis of social control and finds that public opinion and law are the forces largely responsible for human conduct. These forces interlock and both are subject to re-direction and modification. In later works, Ross has studied in detail the various social

processes, and throughout his analyses holds forth the hope of a conscious direction of social change. The deep-seated bases of exploitation and conflict are amply recognized, but a note of optimism sounded without which progress in social welfare would be impossible.

Other American writers in the field of social theory have supported the thesis that scientific methods can be applied to the promotion of human progress, that social evolution can be controlled and cultural change effected by conscious human action. Among the leaders in this respect have been, or are, Blackmar, Bogardus, Ellwood, Ely, Gillin, Small, as well as others.

4. The Political Motive.

Government, or the organized state, has from time immemorial been interested in charitable work. Cuneiform tablets from Babylon tell us of the welfare code of Hammurabi; the Old Testament reveals the plans adopted by the Israelites; the Roman corn laws are matters of history, and other benevolent enterprises were carried out by divers Roman emperors; furthermore ancient Greece developed methods of caring for its own.

In the Western world after the beginning of the Christian era, philanthropic work became the task of the church, but the state never entirely forgot its obligation. The Protestant Reformation brought about an abrupt change in the North European countries and the various national governments were forced to develop a charitable code. When the church no longer accepted the burden of philanthropy, government was obliged to intervene and to become the carrier of the relief and welfare program. In England the dissolution of the monasteries by Henry VIII created a tense situation. As early as 1531 the movement to transfer charitable work from the church to the state made considerable advance, and the celebrated English Poor Laws of 1601 mark the establishment of a state system. Likewise in Germany the local districts began the work abandoned by the church, but the lack of centralized authority here prevented the

development of a national plan such as that which characterized the English people. Each local commune, however, was required to care for its own people; this situation lasted until the spirit of German nationalism succeeded in establishing larger governmental units.

Undoubtedly the motives that guided these units in their philanthropic work was mixed in character. The humanitarian ideal was present and likewise the compulsion of religious belief and practice. However, the obligation of the state to help and protect its citizens or subjects was increasingly recognized. This motive was largely selfish, since the enemy was always ready to exploit its neighbor, and protection demanded the largest possible number of able-bodied men.

With the rise of nationalism, the insistence on public care of the poor and unfortunate grew more pronounced; and even in those countries in which the work was ostensibly conducted by the church, the state made additional provision for relief and care. The greatest development in this respect has occurred within the last one hundred years, and is partly due to imitation of the countries in which systems of public care had been well established.

The political motive stopped at a nation's boundary. Beyond that, it was necessary for other ideals to develop the spirit of the good Samaritan. Until the World War and the clarion tones of President Wilson stopped the procedure, the exploitation of the weaker and less civilized peoples of the world had proceeded almost unabated. While the nations cared for their own, they were quite oblivious of the lives or the welfare of the inhabitants of the colonies that were to aid in enriching the mother country. The partition of Africa is a case in point. Probably the story of the excesses and atrocities perpetrated in the Belgian Congo will never be fully told. Africa was not controlled for the benefit of Africa but for the advantage of the countries to which the various provinces owe allegiance.

The former designs on Turkey are well known. Even parts of China were to be given to Japan, surely not for the benefit of

China, and but for the stalwart statesmanship of an American president they would now remain in the possession of Japan. Self-determination, that is, the right of a people to its own soul life, and to the expression of its culture ideals, became the watchword of the post-war era. Perhaps the principle was carried too far, but on the other hand it established an ideal of international and inter-racial tolerance hitherto unknown. Exploitation of backward races and peoples may still continue, but the eyes of a new world are watching the exploiting nation. No longer may she starve, enslave, or kill.

A broad-gauged political ideal is in the offing. Some of the backward nations have received the right to work out their own destiny. With the recognition of this right has come the exclusion of immigration to countries that are beginning to feel the pressure of population. The right to use other countries as a depository for our excess can no longer be upheld. Our social ideal demands that uncivilized and backward peoples be given a reasonable chance.

The inevitable internationalism developed by the World War requires the solution of certain social problems on an international basis, for example, the opium traffic, or the handling of certain dangerous diseases. Each nation will of course retain its autonomy; but after agreements have been reached in respect to a uniform program for meeting the situation the various nations will be expected to abide by the agreement. Certain abnormal social conditions will persist in many countries until joint plans for preventive and constructive work are attempted. Social work on an international basis will continue to increase, and will necessitate working plans whereby the various countries can participate. America's failure to join the League of Nations due to the narrow partisanship of a small group of United States senators must inevitably be remedied by some plan of association which will gain for us the advantage that has heretofore been denied us. It is not enough to join the World Court; we need to work out coöperatively with the leading nations of the world many problems which are vital to our

social welfare. We cannot succeed in this undertaking unless we possess the machinery with which we can construct and complete our plans and procure their acceptance by the world.

5. Some Goals of Social Welfare.

Frequently the student inquires as to the ultimate goal of a social welfare program. What does applied sociology aim to accomplish? Can we find definite, recognizable, universally valid ideals for which all should strive until they are attained? We have seen that a number of varying motives combine to bring about evolution in definite directions. However, we have not yet discovered the concrete aims of social control; furthermore, men differ so much in viewpoint that no final authoritative statement of such aims will be attempted here. Finally, the point of approach is so varied that men who think somewhat alike may, nevertheless, present very different goals or ideals of social progress.

Among the attitudes expressed, the author wishes to mention two. The statement by Professor Harry F. Ward as given in his *The New Social Order* and that by Joseph K. Folsom in *Culture and Social Progress*. Dr. Ward says, "The new order involves a conscious choice of the highest, most difficult end for human life. Its goal must be the unfolding of personality; its form the democratic coöperation of life through which it will continually approach its goal and express its spirit, in and through fellowship in all the undertakings of life to the widest possible extent between all people and with the Eternal Spirit of the Universe, whom men have ever sought to know and with whom they have ever desired to work." The principles of this order are reduced to five, as follows: equality, universal service, efficiency, the supremacy of personality and solidarity.[1]

Professor Folsom approaches the problem from an entirely different angle. He finds that the objectives of cultural adjustment are four in number: (1) the prevention of suffering; (2) the elimination of needless labor or waste and the promotion

[1] *The New Social Order*, p. 32.

of leisure time; (3) the enlargement of the number and varieties of the source of enjoyment; (4) the promotion of the maximum personal liberty in the choice of enjoyments.[1] These objectives are subdivided and each discussed in detail. The value of this classification lies in its concreteness, thus giving the reader an opportunity to agree or disagree. These two writers seem to differ widely in respect to the place of religion in the scheme of social progress. Ward clearly expresses that which is subjective and compelling, while Folsom treats religion from a casual and objective viewpoint.

Possibly the four wishes of Thomas need to be considered in connection with the goals of human progress. Our fundamental desires may require sublimation but they cannot be eliminated; in fact they direct us toward some of the goals that we must endeavor to achieve. These wishes have been denominated as the wish for security, for response, for new experience, and for recognition. For the social engineer and the social worker certain goals can be set forth; these goals may require revision and, perhaps, enlargement, but the near future surely calls for achievement in the following directions.

a. Sanctity of Life.

Human life is under-evaluated. When lost, it cannot be replaced. We gamble with it every day; and throughout the world thousands of unnecessary deaths occur from day to day. Greater responsibility must be imposed on those who bring life into the world. This cannot continue a mere casual act as is true in a large proportion of cases. It demands a foresight and a forethought worthy of the best plans for life that parents can make at any time. Life should come when wanted and life should be protected at all hazards. Infanticide is a crime, and although abortion is classified as a crime, thousands of budding lives are destroyed in this country every year and even larger proportions in certain European countries, while in Russia this offense has been removed from the category of crimes entirely.

[1] *Culture and Social Progress*, p. 260.

Population control can be achieved without destroying life and must be accomplished according to this principle.

Life is not sacred so long as it is sacrificed to property and to human greed. Men today hardly blink their eyes on reading about the massacres by gangsters or deaths from the effects of pestilence or flood. The grim war of yesterday with its millions of deaths in battle and its equally heavy list of casualties from rapine, disease, and starvation among non-combatants has steeled the hearts of men against the ineffable tragedy of death. The callousness and unconcern with which a large proportion of the ten thousand homicides occurring annually in this country are perpetrated reveal the depths to which our indifference has fallen.

Nothing has been more disastrous to the protection of life in civilian surroundings than the experience of war and of the battlefield. To begin with, what can be more brutalizing than bayonet practice, except the actual employment of the instruments of death against a foe toward the individual members of which the soldier holds no grudge. Not only do men return from war hardened to bloodshed and excesses, but the men at home learn to rejoice over the bloody victories that have been won. Is it any wonder that an orgy of crime tends to follow a great war and that the value of human life is depreciated! There can be no sanctity of life so long as war remains a legitimate method of settling international disputes. Because of this unqualified truth Lincoln strove to end the Civil War and to effect compromises on all points, provided the inseparability of the Union were recognized. For this reason, Wilson struggled to keep us out of the war and, when he entered, entered with a heavy heart. War has no spiritual power, but merely personifies force and science. Ultimately, the democracy of reason must shrivel the despotism of war into a helpless anachronism and the sanctity of life emerge triumphant.

b. Security.

Next to life comes the chance to live. Until men pass from the brink of poverty into the fields of normal living little social

progress can be achieved. Insecurity with its heap of manacled and ruined lives interferes with mental and spiritual growth and with that fulfillment of personality which represents an essential goal of human achievement. Insecurity rests heavily on the peoples of the world. "The Man with the Hoe" is found in every country and every clime. To him life is a dreary monotony devoid of its higher values and clogged with birth, sustenance, reproduction, and death.

The great bulk of mankind still endure a social deficit. For them no surplus is available, and therefore the grim realities of a physical existence claim their health and strength. In fact starvation is a constant specter in the Old World. In America there may be but little starvation but the menace of precarious living is a controlling preventive of the higher life. The lack of security in the maintenance of a livelihood leaves a trail of evils from which emancipation becomes impossible. The uncertainty of employment prevents the establishment of family life; and when family life has been established it interferes with education, recreation, spiritual nurture, and social efficiency. Insufficient wages block the opportunity for personality development and force men down to the level of physical existence.

With the migration from rural to urban districts insecurity has been intensified. Life in the country may have been simple and the satisfied wants but few; nevertheless, the fear of the "poorhouse" was never a haunting dread, since the organization of family and community life made the abandonment of the helpless aged practically impossible. In the cities no such ideal exists and old-age dependency must be supinely faced by approximately one-fourth of the population.

Perhaps the greatest evil of insecurity is the mental enslavement that it imposes on its victims. The man whose job depends on some anti-social employer cannot free himself from this thralldom. He votes, he fights, he thinks according to the dictates of his daily bread. He may realize the existence of certain wrongs but dare not stand for the right, because to do so jeopardizes his position and may involve him and his family in

financial ruin. A large proportion of people cannot risk this danger; and therefore they confess an apathy and sluggishness in respect to current social and political problems which, if such attitudes persist, will seriously threaten the success of our democratic experiment.

Security implies not only a sufficient income for a man to care for himself and his dependents but the right to give reasonable expression to his hopes and ideals. Insecurity shadows the professional man in altogether too many vicissitudes of life. How many lawyers dare not express their convictions on issues of the day; how many college professors in certain universities are muzzled in thought and expression or in danger of losing their positions? How many clergymen obsequiously surrender to their congregations? Freedom of thought, freedom of the press, and freedom of speech are not obtained by writing these principles into constitutions but by sanctifying these ideals and punishing their traducers.

Security is many-sided in its effects on mankind. Besides the hope it gives to life and the enfranchisement of the spirit, it enables men to look forward, to utilize their acquired capacities and strength, and to become creative. It enables men to contribute further to that store of knowledge, of form, of beauty, and of mental ecstasies which is altogether too meager and without which society remains socially and spiritually impoverished.

c. Personality.

The ideal of personality is slowly coming into its own. Centuries of economic insecurity, of political oppression, and of dictated religious beliefs have robbed the bulk of mankind of that efflorescence of personality which must become the birthright of everyone. Today the social case worker insists that the development of personality is the chief objective in his work with the men and women whom he serves. Today the psychiatrist emphasizes personality and attempts an assorted therapy to meet given situations. Society as a whole is dimly aware of the need of enabling individuals to realize the larger life of which

they are capable and is attempting to remove the straitening influences that are cramping their personality.

Probably the greatest handicaps to the fulfillment of personality are the tyranny of culture patterns and economic insecurity. Take for example the larger life of the average woman of all the ages. For her the pattern of life has been simple and easily learned; century after century it reappeared in similar form. The supremacy of man, the pleasure of child-bearing, education for the male sex, and weary and unending toil for women — these were culture patterns to which she had become inured and against which she made few or no complaints. What havoc with a completed personality did these constraints produce? Few, indeed, have been the women whose names have been written in the annals of history. Was it not Lester F. Ward who said that the number of eminent persons, of individuals who make definite contributions to social progress would be practically doubled if women were given opportunities similar to those possessed by men? Already the fruit of the modern woman movement tends to confirm this view. As women have become persons with individualities unconstrained and with control over body and mind a new era has dawned for them. Their weaknesses, their inferiorities, and even their characteristic physical and mental reactions have vanished. They have proved their capacity for team work and have contributed mightily to the essentials of social progress.

Nor have men been free from the galling restraints that impede the development of personality. The sodden masses in pre-revolutionary France cried fruitlessly for bread; the slums of London gave rise to the Salvation Army; Europe in a century has been abandoned by more than fifty million people seeking opportunity in the various countries of the New World. The struggle for an outlet to the inner longings and for the chance to realize the utmost of life is the never-ending struggle for the fulfillment of personality. The rise of democracy is the irresistible outcome of the demand for recognition and response. The abundant life is not possible where men have no rights, where

privileges are born to men and where free interplay between the individual and the community is forbidden. Is it any wonder that in the heat of battle the sons of freedom prove superior to the inert and stupid serf; that the former have initiative and originality, while the latter lack force and energy! Enlargement of personality is not possible until the human being is valued above material goods and personal aggrandizement. Without opportunity, thousands, yes millions, have lived shorn of their inborn capacity to render society efficient service. Gray, in his unique *Elegy*, muses faithfully to social experience in the lines,

> Some mute inglorious Milton here may rest,
> Some Cromwell, guiltless of his country's blood.

The struggle for political self-control, for self-determination is an effort to live a fuller life according to individual inclination and desire. Relatively inefficient self-government is usually less burdensome than the imposition from without of well-established principles of control. The value of being able to order the details of one's life is inestimable and is a privilege that few would forego.

Today machine industry threatens men with the loss of individuality, of creative work, and of self-expression and imposes a monotony of task and movement deadly to the ebullient spirits of men of energy and ambition. No wonder that this maddening pace is partly offset by mental and moral abandon as illustrated by the reckless and aimless use of leisure time. Unfortunately men almost bereft of personality by the insipidity of their daily work cannot reclaim it by means of indulgence and excesses. A tempered program of work articulated into a well-organized plan of recreational activity is essential for proper self-expression.

The philosophy of individualism is based largely on the desire for a better fulfillment of personality. However, a system that enfranchises the lives of a few and by virtue of this result embitters and shrinks the lives of others does not provide society

with the essentials of personality development. The curtailment of personal liberty may be necessary to enable one group to escape from the domination of another. Regulatory measures will be increasingly necessary in modern society. The ingredients of a wholesome personality do not rob the entire apothecary. It is not necessary for the individual to run the complete gamut of human experiences in order to attain that degree of happiness, usefulness, and inspiration of which he may be capable. To do so would inevitably limit the rights and the legitimate opportunities of others. The two young men who attempted the perfect murder in order to enjoy the thrill of a new experience have perpetually dwarfed their own personalities and have made limitations of personal freedom more exacting than before.

Free opportunity must be given to the individual to expand his personality wholesomely and constructively. The results must prove favorable to the social group as a whole. The drunkard cannot claim the privilege of indulging his appetite, since drunkenness narrows and distorts personality and may involve in fatal ruin the personalities of wife and children. Legitimate limitations on the right and opportunity of men to pervert their appetites are entirely consistent with the right of personality development. Society must insist on the opportunity of all to the larger life and to greater effectiveness; and that which hampers this hope and its realization may be interdicted and prevented. In a similar way the willfulness of the individual cannot be permitted to interfere with sanitary regulation, with public safety, with the elimination of physical and moral hazards and other necessary forms of social control. The group cannot be sacrificed for the individual, but the necessities of social adjustment require the sacrifice of neither the individual nor the group. Happiness and an abounding life are not consistent expressions of wholesome personality if attained at the price of ruined lives and abandoned hopes. They must be conditioned by proper consideration of the rights of all to reasonable self-expression.

d. Mutual Responsibility.

An essential goal of our social welfare is mutual responsibility. None of us liveth unto himself. If that statement was true two thousand years ago, it is immeasurably more true today. Not only in a fraternal sense but in a genuinely social sense " I am my brother's keeper." That responsibility which the parent assumes for his child and that reciprocal responsibility which the child later on assumes for his parent is merely a miniature picture of the ideal that must eventually exist in the world at large.

The tendency to mutual aid has been deeply implanted in the human breast. The trait may arise in part out of the selfish impulses, in part out of the desire for security; but from the beginning a measurable quantity of this tendency has shouldered the responsibility for reciprocal service. Kindness, tenderness, the desire to help and to bear each other's burdens — these qualities gradually intensify with the practice of mutual aid. Society needs them; it must protect and cultivate them and make them universal in their application.

There will always be pain and suffering. They are inherent in the nature of life and mortality. To reduce the suffering of others rather than of ourselves is a higher goal than to attempt calmly to live a hedonistic life. Furthermore the ultimate good of society will be more assuredly achieved if a large modicum of self-sacrifice prevails. The ego-centric individual is antisocial, and unwholesome in his relations to his fellows. A society based on the ego-centric principle can attain no unity, can accomplish no great social purpose, and will necessarily fail in achievement.

The closer the physical and social contacts of the men and women of the day, the greater the necessity for mutuality, for helpful give and take, and for a sharing of the joys and sorrows that befall the lot of men. Humanitarianism represents a form of mutual responsibility, but the need is far deeper. It must stimulate our spiritual energies to a practical realization that all men are brothers and that each should be entitled to the consideration that this appellation denotes. Without the spirit of

altruism society would be but a sorry exhibition of the collective humanity that we believe has been made in the image of God.

From the standpoint of social pathology, the sanctity of life, security in an economic and a social sense, the fulfillment of personality and mutual responsibility represent ever-present goals of social welfare. The achievement of the goal is a difficult process. It requires a multitude of transformations and a consistent application of idealism. Poverty must first be abolished. Greater leisure time must be available for all. Sickness and suffering must be reduced to a minimum. Government must be simplified and political rights made more capable of effective expression. Character-building processes must be strengthened and behavior habits made to conform with the group requirements. The evils of caste and class must be abolished and a greater equality of opportunity insured to all. Self-expression must be tempered by self-repression and concern for our mutual welfare widely cultivated. Finally a growing altruism must displace the narrow selfishness that is so deeply rooted; otherwise a program of social improvement becomes difficult, if not impossible.

QUESTIONS FOR ADDITIONAL STUDY

1. To what extent did Confucianism and Buddhism achieve brotherhood?
2. Compare early and modern Christianity in respect to the acceptance of a desire for brotherhood.
3. What were the motives that prompted the early English Poor Laws?
4. Contrast the motives that distinguish Protestant from Catholic social work.
5. Give reasons for the absence of vigorous social service programs among the Hindus or the Chinese.
6. What human tendencies have limited our humanitarianism?
7. Make a list of sociologists who believe that society can accelerate achievement.
8. What principle of social welfare requires that we allow the congenital cripple to live?
9. What conditions other than war make us callous to death?
10. Show how one's occupation tends to develop certain social and political viewpoints.

11. Why would a full development of personality be impossible under a régime of anarchism?

12. Reconcile restriction and wholesome personality.

13. Study cases of group solidarity and their achievements.

14. To what extent do the American people attempt to attain the goals of social welfare?

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CHAPTER II

AMOUNT OF WEALTH AND ITS DISTRIBUTION

1. Aggregate Wealth.

a. Per Capita Wealth in the United States.

The amount of wealth of a country is of prime importance. Capital is that part of wealth set aside for further production and unless considerable capital is available the productivity of a nation will remain comparatively low. The output of 1,000 Americans armed with powerful machinery greatly outstrips that of a thousand Chinese or Mexicans. When there is little wealth, there can be but little capital. Accordingly, one test of the capacity of a people to enjoy high standards of living is the amount of wealth possessed by that people. Measured by this standard the United States holds an enviable position. The following estimate gives an indication of the rapid change that has occurred in this country.[1]

Year	Wealth (In Millions of Dollars)	Per Capita (In Dollars)
1850	7,136	308
1890	65,037	1,036
1904	100,273	1,318
1912	186,300	1,950
1922	320,804	2,918
1930	400,000	3,400

These figures show that from 1850 to 1930 a constant and rapid increase in per capita wealth occurred in the United States. In 1890, for the first time, the amount exceeded one

[1] *Statistical Abstract of the U. S.*, 1926. Figures for 1930 appeared in the *Literary Digest*, Dec. 13, 1930. They were quoted from the *New York Times*.

thousand dollars, and it nearly doubled this figure by the beginning of the World War. The next ten years showed the greatest advance ever made in a single decade and in 1930 the per capita wealth was well beyond three thousand dollars, or more than ten times the figure of eighty years before. A further computation reveals the fact that the average per family wealth at the present time is more than $12,000 — a huge sum compared with the figures of past decades.

The National Industrial Conference Board has made an estimate of our national wealth which varies somewhat from the figures given above. It fixes the total wealth in 1930 as 329.7 billion dollars, or 32 billions less than the aggregate for the preceding year. This drop is due to the deflation that accompanied the industrial depression. The national income totaled 71 billions — a decrease of 14 billions from the year 1929. The Board estimated the per capita wealth in 1930 as $2677, or less than that attained in 1922, while the per capita income was $578 compared with $701 in 1929. The devastating effects of the economic depression are thus clearly apparent.[1]

b. Per Capita Wealth in Other Countries.

According to an estimate by experts, the wealth of the United States is equal to the combined wealth of the other six great powers — Great Britain, France, Germany, Italy, Russia, and Japan. Furthermore the per capita wealth of these nations is approximately as follows:

Russia	$300	Germany	$1,000
Italy	800	France	1,500
Japan	800	Great Britain	2,000

Russia stands approximately where we stood in 1850; Japan and Italy where we rated in 1875; while Germany is forty years behind us, France more than twenty; and England's per capita wealth is now equal to the figure we reached at the beginning of the World War. These enormous differences make possible similar differences in the standards of living among the various

[1] See *Los Angeles Times*, January 24, 1932.

countries. However, the mere possession of wealth does not actually insure high standards among the masses. Much depends on the distribution of wealth.

c. Distribution of Wealth.

Since wealth is power and also a safeguard against poverty, the actual distribution of wealth in this country is a matter of grave concern. According to W. I. King, the wealth of the United States in 1915 was distributed roughly as follows: [1]

The rich,	consisting of 2 per cent	owned 60 per cent of the wealth.
The middle class,	consisting of 33 per cent	owned 35 per cent of the wealth.
The poor,	consisting of 65 per cent	owned 5 per cent of the wealth.

According to these figures the middle class was obtaining a proportionate share of the wealth, but great discrepancies existed between the possessions of the rich and those of the poor. The average person belonging to the 2 per cent owned property equal in amount to that possessed by 400 individuals belonging to the 65 per cent, or least favored group. In actual practice this person is economically more powerful than the entire 400 whose aggregate of property he matches. For example, he can procure a loan from the bank many times the size of all the loans obtainable from the banks by the 400. As wealth is concentrated in the hands of a few individuals, its power grows not arithmetically but geometrically.

Profiteering during the war greatly enhanced the wealth of many individuals and also created a large number of millionaires. In the meat-packing industry the pre-war profit rate had averaged approximately 7.6 per cent. During the war it rose to 19.9 per cent and one company actually reported 24.5 per cent profit. The power that can be exerted by the holders of so much excess profits is, of course, incalculable.[2]

Gradually a millionaire group had arisen in the United States. The iron, steel, oil, meat-packing, lumber, automobile, clothing, and textile industries had contributed to this result. So had the

[1] See *The Wealth and Income of the People of the United States.*
[2] *The American Labor Year Book*, 1919–20, p. 264.

railroads and the wholesale and retail trade, and other industries, but the number of millionaires in 1914 was computed at no more than 7,500 for the entire United States. In 1917 it had increased to 19,000 and at the end of the war had risen to approximately 25,000. Much of the increased wealth was obtained from the sale of material to foreign countries, before we entered the war on the side of the Allies. The writer remembers an acquaintance who became very rich in the early years of the war. One day the acquaintance recited his experience with a representative of a foreign government who had come to purchase equipment and military supplies for that country. The deal was successful, the goods were bought, but the significant comment, " We certainly soaked them " summarizes what happened. In 1928, the number of millionaires exceeded 43,000.[1]

Coincident with the increase of millionaires was the astonishing advance in the general welfare of the rank and file. Employment had been found for nearly everyone, wages had risen, and although prices had doubled, larger savings by the wage-earners were nevertheless possible and did actually take place. Then followed the depression of 1921 with a subsequent recovery, only to have the nation catapulted in 1929 into the worst depression of American history.

Meanwhile changes have taken place in respect to the distribution of wealth, as has been revealed through the facts collected by the Federal Trade Commission. These figures yield the following results: [2]

1 per cent of the people own 59 per cent of the wealth.
12 per cent of the people own 31 per cent of the wealth.
87 per cent of the people own 10 per cent of the wealth.

These facts represent further concentration of wealth beyond that existing in 1914. According to this table the average member of the one-per-cent group holds wealth equivalent to that of 513 persons belonging to the poorest class. Further-

[1] See *Los Angeles Times*, November 30, 1931.
[2] Federal Trade Commission, *Report on National Wealth and Income*, p. 3.

more, the wealthiest 1 per cent now own almost as large a proportion of the total wealth as was owned before the war by the wealthiest two per cent. Meanwhile it appears that the large middle class has been rapidly reduced in numbers, some of its members rising to the wealthy class, but many sinking into the lower group. When expressed in aggregates and in per capita wealth, the facts indicated in the table given above appear as follows:

1,220,000	individuals own	236 billion dollars or	$111,475 per capita*
14,640,000	individuals own	124 billion dollars or	8,493 per capita
106,140,000	individuals own	40 billion dollars or	377 per capita
122,000,000	individuals own	400 billion dollars or	3,280 per capita

* These figures are based on estimates of wealth in 1930. Since then a marked reduction in values has occurred.

These figures do not indicate how large a proportion of the poorest group are practically property-less. Possibly the various commissions appointed by the states to study the problem of caring for the aged throw light on this subject. They do show that approximately 25 per cent of all persons reaching the age of 65 are without means to support themselves. These figures, however, do not refer to the population as a whole. They merely tell what happens when an individual reaches old age. As a matter of fact a much smaller proportion of the individuals comprising the poorer class ever reach the age of 65. Of those who do reach it, many are persons who at the present time belong to the wealthy or the middle class.

The Federal Trade Commission also revealed sinister facts in reference to the ownership and control of natural resources. In 1922 six companies controlled a third of the total developed water power; eight companies controlled three-quarters of the anthracite coal reserves; 30 companies, more than one-third of the soft coal reserves; two companies, well over one-half of the iron ore reserves; four companies controlled nearly one-half of the copper reserves, and thirty companies controlled over 12 per cent of the petroleum. The Commission adds, however, that these facts do not necessarily mean concentration in a few hands,

since in recent years a large increase in the number of stockholders has occurred.[1] The listed value of corporate wealth was given as 102 billion dollars. A study was made of the figures received from 4,367 corporations representing about 12 per cent of the aggregate value of the total corporate wealth. The average per capita holding of common stock was nearly $7,000 and of preferred stock was $5,211. Nearly one-third of the stockholders reported the ownership of not more than $500 each. The small stockholders represented 11.7 per cent of the total holding stock in electric railroad companies, but 53.8 per cent of the number in the petroleum mining companies.[2] These figures, although showing that a considerable number of individuals own stock, also show that in spite of their number the small stockholders are a relatively minor factor. Huge holdings by the few bring up the per capita rate to a figure many times the amount owned by the small stockholder.

Much wealth is not income-producing. For example, more than 42 billion dollars is invested in public property, federal, state, and local. The actual wealth that is capable of productiveness is apparently less than two-thirds of the total wealth. In analyzing the statistics of the Federal Trade Commission, Lewis Corey has reached the conclusion that the shares of income-producing property owned in 1924 by different groups were as follows:[3]

Occupational Group	Number	Per Cent of Gainfully Occupied	Per Cent of Property
Wage earners	27,100,000	63.	4.3
Farmers	6,385,000	14.9	17.0
Non-Wage-Earners Having Incomes:			
— $3,000	6,755,000	15.7	11.2
$3,000 — $10,000	2,500,000	5.8	25.0
$10,000 +	260,000	.6	42.5

[1] Work cited, p. 4. [2] *Ibid.*, p. 7.
[3] *New Republic*, Aug. 10, 1927, p. 303.

These figures indicate that the wage earners who form the bulk of the gainfully employed population own a proportion of income-bearing property only one-fifteenth as large as their proportion among the entire number of the gainfully employed. The farmers seem to be holding their own and both proportions are similar. The salaried workers and the small business men suffer a slight disadvantage, while the little group at the top forming only six-tenths of 1 per cent of the total number of persons receiving incomes actually own more than 42 per cent of the income-bearing property. The power that can be exerted by a small economic class must be evident from these statistics.

Although this extreme mal-distribution of wealth may be no worse than situations in other countries, comparisons of this sort do not remedy our problem. They merely show that the problem is general rather than local. The economic effects are not the only serious consequences of these distorted conditions. The effects in terms of lack of education and in mis-education, in perverted social ideals, in the development of a servile class, in one-sided political power, in the capacity of a few to dictate the platforms of political parties, in the attitude of churches toward the social aspects of religion, and in the effects on other phases of political and social life — all these require the resolute attention of the progressive leaders and thinkers of America.

2. Distribution of Income.

Allied to distribution of wealth is the distribution of income. This is the vital factor in respect to current standards of living. An individual's daily expenditures are usually paid out of his income, and wealth or saved income is not disturbed unless adverse conditions become too overwhelming. The amount of income also determines the relative capacity for saving and eventually decides whether an estate can be acquired or not.

a. The Increase of Income.

Income in the United States has grown by leaps and bounds, and largely because of our unlimited resources and improved

methods of exploiting them. New and powerful and almost automatic machinery has displaced the puny ineffective machines of yesterday with results that have been but little short of miraculous. When we realize that a certain man lived through a sufficient number of stages of American history to cross the country first by driving an ox-cart, then by stage, next by train, and finally by aëroplane, we can appreciate the significance of this change in terms of the increased power and productive capacity that has been made possible. The transformation of natural power into electricity has added millions to the wealth of the nation. The gas engine has revolutionized transportation and has profoundly changed the character of American farming. Improved processes have made mining easier and more profitable. We can now preserve fruit and vegetables so successfully that these products can be bought and sold in distant markets. As a consequence lands suitable to certain fruit or garden crops can be utilized to their full capacity. Everywhere machinery and scientific discovery have added to our productive capacity.

As per capita production has increased, a large number of workers have been liberated for work in new fields of industry. In recent years the field of the skilled trades and even of the professions have been invaded. Thousands of musicians, telegraphers, and printers have, because of inventions and improved machinery, been released from their former occupations and are available for new positions in other industries provided the other industries materialize.

What machinery has accomplished to increase the per capita output on the farm, in the mines, in the construction of buildings, in the digging of trenches, and canals, and in logging and the manufacture of lumber is a story similar to the facts already recited. A marvelous increase in the yearly product of industry has thus been achieved, and increase in product implies increase in income. The wants of most human beings, however, still demand larger production, and therefore both machine and human power need to be utilized.

b. Aggregate Income.

The rapid growth of our national income is indicated in the following table prepared under the auspices of the National Bureau of Economic Research: [1]

Year	Estimate By Incomes Received (Billions)	Income Per Capita
1910	31.1	337
1915	35.9	357
1918	61.7	592
1919	66.0	629

This remarkable increase was, of course, accentuated by the war. The figures show but little gain for the first five years of the period covered but immediately after the war the aggregate income was double that of ten years before and the per capita income had increased 86 per cent. In its analysis of the income for 1918, the National Bureau discovered that 12,500,000 persons received from $500 to $1,000 and that another 12,500,000 earned from $1,000 to $1,500. These two groups comprised nearly two-thirds of the entire number of persons receiving incomes and yet the combined total was only 43% of the aggregate income.[2] On the other hand, 28 per cent of the persons receiving incomes had credited to their account 57 per cent of the income. Even at a time when wages were at a high point and unemployment was reduced to the lowest proportions, radical differences such as these manifested themselves. Furthermore, 21,442 persons received an income of more than $50,000 each and therefore, according to theory, were millionaires.

c. Income in 1923.

Some light on the distribution of income is shed by the figures for the year 1923. The following table classifies the income returns to the federal government and is based on the supposition that the individuals reporting represented a population of

[1] *Income in the United States*, p. 13. [2] Work cited, p. 136.

18,612,000 persons. Nothing is estimated in respect to the 90,000,000 individuals whose incomes were not reported.[1]

Net Income	Per Cent of Population Receiving	Per Cent of Income Received
Under $1,000	3.0	1.5
$ 1,000 to $ 3,000	56.9	35.1
$ 3,000 to $10,000	36.4	39.6
$10,000 to $30,000	3.2	13.1
$30,000 +	.5	10.7

The total income reported by the individuals representing about one-sixth of the population of the country was 31 billion dollars. The table given above indicates a serious mal-distribution of incomes among the groups reporting. The lowest group received exactly one-half of a proportionate share; the next one fell considerably behind; but the individuals in the higher income groups greatly exceeded their proportionate quota. One-half of one per cent received more than ten per cent of the income. The detailed figures show that individuals representing a total of 117 persons received $179,000,000.

The commission estimated that the income reported constituted 38.7 per cent of the total income of the country. Most of the remainder was distributed to the great majority, but for these the average per capita was less than $500.

A further analysis of these returns indicates that 42.8 per cent of the income was received by the inhabitants of the New England and Middle Atlantic States. Here the per capita income also was highest. The lowest figures, on the other hand, were recorded for the Mountain states.

The total income for 1923 was estimated at nearly 70 billion dollars. Income rose sharply from 1918 to 1919 and continued to rise for another year.[2] Then came the turning point. Meanwhile the wages of labor advanced while prices fluctuated. The year 1920 represents the peak point of labor's prosperity. The

[1] Federal Trade Commission, *National Wealth and Income*, p. 194.
[2] Work cited, p. 228.

depression of the following year threw nearly six million workers out of employment and the rapid introduction of machinery since then has prevented a successful rally from the hard times that had been caused.

d. Later Estimates of Aggregate Income.

Later estimates of the distribution of income have been made by the National Bureau of Economic Research.[1] A figure of slightly less than 30 billions in 1909 rose to twice this figure during the war and culminated in an impressive total of 89.4 billions in 1928. Agriculture which enjoyed excellent prosperity during and immediately after the war was sternly deflated, while all other industries continued to show increased incomes. The injustice to agriculture must be manifest from this fact.

The total wages received by employees increased tremendously over a period of twenty years. In 1909 the amount was slightly in excess of 10.5 billions but in 1928 the aggregate had risen to 32.2 billions, or three times the former sum. However, in such industries as agriculture, manufacturing, mining, and oil production, the peak year of 1920 has not again been reached. Nevertheless these figures indicate general prosperity and higher standards of living for the wage earner. The share which employees received in the form of wage salaries, pensions, and compensation for injuries rose from 51 per cent in 1909 to 57.2 per cent in 1928. However, this figure was slightly exceeded in each of the two preceding years. No doubt efforts to deflate wages account in part for this decline.

Although the fact of the mal-distribution of income cannot be challenged, conditions may not indicate significant changes in the last decade in the direction of increased mal-distribution. The Bureau estimates that the percentage of incomes consisting of less than $5,000 measured in values of 1913 fell from 99.3 per cent in 1914 to 98.9 per cent in 1926, or less than one-half of 1 per cent; and that incomes above this figure rose in per-

[1] *The National Income and its Purchasing Power*, pp. 124 ff.

centage from .7 per cent to 1.1 per cent — not a striking increase.[1] Attention, however, should be called to the figure representing the percentage whose income is below $5,000. Furthermore, this sum was equivalent to $8,309 in terms of dollars in 1914. The Bureau minimizes the effect of a more equable distribution of income and contends that if the excess were removed from those enjoying large incomes and given to the great majority, the per capita increase of incomes would be comparatively small. Other students of the subject, however, insist that the additional income would lift the bulk of the groups on the poverty line to the higher level of economic independence.

3. Savings.

The wide distribution of a system of savings deposits is an indication of a comparatively wide diffusion of surplus income. The savings deposits in banks and trust companies in continental United States on June 30, 1930 aggregated 28½ billion dollars.[2] This figure is more than ten times that of Germany, which has deposited the next highest amount. The number of depositors exceeds 52,000,000 and therefore the average deposit is more than $500 per person. Clearly many of the well-to-do patronize the savings bank. On the other hand, the number of accounts is larger than the entire number of gainful workers — an indication that a comparatively large proportion of the workers and other members of their families have made deposits. Of course, a considerable number consist of school children who have been stimulated in recent years to make small deposits.

An enormous recession in savings among the wage earning classes is in operation at the present time. Unemployment has forced thousands of workers and their families to withdraw their entire savings, and therefore the number of accounts may be expected to decrease. The sum total of savings, however, may continue to grow owing to the tendency of those with assured incomes to divert their investments into savings accounts until the uncertainty of business has been overcome.

[1] Work cited, p. 178. [2] *Literary Digest*, March 7, 1931, p. 44.

4. Share of the Product.

Although wages have increased rapidly since the beginning of the World War, the share of the product of industry that has been allotted to labor has steadily declined. The average yearly wage of the laborer shortly before the industrial depression beginning in 1929 was slightly more than $1,200. Since then widespread wage cuts have seriously deflated the wage rates and have greatly reduced the buying power of labor. During a large part of the decade 1920–30, the gains to industry became so enormous that the price of stocks rose to exorbitant heights from which, of course, they were abruptly precipitated when the consuming power of the people in this country and elsewhere declined and partly collapsed. Meanwhile, however, dividends were declared and many men became wealthy while labor jogged serenely on with a slight upward turn in wages, but without substantial participation in the great gains of productivity made possible by improved machinery and by new inventions.

Science and invention have enormously increased the per capita productivity of labor, but wages continue to be determined by the marginal groups that stand every morning at the doors of factory and mill vainly striving to obtain jobs. The gains from machinery have been absorbed largely by the stockholder and consequently labor must grudgingly consent to the acceptance of a smaller share of the product of industry than before. It, of course, receives a larger aggregate, but social welfare depends less on aggregate wealth than on a healthful distribution of wealth and income. According to figures recently presented the proportion of the total values of manufactured products allotted to labor has fluctuated as follows:[1] In 1849 labor received 23.3 per cent of the value of the product and 51.1 per cent of the value added to the raw material by reason of the labor. In 1929 labor received only 16.5 per cent of the value of the product and 36.2 per cent of the value added to the raw material.

[1] Ethelbert Stewart in *Monthly Labor Review*, Dec. 1930, p. 25.

In view of the declining proportion of the joint product of labor and capital that goes to labor, a serious mal-distribution both of income and of wealth necessarily follows. A "laissez-faire" economic policy will aggravate this situation until a climax has been reached, when serious disturbance may be expected. Capital and the public must check the menace of our industrial discontent, but can successfully do so only by means of processes and measures that will insure a better and a wider distribution of the product of industry and that will also prevent such excessive concentration of wealth as is being witnessed at the present time.

QUESTIONS FOR ADDITIONAL STUDY

1. Why is our per capita wealth much larger than that of older industrial nations?
2. Can agricultural countries attain the wealth acquired by industrial nations?
3. Why was the per capita wealth of the U. S. at the end of the war a fictitious figure?
4. Could the making of large fortunes during the war have been prevented? How?
5. To what extent are fortunes built up by individual earning power; to what extent by monopoly and acquired privileges?
6. Has the wide distribution of stock given control of corporations to the people?
7. Should the private ownership of natural resources be restricted or prohibited?
8. What is becoming of the middle classes in America?
9. Study the importance of the middle classes in America in our social and political life.
10. Why has the increased production due to machinery passed largely into the hands of the well-to-do?
11. How does the mal-distribution of wealth affect standards of living?
12. Are individuals useful to society in proportion to their earnings and income?
13. How can a larger share of the product be restored to labor?
14. Why does the American farmer receive for his share so small a proportion of the price paid by consumers?
15. Is the mal-distribution of wealth greater in England than in the U. S.?

16. Have conscious efforts been made in other countries to bring about a better distribution of wealth?

17. How can self-interest be supplemented by enlightened community interest?

18. When deflation of prices occurs what economic groups are the first sufferers?

19. What countries protect their natural resources from exploitation by private individuals?

20. Study the relation between the mal-distribution of wealth and class stratification.

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QUESTIONS FOR ADDITIONAL STUDY

1. What were the essential features of the English Poor Law of 1601; of 1834?
2. What are the basic principles of the St. Vincent de Paul society?
3. What new methods were introduced by the Charity Organization movement?
4. Compare the child welfare program of 1909 with the Children's Charter of 1930.
5. Study the details of the Illinois, Massachusetts, and Pennsylvania mothers' pension laws.
6. Study the significant features of the public relief systems in Massachusetts, Iowa, Indiana, and California.
7. Is the system of mothers' pensions more successful in urban than in rural districts?
8. Is public aid more demoralizing than private relief?
9. What are the main objectives of private family welfare societies?
10. What justification exists for limitations on the size of grants under the mothers' pension laws?
11. What dangers are inherent in public subsidies to private social agencies?
12. Make a study of coöperation between the public and the private social agencies of your community.
13. Should a legal aid agency classify as a social service agency or as a substitute for paid counsel?
14. What are the functions of small claims courts?
15. What are the chief essentials in a training course for prospective social workers?
16. Why are well-paid trained workers more economical than unpaid volunteers?
17. What is a social service exchange?
18. How can a community council coördinate the work of family welfare agencies?

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CHAPTER VI

CHILD DEPENDENCY AND NEGLECT

1. Definitions and Types.

A dependent child is a child thrown on the public for support. The definition does not necessarily imply faulty conditions in the home, if a home exists, other than the condition of poverty. The problem of dependent children therefore is primarily a question of the poverty of the parents or the remaining parent. The dependent child away from home presents additional problems of adjustment.

The neglected child is in some states included under the term " dependent child," although in other states the converse is true. From the standpoint of social work, however, neglect implies a wrong attitude of mind on the part of parents or guardians. There is willful failure to provide and to care for the child and to protect him against demoralizing influences and associations. The child suffering from the cruelty and brutality of his parents is also classified as " neglected." At once it must be clear that, although the terms dependent and neglected are used almost interchangeably, the course of treatment for the two groups may be very dissimilar.

Dependent children may be orphans, and, if so, the complete responsibility for their care will be thrown on the public. They may be half-orphans, in which case the home may be utilized for the continued care of the child; or they may have both parents living. In the last case, if it is merely a problem of poverty, the method of adjustment should as a rule consist of the rehabilitation of the family and not of the removal, except temporarily, of the child.

A special type of dependent child is the illegitimate child.

In this case there is the burden of ignoble birth and the relative indifference of the father and often the lukewarmness of the mother as well. In most cases such a child never knows a home in which both of his parents unite to give him proper care and nurture.

Another type consists of the child whose parents are required to work during the day and who are unable to make adequate provision for his care during their absence from home. Here we have neither full dependency nor neglect and but for the outlay involved in the special care of the child the family would be self-supporting.

2. Number of Dependent Children.

In a sense there are as many dependent children as there are children under fourteen in the dependent families of the country. In practice, however, the problem of dependent children has been visualized as covering that group of children whose dependency requires special and separate consideration. To meet this need a vast network of child saving has been constructed. Children may be cared for in their homes or away from their homes, but the method of approach is from the standpoint of child welfare. Meanwhile the family welfare agencies are constantly meeting the needs of children. According to the White House Conference on Child Care and Protection, this service reached 750,000 children in 380,000 families.

The latest figures covering dependent and neglected children under care or supervision by child-caring agencies are for the year 1923, and were collected by the Census Bureau. The following summary of these figures is similar to the estimates made by the White House Conference of 1930. Out of more than 400,000 children cared for, about 250,000 represented dependent and neglected children under the care of social agencies. More than 50,000 were in free homes, 22,000 in boarding homes, and the remainder in institutions or receiving homes. Nearly 2,500 were in homes for unmarried mothers and their children and about 2,000 inhabited almshouses. Approximately 121,000

— a number increased to 200,000 since then — received aid by way of mothers' pensions, and about 35,000 were delinquents and were handled in either public or private institutions established for that purpose.[1]

The dependent children are being served by more than 1,500 institutions and nearly 350 child-placing agencies.[2] The great majority of these institutions are maintained under denominational or religious auspices. In fact, the " orphanage " was the first important sectarian philanthropy established in this country. Nearly every denomination has its institutions, but the Roman Catholic Church has the most extensive machinery for the institutional care of the children of its membership.

3. Number of Illegitimate Children.

The number of illegitimate children born in a year in this country can be approximated with a much greater degree of accuracy than that of dependent children. The United States Birth Registration area now includes 44 states, and all of these except California and Massachusetts collect birth statistics for illegitimate children.[3] The figures for 1928 revealed nearly 64,000 illegitimate births and estimates for the states not collecting statistics would bring the total to approximately 68,000. However, the fact of illegitimacy is often concealed, even in the birth records, and the total number of illegitimate births per year is at least 10 per cent greater than the figures indicate, or 75,000 for the registration area and about 80,000 for the entire country. Surely this is a problem of sufficient moment to deserve careful attention.

The recorded rate among the white population has been gradually rising and in 1928 was 16.7 per 1,000 births; that among Negroes was 138.5 per 1,000 births, or 8 times the rate among the whites. The southern states report high rates of ille-

[1] United States Bureau of the Census, *Children under Institutional Care*, 1923, p. 14.

[2] *Ibid.*, p. 25.

[3] U. S. Census Bureau, *Birth Statistics, Stillbirth and Infant Mortality*, 1928, p. 12 ff.

gitimacy but the chief reason therefor is the racial distribution of their population. The rural rates are almost universally lower than the urban, but part of the difference is fictitious, owing to the frequent practice of sending rural women to the cities for confinement. Accordingly many cases are charged against the urban districts that should be counted with the rural births. In spite of this inaccuracy, the rural conditions are apparently superior to the urban. In some rural sections the rate is considerably less than 1 per cent.

A fact of great significance is the low rate of illegitimacy among the immigrant population.[1] European statistics show that rates ranging from 8 to 12 per cent of the births are common in many countries, and even in Northwest Europe rates are higher than the average among whites in America. Accordingly we are unprepared to learn that the rate among immigrant women in this country is but little more than one-third that of the native white population. This disparity is quite universal, alike in city and in country districts. Rarely is the rate among the foreign-born higher. These differences have existed for many years and apparently are not due to chance. They indicate furthermore that fundamental racial tendencies have no significant influence on the rates; otherwise the foreign-born would follow the practices of their kinsmen abroad. Italy with comparatively excessive rates sends us immigrants among whom illegitimacy is reduced to 2.1 per 1,000 births; that is, it is almost non-existent.

4. Dependency and Its Causes.

In large measure children become dependent for the identical reasons that provoke adult dependency. However, some pronounced differences may be noted. These account largely for a separate program of child saving.

An important cause is orphanage. Usually from 10 to 20 per cent of the children have lost both parents. Relatives are not generally able to take charge of the orphans, and therefore

[1] U. S. Census Bureau, *Birth Statistics, Stillbirth and Infant Mortality*, 1928, p. 16.

the social agencies are required to bear the burden. The causes of the death of parents are, of course, various, but industrial accident and tuberculosis are the outstanding causes among men, and tuberculosis, childbirth, and cardiac troubles predominate among women. With the exception of heart disease, the causes mentioned strike with particular force during the best years of life and when children are not yet of working age. Accordingly orphanage is likely to imply dependency. The average duration of orphanage according to computations by the Metropolitan Life Insurance Company is slightly more than nine years. By duration of orphanage is meant the time elapsing between the death of the parents and the age of majority of the child.

Approximately 40 per cent of the dependent children cared for outside of their homes are half-orphans. And the bulk of the mothers' pension cases have no fathers. Here again death is the chief factor responsible for dependency. A study made for the White House Conference revealed the fact that in more than 9,000 mothers' pension cases 71 per cent of the fathers had died before reaching the age of 45.[1] The Conference also charged industrial accidents with the making of 14,000 half-orphans every year. These facts show clearly that death of the father is an outstanding cause of child dependency.

Desertion accounts for a great many cases and is also responsible for a large number of family welfare problems. Often it becomes necessary to care for the child separately from the mother and to make of it a children's aid case. Allied to this is failure on the part of the father to provide for the family.

Sickness is an ever present cause. The general prevalence of sickness is discussed elsewhere in this volume. Sufficient to say here that the confining diseases that keep either mother or father bedridden soon wear away capacity to care for the different members of the household, and temporary care for the children must be provided. Frequently the family income is

[1] White House Conference on Child Care and Protection, *Preliminary Reports*, p. 531.

barely sufficient to maintain the family when no cases of sickness occur. When, on the other hand, one of the parents becomes incapacitated through illness, a problem of dependency arises.

The White House Conference emphasized mental disease or mental disturbance as a cause of child dependency.[1] It called attention to the army of more than 300,000 persons who are inmates of hospitals for mental diseases. A large proportion of these individuals have families, and the fate of the diseased person is so uncertain that a satisfactory plan for the children is practically impossible. If the father is insane, then family income is jeopardized; if the mother suffers, then the children are neglected. Homes of this type are frequently broken up, since no other adjustment appears workable. Frequently the period of hospitalization runs from five to ten years and necessitates extended care of the children.

Insufficient income causes adult and child dependency alike. Irregularity of employment, low wages, a larger family than the income justifies, and a relatively high cost of living drag families down from a status of security into one of uncertainty. Under these conditions it frequently happens that the temporary care of the children away from home is the only way to solve the problem.

5. Neglect and Cruelty.

Neglected children suffer from the moral and mental deficiencies of their parents, but may also be victimized by poverty. In former years alcoholism was the most active single cause of child neglect. This alcoholism not only depleted the family treasury but it occasioned direct physical neglect of children. The drunken father wasted the family income; the drunken mother broke up the household. Prohibition has greatly reduced the neglect chargeable to intemperance, but a proportion still altogether too large persists in communities where law observance is held in high repute. It may be taken for granted that so long as intemperance exists so long there will be child

[1] *Preliminary Committee Reports*, p. 528.

neglect because alcohol is the parent of brutality and the constant comrade of stupidity and incompetency. No one right of childhood is more important than freedom from the blight and curse of alcoholism.

The neglected child is the natural victim of the broken home. When poverty has ripened into neglect, then the occasion has presented itself for the removal of the child from the home. The broken homes that are factors in neglect cases are of many varieties. Often the mother is dead and the father has no one to care for the children, with results that can be clearly foreseen. Sometimes another woman crosses his path and immoralities develop that interfere abruptly with the care and nurture of the children. The loss of the father is less often a factor in neglect. The natural outcome is dependency. The death of the mother is approximately three times as important in its effects as that of the father.

The separation of the parents is a factor in the majority of cases. Separation may take any one of three forms: the parents may be divorced, they may be informally separated, or one of them may have deserted. The number divorced has steadily increased and as a result an increasing number have been deprived of bi-parental care. However, separation of parents is itself an effect of antecedent causes that produce unfavorable reactions in child life. Nevertheless the neglect is aggravated when one parent only remains to keep a home together. The normal parent-child relationships have disappeared and the single parent can with difficulty, if at all, furnish the comfort, guidance, and leadership required of both father and mother in a normal home.

Since dependency leads so definitely to neglect, the two types of cases are usually considered together in statistical studies. The Children's Bureau in its tabulation of cases coming before the courts considers them as one group. The following table indicates the conditions of 13,309 children that were referred to juvenile courts in 1928.[1]

[1] Bureau Publication No. 200, *Juvenile Court Statistics*, 1928.

Whereabouts of Child	Percentage
With both parents	28
With parent and step-parent	4
With mother only	30
With father only	17
In adoptive home	1
In other family home	17
In institution	3
Other	1

Although these figures do not tell us the parental status of the children covered in the last two items in the table, they do show how small a proportion of the total number had the advantage of home life with both parents. Nearly three-fourths of the cases came from families in which the home was broken by death, divorce, separation, desertion, or other cause. An additional cause was the confinement of one parent in a hospital or correctional institution.

The immorality and low ideals of parents are also significant causes. According to one study by the Children's Bureau, "more than one-fifth of the children removed from their parental homes were from households where one or both parents were reported as immoral." This statement relates to conditions found in Delaware. Except as juvenile courts vary in their policy of removing children from their homes, there is no good reason for believing that these proportions differ from those that would be found elsewhere. The large number of parents who have had a tainted pre-marital sex life, almost inevitably surround their children with influences that are unwholesome. Eventually the miseducation and the pernicious associations become so marked that court action follows.

The failure of parents to accept moral responsibility for the training of their children is often a logical outcome of their own delinquencies. Instead of being constructive, at best they are negligent, and at worst they abet children in lives of irresponsibility and delinquency. In many homes the conservative

method of controlling children has been abandoned for a *laissez faire* system that must inevitably lead to those delinquencies or behavior habits in young children that are officially classed as neglect.

Among the foreign-born and the primitive American types cruel forms of punishment are still occasionally discovered. In a large city recently a mother was charged with punishing a small child by the unusual method of burning its fingers on a gas plate. The hands were so badly burned that doubts existed as to the possibility of saving them from complete crippling. Not so long ago a child was found in a cellar where it had been imprisoned by its parents for several months. Similar incidents may be found a plenty. Each and all constitute neglect or cruelty and require interference by the courts and perhaps punishment of the parents as well as supervision of the children. Brutalities such as those mentioned are found more largely among the group of parents who still hold to the theory that parents own their children, and, short of a few limitations, may do with them as they please. In a large number of cases mental weaknesses as well as moral obliquity are evident in such treatment.

6. Illegitimacy and Its Causes.

The backgrounds of illegitimacy have been changing in recent years, owing to deplorable attitudes toward sex experience that emanate from many quarters. Perhaps the dominating factors as brought out by various studies still hold, but an increasing proportion of cases of illegitimacy are due to the fallacious doctrine that pre-marital sex experience is to be desired. As is stated elsewhere, an increasing number of young women abandon their virginity, and unless contraceptive methods are employed an increase in the proportion of illegitimacy may be expected.

Ignorance, mental immaturity, and bad home conditions form a trio of causes responsible for the majority of cases of illegitimacy. Frequently, if not usually, they operate together and aggravate the tendency to abnormal sex conduct. It has been

customary to gloss over the part played by the male in the causation of illegitimacy by insisting that it is the outcome of a voluntary act in which each sex participates on an equal basis. Nothing can be more untrue. The facts of modern physiology teach conclusively that the sex impulse of the young woman is more generalized in expression than is that of the man; that the normal female is quite satisfied with the experiences that result from this generalized expression but that the male is swayed to a larger extent by passions that express themselves locally and remain unsatisfied unless the more intimate experience has been undergone. Without doubt in the great majority of cases of initial sex experience by young unmarried persons the male is not only the aggressor but the female is a reluctant participant. For subsequent experiences that may culminate in illegitimate births these proportions no longer hold, but it is the first fateful step that requires special study in order that a fairer appraisal of the causative factors can be made.

The low ideals that characterize many unmarried mothers result chiefly from inferior or bad home conditions and corresponding environmental contacts. To begin with, illegitimacy is largely a phenomenon of youth and early adulthood. Figures from the Census Bureau indicate that one-half of the white mothers of illegitimate children are from 14 to 20 years of age, inclusive. That is 50 per cent are not yet of voting age. Among the colored the proportion is even higher — 54 per cent. The bulk of these young women have been reared in a home where proper sex instruction has never been given and where no definite effort was made by parents to give their daughters enlightened views and wholesome attitudes toward sex expression. In fact parents cannot give to children that which they themselves do not possess. Young women must glean sex facts from miscellaneous sources, while the young man from this type of home obtains his information and his standard of sex conduct from the barnyard, street, or alley and from sources that are positively degrading and that depreciate the virtue of womanhood.

The Children's Bureau in summarizing the characteristics of the Philadelphia unmarried mother (she is typical of mothers elsewhere) remarks that the mothers' parental homes were far from satisfactory, that in only 21 per cent of the 629 homes studied were the mothers' parents of good character, normal mentality, and normal status.[1] Many mothers had left home at an early age, a broken home being chiefly responsible. Although the physical condition of only a small proportion of the mothers was ascertained, one-fourth of these suffered from venereal disease, an indication that illegitimacy was not the abrupt result of an isolated lapse from normal conduct. Home conditions and associations had left their mark so that of the mothers concerning whom information about general behavior was obtained 43 per cent were classified as being of poor character. Similar estimates for the men involved yielded a percentage of 87. Parenthood would have been socially undesirable whether legitimate or illegitimate. The bulk of the employed mothers had been servants or household workers.

The Bureau stresses the absence of proper outlets for the normal desires of young people as an important factor; also the lack of wise parents to share their children's experiences and to guide them properly. As they approach maturity, these young people are seriously maladjusted and their personalities have become badly warped.

Unsatisfactory outlets for the play impulse are inextricably interwoven with bad home conditions. The commercial dance hall has demoralizing tendencies, but the motion picture with its wanton lasciviousness that has reached the very nadir of indecency is by far the more demoralizing influence. Flirting with recreations of this sort, young women soon lose that sense of fitness and propriety which has been their refuge and their safeguard. Men hardened in vice can wear down their resistance and shortly the compensation paid by a young woman for

[1] Publication No. 128, *Illegitimacy as a Child Welfare Problem.* Part 3, pp. 57 ff.

companionship is nothing less than a surrender of her virginity, and shall we not say, also, her virtue.

The non-commercial recreation also has its menace. Beginning with individuals, reared under the conditions described, we find that frequently the test of the pleasure of an occasion is the opportunity for sex expression. An illustration quoted by the author elsewhere will clarify this point.[1] It is the story of a mixed party taking a day's outing in the country. The woods furnished the needed shelter and privacy. The girls realized, or were soon made to realize, the part that they were expected to play. If they refused they were abandoned and perhaps maltreated. As a consequence the necessary concessions were made and the foundations laid for a group of unmarried mothers. Escapades such as these could only occur among young people untrained at home and immersed in false notions of the important values of life. Unfortunately their number is legion and therefore the rising tide of illegitimacy in this country.

Over-crowding in the home results in the breakdown of privacy. When others than members of the family live in two- or three-room apartments, the results cannot be wholesome. When this condition is coupled with other unfavorable backgrounds, immorality is almost bound to occur. Intoxication removes the inhibitions to abnormal conduct, and, in spite of prohibition, still operates to cause the moral relaxation in young women that is necessary to satisfy the importunities of their male companions. There is, of course, a small percentage of sexually suggestible young women. This eroticism may be due to hereditary inclination, but it is more likely the outcome of experiences in very early life, the result of intense emotional crises.

Low mentality as a factor cannot be neglected. That there is much illegitimacy among the feeble-minded is well established, but it is not fair to charge mental defectiveness with the major responsibility for the evil. The great majority of the women are not feeble-minded, although a large number may be ignorant and even without knowledge of the meaning of sex expression.

[1] *Children Born Out of Wedlock*, University of Missouri Studies, p. 54.

Kammerer, in his study of 500 cases concluded that one-third showed signs of mental abnormality.[1]

Such information as has been gathered about men involved indicates that the men as a whole enjoy a higher social status than do the women, and that their economic position is distinctly superior. On the other hand, a considerable proportion are ne'er-do-wells. About one-fourth of the total number are married men. There is little indication that the form of religion has any vital effect on the amount of illegitimacy among different national or racial groups.

7. Care and Treatment of Dependent Children.

a. Historical Statement.

The orphanage was formerly the primary agency for the care of dependent children. It was an abrupt departure from the orthodox method when in 1853 the New York Children's Aid Society was formed and a plan of placing children in private homes was begun. Thirty years later began the movement to organize state-wide children's home-finding societies and today more than one-half of the states were provided with such organizations. Meanwhile local children's aid societies have grown up in different parts of the country. A broad-gauged public plan for the care of different types of dependent children was inaugurated in 1874 when Michigan established its state school. In several states a system of county homes was adopted and eventually these states were dotted all over with little homes for dependent children. Isolated counties in other states also utilized this plan. Then in 1911 began the effort to care for children in their own homes as part of a distinctive child-saving program. Shortly before this, in 1908, a committee of the New York Charities Aid Association succeeded in pledging the supervisors of Dutchess County, New York, to establish an agency for the care of dependent children. Part of the money was obtained from the county and the remainder subscribed by local

[1] *The Unmarried Mother*, p. 320.

citizens. In 1917 the state passed a law creating a board of child welfare for the county and outlining an enlarged program for the care and protection of needy children. In the same year, North Carolina passed a law providing for county boards for public welfare, one of the functions of which was the care and treatment of dependent children. Again in 1917 the Minnesota Child Welfare Commission succeeded in securing the enactment of a law providing for county child-welfare boards in that state. And thus the movement for the care and protection of dependent and neglected children has grown apace.

b. The Evolution of Child-saving Standards.

The National Conference of Social Work (then the National Conference of Charities and Corrections) in 1906 set forth a number of definite principles of child welfare, but these were rapidly superseded by the White House Conference of 1909, called by President Roosevelt. At this conference, among the principles adopted were the following:[1]

1. The preservation of home ties wherever possible.
2. The superiority of the foster home as a substitute for the natural home.
3. The adoption of the cottage plan for institutions.
4. The incorporation and state supervision of child-caring agencies.
5. Education in institutions as part of the public educational system.
6. Adequate physical care of children.
7. Coöperation among child-caring agencies.
8. The states should not unduly handicap the placing-out of children from other states.

The adoption of these principles gave a tremendous impetus to progressive child-caring work. The principles themselves have been accepted with but little reservation by the entire body of workers in the field of child-saving, and the methods also have been made to conform more and more to these principles.

[1] *Survey, The*, February 20, 1909.

The Children's Bureau Conference of 1919 covered a wide field of child welfare activity. It set forth standards applicable to child labor, juvenile delinquency, child health, play, special classes, and also dependent and neglected children. It reaffirmed the principles of the White House Conference of 1909; in addition, it insisted on bi-parental responsibility for illegitimate children and a more adequate program for the treatment of the child. It also decided that in the case of adoption of children, the court should make a careful investigation of the facts, either through the juvenile court office or through some other representative organization, before final adoption papers were granted.

President Hoover called a Conference on Child Health and Protection to meet at the White House in November, 1930. At this conference, the Children's Charter was adopted and this has become the social platform for the child welfare workers of the nation. The charter is presented in another chapter and therefore will not be repeated here. This charter was supplemented by several other conclusions applicable to the child-caring program.[1] The recommendations of the conferences of 1908 and 1919 were reaffirmed as far as they were pertinent to the task of today. Emphasis was again given to the principle that children should not be removed from their homes for reasons of poverty alone. Mothers' aid should be everywhere available in fact as well as in theory. The needs of children born out of wedlock were again emphasized and the recommendation made that sympathetic persons of wide experience be employed to handle such cases. Special effort is necessary to adapt the methods that have been elaborated to the Negro, Mexican, Porto Rican, and Indian children. It was also recommended that endowments and foundations for child care make provision in general and flexible terms for the use of their funds so that the greatest advantages may be gained and no foundation be subjected to some method or program that may not fit the needs of a future day. And finally emphasis was laid on

[1] *Preliminary Committee Reports*, pp. 536–537.

the necessity of studying more diligently the causes of child dependency and of attempting a program of prevention.

c. Institutional Care.

Although the institution has not disappeared before the onward march of child-saving principles, it is rapidly modifying its methods. New institutions are being built in most cases according to the cottage plan, and many older institutions have introduced some device whereby a given number of children are placed under the direct care and tutelage of some member of the staff, so that these children will have a sort of foster parent to advise and guide them.

(1) *The Cottage Plan.* An institution for dependent children should care for both sexes and should endeavor to bring them in actual contact with each other. The cottage plan offers the best opportunity for this development. Established cottages may care for children numbering from 9 to 25 or more. Very few, however, have less than 15, and 20 is still considered a small number to segregate in this way and to provide for with special equipment, house mothers, and attendants. The high cost of the smaller cottages interferes with the organization of an institution population into units containing fewer children than the number indicated.

A properly conducted cottage will house a given number of boys and of girls differing in age as in the case of families; instead of handling either boys or girls, all of approximately the same age. Since the purpose of the cottage plan is to give the child a taste of family life, the arrangements and appointments must resemble family life as much as the conditions will allow. The children must plan together and work together just as they would do in their own homes. The smaller cottages are supervised by a house mother, but are not provided with a house father. It is the absence of the paternal influence that will retard the movement for the smaller cottages. The cost of operation practically forbids the utilization of both a man and his wife as supervisors of a cottage containing less than from

20 to 25 children. Modern principles of child guidance emphasize the importance of leadership direction, and companionship, and stress the influence of the father as well as of the mother. To some extent the male members of the institution staff can substitute for the missing paternal element, but the feminization of an institution may proceed too far for the permanent good of the children, particularly of the boys. For these reasons it is doubtful whether the cottage plan can permanently proceed to the point where the single cottage is but little more than a good-sized family.

(2) *Special Use of Institutions.* By some child-caring agencies, particularly a number under Jewish control, the institution is incidental to the program for a particular child. A study of an individual case may result in the recommendation that the child be placed in a family home, or that the discipline of the institution be applied for a limited period of time before the placement is made. Perhaps the child is sent to the institution for an undetermined period. The agency approaches the problem of each child from the individual viewpoint and endeavors to make provision for the child according to his needs. Therefore the institution may or may not be used. This harmonizing of the accepted function of the institution and the program of home placement results in the individualized care and attention that the standards of child welfare demand.

(3) *Public versus Private Institutions.* About one-half of the institutions of the country are operated under religious auspices; slightly more than one-third are non-sectarian, and nearly one hundred and fifty are under state, county, or city control. The great majority of children in institutions therefore are cared for by the private agencies. Many of these agencies, instead of endeavoring to place them in family homes as soon as practicable, still attempt to hold children until they are of working age. The denominational institutions have been more reluctant to give up their children than the non-sectarian homes; many of the latter have been organized for temporary care only.

The public institutions have had a varied history. The county homes have enjoyed but little success, but with the development of county departments they have begun to improve. Wherever they are units in a larger organization of welfare work, they can be better managed and their functions better delimited and controlled. Some state homes or schools, particularly those of Michigan and Minnesota, have operated under favorable conditions, but even these have gradually been forced to keep children longer than the best interests of the children require. The reasons for delay in placement are the inadequacy of the investigational and supervisory force and the difficulty in obtaining a sufficient number of desirable free homes. In some states the state schools or institutions are still under political manipulation, and where this situation obtains the placing-out program is held in abeyance. The political bosses want to build up an institution "worthy of the great state" in which they live. They also want to build up the town in which the home or institution is located! These obstacles to successful work are disappearing as state bureaus or departments of public or child welfare are being established and as the programs of these organizations are being articulated and correlated.

(4) *Placing-out Work.* (*a*) Statistical Summary. Children may be placed in family homes either by orphanages and children's institutions or by the established placing-out societies. According to the Census Bureau report, the situation in this respect on February 1, 1923 (no later figures are available), was as follows:[1]

DEPENDENT AND NEGLECTED CHILDREN

In care of institutions	138,978
In the institutions	122,557
Supervised in	
free family homes	14,590
in boarding homes	1,831
Total in homes	16,421

[1] *Children under Institutional Care*, 1923, pp. 32–33, 38–39.

In care of child-placing agencies	52,979
In receiving or temporary homes awaiting placement	5,053
In free family homes	30,696
In boarding homes	14,358
Elsewhere and not reported	2,872
Total, institutions and child-placing agencies	191,957
Total, in free family homes	45,286
Total, in boarding homes	16,189
Total, in free and boarding homes	61,475

These figures, although much smaller than the comparative statistics of today would be, if available, show that nearly one-third of the children under the supervision of the institutions and child-placing agencies were living in private homes, and the ratio of the free homes to the boarding homes was approximately three to one. Nearly 12 per cent of the children under the care of institutions were actually in private homes and of course nearly all of the wards of the child-placing agencies were in such homes.

In recent years home care has gained on institutional treatment and if the large group of children who are now the beneficiaries of mothers' pensions are added, the great majority of dependent children are receiving care in private family homes. This development is a direct result of the insistence of child welfare workers that home life is superior to institution life. This principle does not of course deny the necessity of temporary institutional care for certain children and for certain types.

(*b*) Increasing Number of Boarding Homes. The free home is gradually retiring to give way to the boarding home. The rural placements which made free homes largely possible must be supplanted by placement in the small towns, the suburbs of large cities, and even in the metropolitan centers themselves. This new group of homes, however, cannot easily afford free care and accordingly the boarding home is being used.

A service which the free home could hardly have performed is the care of special or problem cases. Institutional treatment

for these is also being gradually supplanted by home care, the hope for success consisting in the probability that a great deal of personal and individual attention can be given to the child. The results of efforts to place so-called normal children indicate the necessity of an average of at least two placements per child. That the difficulty of placing the deformed, anæmic, nervous, temperamental, or physically subnormal children is much greater needs no proof further than the assertion of the fact. Yet the successful treatment of many of these cases depends on the willing hands and the sympathetic heart that can only be discovered in the private home. Without some remuneration or financial aid even these cannot easily be located.

(*c*) Public Child-placing Work. The state school plan with a placing-out department has not filled the need, nor have the local public child-caring institutions. Accordingly public child-placing systems are rapidly coming to the fore, and in some cases will supplant entirely the institutional program. Examples of successful child placing by state departments are found in Massachusetts and New Jersey. These states place the majority of the children in boarding homes but a significant minority still find their way into the free home. The magnitude of this task may be illustrated by the figures from Massachusetts which show that in any one year the Division of Child Guardianship has under its care and custody more than 5,000 neglected and dependent children in addition to a considerable number of delinquents; that the number of new cases per year is approximately 750 dependent and neglected and 100 delinquent children.[1]

Local organization for child placing many consist of either municipal or county bureaus or departments. St. Louis, in its Board of Children's Guardians, furnishes an example of a municipal agency. County organizations are of several types. One of these consists of departments of public welfare, empowered to deal with poor relief, child care, probation, after care of cases released from institutions, and other social service

[1] Annual Report of the Department of Public Welfare, 1928, p. 14.

responsibilities. Among the states in which counties are given such powers are North Carolina, Missouri, and Virginia. A second type consists of child welfare boards and is typified by the systems created in Minnesota and Alabama. Again, a group of states develop county programs of social work through the coöperation and suggestion of the state department of public or social welfare. Among these the Children's Bureau lists California, Georgia, Pennsylvania, and several others. In Iowa a plan of coördinating and combining the administration of public and private relief on a county-wide basis has been worked out and has operated successfully in most of the larger counties of the state. In several states, counties are authorized to care for and supervise the handling of dependent, neglected, delinquent, and defective children. Several counties in New York carry on an extensive program of child placing and protective work under the provisions of the state law. And Ohio, honeycombed with county children's homes, has also begun to develop county boards of child welfare authorized to place children in family homes.

These expansions of public welfare work embrace activities in behalf of the dependent child and foreshadow the day when a complicated and efficient public child welfare program will be adopted throughout the nation. In some of the communities mentioned very acceptable work is already in progress. The handicaps are insufficient funds, a measurable lack of appreciation of the need of trained workers, and incomplete coördination with other public, and with private, organizations.

8. Control of Cruelty and Neglect.

Although dependent and neglected children are usually classed together, many organizations have arisen, the object of which is to care particularly for the child who suffers from the cruelty or depravity of his parents or of other adults, or whose physical, moral, or mental welfare is jeopardized by the neglect or antagonism of the persons under whose guardianship children may be legally placed for care and protection.

a. Organizations for Child Protection.

The principle of humaneness was applied to animals by the organization in the sixties in Minnesota and New York of societies, the purpose of which was to protect animals from the cruelty of man. Eventually it dawned on a few representatives of these societies that cruelty to children was also worthy of consideration. As a consequence many societies for the prevention of cruelty to children and to animals were formed. At present more than 300 of these are in existence. In addition there are about fifty organizations devoted to protecting children from cruelty and neglect. The White House Conference reported the existence of about 400 agencies for child protection.

New organizations of this type are not being formed. Rather the power to handle cruelty and neglect is lodged by most of the states in the juvenile court. This power, however, is used largely in a passive way. The probation officers are not on the alert for cases of cruelty, but when cases are reported they will take such action as the situation justifies. In a negative sense, nearly every juvenile court of the country with an attached probation staff is an organization for the protection of child life against cruelty and exploitation.

b. Methods of Treatment.

Cruelty and neglect cases should be settled out of court if possible, and efforts be made to develop the attitudes and the conduct that will prevent repetition. Court action often jeopardizes the interests of a child. It merely infuriates the parent or guardian and accomplishes much harm. On the other hand, when case work fails to secure results, an additional step in the process is to take the problem into the courts. Frequently the neglected child must be taken from the home; particularly is such action necessary in the case of the victim of cruelty or brutality or gross and persistent neglect. The author recalls the case of a boy who was rapidly becoming deaf because his parents deliberately refused to attend to the preventable cause of his declining capacity for hearing. The appeals of his teachers

were in vain. Friends could do nothing. But they did make a vital and important gesture. They referred the case to the juvenile court and the threat of the removal of the boy from his home soon resulted in the operation necessary to restore to the boy his normal hearing powers. Sheer brutality and cruelty are less prevalent than formerly. The family mores are changing and responsibility for the child is becoming the accepted principle. Formerly it was demanded of the child that he be tremendously grateful to his parents for having brought him into existence. Therefore he was expected meekly to endure any barbarities to which he might be subjected.

c. Age of Consent.

A much needed form of protection consists in shielding young girls from immoral surroundings and influences and from the exploitation which such contact induces. Legal measures are necessary to safeguard every girl under a certain age against intimacies with men. Our age of consent laws provide that any man having sex relations with a girl under a given age is guilty of a crime whether the girl consents or no. The responsibility is thrown upon the man as it should be. The average girl below the age of 16 or 17 cannot know the full consequences of her act and the aggressor manifests no concern. Therefore a virile effective age of consent law is needed; and full punishment should be meted out to the men who impose on the credulity as well as the fellowship of young and immature girls.

9. Children Born Out of Wedlock.

No other type of child suffers as does the child whose parents failed to comply with the legal requirements for the establishment of the family. From time immemorial the mother has worn the scarlet letter and the child has suffered from the insults of his associates, while the father has cast off the obloquy attached to his conduct and behavior and soon escapes responsibility for his misconduct. A new day has dawned, and both mother and child will receive fairer consideration. Old

attitudes are dying; new responsibilities are being recognized and laws are changing to conform to the newer ideals of justice.

a. Traditional Methods of Treatment.

Under the harsh English law, the child born out of wedlock was practically outlawed. He had no rights, no opportunities. American poor relief measures recognized his right to live, but gave him no attention unless he became a public charge. Then the overseer of the poor might bring the case into court and attempt to establish the identity of the putative father, with the hope that maintenance and support of the child might be obtained from that source. In Latin countries the situation was even worse. The Napoleonic Code forbade inquiry into the paternity of an illegitimate child. The entire responsibility was therefore borne by the mother or by society through its relief-giving organizations. In recent years only have the countries governed by this code begun to emancipate themselves from its depressing thralldom.

b. American Legislation.

The average American state recognizes the child born out of wedlock as a " bastard " and, of course, as illegitimate. Provision is made in all but about half a dozen states for the establishment of the paternity of the child. Usually, however, the suit can be instituted only by the mother or by the poor law officials. The state is interested in saving itself from the support of the child but not in his positive welfare. The Minnesota law of 1917, however, presents a departure from the antiquated theory and empowers the state board of control to institute proceedings in case it feels such action would serve the needs of the child.[1] Extracts from the law are as follows: " It shall be the duty of the board of control . . . to take care that the interests of the child are safeguarded, that appropriate steps are taken to establish his paternity, and that there is secured for him the nearest

[1] Federal Children's Bureau, Publication No. 66, *Illegitimacy as a Child Welfare Problem.* Part 1, p. 55.

possible approximation to the care, support, and education that he would be entitled to if born of lawful marriage. . . . The board may initiate such legal or other action as is deemed necessary; may make such provisions for the care, maintenance, and education of the child as the best interests of the child may from time to time require, and may offer its aid and protection in such ways as are found wise and expedient to the unmarried woman approaching motherhood." In practice the law is administered by a special bureau of the state board in coöperation with the county child welfare boards established throughout the state.

The Minnesota law represents the nearest approach to a system of public guardianship that the American states afford and comes closest to systematic protection of the illegitimate child. It marks the beginning of enlightened methods of handling the problem. It recognizes that no blame attaches to the child and that he should not be penalized because of parental delinquencies. No other view can be correct. We have no moral right to attempt to solve problems by means of punishing the innocent. No such principle can accord with the fundamental bases of social progress.

In establishing paternity the proceedings may be of a civil or a criminal nature or partake of the nature of both. In three states the criminal law applies, but in the remainder of the states the fact of paternity is not itself classed as a crime even though quasi-criminal procedure may be used in the trial. The more important consideration is a method of arriving at the facts in the simplest and fairest way so that proper care of the child may be obtained and full responsibility accepted by parents.

Both the law and the practice in respect to paternal support are woefully unsatisfactory. In certain states the father is allowed to settle by paying a lump sum, which is usually most inadequate. In others, the payments are to be made at regular intervals but no machinery for the enforcement of these payments has been provided. As a consequence at the end of a few months the payments lag and eventually fail entirely. In 12 states, according to the Children's Bureau, the desertion

and non-support law applies to cases of this type and failure to obey the court order becomes a criminal offense. The man can then be reached under this law. At best the conditions are unsatisfactory and the illegitimate child is supported in large measure either by his mother or by the philanthropic agencies.

Efforts have been made to improve the legal status of the child born out of wedlock. Several states now provide for the right of inheritance from the father as well as from the mother. The prevailing sentiment is opposed to this policy, although no sound social reasons for such opposition can be discovered by most social workers. The Arizona law provides that a child shall inherit from its natural parents in the same manner as children born in lawful wedlock. A condition which complicates the problem is the fact that approximately 25 per cent of the fathers are married men, some of whom have other children. The child born out of wedlock then competes with the man's lawful children. Again it must be remembered that the child is not to blame.

Provision is made for the legitimation of the child born out of wedlock. In two states the status of illegitimacy has been abolished and children are said to be the legitimate children of their natural parents. The most common method of legitimation is by the subsequent marriage of the parents. Certain children born of parents who would by law be debarred from marrying each other are in some states permanently ineligible to legitimation. The children of common-law marriages where such marriages are tolerated are considered legitimate. In many states the father by acknowledging the child may bring about its legitimation.

Throughout the birth registration area, with the exception of California and Massachusetts, the birth records indicate whether the child is legitimate or not. Statistics on this matter are vital to an appreciation of the problem and should be recorded in every state. Proper protection can be provided against the exploitation of any child; and this protection is given in many states by prohibiting the misuse of the birth records. A num-

ber of states prohibit the inclusion of the name of the father on the birth record unless paternity has been acknowledged or judicially determined.

State supervision of private child caring agencies, maternity homes, and maternity hospitals is necessary to protect adequately the interests of the unmarried mother and her child. Certain essentials of social procedure must be required of all agencies, in order that babies may not be taken from their mothers, that maternal responsibility may not be abruptly shifted, that children may not be placed out indiscriminately and lost to the world and that other impediments to the proper disposition of a case may be prevented.

Forced marriages are an evil against which many social workers have protested. Studies of marriages of this type have shown that the majority end in failure. The slight good that may have been accomplished in legitimating one child is more than outweighed by the cruelty and neglect from which entire families of children suffer. Adopt the right plan for legitimating children, perform a little efficient work on the parents and then put into effect the program that best meets the situation and much bitterness and sorrow will be avoided! In some cases it may result in the marriage of the parties involved; but in most cases it will not and should not.

A vicious legal doctrine universal in this country prevents fair treatment of women in hundreds of cases. This doctrine, known as " exceptio plurium concubentium " enables the putative father to bring other witnesses into court to testify to the promiscuity of the mother. Accordingly, because all may have been immoral all are absolved from responsibility and the entire burden falls back on to the shoulders of a friendless girl, whose present status is largely due to the wiles and deception of unprincipled men. The Norwegian law is right. It requires every man who testifies to affirmative relations with the plaintiff during a certain period of time to contribute to the support of the child. Such a clause should be written into the laws of every American state.

The National Commissioners on Uniform State Laws have prepared a bill known as "The Uniform Illegitimacy Law." It has been hoped by many that this bill will be enacted into law in every state so that procedure and treatment may be uniform throughout the country. This uniform law contains many progressive features but does not take the advanced positions that many students of this problem think must eventually be accepted. Its value lies in this: it is far ahead of the legislative procedure in many states and it would be a great gain if all states reached the level of thought and principle contained in the uniform law. When that is reached higher altitudes still lie ahead.

c. Prevailing Methods of Treatment.

Nearly all foundlings are illegitimate children; the methods of handling foundlings represent methods of treating illegitimacy. Many foundling asylums accept babies without investigation and dispose of them in an equally summary manner. In St. Louis when the venerable system of parceling out foundlings among three orphanages was discontinued and the babies were referred to the Board of Children's Guardians for care and treatment, foundlings practically disappeared. Very few indeed were the babies whose mothers could not be discovered. Then a constructive course of treatment became possible.

In the more populous states the great majority of illegitimate children are born in hospitals or maternity homes. For these the beginnings of social treatment are possible, but in an indefinite proportion of the cases, hospitalization is the sole treatment provided and the world knows but little of the later outcome. There are several groups of maternity homes that deal sympathetically and progressively with mother and baby. Although there are exceptions, this observation applies to most of the 65 Florence Crittenton Homes and the 35 Salvation Army Homes operated in this country. There are many other homes, most of them organized as local institutions. The total number, according to Robert S. Barrett, approximates 225, and the number of illegitimate children cared for annually is nearly

9,000.[1] Many of these homes include on their staff a trained social worker to help solve the general problems that illegitimacy projects into the lives of the unmarried mothers and their children. Unless such workers are women of poise, experience, and mature judgment their services have limited value only.

Attention has already been called to the child welfare boards organized in various states for the care of dependent and neglected children. For some of these boards, illegitimacy is merely a case in dependency. The state-wide children's home societies previously mentioned handle a large number of cases throughout the country. The local children's aid organizations perform a similar service for the metropolitan centers. Often the protective agencies do likewise, and, of course, the family welfare societies and agencies engaged in general activities deal with many unmarried-mother problems. It must be clear that a large variety of both public and private social agencies handle from time to time some phase of the case problem of either the mother or her child; and yet outside of the hospital care that is given, the majority of cases do not receive attention from the social agencies. If the problems are solved they are solved directly without the aid or interposition of the social workers. Even in cities where excellent work is done the Children's Bureau discovered that the ground was not adequately covered. In Philadelphia about 50 per cent of the mothers were brought in touch with the agencies; in Milwaukee about 35 per cent.[2] It is only in states where the principle of social responsibility has been at least partly accepted as in Minnesota where some social agency follows up and is in touch with the majority of cases. We are still trailing sadly in the program for the care and treatment of the unmarried mother and her child.

QUESTIONS FOR ADDITIONAL STUDY

1. What important differences distinguish a dependent child from a dependent adult?

[1] *The Care of the Unmarried Mother*, p. 47.
[2] Publication No. 128. *Illegitimacy as a Child Welfare Problem.* Part 3.

2. What factor is nearly always involved in the dependency of foundlings?

3. Is the proportion of children who are dependent increasing? Give your reasons.

4. Why is illegitimacy less common among immigrants than among their kindred in their native country?

5. Study some children's institution and find out what proportion of the children are orphans or half-orphans.

6. Distinguish clearly between the backgrounds of neglected and of dependent children.

7. What can be done in the case of two parents who are allowing their child to become blind, the blindness being totally preventable?

8. Why is it difficult to eliminate the causes of illegitimacy?

9. Study the state school system as a method of caring for dependent children.

10. Why has the "orphanage" been the chief agency until recently for the care of dependent children?

11. To what extent was the almshouse formerly used for this purpose?

12. How can an institution built on the congregate plan obtain some of the advantages that accrue from the use of the cottage system?

13. Why are free homes for children less popular in rural districts than formerly?

14. Study examples of successful public child-placing agencies.

15. Can the functions of the juvenile court be extended so as to cover all important cases of neglect?

16. Why is it difficult to enforce the age of consent law?

17. Study the results of the Minnesota law dealing with the problem of illegitimacy.

18. What advantages and disadvantages would result from the abolition of the status of illegitimacy?

19. Should our statistics enable us to learn the annual number of illegitimate births? How should these facts be recorded?

20. Find out to what extent paternity is legally established.

21. Study the German and the Scandinavian methods of dealing with the problem.

22. Relate mothers' pensions as discussed elsewhere to the child-serving program presented in this chapter.

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CHAPTER VII

CARE OF THE AGED

The care of the aged is an inherent phase of the problem of dependency. Nothing would be finer than for individuals as they reach the western slope of life to be made reasonably secure against the grimness of old age with its physical incapacity, senility, and chronic disease. Rather they should be enabled to maintain a dignified standard of living without resting too heavily on relatives or friends for support. The opportunities of life and the use of those opportunities should have been such that neither poverty nor want would confront the aged and embarrass them with its drabness and despair. How different from the actual situation, and why?

1. Increase in Number of Aged.

The proportion of people in a community who are beyond 65 or 70 will continue to increase until some years after birth rates and death rates have become equal. When a stationary population has been reached, then the age of the dying will correspond to the average expectation of life. For most countries this condition is still a long distance in the future; for the United States and certain countries of western Europe, however, it may be expected within a decade or two. According to the latest available figures the average American may be expected to live approximately 56 years, while the longevity of the Englishman, Hollander, or German is virtually the same. From the standpoint of the care of the aged, the important fact is not expectation of life but probability of life. This term refers to the age when one-half of the number born have reached a certain age. For example, while the expectation of life may be

56 years the age to which one-half of the population survives is according to Dublin approximately 66 and to which a quarter survives is 77 years.[1] It is this ¼ or ½ that become the subject matter for a chapter on the aged.

The equalization of the birth and the death rate will not necessarily increase the number of aged. It does so only as the age distribution of the dying ignores the middle years of life and emphasizes the earlier and the later years. Public health and social welfare organizations have striven mightily for many years to reduce the mortality from tuberculosis, occupational diseases, and industrial accidents. These misfortunes generally strike individuals in the working period of life, when other causes of death are relatively unimportant. To wipe out these death-dealing factors is to effect a sufficient lengthening of life to add materially to the population that becomes the concern of the agencies caring for the aged. If, however, tuberculosis is to be wiped out, and a miserable man of 50 is merely to be precipitated into an almost equally miserable life of degradation and want at 60, one questions whether the effort has been socially worth while. If fatal industrial accidents are to be wiped out, and the beneficiaries of the reform live to 65, only to find themselves in the almshouse and despised by the majority, how much has been gained! And yet if the masses are to receive honest and humane consideration the elimination of unnecessary disease and avoidable accident must continue as an objective of social work. We should therefore look forward with hopefulness for the declining years of the aged.

2. The Aged Population.

The census figures for 1920 furnish the best information as to the number of persons of various ages. According to the data given, nearly 5,000,000 were 65 years or over, and 2,864,000 were 70 years or over. These figures constituted 4.7 and 2.7 per cent of the population respectively.[2] It is not likely that in a decade

[1] *Health and Wealth*, p. 149.
[2] *Abstract of the Census, 1920*, p. 137.

any great changes in proportions have occurred, therefore, these percentages may be considered normal for the present time. The change from 1910 to 1920 for the population over 65 was only three-tenths of one per cent. Applying these proportions to the people of the United States in 1930 we estimate that about 5,730,000 were over 65 and 3,300,000 over 70.

The states differ widely in respect to the proportion of individuals at these ages; and any program for old age pensions would necessarily be profoundly affected thereby. The New England states have the largest proportion — a fact no doubt due to the constant migration westward of ambitious young people eagerly struggling to find better economic opportunities. In the Middle West, Indiana, Iowa, and Kansas are in the lead. The comparative absence of an immigrant population in these states is an important factor responsible for this condition. In the Far West, California leads with a proportion of 5.8 per cent. This fact is clearly the result of the large number of elderly people who migrate to California to spend their last days in rest and retirement. On the other hand, in the Southern states a very much smaller proportion of the population consists of old people, a fact which is also true of a number of the mountain states. Higher birth rates and the recent movement of young people to the west no doubt account in part for this phenomenon in the South. Wyoming stood at the bottom with only 2.6 per cent of its population over 65. A slight majority of the aged are women.

3. Special Causes of Dependency among the Aged.

The amount of old age dependency depends largely on existing social and economic conditions, and the capacity or incapacity of individuals to adjust themselves to these conditions. An important factor is the migration from the rural to the urban centers. In the country districts, the aged are with but few exceptions cared for by immediate members of the family or by near relatives. Although few people have wealth, few are in dire poverty, and therefore the old age problem largely solves

itself. The migrants to the city, however, cannot fall back on a farm, whether fertile or infertile, and their support must be obtained entirely out of wages or savings. Industrial conditions and industrial opportunities therefore are prime factors in the capacity of the urban inhabitant to secure himself against the adversities of old age. The first obstacle consists of the tendency of modern industry to refuse to employ men who have reached a certain age. Men are being ruthlessly thrown out on to the industrial scrap heap, many of them at the age of 45, or twenty years sooner than any may expect to become the beneficiary of an old age pension law. This harshness on the part of industry is largely due to the surplus labor force that has existed in this country ever since the heavy immigration immediately following 1900. The coming of so many young men who asked few questions and were glad to accept a job played havoc with the older worker and set a fashion for the employment of younger men only. As a general rule, the man who grows up in a position may safely pass the forty-fifth year, but should he for any reason lose his position and turn to some other firm or establishment in search of a position he is likely to be brutally rebuffed and rejected. Yet the industrial or trade life of the men of this generation cannot cease at 45 without causing a social problem of such huge dimensions that billions must be spent to solve it.

A second reason for the refusal to employ men of 45 or over is the greed of the industrial corporations engaged in the practice. To them employees are not men but labor power that is bought and sold on the open market just as machinery is obtained. When the human machine becomes somewhat worn and loses a portion of its punch and vigor, invest in a new set of men and maintain the high efficiency of your plant! A group of employers, after making a study of several hundred manufacturing concerns, have themselves admitted that 28 per cent of the plants investigated have a maximum hiring age limit, although some make exceptions in the case of former employees.[1] The age

[1] National Association of Manufacturers, *Public Old Age Pensions*, pp. 24 ff.

limits vary from the low figure of 25 to a maximum of 70. The meaning of this fact to the thousands of men that are involved must be obvious. According to an eminent representative of life insurance companies who studied the policies of 516 firms, these employers imposed rigid hiring age limits in 8.69 per cent of the cases and practical limits in an additional 24 per cent. Accordingly nearly one-third of the establishments applied the age test to their employees. How similar the proportion of establishments that fix age limits is to the proportion of men of 65 or 70 who are dependent will appear in a later paragraph.

A study by employers of the age distribution of workers in industry as revealed through the records of six well-known life insurance companies indicates that on the basis of 2,632,000 workers in 1928 2.36 per cent were 66 years of age or older. A slight gain in favor of the older workers was observed in the five-year period ending with 1928. Although these figures are not definitely comparable with the United States population over 65 years, the proportion who do exceed that age is 4.7 per cent. Age in industry therefore does not compare favorably with age at large, although signs of greater consideration are appearing.

In defense of the establishment of age limits is the important fact that certain occupations require employees whose physical and mental equipment is still in its prime. When the safety of the public is at stake or when dangerous trades must be manned, only those who will not increase the hazards can be employed. Naturally the younger man must be chosen. Transportation companies feel this obligation and many other public utility concerns as well.

Old age dependency is also caused by industrial accident and by premature disease. The recent Massachusetts study dealt with the earning power of individuals over 65 who owned less than $5,000 or earned less than $1,000 annually. The following percentages indicate the nature of the problem.[1]

[1] *Monthly Labor Review*, April, 1930, p. 14.

	No Impairment	Partially Disabled	Totally Disabled
Men 65 and over	26.9	28.3	44.8
Women 65 and over . . .	36.7	37.6	20.1

A much larger proportion of the men were found to be totally disabled than was the case with the women. However, this fact does not imply that the surplus of able-bodied women would have been employed in the gainful occupations. Obstacles such as those previously mentioned would have confronted them. Apparently the prime factor in causing the dependency of these individuals was illness, which was responsible for somewhat more than one-half of the cases. A study made in Pennsylvania of the causes of dependency among persons 70 years of age or over revealed the fact that nearly one-half were suffering either from some disability or from protracted ill health.

The figures presented by the National Civic Federation which made a limited study of the subject in eleven industrial cities in four eastern states are somewhat different.[1] Instead of limiting the study to the dependent the Federation attempted to obtain a cross section of the entire aged population. The report gives the causes of retirement rather than the causes of dependency; and many of those retiring were individuals of means. In fact some men retired at 60 or before. The health factors were classified under five heads: chronic illness, mental illness, paralysis, rheumatism, and other illness. It was discovered that 42.5 per cent of the men and considerably more than one-half of the women retired because of disturbing health conditions. Although differing from each other in method and in types of cases studied, the various investigations reveal a rather uniform proportion of illness and indicate that this cause is responsible for at least one-half of the dependent at 70 or even at 65.

[1] *Study of the Extent of Old Age Dependency.*

The fact of disablement from disease does not eliminate the social factors from the problem. Unsanitary factory conditions, bad and inferior housing, lack of proper medical attention owing to the high cost of sickness, overwork and exposure have all contributed to the undoing of the worker. To a limited extent only was he able to overcome these obstacles to continued health. American experience resembles that of England, where within the passing decade the social aspects of old age dependency have received careful consideration. That these disabled men and women could have prevented their illnesses and physical troubles is extremely unlikely. To penalize them for their misfortune therefore is certainly unfair.

Unwise and unsafe investments have drawn heavily on the petty savings of the average workingman. Unable to make careful investigation of the grade of security offered him or of the nature of the enterprise in which he is asked to invest, he accepts the word of mendacious and insinuating salesmen and only too often discovers that his savings have been dissipated. Such investments include the purchase of village or city lots that are advertised as having strategic value, of stocks in miscellaneous companies that later prove fraudulent, of shares in concerns that never exist except on paper, and of other purchases similar in character. The amount of loss each year from these sources is enormous and has been estimated at two billions. If this sum were salvaged and devoted to care of the aged it would alone pay for all the relief needed by them and would leave a substantial sum for family rehabilitation. These swindles are not perpetrated exclusively on the working classes, but so large a proportion of the losses are suffered by persons unable to bear the burden that much old age dependency is directly traceable to this cause.

Lack of thrift connected with indifference to the hazard of unemployment brings many a man of 65 to the poverty line. This lack of foresight is not entirely blameworthy; and the negligence of American educational and social welfare agencies in delaying instruction and practice in thrift accounts in part for

this condition. The necessity of saving has not been impressed on the masses in this country. Until late years the number of workers with savings accounts was entirely too small. Not until recent years have the schools instituted a savings system and begun to teach young children the virtue of saving. Even in times of depression, misguided seekers for a panacea for prosperity have urged everyone to " buy now " or to buy a little more, when the protection of their meager savings is the greatest virtue to which it is necessary for certain individuals rigidly to adhere.

Other causes of old age dependency are identical with causes of dependency in general and have been discussed in previous chapters. The emphasis here has been placed on those factors applying with special force to the aged.

4. Extent of Old Age Dependency.

Among the attempts to determine the number and proportion of dependent aged, the work of the Wisconsin Industrial Commission has special significance. In order that its conclusions might be applied to the entire state the commission in 1913–15 attempted to obtain typical districts for analysis. The rate of dependency as announced is based on 1,395 individuals over 60 years of age. The proportion of individuals studied who would have qualified for the pension plan considered was approximately one-third of the whole, but the percentages varied from 19 in the rural districts and 33 in a metropolitan city to 40 in certain small towns.[1]

A similar but more extended study made in Massachusetts in 1925 covered data for more than 17,000 persons 65 years of age or over. Attempts were made to secure a thoroughly representative group of individuals. Massachusetts is largely urban and the results of the survey must be appraised accordingly. It was discovered that 32.8 per cent of the total number of the ages specified had neither property worth $5,000 nor incomes of $300 or over. One-half of this group, or 16.8 per cent of the

[1] *Report on Old Age Relief*, p. 27.

total, had neither property nor income and were being supported in other ways. However, more than one-half of the entire number had either as single individuals or in company with their mates property valued at $5,000 or more and were enjoying an annual income of at least $1,000.[1]

Since these persons were not recipients of charitable relief, the nature of their support was also studied. It appears that the great majority were cared for by children, that relatives and friends assisted in about 14 per cent; and that 12 per cent actually cared for themselves and managed somehow to survive. Other studies, such as those made in Ohio, Pennsylvania, and California have added to our knowledge. On the whole the accumulated facts seem to indicate that of the population 65 years and over about one-third do not have sufficient means to support themselves with dignity and self-respect. The great majority are cared for by individuals whose natural, and, in many states, legal obligation requires them to give aid, and so long as the integrity of the present family system is maintained this obligation will remain, and the bulk of the aged receive support according to these ethical ideals. Most of the remainder — those who were self-supporting and those cared for by relatives other than their own children — become the legitimate burden of the state. The maximum number of aged dependents is about one-third of the number of aged; the minimum cannot be estimated, but by means of efficient case work it can be reduced to a very much smaller proportion.

5. Methods of Care.

a. Almshouse Care.

The typical method of caring for the aged dependent has been through the almshouse. Imported from England, the institution was established here in our earlier colonial days and for more than two centuries has flourished under a great diversity of conditions. Formerly it was little more than a catch-all for

[1] *Monthly Labor Review*, April, 1930, p. 13.

the cases of the community for which other methods of handling had not been provided. Accordingly the almshouse became the refuge of the blind, deaf, dumb, crippled, paralytic, epileptic, feeble-minded, insane, unmarried mothers and their children, orphans, alcoholics, and others. Gradually, as special provision was made for some of the types enumerated, the almshouse became more and more a home for the aged and infirm. In some communities it has been integrated with the county hospital, and there the spirit of the hospital dominates. The aged dependent there are merely chronic, infirm, or incapacitated who are not in need of the special and detailed care required for the regular hospital cases. This plan, which is attempted in many rural communities, is a great advance over the older system under which the almshouse or poor farm was largely a place where old people were systematically neglected and exploited.

In certain communities the institution is used as a temporary shelter for homeless men and perhaps also for the detention of minor misdemeanants. In some of the larger homes, special provision is also made for certain types of chronically insane. The declining importance of the almshouse is perhaps best indicated from the statistics of " paupers " in almshouses. In 1923 the total population of these institutions numbered 78,000, but the proportion per 100,000 of the American people was only 71.5 — a figure which has steadily fallen since 1880, when it was 132. In similar fashion annual admissions have gradually fallen from a rate of 99.5 in 1904 to 58.4. The changing age of the inmates is another item of considerable significance. While in 1880, 54 per cent were under fifty years of age, in 1923 only 18.9 per cent were under this age — a fact which indicates that increasingly the institution is being used for the aged and infirm and that the younger and more hopeful cases are being handled in other ways. Likewise in the case of children. Not only the number under 16 within the institutions but the annual admissions are steadily declining both absolutely and proportionately.[1]

[1] United States Bureau of Census, *Paupers in Almshouses*, 1923.

The states differ widely from each other in respect to the proportion of individuals given almshouse care. These differences are not a measure of the comparative poverty of specific communities, but are partly due to the methods used in caring for the various types of dependent classes. Some states have made generous provision for their insane and feeble-minded and therefore have relieved the almshouses of this burden. Again in some communities many of the aged are cared for in private homes or institutions, while others are the beneficiaries of a system of outdoor relief. In some sections children are not permitted to receive almshouse care or, if so, for a specified time only. The proper segregation of the various types of social service cases has been carried out further in New England, and particularly in Massachusetts, than elsewhere, and therefore the almshouses of this section of the country more nearly serve the purpose which such an institution should fulfill.

The Bureau of Labor Statistics in its study of almshouses in 1923–24 learned that the population of the 2,183 institutions included had risen to 85,889 — a figure larger than the population of the institutions in 1910, but nevertheless representing a proportion of the population much lower than formerly. The Bureau's criticism of the almshouse is similar to that familiar to all readers of studies of almshouse conditions in America. The following statements are pertinent: " though some institutions were good, appalling conditions were found in others. Many of the houses were dangerous firetraps. Conditions of extreme filth and the grossest neglect were discovered. Moral conditions were often very bad. Generally the diseased mingled freely with the well inmates. No restraint was exercised, and inmates were free to leave when so inclined, even though a menace to society because of disease or mental condition." [1]

Almshouse management, although much improved, still leaves much to be desired. In 88 per cent of the institutions studied the direct management plan is in use, that is, the county poor law officials operate the institution directly or through an employed

[1] United States Bureau of Labor Statistics, Bulletin Nos. 386 and 489.

official. In the remaining almshouses the contract system prevails. Under this plan, the farm and almshouse are leased to an operator for a specified sum out of which the lessee agrees to feed, clothe, and maintain the inmates. Grave abuses arise in connection with this system and efforts are being made to eliminate it altogether. In fact the bulk of American almshouses are but small institutions with an inmate population of from 15 to 20. Competent service for these inmates under conditions that make classification and specialized treatment possible is unlikely. Accordingly the movement to eliminate the almshouse altogether continues to grow. Meanwhile state supervision is being developed and in certain sections efforts made to organize district, instead of local, institutions.

b. Other Homes for the Aged.

Besides the almshouse, there are federal soldiers' homes, state soldiers' homes, and a large number of private homes, many of which are conducted under denominational auspices. Out of 1,323 such homes in the country the Bureau of Labor Statistics located 1,271 and obtained information from 1,036. Valuable information concerning these homes appears in the following table:[1]

Sponsoring Organization	No. Homes	No. Reporting	No. Residents in Homes Reporting
Federal government	13	9	8,155
State homes	50	46	8,692
Religious, including certain philanthropic and fraternal	526	444	28,571
Fraternal	112	102	7,687
Private	489	360	12,448
Other	81	75	3,317
Total	1,271	1,036	68,661

Population Based on Figures from 1,032 Homes. It appears from this table that the federal institutions have an

[1] United States Bureau of Labor Statistics, No. 489, *Care of Aged Persons in the United States.*

average population of 900 each, while that of the state homes is approximately 188. The remaining homes are all conducted by private groups, religious, fraternal, or philanthropic, and as a rule are much smaller. The average inmate population is 53. If the 300 homes from which information was not secured represented normal institutions their population will aggregate approximately 16,000. This figure added to the totals given above will yield 84,000 or almost exactly the number found in the almshouses of the country. We may therefore conclude that the almshouses care for not more than about one-half of the aged receiving institutional treatment. Nearly 190,000 individuals live at any one time either in public or in private institutions in the country.

The inmates of the federal and of the state institutions are largely persons without means and if not cared for in this way would drift into the almshouses of the country. The bulk of the inmates of the remaining homes or institutions, however, are not penniless and pay certain entrance fees as required by these homes. However about 35 per cent of the homes are free and serve an indigent population. Admission fees vary from nothing to $3,500. The great majority of homes charging fees have set the figure at less than $600. The largest group belongs to the $500 class. Generally the age limit set is 65 years, although under certain conditions some homes permit applicants to enter earlier. Many of the homes take temporary guests as boarders, but at prices below commercial rates.

The philanthropic old people's homes serve a very important field of social service. A large proportion of the thousands handled in these institutions would eventually be forced into the almshouses. Their admission fees would soon be spent, and then without further means they would have no other recourse. Usually these homes have long waiting lists, and a considerable fraction of the applicants never enjoy the opportunity of entering institutions. Many become penniless during the long wait and finally succumb to the relentless " poorhouse." Dread of the almshouse is bred into almost every American, and most

indigent or dependent persons consider the old people's home an institution possessing dignity and status. The almshouse is truly the end of the road; it is not only the last resort, but occasional individuals commit suicide rather than "go to the poorhouse." Accordingly the private homes for the aged perform a useful function, not only in caring for more than 60,000 persons but also in salvaging that self-respect which is so precious and that peace of mind that every one craves. Until public indoor relief can develop an institutional personality congenial to the honest and respectable poor, the almshouse must continue to remain in the disrepute in which it finds itself today.

c. Public Pensions for the Aged.

Old age pensions have been in vogue in certain European countries for many years. Both England and Germany have long since accepted the system, and instead of fighting it are attempting to improve it and bring it into harmony with modern social and economic conditions. In discussing the different forms of social insurance we are aware that two conflicting principles must be considered and one or the other rejected. They are the contributory and the non-contributory systems of providing such insurance. In the one case the beneficiary contributes to the fund from which his benefits are later drawn; in the other no contributions are made. The prevailing plan in continental Europe for aid to the needy aged is the contributory old-age insurance system. Germany, which passed its general law in 1889, has been the leader of the movement. Australia adopted the non-contributory plan and was followed by England in 1911. This system is usually termed old-age pensions.

Although no struggle for the contributory plan of accident insurance or workmen's compensation was made in this country, the earlier state commissions appointed to study old-age insurance plans generally rejected the pension plan and made the conventional objections to a non-contributory system. The chief objection was: it will destroy or lessen thrift. The

authors of this objection must now realize the irony of their argument in the face of millions out of work and a large proportion of laborers unable to obtain a new job after the forty-fifth year of life. The ambition of nearly every American to become rich evidently had not greatly impressed these commissions. The next objection, that it would break down the integrity of the family and lessen responsibility of children for their parents, has theoretical weight. However, pension laws usually provide that a person legally responsible for an aged person is not absolved from his obligation and must attempt to support such a person. Again the probability that the children of a family will reduce their means just enough to enable them to escape responsibility for their parents and thus force the state to pay the small sums that our present pension laws require is a thought that would do credit to Don Quixote. The very men of means who make this objection seem oblivious of the fact that others are striving for wealth even as they have striven.

The objection that unless workers contribute to the fund they will have no proper appreciation of the service rendered them is stock argument employed in opposition to all movements of this character. The objection holds equally in respect to free education, free libraries, and other free services — all contributed by the taxpayers of the community. The heaviest taxpayer is the man who pays no taxes but has shifted on to him all costs and bills that in his economic weakness he has been unable to shunt off on someone else. The lack-of-appreciation argument, if valid, should revolutionize our entire system of democratic institutions.

It is also argued that " old-age pensions " is a misnomer and merely covers up with euphemistic language a revised form of out-door relief. This observation is partly valid. Such pensions are a case in out-door relief, but if the new nomenclature and the method used can contribute to the self-respect and the self-possession of the beneficiary, then he is indeed a hardy person who has the venturesomeness to condemn them. Objection is also made to the cost. This objection is also valid if

it implies that old-age pensions will cost more than present methods of providing relief to the aged. But existing plans for the aged are hopelessly inadequate and additional appropriations must be made for their care. The proper question is not as to cost, but as to the best plan at the lowest cost.

The supporters of old-age pensions have realized that conditions of living have made capacity for self-support impossible for a large proportion of the aged. Honest and respectable people have made every effort, but the task has been overwhelming. When old age arrives, the alternatives are neglect or provision by public or private philanthropic agencies. The doors of the " poorhouse " are not inviting. Private agencies cannot meet the cost. Children are unable to bear the burden and collateral relatives should not be penalized with this responsibility. Public out-door relief smacks of pauperism and has proved inadequate because special provision for the aged has not been made nor have measures been taken to protect as far as possible the personality of the beneficiaries. The old-age pension system has seemed to answer the requirements better than any other device. Accordingly sentiment in favor of this plan has grown. Among the earlier advocates of the system was the American Association for Labor Legislation.

Arizona in 1914 passed an old-age pension law but the law was shortly thereafter declared unconstitutional by the state courts. Alaska made the next attempt, and in 1915 the territorial legislature voted a pension system which provided for sums of $12.50 per month for persons 65 years of age or over, provided they met the requirements in respect to character, residence, and need. The next step of importance consisted of the study of the subject in various states' commissions appointed for this purpose. In 1923 Pennsylvania, Montana, and Nevada each enacted an old-age pension law. The next year, however, the Pennsylvania law was declared unconstitutional, the grounds alleged being the existence of a clause in the constitution prohibiting the legislature from making appropriations for charitable and educational purposes. Meanwhile following the

report of the Ohio Commission on Old Age Pensions, the state of Ohio voted on the proposition to adopt the system, but the proposal was beaten by a vote of nearly two to one. Nevada also repealed its law; however, a new one was enacted a few years later.

The enactment of a law by Wisconsin and similar legislation in Kentucky and Maryland gave an impetus to the old-age pension movement. Furthermore the state commissions almost uniformly reported favorably to the project. Accordingly in 1931 seventeen states had enacted an old-age pension law.

A summary of the provisions of several laws will indicate the general plan followed by the various states. The Idaho law of 1931 provides that a pension may be granted to an applicant if he is 65 years of age or older, has been a citizen of the United States for 15 years and of the state for 10 and of the county in which application is made one year; that he has not been imprisoned within the last ten years; has not deserted his spouse and has not within the last year been a professional tramp or beggar; that he has not alienated any of his property for the purpose of becoming eligible for a pension; that he has no children capable of supporting him, and does not enjoy an income of $300 or more per annum. The law creates county old age pension commissions and provides for a maximum annual pension of $300.[1]

Nearly all of the laws follow the principles laid down in Idaho legislation. There are differences in detail. Most of the states do not give a pension until the age of 70 has been reached; some set a property limit of $2,500 or $3,000 and have established limits as to income. The conditions of citizenship vary and the older laws contained unnecessary detail in respect to the character of the applicant.

The proponents of the California law, passed in 1929, claim that the law is not an old-age pension system but a plan for aiding the needy aged. The difference is reputed to exist in the application of enlightened principles of case work and of poor

[1] *Monthly Labor Review*, June, 1931, p. 83.

law administration. The law, however, fixes the maximum aid to be administered at one dollar per day. The total amount expended is to depend on the conditions of each case respectively. In the determination of the facts the orthodox methods of social case work are to be employed. How much in actual practice this plan will differ from that of the other states remains to be learned after the laws have been in operation for a decade or more.

The laws of Massachusetts and New York have proceeded farthest in the direction of discriminatory treatment. In neither of these states do they fix the amount of pension or of aid to be given. This is to be determined by the need and such other facts as may justify a grant of money. The New York law requires the applicant to be at least 70 years of age, a citizen of New York for 10 years and of the local community for one year; he must not be capable of supporting himself in whole or in part and not have children capable of caring for him; he must not be an inmate of a public or private institution or home or in a custodial, corrective, or curative institution except temporarily, must not suffer from physical or mental handicaps requiring permanent care and must not have assigned his property to others in an effort to qualify for aid. The amount and nature of the relief is to be determined by the local welfare official and this may include medical, surgical, and nursing care. The beneficiary may be maintained in his own home or in some other family home. As far as possible, when direct relief is extended, it is to be in the form of money.

The New York law provides for state supervision and control. Under certain conditions the state department of welfare may investigate applicants for aid and may make orders which the county or city must obey, although the local community may not be in complete accord with the decision. Periodic reconsideration of the cases is required and the aid again adapted to the new conditions. The state department of social welfare reimburses the county to the extent of one-half of the pension granted, provided the grant has been approved. Under this

plan high standards of case work are expected and the evils that often attach to a pension system, it is expected, will be reduced to the lowest terms. The Massachusetts plan, operated on a similar basis, is expected to yield excellent results. The refund in that state constitutes one-third of the local grant.

The subject of old-age pensions has been discussed in other legislatures and it will become an issue throughout the country. Such laws may be expected in most of the states in the near future. The labor groups, formerly opposed to pensions, have become advocates of the plan and the organized opposition to the system is disintegrating. Efforts to hasten its advent in other states are being made through agitation for federal laws providing for appropriations from national funds according to the plan of federal-state coöperation now established in respect to many other projects. The opposition comes partly from organizations that do not believe in pensions and partly from individuals who still adhere to the fetish of states' rights.

It is too early to attempt to appraise the possible service of old-age pension laws to American philanthropy. The almshouse population should be greatly reduced thereby; that is, individuals who would eventually be sent to the almshouse will now remain at home since the pension will cover their necessary expenses. On the other hand, the optimists who believe that the system will eliminate the almshouse will suffer a rude awakening. The pension plan cannot serve the misfit or the beggar or the parasite. Such types will still gravitate toward the "poorhouse" or perhaps toward institutions of a more specialized character. Unless district almshouses are established it is likely that the small almshouses will eventually become a part of the county hospital and most so-called almshouse cases be placed in separate wards or departments of the hospital. This plan will make certain groups of aged who are not infirm available for pensions, and should decrease further the conventional almshouse population. Pensions represent one phase of a unified plan of care for the aged. They represent a dignified method of care. Certain states have declared by law

that pensioners shall not be considered paupers, and while this legal fiat will not be absolute, it will tend to preserve a wholesome attitude of mind.

The cost of pensions has been compared with the per capita cost of almshouse care. In four of the five states studied by the Bureau of Labor Statistics the cost of almshouse care exceeded that of pensions. This fact is due partly, however, to the assistance which in many cases is given by members of the family to pension cases. On the other hand, we must expect precisely this type of arrangement. The increasing cost of pensions to the public will come not from increased per capita costs but from the large number of individuals who were previously unknown to philanthropy but who will now apply for a pension and will qualify for it under the law. As a matter of fact an immense number of dependent persons, as has been shown by the studies of the extent of old-age dependency, will be brought to light. Heretofore they have managed to exist and rather than enter the almshouse they have suffered the bitterest privations. Now there is hope and therefore they will take advantage thereof.

Objection to a system of old-age pensions is not based solely on the arguments set forth above. If the conditions of poverty require more expenditures to meet the situation, more should be expended. There are opponents of the plan who care little for decent standards of living for the poor. For them the outstanding goal is a reduction in the burden of philanthropy. This attitude, of course, has no place in a dignified program for the improvement of our public welfare. Costs should be reduced but decency nevertheless preserved.

d. State Insurance System.

In Massachusetts in 1907, legal authority was given to savings banks to " offer to thrifty wage earners an opportunity to obtain life insurance and annuities at lower rates than those of the existing companies, by lessening the heavy expense entailed by the system of house-to-house solicitation and collection."

The net effects of this law have been disappointing. In 1927, 45,715 policies had been issued and slightly more than five hundred persons had bought annuities.[1]

A somewhat similar law in Wisconsin provides for low-rate premiums, but this law has been even less successful. Physical examinations have been required for life insurance, but in the case of annuities these requirements have been waived. Definite efforts by the states to promote thrift by this method seem doomed to failure.

e. Pension Plans of Employers.

The extent to which industry can itself take care of the old-age problem is a moot question. The beginnings of a pension plan were made in 1884 when the Baltimore and Ohio Railroad introduced the system. Several other concerns followed with similar plans, but until 1900 very little attention was given to the subject. The most rapid development has occurred since the beginning of the World War. Objection to this type of pension is based partly on the claim that the system reduces the mobility of labor and forces men to remain in particular jobs.[2] Such compulsion is contrary to the spirit of American initiative and self-assertion. Again it is said that workers will not take part in attempts to improve conditions. They fear that they will lose the right to the pension. If this argument holds, then the gain from pensions would be more than offset by the losses from depressed conditions and from the spiritual subservience of the men. In the third place, the pensions are considered a gratuity instead of the outcome of a mutual agreement. Employers often reserve the right to alter, amend or abolish their systems, and in doing so have taken advantage of the confidence placed in them by the workers. Furthermore in case a firm discontinues, men who have contributed to the fund cannot expect a return of more than the amount contributed. The hope for a pension therefore rests on sand instead of solid ground.

[1] United States Bureau of Labor Statistics, No. 489, p. 297.
[2] *Ibid.*, p. 280.

The more weighty objections relate to the fate of workingmen in industries in which the natural mobility is great. Until satisfactory wages and conditions of work are assured, the risk to the men is too great to justify their adherence to a pension system. The general life plan of a railroad worker eligible to a pension is vastly different from that of the ordinary employee in an industrial concern. Although pensions may be justified in the one case, additional evidence is necessary to prove that industrial pensions are an important factor in the solution of the old-age dependency problem. No plan that stifles the hopes and ambitions of the workers is adequate. It must grant freedom and make possible organized effort to improve working conditions. The casual laborer, the migratory worker and other types of workers cannot become the beneficiaries of any pension system, and therefore industrial pension plans, even though they met the objections listed, cannot become substitutes for other methods of caring for the aged.

Recent studies by the National Industrial Conference Board have disclosed a rather widespread welfare program on the part of manufacturing establishments. Among the benefits conferred are: bonus for length of service, plan of stock purchase, sickness and accident benefits, group insurance, health and accident insurance, savings plans for employees, and pensions for long-service workers.[1] A study made by a department of the Manufacturers' Association revealed pension plans in nearly four hundred business enterprises. In 194 of these there were 2,500,000 employees. It was estimated that the yearly pension payments amounted to about $50,000,000. The number of pensioners was estimated at 80,000. Such pension plans, of course, are much more common in large than in small establishments. The risk is less and better coherence of the labor force is guaranteed.

That greater responsibility on the part of industry for the welfare of the aged must presently be accepted is evident from the economic disaster beginning in the fall of 1929. Responsi-

[1] See *The Economic Status of the Wage-earner in New York and Other States.*

bility for the unemployed is directly involved, but concern for the aged is a necessary by-product. That responsibility, however, must safeguard the independence of the worker and permit the continuation of the traditions and the practice of American freedom. Contributory pension plans cannot succeed, but group projects which can be carried out without jeopardizing the rights of the individual will command greater favor.

The care of the aged is inseparably associated with the prevention and cure of poverty and is merely a case in the general problem. However, it has distinctive aspects and therefore has required separate consideration. The goal of achievement is the capacity for everyone to care for himself without aid from outside sources.

QUESTIONS FOR ADDITIONAL STUDY

1. What are the reasons for the increasing longevity of our present-day population?
2. Has heredity contributed to this result?
3. Why do aged women outnumber aged men?
4. What economic factors are largely responsible for elimination of older men from industry?
5. How many years of productive life should be expected of the average man?
6. Why have the causes of old-age dependency received so little attention?
7. Find out whether your state obligates children to support their aged parents.
8. Study your local almshouse to discover whether it still accepts a large variety of cases for care. If so find out why.
9. What are the prevailing methods of almshouse management in your state?
10. Why do people prefer old folks' homes to well-conducted almshouses?
11. Why are pensions preferred to institutional care?
12. Analyze the arguments for and against the contributory plan of old-age pensions.
13. What are the chief objections to our old pension laws?
14. Why are insurance plans by industrial enterprises unsuccessful in solving the problem?
15. Can voluntary insurance result in adequate provision for the aged?
16. In what respect are pensions superior to outdoor relief?

17. Why have industrial leaders opposed old-age pensions?
18. What has been the attitude of the American Federation of Labor?
19. What general plans for lengthening trade life have been proposed?
20. To what extent have old-age pensions been successful in Europe?

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CHAPTER VIII

ACCIDENTS

1. Number and Distribution.

Accidents in the United States are one of the most important causes of deaths. In 1929 the number of fatal accidents was 98,258 — a larger number than ever before in the history of the country. This army of casualties is about twice the size of that army of young Americans who died in the World War. Each year in this country we are fighting several Château-Thierrys, capturing several St. Mihiels, and are pressing ruthlessly through a number of Argonne Forests. But there is a difference. Instead of finding the dead and wounded lying about in heaps, or serried ranks, we find them here and yon isolated from all others, perishing from the wiles of a guerrilla warfare. Occasionally a skirmish snuffs out the lives of a hundred or more but usually an individual is picked off here, another there, and thus the war goes unceasingly and unrelentingly on, killing nearly one hundred thousand every year. If these deaths were the result of a few sanguinary battles, the people would rebel and wipe out the aggressors, but under the conditions they supinely tolerate this sporadic decimation of human lives. Poisonous snakes in India take an annual toll of 20,000 lives, but this number is less than the yearly deaths in this country from automobile accidents alone.

a. Distribution of Fatal Accidents.

Accidental deaths have been classified as follows:[1]

[1] *Monthly Labor Review*, March, 1931, p. 23.

Motor accidents	31,000
Accidents in home	30,000
Industrial, including 3,000 motor	20,000
Public, other than street or highway	20,000
Total	98,000

This rough grouping of deaths according to the vital factors involved needs further analysis. The most rapidly increasing fatality rate for any specific cause is the rate of deaths from automobile accidents. In 1910, 2,000 deaths were due to this cause. By 1919 the number had risen to 10,000, and every year since then the aggregate has grown until the figures have reached the number indicated above. Furthermore the indications are that the rates will continue to mount.

The reasons for this frightful carnage are not far to seek. Science and industry have exhausted every contrivance to develop speed and power in automobiles. When the first machine was tried the optimistic hope was expressed that it might run fifteen miles an hour. Now no machine dares to run that slowly for fear that it will be crushed and run over by the speed demons of the day. Meanwhile no protective devices capable of challenging these mechanical changes have been devised. Stop and go signals, safety zones, and the prohibition of " jay-walking " have proved valuable aids but they are by no means commensurate in protective power to the increased danger of the powerful motor car of the day. Additional devices and more effective deterrents to careless driving must be invented if this cause of accidents is to be brought under control.

b. Fatal Industrial Accidents.

Industrial accidents have received more attention than any others. Different individuals have estimated fatal industrial accidents at about 25,000 annually. The figures, however, hardly justify this estimate, and the analysis given above, which credits industry with causing 20,000 deaths per year seems to state the situation fairly. Twenty thousand fatalities annu-

ally is enough. On the basis of 18,858 industrial accidents tabulated in 1928, the distribution by industry was as follows:[1]

Industry	Number of Deaths
Manufacturing	3,080
Mining and Quarries	2,584
Building and Construction	2,600
Public Utilities (gas and electric)	358
St. and Electric R. R.	1,587
Seamen, Stevedores	313
Agriculture and Rural	3,558
Other-trade, domestic service, professions	4,778
Total	18,858

Under manufacturing a large number of different industries are included. A special study of thirty of these industries revealed the fact that in 1929 the frequency of fatal accidents on the basis of units of man power employed was registered in the following order for the most hazardous of the group: logging, fertilizer manufacturing, brick making, structural iron works, and petroleum refining. Each of these suffered a rate much above the average, but all of the industries together indicated a decline both in rates and in actual fatalities from the former years with which comparisons had been made. The grim Moloch of the past who sought but to devour has lost some of his voracity. The Pittsburgh of 1908 with its five hundred fatal industrial accidents has given way to industry conscious of its responsibility to human life. In these twenty years the general accident rate for the iron and steel industry has fallen from 80.8 to 24.8 per 100,000 full year workers, and the fatal accident rate has dropped from .7 to .2. Before the war the despised and exploited immigrant became the sacrifice to industrial greed. Since then the new spirit of democracy and the new attitude toward the immigrant have registered a measurable triumph in

[1] *Monthly Labor Review*, March, 1931, p. 93.

safety devices and in educational methods for the lessening of industrial accidents.

The mines and quarries of the country have not yet conquered the obstacles to personal safety. Not only the high mortality but the high fatality rates bespeak either indifference or mechanical failure. Particularly is this situation true of the coal mines, which since the war have not reduced perceptibly the proportionate hazard to their employees. The quarries have made progress and so have the metal mines. Falling rocks, the falling of workers, explosives, burns, electricity, men caught in machinery — these are direct causes of accidents in this group of industries.

Steam railway conditions have been greatly improved. The appalling number of deaths formerly reported annually by the Interstate Commerce Commission has given way to figures showing that in 1918 the deaths of railway employees were approximately 2,500 and in 1928 they numbered only 1,327. Meanwhile street car accidents continue at rates too uncomfortably high for the peace of mind of the pedestrian armies of our cities.

Little thought has been given to the industrial hazards of the farmer or his employees — the farm hands. As a matter of fact thousands of accidents annually occur on the farms throughout the country and many fatalities also result, as is shown in the table given above. The increasing industrialization of agriculture threatens to maintain a relatively high rate of accidental deaths on the farm for many years to come. No logical plan for a radical reduction of such accidents has as yet been devised. Perhaps they represent a larger proportion of accidents for which no direct blame can be attached than is true of deaths in manufacturing or mining. Neither the fellow-workman (who does not ordinarily exist) nor the employer is largely at fault. Such accidents, however, are just as truly accidents as though they occurred elsewhere. They count not only in the statistics but are responsible for pathological social conditions and deserve the same consideration that is given to the accidents in the other fields of economic and industrial life.

c. Industrial Accidents according to Disability.

So far we have discussed fatal accidents. The great majority of all accidents are not fatal. According to the American accident table ratio there are 762 fatal accidents for every 100,000. However, the bulk of accidents cause less than one or two days of disability and therefore not subject to compensation. The figures gathered by the Federal Bureau of Labor Statistics from thirty manufacturing industries disclosed a total of 98,150 accidents distributed as follows:[1]

Temporary disability	92,733
Permanent disability	4,801
Fatalities	616

These industries fortunately did not match the orthodox ratio but kept their fatalities well below. They permanently disabled eight times as many as they killed, while the rest were but slightly injured or the injury could be entirely repaired. Figures for the iron and steel industry indicate that permanent disabilities are from five to six times as numerous as deaths and temporary disabilities are multiplied by 115. The number of men and women who are permanently disabled by industrial accidents in any given year may therefore be estimated as approximately 100,000. The number who suffer other disabilities has been estimated as at least 2,100,000. Had every American soldier who crossed the ocean to engage in the World War been injured the number of casualties would not have been greater than those which occur in this country every year.

d. Dependents.

Industrial accidents, since they occur to employed workers, levy a heavy toll on the lives of the young and able-bodied. Perhaps the Pennsylvania figures for 1929 which show that out of 1,798 fatalities for which compensation was paid, 1,514 men had dependents numbering 4,213 persons, or an average number of 2½ dependents for every man killed.[2] How far these pro-

[1] *Monthly Labor Review*, May, 1931, p. 5.
[2] *Monthly Labor Review*, Jan., 1931, pp. 121–2.

portions hold for other states is not known, but it is a safe generalization that the results will not vary widely. Accordingly, somewhere in the neighborhood of 50,000 persons are affected by the fatal industrial accidents that occur annually. The permanently disabled add another army of dependents that is several times as large. Because of injuries to the chief wage-earner of the family, altogether several hundred thousand persons are each year faced with problems of economic readjustment.

e. Non-industrial Accidents.

The sporadic accidents also constitute a serious problem. The casualties occurring in public places and in homes number nearly one-half of the number for the country. The free use of firearms, such as pistols and small-bore rifles, is a big factor in the death of 3,000 individuals of all ages. Among these are many boys and girls. The lakes, rivers, ponds, and beaches attract thousands of pleasure-seekers and do not permit this vast army the delights of recreation with unalloyed good times. Instead they drown approximately 8,500 annually. The largest number of fatalities occur during the month of July. Asphyxiation, electrocution, burns, scalding, falls, and poisoning add to the number of accidental deaths. Together they make a total not approached in other lands, not because of abnormal carelessness or indifference but largely because the average conditions of living with our technical improvements and inventions increase hazards and dangers, particularly to the unwary and the less skilled. The United States of America has the highest accident rate in the world. The only country that approximates our rates is Canada, with a proportion roughly three-fourths of ours, while England has barely more than one-half of the rate.

f. Costs of Accidents.

The cost of industrial accidents has been computed by various statisticians. The staggering sums obtained throw doubt upon

the credibility of the results. The student and reader, however, should become cognizant with the general conditions that are involved. For example, one estimate places the figure at about five billion dollars. These losses include, in addition to the direct cost of compensation and the legal and administrative costs attached to such service, the so-called hidden or indirect costs or losses. The amount of compensation paid in 1928 to the sufferers from compensable accidents was approximately $240,000,000. The additional costs of medical and hospital care and of related items was $72,000,000, or a total of $312,000,000. Since this amount is expended on 2,100,000 individuals, the per capita cost was $148. The administrative costs and the other expenditures that are involved in insuring employers constitutes a considerable sum, but a figure the amount of which can easily be overestimated.[1]

Estimates on the hidden costs were made on the basis of the actual costs involved in a number of specific instances. The results seemed to indicate that the amount paid in the form of compensation represented not more than one-fourth or one-fifth of the burden imposed on the employer and other workers. Among these hidden costs are the following: time lost by the injured worker; time lost by fellow workmen and by the foremen and other officials of the different establishments; property damage resulting from incidents connected with the accident; the spoiling of materials; the breakage of tools; overhead costs and losses due to transfer of orders to other firms. If all establishments were operating on a one hundred per cent efficiency basis, and on a full capacity basis during the entire year and unemployment were a myth, then costs such as these would represent legitimate losses. Such ideal conditions, however, do not obtain, and therefore the actual losses to society (and that is the final test of the actual losses incurred) fortunately remain at a figure far below that obtained by the methods suggested above. Perhaps the estimate made by the National Safety Council represent more conservatively the losses result-

[1] *Monthly Labor Review*, Nov., 1930, p. 73.

ing annually from the accidents of the country. In addition to the fatal accidents already approximated, the Council estimated that 10,000,000 non-fatal injuries from all sources produced some disabilities and therefore incurred costs to the victim or to others. Accordingly it fixed the amount of loss involved at $3,250,000,000 annually.[1] In times of prosperity such a figure may denote the amount of wealth that would have been added to the material assets of the country, had no accidents occurred; and such figures should challenge our attention and our imagination in order that the magnitude of the problem of accidents may be better appreciated. Although a large proportion of the cost as given above is the result of industrial accidents, it is probable that the non-industrial accidents incurred the bulk of the losses indicated.

2. Compensation for Industrial Accidents.

a. Inadequate Compensation.

The original procedure for obtaining damages for injuries suffered in gainful employment was through our employers' liability laws. In case of death, dependents might sue the employer; and, in other cases, the injured party brought suit directly. The greatest indictment of the system was made by the Russell Sage Foundation in its study of industrial accidents in Pittsburgh and Allegheny County, Pennsylvania, in 1908. It was clearly and graphically shown that the law afforded the worker little or no protection. To win a case in court was almost impossible, and the average case required several years to be adjudicated and when it was settled favorably to the plaintiff, lawyers and court costs gobbled up so large a proportion of the award that but little went to the injured party or to widow and dependent children. Accordingly industrial accidents meant miserable or ruined lives and injury beyond repair.[2] Corroborative of this study was the lesser inquiry made by Sherman Kingsley, who showed that fifty ordinary

[1] *Monthly Labor Review*, Nov., 1930, p. 86.
[2] Eastman, *Crystal, Work Accidents and the Law*, R. S. F.

cases of industrial accident yielded the families of the deceased less than $9,000, but if publicity attends a catastrophe such as that attending the " Cherry Mine Disaster " a much greater magnanimity may be expected. In this case the amount paid by the employers was approximately $90,000, and in addition there were private contributions of an approximately equivalent amount.[1] But a fatal accident, whether it occurs singly in a rolling mill or as one death in connection with 50 additional deaths is just as final, and the bereaved family is left in just as sorry a position in the one case as in the other. If occurring singly, the public knows but little about it and a determined public opinion does not demand justice for the widow and her children. If it is a public calamity, an aggressive demand for indemnification rather abruptly yields results. However, if compensation is justified in the one case it is also in the other. Most industrial accidents do occur singly, and therefore will receive but fleeting attention unless a proper organization for the benefit of the relatives has been established.

b. Employers' Liability Laws.

The liability laws also placed tremendous and unfair legal obstacles on the injured workmen. In case of a suit the employer had the privilege of making a defense based on three principles known as assumption of risk, fellow-servant doctrine, and contributory negligence. To begin with, he could argue that the employee when he accepted employment knew that certain dangers accompanied the work. The fact that he continued working while cognizant of this danger constituted an assumption of the risk. If he was injured it was not the fault of the employer, since it was the task of the workman to avoid being hurt.

Again, the employer was permitted to show that some fellow-workman was partly responsible for the accident. If the latter was careless and an accident occurred to a totally innocent person, the injured person nevertheless was helpless, because

[1] Nat'l Conf. of Social Work, 1910, pp. 434 ff.

under the law, if a fellow-servant contributed to the causation of the accident, the employer could not be held responsible. That such partial responsibility often existed is undeniable. Finally, if the injured employee contributed at all to his injury by carelessness, then the employer was absolved from responsibility. For an employee to show that he was not in the least negligent again is a most difficult matter. Few workers could prove that they maintained the maximum of caution at all times and that they were wholly without blame.

And the key to the failure and breakdown of the system was the principle which placed the burden of proof on the workman. He was required to prove that he was not negligent instead of the employer being required to show that the workman was negligent. Few principles of law have been more brutally and utterly pagan than those under which injured workmen attempted to obtain damages for injuries suffered while in the course of their regular employment. A revolt from this system was inevitable as modern democracy and a finer humanitarianism gained ground.

c. Workmen's Compensation.

The system of social insurance has its practical origin in Germany. Its inception is due largely to the demands of the German socialists. Bismarck, reading the signs of the times, introduced several plans of social insurance during the eighties of the last century. One of these was accident insurance, or as it is known in this country, workmen's compensation. The insurance principle soon gained a foothold in various European countries, including England, but America remained adamant against this novelty and continued to operate under the antiquated and oppressive employers' liability laws. For more than twenty years American labor legislation trailed the European countries in this respect.

(1) *Establishment of System in the United States.* The first workmen's compensation law enacted in this country was a federal law passed in 1908 and applying to a small number of

federal employees. A general state law enacted in New York in 1910 marked the beginning of the struggle in America for an adequate plan for the handling of accident insurance. The narrow-minded legalists scored a number of triumphs, however, before a progressive trend in the application of sociological principles to law gained ground. This New York law was declared unconstitutional. Lindley D. Clark, in his discussion of the case, says, " The constitutionality of this act was promptly challenged on the ground that it charged the employer with liability without fault, setting aside the doctrine of negligence, together with the common-law defenses, thus depriving the employer of liberty and property without due process of law and denying the equal protection of the laws; also because the act took away the right to trial by jury and limited the amount recoverable in actions for injuries resulting in death." Although held constitutional by a lower court the law was soon held invalid by the highest court in the state. " The statute was said to offend both the state and Federal constitutions in its depriving of life, liberty, or property without due process of law by casting upon the employer a liability for injuries not due to his negligence. ' The theory is not merely new in our system of jurisprudence but plainly antagonistic to its basic idea.' The act was said to be beyond the police power of the state and void as seeking to impose upon the employer a liability which never existed before and to which he is permitted to interpose practically no defense, so that the statute was void as taking property without due process of law." [1]

Thus did the old guard and the bourgeois philosophy strain its power to maintain a system that was soon to be crushed beneath the onrush of modern thought and the inception of a broader philosophy of human welfare. The world does not belong to the employer. It belongs to the people. Several other skirmishes in which the insurance principle was defeated occurred, but the battle for a genuine workmen's compensation

[1] U. S. Bureau of Labor Statistics, No. 321, *Labor Laws that Have Been Declared Unconstitutional*, pp. 68-69.

law was soon won in the United States Supreme Court and therefore valid laws became possible in every state that was not handicapped by prohibitory clauses in its own constitution. Compensation laws were passed by other states and soon nearly all of them fell into line, so that in 1931 there were only four without a workmen's compensation system. The recalcitrant states are all in the South where the principle has been slower in taking root.

(2) *Provisions of Compensation Laws.* Although the states differ from each other in respect to many details of the law, the general plan of each resembles that of the others. Among the more important provisions of this system of insurance are the sections relating to the number and types of employments included. Formerly many employments were excluded from the provisions of the law, among these being farm labor, domestic service, casual employees, and employees in establishments in which the total number of employees did not exceed five or perhaps ten. These exceptions are unfair to the workers and means are being devised whereby an equitable plan can be put in operation which will protect them. The reason for making exceptions has been the heavy burden which might fall on the unlucky employer of a lone workman who met with a very serious accident. Several states now make definite provision for farm laborers, and the other exempted classes are gradually receiving consideration.

Compensation is to be provided for all personal injuries suffered in the course of employment, except those due to willful negligence of the employee; and in such cases the negligence must be proved. The employers' liability law required the worker to prove that he was not negligent. Now the shoe is on the other foot. In some states workmen who were intoxicated at the time of the accident are also excluded from the benefits of the law. This provision the writer considers unjust, since it leaves the dependents of the injured person without relief of any sort. Furthermore, the responsibility of preventing drunkenness among his employees can very fairly rest on the employer.

The laws usually require that the employer insure with some liability company. If he fails to do so he may be punished, and in case of an accident, he cannot fall back on the liability laws since they are so amended that the old common-law defenses no longer operate. A case therefore could easily be made against him in court, and the amount of damages assessed against him might be so large as to ruin him financially. Consequently it is desirable that all eligible employers protect their interests by insuring themselves.

Provision is made for several plans of insurance.

1. Employers may maintain their own insurance fund under the supervision of the state commission. Some states do not permit this arrangement.

2. Mutual associations may be established by employers. More than 30 states permit the organization of such associations.

3. Insurance may be obtained through a state Insurance Fund. In 17 states such a fund is authorized and in 7 states the so-called exclusive state fund principle has been established. This plan is the most desirable and in the long run insures the best results. Ohio, Oregon, and West Virginia are examples of states operating under this principle.

4. Insurance may be obtained through a commercial company. Such companies need to be carefully supervised and required to make fair and rapid settlements. Their rates should be so controlled that they will not become exorbitant nor extortionate. Such companies are, of course, not allowed where the exclusive state funds operate. In many states both the private companies and the state fund carry on a business, and, if so, the state fund suffers from the disadvantage of not receiving sufficient advertisement. It does not engage in the rough commercial scramble for trade through advertising and other methods of insinuating itself into the public favor. Even then, in such states as California, New York, and Pennsylvania where both plans are operating concurrently, the state funds have proved their capacity to provide effectual protection at rates lower than those stipulated by the private companies.

The amount of compensation varies with the seriousness of the injury. In case of death, the laws of some states provide for the payment of a specified lump sum to the widow or widower, this sum in no case exceeding $5,000. The standard adopted by the American Association for Labor Legislation provides that a widow receive 35 per cent of the wages of the decedent until her death or remarriage and on remarriage a lump sum equal to two years' compensation. It provides also that 15 per cent be paid for each child under 18 but that the entire compensation for the widow and her children shall not exceed two-thirds of the wages formerly received by the man. In the case of non-fatal injuries a scale of compensation is fixed, the items varying with the nature of the injury. Accidents are classified into total permanent disability, such as the loss of both eyes; partial permanent disability, such as the loss of a hand or a foot; total temporary disability, for example temporary blinding; and partial temporary disability such as a curable disablement of the hand, foot, eye, or other vital part of the body. The amount of compensation is greater for the permanent disabilities and may approximate the amount paid for fatal injuries. Medical care as well as such other emergency attention as the industrial welfare boards may require should be given by the employer.

The practice or procedure of not paying for an injury if the disability lasts less than from three to seven days is incorrectly but regularly called the waiting period. Of course the patient must wait under the conditions until the time is past but if he has recovered he receives no compensation; and if his disability persists he is paid from a date beginning with the end of the so-called waiting period. He does not merely wait; he is prohibited from obtaining a compensation for the first few days of his period of disability. Waiting implies deferred payments, but under the law no payment is ever received for the first few days of illness even though the illness lasts for months. In Oregon and South Dakota the laws do not prescribe a waiting period. The principle as carried out in all of the other states is

wrong. Probably no compensation should be given for a disability that lasts no longer than three or four days but in case a serious injury occurs, the compensation should be paid from the date of the injury. A real waiting period should be introduced and no payments made for the first few days but when the character of the disability has been determined then compensation should cover the entire time of the disability. The plan generally adopted is intended to prevent self-induced injuries. It is known that workers sometimes permit slight accidents to occur in order to obtain a day or two of rest, and some plan whereby such sabotage on the accident insurance fund can be prevented is necessary. It is not right, however, to penalize the genuine victim of an industrial accident in order to prevent such abuses of the compensation system.

Occupational diseases should be made compensable under the law. Certain diseases arising out of the employment, for example, lead poisoning, should be definitely enumerated in the law and provision made so that others clearly resulting from the course of the employment can be included. In 10 states only does the law refer to occupational diseases and in 5 of these the provision is somewhat indefinite. The California law reads: "The term 'injury' shall include any injury or disease arising out of the employment, including injuries to artificial members. In case of aggravation of any disease existing prior to such injury, compensation shall be allowed only for such proportion of the disability due to the aggravation of such prior disease as may reasonably be attributed to the injury."

The administration of the workmen's compensation laws should be vested in an industrial accident commission or board appointed by the governor of the state. If there is a state insurance fund, this too should be under the control of the board but with a separate and competent manager. The board must supervise the private insurance carriers, decide on claims, and see that the proper awards are made. Usually the accident prevention work prescribed by the state is also made a function of the board or commission.

(3) *Compensation and Accident Prevention.* Workmen's compensation laws have contributed extensively to the prevention of dependency. Compensation, although sometimes slow, is sure and very little is diverted into the hands of greedy attorneys. The system prevents the collection of exorbitant damages, as occasionally occurred under the employers' liability laws, but it assures the payment of reasonable and definite amounts. Widows and children are no longer subject to the uncertainties of a jury and the machinations of slippery attorneys, but they learn definitely what sums can be depended upon and adjust themselves accordingly. Furthermore, the period of compensation is generally sufficiently extended to enable the family to prepare for the time when payments will be discontinued.

The compensation system was at first expected to become a factor in accident prevention. It has failed in this respect. The increased cost of accidents was not met by a preventive program but the costs were assessed elsewhere and accidents continued to increase. Nevertheless, the advent of industrial accident commissions soon gave an impetus to constructive efforts, and since then much has been accomplished, as will be indicated later. The disabled men also appealed to the boards and the necessity of rehabilitation work soon became apparent. The World War came soon after the beginnings of the workmen's compensation movement in this country; accordingly rehabilitation efforts were naturally correlated with the plans made for the reëducation of disabled veterans.

d. Accident Prevention.

Before the advent of accident insurance as a definite and integral part of American labor legislation, considerable attention was given to the relative responsibility of employers, employees, and the hazards of the industry for the accidents to the workers in the factory, mill, and mine. The figures vary widely, but they do show definitely that the negligence of the employer and the hazards of industry were responsible for from two-thirds to three-fourths of all industrial accidents. There-

fore the employee was the victim in the great majority of cases. On the other hand, they indicated that the carelessness of the employer alone was not responsible for more than approximately one-fourth to one-third of the accidents. These efforts to appraise the relative importance of each factor in the problem were based on individualistic viewpoints out of accord with the new theory. Compensation laws are not primarily concerned with the penalization of the negligent but with the protection of the disabled and their families. Equitable ways of paying the bills can be discovered. The immediate necessity was the abandonment of a brutal principle and the adoption of a plan that would safeguard the opportunities of individuals and families and prevent the inevitability of dependency, or personal and family disorganization, and the aggravation of antisocial conduct and behavior.

(1) *Beginnings.* Organized efforts in accident prevention began as private undertakings by various industrial corporations, among which, perhaps, the U. S. Steel Corporation was the pioneer. It instituted its first project in 1906 and in twenty years reduced the accident rates in its establishments approximately 60 per cent. The organization by leading manufacturers of the National Safety Council was followed by a program constructive in character and effective in results. One shudders to think what statistics would reveal if such a movement had not been begun and employers of labor had not the benefit of such leadership.

(2) *Bureau of Mines.* The establishment in 1910 of the Federal Bureau of Mines marks another milestone in accident prevention. The bureau at once began to gather accurate statistics as to the fatal industrial accidents in the coal mines of the country. Later it added metal mines and quarries. The counting of accidents, however, was authorized by Pennsylvania as early as 1870, when the anthracite coal mines were required to report injuries. Shortly thereafter the soft coal mines were also included. Ohio in 1874 adopted a similar plan and after 1880 a number of states began to gather statistical informa-

tion along these lines. The Interstate Commerce Commission was among the earlier agencies that made and kept careful records of fatal and non-fatal injuries both to employees of the railroads and to others, including passengers and trespassers. Nothing was so effective, however, as the reports to the workmen's compensation commissions. It was these that revealed the magnitude of the accident problem. Their figures required an answer; their revelations, a remedy.

(3) *State Bureaus.* State accident prevention bureaus represent a significant step in the health and safety program. Many of the states have a distinct service centering entirely on these objectives. Massachusetts established a board of Labor and Industries but merged it with its industrial accident board when the latter was authorized. California as early as 1914 organized a special safety department in its Industrial Accident Commission. Ohio insured the adoption of a preventive program by making legal provision for the payment of 1 per cent of all premiums received by the state fund into a separate fund to be used solely for the prevention of accidents and of occupational disease. Its division of safety and hygiene is exemplary of the best type of state program. Among its functions and duties are the following: It studies the accidents that are reported in an endeavor to ascertain not only where the personal fault lies but also what machinery or conditions of mechanical manipulation tend to cause accidents. It has a staff of safety engineers who visit establishments and develop protective devices. Its medical advisor is an important factor in the war against the various occupational diseases. Coöperative work with establishments that use chemicals or materials that induce occupational disease is a feature of the program. Speakers familiar with the dangers inhering in certain industrial plants address workers on safety topics and in this way an educational campaign is constantly progressing. In addition safety pamphlets and bulletins are issued and distributed. These leaflets are adapted to different classes or types of industrial establishments so that the subject matter may appeal to the prospective

reader. Safety posters have also been prepared and sent to individuals requesting them.

Some departments have been granted considerable powers in respect to the determination of standards for health and for safety devices. Such departments issue orders establishing certain standards and then require industrial plants to meet the conditions imposed. They may also demand that examinations of employees in certain dangerous occupations be made periodically and that occupational disease cases be reported to the state boards of health and safeguarded locally as well.

(4) *Voluntary Organizations.* Voluntary effort has made measurable progress in accident prevention. The organization of the National Safety Council represents the most important development in this respect. Its influence reaches far beyond its membership, and the association has reached into the field of non-industrial accidents as well. Its minimum safety standards have assisted in the promotion of better factory conditions in many states. Several homogeneous industrial groups have been persuaded to attempt organized work. An excellent example of preventive work is provided by the Portland Cement Association organized with 67 plants in 1919. In a period of ten years the coöperating plants have been increased to 136 and the accident rate has been lowered from 4.35 per 100,000 man hours to 1.4, a reduction of 66 per cent, and the proportion of fatalities has fallen an almost equal amount. In similar ways efforts to force proper lighting have borne fruit. Accidents from inadequate lighting are more numerous in winter than in summer. Accordingly artificial light is much more necessary when days are short and dark. Safety work on a voluntary basis although successful in several industries, as stated above, is still in its infancy and but few plants attempt it vigorously.

The insurance companies gradually qualify as law-enforcing agencies and as contributors to higher standards of health and safety. Their work proceeds from a selfish or business point of view. Their interest in safety measures rests on the financial advantage of being relieved from the payment of enormous com-

pensation claims. The fewer the accidents, the fewer the claims and the greater the profits to the companies. When financial advantage fights on the side of safety, protective measures are certain to be introduced. The indifferent concerns and those suffering from high accident rates become unsafe risks exactly as a drunkard is a costly risk. Pressure from this source represents one of the hopeful influences in accident prevention. The companies can be particularly helpful in promoting standards among the industrial plants that require the use of complicated processes. These newer methods greatly increase the hazards and threaten to add to the number of accidents and of occupational diseases. However, premiums based on the actual hazards will rather abruptly improve the unsatisfactory conditions, and insure greater safety.

Accident prevention depends in part on the willing and active coöperation of the employees. Success in this respect depends on many considerations. The psychology of the men must become attuned to the safety-first principle; otherwise a concerted movement for the prevention of accidents is impossible. The greatest single obstacle to the participation by workers has been the speed requirement to which laborers have been subjected. Often machines are so set that certain rates of speed must be attained by the workers in order to coördinate their duties with the functions of the machine. This speeding-up of workmen is a deliberate arrangement, whereby the maximum of production is realized, but it makes an excessive number of accidents inevitable. It forces men to take chances that would not be accepted if unreasonable speed were not required.

Again safety drives on the part of the employers carry but little weight unless proper safety devices are first installed. Consistency marks the first step in willing coöperation from the workers. The educational program is not successful and cannot succeed unless high standards are maintained in industrial establishments. Employers who are not ready to listen to complaints about hazards, who expect supercaution because of those hazards and who require excessive speed as a part of their

efficiency program will be annoyed by the exceptional number of accidents occurring in their plants.

The lack of knowledge by workers of the dangers involved has proved disastrous, and particularly so, in the case of illiterate immigrant workers. Partly for this reason instruction in English has been given by industrial concerns, or non-English speaking workers have been required to attend night classes in English. The adult education movement, although not intended especially for the prevention of accidents, has nevertheless proved an important factor in the lessening of such accidents. It has made the men more alert and careful, and has shaken off some of the indifference that has held them and that has been responsible for unexpected injuries.

(5) *Shop Committees.* Some progress has also been made through the establishment of shop safety committees composed of the workmen themselves. It is recognized that the men when left alone will make suggestions and criticisms that would not be attempted if the employer or his representative is present. Minor defects in machinery or in method of operation will be brought to the attention of the management when under other conditions these defects will be tolerated until an accident has occurred. When it is too late the changes or improvements will be made. With the gradual democratization of industry, greater coöperation from the worker in attempting to solve the problem will be secured.

e. Preventability of Accidents.

There is little doubt among experts as to the preventability of most industrial accidents. The hazards of industry are largely a myth. They are the result of indifference to the safety of workers in dangerous places. Proper protection against wind, rain, slides of rock, explosions, and what has been legally known as " acts of God " (this blasphemy has become an anachronism) will reduce the accidents from these causes to a minimum. Mr. H. W. Heinrich of the National Safety Council insists that 98 per cent of all industrial accidents can be eliminated. In

a study of 50,000 cases of accident he concluded that the causes were as follows: faulty instruction 30 per cent, lack of concentration by workmen 22, unsafe practices 14, poor discipline 12, mechanical hazards 10, and physical and mental defects 4.[1] This analysis rejects the older classification of causes which apportioned certain percentages to employers and others to workers. It points out the specific lack, whether in employer or employee, that makes the accident inevitable. Perfect conduct is not to be expected of any one, and therefore the more obvious cases of accidents must be set forth. A casual inspection of the causes given will at once reveal the nature of the program necessary to lessen the great waste of human life that has occurred and is still occurring. The mechanical hazards are reduced to a small figure; and nearly all of the remaining obstacles to a perfect record are clearly of a preventable nature.

It is evident that a combination of factors will alone eliminate the heavy mortality due to industrial accidents. Improved legislation requiring safety devices and unblemished machinery is necessary. Provisions for lighting, ventilation, and proper heating of plants must be made adequate. Additional factory inspection is needed and proper safeguards against occupational disease must be instituted. Employers must give workers a chance to be careful instead of placing a premium on indifferent haste and carelessness. The better education and training of workers will automatically reduce accidents chargeable to ignorance and lack of foresight. It needs to be emphasized, however, that workmen's compensation laws, although they may protect the worker and his family financially, are not an adequate preventive of industrial accidents. Effort along each of the general lines suggested will alone reduce the evil to a minimum.

The progress in reducing industrial accidents has made much headway, but the elimination of non-industrial accidents and

[1] Figures quoted in *Monthly Labor Review*, June, 1931, p. 73, from book entitled *Industrial Accident Prevention — A Scientific Approach*.

injuries has only recently been given thought. One phase of the problem has received attention and is gradually being subjected to control. Reference is to the injuries and deaths resulting from carelessness on Independence Day and perhaps on other holidays. Restrictions on the sale of firearms, explosives, and other supplies to be used for purposes of enjoyment on these occasions have greatly reduced the number of injuries to the small boys, who are the natural victims of these excesses. The conventional plan throughout the country is the enactment of municipal ordinances forbidding the sale and use of all articles likely to bring about accidents of any sort. In ten years a great reduction in the number of injuries has been accomplished.

The elimination of automobile accidents is a more serious problem. The increasing activity of the police in arresting careless drivers and greater efficiency by the courts is a negative influence calculated to reduce the number of accidents. However, positive efforts must supplement the negative. Lower insurance rates for careful drivers, driving licenses limited to persons passing a rigid examination, better knowledge of the law, and direct educational measures will stimulate caution. Wider and better roads, four-wheel brakes, the elimination of drunken drivers, and continued safety campaigns are additional aids. The immediate prospect is rather dismal, since the accident rate seems to be rising and the aggregate number of casualties increasing.

The sporadic cases can hardly be controlled. Deaths from drowning, particularly at beaches and public resorts, are due to negligence or unforeseen causes. Life guards and safety devices are reducing the number that would otherwise occur. Various philanthropic organizations have been training individuals to do preventive and first aid work. Warnings against the taking of undue risks are given by appropriate bodies, but the nonchalance of the average American prevents serious attention to such advice. The accident problem is a pressing social situation and the burden that it entails is likely to be borne by the people for many years to come.

QUESTIONS FOR ADDITIONAL STUDY

1. Compare the number of fatal accidents with the number of deaths caused by tuberculosis.
2. What industries yield the highest rates of industrial accidents?
3. What accounts for the great reduction in accidents in steam railways?
4. To what extent are so-called "costs of industrial accidents" fictitious?
5. In what proportion of cases is the carelessness of workers the chief cause of an accident?
6. Are the "hazards of industry" an unvarying factor?
7. Why did employers' liability laws place workers at a disadvantage?
8. What European countries had enacted workmen's compensation laws before the passage of the first American law?
9. What groups opposed compensation laws for the U. S.?
10. Is the compensation granted adequate?
11. Is the so-called "waiting period" a preventive of accidents?
12. Are exclusive state funds preferable to other ways of handling insurance?
13. Which states are still without compensation laws?
14. How do such laws affect the legal profession?
15. Should farm labor and domestic sciences be excluded from the benefits of workmen's compensation legislation?
16. Should employees be required to contribute to the compensation fund?
17. Why has workmen's compensation proved ineffective as a preventive of accidents?
18. How can occupational disease be reduced in amount?
19. Suggest a complete accident prevention program.
20. What varieties of accidents can with difficulty be prevented?

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CHAPTER IX

CHILD LABOR

1. Evolution of Child Labor.

The child labor problem as visualized today is the inevitable outcome of the industrial, social, and political changes that accompanied the birth of the nineteenth century. Before that time children were engaged in useful labor although often under conditions far from desirable; nevertheless, there was no problem because the effects of that labor did not interfere with the normal future of the child of that day. The problem arises only as the condition of work or of living interferes with the legitimate strivings or opportunities of an individual.

Children have always worked. In previous centuries the great majority of families lived on the land. Their food, their clothing, their fuel, and other necessities were produced then and there; and the entire family assisted in the process of production. A small proportion of families in the handicraft and domestic stages of industrial evolution may have been entirely dependent on their earnings, but even among the handicraftsmen the tilling of soil was usually a collateral occupation. Few big cities existed before 1750 and the great majority of individuals were therefore closely tied up with agricultural pursuits. Accordingly the child labor of that day was almost exclusively part of the family program of eking out the miserable existence so common in the centuries before the industrial revolution. The children worked with father and mother and all together raised the grain and vegetables, cared for the domestic animals, prepared the wool, the flax, and other textiles for cloth and clothing, gathered the wood, and did the many other services necessary for a living. No serious objection can be made to

this form of child labor, and the conditions of the day required a regimen of this sort. Perhaps the child apprenticed to the tradesman was occasionally exploited, but even he was being prepared for self-support and the labor did not interfere with the social opportunities that now form an essential part of normal life.

With the advent of the industrial revolution, child labor entered a new phase. The child worked not at home or separately for a tradesman but as one of many in a factory where routine was emphasized and individuality became obsolete. In the beginnings of the industrial era the bad effects of such separation from family and home were not recognized. In fact the child was regarded as a valuable economic asset. Alexander Hamilton in his celebrated report on manufacturing advocates the extended use of women and children in industry. Here is a potential labor supply of untold value to this country. To bring about its successful utilization is to give to us the needed gain in industrial advance. Both in England and in America children began to enter the textile mills and to work long tedious hours for a mere pittance. Nevertheless, this condition occasioned no problem. Not until new social views held sway did the problem of child labor emerge.

The European caste system almost inevitably doomed each child to follow in the footsteps of its parents. Popular education was unnecessary because no valuable service was rendered thereby. The increase of population and the aggravation of poverty, however, revolutionized thinking. The unrest both in France and in England culminated in radical changes; in France the bloody Revolution was the answer to oppression; in England many changes were made. Meanwhile the democratic movement in America began to emphasize the rights of the common man and to insist on the opportunity for all to obtain some educational privileges. Humanitarianism also is ever at hand ready to help the unfortunate and oppressed.

This complex of influences was responsible for a new evaluation of the child labor situation. Children were suffering, were

being deprived of opportunity, and were performing work that naturally should fall to the lot of parents. Gradually a critical attitude toward child labor was assumed and child labor legislation appeared on the horizon. In 1819, an English law prohibited children under 9 from working in the cotton mills and a limit of 12 hours per day was imposed on all children under 16 years of age. The battle for the rights of children had begun. In 1833, a law was passed applying to other textile mills and in 1842, in the United States both Connecticut and Massachusetts passed laws restricting young children from working more than 10 hours per day in certain manufacturing establishments. The evils of child labor had received their first appraisal.

The number of children in the gainful occupations when these laws were passed constituted but a handful compared with the large number that entered industry after we became a manufacturing nation and after the unprecedented influx of European immigrants to our shores. Then the textile mills, confectionery establishments, clothing factories, the mines, and the retail stores began to clamor for increasing numbers of boys and girls for the less difficult and more menial jobs. Trade and transportation, the messenger service and the street trades — all made demands. Child labor became a serious social problem.

2. Amount of Child Labor.

The federal statistics show that the number of child workers fell from nearly 2,000,000 in 1910 to 1,060,000 in 1920. However, the figures for the latter year applied to the condition existing on January 1, and on this day, of course, the number of children engaged in agricultural labor was far below the normal for the entire year. Outside of agriculture the number of child workers fell from 558,000 in the former census year to 423,000 in 1920 — not a very sharp decline. The great majority of working children are engaged in agricultural labor. The other occupations which each employed more than 50,000 children were manufacturing, clerical occupations, trade, and domestic and personal service.

Immediately after the war a gradual decline in the amount of child labor became apparent. However, when the industrial depression of 1921 struck the country many children were reintroduced into the gainful occupations. The attempt to adopt the proposed child labor amendment was also followed by a weakening of anti-child-labor sentiment. The statistics, so far as they were available and authentic, indicated an increase in the amount of child labor.

The Census of 1930 again tabulated the facts as to child labor. Statistics relating to a number of the states have been released. These show an almost uniform decline in the amount of child labor as compared with 1920. These figures cover both agricultural and non-agricultural labor. However, the statistics for farm labor are difficult to obtain and the conclusions relating thereto need to be accepted with caution. The last census was taken immediately after the onset of a serious industrial depression and without doubt a large number of children who had been previously employed were out of work when the enumeration was made. Accordingly the figures for 1930 must not be accepted as representing normal conditions.

Among the uncounted children at work are the thousands who annually travel with their parents from their homes to the communities where seasonal crops of fruit and vegetables are harvested. This problem has gradually increased in seriousness; and it is probable that the number of migratory child workers is greater than ever before. Many of these children are of foreign extraction, and in the Southwest not a few are of Mexican parentage.

The number of boys engaged in the street trades has never been accurately determined. According to the best estimates, at least 40,000 were employed in this capacity in 1920. Street trade legislation has lagged and as a consequence little or no decline in the number of newsboys in this country has occurred. In many cities the demoralizing forms of night work have been abandoned, but during the afternoons and early evenings the newsboy continues to ply his trade as in days gone by. Since

these occupations are open to the younger children the increasing economic hardships of many families have driven additional children into the street trades.

The last decade has witnessed a gratifying decline in the number of very young children at work in manufacturing and trade, but the change in respect to those who are 14 or 15 years of age is less certain. What the normal situation would have been can never be revealed.

3. Why Children Work.

The causes of child labor are interwoven with our industrial and social fabric. The older mores that do not call for education nor effective participation in the responsibilities of citizenship linger among thousands and are still prevalent among large numbers of the foreign-born. The individual gain cannot easily be weighed against the social loss and cost. Accordingly the parent insists that his child shall earn and is willing that the child shall risk the social consequences.

Although the definite causes of child labor from the standpoint of the child represent the only quantitative expression of causes that is possible, it must not be assumed that the problem is limited or defined by these causes. The social factors involved are of tremendous importance. Child labor exists because the community is willing to endure it; because the community does not demand such a reorganization of our industrial and social processes as will make child labor unnecessary and unprofitable. To a very large extent the forces that drive the child into industry can be modified or transformed by society if it pleases to exert the pressure. Child labor, therefore, is a product both of individual and of social causes.

a. Poverty.

The most important single cause of child labor is economic necessity, or more bluntly, poverty. The extensive investigation of the subject in 1907–08 by the Federal Labor Bureau reported 30 per cent of the children as employed because of

economic pressure.[1] Later figures obtained by the Children's Bureau credit 40 per cent of working children in Boston as leaving school for the same reason. In 1926 the National Child Labor Committee in its study of working children in Indiana found that 22 per cent of the children at work gave economic pressure as the reason for employment. Facts such as these indicate that approximately one-third of the children in industrial employment are there because of the poverty or low economic condition of their parents. Work on the farm other than the home farm is also prompted to a large extent by the economic need, since hired labor cannot easily be adjusted to the irregular needs of the farming population. In the case of farming, however, the need is represented not so much by a condition of poverty as it is by the inability to solve the problem in any other way.

Economic necessity is seriously complicated by the desire for a higher family standard of living. Many families, although not in poverty, are striving for a new level of economic attainment and consider that the additional income brought by children will enable them to satisfy their ambition. Frequently such families do not realize that they are actually handicapping their children and that the additional income at this time is no compensation for the denial of education to the child. The parents at fault in these respects are for the most part immigrant parents who have never learned the value of an education, or men and women from the isolated sections of this country where opportunities have likewise been wanting.

b. Lack of Interest in School.

Much child labor is the direct result of the failure of the school to maintain the interests of the child. This dissatisfaction is due to various causes. In the first place, the child does not understand the full significance of modern education and does not fully realize that his efficiency as a citizen is seriously handi-

[1] U. S. Children's Bureau, Publication No. 197, *Child Labor, Facts and Figures*, pp. 25–26.

capped if his education is curtailed. However, the growing child is less interested in citizenship than in financial independence. He wants that which will enable him to support himself and to obtain spending money. The school seems to offer but little that is tangible in this connection because he does not realize that even the standard elementary school curriculum is a tremendous advantage to him. The opportunities for the vocational training that he craves remain largely unsatisfied. Accordingly the adolescent boy becomes restless, and with a little encouragement from his parents drops out of school. If the child labor laws permit, he finds a job and enters industry, usually to remain. He may later regret this step and recognize the value of the education he spurned, but it is too late. Once he is caught in the wheels of our industrial system there is little hope for his return to school. The influence of friends, new economic pressures, obligations that have been incurred, and other factors impel him to remain in industry. From one-fourth to one-third of the working children studied in the urban districts expressed dissatisfaction with school as the principal reason for finding employment.

This reluctance to remain in school is in part due to the mass education process which is generally in operation throughout the country. The writer visited a school recently in which a certain grade was composed of children of several races and at least ten nationalities. There were fifty-five children in the room, many of whom suffered from serious linguistic difficulties. Nevertheless, the teacher conducted the class as though all were equally efficient in the English language. Meanwhile many of the children toyed with their fingers; others allowed themselves to be distracted in various ways; some engaged in mischief and a few participated in the work of the class. It requires no prophet to discern the fact that in a few years many of these children will become dissatisfied with school and will want to leave, although their education is very deficient. In fact most of them will be behind grade from one to three years. Unless mass education is supplemented with some plan of indi-

vidual attention, the retardation of school children will remain an unfortunate and inescapable fact. Such children are anxious to break the bonds that tie them to the school and to enjoy the thrill that comes from earning their own livelihood.

c. Custom.

Some children enter the gainful occupations because of the pressure of custom and of tradition. Many Italian parents require their children to begin work the moment the child labor laws permit. The child worked in the homeland beyond the waters, why should he not do so here? They believe that children must at least in part repay their parents for the service of bringing them into the world and rearing them to an age when gainful occupation becomes possible. Happily the number of such inconsiderate parents is rapidly declining.

d. Pressure of Industry.

The insistence of parents and of children for work would be of but little consequence were it not for the demands of industry for child labor. The wages of children are small and their complaints are few; yet they may accomplish as much in some occupations as an adult. Why then use and pay for adult labor when a child at one-half the pay will yield better results? For example, it has been demonstrated that a boy of 11 or 12 will perform a more efficient service as a newsboy than a man of 25 or a partially crippled man of an older age. As a consequence the pressure for the employment of the under-aged newsboy continues unabated.

Comparatively simple occupations may be found in many industries. To fill these with child labor has been the objective of certain employers ever since such labor has been available. Not only have these employers resisted the enactment of proper legislation but in many cases they have actually persisted in the violation of the laws themselves. It is a well-known fact that employers of child labor such as mine owners, manufacturers of textile goods, confectionery, women's clothing, glass

products and silk, retail store merchants, and newspapers have interfered with the enactment of adequate child labor standards. Child labor is therefore due in part to the demand by industry for an annual crop of child laborers.

In many instances there may have been no resistance to the law, but little attention is paid to its operation. Formerly this situation was much more serious than at the present time. Nevertheless, the Children's Bureau in a recent study of canning factory conditions discovered that on one occasion, as the investigator was approaching a factory, suddenly a whistle blew and immediately ten little children scampered into the woods to remain there until the investigator departed. In another factory there were a large number of stools so placed as to indicate that they were ordinarily occupied and they had been, but by little children who disappeared when the representative of the Bureau drew nigh. Such violations of law are still altogether too common. Unfortunately, they clearly show that industry itself is a cause, not too honorable, of child labor.

4. Special Child Labor Problems.

The steady advance of child labor legislation has gradually reduced the amount of child labor, but aggravated conditions remain in respect to a number of industries, and certain new situations have not been properly standardized.

a. Child Labor in Agriculture.

The bulk of present-day child labor is found in agriculture. The majority of the farm children at work are operating on the home farm with their parents. Much of the labor is varied and includes practically all of the activities carried on in the field of agriculture. In certain communities, however, one-crop systems prevail and here specialized forms of work become necessary. Examples of these are the areas of cotton, tobacco, and sugar-beet production. In other communities we find specialized effort in truck farming or horticultural operations.

The child workers on farms in the Southern states comprise about four-fifths of all children in the United States engaged

in agricultural work. Both cotton and tobacco production seem to require much hand labor and little children have a certain aptness for many branches of the work. They suffer less from stooping and thereby save adults from much physical exhaustion. Many children of eight have become experienced cotton pickers. Both white and colored children are employed, many of them for the entire season. Much child labor also exists in the cotton fields of California.

The tobacco fields exhibit similar problems, since they also utilize many children both large and small. The preparation of this crop is attended with a great variety of occupations, some of which prove very tiresome and become a serious strain for the smaller children.

Sugar beets are produced largely in northern states and the child labor employed in this connection consists chiefly of white and Mexican workers. Although many of the children are residents, much of the labor in beet production is brought from the outside and is practically migratory in status. Since many of the sugar-beet producers do not farm their own lands but contract for the work, laborers and their families are imported to take care of the crop and prepare it for the market. It is among these contractors that the major abuses of child labor in the beet fields are perpetrated. A case is cited of a family that brought four children ranging in age from 9 to 13. Old and young alike worked for three weeks at the rate of $14\frac{1}{2}$ hours per day. Then they went home but returned in about two weeks. They now faced a five weeks' siege with long days as before. Again they left for home only to return for additional work. Finally on October 25 they migrated back to town for the winter. The havoc that this experience played with the education of the children, of course, requires no comment.[1]

b. Canning and Preserving.

Child labor in the fruit and vegetable canneries is a condition of long standing. From the first study of the subject in New

[1] U. S. Children's Bureau, *Children in Agriculture*, No. 187, p. 11.

York state in the summer of 1907 to the latest report of the Children's Bureau on "Children in Fruit and Vegetable Canneries" the evils of this form of child labor have been apparent. In some states the canneries employ resident workers largely, but in others a general practice prevails of adding to the local supply by importing families from the large cities. Accordingly New York, Philadelphia, Baltimore, and other cities regularly yield to these communities men, women, and children for the canning season, after which occurs the inevitable return to the city. Related to the operation of canning is that of picking or preparing the fruit or vegetable for the factory. In the western states horticulture and viticulture make heavy demands on the migratory families. Migratory child labor of Mexican origin regularly invades the orchards and fruit regions of California while migratory labor of native ancestry annually spreads itself over the Pacific Northwest. In the western states the labor in connection with fruit and vegetables is largely out-of-door or agricultural work, but in the eastern and middle western states the children are in many cases utilized in the establishment as well.

The Children's Bureau reported many violations of the child labor laws in several of the states studied. In Indiana 44 per cent of the children worked longer than the law allowed and 75 per cent of the children under 16 violated the law. In Maryland the Bureau discovered that 33 per cent of the children were working after 7.00 P.M., that is, in violation of law. Long hours and low wages have ever been a concomitant of child labor in this general field of industrial effort.

Although many of the children at work in canneries are migratory, the migratory child worker should be considered as a factor in respect to various other seasonal occupations. Hop picking in the far Northwest utilizes much migratory labor. Likewise the oyster beds of the South and East. Today the mobility of our population is greatly multiplied by the development of good roads and means of rapid transportation. The lightly-rooted families may be expected to move about and to

try to find work wherever they wish to remain for a season. The migratory child labor in eastern canneries consists largely of labor that alternates between the home town and the location of the cannery. The migratory labor of the West is to a large extent of a genuinely migratory character and the family has no permanent residence. Especially is this condition observable among the Mexican migrants. In Delaware the Children's Bureau found that 43 per cent of the employed children were migratory, while the figure for Maryland was 21.1 per cent. A much larger proportion of migratory child workers was found in the orchards and hop yards of Oregon and Washington, the respective percentages being 63.8 and 41.3.

c. Migratory Children.

The migratory child offers several serious problems. In the first place the labor camps constructed for the benefit of the workers are frequently inadequate. The writer visited such a camp in a western state and found a two-room shack built by the fruit company for the housing of its employees inhabited by sixteen persons. At the time of the visit three of the children were suffering from measles and how the entire number could be accommodated at night with only three beds available remained a mystery too great to be solved. At best, provision for such families is not adequate, while at the worst they are insufferable.

The education of the migratory child worker is halting and haphazard. Such children often leave their permanent homes in May or early June. Philadelphia reported cases of children leaving as early as February. Many do not return when school opens in September. They probably are eligible for school attendance in the community where the work is carried on. However, local school boards and local attendance officers are not vigilant in their endeavor to add these children to the local school population because they fear the additional costs and also the contacts with the resident children. Accordingly the migratory children either remain idle until the family returns to

its home or they continue to work. It has been estimated that the retardation among migratory children is twice that of ordinary city children.

Seldom does the migratory worker gain the physical and medical attention enjoyed at home. Often the sanitary conditions of the camp and the character of the water supply are a cause of much concern, since the lurking germ is a constant menace. The mobile worker also tends to become a casual worker. He may follow the fruit or the vegetable season, but the work is not constant and often he is forced to turn to other occupations to occupy his time.

d. Street Trades.

A form of child labor that has constituted a problem from the beginning is that of the street trades. Although the most important form is newspaper selling, there are other manifestations such as shoe-shining, peddling, magazine selling, and the distribution of handbills. Newsboys vary in age from five up through the years of adolescence, but the typical boy is approximately twelve years old. Pressure from parents is the most frequent factor responsible for this form of child labor, but the desire for adventure, for new experiences, and for spending money is a potent driving force. The average boy sells papers for approximately three years.

The hours of work are rather irregular. Usually the boys sell after school hours, but in many instances they yield to the temptation to sell the noon editions. In recent years but few young boys have been allowed to go on the streets in the late evening hours, but the Saturday night trade is still an important one, particularly where it includes the selling of the Sunday-morning paper. Often the hours are long and boys are required to remain at their posts until after midnight. Since newsboys are of school age the total number of hours per week cannot be large. Owing to the irregularity of their hours newsboys cannot easily be counted. The Children's Bureau in its studies of newsboys confesses its inability to arrive at the exact number.

The figures for children between 10 and 15 do not cover the situation, since a very large number of boys are under 10. There are indications that the census figures for 1920 did not include more than about one-half of the entire number. If so, then the number at that time was approximately 40,000. Nor have we any evidence to conclude that any considerable shrinkage has occurred since then. Fortunately, the newsgirl has practically disappeared.

5. Effects of Child Labor.

The original interest was in the effect of child labor on industry. How much will it contribute to increased production? How much will it add to the wealth of a country? The modern and humanitarian interest has reversed the attitude and asks how much will premature labor harm working children. The subject of consideration has become the child, not industry. Human life rather than material goods has achieved the ascendency.

a. Industrial Effects.

The effect of premature employment on working children is most evident in the curtailment of trade life and in the failure to develop industrial capacity. The child enters some insignificant occupation and is shunted about until he loses interest in a definite occupation. He easily becomes a casual laborer and thereafter specialization is practically impossible. Very few boys who, for example, engage in the street trades obtain better positions in the industries of which these trades are an expression. They must turn to other occupations and acquire an entirely new experience. There are too many of these blind-alley occupations that lead nowhere except to later inefficiency.

Although the best child labor laws prohibit young children from using machinery, in some states the laws are not well enforced and accidents to children occur with a high degree of frequency. Children are naturally less careful than adults, and it is unfair to permit them to be exposed to industrial hazards. All children suffering from industrial accidents should

be highly compensated, whether the employment is legal or illegal.

b. Social Effects.

Child labor by preventing the boy or girl from acquiring the minimum education necessary for efficient citizenship strikes a deadly blow at American democracy. Society suffers when individuals are inhibited from reaching the full measure of their physical and mental powers. It suffers when children are not given proper training for the duties of citizenship and for the successful association with their fellow men. Few child workers ever attain positions of prominence today; few in days to come will be vital factors in the direction of our changing civilization. No longer can we expect the casual occupation of the child to serve as a practice field for a future career. The men of yesterday who point with pride to their humble start as wage earners when in their early teens belong to a past generation. New conditions make repetitions of this type of success impossible. Therefore, children should not be subjected to the inevitable inferiority that modern child labor imposes. Today we stand for the building of a well-rounded personality and yet impose the barrier that prevents the achievement of this goal. Child labor is social waste. It represents cowardice on the part of the group who should carry the burdens of the world and who are willing to unload their share on the shoulders of a helpless child. The social cost of child labor is immeasurable.

Young children should not work where dust, lint, fumes, poisons, and other deleterious substances annoy them and enter their systems. These noxious elements affect children more seriously than they do adults. Nor should growing persons be subjected to laborious or tiresome positions, whether these positions are constant sitting or constant standing or a cramping of the lungs or other vital organs. One has only to notice the physical abnormalities among a group of women employed in factories from early childhood to confirm his stand against these injustices to children.

Certain occupations are particularly unhealthful. Children should not be required to breathe the poisonous dust loosed from the tobacco leaf, nor be subjected to the fierce heat found in glass factories and in many textile mills. Long and irregular hours, night work and artificial light, and rapid changes in temperature, all interfere with the proper physical development of child life.

The moral effects of child labor are evident largely in respect to those occupations which are not properly supervised by adult persons. Among these are the street trades, messenger service, employment in connection with pool halls and theaters, delivery service, and similar occupations. Domestic service seems to cause an abnormal amount of delinquency among girls. On the whole, however, the moral effects are of less importance than the social and the economic.

6. Child Labor Legislation.

American child labor legislation is largely the work of the last thirty years. Before that time but little had been done. The impetus to favorable legislation was given by the National Child Labor Committee organized in 1904 — an association which has battled long and hard for better laws. Its work consists of investigation, education, and legislative effort, and it has served children in every state in which better laws have been needed. In many states local organizations have likewise been developed and these have also proved valuable. Other agencies have contributed to the movement. Of these perhaps the National Consumers' League deserves mention as the most important. Labor organizations, labor bureaus, women's clubs, and social service agencies have each contributed to the program. As a consequence every state has enacted a child labor law, although the legislation in many states is far from adequate and much remains to be done. Certain regulations have also been imposed through municipal ordinance. On the other hand, the various attempts on the part of Congress to secure federal control of child labor have temporarily failed.

a. State Legislation.

The states differ widely in respect to the actual regulations. Therefore, we must content ourselves with a mere summary of the child labor laws. The more important phases of the laws are the following: industries included, age limits, hours of work, prohibition of night work, working papers, physical qualifications of children, educational requirements, exclusion from dangerous trades, and control of street trades.

According to the Children's Bureau, on October 1, 1929, the nominal age for work in factories and stores in all of the states except two had been fixed at 14 or over. Seven had raised it to 15 or over. In 30 states the law prohibited the employment in mines of boys under 16, and 5 states enjoyed a still better standard. Thirty-seven states limited work in certain occupations to 8 hours per day; several states, permitted from 9 to 11 hours, but Georgia was still without regulations on this point. Usually also the 48-hour week went with the 8-hour day. Three-fourths of the states prohibited the night work of children under 16 in factories and stores, but in several, certain exemptions were allowed; for example, children might work to make up for lost time or to save perishable products. Employment certificates were required in 45 states for work in factories, but these working permits were far from uniform and many of them had but little value.

The educational requirements of children are important provisions of the child labor law. We are now provided with almost universal compulsory education laws, which usually require school attendance until the child is 14. In several states the age is 16 or more. However, in most states exceptions of some variety are permitted and these exceptions greatly weaken the compulsory education laws. The most telling clauses of the law are those requiring actual grade attainment. In 16 states children must complete the eighth grade, but a number of these states allow exceptions. In 17 states there are practically no restrictions. Most of the remaining states require the completion of the sixth grade.

The physical requirements are usually of a general character. In 25 states children must be examined by a physician before they are given a work permit and in 8 states the examination may be demanded by the officer issuing the permit. Unfortunately definite standards of fitness have not been adopted and the result depends on the attitude of the physician, who in many cases is not a representative of some public department but is a private practitioner. The author knows of a recent case which illustrates the problem involved. A young girl applying for a permit was examined by the school physician and was pronounced unfit for the task of gainful labor. She was taken to a private physician who pronounced her physically able to do the work; and inasmuch as the state law allowed the decision of a private physician to determine the condition, the issuing office was obliged to grant the puny girl a work permit.

The complexities of modern industry have resulted in the development of a large number of injurious or dangerous trades and occupations. It is sound social sense to exclude children from such occupations. Most states in fact have enacted laws prohibiting children under 16 from work in occupations that are extremely dangerous either physically or morally. Among these occupations are those requiring the use of chemicals and acids, the handling of delicate or dangerous machinery, the operation of passenger elevators, the manufacture of goods for immoral purposes, and occupations requiring contact with houses of ill fame. More than 30 states prohibit either girls or boys or both under 18 from working in certain occupations and 16 states prohibit either males or females under 21 from working in certain occupations other than those connected with the sale of intoxicating liquors, which usually have been given separate consideration. In 22 states some state board is empowered by law to determine what additional occupations are dangerous and to add such occupations to the list from which children under 16 are excluded.

Legislation in respect to the street trades has lagged behind that covering industry. The ordinary law does not apply be-

cause to a certain extent the newsboy has been considered a merchant rather than an employee. Recent court decisions tend to establish his status as an employee — a development corresponding to the actual facts, since studies of the problem have revealed that in every essential sense the newsboy is an employee. He is selected by the newspaper, must obey the branch manager, must sell at the street corner assigned to him, and is dropped from the rolls if his sales are not satisfactory. Eighteen states have regulations applying to all or to part of the state. Twelve states and the District of Columbia have fixed the minimum age at 12 and require a badge. Kentucky has made it 14, but the law applies to certain cities only. In addition there are four states that have established a ten-year limit, but three of these require no badge. The majority of states have no regulations whatsoever.

Certain industries or occupations have escaped regulation altogether. The most important of these is agriculture. Usually this is definitely excluded by the law or not included among the occupations covered. Allied to this industry is the canning of fruits and vegetables, which, however, is a form of manufacturing enterprise. Nevertheless, in many states the child labor laws either do not apply to this industry or special privileges are given to it. Domestic service also is generally excluded, although the argument in behalf of this policy is quite untenable.

b. Municipal Ordinances.

The regulation of child labor is generally considered a state problem, but in many cities local ordinances have been enacted to regulate the selling of newspapers. In 1928 various cities in 15 different states had enacted municipal ordinances restricting the employment of children in the street trades. The provisions of these ordinances relate to age prohibitions, restrictions against girls, prohibition of night work, and permit regulations. The majority of the ordinances fix the lower age of boys at 10 although several make 12 the required age. The age limit for girls, if fixed in the ordinance, is usually established at 18.

c. Federal Control of Child Labor.

Countries such as England and France where centralized authority has been established operate under a single child labor law, while we in America with our federal but decentralized system have as many laws as there are states. Naturally there is much confusion and a shifting of both labor and capital from state to state depending on the degree of restriction imposed. As we are passing from a federation of 48 states to a single unified country with common purposes and ideals, the need of uniformity in legislation grows. That this condition has already been realized in respect to trade, interstate commerce, radio service, etc., is being recognized and appropriate legislation has been enacted and will in the future be enacted. That the federal government must eventually pass child labor legislation is a political certainty. How soon, no one can tell.

Federal control of child labor was suggested as early as 1885 by American Federation of Labor officials. Not until 1906, however, was any serious attempt made to gain congressional action. President Roosevelt made an effort to promote child labor legislation and, in the year mentioned, a bill to that effect was introduced into Congress. Ten years of agitation followed before success was attained. The law of 1916 sought to control child labor through the use of the constitutional provisions dealing with federal control of interstate commerce. It prohibited interstate commerce in products manufactured in mills, canneries, factories, and workshops where children under 14 were employed or where children between 14 and 16 were employed more than 8 hours per day, or 6 days per week. The law went into effect in 1917 and was administered by the Federal Children's Bureau. The Bureau at once began to establish working relations with the factory inspection departments of the various states. This action was taken in order to simplify the task of enforcement and to make a large federal force unnecessary. Very shortly, however, objections were voiced to the law in one of the Southern states and the lower federal court was asked to pass on its constitutionality. The decision was

adverse and the case was taken to the United States Supreme Court where in June, 1918, by a five-to-four decision the law was declared unconstitutional on the theory that federal power under the interstate commerce clause did not extend to the limits demanded by the child labor law.

Congress was ready to attempt child labor legislation again and early in 1919 passed a new law containing identical provisions as to the industries included and the ages and hours of children, but providing that a 10 per cent tax be imposed on the net profits of all establishments violating the conditions of the law. Again the Supreme Court spoke and again the cause of child labor was forced to suffer. It became clear that little hope remained for the enactment of a federal child labor law until the constitution was amended. At once the friends of the movement began to agitate for such an amendment, the National Child Labor Committee taking the initiative. Congress was in a favorable mood and the different political parties in their national platforms definitely demanded some form of federal control. As a result of this agitation, Congress in 1924 proposed an amendment to the constitution which read as follows:

> *Section 1.* The Congress shall have power to limit, regulate, and prohibit the labor of persons under eighteen years of age.
>
> *Section 2.* The power of the several states is unimpaired by this article except that the operation of State laws shall be suspended to the extent necessary to give effect to legislation enacted by the Congress.

This amendment was given to the country in the summer of 1924. It happened that the legislature of Arkansas was in session at the time of the announcement of the adoption of the proposal by Congress. A vigorous fight was carried on by the friends of the measure and the amendment was ratified by the state although it belongs to that group supposedly firm in its stand for states' rights as against federal control. The general desirability of such an amendment had appealed even to de-

fenders of the rapidly dying doctrine of the adequacy of local control.

Soon after the success of the amendment in Arkansas, the enemies of adequate child labor laws began to organize. It was clear that without organization little possibility of defeating the amendment existed. Then there began one of the most vicious and unprincipled attacks on the amendment and its friends that has ever disgraced the annals of American history. This attack was apparently led by certain industrial groups and these, through misrepresentations and false propaganda, were soon able to turn a large percentage of the legislatures against the amendment. Manufacturing associations, farm organizations, and certain so-called " patriotic " bodies rallied in opposition and for the time being the ratification of the amendment was delayed.

This proposal came so soon after the World War that the attitudes developed then could be capitalized for opposition to the interests of childhood and could be used to lessen activity for the cause of child labor in general. Among the false but telling propaganda were such charges as the following: the amendment was born in Moscow; the framers of the amendment were in communication with the radical leaders; the movement is bolshevistic; the friends of the amendment themselves are socialists or communists. Such malicious propaganda at once tended to discredit the advocates of the amendment, although it had been proposed by a Congress that would if necessary have refuted each and every one of these charges if they had been made at the time the proposition was considered in that body. This attack did not begin until the people could be reached directly and then it became a simple matter to appeal to their fears and prejudices. This unworthy attack on a good cause prevented more than five states from ratifying the amendment at that time. Since then, in 1931, a sixth state has added its approval to the proposal.

The organizations working for the adoption of the amendment have meanwhile diverted their attention to attempts to

improve the state child labor laws, but since the temporary failure of the amendment little progress in child labor legislation has been made — a fact which indicates that the opposition to the federal amendment was less afraid of the invasion of communism from abroad than it was of adequate protection for adolescent children. It was argued by the opposition that efforts would at once be made to improve the laws in the various states where additional legislation was necessary, but the facts of history indicate that for several years after the submission of the amendment practically no gain in child labor legislation was made. In fact in several states the laws were actually weakened.

Interest in the amendment has grown and certain welfare bodies are again agitating the problem. In fact there is no ultimate alternative other than a measurable amount of federal control. Whether that control will be brought about through the adoption of this or some other amendment or through the discovery by the Supreme Court that federal authority already exists are questions for days to come. There can be no doubt however that state control is proving inadequate and with the increasing amount of migratory child labor that is constantly crossing state lines federal child labor legislation must be anticipated.

7. Child Labor Standards.

The federal amendment would have empowered Congress to deal with the problem of the labor of persons under 18 years of age. Public opinion then would have decided how far the government might venture exactly as public opinion has decided this question in the various states. With no federal law to establish standards the task of developing uniformity reverts to the agencies engaged in promoting the welfare of working children. Excellent standards have been prepared by the National Child Labor Committee and the recommendations made by the recent White House Conference largely reflect the ideals of the Committee. The standards adopted were as follows:[1]

[1] *Monthly Labor Review*, June, 1931, p. 15.

1. A 16 year minimum for full time employment, but between 14 and 16 children may be permitted to work a limited number of hours outside of school hours and in vacations. This should be allowed only in a carefully restricted group of occupations.
2. A full school term which should not be less than nine months for children under 16 years of age unless physically or mentally handicapped. Furthermore unless the minor is legally employed or has finished a four-year high school course he should be in school until 18 years of age.
3. No child allowed to work unless a properly appointed public physician has found him of sound health, normal development, and physically fit. Periodical physical-examinations up to 18 should be required.
4. No minor under 18 years of age to be employed more than 8 hours per day, 6 days or 44 hours per week. Night work should be prohibited for minors under 18. Between 16 and 18 boys might be allowed to work until 10 P.M.
5. Minors should not be employed in dangerous trades or in other than clean and sanitary establishments.
6. Employment certificates should be required for minors under 18 years of age.

Some specially forward-looking general recommendations of the White House Conference are as follows:

1. Clear and definite legal standards by both child labor and compulsory school attendance laws.
2. Establishment of minimum wage scale for minors.
3. Better control over children in agriculture by means of stricter school attendance requirements.
4. Continuous study and reporting of all industrial injuries to minors to be made by all the states on a comparable basis, the Children's Bureau to coöperate.
5. More adequate compensation for injured minors.
6. Better control of migrant child workers.
7. Gradual prohibition of all industrial home work.
8. Raising of standards in control of street work — specifically newspaper selling to conform to regular child labor restrictions.
9. More study of employment of minors in theatrical employment, looking toward better legislative control.

Minimum standards have also been promulgated by the National Association of Manufacturers. These standards do not

establish definite minimum age limits; they suggest the completion of the sixth grade and also require a minimum of four hours of continuation school work either in school or under shop plans approved by properly constituted state authority.

Practical difficulties face the adoption of a minimum age standard. Although child labor in agriculture must eventually submit to regulation, a 14-year limit is at present impracticable. For the present also boys between 12 and 14 cannot be excluded from certain street trades. Of course such labor must not interfere with the education of the child and must contain no physical nor moral hazards.

8. Elimination of Child Labor.

Child labor legislation represents one method of attacking the child labor problem. However, so long as pressure exists for the employment of children who should be gaining an education instead of working, so long the problem cannot be solved. There is need first of accepting the principle that the world may not advance on the shoulders of the child. The burdens should be borne by those whose age, education, and social experience has prepared them for these tasks. Childhood is the time for preparation for life, not for assuming prematurely its tasks and burdens. Social and industrial conditions and standards do not yet exclude the possibility of child labor. It becomes necessary, therefore, to educate and to transform in order that the child may not be robbed of his heritage and that normal standards of living may become universal without the injustice of premature child labor.

QUESTIONS FOR ADDITIONAL STUDY

1. What English groups first objected to child labor?
2. What was the basis for these objections?
3. Why were the working days so much longer than now?
4. Study the change in the amount of child labor since 1900.
5. What industries formerly led in the number of children employed?
6. Why have Southern mills been slow in abandoning child labor?
7. Why does the newsboy persist instead of being displaced by older boys or men?

8. If poverty causes child labor, how can child labor cause poverty?
9. To what extent do the schools recognize the vocational interests of the child?
10. How far is child labor due to the attitudes of the foreign born?
11. Study the efforts to obtain better child labor legislation in your state and note the influences that opposed them.
12. Contrast the conventional child labor on the farm with its industrialized phases.
13. In what parts of the country is migratory child labor most common?
14. What are the average earnings of newsboys?
15. What effect has the disintegration of the trades on the educative value of child labor?
16. Catalog recent cases of child labor that have become conspicuously successful. Contrast this record with that of a generation ago. What causes the differences?
17. What physical standards should be required of the working child?
18. Study the Ohio child labor law. Contrast it with the law of your state.
19. What are the various ways of obtaining information as to the age of a child?
20. Why is a nation-wide child labor law in the United States as necessary as a similar law in Great Britain or France?
21. Study the vote in Congress relative to the submission of the child labor amendment to the constitution.
22. What agencies supported the amendment?
23. Analyze the opposition.
24. Study the child labor standards prepared by the National Child Labor Committee.
25. Make a similar study of the standards suggested by the National Association of Manufacturers.
26. Would the elimination of child labor reduce unemployment?
27. What rate of compensation should be given to children injured while at work?
28. What forms of child labor tend to cause juvenile delinquency?
29. Should minimum wage laws apply to persons under 21 years of age?

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CHAPTER X

UNEMPLOYMENT

1. Emergence of Unemployment.

Unemployment is largely a product of the machine age. Under the old domestic system the bulk of the necessaries of life were produced or made by families for themselves and as a consequence employment or work was dependent on the individuals themselves. With the coming of the factory and with the stimulation of trade such an exchange of goods became possible that the wage system became an important factor in the life of the people. Machinery has caused the labor of the workman to run in grooves and now it is the wages of the man that make possible the purchase of the various necessities of life. If his wages cease, he has no means of livelihood. No longer does the system provide for a plan whereby he can produce the various articles that he consumes. The extreme division of labor makes each occupation dependent on all the other occupations. When any group of men are thrown out of employment, serious hardships follow. They must then live on past savings or sink into poverty. Unemployment has therefore become a very difficult modern social problem.

2. Amount of Unemployment.

The exact amount of unemployment in this country has not been determined. A distinction should be made between the casual and largely inevitable unemployment of normal times and the extraordinary conditions of recent years. Sickness, changing location, strikes, repairs to machinery in factories, unusual weather conditions, and similar causes are responsible for the normal amount of unemployment that afflicts every

modern community. The most conservative estimates as to the number of persons out of work in a time of average prosperity range from 1,000,000 to 1,500,000. Many believe that the figure exceeds these sums. Such unemployment, however, does not usually impose serious hardships on individuals inasmuch as few workers are unemployed for any great length of time. The unemployment seems to be passed around. No one establishment is affected with depressing influences and normal operations are shortly resumed. Under these conditions unemployment is hardly worse than a short vacation without pay. It is not desirable; nevertheless it does not impose serious hardships on the workers.

Unemployment in times of industrial depression is quite a different matter. Not only is the number of unemployed greatly multiplied but the duration of the period of unemployment is lengthened by many weeks. In 1930 the United States Census attempted to discover the amount of unemployment. A set of questions relating to this problem was asked by the enumerators. According to the returns obtained in this way the unemployed in the spring of 1930 numbered somewhat more than two and three-quarters millions. The intensive studies of unemployment that were made about the same time in a number of cities throw additional light on the problem and yield figures varying considerably from those given above. In Philadelphia in April, 1929, out of over 58,000 wage-earners canvassed, 10.4 per cent were out of employment and one-half of the unemployed had been out of work for three months. Inability to find work was the major cause in over 77 per cent of the cases. In Buffalo a study was made in November, 1929. Here more than 15,000 individuals usually employed were canvassed. Nearly 10 per cent were totally unemployed and an additional 6.5 per cent were working on part time only. A total of 16.4 per cent were not engaged in full time work. Other studies confirm the fact that a tremendous amount of unemployment began to appear in 1929. Additional studies were made in 1930 and 1931 and these indicate the heights to which

unemployment has eventually risen. A study was made in Philadelphia to ascertain the number of unemployed in that city in April, 1931. It was discovered that 25.6 per cent of the city's wage-earners were totally unemployed and 13.8 per cent were working part time. Full time employment was enjoyed by only 60.6 per cent of the workers. These estimates were very similar to those made by the Bureau of the Census which made a special study of the city in January, 1931. And in December of the previous year the Metropolitan Life Insurance Company attempted a sample survey that yielded similar figures. Quite clearly then approximately one-fourth of the wage-earners of the city were out of work during the earlier months of 1931.[1]

An effort was made in May, 1931, to discover the number of unemployed in Cincinnati, and to compare the figures obtained with similar figures for the two preceding years. According to the statistics obtained the proportion of totally unemployed rose from 5.94 per cent in May, 1929, to 18.32 per cent two years later. The figures for the partially employed showed a similar change and as a natural consequence the number of full time workers fell during these two years from 88.56 to 62.83. This figure is slightly larger than that reported for Philadelphia.[2]

The chief reason for the discontent among the men employed in the soft coal mines of the country is indicated in the increased unemployment in that industry. Coal-mining has become a seasonal industry. Accordingly much unemployment has become inevitable. Furthermore, too, mines have been opened and the industry now suffers from chronic over-production. In order to prevent a collapse of prices the mine-owners have been forced to resort to temporary shut-downs or part-time work. Therefore the working year is very unsatisfactory. The tragedy of the miners is, however, best revealed by the statistics as to time worked and wages earned. The following table furnishes figures relating to these items:

[1] *Monthly Labor Review*, June, 1931.
[2] *Monthly Labor Review*, July, 1931, pp. 65–67.

AVERAGE NUMBER OF DAYS WORKED AND OF EARNINGS OF MINERS AND LOADERS [1]

YEAR	AVERAGE NUMBER OF STARTS		EARNINGS PER DAY	EARNINGS PER	
	Per Half Month	Per Month		Half Month	Month
1922	8.9	17.8	$7.03	$62.30	$124.60
1926	9.5	19.0	6.46	61.61	123.22
1931	7.0	14.0	4.82	33.82	67.64

These figures show that in 1922 the average number of days worked per month was 17.8 and that the monthly wage approximated $125. Times improved toward the middle of the decade, but in 1931 there were only 14 days of work per month and the monthly wage fell to the miserable sum of $67.50. The reduction in hours was paralleled with a reduction in hourly earnings so that the lot of the miner is doubly distressing. Perhaps no better illustration can be given of a large basic industry that has proved its incapacity to control itself and to maintain decent conditions for its employees. Public control of the coal industry has become inevitable.

These samples of unemployment are an indication of the conditions that prevailed throughout the country in the spring and summer of 1931. Even after allowance is made for industries in which unemployment was negligible, the estimate that the unemployed numbered from 6,500,000 to 7,500,000 persons is conservative. Nor is this the whole story. It appears that the part time workers constituted an army of at least three or four millions. This group was idle approximately one-half of the time and thus added greatly to the sum total of lost wage-earning power.

Evidence of the gravity of the problem was furnished by the family welfare societies. During the years 1930–31 their greatest problem consisted of giving relief to the families of the unemployed. The first families to apply for aid are families

[1] *Monthly Labor Review*, Oct., 1931, p. 164.

exhibiting some other problem besides that of unemployment. For example, the St. Louis Provident Association in the spring of 1931 made an analysis of 1,683 families and discovered that the major problems handled by the society were distributed as follows:[1]

	PERCENTAGE
Uncomplicated unemployment	17.2
Complicated unemployment	49.2
Non-support	14.4
Death or incapacity of bread winner	14.5
Miscellaneous	5.5

These figures show an uncommonly high percentage of cases of "uncomplicated unemployment." Usually cases of this type continue to live on their savings or manage somehow to exist without asking for aid.

This situation ceased to exist in this country by the fall of 1931 when a large number of salaried workers began to ask for relief and even skilled laborers found their means entirely exhausted. Accordingly emergency measures of greater magnitude than those attempted the year before were planned and executed.

The conditions in the United States were duplicated in many foreign lands. Among the countries in which the suffering was most intense were Germany and Great Britain. In the former country in February, 1931, the number of unemployed registered at the federal employment offices was 4,971,843. The number receiving aid was as follows:[2]

Regular unemployment insurance benefit	2,589,314
Extended benefit	907,655
Welfare support	900,508
Total	4,397,487

Many men were absorbed in industry during the spring and summer months and in July the number receiving aid had fallen more than one million. However, it was still dangerously high.

[1] See *Providential News*, Aug. 15, 1931.
[2] U. S. Bureau of Labor Statistics, Bulletin No. 544, pp. 263–264.

Unemployment is the most serious problem that Great Britain and Northern Ireland have faced in recent years. The following figures give an indication of its increasing severity.[1]

Year	Total Insured	Number Unemployed	Per Cent of Insured
1923 — July	10,908,000	1,254,000	11.5
1927 — July	11,534,000	1,059,000	9.3
1930 — July	12,154,000	2,002,000	16.5
1931 — February	12,275,000	2,617,000	21.4

The number of persons registered with the employment exchanges runs somewhat higher than the number of unemployed. Figures for August, 1931, show that in this month the number of persons so registered was more than 100,000 in excess of the figure for the preceding February.

In Italy at the beginning of 1931 the wholly and partially unemployed numbered about 750,000, but decreased slowly during the course of the year. On the other hand, France has suffered but slightly, the number of unemployed in receipt of benefits being less than 50,000.

Since 1929 an abnormal amount of unemployment has existed in every industrial country, while in other countries, manufacturing and mechanical industry has likewise been affected. These conditions clearly indicate that prosperity in one country is no longer independent of conditions in other countries. The international aspects of modern commerce, trade, and industry definitely prevent depressions from being cooped up within the confines of single countries. For this reason the problem of unemployment cannot be entirely solved outside of international agreements and arrangements.

3. Causes of Unemployment.

The causes of unemployment may be summarized under four heads as follows: cyclical, seasonal, technological, and personal inefficiency.

[1] Report cited, p. 284.

a. Cyclical.

Cycles of prosperity and of depression have characterized American industry for more than a century. So inevitable has been the recurrence of business depression that certain students of the subject insist that the time of such recurrence is predictable. In his discussion of unemployment before the Senate Committee on Education and Labor, Lubin recognizes the regularity of industrial depressions but insists that no two depressions have been alike and that no single cause can be isolated as the sole factor responsible for these cycles.[1]

The optimism of business often results in over-expansion both of credits and of production. An era of riotous activity stimulates trade in every direction; every business man seeks to outdo his neighbor; finally production greatly exceeds the consuming power of the people. One line of business finds it necessary to curtail its efforts. A swift contagion of curtailment follows throughout the industrial world and an industrial crisis is at hand. The speculative impulse of modern industry may be expected to express itself so long as severe limitations are not imposed thereon. As a consequence crises will come and go and with some degree of regularity; but of course not comparable to that of any natural phenomenon. Furthermore, political influences such as a change in monetary standards or wars and international disturbances may profoundly affect the business situation. In similar fashion, the discovery of new supplies of gold or a marked increase or decrease in the production of staple crops creates uncertainties with either good or bad effects. Cyclical unemployment should no longer be considered an inevitable phenomenon of modern industrial life. That a measurable amount of control can be exercised and the more serious fluctuations in the movement of business and commercial activity avoided has become reasonably clear. That which has been lacking is the will to control the situation.

[1] *Unemployment in the U. S., p. 492.* Hearings before the Committee on Education and Labor in the U. S. Senate, Dec., 1928, Jan.–Feb., 1929.

b. Seasonal Industries.

Few if any industries operate continuously throughout the year. Some, however, are but slightly affected by seasonal conditions and these are capable of using their entire labor force in regular fashion. Most industries suffer from slack work for a shorter or longer period of time each year. The habits of the people are one factor, for example the wearing of straw hats for four months only necessarily affects the season of straw-hat making. Weather conditions influence the coal industry, the manufacture of clothing, ice-making, the building trades, etc. Much irregularity in working conditions arises in consequence.

Another set of seasonal occupations depends on the necessary limitations attending the harvesting of agricultural and horticultural products. The grains grow and ripen during the summer time and must be harvested in season. In most of the United States fruit seasons begin in June and run into the fall months. In some of the southern states ripe fruit may be picked in any month of the year, but each particular fruit nevertheless has its season. If a one-crop system is used, seasonal labor and seasonal unemployment usually occur and can with difficulty be avoided. The canning and preserving of fruit and vegetables runs a similar course. This work must be done at particular times of the year; however, the seasons might be extended far beyond the periods now consumed.

The brisk competition of modern business has shortened the season of manufacture. Although certain goods may not be perishable, it is not possible to store such goods and to hold them for the market. As a consequence any product that is consumed to a much larger extent at certain times of the year than at others is likely to be produced with a similar degree of irregularity. In the case of goods that follow the dictates of fashion there is the additional danger that the goods may not prove salable if held long enough to enable the manufacturer to operate his business on a regular full-time schedule. For example, the style required in such articles as women's hats and dresses may change completely almost over-night.

c. Technological Changes.

Of extreme importance as a cause of irregularity of work and of unemployment are the technological improvements which industry is making at the present time. Certain changes consist in the repeated organization of the working force of establishments and in the new combinations that are made. Much of this work results in the saving of human labor or at least in the reduction of the labor force.

The influence that now challenges the attention of the civilized world is the substitution of machine power for men. The immediate effect of such substitution has been the displacement of thousands of workingmen; and with the loss of a job lower standards of living have followed. Moreover, in untold numbers of cases actual dependency has resulted. Among the facts presented to the Committee on Education and Labor of the United States Senate were the following: "Seven men now do the work which formerly required 60 to perform in casting pig iron; two men now do the work which formerly required 128 to perform in loading pig iron; one man replaces 42 in operating open-hearth furnaces. Four men can now do in 3 to 7 hours what it formerly took 8 men three weeks to perform in repair work on locomotives, due to the oxyacetylene torch. A brick-making machine in Chicago makes 40,000 bricks per hour. It formerly took one man eight hours to make 450. In New York from 1914 to 1925 the number of workers in the paper-box industry decreased 32 per cent, while the output per wage earner increased 121 per cent." [1]

Such facts indicate the extent to which it is now possible to increase output with a constantly decreasing number of workers. Machinery makes possible the harnessing of the forces of nature and becomes a substitute for human power or labor. In the future we shall be able to produce given quantities of goods with fewer and fewer laborers. As a consequence a condition of persistent unemployment will prevail unless constructive

[1] Report cited, p. 500.

measures are applied which will safeguard the interests of workers.

The astonishing progress made in agriculture deserves special notice. In the following table are indicated some of the gains that have been made since 1850.[1]

Crop	Man-hours per Acre Required by			Per Cent Gain in Productivity of Worker	Per Cent of Labor Displacement
	Hand Method 1850	Hand and Machine Method — 1924	Machine Method — 1924		
Corn	182.68	37.8	30.0	508	83.6
Cotton	167.80	118.5	45.0	273	73.2
Hay (harvesting)	21.08	10.7	1.6	1,217	92.4
Potatoes	108.92	90.4	50.0	118	54.1
Wheat	62.42	15.5	1.6	3,801	97.4
Average				1,185	80.2

This striking increase in productivity did not result in unemployment so long as the agricultural needs outstripped the farm production. In recent years, however, demand and supply have been measurably equalized and labor-saving devices have reduced the number of agricultural workers.

According to the *Monthly Labor Review*, between 1880 and 1910 the number of farm workers increased approximately 3,000,000. Although there was technological displacement the growing needs absorbed the displaced worker and even made room for additional workers. It is estimated that between 1920 and 1927 more than 3,000,000 persons left the farms and that the actual shrinkage in farm employment during this period of time approximated 2,000,000 men. Taking all of these factors into consideration, the *Review* concludes with the following statement: "This gives a total of 2,875,000 workers leaving the farms between 1920 and 1927 who either found employment in other industries or remained unemployed, a figure somewhat larger than that for the total technological displace-

[1] *Monthly Labor Review*, October, 1931, p. 9.

ment." [1] Apparently displacement of workers has operated as effectively on the farms as it has in industry and mining. New industries have not been able to absorb this surplus.

That machinery will continue to cause temporary unemployment no one can deny, since it is not possible for readjustments to occur automatically and as readily and abruptly as the displacements that are made. Nor is there sound theoretical reason for the belief that it will in the long run necessitate as many hours of work per man as are now required. The very virtue of machinery lies in the fact that it represents the displacement of the drudgery of human labor by the harnessed and controlled forces of nature. Machinery gives us more conveniences and comforts with a reduced application of human energy. Such a redirection of the use of savings; such an expansion of wants and such a general utilization of increased production as will absorb all displaced labor is quite unthinkable. Accordingly the relative number of hours of work necessary for carrying on our economic processes must necessarily decline. Machinery is a great boon to humanity in that it makes possible higher standards of living, but in so far as it places the costs of this progress on the shoulders of innocent and well-intentioned laborers it is an evil. Fortunately this evil is not inherent to social organization. So far, however, little has been done to mitigate the bad effects of the unemployment for which technological advance is responsible.

d. Personal Inefficiency.

A considerable proportion of the men who apply for charitable aid in times of ordinary prosperity are out of work. It is not possible to ascertain what percentage of these applicants are unemployed largely because of lack of work or largely because of inefficiency. The figures quoted in a previous paragraph, however, show that even in times of industrial depression unemployment is complicated with other causes in a very large proportion of cases.

[1] *Monthly Labor Review*, October, 1931, p. 31.

Among the naturally inefficient are the unintelligent and the weak-minded, who alone constitute a considerable army of men. In addition to these, there are thousands who have received no training for useful labor and have not been habituated to the rigorous routine of a full day's work. Lack of education, harmful child labor, physical disabilities, personality defects, and way-faring tendencies are causes of individual inefficiency and frequently are basic to the inability of men to hold jobs. These causes, however, are less fundamental than the forces responsible for the elimination of opportunities for work. When there is no work, efficient and inefficient alike will be without jobs. If there were work for all, greater efforts would be made to prepare every one for useful labor.

4. Some Effects of Unemployment.

a. Poverty.

Unemployment is the outstanding cause of poverty in the United States today. At all times an important factor, it has become the dominant reason for driving applicants to charitable agencies. The number of applicants for material aid in 1931 in the large cities was more than twice the number for the preceding year. Almost this entire army of destitute individuals owes its plight to unemployment. The average family cannot withstand a twelve months' siege of unemployment. For this reason the Unemployment Committee appointed by the President has urged large contributions to the social agencies through the community chests established in approximately 350 cities.

b. Dissipation of the Savings of Laboring Groups.

The per capita savings of the working man's family do not permit long periods of unemployment. When income ceases, the family is soon in want. As has been shown elsewhere an income of 1,500 dollars per year for a family of four requires at least 80 per cent for the physical necessities. Of the 300 dollars that remain some at least must be used for the higher life. Perhaps one-half of this can be saved or spent on insur-

ance. When out of work a man will very shortly use up a sum no larger than this.

c. Unemployability.

One of the most serious moral results of unemployment is the tendency toward unemployability. Those of us who have seen men struggle day after day trying to unearth some job only to report failure as evening drew nigh have some realization of the declining morale that gradually infects such persons. It has often been said that a large proportion of the way-faring men of this country came to this condition because of inability to find work. Eventually they decline to work, since they have discovered the capacity to live without labor. A goodly share of the men who visit missions and municipal lodging houses where no work tests are applied will not work if given a chance. In a mid-west city several years ago the municipal lodging house was operating without a work test. It had a regular nightly population of approximately 1,000 men. One day the authorities listening to the pleas of the social workers instituted a work test. The next day the population of the institution dropped to about 350. Lack of work breeds incapacity for work.

d. Woman and Child Labor.

During periods of unemployment a large army of children applies for work permits. Often parents cannot find work but many menial tasks can be performed by children. Jobs of this sort are eagerly sought. Unemployment prevents the education of children and forces them prematurely into jobs usually of a nature that interfere with their desired industrial development. When work is slack, an opportunity is also afforded establishments with low ideals to substitute child for adult labor. Since the children can be obtained at low wages and the work can be done by them as well as by adults the temptation exists to cut expenditures by means of this device.

Frequently when a man is out of work his wife tries to obtain a job, and often she succeeds. This result comes more easily

if the wife will work for lower wages. Often she continues to work after the necessity has disappeared and as a consequence her home may be seriously neglected.

e. Lower Wages.

During the year 1930 many employers dismissed some of their employees ostensibly on the ground that the times were slack and then with but little delay proceeded to rehire these same men at a lower wage than before. A more humane but equally objectionable method consisted in informing the men that a large number of idle men were anxiously waiting for a job and if the men employed wished to keep their positions it could be done through the simple expedient of working for lower wages. During the summer and fall of 1931 many of the large manufacturing concerns and mining companies cut wages 10 per cent or more, while others dismissed a considerable percentage of their working force. In fact a general slashing of wages occurred, and this was done in spite of the presidential request that wage rates be maintained.

The industrial depression also gave the establishments that were not suffering an opportunity to fall in line with the less favored companies. Some manufacturing concerns reduced wages simply because other concerns had done so. Recently there came to the writer the instance of an employer who informed his men that their wages would be reduced. The men remonstrated and asked whether the business was not prosperous. The manager of the company said that his firm had not suffered but was earning substantial profits; but other concerns were cutting wages, and since the men could find no other jobs at this time their wages would also be cut. There was nothing for the men to do but to accept the reduction. Of course, even a novice can discern what action of this type will eventually do to the *laissez faire* wage policy that still dominates American industry.

A number of employers have refused to exploit men in this way and have stood resolutely for the principle of adequate wage

rates. To drop men from the pay-roll seemed to them sufficiently serious; to reduce the wages of the remainder they regarded as little short of criminal.

f. Increase of Crime.

Idleness is productive of crime. The newspapers continually recount many cases of unemployed men driven to desperation who have become thieves and robbers. When wife and children are on the verge of starvation, it requires strong moral backbone to refrain from unsocial methods of obtaining a livelihood. Protracted unemployment such as that shown by the studies to which reference has been made forces a large proportion of men to use desperate means. The majority accept the humiliating task of applying for aid from philanthropic agencies, but many do not.

g. Family Disorganization.

Unemployment jeopardizes the stability of the family. A regular income is an excellent cement of family ties. Irregular work leads to dissatisfaction in the home and soon serious friction develops. Many desertions are due to unemployment, partly because of the friction, partly because the man believes or hopes that relief will then be extended to the family. The irregular habits that are frequently formed by the unemployed become independent causes of incompatibilities and lead to open disorganization of family life. This personal demoralization of the husband or father is often communicated to the wife and children. Juvenile delinquency naturally follows and with it an entire train of evils.

5. Meeting the Problem of Unemployment.

The phases of the problem of unemployment require consideration. The first relates to the temporary care and relief of the unemployed; the second, to the development of a permanent program for the prevention of unemployment, or at least for the reduction of the evil to a minimum. At any one

time the humanitarian interest demands that food, shelter, and clothing be provided for those unable to find work, but strictly parallel to this service must go a determined program of prevention. Otherwise recurring cycles of unemployment may be expected and each of these will prove more disastrous than the preceding ones.

The permanent program is the more important one and demands the best thought and wisdom of the people. Palliative measures can be applied with comparative ease. It is prevention that must be sought and found. The remedy for unemployment can be briefly stated. **It is work**; but the method of assuring work — that is a matter which will challenge the leaders of social and economic thought. It is this phase of the problem that requires the greatest attention. A brief analysis will be attempted here of the various measures that represent a valid approach to the problem.

a. Plan by League of Nations.

Since employment has become an international problem, it is difficult to see how separate national action will solve the situation. Each country can by appropriate acts relieve conditions but coöperation among the various countries is necessary in order to reduce unemployment to a minimum.

The studies of unemployment made by a committee of the League of Nations must be supplemented with other studies, and on the basis of the findings representative men must attempt to map out a plan that will, if adopted, lessen unemployment in all countries. It would be super-optimistic to expect every nation to accept such plans; nevertheless suggestions from this international source will serve as the best goal towards which the nations must work. The world can no longer maintain prosperity by means of protective tariffs, when capital can flow freely from one country to another. America cannot employ local workmen to manufacture cotton goods for exportation when American manufacturers build cotton mills in India and employ native labor at a fraction of the cost of labor in this coun-

try. This new development in industry tends to bring the American laborer in direct competition with the East Indian coolie, and threatens to bankrupt American family and social life. Unless, and until, this country recognizes situations such as these and definitely protects the American laborer in a substantial way and insures him of a job at socially necessary rates of pay, unemployment and poverty will thrive and discontent grow into an uncontrollable monster. Unless humanity is placed first and the profits from manufactured goods second, the problem cannot be solved. That international agreements will be involved is clearly apparent. Unemployment is a world problem and refuses to subject itself entirely to manipulation by individual countries.

b. Shorter Hours.

Technological progress has made shorter hours socially necessary. It has cut the long day almost in two. Gradually hours have fallen until the eight-hour day became the standard. Gradually also the never idle housewife found that her daily tasks could be crowded into the forenoon. Machinery does release individuals from the slavery of toil. However, when that leisure is improperly distributed, as is likely under the planlessness of an individualistic society, some laborers suffer from long hours, and others from unemployment. Although a few reactionary economists insist that machinery does not reduce employment, the entire history of the industrial revolution is an eloquent refutation of this absurdity.

If the production needs of the people can be met by a work day of six hours, then a regular eight-hour day will leave practically one-fourth of the workers idle. Our industrial needs cannot be calculated to exact mathematical niceties at this time, but the need of a drastic reduction in the work day must be apparent to all intelligent observers. Many organizations have demanded that a six-hour day and a five-day week be established. Without question some reduction from the prevailing standard should be made. A large proportion of workers

could then be employed and the buying power of the public increased.

In the summer of 1931, the five-day week was reported in 673 establishments employing nearly 200,000 men.[1] The six-hour day also has received a severe test in a number of establishments, particularly in those in which wages have been adjusted to productivity in such a manner as to give the worker not only a six-hour day but a wage practically equal to that received before. As part of this emergency program many establishments have recently attempted to spread work by reducing the length of the working day. In most cases these readjustments are temporary and in some instances reduction in hours was accompanied by a proportionate reduction in wages. However, manufacturing concerns have realized that their employees cannot be left out of consideration, and many have refused to discharge their employees. In some cases they have carried the workers at a considerable loss to themselves. In other cases they have provided the discharged worker with a creditable dismissal wage.

c. A Larger Share of the Income for Labor.

It must be quite evident that fluctuations in buying powers are due largely to the differences occasioned by the rise and fall in the purchasing power of the masses. The wealthy regularly enjoy a surplus and are able to add to their savings. Furthermore, their savings are sufficient to safeguard their economic security so that their buying power is but slightly affected. On the other hand, the masses, if their income suddenly disappears or is seriously impaired, must immediately curtail purchases and must reduce their consumption of all goods not considered essential to life. Low wages or the loss of wages necessarily results in under-consumption to a much larger extent than does the temporary stoppage of dividends.

The practice of employing concerns in reducing wages in order to enable these establishments to pay dividends will, if univer-

[1] *Monthly Labor Review*, September, 1931.

sally followed, so reduce the buying power of labor, and that means of the masses, that recovery from a depression becomes difficult if not impossible. Business can become normal only in case buying power is restored to the masses of the people. The few who have been gorged with wealth will add so little to trade that their influence can affect the market but little. What is needed is a few more purchases by each of the millions who have been forced to live on a subsistence level.

The figures that show how per capita wealth has grown in the course of the years are conclusive evidence that a larger proportion of this wealth can be allowed to flow in the direction of the great majority without interfering with the initiative and energy that industry requires to make progress. The contention that excessive gains must be paid to selected individuals in order to goad them on to do their best is a miserable fallacy manufactured for the purpose of defending the ill-gotten gains that have been obtained by virtue of this type of deception. A larger share of the income means a higher rate of wages. That this cannot be paid by every employer is quite clear. Many industrial establishments are on the edge of bankruptcy and can pay neither adequate wages nor dividends. When proper readjustments are made both in the fields of production and distribution, then a larger share of the product can go to labor. It stands to reason that with increased per capita production, an increased per capita wage is possible and practicable. Both ends of the salary and wage scale must be modified. The huge salaries must be reduced, since they are entirely out of proportion to the contributions made to society by their recipients. The low wage levels must be raised to a point where decent living becomes possible. It is idle to claim that economic law inexorably fixes these limits and that society must permit dangerous extremes to continue to pour poison into the body politic. Behind economic principles stand the moral and ethical ideals of a people, and these ideals will in the long run determine the limits within which the business and trade standards shall operate. One has only to compare the industrial practices

of one country with those of another to realize the tremendous differences that exist and that these differences have become a part of the culture of the people. If American culture does not at present recognize normal standards of living, the right to work and to a living wage, the necessity of limiting the power of industrial magnates and the importance of a better distribution of wealth, it is not because inherent and insuperable obstacles interfere, but because our cultural idealism has not yet received the direction that the future must inevitably give to it.

d. Planned Production.

Of equal importance to a better distribution of wealth and income is planned production. The *laissez faire* philosophy of American economic life tends to rebel against this important reform and industrial leaders are loath to surrender their established privileges for a principle that would place the welfare of the group first and that of the individual second. Whether the moral poverty of the present day can soon be supplanted by wholesome courage depends in part on the length and the persistence of industrial depression.

So long as the production of this country fell short of reasonable standards of living and so long as a foreign market was able to absorb our surplus, little attention was given to the planlessness of production efforts. Expansion of individual plants continued definitely, until certain industries are now equipped to produce quantities of goods far in excess of our consuming power. For example, our boot and shoe factories can manufacture approximately nine hundred million pairs of shoes per year — a number much greater than the normal demand. Unless shoes can be exported, much of the capital invested in this industry must remain idle. Since other nations are attempting to produce most of the immediate necessities of their inhabitants, we are not likely to be able to utilize all of this idle capital permanently. Other industries have in similar fashion become over-capitalized.

Beginnings in the application of planning to our industrial

system have already been made. Accordingly the principle is less revolutionary than might be supposed. Our blue sky laws, our regulations that limit the amount of certain stock issues, our fair trade legislation, our control of charges by public utilities, and similar programs aimed to promote fair dealing represent one phase of control of industry. So far our efforts at control have been largely negative in character. When we realize how fearful are the consequences of continued planlessness in industry, we shall insist that brain and intelligence be applied to the solution of the problem. Methods of preventing such waste as that exhibited by the shoe industry are inevitable.

The possibilities of planning and the use of intelligence in coördinating production were illustrated during the World War. One shudders to think of the chaos and ruin that would have resulted but for the coördination in transportation service that was achieved. The Shipping Board may have incurred a deficit and the transportation system have lagged in the making of repairs, but the alternative to these handicaps would have been a repetition of the experiences the Allies suffered when they attempted to buy materials from us before we entered the war. Had we trusted ourselves during the war to the benevolent manipulations of uncontrolled private industry we would have suffered untold losses and deprivations.

The Inter-State Commerce Commission and the Federal Trade Commission, in spite of their short-comings and weaknesses, have protected the public from much exploitation. The arbitrary shuffling and control of capital as practiced in Russia are out of harmony with the needs of America, but methods by means of which capital will flow easily into the fields where greater production is needed and will be checked from entering industries already suffering from over-expansion — such methods must gradually be developed and applied. Just as our beginnings in railroad rate control were slow but well directed, so the evolution of planned production may be slow and perhaps at first somewhat awkward. This possibility cannot prevent the advent of coördinated production. Even

with the hazard of a certain amount of political manipulation, intelligent planning cannot be worse than the present chaotic industrial organization with its inevitable depressions, forced unemployment, and poverty-producing results. A planning board must be composed of representative citizens. It must include capitalists, manufacturers, labor representatives, farmers, professional men, and other interests. Under no conditions can it be limited to one group or type of men, since these cannot be counted upon to place the interests of the common welfare above the class or money-making motive.

Until our credit system can be sufficiently controlled so that invested capital will not be stimulated to excessive activity, over-production in particular commodities cannot easily be curbed. Without doubt the banks must bear a considerable share of responsibility for the chaos in our production system. Their coöperation in cautious planning must be gained, or such restrictions placed on their activities as will automatically result in the flow of borrowed capital into the best production channels.

e. A Dismissal Wage.

Preparation for a trade or skilled occupation when followed by a significant period of service should entitle the person involved to a consideration similar to that given to property that has achieved the rating of a vested interest. And for the less skilled and the casual workers personality must likewise be respected and proper concessions made. Men thrown out of employment through no fault of their own cannot be summarily dismissed but are entitled to a certain amount of compensation. For the laborer to be compelled to bear the entire cost of technological advance is socially immoral and represents an indifference to public welfare that must eventually reap its own reward.

The well-known English manufacturer, Rowntree, established a dismissal wage in 1920. He set aside for this purpose 1 per cent of the wage bill annually. In 1928 he offered to pay two pounds per week per man for one year to employers who would take on men whom he was forced to dismiss because of lack of

work in his establishment. If the men thrown out of work because of the introduction of machinery were paid a regular weekly wage for a certain length of time after their dismissal from the establishment, the enforced unemployment could be more easily borne. The entire cost of this maladjustment for the worker would not then be saddled on his shoulders, but would at least be partially distributed. A definite dismissal wage based on occupation and length of service and systematically planned would greatly reduce the menace of unemployment.

f. The Guarantee of Employment.

The stabilization of employment by means of a guarantee of work or of wages has been successfully attempted in certain establishments and commends itself to others.[1] One such plan has been adopted by the Columbia Conserve Company of Indianapolis. The essential plan of the company has been in operation since 1917 and provides safeguards for the employees included in the guarantee. Since June, 1930, the workers own more than 50 per cent of the common stock.

The Procter and Gamble Company guarantees full pay for 48 weeks per year to every employee who is a member of its profit-sharing plan. Nearly all of the eligible workers have become participants in the plan. A high degree of stabilization of employment has been attained and the employees have greatly benefited from the system. In 1931, 15 companies guaranteed employment or paid employment benefits.

g. Unemployment Insurance.

Unemployment benefits may be secured either through a voluntary system established by an employer or by a labor organization or through compulsory systems established by the states as in Great Britain, Germany, and other European countries.

The establishment of a system of unemployment reserve funds promises to become the American plan of unemployment insur-

[1] U. S. Bureau of Labor Statistics, Bulletin No. 544, pp. 7–10.

ance. The plan proposes that each employer be required to pay a fixed percentage of his payroll into a mutual unemployment reserve fund, out of which involuntary unemployed workers shall receive a percentage of their wages for a limited period of time.[1] Industry funds are to be established, each of which is to be managed separately by its own representative employment stabilization board. Each industry is to have its own free employment offices and these are to be coördinated with the public employment service. The American Association for Labor Legislation in its tentative draft of an unemployment reserve bill suggests that a maximum benefit of ten dollars a week be fixed and that no employees receive benefits more than thirteen weeks in a year nor more than one week for each four weeks in which he has been employed. Workers are not required to contribute to the fund, but if they elect to make contributions they may then receive additional benefits. A work test would be applied and no benefits allowed to an unemployed man who refuses to accept a job under reasonable conditions. In the United States efforts to establish public systems of unemployment reserve funds or insurance have made a barest beginning. Bills have been introduced in a number of states, but in Wisconsin alone has legislative action succeeded. A law passed in January, 1932, establishes a plan of insurance. The act requires every employer of ten or more workers to set aside 2 per cent of his pay-roll until a reserve fund has been created which equals $75 per eligible worker. Unemployment benefits are to be paid to workers earning less than $1,500 per year, the amount allowed being $10 per week for a maximum period of ten weeks. The law permits voluntary insurance within the standards established provided 175,000 workers are brought within its provisions by June 1, 1933. Otherwise the system becomes compulsory. These conditions are of such a character that compulsory unemployment insurance will be assured.

[1] Annals of American Academy of Political and Social Science, Vol. 154, *The Insecurity of Industry*, March, 1931, p. 121.

Other states may in the near future be expected to follow the lead of Wisconsin.

Unemployment insurance under public control has been established in many European countries. The compulsory system makes insurance obligatory for certain classes of workers, while the voluntary system recognizes and encourages insurance through private organizations. The British law was passed in 1911, but has been considerably revised since then. With some exceptions, the law covers all manual workers and also non-manual workers receiving less than a certain designated wage. The benefit fund consists of contributions made by employers, employees, and the state. The conditions under which benefits can be claimed have been gradually liberalized and at present workers can draw benefits for an unlimited period provided they can show 30 contributions during the two years immediately preceding their claim. Applicants are disqualified if they refuse suitable employment or refuse to carry out certain instructions for obtaining employment. Weekly benefits for men over 21 years of age are fixed at 17 shillings or $4.14 per week. For other beneficiaries the benefits are similar in amount, the lowest rate being two shillings or 49 cents. This sum is paid for a dependent child of school age. In 1931 nearly 2,000,000 unemployed received standard benefits and about 400,000 persons obtained "transitional" benefits. The latter were paid out of the national treasury or Exchequer and represent aid to individuals whose work record is less honorable and who are unable to qualify for the standard benefits.

The system has become tremendously costly, Great Britain having expended nearly $500,000,000 in 1931 for this service. However, the determination to continue the plan of unemployment insurance is based on the hope that the standards of living that have been attained will not be lost. No nation can afford to go backward, particularly when the productive capacity of the people makes possible a higher standard of living than ever before. Great Britain has refused to degrade unemployment benefits to the level of ordinary outdoor relief or to transform

such benefits into mere doles. Nevertheless, modifications of the system in the direction of making the tests more exacting than heretofore may be expected.

Among other major European countries, France and Germany may also be cited. The French government introduced the beginnings of a system in 1906. The conditions in France, however, differ so much from those in this country that French experience has little value for us. On the other hand, Germany has been singularly tardy in the establishment of unemployment insurance. The federal law was enacted in 1927 and therefore the experience of the country has been too brief to justify definite conclusions as to the success that has been attained. Public opinion favors the system and will make it conform to the needs and the genius of the people.

h. Public Works.

Two varieties of public works programs must eventually be developed. The preventive program consists of long-time planning and adapts the amount of work to economic conditions so that surplus labor can be absorbed at convenient times and at other times labor released for private industry. Such a program will be difficult to execute and must be organized in connection with such other efforts as are made to coördinate the productive forces of the country. Unless a long-time view is taken, a stoppage of public work may prove very inconvenient; therefore stock must be taken of immediate and ultimate needs and the plan made accordingly. The public works program must provide for a great deal of elasticity in respect to number of men employed and in amount of time consumed, else it cannot articulate into the private industrial situation. It must expand when work is scarce and contract when reasonable prosperity has been attained. A long-time program must be confined largely to efforts by the federal government since the states and cities cannot control labor conditions adequately, or in attempting control would almost necessarily impose many hardships on innocent individuals.

i. Federal Employment Service.

One phase of the problem of unemployment consists of effective efforts to bring the man and the job together. State and municipal employment bureaus have been established throughout the United States, but these necessarily fall far short of perfection. Furthermore, the interstate problem has become so acute that state and local bureaus will hereafter prove quite inadequate to meet the employment need. One of the valued privileges of the American citizen is his right to travel freely from one state to another. There is also the inclination to move about. If men in one state could be informed concerning opportunities for work in other states, the flow of labor to and fro would be greatly accelerated.

State bureaus can with difficulty entice labor from other states and they are helpless to transfer it elsewhere when the local market has been surfeited. Nothing less than a full-fledged federal employment service can meet the conditions that face the people today. The national exchange should be required to coöperate closely with the state bureaus and should give particular attention to the interstate movement of applicants for jobs. It can go far toward equalizing labor in particular sections. To be effective it must become something more than an information service. It must take active command of situations and actually bring about the transference of the unemployed to places where work may be found. Lack of the needed vitality has characterized the feeble attempts recently made by the government in its coöperative effort with the state bureaus. The public bureaus should become so numerous and so effective that the majority of private employment bureaus will be driven out of existence. England with more than 400 bureaus places an agency within the reach of everyone. In this country the public bureaus are still too largely in the hands of politicians while the abuses connected with the private employment exchanges are so gross that many men cannot afford to utilize their services. A well-planned federal employment exchange would either absorb the work that must be done or it would so

raise the standards of local public and private agencies that an effective service would be rendered to the unemployed.

6. The Emergency Program.

The commissions and committees on unemployment that have deluged the country at times of serious industrial depression have almost invariably given major, if not exclusive, consideration to the immediate program before them. A preventive program has received but little attention. Local and even state commissions cannot prepare a satisfactory long-time program because our interstate relations make us so interdependent that the problem of unemployment cannot be solved separately by any state. States can, however, proceed much farther than local communities and can carry out a program which, if properly supplemented by a federal program, would assist materially in solving the problem. The federal commissions, the national industrial associations, and similar bodies should present permanent preventive, as well as emergency programs. In this respect they have signally failed. A permanent program requires a modicum of economic and social surgery and no committees have been appointed by our federal or state governments which will faithfully diagnose the situation and suggest suitable remedies. At best the programs deal with emergency situations. Many useful suggestions have been made to deal with these situations. Some of these will be presented in this connection.

a. President's Emergency Committee for Employment.

In November, 1931, an emergency program was presented by this committee. The suggestions were classified under ten heads and the committee recommended:[1]

1. A resumption of normal buying by the public, so far as this may be possible.
2. Means to restore confidence in financial and credit structures, so that hoarding may cease.

[1] *Los Angeles Times*, Nov. 9, 1931.

3. A more liberal attitude on the part of the banks toward the financial necessities of the situation.
4. A spreading of available work so that more people may be employed.
5. Waiving of civil service rights where more people may be employed.
6. Creation of employment facilities through cutting the red tape which holds up authorized public works.
7. Special consideration of the so-called white collar class by agencies which can find part-time work for such workers.
8. Classification of the unemployed, preference to be given to persons with dependents.
9. Adequate surveys to determine the amount of available work and to consider opportunities for creating work.
10. A survey to determine how many individuals can be transferred to agricultural communities for their own relief and for the benefit of undermanned farms.

Although this committee might have been expected to present statesman-like recommendations in respect to a permanent preventive program, a glance at the suggestions indicates, at once, that little more than emergency measures have been advanced.

b. Recommendations of American Association for Labor Legislation.

Standard recommendations by this organization cover such points as the following:[1]

1. Organization. The community should be definitely organized before the unemployment crisis becomes acute.
2. Education. Gather information and bring the unemployment situation home to every citizen. Do not hide the facts and mislead the public.
3. Emergency Relief. Use existing organizations. Avoid, if possible, the establishment of soup kitchens. Open workshops and secure odd jobs from householders. Provide lodging house accommodations and abolish the "passing on" system.
4. Separation of unemployable from the unemployed. Develop special treatment for the former. Utilize penal farm colonies for the shirks and vagrants.

[1] *Standard Recommendations for the Relief and Prevention of Unemployment.*

5. Industrial Training.

6. Public Work. Push forward special public work, but do not authorize unnecessary work. Give preference to resident heads of families. Rotate employment by periods of not less than three days. Pay usual wages.

7. Regularization. Urge the use of regular employees to make repairs and improvements. Rouse employers to the importance and the advantages of regularization.

8. Employment Exchanges. Open an exchange if necessary but use the public bureau, if one exists and can be made efficient. Regulate the private agencies. Work for the establishment of a national system of employment exchanges.

9. Unemployment Reserve Funds or Insurance. The modern practice of maintaining reserve funds to insure payments of dividends to stockholders when capital is idle suggests the creation of similar reserve funds to insure income to idle labor.

This set of suggestions likewise deals largely with methods of meeting the emergency need. However, it recommends regularization and unemployment reserve funds. These measures, if adopted, would produce long-time results as well as serve the immediate need:

c. Other Suggestions.

One of the most significant pronouncements on unemployment is the joint statement issued by the Social Service Commission of the Federal Council of Churches of Christ in America, the Department of Social Action of the National Catholic Welfare Conference, and the Social Justice Commission of the Central Conference of American Rabbis. Among the suggestions made are the following:

1. Relief work is a mere palliative or temporary dole.

2. Resumption of Industry is necessary.

3. An extensive program of public works should be undertaken. Appropriations should be made for such useful public works as road construction, development of parks, elimination of grade crossings, flood control projects, reforestation and the clearing of slum areas in our cities.

4. A shorter work day and shorter work week without reduction in pay should be instituted.

5. Responsibility for the preservation of human values in industrial life makes the principle of social insurance against unemployment and want in old age an indispensable part of sound social policy.

6. A more equitable distribution of wealth and income is necessary. Indiscriminate wage cuts are socially unjust and tend to intensify bitterness and industrial unrest.

7. The principle of planning should be extended to the control of entire industries and of industry in general. Labor must be permitted to participate in this planning program.

8. The principle of coöperative planning must be extended to world economic relations.

9. The present conditions of unemployment constitute a national and international emergency and call for courageous social action.

One group of citizens, which has put forth a preventive program, has also made certain pertinent suggestions relating to methods of dealing with the emergency problem. The recommendations call for an extensive federal appropriation for a program of public works; similar appropriations to develop municipal housing; federal aid to the states in furthering an unemployment insurance system, and federal aid to local communities unable to meet their emergency relief problem.

When bona fide forms of work have been unavailable, relief in wages for "made" work has been attempted in many localities. The experience of these communities has not been specially gratifying and doubts are being raised as to the value and practicability of employment relief of this type.[1] These ventures are costly and frequently exhaust the resources of private philanthropy without actually solving the problem. The plan, however, should not be rejected as impossible and under certain conditions may work successfully.

The preservation of wage rates has been urged by the President as well as by many others. Although a reduction of wages may prove beneficial to a particular employing concern, it reduces the buying power of the worker and therefore reacts

[1] See *Community Planning in Unemployment Emergencies*, by Joanna C. Colcord, pp. 31–32, 78–79.

unfavorably against the retail trade. Fair wages must, in the long run, prove advantageous to business.

The emergency program for the relief of unemployment cannot deal effectively with the measures essential for permanent prevention. On the other hand, it should not undermine the preventive program; it should be so coördinated with the latter that while temporary relief from industrial depression is obtained, a definite advance is made in the direction of jobs for all and wages sufficient to insure honorable planes of living.

QUESTIONS FOR ADDITIONAL STUDY

1. When have industrial depressions occurred similar to the depression of 1929?
2. Why was recovery from these depressions relatively easy?
3. What occupational groups usually suffer most from unemployment?
4. In normal conditions what percentage of workers are unemployed at any one time?
5. What are the factors usually involved in complicated unemployment?
6. What efforts have been made to reduce cyclical unemployment?
7. Study methods devised to reduce unemployment due to seasonal occupations.
8. In what industries has a regular working week succeeded irregularity?
9. Why may machinery produce serious unemployment now, when formerly no such effects were produced?
10. If the labor power necessary to produce machines equals the labor power displaced, what value has machinery to society?
11. Indicate effects of machinery in reducing hours of labor.
12. How far is unemployment in this country due to industrial conditions elsewhere?
13. Why are the international aspects of unemployment more serious than formerly?
14. Can we solve the problem independently of other nations?
15. How can the increased use of machinery result in higher wages?
16. Why has it not increased wages?
17. What groups object most strongly to planned production? Why?
18. What is involved in the principle "the right to work"?
19. Illustrate the differences between a "dole" and unemployment insurance.
20. What are the advantages and disadvantages of "made" work?

21. Should wages of men employed in an emergency-work activity equal normal wages?

22. What limitations should be placed on a program of public works?

23. What are the chief defects of the American employment bureaus?

24. What are the most important evils connected with commercial employment exchanges?

25. Should the employee contribute to the unemployment insurance fund?

26. What are the best ways of enforcing the regularization of industry?

27. How far would limitation of population growth lessen unemployment?

28. Show the fallacy of curtailing production in order to solve the problem of industrial depressions.

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CHAPTER XI

THE PHYSICALLY HANDICAPPED

The three outstanding types of the physically handicapped are the blind, the deaf, and the crippled. Besides these there are the stammerers and stutterers, the under-nourished, and those afflicted with various organic troubles or weaknesses of the vital organs. This chapter, however, will deal principally with the types first mentioned.

1. The Blind.

Blindness is variously defined, but the British definition, " a blind person is one so blind as to be unable to perform any work for which eyesight is essential," or the United States Census definition, " any person who cannot see well enough to read even with the aid of glasses," meets the practical necessities from the standpoint of social pathology. In some countries the condition is defined in terms of visual acuity, for example one-tenth or one-twentieth normal vision. The economic test, however, seems to represent the more practical measuring rod. The census figures, on the other hand, are based on the definitions formulated and used by the various countries that have attempted to count the blind.

a. Amount of Blindness.

The amount of blindness throughout the world is appalling. The proportions are apparently much higher among the primitive races and among peoples where modern medicine has not penetrated than among the western countries. In 1919 the United States Census estimated the world's blind at 2,340,000, but added that the actual number was probably much larger

since statistics were not available for a large part of the world. A more recent estimate places the figure, provided the economic definition be applied, as close to 6,000,000. The partly seeing probably outnumber the blind at least three to one. For them the chief handicaps may be social, military, and political.

The Health section of the League of Nations compiled figures relating to blindness for many countries throughout the world. These statistics indicate an alarming prevalence of the handicap in India, Russia, both European and Asiatic, and Latvia. In Western Europe relatively high figures obtained for the British Isles, but these are due largely to accurate count instead of excessive proportions. For much of the world no count and not even estimates have been available.

The United States Census returns indicate that the proportion of blind in this country fell steadily until 1920 and that a small increase has occurred since then.[1]

Year	Blind per Million
1880	976
1900	852
1910	623
1920	497
1930	517

These figures should be considered relatively, since the census was never able to obtain a complete count of the number. What is shown is not the number of the blind but the rapid decline in the proportion of blind in the population.

Although the count in 1920 revealed only slightly more than 52,000 blind, the census estimated that the total number was approximately 75,000. The number found in 1930 was 63,489, but this figure must again be far short of the actual number. For example, the registered blind in Missouri in 1928 exceeded the number counted in 1920 by 130 per cent, and the known blind in New York compared with the figures for 1920 reveal an excess of more than 80 per cent. Other states have found that

[1] United States Bureau of the Census, *The Blind*. *Los Angeles Times*, July 15, 1931, Press Report.

the blind greatly outnumbered the census figures of 1920. Probably the census of 1930 counted a larger proportion of the blind than were reached in 1920, but the evidence from various states that have conducted separate counts indicates that the census figure is much lower than the actual number, which can hardly be less than 100,000.[1]

b. Race and Sex Factors.

Such facts as American statistics have been able to marshal indicate that blindness is somewhat more prevalent among Negroes than among whites, and that Indians suffer from a rate almost five times as high. Neither of these colored races has enjoyed adequate medical attention, and this failure probably accounts for much of the difference. Trachoma and smallpox are responsible for excessive rates among the Indians, and the control of these two diseases should cause a sharp decline in blindness in this group.

Blindness is somewhat more prevalent among males than among females. The differences have shown a slight decline over the period covered by the United States Census but are still about 20 per cent. The marital conditions are interesting. Slightly more than one-third are single; the rest are or have been married. When once widowed or divorced, they have but meager chances for again entering the state of matrimony. In fact the proportion of widowed varies from three to four times the figure for the entire population. This failure to contract second marriages is, of course, to be expected.

c. Age at Which Blindness Occurs.

Both from the economic and the preventive standpoint the age of becoming blind is a matter of great importance. The subjoined table based on the census of 1920 reveals valuable information.[2]

[1] *The Social Work Year Book*, 1929, estimates the number of blind at 114,000, p. 40.

[2] Bureau of the Census, *The Blind.*

Age of Becoming Blind	Percentage of		
	Total	Males	Females
Born blind	10.0	9.3	11.0
Under five	20.9	18.8	23.8
Under 20	36.9	34.6	40.1
20–44	21.2	25.0	15.6
45–64	22.2	22.7	21.8
65 +	19.7	17.7	22.4

It appears that about one out of every ten blind persons is born blind. This fact does not mean that these individuals have necessarily inherited blindness, although many of them have. An additional 10 per cent lost their eyesight after birth but before they attained the age of five. More than one-third of all the blind became so before they reached the age of twenty, and the median age in 1920 was nearly 37 years. However, it was only 30 for native whites, and the figures for these best represent the normal conditions. The Negroes were seven years older when they acquired blindness, and the Indians had reached the age of 42.

d. Economic Aspect of Blindness.

The economic aspects of the problem represent rather alarming features. It may be assumed that special education for a livelihood is necessary for the large group becoming blind before their twentieth birthday. More than two-fifths lose their eyesight during their working life and the problem of rehabilitation must be faced by most of the males of this group and by many of the females. Blindness is a serious obstacle to individual capacity and ability to earn a livelihood and threatens to plunge most of its victims into a state of dependency. A larger percentage of females than of males acquire their blindness before twenty and after 64, and fewer become blind during their industrial-life period. With them, therefore, education is relatively more important and reëdu-

cation less so. The death rate being relatively normal the average age of the living blind is approximately 58 years. Accordingly only a small proportion of the blind are subjects for constructive work at any given time.

The difficulties in holding a job are evident from the fact that of the male blind over ten years of age only about one-fourth are in the gainful occupations while among the general population the proportion is approximately three-fourths. Apparently 75 per cent of the blind are unemployed, and of these the great majority would be employed if sighted or if properly reëducated. The philanthropic burden thrown upon the community is a matter of grave concern.

e. Causes of Blindness.

Causes are always the most important consideration. Only as we learn their nature is a preventive program possible. The United States Census figures for 1920 charged disease with responsibility for 54 per cent of the blindness. More than two-thirds of the cases were the result of disease directly affecting the eye, but the remainder were indirect or the by-products of some other disease, such as measles or scarlet fever. Some of these diseases are clearly of an infectious nature, for example, ophthalmia; others, however, are the natural outcome of an hereditary tendency. Cataract and atrophy of the optic nerve are the two most important diseases affecting eyesight. These, however, reach but few persons under 20 and are largely diseases of relatively old age. Other diseases are trachoma, ophthalmia neonatorum, and glaucoma. The first of these has particularly frequented the foreign sections of our large cities and the neglected spots in the mountains of the South. Its prevalence in the cities is largely due to the presence of the disease among many of the South European immigrants.

Ophthalmia neonatorum, or babies' sore eyes, is still an important cause of blindness. Although the federal statistics credit it with less than 4 per cent of all blindness, it is still responsible for much blindness among children. Remarkable gains,

however, have been made. In 1907, 28.2 per cent of the children admitted to American schools for the blind owed their blindness to this cause, but in 1930 the proportion had fallen to 9.3 per cent. Clearly the vigorous campaign waged against the disease is producing marked effects. Glaucoma is said to be even more prevalent than the figures indicate. The disease is no doubt exaggerated by the weaknesses of other organs, and therefore prevention becomes a relatively difficult matter. Among the diseases that indirectly contribute to blindness, measles heads the list, but meningitis and scarlet fever are also responsible for many cases. These diseases strike largely during the period of childhood and therefore add greatly to the seriousness of the problem.

Although but few cases of blindness are directly due to the venereal diseases, it is believed that a considerable number are actually due to these diseases and particularly to syphilis. This disease affects the vision of many during the age periods from twenty to forty-five. Its poisonous effects result in the outright destruction of eyesight; and its indirect influence through the general weaknesses that it causes is also tremendous. Congenital syphilis, which is so destructive to infant life, likewise leaves a heavy toll in the form of blindness or weakened eyesight. The other social diseases also operate through the weakening of the constitution or of particular organs intricately connected with the mechanism of vision, but the exact amount of damage done cannot well be estimated.[1]

Accidental blindness is apparently responsible for nearly one-fifth of all the cases. The most common cause is explosions. These occur under a great variety of conditions, in quarries, mines, bridge work, building construction, etc. Many of the blind are the victims of firearms, fireworks, flying objects, and cutting or piercing instruments. A certain number of cases also arise from injuries affecting the vital organs with which vision has definite connections. The bulk of accident cases occur to adults, and the majority seem to be an outcome

[1] Bureau of the Census, work cited.

of the daily industrial operations of workingmen. The figures show that during the wage-earning period of life the number of men becoming blind greatly exceeds the number of women of corresponding ages becoming blind.

Among the miscellaneous causes is congenital blindness. Although 10 per cent of the entire number were born blind, not all of these are classed as hereditary cases. How far heredity is a factor in this connection necessitates still further study. On the other hand, it plays an undoubted part in blindness from such causes as atrophy of the optic nerve, cataract, paralysis, or degeneracy of parts essential to eyesight, and even from indirect causes such as measles or scarlet fever.

2. Deafness.

Deafness is a less serious ailment than blindness, but nevertheless imposes a serious handicap. If acquired in childhood or early life, it almost invariably results in muteness, since we learn to speak largely from hearing others speak. Seldom is muteness an independent affection, but owing to inability to hear the articulated sounds made both by himself and by others the deaf person gradually loses the art of articulation and, if deaf from birth, he never acquires it. Accordingly the seriousness of deafness is practically in inverse proportion to the age of acquiring deafness.

The population differs considerably in respect to auditory acuity, but these differences are not a measure of deafness. On the other hand, a very large number of people have lost some of their hearing powers, and if this loss is sufficiently marked they may be classed as partially deaf. The number of such persons is wholly undetermined. Estimates made by the White House Conference on Child Care and Protection varying from one million to a maximum of three million have value only as they indicate that hard-of-hearing people are rather numerous. That which is important is the number of persons whose hearing is so defective that this disability interferes substantially with their economic, educational. and social life.

a. Number.

The United States statistics on the number of deaf and deaf-mutes in the country are very inadequate. The census of 1920 included in its count those unable to hear or speak, persons who became deaf under eight years of age and who are either totally deaf or so deaf as to be able to hear only with ear trumpets or other appropriate devices. Persons becoming deaf later in life are not included, provided they have not lost the ability to speak. The figures therefore practically exclude all deaf who are not deaf-mutes and give no indication of the population that suffers from impairment of hearing.

If the figures gathered over a period of fifty years are dependable, deaf-mutism apparently has declined in the United States. Although the number of deaf-mutes has increased somewhat, the proportion fell from 67.5 in 1880 to 42.5 per 100,000 of the population in 1920, and rose again in 1930 to 46.5. The actual number in the year 1920 was nearly 45,000, almost exactly the same figure as ten years before, but rose to 57,000 in 1930. Earlier figures indicate that the totally deaf comprise slightly more than 40 per cent of the group suffering seriously from defects of hearing. More than 58 per cent suffer from partial deafness only. These proportions applied to the population of 1930 would indicate that the totally deaf and the major cases of partial deafness would number at least 125,000.

b. Causes.

Total deafness is due largely to several causes, among which the following are the most important: congenital causes, scarlet fever, meningitis, brain fever, and measles. There is a great variety of diseases each of which occasionally leaves deafness as one of its after-effects. Among deaf-mutes, those born without hearing constitute close to 40 per cent of the entire number. Scarlet fever and measles each account for more than 9 per cent of the remainder. Accordingly the major portion of deaf-mutism is chargeable against these three causes. The partial deafness caused among older persons is

due largely to a different series of conditions. The noise of machinery, explosions, loud sounds, and certain diseases such as catarrh, typhoid, and nervous disorders are the important factors. Syphilis is also responsible for a considerable percentage of cases.

Inheritance plays a large rôle in the causation of deafness. Without doubt most of the cases of congenital deafness represent hereditary deafness as well. Consanguineous marriages also contribute disproportionate numbers of the deaf. The rates for the children of first cousins run from two to three times as high as the average in a community.

The United States Census figures indicate that 25.3 per cent of the deaf-mutes had deaf brothers or sisters and that 8.3 per cent also reported deaf children. These high proportions are conclusive proof that heredity is a very important factor. Furthermore, 3.3 per cent of the whole number had a deaf parent. In view of the fact that the number of deaf-mutes is less than one out of 2,300 this evidence of a frequent family history of deafness clearly indicates hereditary influences. The figures show further that if one or both parents are deaf, deaf brothers or sisters are found in 64.7 per cent of the cases, but if neither is deaf then the proportions are 23.9 per cent only.[1] There is apparently little difference in results whether one or both parents are deaf — an indication of the Mendelian character of the inheritance. It has been shown that while congenital deafness in the parents yields a considerable amount of deafness in the children the results are much worse in the case of parents having deaf relatives. This fact indicates that many cases of congenital deafness are adventitious rather than hereditary.

Much deafness appearing in the later years of life is accentuated by individual weaknesses. Catarrh is aggravated in many cases by a peculiar disposition or susceptibility, and indirectly therefore heredity becomes a factor in the causation of the deafness. Other weaknesses produce similar results.

[1] United States Bureau of the Census, *Deaf-Mutes in the United States.*

These indirect influences of heredity, however, are so insidious that for years to come they can hardly be reached by a eugenic program.

c. Economic Life.

The average age of the deaf-mute population is slightly more than 25 years and thus makes a striking contrast with that of the blind. Owing to the fact that in the gainful occupations hearing is less necessary than seeing, the great majority of the deaf of working age are employed and self-supporting. A disproportionate number are engaged in manufacturing and mechanical occupations, while in such work as mining, trade and transportation, clerical service, and the professions, they are not well represented. Fewer relatively are engaged in agriculture than formerly — a condition not due to the character of the occupation but to the tendency of the deaf to drift to the cities where a better chance for companionship may be found. Manual dexterity and eyesight are so important that, equipped with these, the deaf find a sufficient range of occupations for their talents and need not, except in a small proportion of cases, be thrown upon the public for support.

d. Education.

The greatest tragedy for the deaf is their inability to communicate with the rest of the world. Educational methods have attempted to meet this deficiency by means of training them to speak and making direct oral communication with the hearing possible. According to census figures, in 1884 only 27.2 per cent of the deaf pupils were taught to speak, the remainder being schooled in the sign language. In 1910 the figure had increased to 71.9 and in 1927 to 83 per cent. Early in the nineteenth century oral methods of instruction were attempted but they soon gave way to the sign system, but within recent decades the oral method has come into its own and will no doubt dominate the future. In 1920, one-fourth of the students taught the oral or lip reading method were not allowed to use or learn the sign language.

The great advantage of the oral method lies in the opportunity it gives the deaf to associate with the hearing. The sign language is so difficult that only the deaf will learn it well enough to become able to converse with each other; and, since the number of deaf in any given community is small, the deaf person is practically isolated from the rest of his fellow-men. It is the craving for association, intercourse, and companionship that drives the deaf to seek communities where other deaf persons are found. The oral method, when properly learned, enables the deaf to articulate sufficiently well so that their words can be understood and to read the lips of those conversing with them so that they know what is being said. The story is told of a group of deaf who objected to a certain silent motion picture because the actors were using profanity. The hearing audience saw nothing but the lip movements, but the deaf not only saw these but from the peculiar combination of these movements they were able to determine what the actors actually said.

The sign language as a means of communication still predominates. The census figures indicate that 78.2 per cent of the deaf-mutes use the sign language part or all of the time. On the other hand 41.3 per cent use speech, some of them exclusively, while others also complete their equipment for communication by using the sign language to supplement the oral method. The greatest advance in the teaching of the lip-reading method has taken place in the New England states, while the maximum of retardation is occurring in the South Atlantic states. The method does not work equally well with all cases.[1] Those who were born deaf or who acquired deafness in the first or perhaps second year of life cannot easily be taught the art of articulation and the utterance of coördinated sounds. Therefore non-oral methods continue to be used for them even though the oral system may be in general use. The adventitious cases often retain a little hearing and, if so, articulation and even modulation of the voice can be acquired without

[1] Bureau of the Census, work cited.

too much effort. For the former, months of patient endeavor are often necessary before the child succeeds in enunciating the particular sound desired. Whenever the slightest amount of hearing remains, the oral method should be taught. Otherwise the friends and associates of the deaf person must also learn the sign language. If they refuse they cannot communicate with him and therefore he must seek the companionship of the deaf.

3. The Crippled and Deformed.

Owing to the customary procedure of American philanthropy in separating crippled children from crippled adults both in thought and in social service program, it has seemed best to differentiate between these and to begin with crippled children.

a. Crippled Children.

No hard and fast line can be drawn between the crippled and the normal child. However, some children are so seriously crippled that they have become helpless and can neither attend school nor expect to enter any gainful occupation. These are the groups to which consideration must be given.

(1) *Number.* Recent efforts in various communities to count the crippled children have produced a variety of results. The Cleveland survey reported about two crippled children per one thousand of the school population. A St. Louis survey, however, reported five. Other studies have revealed about 2.5–3.0 crippled persons under twenty-one, per thousand of the population. The Michigan study of 1931 accepts three as the normal. The White House Conference estimated that the probable number for the United States in 1930 lay somewhere between 289,000 and 365,000.[1] In New Jersey in 1929, the figures reported give a ratio of 2.68 per 1,000, but a Philadelphia study of the same year revealed only 1.5. The Michigan Crippled Children Commission discovered slightly more than 9,000 in that state, or two per 1,000 of the population.[2] Marked

[1] *Preliminary Committee Reports*, p. 453.

[2] For extensive data on this subject see *Crippled Children in Michigan*, by Upson and Matson.

variations from this average occurred in many parts of the state. One rural district reported 6.2 while other districts reported so few that the discrepancies can be explained only on the theory that the numbers are not known, or that the district is willfully withholding the information. Wide variations in the figures likewise appear for the cities, the highest number reported being 6.1. These excessive figures give rise to the belief that the rate for an entire state may be much higher than that actually discovered. The differences, on the other hand, are partly due to the absence of a uniform definition of the word "cripple."

(2) *Causes.* English statistics make tuberculosis the leading factor in the crippling of children, with infantile paralysis a trailing second. In Germany the two have run side by side. The following figures taken from the Social Work Year Book based on figures obtained from 33 institutions dealing with the crippled child give a fair indication of the relative causes in America.

Cause	Percentage
Infantile Paralysis	27.2
Bone and Joint Tuberculosis	23.7
Congenital Deformities	13.1
Rachitic Conditions	8.0
Injuries	4.2
Osteomyelitis	3.6
Other	20.2

It will be noticed that infantile paralysis heads the list, although not many years ago tuberculosis stood first. Poliomyelitis, or infantile paralysis, has become increasingly prevalent in this country and a number of serious epidemics have left in their trail a very large number of seriously crippled children. The epidemic in New York City some years ago was the most serious of its kind. The disease has been accompanied by a very high mortality, the case fatality often running as high as 50 per cent but averaging about 20 or 25. In the great majority of cases paralysis, usually of the lower limbs, sets in.

As a consequence the victim is required to use a crutch, and in many cases, if the child is not fully developed, the limb refuses to grow and one leg remains shorter than the other. Meanwhile the sense of feeling is retained in the affected organ. Although the cause of, and the method of transmitting, the disease have not been discovered, a method of inoculation has been devised which promises to reduce both the mortality and the deforming effects of the disease. A serum made from the blood of individuals who have recovered from the disease if injected will produce results in inverse ratio to the number of days of illness. If the individual is treated at once, deformity and death can be entirely avoided, but every day of delay increases the danger, and by the sixth day the serum becomes ineffective. A serious obstacle to success is the difficulty in diagnosing the case in its earlier stages. Were diagnosis simple and inoculation prompt, the danger of the disease would disappear. Meanwhile it has become a serious menace to the child life of the country.

The tuberculosis that cripples is of the bovine type, which does not attack the lungs but proceeds to invade the bones and the joints. It has become less prevalent in recent years owing to the constant and persistent effort to eradicate tuberculosis among cattle. The germ is carried by the milk, and tuberculous meat also constitutes a danger. The United States Department of Agriculture and many state dairy commissions as well as state boards of health have attempted to wipe out the disease. There are, of course, two standard methods of gaining the results, the production of pure milk, and the pasteurization of milk. If the first method is used the tuberculosis germ will not be present, if the second, it will be killed by the process of pasteurization.

The congenital deformities are varied in kind and are due to an equal variety of causes. They are partly but not largely the result of a bad heredity. Better prenatal care and more skillful obstetrical work would eliminate a large proportion of the adventitious cases. A considerable percentage of these deformities, however, are beyond the reach of present-day

technique and knowledge. Many of these could be improved if prompt surgical attention were given.

Rickets is a common disease among the children of certain immigrant groups, particularly of the Italians. It is due largely to improper diet and the absence of sufficient sunlight. Rachitic children abound in the dark tenement house quarters of many of our crowded cities. Immigrants accustomed to out-of-door life in their native land often do not give their children similar out-of-door opportunities here. The ingredients necessary for the making of the bones of the leg are not contained in the foods consumed or else these ingredients are not properly assimilated by the body. It is said that sunlight is necessary to make the fullest utilization of the essential elements possible.

An increasing number of children are being crippled through accidents. The majority of these accidents are non-occupational and are due to injuries from motor vehicles, from firearms and explosives, and from miscellaneous causes. Industrial accidents although not numerous are relatively much more common for children than for adults.

b. Crippled Adults.

As crippled children reach mature life they, of course, become crippled adults unless meanwhile a cure has been effected. In the majority of cases, however, there can be no cure since the disablement is permanent. There is another group, the vast body of men and women who after reaching maturity suffer the impairment or loss of some important organ or one necessary for a successful vocational career.

Several forms of disablement have already received some discussion. The majority of the blind lose their eyesight after the age of majority has been reached and most of the partial deafness is also a condition of adult life. The bulk of adults, however, who become cripples are the victims of accident instead of disease.

Every year in this country from 180,000 to 200,000 per-

manently disabling accidents occur. A small number of these leave the victim completely disabled for life, but the great majority are only partially disabled, that is they have lost an arm, or a leg, or an eye, and are nevertheless able to continue in some gainful occupation if they are properly directed or reëducated.

In its study of 6,391 cases of industrial rehabilitation the Federal Board of Vocational Education learned that the causes of disablement were distributed as follows:[1]

Class of Accident	Percentage
Compensable Employment Accident	43.6
Non-compensable Employment Accident	10.0
Public Accident	16.1
Disease	25.6
Congenital	3.8
Not Reported	.9

These figures indicate that more than one-half of this group of men and women suffered from an industrial accident. The individuals who want to be rehabilitated industrially have also been disabled by industry. The compensable accidents are in the majority because the great bulk of workers are now protected by the workmen's compensation laws. There are, however, a number of occupations such as farm labor, domestic and personal service, casual labor, and work in small establishments which in most states are not included under the compensation laws. The accident is just as serious and the consequences are just as demoralizing but public opinion has not deigned to include these workers among those deserving protection.

Although the public accidents numbered less than one-third of the industrial accidents, this proportion is not valid for the country at large. It will hold only for the group desirous of obtaining gainful employment. The public accidents result from the greatest variety of causes and many of them are apparently fated to continue indefinitely. An increasing num-

[1] *Vocational Rehabilitation of the Disabled*, Bulletin 133, June, 1928.

ber result from automobile accidents and from pleasure outings of various kinds. Disease and congenital conditions account for somewhat more than one-third of the cases.

This distribution of causes presents roughly the conditions out of which applicants for reëducation are recruited. They indicate the causes that create social problems. Thousands of crippled adults are cared for by members of their family and never come to the attention of the public. Methods of prevention must be developed for these as well as for the others, but the need is more urgent in the case of that large group which becomes a charge on the public.

QUESTIONS FOR ADDITIONAL STUDY

1. Why are the census figures on blindness incomplete?
2. Note difference in age incidence of blindness and deafness.
3. Study the nature of inherited blindness.
4. Compare causes of blindness in this country with causes elsewhere.
5. In the case of congenital deafness how can the hereditary types be distinguished from non-hereditary?
6. To what extent is mutism a separate handicap?
7. Study some blind or deaf persons of whom you know and note the social handicaps from which they suffer.
8. Should the deaf learn both the sign language and the oral system?
9. Why may the proportion of children who are crippled vary widely from community to community?
10. What methods are generally employed to wipe out bovine tuberculosis?
11. Name several racial or immigrant groups among whom rachitic children are numerous.
12. What accounts for the tardy recognition of the problems of the crippled child?
13. Before the World War what was the prevailing method of dealing with a crippled adult?

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CHAPTER XII

EDUCATION, CARE, AND TREATMENT OF HANDICAPPED

1. The Blind.

A first need of blind children is an education suited to the rôle that they must play in life. A definite state program should be adopted through which every blind child will obtain an opportunity for proper training and education. To begin with, the compulsory education law should apply to the physically handicapped. Instead of relieving the parents of blind children from sending the child to school or relieving the community of this obligation, in case the parents are indigent or impecunious, the state should demand that every handicapped child be given a chance. These handicaps are not self-imposed, and what a travesty on justice and the principles of humanitarianism to exempt from school attendance precisely that group of children whose need is greatest and who without training cannot possibly succeed! Fortunately modern thought is beginning to crystallize in behalf of the children of this type. The compulsory attendance laws are being strengthened and the exceptions for the indigent, the blind and deaf, the crippled, and the morons are being abandoned and definite responsibilities placed on the community to provide them with educational facilities. In 1928, 18 states required the education of the blind.

a. Handicaps in Industry.

The defect of blindness is so serious that the majority of blind cannot fully support themselves. This fact holds even though an adequate education is provided, and is due to a number of reasons, among which are the following:

Eyesight is an essential for many occupations and the blind cannot succeed therein.

The blind are almost necessarily slower in their manual movements than the seeing and cannot compete with them.

Inaccuracies by the blind militate against them and reduce their chances of employment.

Employers jeopardize their insurance by the employment of the blind in certain positions.

There is a prejudice against the handicapped and therefore a greater difficulty in securing positions. Many therefore are frequently unemployed.

The occupations in which the blind can succeed are overcrowded and accordingly offer wages altogether too low for the maintenance of a decent livelihood.

These disadvantages should not deter the community from its appointed task. Both from the economic and the social viewpoint as rich a life as possible should be assured all of the physically handicapped. Life at best is dreary and hard. Let no one begrudge them a modicum of its joys and pleasures.

b. Education.

A well-rounded educational program for the blind consists of a state school in every state and local schools or classes in every city or community containing a designated number of blind children. The isolated children from the rural districts and the small towns should be gathered together in the state schools, although some of them might conveniently be sent to local classes in the cities, provided a sufficient tuition fee were paid. Usually the larger institution offers the better opportunity. The children should be educated even though the cost be borne by the state directly. It is criminal to neglect the blind child even though parental indifference interferes with the needed training.

Education of the blind began in this country in 1832 when Perkins Institute in Boston and a school in New York City were established. Gradually the various states have established

schools and in 1929 forty of them had made such provision and operated a total of 47 schools.[1] In several eastern states a number of schools begun under private auspices still continue to operate under private boards but receive subsidies or support from the state. The remaining states have arranged to send blind children outside the state to an appropriate institution. No state therefore is without any plan for the education of its blind.

No tuition is required of blind pupils and usually also the cost of room and board is paid out of state funds. In some states parents are expected to pay these costs if they are able, but the tendency is in the direction of making the education of the blind a state charge and responsibility.

The census returns of 1920 credited the blind of school age as constituting about 12 per cent of all blind. Applying this percentage to the entire blind population of approximately 100,000, it appears that from twelve to fifteen thousand blind may be of school age. The White House Conference estimated the number of blind children at 15,000, and of the partially seeing at 50,000.[2] The actual enrollment of blind children in 80 schools and institutions of the country in 1927 was 6,084. It appears that many of the remainder of school age are not yet reached and that the problem of compulsory education of the blind has not been solved. The number enrolled, however, is constantly increasing. A small number of the metropolitan cities have organized local day schools for their blind children, but the total attendance at these schools represents less than 8 per cent of the entire enrollment.

The educational program for the blind must be specially adapted to the peculiar needs of the group educated. The orthodox elementary school education must be given second place to the vocational needs of the blind. To begin with, strong emphasis on physical exercise and recreational activities

[1] See *Report on the Welfare of the Blind*, by Health Section of League of Nations.

[2] *Preliminary Committee Reports*, p. 447.

is necessary to enable the blind to maintain a proper posture, to walk erect and maintain the carriage required to sustain their positions in economic and social life. Again, if they expect to compete with the seeing, the students must be thoroughly trained in some particular occupation. Accordingly industrial training must form the most important branch of the curriculum of schools for the blind. Among the subjects taught are music, piano-tuning, chair-caning, broom-making, rug weaving and allied occupations, book-binding, massage, sewing, domestic science, typewriting, and gardening. The schools are constantly studying the possibility of adding new subjects, in order that the opportunities for the blind may be widened. However, they face the lack of confidence of the public in the capacity of the blind to do effective and accurate work. Meanwhile the vocational range of the blind remains so limited that the occupational opportunities lag far behind the supply of blind workers.

High intellectual levels can be more easily attained by the blind than by the deaf. The disadvantage is in respect to individual capacity for self-support. Special provision in the form of scholarships or of special allowance from state funds for readers is made in more than twenty states for the higher education of the blind. The books written in Braille are too limited in number to serve as the basis for a college education. Blind students must therefore depend largely on readers. The utmost use, however, can be made of books for the blind, because they are sent through the mails without cost. As is well known, many blind persons have achieved eminence, but the accomplishment has been possible only as laborious and painstaking readers and teachers have assisted the student in his task.

The first day-school for the blind was established in Chicago in 1900. Since then such schools have been attempted in twenty additional cities.[1] The enrollment, however, is comparatively small. Nevertheless an extension of educational opportunities for the blind by means of day schools is most desirable. Among

[1] See *Welfare of the Blind*, by Health Section of League of Nations.

the larger cities that have established day schools are New York, Cleveland, Milwaukee, Minneapolis, Los Angeles, Seattle, Detroit, New Orleans. Many states have attempted to stimulate the formation of local classes for the blind through a system of subsidy. For example, Missouri pays a maximum of $750 per year to a local school board for every class of ten pupils or more established by the board and taught by a teacher specially qualified for the work. Several of the larger private institutions for the blind offer educational courses for the instruction of prospective teachers of the blind.

Sight-saving classes form an important part of the educational procedure in the field of preventive work and have been established in more than 90 cities. The rapid progress of the movement is indicated by the fact that the two classes existing in 1913 increased to 233 in 1925, and 266 in 1930, with an enrollment of approximately 5,000 children. However, the National Society for the Prevention of Blindness estimates that 5,000 classes will be necessary to meet the needs of the children with defective vision.[1]

c. Workshops for the Blind.

Among the earlier experiments in work for the blind were the efforts to obtain suitable employment. It was soon discovered that employment bureaus lacked in effectiveness and that occupational training must be given. Accordingly workshops for the blind have arisen and in 1930 25 states had each one or more such workshops, the first one being established in Massachusetts in 1850. These institutions vary in character from industrial schools to industrial homes which provide food and lodging but also require the employment of the able-bodied. The majority of the workshops are, as the name indicates, merely workshops to which the blind come every morning from their own homes or places of residence. The major purpose of the workshop is to train individuals for a job and to make them more proficient in their work.

[1] Sixteenth Annual Report.

The blind are paid a rate of wages somewhat higher than the commercial rate. Usually the piece-wage system is used. Although a few may earn a living wage, the majority need additional funds for their support. The workshops attempt to find more lucrative positions for the blind as soon as individuals have demonstrated capacity for a job in the business world. Many shops also try to find independent opportunities for their blind. Frequently a man can be set up in a small business and become self-supporting. Again efforts are made to segregate certain occupations and surrender them to the blind. Perhaps piano-tuning is the best example in this connection. The blind have been very successful in this occupation and it would seem good public policy to abandon it largely to them. Some success has been attained in placing blind men at work where they are employed either by themselves or in company with but one or two others. The American Foundation for the Blind is engaged in further study of opportunities for the employment of the blind and may discover additional occupations in which the blind can work effectively. In one automobile establishment a careful classification of positions was made and the conclusion reached that a number of positions could be effectively held by blind men. Not until employers are willing to give the blind a fair chance will industry offer them an opportunity to demonstrate what the school for the blind or the workshop has done for them. A recent study of 500 former pupils of the Pennsylvania Institution for the Blind revealed the information that 53 per cent had become self-supporting and that 18 per cent were totally dependent.[1]

d. Relief Measures.

Formerly the indigent blind inevitably gravitated to the almshouse, where permanent care was assured. With no rehabilitation plans for them, the younger blind met the same fate as the older. In 1923 the almshouses of the country still held more than 3,000 blind, who constituted 4 per cent of the

[1] *Welfare of the Blind*, p. 203.

entire almshouse population. Gradually the school and the workshop provide better industrial opportunities for the blind, but when middle age is reached or passed a large percentage nevertheless border on dependency or actually fall below the poverty line. Instead of the almshouse the pension plan now promises to aid the majority in need of supplementary relief.

A system of public pensions for the blind was first begun in 1875 and has spread to 21 states.[1] The blind have themselves been the strongest lobbyists for this plan and in some states have demanded a popular referendum on the subject. As a general rule the people have heartily supported it, although from the social workers' point of view pensions are fraught with grave dangers and threaten to break down the morale of the self-supporting blind.

The state laws differ somewhat in plan and scope. In Missouri, for example, a pension may be given to an individual having an income of less than $600 or property valued at less than $5,000. The pension itself is limited to $300 per year. At the beginning of 1929 more than 3,300 blind were on the pension rolls of the state. This number constituted about two-thirds of the entire blind population and is a larger number than the total enumerated by the census bureau. The law provides that persons without vision and also incapable of industrial rehabilitation may become the recipients of state aid. Certain conditions are imposed. They must be residents of the county one year, of the state ten years, and must have no relatives paying federal income taxes. The state will pay $300 to supplement another $300 paid by the county, but the entire sum plus the independent income of the beneficiary may not exceed $1,000. This plan provides a check by the state on the county work and greatly improves the efficiency of local investigation and planning.

The age limits vary widely from 16 in California to 60 in Louisiana. Colorado grants no pension to any blind under 40 unless rehabilitation is impossible or some other extreme need

[1] See Best, *The Blind*, and *Social Work Year Book*, 1929.

exists. Usually no pension is granted to persons who are inmates of institutions, nor to persons who practice begging on the streets.

The ordinary pension system threatens to degenerate into a mere dole. To safeguard against this possibility, some of the states have attempted to apply modern social service principles. State commissions for the blind in some states have been granted powers of investigation and supervision and of deciding whether pensions shall be given or withheld. In practically every state in which a pension system has been adopted, a rapid increase in the number of persons pensioned has taken place. This increase is not entirely legitimate but is in part due to the faulty method. The cost has also risen and in some states has become a serious fiscal problem.

e. State Commissions.

State commissions for the blind preceded the adoption of pension plans. Among the first states establishing such commissions were Massachusetts and Ohio. The functions of these commissions have included the collection of information concerning the blind, study of the causes of blindness, the establishment of workshops, the securing of employment for the blind, home teaching, coöperation with the rehabilitation service, and perhaps the administration of the pension law. The initial hope in the establishment of commissions was that methods of meeting the problem of the blind might be devised without resorting to direct relief measures. The effort, however, has practically failed.

2. Education and Care of Deaf.

The education of the deaf follows plans very similar to those for the blind. In addition to the state school system, there are public day schools and also a number of private or parochial schools. According to the White House Conference there were, in 1930, 64 public residential schools, 18 private schools, and 114 public day schools. The enrollment in these schools

was 18,212.[1] Nearly every state has established a residential school, and this school draws both on the rural and urban districts, but with the rapid multiplication of day classes in the large cities the state school will become increasingly the opportunity of the scattered districts of the state. More than two-thirds of the enrolled deaf are in the state schools. Recent improvement in state laws, as, for example, in the Illinois law, is also producing results. This law requires the deaf to attend school and the court may issue a summary order compelling the parent to send the child either to the state or to a local school.

Many of the schools for the deaf also have departments for the education of the blind. This arrangement is undesirable and the two groups should be taught separately. Many of the deaf are physically subnormal — a fact due in part to the failure to use the organs of speech. Physical training therefore is very necessary. Again the deaf shuffle their feet and walk awkwardly and are poorly balanced. Corrective measures to meet these conditions are important features of their proper education.

The lip-reading method of instruction has become almost universal. Other methods may also be used, but the chief reliance now is on the oral method, because it makes possible communication by the deaf with hearing people. Of the four schools that prepare teachers of the deaf all but one use lip-reading. The other clings to the sign language. As in the case of the blind, the elementary school course requires about twelve years to be completed. Manual and vocational training are emphasized in order to equip the deaf better for some gainful occupation. They are not likely to succeed in intellectual pursuits, while music, dramatic art, and other professions are outside the range of all except a few. Therefore the value of preparation for the more hum-drum phases of industrial life.

No special state organization for the relief of the deaf has been created. So far none has been necessary, since the great

[1] *Preliminary Committee Reports*, p. 318.

majority of this group have succeeded in supporting themselves, and relief for individual members of the class has followed the routine of general relief to the indigent.

3. The Crippled and Disabled.

a. Crippled Children.

These children were at first regarded as objects of philanthropy only and private organizations accordingly extended relief and aid, but finally consented to add a little education. Gradually, however, the attitude toward the crippled child has changed and the feeling that he should be given a real opportunity has grown rapidly. Therefore the states are beginning to place the crippled child in the same category as the blind and the deaf.

(1) *Education.* In 1904 Massachusetts established its state home and school for crippled children, being the first state to provide at public expense a school of this type. Dependent crippled children may in many states be sent to the state school for dependent children, but if so they are usually sent as dependents rather than as cripples. The educational program as it is being authorized by the various states charges the local community with the responsibility of establishing classes for crippled children. The Indiana law represents a typical plan. The law provides that a local school district may establish a special class of ten or more crippled children. The local school corporation may provide transportation for the children and is authorized to furnish lunches without cost to the child. The cost of the instruction is determined and the difference computed between the cost of instructing an ordinary class and a special class. The state promises to reimburse the local school district to the extent of three-fourths of the excess cost of such instruction. Two adjoining school districts are also authorized to conduct a school conjointly, or one district may arrange to send its crippled children to the school conducted by another, provided it pays for their instruction. In 1929, 80 cities

throughout the country conducted classes, and enrolled more than 10,000 pupils.[1]

(2) *Physical Care.* The crippled child needs physical care and attention as well as education. Therefore a complete program requires coöperation with the physician and the surgeon. Local schools need to make provision for corrective treatment. This treatment can only be given by competent doctors and in most cases cannot become a direct function of the educational authorities, because such specialized service is hardly within the legitimate field of school work. Adequate coöperation between the school and the social service agencies is necessary to promote the best interest of the crippled child.

Several states have established hospitals for crippled children in connection with the medical departments of their state universities. These institutions furnish excellent opportunities for care and treatment of a limited number of children. Although these hospitals conduct schools for the children, the chief objective is to give expert orthopedic care and treatment to the needy children of the state. The home for crippled children conducted by Iowa on grounds adjacent to the University Hospital represents one of the most elaborate of the state systems for the welfare of such children.

(3) *Special Treatment.* Private organizations and institutions for the welfare of the crippled child include state societies for crippled children, orthopedic societies, special hospitals for the crippled, such as the Shriners' hospitals, and orthopedic departments of general hospitals. Among the chief needs to be met by such organizations is the discovery of every cripple so that such treatment as the child requires can be given at once. Many children might be restored to normal if their condition were more promptly discovered and diagnosed. Again, greater efforts must be made to place all children in school so that they may be properly trained and educated. Special apparatus and equipment for the crippled must be provided to a large extent out of philanthropic funds since public

[1] *Social Work Year Book*, p. 116.

moneys cannot easily be obtained for this purpose. The work of placement in industry, although attempted by a few schools and by some public employment bureaus, is not being successfully carried out by the public agencies, and private organizations must for a time come to the rescue and help the crippled to secure positions. This observation does not apply to the state rehabilitation service, which, however, does not concern itself primarily with those individuals who have been crippled from birth or from their early youth.

b. Disabled Adults.

As has already been shown in a previous chapter, the nonfatal accidents greatly outnumber the fatal. Naturally the most serious accidents are the least numerous and the lesser the grade of injury the greater the number of cases. The mild accidents cause little or no disability, but the serious injuries represent partial or total disability, each of which may be permanent. The one lessens earning capacity while the second eliminates it altogether. Again, the accidents not occurring in the course of employment and classified by some as public accidents are more numerous than industrial accidents. The total number of accidental deaths is nearly three times the number of fatal industrial accidents. Although such accidents may have occurred apart from the regular work of the day, a large proportion of the victims nevertheless were engaged in some occupation and if the injuries do not prove fatal the problem of readjustment to an occupation inevitably arises. The manual laborer who is injured in a street car accident, or struck by an automobile, or who falls down stairs and loses an eye, or who suffers from similar injuries is just as completely injured as though he were the victim of an industrial accident. Furthermore he has less chance of being reëmployed by his employer than if he had been injured in the course of his regular work.

(1) *Problem of Rehabilitation.* The problem of industrial rehabilitation is something more than the reëducation of those injured while at work. It is the problem of educating and re-

educating all those who need employment. It is not even limited to gainful employment but includes forms of service in and about the home. The task therefore is one of tremendous importance. It is a concern not only of the state but of the federal government as well. In fact the task has been too great to enable the states to grapple effectively with the problem. The aid of Congress has been gained in this task, and a rehabilitation service was established under federal auspices but in coöperation with the states under conditions that required the coöperating states to share in the cost of the undertaking. The federal government's first concern was the wounded and disabled soldier, since for him it had a direct moral responsibility. However, a system of rehabilitation cannot consistently stop at this point and as a consequence it has been extended to cover nearly every variety of need.

In certain countries the direct service to the disabled soldier after the war consisted largely of physical rehabilitation. Plastic surgery and orthopedics performed many miracles. Legs, arms, noses, faces, and other parts of the body seemed to be restored and the individual was made as nearly normal as possible. These efforts soon gave way to less drastic forms of rehabilitation and in recent years the emphasis has been placed on reëducation, and physical rehabilitation in its extreme forms has not been stressed. However, much useful orthopedic work has nevertheless been accomplished.

The need of a rehabilitation program was recognized by many before the war gave us its army of crippled and disabled soldiers. The annual army of crippled industrial workers had become a serious problem to social service organizations, and the latter began to insist on both preventive and reconstruction work. A case in point consists of the experience of 500 women in New York studied by the labor department of that state. It was discovered that at the end of four years only 52.4 per cent of the women had recovered their former earning capacity. Slightly more than one-fourth in addition had reëntered industry but were employed at a lower wage than formerly, and,

worst of all, 21.2 per cent of the entire number had not been able to readjust themselves and were out of work. For four years this large group strove to find work only to be checked at every turn. Perhaps if adequate opportunities for their rehabilitation had been provided, these women would not have been required to undergo the privations indicated.

(2) *Opportunities for the Handicapped.* The form of disablement varies according to the industry; and mining yields one result while steel mills yield another. One industry tends to destroy eyesight; another takes its toll of arms or legs. Some industries are relatively safe while in others the accident rate is very high. From another point of view, certain occupations require the use of particular organs of the body, while other organs are not utilized. The converse may be found in a second occupation. These fortunate differences enable the man who has suffered the loss of a particular organ to readjust himself in industry, but in doing so he may be required to change his occupation. Ford in classifying 8,000 jobs discovered that nearly 1,000 required the exercise of unusual strength; about 3,500 required ordinary strength; an equal number could be performed by women, children, or handicapped men. He discovered that 670 jobs could be performed by legless men, 2,637 by one-legged men; two jobs by armless men, 715 by men with but one arm and 10 by the blind.[1]

The study made in Minneapolis by the Rehabilitation Bureau affords additional information relative to the possibilities of the handicapped in industry.[2] The plan started with an analysis of the entire array of jobs available in Minneapolis. A total of 2,515 was discovered. An effort was then made to apply the test of 28 different handicaps to these jobs to discover how many positions might be available for persons suffering from the specified handicaps listed. A certain job, for example, might require the use of both arms and both legs but the employee might actually do better work if he were partly deaf so that he

[1] Henry Ford in *My Life and Work*, p. 108.
[2] Federal Board for Vocational Education, Bulletin 146, June, 1930, p. 74.

could not talk continually with another worker and lessen the efficiency of both. The tests were confirmed by opinions from employers in order that a fair picture of the opportunities of the reëducated disabled workers might be obtained. The following table reveals the conclusions. It presents the list of handicaps and the number of jobs out of the 2,515 that might be filled by individuals according to handicap. The percentage that these jobs make of the entire number is also given. This figure indicates the relative chance for a given

Handicaps	Could Fill Position Out of 2,515 Jobs	Percentage of Jobs	
		Unqualified	With Reserve
Arm, right, off below elbow	16	.6	6.7
Arm, left, off below elbow	17	.6	6.7
Arm, right, disabled	23	.9	4.2
Arm, left, disabled	24	.9	4.4
Cardiac trouble	1,435	57.2	61.7
Deafness, partial	1,945	77.6	79.0
Deafness, total	795	32.0	40.5
Deaf-mute	745	29.6	37.5
Hand, right, disabled	32	1.2	4.7
Hand, left, disabled	34	1.3	5.0
Hand, right, mutilated	18	1.7	90.6
Hand, left, mutilated	18	.7	91.2
Hernia	1,252	50.0	63.5
Leg, right, off below knee	25	1.0	72.5
Leg, left, off below knee	25	1.0	72.7
Leg, right, off above knee	20	.8	37.3
Leg, left, off above knee	21	.8	38.1
Leg, right, disabled	56	2.24	38.2
Leg, left, disabled	58	2.24	39.4
Legs, both disabled	23	.9	4.0
Legs, both off below knee	20	.8	18.8
Legs, both off above knee	10	.4	1.8
Legs, one shorter than other	2,304	92.1	97.2
Tuberculosis, arrested, Pulmonary	1,344	53.6	61.6
Varicose veins	1,553	62.0	71.3
Vision, one eye only	2,006	80.4	82.8
Arm, right, off above elbow	13	.5	2.4
Arm, left, off above elbow	15	.6	2.5

handicap provided the jobs are of equal importance. It does not tell, however, what the proportionate opportunity would be for a person with that handicap, because some of these jobs require more employees than others. Certain jobs may not use a dozen men while others require hundreds. The table, however, has distinct value as a guide to all rehabilitation workers and enables them to do intelligent placement work.

That marked differences will be found in respect to the capacity of persons suffering from a certain defect to perform a given job is clearly shown by this table. Certain disablements are no serious bar to most of the jobs, and opposition by employers is sentimental antagonism to the employment of any but able-bodied men. Other handicaps mean almost total disability, but the enlightened placement official will know where a possibility for the employment of the man with such a handicap can be found. Furthermore he will know that the handicap is no bar to effective service. The more serious handicaps are least in favor but these handicaps are also least common. There is a rough correlation between the seriousness of a handicap and the capacity of its possessor to fill one of the many jobs into which industry is divided. There are positions that can be effectively filled by armless or legless men. Many could be filled by the deaf and partially deaf, by the one-eyed, the cardiacs, and others. For one leg to be shorter than the other is but a slight handicap.

The study showed definitely that, in the proportion of cases indicated above, the handicaps were no bar. It also ascertained the fact that in a large number of additional jobs a particular handicap might be tolerated, that is the job might be held, but with reservation. Placement in such cases would depend on the coöperation and goodwill of the employer, and perhaps also on the helpful attitude of the fellow-workmen.

Revelations such as these tell the story of possible future success in industrial rehabilitation. Men who have lost one organ may be abundantly able to hold some new job; nevertheless, employers hesitate to employ them or do not believe that

they can do a full day's work. It becomes necessary, therefore, to reëducate the disabled man and to educate employers in respect to his possibilities.

(3) *Legislation.* The National Vocational Rehabilitation Law was passed in 1920. It provided for a money grant to every state that established a rehabilitation service and appropriated a given sum for that purpose. The plan of work is coöperative, and the scope is broad enough to include not only disabled soldiers but disabled men of nearly all types and under certain conditions women who have been disabled and need instruction in employment other than gainful work. The law reaches down to persons sixteen years of age and the upper limits depend on the probability of success with particular individuals. The provisions of the law were at once accepted by three-fourths of the states and by 1928 41 states were receiving federal aid.

(4) *Method and Results of Rehabilitation.* In attempting rehabilitation the bureaus have used the case method. Instead of providing mass treatment, they have given special attention to each individual separately and have constructed a plan suitable to his needs. In eight years more than 38,000 persons have been rehabilitated and nearly one-half that number are in process of rehabilitation at any one time. The cost per case of disablement has averaged less than $250 — a figure which the Bureau proudly compares with an annual average cost of from $300 to $500 in the county almshouses of the country, which are the natural alternatives for the unadjusted and disabled man. The program includes two types of service. Job restoration, which includes the persuasion of employers that the men are capable of work, is one, while instruction and placement constitutes the second. For 51 per cent of the workers the former type of service has sufficed and for 49 the latter became necessary. The Board discovered that disablement played immediate havoc with chances of work. In one southern state 77 per cent of the disabled men were out of work and could not obtain employment.

In addition to its casual observation of results the Board made a careful study of 6,391 rehabilitated cases. These revealed many facts and principles valuable to the Board in its later tasks. For example, nearly one-half of the applicants for service were under 30 years of age. Two-fifths had an education ranging from the seventh to the ninth grade and 15 per cent had more or less high school education. One-third had less than a seventh grade training. The financial effects of the disablement are indicated in the following table.[1]

Wage Rates (Dollars)	Per Cent Prior Job	Per Cent in Job before Rehabilitation	Interview Job
None	13.7	55.3	11.5
− 15	13.9	7.7	6.1
15–19	13.3	5.2	9.1
20–24	14.1	3.9	12.0
25–29	11.0	2.4	12.6
30 +	23.3	3.1	26.8
Not reported	10.7	22.6	21.9

These facts are presented to illustrate the natural effects of serious disabling accidents as well as the results obtainable through a social program of guidance and treatment. Less than one-seventh of the total number were unemployed individuals at the time of the accident, but more than one-half were out of work when they came to the attention of the Federal Board. The wage rates of the entire group were scaled downward and instead of 23 per cent earning thirty dollars per week or more, the percentage fell to 3.1. The sorry situation prior to rehabilitation indicates the fate of thousands that have not been able to profit from this type of rehabilitation service. The last column gives the distribution of the cases studied at the time of the investigation. Less were out of work than in the beginning. The low-wage jobs also had decreased in number. The middle range of wage rates predominated but the better paid men were somewhat less in number. The

[1] Federal Board for Vocational Education, *Study of Rehabilitated Persons*, Bulletin 132, 1928, pp. 26 ff.

large number of unreported wages might possibly depress the percentages somewhat, but even then the result compares favorably with the conditions prior to the accident or disablement.

The length of time required for service was an important item in respect to the per capita cost of rehabilitation. Nearly one-half were given service lasting less than one year. Slightly more than one-fourth were trained and directed for a period ranging from one to two years, and the remainder required additional time. These varying necessities brought the cost of the rehabilitation of 76 per cent of the individuals to less than $150 each. It was the remainder that constituted the problem for the Federal Board. When applying for aid over 40 per cent of the men were employed at different jobs and by different employers than before the accident. Fifty per cent of the entire number had to be trained for new jobs, while the other one-half merely needed placement and supplementary service to increase their efficiency and stability as workers.

Occupation	Before Accident	While in Training	Afterwards
Trade	324	857	748
Manufacturing			
Semi-skilled	613	849	486
Skilled	1,263	1,492	1021
Labor, Misc.	1,237	886	544
Agriculture			
Unskilled	96	32	22
Skilled	285	208	186
Clerical	317	977	636
Technical, Prof.	145	315	234
Transportation	340	181	150
Mining	485	218	166
Public service	21	37	53
Domestic Personal	152	282	180
Misc.	21	48	25
Not reported	221	—	1,179
None	868	8	698

The Board made a comparison of the occupational distribution of the workers before the accident with the distribution

at time of placement and training and finally with that after the case was dismissed. The preceding table illustrates these facts.[1]

Frequently the unskilled and casual laborer suffers more heavily because of industrial accident than the skilled or better paid worker. The reason is that no one has either a personal or business interest in him. He belongs to no establishment, to no definite occupation, and can go to no one for aid or guidance. In its rehabilitation program the Board endeavored to place the unskilled worker as favorably as possible. This fact is indicated by the figures showing a smaller number of men in miscellaneous labor, unskilled agricultural operation, and transportation during the course of training than before and a large number in clerical pursuits, professional service, and skilled manufacturing labor. After the task of reëducation had been completed some of the men suffered from a relapse of purpose and endeavor and therefore some of them lost occupational standing. A summary of the wage changes shows that the skilled workers earning an average of $28.85 before the accident and falling to $4.92 were restored to an average of $26.61. The unskilled began with $19.71, fell to $5.15, and after rehabilitation were earning $22.10.

This study gives conclusive evidence of the economic value of a rehabilitation program. It proves that industrial positions do not require all of the faculties and bodily organs of a man. The loss of arms or legs does not eliminate men inevitably from the gainful occupations. It shows further that without aid from responsible outside sources, such as guidance and reëducation bureaus, many workers would be lost to industry and become the inevitable objects of charitable relief.

QUESTIONS FOR ADDITIONAL STUDY

1. What is the most important essential to the success of the handicapped?
2. What are the elements of a successful education?
3. What are the chief functions of sight-saving classes?

[1] See work cited.

4. Could the blind be successful in positions now closed to them?
5. What are the chief disadvantages of pensions for the blind?
6. Which commissions for the blind have been most successful and why?
7. What are the principal unfavorable effects of deafness?
8. Should the blind and the deaf be prevented from marrying?
9. Study the plan of teaching the handicapped in their homes.
10. Who pays for the transportation of crippled children to the schools?
11. What gave the impetus to vocational rehabilitation?
12. What is the best plan for the treatment of a crippled beggar?
13. Why have employees objected to the employment of handicapped persons?
14. Can these objections be overcome?
15. Can the handicapped be satisfactorily handled through the regular employment bureaus?
16. How can the present methods of vocational rehabilitation be made more effective?

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CHAPTER XIII

SICKNESS

Sickness is a condition to which we all fall heir and the end of the last sickness — death — eventually awaits us all. But the life of mortal men may be long or short; it may be crowded with pain and disease and it may be singularly free from recurring disease. For the great majority, whether death comes sooner or later, all depends on the control that can be exercised over disease and on the effectiveness of preventive work.

1. Disease as a Check to Growth of Population.

The greatest progress in the history of the world in reducing disease and death rates has occurred within the last century. Until some measure of control over certain diseases was gained, the population of the western world increased but slightly. Everyone is familiar with the frightful mortality from Black Death in Europe during the fourteenth century. In some countries from one-half to two-thirds of the population died therefrom. It is also a matter of common knowledge that until recent years smallpox wrought fearful havoc over the entire world. In parts of northern Europe the annual death rate ran as high as 4 per 1,000, which is equivalent to practically one-third of the death rate in this country at the present time. Think of every third death in your city as a death due to smallpox and you have a picture of the prevalence of the disease in the days before a preventive was discovered. Almost as serious as the deaths was the inevitable marking of the face. Few escaped the disease and most of those contracting it were scarred or pocked. Beautiful women were comparatively rare, while those who escaped smallpox were greatly favored. Inoculation methods introduced from the Near East finally reduced the ravages of the disease, but never was it brought under control

until Jenner made his wonderful discovery. Vaccination has practically eliminated this dread disease and today the pocked face is seldom seen. Only the uninformed and willfully perverse deny the beneficent influence of this remarkable preventive.

Diseases, such as cholera and typhus, also ravaged the people of past centuries. The European ports were constantly subjected to the introduction of Asiatic cholera, and the fatality rate was appalling. Most of the diseases still prevalent today were also very destructive. As a consequence the death rates were so high that the European population grew but slowly. In fact from the beginning of time up to 1800, Europe had at no time as many as two hundred million people, yet within another century it added to its permanent population a number as large as that at the beginning of the century. That is, it doubled its population in a hundred years. Formerly it required families of from eight to fifteen to maintain a stationary population. How brutally devastating and demoralizing the birth rates were to the women of those days is evident in the number of times the men became widowers. The birth rates remained high even after the death rates declined. As a consequence a surplus was produced and the population began to grow.

2. Deaths in the United States.

a. Decline in Mortality.

Other earnest attacks on disease brought death rates during the nineteenth century down to a point where the older and traditional birth rate resulted in a very rapid increase of population. Nevertheless the problem of sickness still remains. Unnecessary sickness is a sign of social lethargy and neglect. To every child born should be guaranteed a life free from the infectious and contagious diseases, and the maximum of health that a community can assure. Progress has been achieved and the actual reductions that have recently occurred in the United States are indicated in the following table:[1]

[1] U. S. Bureau of Census, *Mortality Statistics*, 1928, p. 4. Also Public Health Reports, Nov. 7, 1930.

Year	Deaths in Registration Area (in Thousands)	Rate per 1,000 Population
1910	805	15.0
1915	909	13.6
1920	1,142	13.1
1925	1,219	11.8
1929	1,386	11.9

Slowly but surely the death rates have been falling, but an almost stationary condition has now been reached — a fact due to present inability to cope with certain significant diseases. These diseases, however, are theoretically avoidable and eventually yield to medical knowledge and to the improvement of social conditions. The death rate in 1920 justified an American expectation of life at birth of approximately 56.4 years. The rate for later years should slightly increase this expectation — perhaps one or two years. Although we do not take first place, our life expectancy compares favorably with that of most European countries.

b. Principal Causes of Deaths.

It is important from the preventive standpoint to learn what diseases are largely responsible for the deaths and in what respect particular progress has been made. The deaths and death rates from the principal causes are given below for the year 1929 :[1]

Causes of Death	Number in Thousand	Rate per 100,000
Diseases of heart	245.0	210.9
Cancer	111.0	96.0
Pneumonia (all forms)	106.6	91.7
Nephritis	106.0	91.2
Cerebral Hemorrhage	100.0	86.1
Accidents	94.0	80.9
Tuberculosis	88.3	67.6
Congenital, and diseases of early infancy	72.5	62.4
Influenza	64.5	55.5

[1] Public Health Reports, Nov. 7, 1930, p. 2755.

These nine causes are the only ones each responsible for more than 50,000 deaths. No other cause yields one-half the number. Accidents, heart disease, and influenza have shown decided increases over the preceding year, but the remaining causes, not including cancer, have exhibited a gratifying decline. So strenuously has the war been waged against the communicable children's diseases that none of them has registered as many as ten thousand deaths, while smallpox is charged with only 151 victims. In the case of certain diseases the true situation is not revealed by statistics; for example, syphilis, although held accountable for only about sixteen thousand deaths, is in reality a secondary cause of more than 100,000. Nor has the truth about tuberculosis been told.

(1) *Heart Diseases.* These diseases are not equally amenable to successful attack or elimination. Several of them are profoundly affected by social conditions; others are almost exclusively medical problems. As is seen from the foregoing table, heart troubles outdistance every other cause of death. It was not always so — a fact which deserves explanation. It is probable that with the reduction of other diseases heart diseases will continue to become relatively more important. The time will come when the motor that operates the human machine will wear out, as is the habit of motors. If no other accidents occur to the machine, the final scrapping will depend on the wear of the motor, that is, the heart. Accordingly as we eliminate other diseases, we increase the proportion of deaths from heart troubles.

As our campaign against infant mortality reduces the number of deaths among children and as the fight against tuberculosis and the contagious diseases succeeds in effectiveness, a larger proportion of the population will live to middle age and beyond. There is nothing left for them to die of except heart diseases and those other diseases that result from the gradual deterioration of vital organs. As preventive work has succeeded, there have been saved to middle age many persons whose inherent vitality is insufficient to carry them on into the years of three score and

ten. Although the bulk of the deaths due to heart disease occur to persons 60 years or over, an increasing proportion now occur to younger individuals. The greater the saving of life in the years of childhood and early adulthood, the greater the proportion of deaths from heart disease in later life. This change does not make the saving of life undesirable; it means that a greater proportion of the population will live through the productive period of life than was formerly the case. It also makes inevitable a higher death rate than heretofore among individuals who have reached the sixties and seventies. More people reach old age, but the expectancy of life of persons reaching seventy will be lower than formerly.

Some individuals are endowed with greater vitality than others and these will acquire heart disease at later ages. Heredity therefore is a factor in respect to the age at which deaths from this disease will occur. A weak heredity implies a high death rate at an early age.

Other causes of considerable importance have recently been noted. The examinations of school children are revealing cardiac cases to the extent of approximately 1 per cent of the children. These cases arise, not only from constitutional weaknesses but from an abnormal developmental history to which a multitude of unfavorable factors may have contributed. Proper nutrition is a basic condition of all, and in many children faulty nutrition leaves its mark in the form of cardiac troubles. Bad teeth are also charged with causal relations, although in this case we deal with effects as well as with causes. Congenital cases are numerous, but the great majority of these do not linger long, so that older children suffering from cardiac troubles have seldom acquired them from abnormal prenatal conditions.

Heart disease frequently induces tuberculosis, while the latter disease often makes such demands on the system as will aggravate any abnormalities from which the various organs of the body may be suffering. Recent efforts by the anti-tuberculosis societies to include an attack on cardiac troubles as part of their

program indicate the mind of the representatives of the anti-tuberculosis movement.

(2) *Tuberculosis.* Although seventh in the list of causes of death, tuberculosis, because of its social aspects, continues as one of the most important disease problems. The figures as to deaths do not convey the whole truth, since many persons suffering from tuberculosis finally die of some other disease, particularly of pneumonia. However, the death rate has dropped over a period of thirty years to less than one-half of the former rate. Tuberculosis has significance in respect to age, race, and sex, and is both a cause and an effect of poverty.

The small baby has not developed immunity against the invading bacillus and therefore, if it is exposed to the disease, as is often the case in the homes of poverty, it quickly relinquishes its life. Gradually as immunity is built up it becomes more difficult for the disease to overcome the vitality of the child and therefore the disease reserves its virulence for a later life period. The figures show that one-half of the deaths among white males occur during the very productive years of life, that is from twenty to fifty, and that the most fatal five-year period is 35–39.

In the case of negroes the five-year period 20–24 represents the years of greatest mortality and the majority of deaths occur between the ages of 15 and 35. These facts indicate the seriousness of the problem from the economic side. Tuberculosis strikes men when they are in the height of their wage-earning powers and also while they, as heads of families, have small children to support. It is an orphan-maker that throws children back upon the support of wives and mothers and frequently leaves the latter helpless and forced to turn to the philanthropic agencies for aid. No other disease is so outstanding a cause of dependency as is tuberculosis. The menace of the "white plague" is aggravated by the long period of disability that precedes death. It has been estimated that from three to four years of illness is suffered by the average case. During most of this time the victim is unable to work or to support himself, and his growing family must shift for itself.

The living cases of tuberculosis have recently been estimated as numbering approximately 700,000. An estimate such as this one is based on the findings by the National Tuberculosis Association in its celebrated "Framingham Health Demonstration." An intensive study was made of the town of Framingham, Massachusetts, in an effort to discover the normal situation in respect to the prevalence and incidence of tuberculosis. Examinations were made of practically all individuals suspected of being tuberculous, and, as far as the association was able, it allowed no one to escape. A comparison was then made between the number of living cases and the number of deaths. Instead of being three or four to one as was formerly supposed, it attained the proportions of nine to one. However, the report adds that if the local death rate were similar to that of the registration area the proportion of active cases to deaths would be seven to one. It is these proportions which enable us to estimate the number of active living cases. Deaths must be multiplied by approximately eight in order to give us the total number of cases now living. These figures would imply a longer period of illness than that indicated above but for the fact that a very large proportion of tuberculous individuals practically regain their health without definitely knowing that they had contracted the disease. The number of arrested cases is considerably greater than the number of deaths. However, many of these cases are easily jeopardized by other diseases and fall an easy prey to their attacks. The economic menace produced by this persistent army of incapables constitutes a singular challenge to the American people.

Much ignorance still prevails as to the exact conditions under which individuals become dangerously affected with the disease. Some students of the problem insist that at least 90 per cent of all individuals have been infected before the age of 14. Others have recently raised doubts and claim that in many communities these percentages are far too high. The seriousness of the disease depends somewhat on the conditions that actually obtain. If practically all children have been infected,

an immunity has been developed which will strengthen resistance against the new infections which contact with the disease will bring about. That group which has never been infected cannot withstand these later infections and will quickly suffer elimination.

The facts of infection and relative immunity have somewhat altered the social program for the elimination of the disease. Susceptibility to tuberculosis or weakened conditions of the body are the prime factors in the problem. Many of the super-inducing cases are ever present although their malignancy may differ widely. Contact with the bacillus is, of course, necessary to contract the disease, but malnutrition, overwork, insanitary sleeping arrangements, bad working conditions, dusty trades, and unfavorable climatic conditions all militate in behalf of the invidious germ. However, a vigorous resisting power can be built up in an individual and liability to the disease greatly reduced.

Among young children bovine tuberculosis is an aggravating problem. This form of the disease is contracted through the use of milk obtained from tuberculous cattle. It has been estimated that at least 25 per cent of all tuberculosis among children under 16 is of the bovine type. Beyond this age the proportion rapidly falls, and among adults less than 2 per cent is traceable to the tuberculous cow. The disease is non-pulmonary in character and usually attacks the bones and joints. It is responsible for a large proportion of the cases of crippled children, and was formerly the chief cause.

(3) *Pneumonia.* This deadly disease, although causing more deaths than tuberculosis, is not so acute a social problem. The reasons are mainly two. The individuals attacked either die or recover within ten or fifteen days and the chief incidence of the disease is in infancy and in old age. In fact, more than one-third of all cases of broncho-pneumonia arise among children under two years of age. The other forms of the disease prevail especially among the older persons. So large a proportion of all deaths occur either before the age of five or after the age of fifty

that the disease lacks the economic significance that attaches to diseases that strike down the able-bodied and the young adults. Furthermore, there is no long period of dependency or incapacity for work. This feature does not make the disease desirable; it does contrast its social affects with those of other diseases. A gradual decline in the death rate from this cause is productive of much rejoicing, since the virulence and deadliness of the disease makes it an enemy greatly feared by nearly everyone.

(4) *Influenza.* Although influenza invaded this country on several previous occasions, the epidemic during the war was the most deadly that we have ever experienced. During the winter of 1918–19, not less than 500,000 Americans fell victims to the disease. At the same time it swept through certain Asiatic and European countries with even greater ferocity and relentlessness. It is reported that in India 5,000,000 or more succumbed, and that in Europe the deaths from the disease outnumbered the loss of life on the battlefields of the World War. Unlike many diseases it seemed to have a penchant for young people and its effects proved distinctly dysgenic, since a disproportionate number of strong and sturdy persons were killed thereby. The enormous death rate among the army men or boys illustrates this fact.

Each recurring epidemic since the dark days of 1919 has been comparatively mild, but the disease has now taken a prominent place among the causes of death. The figures for 1929 do not represent average conditions, since the disease tends to occur in periodic waves several years apart. Statistics from 27 states for the year 1930 indicate that a tremendous drop in the death rate from the previous year has taken place and that the year enjoys the best record since 1923.[1] The disease, as is true of pneumonia, aggravates the weaknesses of individuals and facilitates a higher mortality from other causes; for example, many cases of heart disease are due to weakened conditions produced by severe attacks of influenza. As to the cause of the disease but little is known.

[1] U. S. Public Health Service, Public Health Report, May 1, 1931, p. 1034.

(5) *Cancer.* Although vacillating somewhat from year to year, the apparent death rate from cancer tends to increase. Limited data for 1930 indicate an increase over 1923 of nearly 10 per cent. One of the most loathsome of diseases, it is being ruthlessly fought by the medical fraternity, but so far with rather disheartening effects. Whether cancer is actually increasing is not certain. There is greater precision in detecting the disease than formerly; furthermore a large proportion of individuals now receive medical attention, whereas the disease in past generations was greatly neglected. Changes in diagnoses have also been made. Cancer is now more often called by the right name — a fact which again adds to the number of living cases.

The disease is distinctly more common among women than among men — roughly in the proportion of 55 to 45. A great many cases represent infection of the breast and female genital organs. Cancer is largely a disease of old age, but a high death rate begins approximately at the age of forty. The median age at death varies from 63 to 64 years.

The social aspects of cancer are being subordinated to the medical. No distinct social causes for the onset or prevalence of the disease have as yet been discovered. The credit for causes runs from the exclusively-inherited diathesis through the pricking of pimples to the eating of raw tomatoes. To the scientific observer, however, the causes still remain uncomfortably obscure, although recent evidence indicates strongly that many cases prove the presence of an hereditary predisposition. A much higher rate among the whites than among the Negroes still defies explanation but points toward relative racial immunity on the part of the negro. The rural regions also manifest a considerable superiority over the cities. The failure to discover a cure implies that the majority of cases end fatally although some success in arresting the disease has been attained. The great appeal of cancer today is to the bacteriologists, in whose hands the fate of the disease seems to lie.

(6) *Infant Mortality.* Success in controlling infant mortality

marks one of the most notable achievements in the American public health program. The infant death rate in 1900, according to the rather accurate methods of measurement used at that time, was roughly 150 deaths per 1,000 births. About one-fourth of the total deaths were due to congenital conditions and diseases of early infancy. More than one quarter were the result of the digestive diseases. The various pneumonias accounted for about one-seventh, and other diseases, chiefly the communicable children's diseases, the remainder.

Consistent campaigns to eliminate the grosser causes of this high mortality have within a period of thirty years cut the entire mortality in two. Data from 16 states for the year 1930 show that the rate has fallen to 64 per 1,000 births. This figure represents a gradual decline throughout the years, since in 1911 the rate was 111.9 and in 1923 it was 79.[1] The rates for Negro children have been consistently higher than those of the whites, and the urban has exceeded the rural mortality. The less crowded cities have regularly enjoyed a great advantage over the densely populated centers. And until recently the hot summer months have proved especially fatal to child life.

Success in reducing infant mortality is largely the result of a few definite reforms. The first of these was the improvement of the commercial milk supply. Pasteurization of milk has become almost universal in the large cities, the chief exception being milk that meets the identical tests applied to pasteurized milk. As a carrier of disease, milk no longer constitutes the danger that was present thirty years ago when the campaign for clean milk first began. A second advance has consisted of the educational work with mothers, which has resulted in an increase in the practice of maternal nursing. Babies favored in this way are almost immune from the digestive diseases and are relatively resistant against various contagious children's diseases. Prenatal work and welfare centers have also contributed materially to the reduction of infant mortality. The improvement of economic conditions represents a primary cause responsible for

[1] U. S. Public Health Reports, May 22, 1931.

the facilitation of the reforms suggested and the better education of mothers has contributed to the same result.

There remains one conspicuous failure in the effort to save infant life. It is the failure to reduce materially the death rate from the so-called diseases of early infancy. From one-fourth of the deaths the proportion has risen to nearly one-half. Other causes have declined while these have stood still. This situation raises the question whether there is a bed-rock of inevitable infant mortality below which it is not possible to go. Many of the deaths are due to weak heredity; others to the almost unavoidable routine of life to which the great majority of mothers will be subjected, while other deaths are the result of venereal disease infection. Some are the outcome of inadequate prenatal care. It seems that the first two causes are likely to remain indefinitely, while the last two should eventually yield to the persuasiveness of a preventive program.

Several European countries — all North European countries — and the Australian commonwealths enjoy lower rates than ours, but some of these have natural advantages which makes this superiority possible. The rest of Europe, Asia, and South America all suffer from a higher infant mortality, and that of the more backward countries still reflects a lack of ideals in respect to child life.

(7) *Maternal Mortality.* Not until the Federal Children's Bureau made its memorable study of maternal and infant mortality in Montana did this country realize what the statistics were announcing to the people, namely that our maternal mortality rates were higher than those for most of the European countries. When all the deaths connected with childbirth were added together, they gave a total approximating 23,000. In other words, this figure represented the annual number of mothers whose lives were being sacrificed on the alter of ignorance and indifference. The maternal death rate at the time of the World War was approximately 8 per 1,000 births. Efforts to obtain federal aid for the states so that an effective maternity and infant hygiene program might be instituted was

finally successful in 1922, but not until a small group of perverse senators indifferent to the welfare of women, especially of mothers, were forced to discontinue their filibustering methods. Since then in a campaign to blot out the disgrace of such a sacrifice, constructive programs have been attempted under the federal law in more than forty states and in some of the remaining states independently. The cessation of federal aid in 1929 has seriously crippled the work of the states and now leaves the situation uncertain. The maternal death rates cannot immediately respond to any serious campaign because education requires time to take root and because the various communities must develop the machinery whereby they can deal adequately with the problem. In 1929 the maternal mortality for the U. S. registration area stood at 7 per 1,000 live births. The highest rates were in the south, where large Negro sections apparently contributed to swell the figures. On the other hand, the states showing the highest rates of death from puerperal septicemia were, as might be expected, the mountain states of the West, where vast areas are sparsely settled and where it is difficult to obtain either adequate hospital facilities or competent medical services.[1]

A special summary by the Public Health Service of the mortality rates in eight states for the year 1930 reveals the changes over a period of eight years. These figures show that a maternal death rate of seven in 1923 has gradually fallen, and in 1930 reached the comparatively low point of 5.8 — a gratifying decline. Nevertheless, these rates are still so far above the lowest rates in Europe that they represent an excessive maternal mortality and signify the annual wastage of several thousand lives.

(8) *Venereal Diseases.* Of the several venereal diseases syphilis is by far the worst. Unfortunately the vital statistics cannot reveal the full measure of destruction caused by this disease. The total number of deaths recorded in 1928 as due to syphilis was slightly over 10,000. This figure, however, does not express more than a small percentage of the damage inflicted by

[1] U. S. Public Health Report, Nov. 21, 1930.

the disease. As has already been stated, a large proportion of the deaths from diseases of early infancy are a direct result. Syphilis is an outstanding cause of insanity, and many deaths among the insane should be charged against this disease. It accelerates heart disease and is the most important cause of spontaneous abortions. Likewise it is an important cause of stillbirths. It is not only a disease but a prolific breeder of other diseases, and in this latter function lies its greatest mischief. Abortions and stillbirths due to syphilis are largely the result of poisoning of the fetus of the syphilitic mother. When the baby is born alive and shows the ear marks of the disease, it is said to have congenital syphilis. Formerly the word " hereditary " was used, but this is a misnomer, since the disease is not inherited but is merely acquired in the prenatal lifetime of the child.

Gonorrhœa is still often fatal and is likewise the purveyor of other serious mishaps. It remains an important cause of blindness in new-born babies. It causes a large proportion of the inflammatory diseases peculiar to women and is the greatest single cause of sterility. Such sterility frequently follows the birth of a first child.

The extent of the venereal diseases has been the subject of much speculation, but generalizations have usually been based on the facts relating to comparatively small groups and these have not been typical of the community. Estimates have placed the number of white men afflicted with syphilis as anywhere from 5 to 18 per cent of the total. Limited studies in Europe have actually discovered a frequency of from 10 to 14 per cent among the groups examined. It is likely that European rates are relatively high because of the prevailing indifference to prostitution and a weakened sensitiveness in respect to promiscuous sex relations. Perhaps the largest number of Americans serving as a basis for estimates in this country were the drafted men at the time of the World War. The figures for the second million of examined men produced a venereal disease rate of 5.6 per cent. However, the examinations were merely

casual and did not include bacteriological tests such as the Wassermann test for syphilis. If they had been included, it is likely that a considerably larger proportion would have been discovered.

Probably the most exhaustive study of the prevalence of the venereal diseases was made recently by Thomas Parran, assistant Surgeon General and Lida J. Usilton, Assistant Statistician, U. S. Public Health Service.[1] Their report is based on information from communities with a total population of nearly 18,000,000, and the sections studied are representative of the entire country. They secured information from doctors, clinics, hospitals, and other institutions. Applying their proportions to the entire country they estimated that at any one time 643,000 cases of syphilis and 474,000 cases of gonorrhœa were receiving medical care. Computed for the sexes separately, the combined case rate for the two diseases was 9.65 per 1,000 males and 4.85 for females. However, the authors are inclined to think that the female cases were not so completely unearthed as the male.

The study includes an examination of conditions among Negroes. A limited group in one Southern state showed a positive syphilitic reaction in 24 per cent of the number over one year of age. In certain cities the ascertained rate was 18 per cent. For the larger area as well the Negro rates were more than 30 per cent above the others, while for syphilis the relative rates for white and colored were 4 and 7 per 1,000.

A study was also made of the annual attack rate. Figures were secured for an urban area inhabited by 2,000,000 people, and the conclusion reached that if the rates discovered there held for the entire United States a total of 423,000 new cases of syphilis and 679,000 of gonorrhœa will apply for medical aid each year. The annual attack rate would, according to these figures, yield a proportion of 3.46 for syphilis and 5.71 for gonorrhœa per 1,000 of the population. The rate for syphilis alone would be 4.42 for males and 2.37 for females. The figures relating to

[1] Report printed in *Journal of Social Hygiene*, Jan., 1930.

medical care indicated that at any one time more cases of syphilis were being treated than of its companion disease, but the attack rate indicates, what is commonly believed, that gonorrhœa is more prevalent than syphilis. The estimate as to the number of persons who are eventually infected indicates that before the age of 25 is reached 95 males and 62 females out of every 1,000 of each sex have contracted syphilis. There is a rapid decline in the number of new infections after the peak years of 20 to 24. No estimate is made of the percentage of the population that eventually contract gonorrhœa.

3. Extent of Sickness in the United States.

Estimates made from time to time of the number of persons in this country who are sick during the year have been based on the experience in those countries which by means of a system of health insurance have been able to make a count. Rubinow, using Germany as a basis, concluded that 40 per cent of the wage earners contracted some illness during the year and that the average per capita days of illness for all workers was 8.5.[1] Figures of this variety have not been available in this country but certain sick benefit societies and life insurance companies have gradually accumulated definite facts relating to the problem. The Committee on the Cost of Medical Care and the U. S. Public Health Service have also contributed studies on the subject.

The general conclusions drawn from these studies are to the effect that men average an illness once a year and that women average about one and one-half illnesses per individual, while children during the school year of nine months usually endure at least two illnesses per child. On the basis of these figures, the Public Health Service estimates that approximately 130,000,000 case of disabling illness occur every year. Besides these there are a multitude of non-disabling cases, but no practical way of counting these has as yet been devised.[2]

[1] *Social Insurance*, p. 214.

[2] See *Report on Extent of Illness and of Physical and Mental Defects prevailing in the U. S.*, by Alden B. Mills. Study made under direction of Committee on the Cost of Medical Care.

Studies made to compare morbidity among wage earners here with the rates in Germany have yielded very similar conclusions. These have been stated as follows: adult males lose seven to eight days per year, and adult females from eight to twelve. Metropolitan Life Insurance Company records show that at least 2 per cent of the industrial policy holders who were employed were ill at any one time and that the loss of time per worker averaged about seven days.[1]

A study of health conditions in New York City in 1929 revealed the fact that from 2 to 3 per cent of the population were ill in bed at any particular time and that several times that number were ill, although not incapacitated.[2] A large proportion of these illnesses might have been prevented, and the cost of maintaining health reduced. The report estimates that the cost in terms of expenditures for the services of doctors, nurses, healers, clinics and hospitals, and of the purchase of drugs and appliances, amounts to approximately $150,000,000 per year. In addition there is that greater cost resulting from the loss of wages and from the reduced earning power due to partial disablement of large numbers of individuals who suffered from permanently debilitating ailments. These costs cannot be computed nor accurately estimated. Mills summarizes his conclusions in respect to illness in this country with the following statement, " In general, therefore, the above data indicate that the 36,000,000 wage-earners in the United States lose at least 250,000,000 work days per year and the 24,000,000 school children lose 170,000,000 days per school year. These figures take into account only one-half of the population." [3] Other estimates place the number of individuals ill at any one day in the United States as at least 2,000,000. This figure refers to disabling illnesses. Besides these there are, of course, a still larger number of minor affections that do not necessitate loss of time from work or from the ordinary routine of the day.

[1] Alden B. Mills, Report cited, p. 5.

[2] *A Health Inventory of New York City*, by M. M. Davis and Mary C. Jarrett. Published by Welfare Council of New York City.

[3] See Alden B. Mills, Report cited, p. 7.

In cataloguing the causes of illness, Mills found that colds and bronchial conditions stood at the head of the list and that influenza and grippe came second. These were followed by digestive disorders and then came such diseases as tonsillitis, adenoids, and sore throat. The studies made of more than 571,000 persons by the Metropolitan Life Insurance Company revealed a very different situation.[1] Diseases of the nervous system and digestive disorders came in the order mentioned and these were followed by rheumatism and influenza. Colds, instead of ranking first, stood in tenth place, but other respiratory diseases occupied sixth place. The order of disabling illnesses differs among the various groups and depends on the inclusion or exclusion of children and housewives. As might be expected in the case of school children, tuberculosis does not appear among the first ten causes. Among office workers the disease ranks third in respect to the number of days lost from work.

QUESTIONS FOR ADDITIONAL STUDY

1. What diseases other than those mentioned were formerly responsible for a heavy mortality rate?
2. What are the most devastating diseases of the Orient?
3. What two movements are largely responsible for the recent reduction in our mortality?
4. What diseases will in the long run increase?
5. What accounts for the belief that tuberculosis is hereditary?
6. Compare Negroes, Chinese, Indians, and whites in respect to death rates from tuberculosis.
7. What are some of the reasons that account for the differences?
8. Study the decline of infant mortality since 1890.
9. How does this decline affect the mortality rate among persons 50 years of age or older?
10. Study the facts bearing on the extent to which venereal diseases are innocently acquired.
11. What other diseases result from venereal infection?
12. Who live longer — men or women?
13. What diseases have the greatest social significance?
14. Study the relation of sickness rates to death rates.
15. Compare these rates in your community with the figures for your state.

[1] See Alden B. Mills, Report cited, p. 7.

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CHAPTER XIV

CARE OF DISEASE

Throughout the world sickness is handled on a commercial basis. The physician, the dentist, the nurse are all employed to perform the particular service that the patient requires and are remunerated for that service according to a scale of fees fixed by these professional groups. In this respect medical care differs from the care or treatment provided by educational authorities, by the government, or even by the clergy. The school child does not pay directly for his education nor do the beneficiaries of particular services performed by the government. The entire group pays the educational bills, and accordingly the educator does not charge a fee of his pupils but goes serenely on training the child and receiving for his work a stipulated salary from the board of education. The educational need is quite as imperious as health, but nevertheless a democratic plan for providing that education has been organized and put into execution. The children who enjoy our playgrounds and our social centers receive these benefits without cost and the community as a whole pays for the service. In a similar way the old toll roads have disappeared from most of the country and in their place have come free public roads accessible to everyone and utilized at will by anyone. The cost of operation is borne by the tax payers — which means by the entire community.

1. Medical Situation in the United States.

Medicine is in a different category. The practice of medicine is a fine art and individuals enjoy or avoid the fruits of the service according to their economic capacity. The preservation of health and the recovery from serious illnesses are still largely

the result of private business transactions carried on between the beneficiary and the medical practitioner. So long as education was largely a private matter as in the days before the democratic ideal had taken root, the acquisition of that education was also largely a private commercial affair arranged by the parents of the pupil with the tutor or instructor. The question may well be raised as to how soon the social aspects of the treatment of illness will so outweigh the private considerations that a plan or program for care of disease will be developed that will insure reasonable opportunities for treatment without jeopardizing other important features of a normal life. That we are rapidly moving in this direction must be manifest to every student of social problems.

a. Number of Physicians.

The number of physicians in the United States in 1930 was 149,521 or 12.65 per 10,000 of the population, that is, a little more than one per thousand. The distribution of doctors throughout the country, however, is far from uniform. In many parts of the South there is a comparative scarcity of physicians, a fact also true of particular sections of the West. On the other hand, California, New York, and several other states have considerably more than their proportion. There is a gradual depletion of the supply of physicians in the country districts where at present the number per population unit is approximately one-half that of the cities. Several valid reasons tend to produce this result. The long distances that must be covered, the disagreeable night work, the lack of adequate opportunity for observation and study, the bad roads in parts of the country, and, possibly, the financial disadvantages; these are important causes of the drift of doctors from the rural regions to the city and for the refusal of the recently licensed practitioner to locate in a country community. It is likely also that an additional factor is the increasingly strict professionalism of the medical fraternity. The rural doctor was the family doctor and knew the family intimately. He prescribed not only for the

treatment of disease but he modified his prescription according to the physical and social factors that conditioned the patient before him, and by so doing the patient became an individual instead of remaining a case. Modern medicine tends to extreme professionalism, whereas the treatment of the sick is, to a considerable extent, a psychological and social problem. Many a patient has made a quick recovery from disease after taking regularly several spoonfuls of a transparent liquid that looked like water. It was water. The need was a spirit of optimism to buoy the patient to a higher level of hope and cheerfulness. The country doctor can hardly succeed unless he retains some of the attitudes held by the family doctor of the past generation.

For the country as a whole we have a sufficient number of physicians. What is needed is a better distribution. The United States has a larger number of physicians in proportion to its population than any other country. It is followed by Austria and Great Britain. Germany has slightly more than one-half the proportion while other countries have still fewer. The profession cannot afford to become overcrowded, else the competition will force up the fees in order to assure to everyone a reasonable return for his labors. Competition in this field does not result in the slashing of rates but in the fixing of charges and the agreement to abide by these rates. The great bulk of medical service is still given in the home. No means exist to measure the volume of such work but its immensity must be evident to all.

b. Specialization.

We are in the age of specialization and our penchant for specialization has driven us to an extreme from which withdrawal will shortly be necessary. This situation also exists among physicians and the medical schools must bear a large share of the responsibility for the development. The medical student specializes; there is greater remuneration in specialized work but, if consistently carried out, ailments that do not fall

within the narrow field of a particular specialty must be referred to another physician. The passing-on system has become altogether too popular. With the increasing success of a public health program, patients should be discovered and treated while in the incipient stages of disease. Under such conditions the specialist will find that his field is shrinking. We need specialists but we also need a very large number of general practitioners. The greater the tendency toward specialization, the higher the cost of medical care, until organized plans for meeting the medical needs are adopted.

c. Cost of Medical Care.

The cost of medical care in the cities can be, and is being, reduced by means of certain coöperative undertakings. The office personnel may serve a number of physicians and other costs may be borne in common by several men provided they occupy adjoining offices. Furthermore, the right to use certain hospital equipment instead of investing in it directly also reduces the cost of operation and makes lower charges possible. A large proportion of the cases in the cities are ambulatory patients who call at the physician's office. On the other hand, the bed-ridden must be visited in their homes as must all cases of communicable disease.

With the construction of better hospitals, the city physician tends more and more to utilize the hospital for his patients. Somewhat better care is assured but the additional cost to the patient is so great an item that many patients hesitate to call upon the physician until the stage of the illness definitely forces action. Naturally the hospital with its equipment, some of which may be needed in connection with an examination or diagnosis of the individual, appeals to the physician and causes him to prefer it to the home of the patient. Costly methods of caring for patients make the burden of medical care weigh heavily on the shoulders of a large proportion of the American people. Some way of reducing the costs of caring for illness must be found.

2. Hospitals in the United States.

The growth of hospitals represents an important movement for the coördination of medical activities. It is through the hospitals that technical equipment can be utilized to the utmost. For example, it is not necessary for every physician to own an X-ray machine or other equipment similar in character. In fact many hospitals do not use such equipment to the fullest extent and therefore the investment becomes costly. In the second place the hospital furnishes the physicians an opportunity to utilize specialists at the least effort and expense. Individuals treated for a certain ailment can also be handled by the specialist familiar with other ailments from which they may suffer. The hospital gives the patient better treatment and makes the physician more effective.

a. Number and Classification of Hospitals.

In 1900, there were about 2,000 hospitals in the United States but the ideal of hospital care has grown so rapidly that in less than thirty years the number has reached 7,000. Rorem in his study of hospitals presents a tabular analysis of the hospitals of the country according to control and type of service. A portion of this table is presented here in order that the student may obtain a picture of the general situation in the country and may come to realize the varied character of the hospital program.[1]

A glance at this table shows that the government hospitals are in the minority and that the philanthropic or non-profit institutions are the most numerous. The desire to build hospitals is dear to the heart of many a charitable person. Such an individual usually starts an endowment and then prevails upon others to assist in completing the project. Occasionally a hospital is built and endowed by a single individual but the former plan is the more common. The religious denominations have vied with each other in a hospital program. The care of the sick was a fundamental Christian charity from the beginning and the

[1] *The Public's Investment in Hospitals*, p. 14.

religious bodies came honestly by the desire to erect additional hospitals. In this respect the Catholic church has excelled.

HOSPITALS IN THE UNITED STATES

CONTROLLING AGENCY	TYPE OF HOSPITAL					TOTAL
	General	Nervous-Mental	Tuberculosis	Institutional	Special	
Federal	232	20	27	11	4	294
State	51	225	60	247	14	595
County	221	53	154	46	15	489
City	235	9	27	16	85	372
City and Co.	38	2	14	5	9	63
Total governmental	772	307	282	325	127	1,813
Independent	1,014	49	73	103	222	1,461
Church	841	20	24	76	95	1,056
Fraternal	34	—	6	31	16	87
Total non-profit Associations	1,889	69	103	210	333	2,604
Total proprietary	1,877	177	122	—	259	2,435
Total registered Hospitals	4,538	553	507	535	719	6,852

The proprietary hospitals include institutions owned by single individuals or by groups of individuals, as in the case of a group of physicians who together build and own a hospital. Often the owners exclude the physicians from property rights in the institution but arrange for the use of the hospital by the physicians according to plans and principles established by the medical profession. Only 157 of this group were classed as industrial hospitals, and these, as is well known, do not usually open their doors to the general public, and are available only to employees of the company operating the hospital.

Since the form of control has a definite significance in respect to the type of service rendered the following table is shown based on Table I as presented by Rorem.[1]

[1] Work cited, p. 14.

Controlling Agency	No. Beds and Percentage of Total for Following Types											
	General		Nerv. and Mental		Tuberculosis		Institutional		Special		Total	
	Beds	Per Cent	Beds	Per Cent	Beds	Per Cent	Beds	Per Cent	Beds	Per Cent	Beds	Per Cent
Government	115,073	31.1	376,022	95.6	46,293	74.7	17,747	74.6	12,335	28.8	567,434	63.5
Non-profit	197,407	53.3	11,101	2.9	10,088	16.2	6,050	23.4	23,324	54.6	247,970	28.8
Proprietary	58,169	15.6	6,614	1.5	5,618	9.1	—	—	7,129	16.6	77,530	8.7
Total registered hosp.	370,613	100	393,737	100	61,999	100	23,797	100	42,783	100	892,934	100

This table shows that the government hospitals contain more than three-fifths of the beds although they constitute only 26.3 per cent of the total number of institutions. A further study reveals that the governmental functions are concentrated largely on care of mental cases and of tuberculosis. The proprietary hospitals are small and are a comparatively unimportant factor in the problem of hospitalization.

The following facts will aid the reader in an interpretation of the hospital situation.

Type of Hospital

Function	Percentage
Nervous and Mental	44.1
General	41.5
Tuberculosis	6.9
Institutional	2.6
Special	4.9

This table further characterizes the hospital program of the country. Most attention has been given to the mentally abnormal since this class comprises the largest single group of patients. More than four-fifths of the mental patients are cared for in state institutions. Practically the same proportions hold for the custodial types. In the case of tuberculosis the

state program is less completely developed, nearly one-half of all tuberculous patients in governmental institutions being cared for locally. The plan for state sanitaria has not received sufficient public sanction; and as a result the efforts to build county and city hospitals for the care of the tuberculous have been redoubled.

The non-profit institutions provide more than one-half of all the general hospital service. In addition, they lead in provision for special types of cases. On the other hand, they are relatively unimportant factors in the hospitalization of the insane and of other custodial groups. The proprietary establishments are largely confined to general hospital work.

The average person is interested primarily in local provision for the various types of disease, excluding the insane and the mentally abnormal. State provision is being increasingly made for the mental cases, but the provision made for the normally minded of the community challenges public attention. The study of hospitals by the Bureau of the Census in 1923 did not include the institutions for the insane and the feeble-minded. Excluding again these groups, we find that in 1928 there were about 500,000 beds for the handling of the various types of cases, and of these beds nearly three-fourths are provided through general hospitals.

The relative adequacy of hospital provision varies greatly throughout the country. The largest number of beds in proportion to population is found on the Pacific coast and in the North and Middle Atlantic states. The fewest are found in the Southern states. On the whole those parts of the country in which cities of considerable size abound are also provided with better hospital facilities. Usually neither a city nor a county hospital will be established in any community unless the population has reached considerable proportions. Rural sections therefore are frequently without hospital provisions, while in communities containing towns of less than 25,000 inhabitants an occasional non-profit or proprietary hospital may attempt to meet the need.

The figures by Rorem show that the investment in hospitals in this country is somewhat in excess of three billions of dollars, of which slightly more than 1.4 billions is expended by governmental agencies, an equal amount by the non-profit associations, and the remainder by the proprietary institutions. However, more than one-half of the investment in public hospitals is devoted to the nervous and mental cases. Operating expense has grown in recent years. According to the federal report of 1923 the daily per capita cost at that time in general hospitals was $4.81 and in special hospitals nearly one dollar less. The costs in 1930 were at least 25 per cent higher. These costs do not earn profits for investors, except in that small proportion of hospitals under individual or corporate management and operated on a commercial basis. The costs may, in many instances, cover all expenditures but neither governmental nor non-profit agencies aim to produce a surplus. The steadily mounting costs are the result of better equipment and of improved facilities for the patient. They are also in part due to failure to adapt a hospital to the quantitative needs of particular types of cases and the refusal to use institutions to their full capacity. If contrasted with a factory building or a store, the average hospital is a failure in respect to the utilization of space and equipment. Not being built as a commercial venture, it calmly disregards the principles of industrial efficiency. Enough has been accomplished if it gives the physician efficient and ample facilities for his task. But hospitals should not be built so much for physicians as for the benefit of the sick in a community. Not until a coördinated program of hospital building is perfected and the program based on the needs and the economic capacity of a community will hospital costs be reduced. Even then it does not follow that the average individual can afford to pay in full. An example of headlong hospital construction came to the attention of the writer a short time ago. The hospital situated in a small town of 30,000 was built soon after the war. The final cost exceeded the anticipated expenditures by about 50 per cent. No effort was spared to pro-

vide every conceivable need, as is evident from the riot of space and the disdain of economy that was displayed. As a consequence this eighty-bed hospital is never half filled, although many of the sick in this community remain without adequate hospital care. The daily per capita cost has risen to $7.25, which in a city of the size indicated is prohibitive to that great bulk of citizens for which the institution was constructed. No wonder that the management complained that the times were hard, meaning that not enough individuals belonging to the full-pay case type were contracting illnesses to fill the hospital. A rearrangement of plans for the four-bed rooms and other economies might enable the institution to make both ends meet.

3. Clinics and Dispensaries.

Besides the doctor and the hospital an additional aid in treating disease is the clinic or dispensary. This agency is defined as an institution where medical or surgical treatment may be obtained gratuitously or for a nominal fee, but which does not receive resident patients. Clinics may operate in connection with a hospital or a medical school or they may be operated independently. If the former arrangement exists, then they are little more than out-patient departments of hospitals and are subject to the same control and manned by the same corps of physicians.

Although three clinics were established in this country before 1800, the actual development of the clinic plan of doing out-patient work began one hundred years later. In 1900, there were about one hundred clinics in operation in the United States; ten years later the number had grown to 574 and in 1926 it reached the unprecedented total of 5,726.[1] These figures do not include the " pay clinics " which represent a new development in the field of service for men and women of average income and for the less fortunate middle-classes. The " group clinics " too are in some cases mere amplifications of the pay clinic and do not

[1] H. H. Moore, *American Medicine and the People's Health*, p. 84.
See also "Clinics and Out-Patients' Departments." *Social Work Year Book*, 1929.

differ in fundamental principles. Some of these are included in the total given above.

In order that the reader may obtain a better picture of the clinic situation in this country the following table is appended.[1]

CLINICS IN UNITED STATES

ORGANIZATION AND TYPE		NUMBER
Out-Patient Depts.		1,790
Of medical schools	50	
Of general hospitals	1,252	
Of special hospitals	482	
Unattached Clinics		2,793
General	347	
Tuberculosis	585	
Venereal disease	350	
Baby and child hygiene	1,000	
Red Cross	350	
Other	161	
Clinic serving special groups		923
Federal	423	
Industrial	500	
Group Clinics		220
Total		5,726

As is indicated by this table, slightly less than one-third of the clinics had hospital connections. The pressing need of better clinic facilities has impelled social service organizations of various descriptions to establish clinics where apparent needs existed. Some of the unattached clinics serve an important function in connection with a particular problem in case necessity for attachment to a hospital does not exist. However, the rapid expansion of clinics has occurred without due consideration to the practical problems that were involved, and as the number of clinics becomes ample, efforts will be put forth to connect many of them with the hospitals so that they may gain the advantage possessed by the out-patient departments of hospitals.

[1] H. H. Moore. Work cited, pp. 84–85.

Many of these clinics even though they be located apart from the hospital plant should nevertheless be integrated into the larger plan, and come under the supervision and direction of the hospital authorities. An adequate plan for patients can in this way be carried out. This movement is already under way and the coördination of clinic and hospital work is being constantly improved.

4. Treatment of Particular Diseases.

Special hospitals and other specialized forms of work have been developed in respect to a number of diseases, and among those deserving mention are the methods of dealing with leprosy, tuberculosis, and venereal diseases.

a. Leprosy.

This loathsome disease common in Biblical times thousands of years ago has retained all of its loathsomeness and with the increase of population also increased the number of its victims. It is estimated that there are approximately 2,000,000 lepers in the world today. Although more common in the Orient than elsewhere, it is found in Europe, particularly in the southern part and has been brought to America from both Europe and Asia. Fortunately the leprosy population of the country is small, probably less than 1,000, but the nature of the disease has nevertheless created a serious problem wherever a case has been found. Very few of the states are entirely free from cases, and in several, particularly a number of Southern and Eastern states as well as California, a considerable number have been identified.

The original method of caring for lepers consisted of segregating them on grounds connected with the almshouse or public hospital. There they were lodged and fed, but they received practically no other attention and the lone leper suffered from mortifying isolation. Louisiana, owing to the large number of lepers that were found in that state, established a leprosarium in 1894. In 1921 the federal government purchased the in-

stitution and began to operate it for the benefit and convenience of all the states.[1] One such colony is sufficient for the United States but the need will not be met unless the plan of organization encourages each of the states to send its lepers to the colony. Before it took over the Louisiana institution the federal government had established a leper colony in the Philippines and another in Hawaii. Considerable progress has been made in all of the colonies in effecting marked improvement in the condition of the patients.

Leprosy is largely a disease of adult life. The causes are somewhat obscure, but prolonged exposure to the disease becomes a serious matter. Sometimes periods of six or more years elapse after exposure before the exposed individual exhibits the symptoms of the disease. It seems that the disease itself works slowly but nevertheless surely.

It has been known for a long time to many East Indians that a certain tree growing in the forests of Indo-China possessed certain properties which if properly utilized would benefit lepers. Only in recent years, however, has the chemist been able to extract these properties and secure them in concentrated form adaptable to the treatment of lepers. Chaulmoogra oil is the result of this victory, and this oil is used today with astonishing success in the treatment of the disease. In the Philippines and Hawaii many patients have improved to such an extent that they have been placed on parole, that is, conditionally dismissed from the colony. The majority so paroled have continued in good health but a few have relapsed. Since the federal government began to utilize its past experience and to apply it to the Louisiana colony the death rate here has fallen and many cases of improvement have been noted. A small number of patients also have been discharged or paroled. It seems that the battle against leprosy will soon be won and that effective treatment of the disease is now possible. If so, one of the most loathsome of all diseases will have passed.

[1] U. S. Public Health Reports, *Leprosy in the United States*, by Hopkins and Denny, March 29, 1929.

b. Tuberculosis.

This much-dreaded disease has also required special attention and has for a long time baffled the efforts of science and medicine. Not so many years ago to be pronounced a consumptive was to receive a death sentence. When it was whispered about that a neighbor had consumption, preparations for his demise were being quietly made. The tuberculosis death rate could hardly be expressed in figures. Thirty years ago it amounted to at least 160 per 100,000 of our population and the rates of a former day were undoubtedly much higher. That was a challenging day when Edward Trudeau refused to die and testified to the curative effects of the brisk winter air, the mountain pines, and the bright sunshine of the Adirondacks. It marked a new day in the warfare against this unconquered disease. Men might contract tuberculosis and yet continue to live. Germany too was not idle but contributed much to the first successful attacks on the disease. After 1900 the anti-tuberculosis movement developed rapidly. The organization of the National Tuberculosis Association represented a first step. This society suggested plans and programs. It made studies and demonstrations and it carried on unceasingly useful educational propaganda. In addition state and local associations were formed; and these engaged in practical programs of various kinds. Hospitals, sanitaria, fresh air camps, open air schools, milk and egg diets — these and other facilities were provided by these associations to the extent that funds could be obtained for these purposes. Soon the necessity of a public program for the care and treatment of tuberculosis became inevitable and the private agencies were enabled to enter more largely into the field of preventive work.

One of the most important features of the earlier hospital program was the isolation of the advanced cases. This step was taken in order that the process of transmitting the disease to others might be discontinued. Little hope was expected for the patient but hospitalization was recognized as a valuable preventive. The necessity of isolating advanced cases gave rise to

numerous municipal ordinances providing for the compulsory hospitalization of these types. Hospitals naturally began to divide into two types; the hospital for the hopeless or advanced cases and the hospital or sanatorium for the benefit of incipient or hopeful cases. Again special efforts were made to persuade the states to construct institutions for the treatment of tuberculosis and according to Rorem 60 hospitals are today attempting to serve in this capacity. About 35 states are represented by these hospitals.

In most states the county is the unit for the bulk of public social work. Tuberculosis is, after all, merely one out of many diseases and county hospitals had been erected to handle all types. Therefore it inevitably followed that increased pressure was brought on the counties to make special provision for the tuberculous. Furthermore the public program was expected to include arrangements for individuals who could contribute to their own cost of hospital care. Accordingly special tuberculosis hospitals have been established by counties and these together with a few erected by cities now outnumber the state institutions three to one. For a time hope was expressed for a plan according to which changes of climate might be provided and an effort was made to persuade Congress to establish a number of sanatoria in the plateaus of the West. Since then it has become clear that in general the advantage of a change in climate is usually not more than from 7 to 12 per cent. This advantage is frequently outweighed by social and economic considerations, and therefore the tuberculous are urged to accept local institutional care. Although this advice may militate against the health of particular individuals, it is valuable for the group and in the long run saves lives. Emphasis is increasingly on local provision for the tuberculous but not in the general hospital. It must be given in special institutions adapted to the peculiar requirements for convalescence from the disease. State aid is extended by some states, and this facilitates the construction of local hospitals or sanatoria.

Many states allow groups of counties within the state to band

together to form a tuberculosis hospital district. These laws have not been very successful, but better provision for the tuberculous patients living in the smaller communities represents one of the important unmet needs in the campaign against the disease. In some communities where private organizations have established institutions the public has taken them over. The Chicago Municipal Tuberculosis Institute is a conspicuous example of this tendency. The pressing need for hospitalization, however, continues and private agencies operate more than 100 tuberculosis hospitals or sanatoria. Many anti-tuberculosis associations still find it difficult to convince the local government that it should make the care of the tuberculous a part of its health program.

The number of beds available for the tuberculous rose from 47,000 in 1922 to 63,000 in 1928. In the former year more than 100,000 different persons were treated in the tuberculosis hospitals and if the same proportion were cared for in 1928 the total would aggregate more than 140,000.[1] These figures do not include the care of tuberculous patients in some of the regular general hospitals of the cities and counties.

In order to hasten the treatment of a tuberculous case, local clinics have been established either under public or private auspices. These clinics examine their patrons and give advice as to treatment. They reach many individuals before the disease has made much progress. In fact a large proportion of the individuals examined are not positive cases at all. By reaching these the clinics accomplish a large amount of preventive work. According to recent investigation there were in 1926 a total of 107 tuberculosis clinics connected with special hospitals and 585 unattached clinics or nearly 700 in all.[2] Although these clinics are not within the reach of the entire population, they are available to so many that a chief need today is to persuade individuals to take advantage of the facilities that are offered.

[1] U. S. Census Report on Hospitals and Dispensaries, 1922.
Rorem, *The Public's Investment in Hospitals.*

[2] See *A Survey of Statistical Data on Medical Facilities in the U. S.*, by Allon Peebles, under auspices of Committee on the Cost of Medical Care.

c. Venereal Diseases.

The venereal disease death rate which had been gradually rising in this country received a severe check during and after the war owing to the renewed efforts made at that time to deal adequately with the problem. As is well known, the federal government in order to maintain high standards of personal efficiency among the army men began a series of attacks on venereal disease and importuned, if not forced, the local communities to take similar action. One consequence of this pressure was the establishment of venereal disease clinics in many of the larger cities of the country. In 1926, 350 unattached clinics were reported; besides these many hospitals include such a clinic among the series of clinics which they regularly operate. Some of these clinics are open to individuals regardless of financial condition; others are intended for the indigent only. In some communities greater emphasis is placed on the examination of prostitutes about to be brought into court than on the care of ordinary applicants. The standing menace of the former group, however, demands determined efforts to rid them of disease. In the long run the outstanding value of the clinics will be their service to the general community in the detection of disease, in treatment of ambulatory cases, and in coöperation with the hospitals for the care of those requiring hospitalization.

A number of cities, San Diego for example, established a venereal disease hospital in response to demands by the federal government for the better protection of the men of the army and navy. Other communities have made provision for the separation of the cases by establishing small hospitals, some for women only, others for both sexes. Probably the tendency to make separate provision for the hospitalization of syphilitics has reached its climax and a return to the proper procedure may be expected. In its plans for the health organization of a large city the American Public Health Association makes the following statement: "Hospital facilities for a limited number of bed cases for venereal diseases are essential, but these may be provided in general hospitals. Local circumstances affect the

number of beds needed, but not less than ten beds per 100,000 population should be provided." [1]

In order to develop an effective program for the handling of venereal disease it has been necessary to isolate both clinic and hospital care. However, the practical situation no longer calls for segregation in hospitals and in the future venereal disease cases should be placed in special wards or departments of the regular hospitals. Exceptions may be made, however, in the case of individuals who require detention as well as hospital care. For them separate arrangements may continue to be necessary.

5. Nursing Service.

Many of the sick require special nursing attention either in their homes or in hospitals. The trained nurses of the country attempt to meet this need. It is estimated that there are 200,000 registered nurses in the United States and perhaps about three-fourths as many practical nurses.[2] The number is probably sufficiently large but the distribution is unsatisfactory. Very few are located in the rural communities and the greatest proportion are found in the larger cities. Several years ago, before the county public health nurse became an important factor in the health program of the community, a majority of the counties in several Southern states could not boast of a single trained nurse. Nursing in the rural district was not profitable and hence the concentration in the cities.

The private nurse is no factor in the solution of the philanthropic problem. We must look to the visiting nurse associations for aid in this respect. The nursing movement was well started during the last quarter of the nineteenth century but the greatest impetus was no doubt given to home nursing by the action of the Metropolitan Life Insurance Company in 1909, when it instituted a program of home nursing for its millions of industrial policy-holders.

[1] *Community Health Organization*, pp. 26–27.

[2] See *A Survey of Statistical Data on Medical Facilities in the U. S.*, by Allon Peebles, under auspices of Committee on the Cost of Medical Care.

Home nursing is carried out today under various auspices. Many cities have established philanthropic visiting nurse associations, the staff of which engages in bed-side nursing or home care, but the service in a particular home is usually limited to from 30 to 60 minutes per day. The nurse visits from five to eight cases every day. The patients are expected to pay according to their capacity, which may vary from nothing to $1.25 or $1.50 per visit. The great majority of patients pay less than one-third of the sum necessary to make the service self-supporting. This plan provides care for the sick and makes hospitalization in many cases unnecessary. Without it the public hospitals would be required to care for a large number of additional cases. The visiting nurse associations usually handle the cases covered by the Metropolitan Life Insurance Company and a rate for such service is mutually agreed upon and paid by the company. This coöperative plan avoids the necessity of a separate service carried on by the company and prevents much duplication. Both groups deal extensively with part-pay cases and may well supplement each other. Nevertheless in some communities where there is the lack of a definitely organized philanthropic program the company must carry on its own nursing service.

Another plan consists of adding the function of bed-side nursing to the other duties of the public health nurse. In general, however, the tendency of the public organization is to discard bed-side work and to limit itself to the preventive aspects of health work. In some cases it may include the program for the sick, certain types of service for ambulatory tuberculous or for maternity cases. Usually bed-side nursing work is not performed successfully unless it is carried out through some private or industrial organization.

6. The Problem of Hospital Care.

The medical facilities of a community are so organized that men of wealth may receive adequate care. In case no local provision exists for the care of certain types of cases, medical

specialists or the needed hospitals are found elsewhere. The cost of hospital care in this country has risen to present heights partly because of the deference of hospitals to the wealthier of their patients. Accordingly the costs have become impossible for a large share of the citizenry of a community. The wealthy can also patronize the convalescent homes, since they have time to convalesce and money to buy continued care whereas the ordinary individual has neither. When a change in climate is desired, the rich can make the change and reduce the disadvantages of the new environment to a minimum.

The care of the dependent sick has constituted a philanthropic problem of untold magnitude. Both public and private agencies have contributed toward the solution of the problem, but much still remains undone as is evident from the figures relating to the morbidity and mortality rates. In the sparsely settled districts no plan was at first possible except the utilization of the public or county physician. Such an official was appointed by the county supervisors and when summoned extended first aid to the dependent sick. Under these conditions, however, the poor made but little appeal and as a consequence the system has never attained a high degree of efficiency. In certain cases the supervisors merely selected some individual doctor to visit a patient and to render his bill to the county.

The modern method of carrying out a county-wide system of home visits becomes an integral part of the county hospital organization. If it is constituted an out-patient department of the hospital, the political phases of the county-doctor-graft will be eliminated and the home visitation will tend to approximate the same degree of efficiency as that which characterizes the county hospital proper.

a. Local Public Hospitals.

The chief answer to the problem of the dependent sick has been the county or city hospital. This institution is intended to handle free of charge all individuals unable to pay. The

quality of service given is usually excellent. The hospital is used by the best physicians, many of whom give considerable time gratis to the care of patients. It becomes a place for observation of different types of cases as well as an institution that attempts to serve its patients well. Anyone acquainted with some city or county hospital can testify as to the modernity of equipment and medical facilities. The poor need not despise the care and treatment given at the public institutions.

A financial investigation is usually made of applicants for admission to a public hospital. In many communities individuals possessing not more than a certain amount of property, for example $2,500 or $3,000 are admitted, provided also that the regular income falls below that necessary for the maintenance of a reasonable standard of living. Very few applicants are actually able to pay, but the occasional exception develops resentment among the physicians and is a source of embarrassment to those interested in the further development of adequate hospital provisions for the welfare of the community.

In various sections of the country, particularly on the Pacific coast, many county hospitals have instituted a system of part-pay for patients who, while not indigent, are nevertheless unable to pay the large sums required at most of the private hospitals. The system has spread and now challenges the public as to its desirability or mischievousness. Its bearing on the proper development of a plan through which adequate medical and hospital care can be provided without forcing persons of moderate means into poverty must be considered. Its effectiveness in promoting or retarding plans for public health insurance also awaits an answer. So far the results are indefinite.

b. Medical Problems of the Middle Classes.

The great problem today in the field of medical care is that of the middle classes. These cannot afford the private hospital and do not, and under present arrangements should not, patronize the free public hospital. When hard-working stenographers are required to pay surgeons several hundred dollars for

an operation, we face an intolerable situation. The promotion of health and recovery from disease cannot be achieved at the cost of an inevitable poverty. Rather must medical aid come under public control and management, and hospital care be provided without cost to a much larger proportion of patients than is the case today.

The Census report on Hospitals, although based on figures for 1922, gives the distribution of patients as to payment for service. These proportions are likely to hold for other years as well and therefore may be considered typical. The following table based on the answers from 3,106 general and special hospitals gives the data on this subject.[1]

Type of Hospital	Full Pay	Part Pay	Free Patients	Total
All hospitals . . .	42.9	19.0	38.1	100
General hospital	49.7	19.3	31.0	100
Special hospital .	25.0	18.0	57.0	100

It will be noticed that full-pay patients comprise less than one-half of the cases and that among the patients of special hospitals they constitute only one-fourth of the total. On the other hand nearly one-fifth of all patients fall into the part-pay class. Cases receiving free care are relatively much more numerous in the special than in the general hospitals. Clearly, the majority of patients are unable to pay the full cost of hospital operation.

That efforts are being made to meet the needs of the middle class are apparent. However, there is also pressure in the direction of full compensation for the cost of operation, and accordingly many individuals refuse to go to hospitals and insist on obtaining such home care as can be secured. In their attempt to charge moderately some hospitals give special rates for service in small wards of three to six beds each. One New York City hospital has recently announced that for the sum of $45 it will give to obstetrical patients confinement care for ten

[1] Bureau of the Census, *Hospitals and Dispensaries*, 1923, p. 3.

days and waive laboratory charges. The resident physicians are to have charge of the case, so that no outside physician will be necessary. Another hospital in New York state encourages prospective mothers to receive prenatal care and then offers mothers who have accepted such care an inclusive flat rate of $65 for confinement. The rate for semi-private patients is fixed at $35, and for ward patients the charges are identical but with no limit on the length of stay.

An increase in the number of private hospitals established for philanthropic purposes by men of means adds to the possibilities for the medical care of the middle classes. At present endowment funds are but a minor factor in reducing costs. As larger investments are made, the income from the endowments can be applied in part to cost of care of those who can ill afford to undergo the special burden that serious or prolonged illness inevitably brings.

c. The Pay Clinic.

The pay clinic is another agency organized to lessen the burden of the average man. Although it is a recent development, on account of the pressing need, it is certain to enjoy a rapid expansion. The Pay Clinic of the Boston Dispensary conducts a series of evening clinics covering many varieties of cases. It charges $1.50 for a first visit and $1.00 for succeeding visits. There are extra, but reasonable, charges for complete examinations. As a consequence the clinic has been very popular. Physicians are not required to serve without pay but are employed to do the work at the evening clinics. The clinic aims to be self-supporting and almost achieves its goal. Usually it is required to remit a small proportion of the charges, otherwise it would maintain itself. Free patients are not generally accepted, these being referred to the regular day clinic.[1] Several clinics elsewhere testify to the value and the place of this type of work in the general plan of medical care. In 1929, the Julius Rosenwald Fund began to develop pay clinics for persons unable

[1] H. H. Moore, *American Medicine and the People's Health*, p. 597.

to pay full hospital rates and also announced its intention of establishing pay dental clinics for demonstration purposes in several representative cities.

7. Health Insurance.

Commercial health insurance has made slight progress in this country. Many companies examine policy-holders from time to time but the majority do not treat them for their ailments. Industrial policy-holders are on a different economic level and are not considered in this connection. It should be possible to establish extensive systems of sickness insurance that follow the plans adopted by life and by fire insurance companies. Failure in this respect on the part of private organizations will almost inevitably lead to systems under public management or control. One reason for the success of fire insurance is the presence of an integrated group that will profit from the elimination of fires. In the case of health insurance, there is no commercial group that profits from the elimination of sickness. Instead at present sickness is a condition of the livelihood of physicians. Eventually that self-support should arise from the work of keeping people well.

The conventional objections to measures such as these are that they threaten the integrity of a great profession, that they will hasten the advent of "state medicine," that they constitute paternalism, that they will break down the morale of individuals, that the future of medicine is endangered thereby and that less efficient medical service will be rendered. The problem of disease, however, is one in which the victim is primarily interested, and which the public also cannot view with equanimity. Health is no longer a private matter; it has become a concern of the community. The public pays the bills in the long run and must organize such plans as will best serve the interests of all. People do not become sick to afford doctors an opportunity of making a living, but the profession of medicine has arisen to relieve the sick and diseased and to promote health. The care of the sick cannot be adequately handled on a com-

mercial basis because the health interest is paramount to the financial factor. Therefore in promoting public health and in providing medical service those measures must eventually be followed which will best safeguard the life and health of all. Healthfulness implies vigor, not indolence, and the danger that a pay clinic, for example, will make paupers or beggars out of its patrons is a far-fetched fear born of an interest other than that of preventing pauperism.

An increasing proportion of the laboring classes are receiving medical care from the health organizations created by the corporations with which they are employed. Railroad companies, oil concerns, iron and steel plants, stores and factories of many types employ physicians and nurses and in some cases have established hospitals for the care of employees. The illnesses for which service is given are usually those contracted in the course of employment, but they are illnesses nevertheless, and if not handled in this way would have to receive attention either from doctors elsewhere or from the appropriate hospitals. Some of the establishments carry their service a little further and provide some care for members of the employee's family.

a. Group Insurance.

Some progress is being made in the development of group insurance under private or commercial control. The plan followed is similar to group life insurance and permits somewhat similar immunities for the beneficiaries. According to the system adopted by a certain clinic operating on the Pacific coast, a group before the insurance is granted must consist of a specified number of individuals. Each insured person is required to pay $2.00 per month. A staff of physicians is connected with the clinic and these serve the patient in case he becomes ill. Hospital care is also arranged for, operations are performed, and an adequate medical service provided. Special bills such as cost of eye-glasses, crutches, etc., must be borne by the patient. Group insurance projects such as this, when properly safeguarded and when the premiums are fixed at a figure that permits the

employment of competent physicians, has tremendous possibilities and may go far in the direction of solving the problem of medical costs for certain groups of employees. Probably they can serve a considerable proportion of the " white-collared " workers as well as professional groups such as public school teachers and others.

b. Private Group Clinics.

The Committee on the Costs of Medical Care has studied various aspects of group medical practice.[1] It has located about 150 group clinics; has discovered that the clinics average about 12 doctors per clinic and that reasonable success in operating the clinics has been achieved. The medical corps in such a clinic consists of specialists of various types; and therefore complete service can be rendered to a patient. In practice the majority of the patients served have been individuals of moderate means. A considerable number, however, are apparently well-to-do and a small number of the poor have also been accommodated. Clinic fees apparently do not differ materially from the fees charged by private practitioners, but, owing to the large amount of work done, a reasonable maximum fee can be established for the more difficult types of cases. A system of group insurance or its equivalent can also be attempted at moderate rates for the beneficiaries. The service is likewise a great convenience to patients when the attention of a number of different specialists is needed.

The investigators of the group clinic system conclude that the physicians are earning fees sufficient to justify a continuation of the plan. They believe that the advantages outweigh the disadvantages, and their final words are these: " Private group clinics, through their available equipment and their coördination of medical specialists, are in a position to fulfill the basic requirements of good medical care with economies from which either or both the clinic members and the public benefit." [2]

[1] See Abstract of Publication No. 8, *Private Group Clinics.*
[2] See Report cited.

8. Cost of Medical Care.

The aggregate cost of medical care to an entire community presents a problem for the social engineer, who is interested in providing medical care for all and at a cost which the community can afford and is willing to pay. The cost to the individual is a direct drain on his income and is a matter of immediate and often serious concern. Furthermore the cost to a millionaire may rise to thousands of dollars but that to a wage earner suffering from a similar ailment cannot exceed more than a small proportion of his income. The per capita costs for the average man and the per capita cost of medical care for an entire community are accordingly very different propositions.

Some light on these costs for the average workingman has been shed by a study made in 1929 by the Metropolitan Life Insurance Company.[1] The study covered 3,281 families consisting of 17,129 persons and ascertained their expenditures for medical services for a period of six months. According to the figures the average cost per family was $70, and per person, $13.48. At that rate the yearly expenditure would amount to $140. The distribution of the costs was as follows: for physician 42.7 per cent, medicine 12.9 per cent, hospital 12.5 per cent, extra household costs 10.7 per cent, and the remainder for dentist, oculist, operations, nurse, and dispensary. The per capita cost varied inversely according to the size of the family, persons living alone averaged $75 each, families of two averaged $41 per person, of three $23, while families of nine or more spent less than $7 per individual. The larger families do not spend more in the aggregate than the smaller ones. The same sum must do for the entire family. That this means neglect of such matters as the care of the teeth, of eyesight, and of other apparently less pressing defects must be clearly evident. The study also revealed the fact that sickness does not strike all families with the same degree of force over so short a period of time. It showed that 64 per cent of the expenditure was made by one-fifth of the families. An item of interest is the fact that hospital

[1] Frankel, Lee K., *Cost of Medical Care.*

bills amounted to less than one-third of the physician's charge — an indication that the average wage earner except in case of extreme necessity must forego hospital care unless he accepts free care.

A study by the Committee on the Cost of Medical Care of fifteen thousand families, of whom tabulated returns are given for 4,570, is also of great value in appraising the adequacy of medical service. The important conclusions are given in the following table: [1]

Income Group	Av. No. in Family	Charges	
		Per Family	Per Individual
Under $2,000	4.7	$ 71.48	$15.28
$2,000–3,000	4.5	102.76	22.77
$3,000–5,000	4.5	145.63	32.70
$5,000 and over	4.0	311.06	76.86

Here are shown rising costs as the income increases. The annual cost for the lowest wage group, which corresponds roughly to the group considered in the survey previously mentioned, is amazingly low. On the other hand a small proportion of the families paid the larger sums. According to the detailed discussion of the figures presented, 5 per cent of the families receiving less than $2,000 income spend one-third of the amount expended by the entire group, or nearly seven times the average for the whole. Disproportions were evident in every wage group but none so marked as in the lowest. Irregular expenditures for medical service make the problem of meeting the bills difficult. The bills come without warning and no special fund has been set aside as insurance against the expenditure. Accordingly there is no surplus to draw on. Again it is clear that the poor cannot afford high medical costs. Either they forego treatment or they must patronize the free institutions.

[1] *Miscellaneous Contributions on the Cost of Medical Care*, No. 2, by Nathan Sinai and Margaret C. Klen.

An approach to the problem from the angle of community cost is made in the study of the Medical Facilities of Philadelphia.[1] This study aims to secure estimates of the amount spent by the people of the city on the various types of service necessary for relief from sickness. In the following table the more important items are given and the proportionate value of each:

Type of Service	Percentage of Whole	Per Capita Cost
Private Practitioners		
Physicians	26.2	$14.12
Dentists	12.6	6.81
Nurses	3.6	1.93
Others	2.9	1.54
Hospitals, Sanatoria	26.9	14.54
Medicines, Drugs	20.4	10.96
State Expenditures	2.3	1.25
Local public health	1.9	1.02
U. S. Public Health Service	0.2	0.08
Miscellaneous	3.0	1.64
Total		$53.89

The entire expenditure by the people of the city was slightly in excess of $108,000,000 and the per capita cost was nearly $54. This figure is several times that reported in the studies previously mentioned and illustrates the fact that taxes and contributions carry immense costs which are not directly borne by the sufferer from disease. Further combinations of the items in the table show that an average of $24.40 per person is expended on private practitioners. The largest single item is the expenditure for hospitals and sanitaria. The table includes the outlay for state and federal work as well as for the local public health activities. These expenditures are of course all borne by the people and the money for this purpose must be obtained from the public revenue. The report estimates that a Philadelphia family of average size spends each year from $200 to $250 for

[1] *A Survey of the Medical Facilities of the City of Philadelphia*, by Sinai and Mills.

medical care. This figure does not differentiate the workingman's family from the others, but is helpful in estimating aggregate costs for other communities.

The experiments now attempted in this country throw light on the problem of medical care, but so far they have not indicated the solution of the problem. The costs have become too high to enable the poor to summon the private physician. Accordingly, the public hospital, the visiting nurse, and the outpatient service of the philanthropic hospitals have been made a part of the charitable program. The beginnings of preventive work have also been made; and in this respect the clinics and dispensaries have proved very effective. Many workingmen now receive medical and hospital care from the corporations with which they are employed. Their families, however, are not provided for, and these still constitute a problem.

The middle class are now the greatest sufferers from inadequate medical service. They cannot afford to receive preventive care, and hospital bills are too huge to enable them to attempt to check an illness in its incipient stages. Therefore, they allow the disease to make dangerous and alarming progress, and when delay is no longer endurable they finally submit to the much-needed hospitalization. Pay clinics, group clinics, group insurance, commercial health insurance — these and other devices are now being employed to meet the needs of this class, but so far a small proportion only of this vast group of men and women have been able to profit from lower medical costs. Unless the projects now attempted spread their sway more rapidly than heretofore, the country will face more definitely than ever before the possibility of a public health insurance system modeled after the systems now operating in various European countries. The recent defeat in several states of health insurance plans is no indication of finality in respect to such projects. The public will demand proper and adequate medical care at costs that are not prohibitive and that will not plunge the convalescent from disease into inevitable poverty. The way must be opened; and if coöperative and commercial plans for attain-

ing these objectives will not be properly developed, the people must turn to methods that will secure the needed results.

QUESTIONS FOR ADDITIONAL STUDY

1. In what respect is the physician a social servant?
2. What accounts for the overcrowding of the professions in this country?
3. What can be done to provide better medical service in rural districts?
4. What have been some of the disadvantages of excessive specialization in medicine? What have been the chief advantages?
5. As costs of medical care have increased, what effects have been produced on our systems of medical care?
6. What groups have been largely neglected?
7. Study the trend toward the public care of mental and tuberculous cases.
8. Is the investment in hospitals excessive compared with provisions for out-patient work?
9. What change in scientific approach is responsible for the recent rapid growth of clinics?
10. Can all clinics eventually be connected with hospitals?
11. To what extent does the federal government provide hospital or medical care to its citizens?
12. What additional provisions for care and treatment are necessary to meet the needs of the tuberculous in the scattered and isolated sections of the country?
13. Why are our efforts to reduce venereal disease a partial failure?
14. Is our home nursing service adequate?
15. Note the tendency among public hospitals to accept part-pay cases.
16. How will a plan of health insurance be affected by this tendency?
17. Study the development of pay clinics.
18. Are the insurance systems established by industrial corporations socially desirable?
19. Study the position of the medical associations on health insurance, hospital policies, maternity care, etc.
20. In the budget of the average American citizen how much is regularly available for expenditures on health?
21. Compare this figure with the cost of two weeks of care in the average hospital.
22. Why should not the care of sickness be as much a matter of social concern as popular education?

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CHAPTER XV

HEALTH PROMOTION

1. Obstacles to Public Health Movement.

The promotion of health and the prevention of illness are in the long run more important than treatment. That a large proportion of all illness is preventable is well known. The machinery for actually preventing it, however, is not adequate, nor are individuals sufficiently intelligent to avoid disease. Accordingly mortality rates and sickness rates such as those described in previous chapters still remain. Disease prevention suffers from that incurable human psychology according to which the future is undervalued and the present is given the maximum consideration. To provide against disease, against death, against poverty — to do preventive work such as this — is beyond the ken of the average mortal. It is this fact which makes it difficult to promote a public health program. Nevertheless a tremendous advance has been made in recent years and other developments may still be expected in the future. These, however, depend largely on increased pressure by the various health organizations, on the enlightenment of our social leadership, and on additional educational work.

In general, people begin to think about their health when sickness arrives. To meet this need the entire profession of medicine has developed. People have not demanded preventive treatment and therefore no service group has developed to meet any demand. The medical profession is built up largely on the basis of therapeutics. This is true in spite of its rules of ethics which require physicians to make extreme sacrifices in the warfare against disease. Such rules reflect the noblest standards of honor and of unselfish service and cannot be too highly com-

mended. On the other hand, the profession has dealt with the sick and not with the well or even the near-well, and its social psychology naturally reflects the bulk of its experiences. The people also have not yet formed the practice of employing physicians to keep them well, and, it is not unfair to say, the doctors as a whole have not been whole-heartedly interested in keeping people well; their professional interest has been in the task of making sick people well, that is, to keep them from dying. It is this task which makes the success of the profession possible. The income of the average physician depends on the number of sick patients whom he treats, and not on the proportion who keep from becoming ill. A healthful community is not a profitable place for the average physician.

Reputation in the medical profession depends largely on genius in the power of restoration or among surgeons in the miraculous adeptness of the knife. Men will travel across this entire land to be served by a physician whom they trust and whom they believe is capable of performing the hoped-for cure. And the compensation for such service may be quite unlimited. Few make such pilgrimages to obtain immunization or preventive doses.

2. The Service of Bacteriology.

Discoveries in preventive medicine lie in part outside the field of medical science. Many preventives are the result of the bacteriological laboratory or the joint result of the work of the physician and the bacteriologist. Perhaps no one has contributed more to the cause of public health than Pasteur. Yet Pasteur was no physician and for that reason had withheld from him certain honors that were his due. To him we are indebted for the germ theory of disease; and owing to his work the foundations for a general theory of prevention by means of inoculation were laid. He himself discovered a number of serums and his success has led to the search of serums for the other diseases that it is believed can be prevented by such means. Jenner, his celebrated predecessor, on the other hand,

was a physician. Wassermann, the discoverer of the test for syphilis, was a German bacteriologist; and salvarsan, the result of 606 chemical experiments, was the work of Ehrlich, an able German chemist and physician. Tuberculosis, yellow fever, and diabetes are crumbling largely because of the work of physicians, but the ground work for the efforts was laid by Pasteur through his unique contributions to the theory of disease.

The discovery of preventives for disease has been a relatively thankless task and medical ideals do not permit personal profit from the achievements of the discoverer. Accordingly, it becomes difficult for any one not possessed of leisure to occupy his time in experimentation, when it is evident to all that many trials and experiments are necessary before definite conclusions can be reached and a method or a serum produced that is scientifically correct.

3. Immunization and Inoculation.

a. Importance.

The preventive program has several aspects. To prevent the individual from contracting a disease saves him from the effects and after-effects of the disease. To prevent by inoculation or immunization produces bodily changes such as the development of anti-bodies, but the effects produced on the general system by filling the body with virus have not yet been definitely established. Although particular diseases are prevented, the vitality of individuals may nevertheless be affected. The weight of evidence is decidedly in favor of immunization and until it is otherwise, active preventive work along this line must be carried out, and especially so long as the bacillus of disease has not been eradicated. Typhoid fever, for example, may be prevented by insuring a clean water and milk supply or by means of inoculation. The armies in Europe could not depend on water that did not carry the typhoid fever bacillus, but they could be immunized against the disease. In the long run it

would seem wise to eliminate the bacillus itself, as far as that is possible.

Again the various diseases differ radically from each other in respect to their possible recurrence in the same individual. Certain diseases, such as smallpox, measles, scarlet fever, and other contagious diseases immunize an individual against a second attack; whereas pneumonia, tuberculosis, and heart trouble are examples of diseases that weaken the individual against other attacks. From both the medical and the social angles, the approach to the elimination of these diseases must necessarily be different. Preventive work with the second group becomes important from the standpoint of the changing efficiency of the individual.

b. Vaccination.

In the attack on disease, technical effort has centered on the discovery of some specific or immunizing agent. The marvelous reduction in the morbidity rate from smallpox is probably the best illustration. The evidence points clearly to the fact that vaccination has been the greatest factor in the elimination of the disease. That improvements in sanitary and economic conditions have been made in a hundred years is unquestioned, but when the vaccinated members of a family escape the disease while the unvaccinated ones contract it, there is certain evidence that immunization is the primary factor responsible for the difference. Yet in 1929 more than 42,000 cases were reported in the United States. The deaths numbered 145, or one death to every 292 cases. That vaccination has been the most important factor in reducing the virulence of attack is quite evident from these figures. Formerly the case fatality often ran as high as 50 per cent. There is no excuse today for any deaths in this country from smallpox.

c. Prevention of Babies' Sore Eyes.

Among other preventive measures to which attention should be called are the methods of preventing babies' sore eyes and immunization against diphtheria. Formerly at least 25 per

cent of all blind children owed their blindness to babies' sore eyes or ophthalmia neonatorum, a disease due to the presence of venereal disease in the mother. At birth the child is infected with the germs of the disease and blindness frequently follows unless strenuous treatment is given. Many do not become blind but suffer permanently weakened eyesight. The discovery that a few drops of a preparation containing nitrate of silver would destroy the noxious germs paved the way for the practical elimination of the disease. More than one-half of the states now have laws providing for the treatment of new-born babies and the majority of these states make the treatment compulsory. In other states, local boards of health have enacted rules to the same effect and applying to the local district. To permit a child to become blind from this cause is criminal and yet our preventive program is constantly opposed, so that many cases of the disease still occur. In 1931 in one important state of the Middle West a bill passed by the legislature providing for compulsory treatment of babies in order to prevent blindness was vetoed by the governor on the ground that some private rights should be allowed the individual. And thus does that silly exaggeration of individual rights condemn helpless babes to lifelong blindness. What a precious privilege the right to become blind must be!

d. Control of Diphtheria.

Until 1895 diphtheria was one of the most dreaded diseases. Its toll of child life was tremendous and the fatality rate was so devastating that the presence of the disease was a constant source of terror. The discovery of anti-toxin, which, if administered to a patient in time, was an almost certain cure, went far to rid the disease of its horrors. However, this advance was in the field of curative not preventive medicine. More recently the Schick test has been discovered. This test determines whether or not an individual is susceptible to diphtheria. It has been estimated that about 60 per cent of the children are susceptible to the disease. This discovery having been made, the

next step consists in the immunization of the individual by inoculating him with a serum known as anti-toxin-toxin. The complete immunization of the child life of the community is now possible, and diphtheria should rather shortly disappear altogether.

4. Elimination of Tuberculous Cattle.

A second method of prevention consists in attacking the sources of infection. Among these there are many of which a few will serve to illustrate the problem. Tuberculosis was formerly very common among cattle and one variety of the disease was transmitted from them to man. The carrier may have been milk or the flesh of the cow itself. A long stubborn battle has finally been successful in eliminating the majority of tuberculous cattle. The problem involved has been a serious one in view of the fact that the cattle, if found infected, were killed. Farmers and dairy men incurred tremendous losses from this source. Their strenuous objection to the unremunerated slaughter of cattle has resulted in partial compensation in a large number of the states. The causes of bovine tuberculosis were not known and suddenly to condemn and to destroy a herd of cattle was not only a hardship but a serious injustice to the owner of the herd. There is a better understanding of the causal conditions today and dairy men are themselves partly to blame if their herds are infected with disease, and therefore, if the inspector finds disease present, the responsibility should, in part, be borne by the owner of the cattle.

5. Carriers of Bacteria.

a. Milk.

Closely connected with this preventive method is that of obtaining a clean milk supply. Milk not only carries the tuberculosis germ but many other pathogenic bacteria as well. Contaminated milk may cause typhoid, dysentery, various digestive troubles, scarlet fever, and other diseases. Being so

universal an article of food in this country, milk should be carefully protected against contamination, otherwise the general health of the community is in danger and particularly the health of the children. Two methods of meeting the issue have been attempted. The first consists of dairy inspection and the production of clean milk, which may be marketed in its raw form. Standards for raw milk have been formulated and have been adopted by many cities to guide them in their work. The practical difficulties in the way of producing clean milk, and of keeping the bacterial content at the time of delivery to the consumer down to not more than 50,000 per cubic centimeter have been so stupendous that the majority of cities have surrendered to the alternative of pasteurization, that is the heating of milk to approximately 140 degrees Fahrenheit and maintaining this heat for a given length of time. Pasteurization kills practically all pathogenic bacteria and most of the other bacteria as well. Although milk that has been treated is theoretically less desirable than pure raw milk, the infant mortality has nevertheless been greatly reduced by the general practice of pasteurization.

b. The Water Supply.

The improvement of the water supply represents another very important public health measure. Differences in typhoid fever rates in this country depend largely on the relative condition of the water used for consumption. Although this fact had been dimly realized as early as 1900, few cities had made clean water an essential of their public health program. Gradually the dirtiest and filthiest water, even sewage, has yielded to the artifices of the engineer, of the chemist, and of the bacteriologist, and become potable water. Some cities use the sun cure, that is, let water stand until the sunlight has killed most of the lurking germs; others filter the water and still others use chemical combinations to cleanse and to purify. Some cities use all of these methods in order to insure a supply that is proof against the water-borne diseases. The vital statistics now testify to the extent of the victory that has been won by these efforts.

c. Insect Carriers.

The insect carriers of disease are no mean item in the problem of prevention. The world has for more than twenty years known of the female mosquito that is responsible for yellow fever. Many likewise know of the self-sacrificing efforts of Reed, Lazear, and others in their memorable experiments to determine once for all time the method of transmission of yellow fever, in order that steps for the eradication of the disease might be taken. The information was gained; some lives were lost, but yellow fever has all but disappeared. What difference does it make today whether or not the Negro is less susceptible to the disease than the white when the disease itself can be eliminated? No longer is the control of the tropics largely a matter of capacity to survive certain diseases. The diseases themselves are losing capacity to survive owing to the irresistible onslaught of modern chemistry and bacteriology.

The trichinæ, the hookworm, the common house-fly, the malaria mosquito — all these pests are responsible for much unnecessary disease. To eliminate them, however, constitutes a stupendous task, one that so far has baffled the efforts of man. The better disposal of garbage, and education against the danger of flies have produced valuable results in the reduction of the fly population, but we are far from their elimination. Meanwhile dirt and germs are carried and deposited on food, and wasted food furnishes breeding places for flies. Thus the never-ending chase of cause and effect continues its regular rounds.

The ennui of entire populations because of the presence of the hookworm or mosquito spells economic disaster of the first magnitude. If the illnesses caused eventuated in death, either a tragic fatalism would result or determined efforts to crush the disease would be made. As it is, the gradual decline in efficiency, the increased lassitude, the unwillingness to work, and other effects merely paralyze the energies of a community. They do not arouse the community to the ambition to destroy its destroyer. Millions are the sufferers from these diseases and the efforts to wipe out the causes have still far to go. The

Rockefeller Foundation has worked strenuously to reduce the incidence of the hookworm disease and to inform the world as to its seriousness; and much progress has been made against it in this country. Large sections of the South, however, still suffer from its ravages.

The mosquito breeds in quiet or standing water and its elimination from the relatively moist climates is an all but impossible task. The swamps of New Jersey, of Wisconsin, of Florida, and of other states as yet know no conqueror. Meanwhile malaria flourishes and its sinister effects on the vitality and energy of men continue.

d. Human Carriers.

The human disease carrier is another factor in the problem. We have in mind here, not the quarantinable victim of disease, but the individual who, without objective signs of personal affliction, is nevertheless capable of carrying the disease and of infecting others. In the case of some diseases such as cholera and typhoid, many infections are due to the baneful influence of such a carrier. To meet the needs, employees engaged in certain occupations, especially in work requiring the handling food and drink, should be examined and tests be applied, as far as tests are available, to discover whether any carrier of disease is found among the individuals engaged in such work.

Quarantine represents another method of isolating the carrier of disease, but in this case it is an active carrier, — an individual positively afflicted with the disease and without doubt capable of transmitting the disease. Quarantine regulations have become general and are now applied to nearly all the important communicable diseases. In recent years in some states, infantile paralysis has been included, but tuberculosis, gonorrhœa, and syphilis, in spite of their devastations, have not been added to the list of quarantinable diseases. Practical difficulties prevent the taking of this step, but eventually these diseases must be given the same treatment as the others. Probably the venereal diseases would be forced under cover if

patients suffering therefrom were quarantined, and the business of the quack would be enormously increased. Diseases that have attached to them a degree of moral obliquity cannot be handled as can the others.

6. Organization for Health Promotion.

a. Federal Government.

Although six governmental departments are recognized as engaged more or less in public health activities, only one engages actively in nation-wide activities of this kind — the Treasury Department, through the United States Public Health Service. The Children's Bureau of the Department of Labor also has as one of its interests the health of children, but outside of the administration of the Maternity and Infancy Law, which ceased to function in 1929, the Bureau's health work has been a very minor portion of its manifold tasks.

In 1798 Congress established a Marine Hospital Service. The functions of this service gradually increased as new needs developed and in 1878 authority was given to impose quarantine in order to prevent disease from being carried into the United States from abroad. In 1890 the right to prevent the interstate spread of four diseases was granted — cholera, yellow fever, smallpox, and plague. Three years later provision was made for coöperation with state and municipal health agencies to prevent the spread from state to state of other contagious diseases. In 1912 the name of the organization was changed to the present title, an indication of the new ideal that pervades preventive work.[1]

In dealing with the illnesses of men, the federal government has been comparatively tardy. For many years it has grappled with the illnesses of animals and plants and has fought strenuously for their elimination. Witness, for example, the warfare against hog cholera with its frightful mortality rates, foot and mouth disease of cattle, the boll weevil destructive of the cotton crop of the South, and the Mediterranean fruit fly of recent

[1] Public Health Reports, February 6, 1931, pp. 269 ff.

memory. The economic loss suffered from these agents of destruction has been tremendous and accordingly these efforts should be cordially approved. To promote the health of barnyard animals or of growing crops should be less important, however, than the protection of the health and vitality of our citizenry. Gradually the necessity of steps in this field has been recognized and the Public Health Service has been empowered to assume leadership in this respect.

(1) *United States Public Health Service.* Among the functions now given to the Service are the following: investigation of diseases, study of health problems relating to child, school, and industrial hygiene, investigation of water supplies, control of venereal diseases, prevention of introduction of disease into the United States and of spread of diseases here, regulation of production and sale of serums, coöperative conferences with state and local health authorities, collection of reports and statistics, and educational work by means of publications, demonstrations, and other available means.[1]

The most spectacular work of the Public Health Service is its prompt action against the deadly epidemics occasionally imported from abroad. Yellow fever had periodically visited this country from those fatal days in Washington's administration when the national capital — Philadelphia — was ransacked by the disease to those terrible days in 1878 when thousands died and finally to 1905 when it made its last visit. Bubonic plague likewise with its impossible case fatality rates has frequently touched our shores, brought here by plague-infected rats. In 1925 when the plague visited Southern California, prompt action in coöperation with local and state officials prevented the deaths from exceeding half a hundred. The marine hospitals and the leprosarium represent other forms of work with disease but need not be discussed here.

The bureau has made extensive studies of trachoma and has coöperated with certain states in an effort to diagnose cases and

[1] Preliminary Committee's Report of the White House Conference on Child Health and Protection, pp. 74–75.

treat the disease. Dr. Mossman of the Public Health Service says that 25 per cent of the Chinese are afflicted with trachoma; that it is very prevalent in Ireland, Syria, and Russia; that from 20 to 25 per cent of some of our Indian tribes suffer from the disease; that 21 per cent of the blind pensioners in Missouri owe their blindness to trachoma; and that in certain parts of America it is a distinct problem and needs definite attention.[1] The Health Service is interested in the elimination of the disease and supplements its program of treatment with educational work. It also attempts to determine the bacterial cause. In respect to the social cause, Mossman says, "Poverty, overcrowding, insanitary living conditions, and malnutrition constitute perhaps the most potent factors in bringing about the prevalence of this disease."

The fight against venereal disease was carried on during the war by the federal government through several of its departments. Since then the struggle for the control of venereal disease has been continued by the Health Service. This agency has coöperated with the state bureau in carrying out a program elaborated during the war by various organizations in cooperation with the Health Service. Literature on social hygiene and on the control of venereal diseases has been distributed; plans for the improvement of local situations, outlines of lecture or study courses, and other educational material have been broadcast. Coöperation with local and state boards of health in the diagnosis and treatment of venereal disease has also offered an excellent opportunity for service.

The Public Health Service, after making studies of different health problems has frequently made demonstrations of methods of meeting given situations and has in this way stimulated the states to active programs of their own. It has assumed leadership and has pointed the way, but expects the states and local communities to deal directly with their problems.

(2) *The Maternity and Infancy Law.* The program of the Public Health Service has been typically federal in scope and

[1] Public Health Reports, November 28, 1930, pp. 2940 ff.

function. The limitations placed on its functions and possibly the restrictions enjoined by the constitution of the work of federal bureaus left a tremendous field uncovered. Eventually the facts as to given health situations must be revealed and when the facts are known the people demand action. Frequently they insist that methods of doing things be discovered and that the constitution cannot remain a bar to the promotion of public welfare.

Research work carried on by the Children's Bureau into the mortality rates of mothers and babies led in 1921 to the enactment of the Sheppard-Towner legislation. It was shown that in a single year 23,000 mothers had died in childbirth and nearly 160,000 infants under one year of age had been sacrificed. It was further estimated that a high percentage of these deaths were due to causes operative before and immediately after the confinement period and were in large measure preventable.

It appeared that the saving of mothers had never had a great allure for the medical profession and the United States was startled to learn that its infant and maternal death rates were higher than those of most European and some Oriental countries, and that in this enlightened and prosperous country more women between the ages of 15 and 45 died from causes connected with childbirth than from any other cause, except tuberculosis.

Accordingly Congress responded with an annual appropriation of $1,240,000 to be expended directly for the work of preventing deaths of mothers and babies. The states that accepted the federal grant and raised proportional amounts were to make their own plans of work, subject only to the approval of the committee of three authorized by the law. Of this committee the chief of the Children's Bureau was chairman. The states could not divert this money to other and more popular lines of public health work. The Sheppard-Towner appropriation ran for five years and was then extended for two more years. During the seven years, 45 states and the Territory of Hawaii were operating under this act. The only states not accepting the federal grant were Connecticut, Illinois, and Massachusetts.

In most of the states the work carried on under the Sheppard-Towner Act was administered by a Children's Bureau or department under the State Board of Health and was uniformly educational. Activities consisted of child health and pre-natal conferences, conducted by doctors and nurses; of home visits and demonstrations; of group instruction; of classes for mothers, girls, and mid-wives; of graduate courses for nurses in maternity and infancy work, and for physicians in pediatrics and obstetrics. In addition much valuable work was done through the dissemination of printed letters and pamphlets on pre-natal care, infant care, and hygiene, etc.

In the seven years during which the Sheppard-Towner Act was operative it is estimated that 60,000 babies lived who would not otherwise have survived the first year of life.[1] Maternal mortality rates declined but not so sharply. During the seven years, seventeen states, many of them having a large Negro population and high maternal death rates, were admitted to the registration area so that the maternal death rate showed a slight increase, but in the states included in the 1921 birth registration area the rate was perceptibly reduced.

Much valuable work was done, effective machinery was set up, and, best of all, the public consciousness was being educated to the idea that the saving of mothers and babies was a matter of national and public concern when in July, 1929, the Federal appropriations terminated.

Many of the states made an heroic effort to carry on the work without federal aid when to do so meant the doubling of their appropriations of previous years. Without federal supervision there is always the temptation to divert the money to more spectacular and appealing forms of public health work. It is a hard fight in the first place to get the money from reluctant legislators and in the second place to keep it for the work designated. Mothers and babies have no strong lobbies to fight

[1] The 1921 infant mortality rate for the registration area — 27 states and the District of Columbia — was 76 per 1,000 births.
In 1928 the rate for the registration area of 44 states was 69.

for their right to life. Without the federal fund the states lag and interest wanes. The League of Women Voters and various other women's organizations have fought hard for both federal and state appropriations, but in Congress a small group of hostile senators backed in some cases by medical societies and unfriendly physicians have been able to block the reënactment of new federal legislation. And in many cases states are failing in their appropriations either because of absolute or apparent financial inability.

Popular thinking must now, perforce, adjust itself to the idea that our interest in saving mothers and babies has waned. We shall go merrily and dramatically on trying to cure cancer, fighting tuberculosis, and the like, but that mothers of families and small children should die needlessly has ceased to be a matter of concern to the powers that control our legislative destinies. In 1931 a very small group of senators were able to block, by an old time filibuster, the vote that they knew would go favorably; but there is reason to believe that government aid will again be given.[1]

b. State Boards or Bureaus of Health.

The health promotion program of the state bureaus of health has become an important factor. Such bureaus have too often been manned by individuals whose only qualification was friendliness to the governor. As a consequence the service has been unsatisfactory. The growing health dangers of every community are forcing greater efficiency, and appointments on the basis of merit are gradually replacing the old system.

While state health departments are variously organized, the White House Conference on Child Health and Protection suggested that every department establish the five basic divisions under which the state program can best be carried out. These divisions are: vital statistics, preventable diseases, sanitary

[1] *The Nation's Concern for Mothers and Babies*, by National League of Women Voters.

Report of Administration of Sheppard-Towner Act for fiscal year ended June 30, 1929. Children's Bureau, Publication No. 203.

engineering, public health laboratory, and maternal and child health.[1]

The specific duties are many and each state has its separate problems. The state's vital statistics should consist of complete information as to births and deaths. We have been far behind the European countries in this respect; and neither the birth nor death registration areas recognized by the federal Bureau of the Census include all of the states. Some of the states are still so delinquent in respect to one or both of these matters that their accuracy in obtaining the statistics is less than 90 per cent, the standard required for admission into the registration area. Without reasonable accuracy we cannot estimate infant mortality nor do we know the facts as to the incidence of disease. In 1930 four states were still outside the birth registration area and several did not gather sufficiently accurate death statistics to belong to the death registration area. Data as to diseases should also be gathered. These facts considered in connection with deaths from particular diseases will reveal whether case fatality is high or low and whether reasonable efforts to handle disease are being made.

To combat epidemics successfully will tax the energies of many health departments in the future. The mobility of our population also implies the mobility of disease. The ease with which disease can be spread will require stringent measures of control. Local communities cannot in all cases cope with this problem, and the state must endeavor to close the gaps through which disease would otherwise escape. Special efforts by the state, such as those by New York and Iowa during epidemics of infantile paralysis, or by California to wipe out bubonic plague, illustrate the methods used by state bureaus. State programs aiming to eliminate tuberculosis and venereal disease need to be emphasized. A bureau of tuberculosis control as established in California adds much to the efficiency of anti-tuberculosis work. The diffusion of literature and public lectures by representatives of the department illustrate other forms of activity. These

[1] Report previously cited, pp. 82–83.

forms should be carried out for both of these groups of diseases.

The division relating to the health of mothers and babies, sometimes known as the division of child hygiene, was the agent through which the federal maternity and infancy law was administered. The many functions performed under that law still remain legitimate functions for every such division throughout the country. If federal funds are not available, the local responsibility for bad health conditions is not shifted or removed. It simply increases the burden. Child hygiene must not stop with the health of babies. It faces, in all of its multitudinous aspects, the entire problem of child health. The physical examination of school children, medical inspections, school nurse work, and similar tasks in the rural districts require the aid if not the initiative of the state.

State laws regulating the milk supply and establishing standards, both chemical and bacteriological, for milk must be enforced either by the health departments or by the food and dairy commissioners. Many believe that the health interest outweighs other considerations and that therefore the health officials should be deputized to enforce the law.

c. County and City Health Departments.

The old days when the chief duties of the county health officers consisted in resting their feet on weary desks and tables have passed. The demand for preventive work and for care of individuals in incipient stages of ill health from the community, even though it is occasionally opposed by physicians, is so strong that local boards of health have become important factors in the health promotion program. And this is as it should be. Good health should be conserved; ill health should be prevented; and the means to these ends should be generously provided. Health and character may not be jeopardized and he who selfishly interferes with this goal deserves the execration of mankind.

(1) *Functions of Local Health Department.* The functions granted to a local health department in a populous community

may be well illustrated by the organization of the Los Angeles County Health Department, than which there is no more comprehensive, nor better adapted to health needs. The major classifications are as follows:

ORGANIZATION OF HEALTH DEPARTMENT

I. Bureau of General Administration
II. Bureau of Medical and Social Service
  Medical social service
  Clinics and emergency hospitals
  Medical organization
III. Bureau of Maternal and Child Hygiene
  Pre-natal service
  Infant and pre-school service
  School hygiene
  Oral hygiene
  Summer health schools
  Health education and nutrition
IV. Bureau of Inspections
  General sanitation
  Food and drugs
  Housing and institutions
  Dairy products
V. Bureau of Public Health Nursing
  General public health
  Health center
  School
  Emergency
VI. Bureau of Communicable Disease Control
  Epidemiology
  Tuberculosis
  Social hygiene
VII. Bureau of Laboratories
  Bacteriology
  Chemistry
    Legal
    Industrial

The tasks of a city health department are similar to those outlined above. Usually the large city in a county has a complete health department while the county system is comparatively

weak and therefore the contrast between the work done within and without the city is so noticeable that great dissatisfaction with the county system at once arises. In counties favored with a number of towns, each of which is large enough to carry out some public health program, a new plan of coördinating the activities of these towns is being elaborated. One plan consists of an enlarged county board of health which arranges with the towns and cities of the county to take charge of their health program so that instead of many minor health departments scattered throughout the county, none of which have much value, there will be one large efficient health machine. Each city included in the plan would, of course, be required to make such financial contributions as the necessities of its program demanded.

(2) *Health Centers.* A distinctive and distinguishing feature of the functions of health departments is the Los Angeles County plan of health centers, of which there were 16 in 1931. These centers consist of well-constructed buildings each of which is equipped to perform certain functions for the immediate community in which it has been established. A fully equipped center provides for (1) communicable disease control, sanitation and preventive medicine; (2) school hygiene and educational work; (3) service to the indigent sick or dependent poor, including emergency hospital and clinic work; this service is organized with the help of a local staff of volunteer physicians serving without pay; (4) coördination of social services, including the medical, relief, and preventive work. This represents an effort to promote harmonious relations among the various public and private social agencies working in the community.[1]

Among the advantages claimed for the health center plan are the following: it is easier for the citizen in need of health or social service to obtain them promptly and according to his needs; it brings the public health services closer to the people; it reduces costs by centering all health and social service

[1] Annual Report of the Board of Supervisors, County of Los Angeles Public Health and Welfare Activities, 1929.

activities in the same building; it promotes harmonious relations between health and social service workers; it serves as an educational center for the local citizens and improves health aims and ideals; it facilitates the prompt entry and discharge of patients to and from county institutions; it helps to bring about a complete rehabilitation of the patient, this task being dependent on the coöperation of the physician, the social worker, and the health official.

d. Public Health Nurse.

The public health nurse is an essential factor in the health program. Perhaps her outstanding tasks relate to the control of communicable disease, to the handling of tuberculosis, maternity and infant care, to the health of the pre-school and the school child. In these tasks she is not the physician's valet but a professional worker with aims and ideals of her own. The advance of the public health nurse system in this country has been so rapid that few cities of moment are now without a nurse connected with the health department or with some other part of the municipal machinery. Gradually increasing responsibility is placed on her shoulders, particularly since she has been trained not only as a nurse but has also enjoyed a year or more of specialized training in the subject matter of public health work and in the technique of public health nursing. In the rural schools she now makes practical suggestions which formerly required the leisurely attention of the physician; in the cities, she is an important carrier of the gospel of preventive medicine. Although the public health doctor and the sanitary official are essential factors in the coördinated scheme of public health work, the nurses are more numerous and are the workers who make the repeated contacts with individuals handled and cared for. We must, therefore, look particularly to the nurse for the practical diffusion of the preventive program.

Bed-side nursing represented the first major form of public health nursing work, but with the transferral of the nurses from private to public auspices, prevention has been magnified and

bed-side nursing, although still necessary, has slipped into the background. With the rapid development of facilities for the hospitalization of persons requiring hospital care, the nurse can give special attention to the preventive needs of the community. Accordingly, whether her work is in the schools, in the child welfare centers and concerned with children under six years of age and their mothers, or in the homes of anæmic and undernourished children, her constant aim is two-fold; first to alleviate the present situation so that normal health conditions will be restored, and second to educate and train so that all individuals coming within the purview of her work will be as secure in their physical condition and their health as modern science and knowledge of preventive medicine make possible.

e. Health Promotion by Private Agencies.

Private agencies have been responsible for much of the impetus given to the preventive work of boards of health. These agencies began largely with a remedial program, but as soon as hospitals, sanitaria, and other methods for the care of disease became a part of the public plan of care of sickness, they began to emphasize preventive work. In fact the preventive ideal has existed concurrently with the remedial program. For example, the anti-tuberculosis societies have from the beginning struggled to perfect a preventive program. Among the improvements brought about largely by these and allied organizations are such as the following: better ventilation of street cars, school buildings, factories, etc.; regulation of housing conditions; inspection of milk and food products; examination of workers engaged in handling food products; sanitary control of restaurants; establishment of fresh-air or open-air schools for undernourished and tubercular children and of night and day camps for adults of similar physical condition; establishment of public health nursing; enactment of state laws providing for examinations of school children; also laws aimed to promote health education through the schools; the distribution of health literature; demonstrations of health work in the

schools; nutrition classes and social service work reaching into the homes.

As rapidly as possible the private organizations have changed their emphasis from relief to prevention. Such a change conforms best with the legitimate ideals and hopes of a private health association. The erection and maintenance of hospitals for the tuberculous is clearly a public function and private societies should be relieved of this responsibility as soon as the public recognizes its duty. A similar change has occurred in respect to the nursing service. Formerly anti-tuberculosis societies employed visiting nurses, but the exception is the rule today, because the system of state or local public programs of health work requires that the nurse be a part of the public machinery of health promotion. Finally the training for health as carried out in many schools today is an echo of the latest development in the program of the private health organizations.

The prevention of venereal disease encounters other difficulties. In this case the moral habits and the weaknesses of a people are involved. The disease is largely the result of anti-social behavior and its magnitude depends in part on the extent of that type of conduct. Nevertheless the social hygiene societies stress the preventive phases of the problem. Their complete program covers agitation for its control, for the enforcement of laws that influence its prevalence, and similar measures dealing with detection and cure, but the societies emphasize sex education and a positive program of social sex behavior. Their educational pamphlets do not stress the dangers of the social diseases so much as they set forth the essentials of sex knowledge and the normal results thereof in the wholesome environment of forward-looking homes.

Among private organizations engaged in health promotion work may be mentioned the following: National Tuberculosis Association, American Child Health Association, American Red Cross Health Service; American Society for the Control of Cancer; American Heart Association; American Social Hygiene Association; National Committee for Mental Hygiene;

and American Public Health Association. In addition to these societies a number of the more important foundations either apply their means to health problems or have established health departments. The Commonwealth Fund, Milbank Memorial Fund, Elizabeth McCormick Memorial Fund, and the Rockefeller and Russell Sage Foundations should be mentioned in this connection.

7. Cost of Public Health Work.

The great bulk of expenditures for the health of individuals is that expended on the care of the sick. An increasing amount, however, is being used to keep people well. According to the White House Conference report the United States Public Health Service costs approximately $10,000,000 annually and the health work of the states $25,000,000. In the neighborhood of $35,000,000 is spent by the cities and an unknown sum by the smaller communities. The public expenditures are estimated at 70–75 millions of dollars and the amounts spent by private associations as slightly more than one-third of this sum, making a total expenditure of at least one hundred million dollars for public health work. This amount averages slightly less than one dollar per capita for the entire country.[1]

QUESTIONS FOR ADDITIONAL STUDY

1. What is the greatest single obstacle to a program of health promotion?
2. Can the interest of the majority of physicians ever be shifted from "treatment" to "prevention"?
3. Why is the bacteriologist the dominant figure in disease prevention?
4. Study the laws of your state relating to the control of smallpox, babies' sore eyes, tuberculosis, and other diseases.
5. Study the effects of an improved milk supply on the infant death rate, with particular reference to the death rate during the summer months.
6. Is it probable that disease-bearing insects can be eventually eliminated? Apply your answer to a concrete problem.
7. What limits the activity of the federal government in the field of health promotion?

[1] Report cited, pp. 96–97.

8. Make a brief survey of the struggle to secure the enactment of the Maternity and Infancy law, and of the work done under the provisions of the law.

9. Name the outstanding private agencies engaged in health promotion work.

10. Study the programs of several of these agencies.

11. Show how health promotion has become an important public responsibility.

12. Study the health center movement.

13. How can state, county, and city health departments coördinate and unify their work?

14. Has the private health promotion agency a permanent place in the social welfare program?

15. What are the functions of the schools in respect to care of health?

16. How can the schools and local health agencies coördinate their work?

17. Can the same agencies deal successfully with health promotion and the care of disease?

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CHAPTER XVI

FEEBLE-MINDEDNESS

1. Definitions.

In the United States the term "feeble-mindedness" is a generic term covering a variety of forms of mental deficiency. In England the term "mental defective" is employed instead and feeble-mindedness has a meaning comparable to our term "moron." The definition of feeble-mindedness given in the report of the Missouri Code Commission is as follows: "The words 'feeble-minded person' shall be construed to mean any person afflicted with mental defectiveness from birth or from an early age, so pronounced that he is incapable of managing himself and his affairs and of subsisting by his own efforts, or of being taught to do so, and who requires supervision, control, and care for his own welfare, or for the welfare of others, or for the welfare of the community, and who cannot be classified as an insane person."[1] An English definition follows: "The only really satisfactory criterion of mental deficiency is the social one, and if the person is suffering from a degree of incomplete mental development which renders him incapable of independent social adaptation and which necessitates external care, supervision, and control, then such person is a mental defective."[2]

Both of these definitions recognize the social aspects of feeble-mindedness. The defective not only lacks in intelligence but that intelligence is insufficient to enable him to fit into the normal life of his community and to accept normal responsibilities. From a practical standpoint such a definition is justifiable; from the ideal, it is not, since our objective is not merely to adjust men to their environment but to produce better

[1] This definition was prepared by a special committee of which Dr. J. E. W. Wallin was chairman.

[2] Report, Mental Deficiency Committee, 1929.

and more capable men. However, the social service program of today must be based on the capacity of men for social adaptation and the improvement of the race abandoned to the field of the eugenist.

2. Classification of the Feeble-minded.

Perhaps the most important step in making possible scientific treatment of the feeble-minded was the invention of the method of determining mental age. By means of this device it becomes possible to classify individuals according to their capacity and intelligence, and to relate their development to the normal. The original Binet tests and their multitudinous successors have made this classification practicable. Accordingly three distinct groups have been recognized: the idiot, who is a person with a mind no more developed than that of a normal child of two; the imbecile, with a mental age of from three to seven years; and the moron with a mentality beyond this age and up to that of the normal twelve year old. This upper limit, however, has been found very unsatisfactory and some of the best students in the field believe that individuals with a mentality of 10½ years cannot be classed as feeble-minded. Above these groups are found dull and atypical persons; but from the social standpoint, at least, they cannot be considered feeble-minded. Distinguished from these types and found in all but the lowest form is an individual known as a moral imbecile. He lacks the capacity to understand correct behavior habits and easily becomes the victim of crime or delinquency.

The idiot frequently cannot stand up, cannot speak, although he may utter unhuman and unintelligible sounds, cannot care for himself but frequently attempts to abuse his body. One variety is known as the Mongolian idiot. This type has characteristics that resemble those of the Mongolian although the victim is quite Caucasian. Defective functioning of the ductless glands is held to be largely responsible for the condition. Another type is the cretin, who owes his condition to a disease of the thyroid glands.

The imbecile, especially the higher grade type, is susceptible of considerable training and can assist in supporting himself, provided he is under the supervision of some institution and has received training in manual work and in the proper coördination of hand and brain. The moron does care for himself in a simpler society. There he can produce and consume without the abstractions that characterize the complicated life of all modern urban, and many of our rural, communities.

Measurements of intelligence expressed in terms of intelligence quotients are frequently supplemented with educational quotients. These relate the grade attainment of a child to his age and are expressed in percentages accordingly. The latter, however, are but indirect measurements of mentality.

In spite of the refinements of method and the increasing accuracy of mental measurements, the results of such efforts must be accepted with a high degree of caution. For example, mental tests of parents of well-educated children have revealed a high percentage of feeble-mindedness among these parents. According to success in life, however, the parents had a uniformly good record. In a similar way the measurements of the boys at the time of the World War revealed so many " morons " that one might say paradoxically the number of morons was at once reduced. In other words so many persons tested low according to the standards of measurement that faults had to be charged against the measurements as well as against the intelligence quotient. If all are morons, then none are morons. At least in so successful a commonwealth as ours this assertion may be safely made.

3. Number of Feeble-minded.

The curve of mentality is a slightly skew curve with the longer leg on the lower side. If heredity were the only factor determining mentality, then a symmetrical curve should be expected. However, the unfavorable influences of environment are an active depressant, and therefore more children are behind grade than in advance of their normal grade, and more persons are

imbeciles than exceptionally bright. The greatest number of feeble-minded are the types ranking close to the normal and the fewest are the ones farthest removed. Accordingly there are but few idiots, there are more imbeciles, and a large number of morons.

The army measurements of the drafted men from 21 to 31 years of age indicated that 6.5 per 1,000 were mentally defective and as a consequence were unfit for military service. These measurements consisted of various types of intelligence tests and did not include the application of such other criteria as family life and history, adjustment economically, social contacts, and community associations. These are important factors in present-day classifications and must for social purposes be given consideration. However, if this figure is typical of the population of this country today, then the total number of mental defectives would approximate at least 700,000. Some allowance must be made for the smaller proportion of feeble-minded among the older population, since the higher death rate of this group in the later age periods will reduce the percentage of feeble-mindedness among those of advancing age.

According to various investigators the number, however, is much greater. East, for example, claims that there are 2,000,000 so feeble-minded as to need institutional care. Popenoe estimates that there are 5,000,000 individuals whose intelligence quotient is less than 70, but he does not classify all of these as feeble-minded. Perhaps the English studies will also prove helpful. According to the report of the Mental Deficiency Committee (1929) in the six selected areas studied, the defectives among the children numbered 4.18 per 1,000 and among adults 4.38 or a total of 8.56 per 1,000 of the entire population studied.[1] The conclusion arrived at, however, fixes the rate for all England and Wales at approximately 7.34 per 1,000 and the number at about 350,000. These proportions, if true for this country, would give us about 1,000,000.[2]

[1] Report Mental Deficiency Committee, 1929.
[2] S. P. Davies, *Social Control of the Mentally Deficient*, p. 6.

The great difficulty in estimating the number of feeble-minded is due to the fact that there is no sharp dividing line between the normal and abnormal. Feeble-mindedness is not a disease but a condition, and human beings grade from one intelligence quotient quite gradually into another. It is impossible to tell where feeble-mindedness begins and normal mind ends. Further studies by the National Committee for Mental Hygiene and by local departments of psychology in the public schools are adding to our mass of material, but the definite measurements referred to above will continue to serve as criteria for practical estimates of the gravity of the problem.

4. Causes of Feeble-mindedness.

The most extreme forms of mental defectiveness, it is now generally admitted, are not due to hereditary causes. These types are found in every stratum of family, among the rich and among the poor and in somewhat similar proportions. Usually also the individual cases are the only ones in a family, and, of course, come as a surprise to the parents. It should likewise be remembered that the defectives of this grade do not themselves become parents, so that if the condition were inherited it would in practically all cases represent a very greatly exaggerated form of the parental defect. It is conceivable that when the determiner for defectiveness in one parent mates with the determiner for defectiveness in the other that a low-grade individual may be the result. However, very few imbeciles and no idiots become parents.

Causes are of special importance in respect to the morons and the high-grade imbeciles because of the large number of these defectives. For nearly a century studies have been made, but the evidence is still uncertain. The most important of the earlier studies was that of the Jukes, but this did not seriously attempt to distinguish between the hereditary and the environmental causes. The later revision by Estabrook was somewhat more definite. The continued statistical tabulation of causes by Barr at the Pennsylvania School for the Feeble-minded, cover-

ing thousands of cases, attributed 65 per cent of the feeble-mindedness to causes acting before birth. This percentage represents the sum of family histories of imbecility, insanity, tuberculosis, and intemperance. It therefore does not clearly differentiate the hereditary causes from prenatal influences.

Perhaps the best known American study is that of the Kallikak family. This investigation attempted to trace the ancestry of an inmate of a state home for the feeble-minded back to an individual living at the time of the American Revolution. It traces the descendants of this man and his unmarried love on one hand and his descendants by his legitimate wife on the other. The former was a feeble-minded girl; the latter was mentally normal. The doubting Thomas will, of course, inquire at once, what do we know definitely about the actual mentality of these two obscure and unheralded women. And the point is well taken. Nevertheless, diligent efforts were made to separate fact from fiction and to determine the mentality of the various descendants from these two women. It must not be overlooked that the normal individuals tended to marry with normals and that the weak-minded drifted toward other weak-minded persons, and that out of this confusion definite percentages as to hereditary feeble-mindedness can hardly be obtained. The figures, however, show that out of approximately 500 descendants of the feeble-minded girl, 143 were positively feeble-minded, 33 were sexually immoral, 24 alcoholic, and only 46 were known to have been normal. Out of about the same number of descendants from the normal woman only three were abnormal, and among the remainder were a large number of professional and business men of excellent standing and women prominent in social life.[1] The basic hereditary factors were so strongly emphasized that for some years an abnormal and prejudicial attitude was carried by many investigators of the problem. Feeble-mindedness, illegitimacy, poverty, insanity — all were due largely to heredity. That heredity is a cause should not be denied, but the job of the scientist is to discover the causes, whatever they may be,

[1] H. H. Goddard, *The Kallikak Family*.

and report accordingly. Goddard's estimates as to the proportions of feeble-mindedness due to heredity were higher than Barr's and approached those given in England by Tredgold. The latter fixed the figure at 85 to 90 per cent.

Recent reports based on the observation of thousands of cases passing through institutions in New York City and in Massachusetts yield more modest figures. W. E. Fernald believed that at least one-half of the cases coming under his surveillance and covering a period of more than thirty years were of a non-hereditary character.[1] Wallin likewise on the evidence gained both in St. Louis and more recently in Ohio concludes that the non-hereditary types are at least as numerous as the others. American thought seems to be settling toward some such proportion and is unwilling to concede that the hereditary factor accounts for more than 50 per cent of the cases. These conclusions do not arise from antagonism to particular causes but from desire to learn the fundamental facts. Otherwise a proper preventive program cannot be planned nor attempted.

The non-hereditary causes are various and insidious. That alcoholism is an outstanding factor has been generally recognized. The percentage of cases due to it is, however, mere conjecture. It is also well known that syphilis accounts for a considerable proportion. This disease, particularly when present in the expectant mother, is responsible for many still-births, for deaths in early infancy, and for interference with the normal growth and development of the fœtus. It therefore becomes an important cause of mental defectiveness.

Causes acting at birth were, according to Barr, responsible for about 4½ per cent of the cases. In addition certain diseases of early childhood, especially those that affect the nervous system, leave the individual mentally handicapped. In recent years the ductless glands have demanded attention. Their effects are not clearly understood nor the ultimate causes of those effects. Perhaps there are hereditary backgrounds for the peculiar functioning of particular glands. If so, to that extent, heredity

[1] S. P. Davies, *Social Control of the Mentally Deficient*, p. 159.

is the root cause of the mental disturbance. Certainly the thyroid gland is a mischief maker, and when diseased, the hormones that it secretes have capacity for much harm. Malnutrition and accident account for a goodly number, and various poisons absorbed by the unborn child leave their natural penalty. Recent experiments with plants and lower animals in which radio activity, invisible rays, and other discoveries are utilized anticipate additional causes of mental abnormality. The application to human beings depends on further analysis of the various factors responsible for growth and development.

Certain characteristics seem to distinguish the hereditary from the non-hereditary types. These differences, however, do not apply to the victim of disturbed glands. The former type is frequently misshapen or abnormal physically and even to the uncritical eye reveals his peculiarities. The feeble-mindedness is apparently merely one phase of physical organization. In the case of the non-hereditary types the chief fault is with the brain and the entire system has been brought into grotesque harmony with the abnormal brain. Fernald claims that this type also is more orderly, obedient, industrious, and more teachable.

5. Faults and Virtues.

Without definite investigation, but in the hope that the assertion may be true, it has been contended that the feeble-minded have so high a death rate that the hereditary cases cannot maintain themselves. The recent decline in infant death rates, however, is so universal in this country that the hope that such feeble-mindedness will automatically eliminate itself has become quite illusory. C. V. Green in his study of feeble-mindedness in Michigan concludes that the children of feeble-minded parents more than reproduce their number. The families are large and the loss before the age of sixteen is not more than one out of five or six children. Of the remainder, three marry and their offspring outnumber the parents and thus add to the permanent feeble-minded population.[1] Reference, of

[1] Eugenics Record Office, Bulletin No. 26.

course, is to the marriageable types, that is, to the moron and the more intelligent imbecile.

As the result of more painstaking study much of the guilt formerly ascribed to the mentally defective has been removed. The claim that he was naturally more likely to become sexually immoral has not been proved. He is not more strongly sexed than normal individuals. It is true, however, that seduction is easier, since intelligence as well as morals determine our behavior habits. Therefore an abnormal proportion of illegitimate children are born of feeble-minded mothers. Similarly the feeble-minded are more prone to commit delinquencies than the mentally normal. For example, a study of 314 girls paroled from the Massachusetts School for Delinquent Girls over a period of three years revealed 53 per cent as mentally deficient. Besides these there were 31 psychopathic personalities. These figures represent an enormous disproportion. It is claimed, on the other hand, that mental condition was not a cause of misbehavior within the institution.[1]

Mental defectiveness is an important underlying factor responsible for crime. The general estimates that from 20 to 25 per cent of all criminals are feeble-minded or subnormal mentally have not been successfully challenged. However, in recent years an increase in crimes of a type that have required rather acute intelligence have slightly reduced the proportion. The relation of defectiveness to crime is simple. A large share of all delinquencies and crimes are the result of suggestion. The weak-minded are more susceptible to suggestion than are the normal and in the absence of a stabilizing factor they are shortly in league with other law violators. Again they are more likely to commit crimes that are the result of momentary impulse. This weakness accounts in part for the unpremeditated murders so often charged against the feeble-minded. Healey's figures in this connection probably best represent the outcome of current findings. Among 4,000 repeated juvenile offenders he classified 72.5 per cent as definitely mentally normal, 13.5 per cent as dis-

[1] Annual Report Dept. of Public Welfare, 1927, p. 34.

tinctly feeble-minded, 9.1 per cent as subnormal mentally, and the remainder as psychopathic or inferior constitutionally. His figures for 675 Chicago cases reveal 79 per cent normal, 16 per cent feeble-minded, and 5 per cent suffering from psychosis.[1]

That poverty is accentuated by feeble-mindedness requires no proof. To begin with, few feeble-minded can earn their own living. Were we to use so low a proportion as the army figures we would at once have 700,000 or more dependents due to mental defectiveness. However, relatives and collateral groups are also affected by this lack of earning power and accordingly the aggregate of poverty due to this factor is greatly increased. On the other hand, lack of prudence and mistakes in judgment which bulk so large as causes of individual poverty must not be confused with feeble-mindedness. The recent industrial depression has precipitated many wealthy persons into poverty for precisely these reasons.

6. Feeble-minded in Institutions.

Outside of a few western states every state now has an institution for the care of the feeble-minded. Some states have several, and many cities as well have local institutions or colonies. In 1922 according to federal statistics, the number of feeble-minded in institutions for the feeble-minded and epileptic was 49,704.[2] This figure was more than twice the number in institutions in 1910, a fact which indicates that the program of institutionalization has been moving rather rapidly. In addition to this number the Census Bureau found more than 18,000 feeble-minded in hospitals for the insane and 12,183 in the almshouses of the country. The total number of feeble-minded receiving some form of institutional care was 80,716. The Census Bureau tabulated the number of feeble-minded under control of state institutions in 1927. The figure reported was 68,319, and was nearly 18,000 in excess of the population

[1] Healey and Bronner, *Delinquents and Criminals — Their Making and Unmaking*, pp. 150–156.

[2] U. S. Bureau of the Census, *Feebleminded and Epileptics in Institutions*, 1923.

reported in 1922.[1] It may be assumed, therefore, that if the almshouses and hospitals for the insane housed only the same number as before, more than 100,000 feeble-minded were receiving institutional care or were on parole. These figures do not include the feeble-minded found among our prison population. These, however, are not being treated for this ailment but rather for their delinquency. If 15 per cent of the population of the training schools and the state institutions for adults such as reformatories and penitentiaries are also feeble-minded, then an additional group comprising approximately 30,000 should be added to the foregoing figures to indicate the number of feeble-minded who at any one time are segregated from the public. The delinquents, however, are held for so short a time that our attention should be given to the number in colonies for the feeble-minded, in the hospitals for the insane, and in the almshouses. Society is not definitely protected against those in the penal and reformatory institutions.

If all of the feeble-minded in institutions of all kinds were counted, a small proportion only of the entire number would be found receiving institutional care. The complete segregation of the feeble-minded is a prodigious problem and would require a building program far beyond the hopes of the most optimistic.

Admissions in 1923 exceeded discharges and deaths by about 3,000. A gradual increase in the colony population may therefore be expected. At present slightly less than one-half of the admissions consist of morons. Imbeciles and idiots account for 54 per cent, and are admitted in much larger numbers than their relative proportion in the community. The sexes are almost equally represented but the percentage from the urban areas is nearly twice that from the rural districts. These disproportions, however, do not indicate a greater prevalence of feeble-mindedness in the cities, but rather a greater efficiency in dealing with the problem. On the other hand many feeble-minded persons in rural districts can be so cared for and handled that they do not

[1] *Feebleminded and Epileptics in State Institutions, 1926 and 1927.*

constitute a social menace such as that caused by individuals in the city.

7. Methods of Meeting the Problem.

a. Examinations for Defectiveness.

The program for the handling of feeble-mindedness has many ramifications. Among the necessary features of such a program is a bureau of mental hygiene. This should preferably be established by the state and should be so equipped that it can do work all over the state. It should conduct clinics in different cities and make examinations of persons brought to it for study. It should coöperate with the courts, the schools, public institutions, and the various social agencies of the state. It should also undertake special studies and disseminate needed information for the benefit of the citizens. About a dozen states have made a beginning in this direction but the most notable work has been done by Massachusetts. A practical plan consists of the use of physicians at the state hospitals and colonies for the conducting of clinics in the sections of the state served by these institutions.

A second method of discovering the feeble-minded is through the more than 500 psychiatric clinics that are in operation in the United States today. Although these clinics have many functions, the discovery and classification of feeble-minded individuals is at least a by-product of their activities and to some extent a direct result. Needless to say, that rapid progress has been made in the establishment of machinery for the detection of mental defect. Mere detection, however, if no further action is to be taken accomplishes but little. At best it informs the public as to the number of mental defectives. Social workers, on the other hand, are profoundly interested in a program for the care of this group.

b. Institutional Care.

The figures previously shown indicate that not more than one in ten of the feeble-minded is getting institutional care. A much

more elaborate program is necessary. In the long run it will be economical, although at the time it may seem costly. We must not anticipate an adequate plan of institutional care, however, since the cost of such an enterprise is far beyond the saturation point of possible expenditures for philanthropic purposes. One has only to consider the enormous cost of hospitals for the insane in this country. Yet these institutions house less than one-half of the number eligible to colonies for the feeble-minded. The cost of this program would be prohibitive. In addition it is hardly likely that public sentiment can become so minded that it will recognize the seriousness of the problem. The insane at any one time are a visible menace but the feeble-minded are so recognized only after the harm has been done. As yet the public lacks the prevision to grasp the problem firmly and provide adequate institutional care. This fact should be considered by those who oppose sterilization and who urge the substitution of colony care.

The institution must play an increasing rôle in the care of the feeble-minded and along such lines as the following:

1. Permanent care of individuals who are clearly a social menace if left at large.
2. Segregation of persons who are temporarily a menace.
3. Care and training of the trainable groups.
4. Colonization of certain types who can support themselves if under the immediate eye and direction of the institution.
5. Supervision of discharged patients in their homes and at work.

In the carrying out of these policies, the institutions will not be required to accept the entire feeble-minded population but they will become a clearing house for that population. Some time or other nearly every mental defective will have had the privilege of a short stay in the institution.

Among the types that should definitely be placed in institutions either temporarily or permanently are the defective delinquent, highly abnormal physical types, and women of child-bearing age. The discovery of the first type through the school

clinics, visiting teachers, and other social service agencies of the schools should then be followed with commitment to the institution before serious offenses have been committed. A number of atrocious murders in recent years by menacing individuals of precisely this type might have been avoided had this plan been in operation. An observation of behavior habits must be made by the agency naturally in contact with the child and proper action taken in time. We still lock the door after the horse is stolen.

Institutional care for the menacing types must be made certain through the operation of mandatory commitment laws, an example of which is furnished by the state of Illinois. This law provides that commitment to either a state or a private institution for the feeble-minded shall be by court action and that when a person is committed he shall remain in the institution until he is discharged by action of the court. All hearings are by commissions of physicians or psychologists. The law also gives the criminal courts the power to inquire into the mentality of persons brought before them charged with crimes, and the judge, if he suspects that the defendant is feeble-minded, may order a commission to examine the prisoner, and if said prisoner is found to be feeble-minded he is to be dealt with as such, and not as a criminal.

The prevailing method of securing admittance to institutions for the feeble-minded is for parents or guardians to arrange for admission or for some public or private social agency to act as the intermediary. In most cases admission is not brought about by court action and the party is not committed. Accordingly no definite compulsion exists to keep the defective in the institution. In many states the parents of a defective child become lonesome for his return and without further ado go to the institution and bring him home. The mandatory commitment law makes the handling of feeble-mindedness a matter of social policy instead of individual idiosyncrasy. Surely feeble-mindedness has become a problem of sufficient social magnitude to justify the placing of the ultimate guardianship of defective

persons in the hands of the state. Otherwise we can never deal with the problem adequately.

Women of child-bearing age whose defectiveness is hereditary must be protected against the waywardness of men of easy morals. The large number of such women who become the mothers of illegitimate children spells the result of failure in this connection. In those states where a plan of sterilization is both a law and a practice, institutional care beyond the time required to make the sterilization effective would not be necessary. In other states special effort must be made to weed out this type of woman from the community.

c. Training of the Feeble-minded.

The modern program calls for the training of defectives to the full extent of their potentialities and the return of many of these individuals to their homes. Perhaps the plan of the institution at Rome, New York, exemplifies the program. It includes the following functions:[1]

1. Colonization of women as well as of men.
2. Establishment of industrial colonies in town for both sexes and farm colonies for men and domestic colonies for women.
3. The use of the colony as a training center with the expectation of returning many of the trained to society.
4. Development of special colonies for the junior groups.

Plans of this type make the institution a sort of boarding school where a well-adapted curriculum is provided and where systems of discipline are set in operation which will as far as possible train the student for normal functioning in society. Individuals will learn to carry on some occupation; they will develop specified standards of behavior and will be so conditioned against unwholesome influences as to be relatively immune to their dangers. Character development is very important, but it must possess a substantial practical relation to the temptations of the world into which the defective is presently to emerge. Since one of the shortcomings of the

[1] S. P. Davies, *Social Control of the Mentally Deficient*, p. 221.

feeble-minded is weak inhibitions and since self-control is basic to success, training is a fundamental requisite for the social rehabilitation of the feeble-minded.

d. Sterilization.

The place of sterilization in our social legislation will be discussed more fully elsewhere. Suffice it to say at this point that the application of this program to the feeble-minded is being increasingly recognized, as is witnessed not only by the number of states that have passed laws on this subject but also by the increased vigor with which the laws are being enforced. Most of the states still allow the law to lie largely idle but they are gradually beoming cognizant of the preventive work which these laws make possible.

Sterilization not only prevents the reproduction of the feeble-minded but makes the long-term stay of women in an institution unnecessary. The training program outlined above can then be applied, and as soon as women are adequately trained they can be paroled from the institution and placed under supervision without the fear that they will shortly become mothers of feeble-minded babies. Sterilization will greatly reduce the necessity of institutional care and will facilitate the movement of patients through the training schools.

The greatest objection to sterilization is the danger of permitting the women to become the prey of men, now that the possibility of pregnancy has been removed. It is argued that such women will drift into prostitution and that venereal disease will be broadcast, thereby inflicting great injury on countless persons who would otherwise remain free from disease and perhaps from moral obliquities. No doubt there is weight to this objection, but the author believes that the sum total of advantages of sterilization greatly outweigh their disadvantages and that the comparative values must decide the correct policy.

e. Parole and Supervision.

The most desirable plan at present for the handling of the feeble-minded is to send as many as possible to institutions, train

them there for a given period of time and then return to society as many as it appears will make good on parole and supervision. With this plan in view a number of states have definitely reorganized their program and in other states the paroling of feeble-minded has made progress.

In order to be successful, parole must be accompanied with abundant supervision. A high degree of success is unlikely, but nevertheless the situation will be a great improvement over the alternative of permitting the feeble-minded, without interference, to work out their own destiny. A study of 412 cases in New York revealed the conclusion that 16 per cent were decidedly troublesome, that a total of 45 per cent were somewhat troublesome, and that 55 per cent were harmless or useful. Among the troublesome were counted helpless individuals in need of substantial care. Out of the entire number 23 per cent exhibited anti-social behavior characteristics.[1]

The states that utilize parole as a substantial phase of their program for the feeble-minded are Massachusetts, New York, Ohio, and California. At the beginning of 1928 nearly 8,000 persons were on parole from the state institutions. Probably the best work in supervising parole cases occurs in Massachusetts where the plan prompted the authorities to give carefully chosen girls a trial. Since 1920 this plan has been continued, boys comprising about two-thirds and girls the remainder of the parole cases.[2] Before parole is granted careful study both of the prospective parolee and of the neighborhood conditions to which he would be subject is made. The results have been gratifying and according to the official reports three-fourths of the parole cases have made reasonable adjustments. Less can be said in favor of parole without supervision from the state institutions. The local social agencies are not likely to supplement the work of the state in its activities and therefore the success of the plan depends on adequate supervision by social workers employed under the direction of the state or of a well-developed county welfare department.

[1] Davies, *op. cit.*, p. 328.

[2] *Ibid.*, p. 214.

f. Colony Care.

In a number of states the method of colony care is employed in connection with the institution program. Certain boys or girls are permitted to live in colonies or perhaps large houses apart from the institution proper but under its immediate control. The boys may then work coöperatively on the farm lands connected with the colony or, in case of an industrial colony, at such positions as may have been found for them. Similar colonies have been established for girls, who may be directed into domestic service or factory work. The colony plan is intended to give the feeble-minded more freedom than that offered by the institution and to serve as a definite opportunity for training prefatory to discharge.

The colony plan was first established in New York. Several other states have copied the plan and regularly transfer a number of their patients from the institution proper to the special colonies provided for specific types of cases. Many institutions, however, own considerable quantities of land, and so integrate the farm work with the other activities that some of the advantages of the colony plan are attained without enjoying the reputation of attempting colony care.

g. Special Schools for the Feeble-minded.

Before the Binet and other tests were applied, no sharp line of cleavage existed between the backward and the feeble-minded. The first local schools for the mentally handicapped could not differentiate clearly and served both types. In 1893, Providence, Rhode Island, organized three schools for backward children and since then special schools for trainable feeble-minded children have been established in most of the major cities of the country. In 1914 there were 54 and in 1927 the number had risen to 218. In a similar way the enrollment in the former year was slightly over 10,000 but in the latter year it was nearly 52,000. The enrollment of boys greatly outnumbered that of girls.[1]

[1] United States Bureau of Education, Bulletin, 1928, No. 5.

(1) *Local Training Schools.* Local schools may be of two types; either local institutions providing both education and day and night care or special day schools under the board of education. St. Louis is an example of a community employing both methods. It has recently constructed an institution which when all of the units are added will house 2,000 children. An excellent plan of education has been worked out and the educational policy is under the control of the public school department of the city. For the majority of the children permanent care is not anticipated. Rather the institution is a training school.

The complementary part of the plan consists in the maintenance of special day schools for trainable feeble-minded who do not require the careful attention demanded of institution cases. This part of the program is identical with that now carried out in most large American cities. The classes are small, usually limited to fifteen or less, and emphasis is placed on handwork and on the particular gifts or the facility for work that any child may possess. The development of individual aptitudes often leads to special efficiency for a particular job. Many of these pupils eventually enter industry and perform fairly good service in positions where adequate supervision can be had. This function of the local public schools is now so well accepted that further details seem unnecessary.

The problem that does remain for the schools is the training of the occasional defective in the smaller districts where a sufficient number cannot be brought together in a particular school district to form a class. Either such persons must be sent to the state institutions for a period of training there, or if that plan is not feasible, several school districts might combine their efforts and establish a joint school for the benefit of the defective children of the several communities. Usually this plan can only be attempted after definite legislation has been passed by the state authorizing such procedure.

Several states encourage local training of defectives by means of a subsidy to every school district that establishes special day

schools for the trainable feeble-minded and maintains the standards set by the state.

The number of children thus segregated from the rest falls far short of the percentage generally accounted as feeble-minded. Owing to the higher death rate among the feeble-minded of adult life the percentage of mental deficiency is higher among the lower age groups than among those of later years. Nearly one-half of the 1,000,000 feeble-minded of the country are under 21 years of age and most of these, of course, are of school age.

The local training of the feeble-minded and subnormal conforms to the accepted principles of educational service. As far as possible every community should train its own handicapped groups. The trainable feeble-minded should therefore be given such adapted training and education as will best fit their needs. In some cases children may have been merely retarded and restoration to the normal grades is possible. Generally, however, the children now handled in separate classes represent the definitely subnormal. For these, manual and industrial training are necessary; also capacity for coördinating hand and eye and knowledge of proper care of the person. Most important is training in personality development, including capacity for correct speech, normal behavior, self-control, and proper adjustment to community life. At best most children coming from these groups will become little better than unskilled workmen. However, they will be at large and will be subjected to neighborhood conditions both favorable and adverse. Unless the essentials of social behavior have been well-grounded in them, they are in danger of becoming delinquents or chronic wayfarers. The school should by means of a visiting-teacher plan gain the coöperation of parents in the constructive programs attempted for each subnormal child. Better results in stabilizing habits that have been formed will thereby be gained and the parents will also become more adept in guiding the child in his attempts to express himself through his life in the community.

h. Supervision and Guidance.

The attempt to institutionalize all of the feeble-minded has failed. The cost is prohibitive and other methods of treatment may prove distinctly superior. Under ordinary economic conditions they can earn a fair wage, and many positions can easily be filled by them because brawn rather than brain constitute the best qualifications for thousands of separate jobs. Without supervision, however, the routine of life will not run so smooth. Several forms of service must therefore be provided. In the first place, specialized employment service is necessary. The mentally subnormal should be directed to occupations that they can successfully carry on, and adjustments to the desirability of continuing in them should be made.

A specialized type of protective work should be devised. This service needs to be extended to men as well as to women, and therefore the existent women's or girls' protective societies cannot meet the test. A measurable amount of control can be exercised through the agencies with which an individual may have been previously connected. Even in such cases the supervision would consist of a sort of continuous probation. The bulk of the work, however, would fall outside the scope of existing agencies. The permanent supervision of the feeble-minded has not yet become a recognized part of the social program and therefore no definite provision has been made to handle the problem. An extension of the parole system to apply to everyone needing supervision is required. Perhaps the development of county welfare departments with competent staff authorized to include the supervision of the feeble-minded among its functions will open the way for the solution of the problem. Proper coördination with the state authorities would always be necessary. Not only is this job imperative, its magnitude is colossal. Since hardly one-tenth of the feeble-minded are in institutions we may never hope to have one-half of them receiving such care at any one time. Accordingly, an enormous number will constantly be at large. All of these need protection against industrial and economic exploitation, against

unwholesome and demoralizing influences, against the development of unsocial sex expression and matrimonial mis-alliances, and against emotional disturbances that would react unfavorably on their character and conduct.

8. Prevention.

The prevention of feeble-mindedness will be a task of decades. The causes are so fundamental that progress is necessarily slow. The many adventitious cases have not yielded to diagnosis, but nevertheless several outstanding causes may now be attacked with some assurance that their elimination would profoundly reduce the number of feeble-minded.

The eugenic program, according to which hereditary feeble-mindedness must not be permitted to repeat itself, suffers from obvious limitations. Inherited mental deficiency is transmitted not only by the positively feeble-minded but by their apparently normal brothers and sisters as well. To keep the imbecile or moron from reproducing is hardly one-half of the problem. However, a plan whereby the feeble-minded may not reproduce must eventually be adopted. Institutional segregation will eliminate some; sterilization will set aside others; and educational effort may gradually reach a third group. A slow decrease in the number defective because of bad heredity is all that the most optimistic may expect.

An important preventive measure consists of the prohibition of the marriage of those feeble-minded whose heredity is defective. In 1930 barely one-half of the states had laws prohibiting the marriage of the feeble-minded. Unfortunately these laws are more honored in the breach than in the observance. The practical plans for enforcing such laws are lacking in most states and therefore the laws receive little or no attention. Although it is well established that the prevention of such marriages would reduce the sum total of feeble-mindedness but slightly in a single generation, it nevertheless follows that feeble-minded persons should not become parents whether their defect is inherited or acquired. The need therefore is enforce-

ment of these laws by means of special machinery created to serve these ends. Further discussion of the practical phases of this problem will appear elsewhere.

An exception to the prohibition of the marriage of the feeble-minded should be permitted. Sterilized persons should under certain conditions be allowed to marry. In many cases the economic and social interests of the trainable defective will be better conserved if the individual becomes part of a family. This rule will hold particularly in reference to feeble-minded women, whose capacity for the execution of ordinary household duties is sufficient to make them eligible for home life.

Since about one-half of the states have laws prohibiting the marriage of the feeble-minded and 27 also permit sterilization, a better coördination of these laws should be made so that under proper conditions the sterilized may marry. So far no state has attempted this task, although in several states, after sterilization has taken place, the authorities make no attempt to enforce the marriage law. This inconsistency should be eliminated.

The attack on venereal disease has more promise. Although the elimination of sex delinquencies may not soon be anticipated, the control of the social diseases seems comparatively imminent. The eradication of syphilis would greatly reduce the amount of insanity and mental defectiveness and would fortify thousands against the menace of invalidism and infirmity. The use of alcohol is with many groups an age-long habit which cannot easily be controlled. So definitely is alcoholic excess connected with sexual vice that a dual combat is constantly faced. The suppression of the liquor traffic has been but one element in the war against alcohol. Nevertheless, commercialized sale of liquor and commercialized vice must be eliminated before the more insidious attacks against these twin evils can be made. Illicit drinking cannot be more harmful than legal indulgence. The effects of alcohol know no law except the laws of physiology and by them alcohol is socially and biologically outlawed.

A better understanding of the endocrine system and of methods of treating glandular disturbance will, no doubt, result

in the mental improvement of individuals whose subnormalities are traceable to such disturbances. Outside of the cretins, however, the number affected is comparatively small. Perhaps, the rapidly developing program of adequate pre-natal and post-natal care for expectant and recent mothers respectively will assist in the elimination of feeble-mindedness. Better control of certain brain and nervous diseases is needed to prevent the cessation of the brain development that is responsible for the beginnings of feeble-mindedness in many children suffering from these diseases. Many adventitious cases will never be prevented.

In short, three lines of development must be followed if a proper care and control of the feeble-minded is to be achieved. Every effort must be made to convert the mentally deficient from liabilities into assets. Much can be done as has already been indicated.

The feeble-minded, regardless of the origin of their defectiveness, must not be allowed to reproduce.

The preventive measures now accepted must be pushed with all the energy society possesses. Otherwise we may be forced to witness the " twilight of the American mind."

QUESTIONS FOR ADDITIONAL STUDY

1. What are the fundamental differences between educational and intelligence tests?
2. Why are intelligence tests still somewhat faulty?
3. What accounts for the varying estimates as to the number of feeble-minded?
4. What disquieting facts about mentality did the army tests reveal?
5. Are the gifted more or less numerous than the subnormal? Why?
6. Can the condition of feeble-mindness be relieved?
7. What functions should a bureau of mental hygiene carry out?
8. Why have the states been so tardy in establishing institutions for the feeble-minded?
9. Are morons or imbeciles a greater menace from the hereditary standpoint?
10. Study the cost of institutionalizing the feeble-minded.
11. What varieties of training are best adapted to the needs of the mentally defective?

12. Under what conditions should the state subsidize local training schools?

13. Why is it difficult to enforce the laws prohibiting the marriage of the feeble-minded?

14. Study the preventive program.

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CHAPTER XVII

MENTAL DISORDERS

Mental disorders are as varied as physical disorders. The mind may be diseased but slightly just as an individual may suffer from a mild cold or fever or the mind may be so totally upset that the individual becomes a violent maniac. The popular notion that the individual is of sound mind or is irresponsible is quite incorrect. There are all grades of mental disorder, and a course of treatment is unscientific unless it recognizes that fact. In the case of disorders, the mind is not missing; it is merely deranged.

1. Meaning of Insanity.

A very severe case of mental disorder is known as a psychosis and this in non-medical language becomes insanity. Since the psychoses are due to different causes and their manifestations differ from each other, the word " insanity " does not express the true situation. The various violent mental disorders represent insanities, since there are a great many of them. For example, White says that " Insanity should not be used as a medical term at all. It is solely a legal and sociological concept and so used to designate those members of the community who are so far from able to adjust to the ordinary social requirements that the community segregates them (forcibly perhaps) and takes away their rights as citizens. Insanity is a form of social inadequacy which medically may be the result of many varieties of mental disease. Insane, therefore means nothing more than certifiable." [1] Nevertheless the word is a very handy term to employ, and in spite of its inaccuracy has a meaning for the average man that is helpful both for remedial and for preventive

[1] *Outlines of Psychiatry*, p. 26.

work. It will be a long time before " psychoses " will stimulate men to develop an adequate program for those suffering from acute mental disorders.

Legal insanity implies a condition of personal irresponsibility which may not be present in many cases of mental disorder. Generally the courts do not declare a person insane unless they are convinced of that irresponsibility. Frequently a person charged with a crime pleads insanity. The rule followed is as follows: to establish a defense of insanity, it must be clearly proved that at the time of the committing of the act, the party accused was laboring under such a defect of reason from disease of the mind as not to know the nature and quality of the act he was doing, or if he did know, that he did not know that he was doing wrong. Likewise in civil cases, such as the making of a will, a man is insane if he does not understand the nature of the act, or the natural consequences in respect to his rights, obligations, and duties.

From the medical viewpoint patients suffer from psychosis, psychoneurosis, or neurosis. The physician is interested in the problem caused by the disease and not by the court action respecting the individual. The sociologist and the social worker are interested in every type of disorder, but in different ways. The major disorders cannot be cared for properly apart from special hospitals or institutions, while the minor forms of neuroses may be handled after the manner of most diseases. Legal insanity therefore is more than a legal concept; it implies a systematic program of care and treatment in which the state assumes a responsibility.

2. Prevalence of Insanity.

Insanity existed among primitive peoples but its nature, of course, was not recognized. Persons " possessed of the devil " were comparatively numerous. There is reason for believing that mankind has for a long time been cursed with a considerable amount of mental disorder. That an increase has occurred in recent times, however, seems to be evident from the infor-

mation that can be obtained. On the other hand, the proportion of individuals receiving hospital care is no proof of that change.

United States statistics relating to insanity run back to 1880. In the following table are given the figures for patients in hospitals beginning with that year.[1]

PATIENTS IN HOSPITALS FOR MENTAL DISEASE

YEAR	PATIENTS		PER 100,000 POPULATION
	State	All	
1880		40,942	81.6
1904		150,151	183.6
1910	159,096	187,791	204.2
1923	229,837	267,617	245.0
1928*	272,527		

* Bureau of the Census, *Mental Patients in State Hospitals*, 1928.

The federal figures for 1928 do not cover private hospitals and are incomplete for other public hospitals. If these hospitals had a proportion of inmates corresponding to that in 1923, then the total number of patients for the year 1928 in all hospitals for the mentally diseased exceeded 300,000. Rorem's study of hospital beds in the United States reports the number of beds for nervous and mental cases in 1928 as 393,727. These figures, however, complicate the problem because they include hospitals for the feeble-minded and the epileptic.[2] The number and proportion of hospitalized cases of mental disease have steadily risen since 1880 and now are probably about four times as high as then. This fact does not imply that insanity has increased; it means that hospitals have been built and are now being utilized for mental patients. The census of 1880 enumerated the insane and placed the total at 91,959, or more than twice the number receiving institutional care. The uncared-for insane have steadily decreased, so that present statistics tend to cover the great majority of the serious mental cases. There are also a

[1] *Statistical Abstract of the United States*, 1926, p. 68.
[2] C. R. Rorem, *The Public's Investment in Hospitals*, p. 14.

considerable number of persons carried on the books of the hospitals but actually on parole. The number of these in 1928 aggregated about 31,000. Perhaps three-fourths of the insane are now actually receiving legal care and oversight. The figures for Massachusetts show that the total number of cases handled in that state in 1929 yields an insanity rate of 439 per 100,000 of population.[1] If this rate should hold for the entire United States, the total number of insane would exceed 500,000.

The number of mental cases that need not be committed to institutions probably equals the number that are, so that at one time we have approximately 1,000,000 cases of mental disease. According to the Division of Mental Hygiene in New York, about 4.5 per cent of the persons born in that state eventually become patients in a mental disease hospital. Based on these facts it has been computed that a boy of fifteen suffers one chance out of twenty of becoming an inmate of such an hospital and one out of ten of becoming incapacitated by mental disease. In other words, every tenth person above fifteen will contract a mental disease and every twentieth person will be committed to a hospital.

3. Age Incidence.

From the social viewpoint certain facts concerning the insane are of importance. One of these is age. As individuals grow older there is an increasing tendency to become insane. At the time of the first admission to a hospital about 5 per cent of the white and 8 per cent of the Negro cases are under 20. Furthermore, the median age of the native white first admissions in 1923 was 39 years; of the foreign-born, 43, and of the Negroes, 37; and that of females is slightly higher than that of males. In respect to marital condition the two sexes differed widely. More than three-fifths of the males were single but a larger proportion of the females were married or had been previously married.[2] From the eugenic viewpoint these facts are extremely

[1] Mass. Annual Report of the Comm. on Mental Diseases, 1929, p. 99.
[2] Bureau of the Census, *Patients in Hospitals for Mental Diseases*, 1923.

important, since they throw light on the likelihood of further reproduction from these groups.

The evidence furnished by Massachusetts has additional value. In that state in 1929 the average age of first court admissions was slightly more than 48 years and again females slightly exceeded males.[1] These figures show that the average female on becoming insane is past the child-bearing age and therefore cannot be effectively reached by a sterilization program.

The age of admission represents the period when individuals are removed from their families and the age at discharge the period when they return.

The federal statistics indicate that a period of approximately six years in the case of males and of seven in that of females elapses between the time of admission and of discharge. Massachusetts reports an average stay of somewhat more than nine years. It is apparent that when discharged the average patient is well beyond middle age, and that the problems of life must take on a new aspect. The youngest patients make a more speedy recovery and stay less than one-half of the average time, but for the rest a protracted stay is necessary, if good results are to be accomplished..

4. Types of Insanity.

a. Classification of Mental Cases.

Mental patients are classified according to a common grouping used by the Census, the National Committee of Mental Hygiene, and the American Psychiatric Association. The disorders are divided into three classes; psychoses, of which there are 20 varieties, undiagnosed psychosis, and patients without psychosis. In the following table are given the more important causes for admissions to state hospitals in (1927).[2]

[1] Massachusetts, Work cited.

[2] United States Bureau of the Census, *Mental Patients in State Hospitals*, 1927. Figures computed from Table 5.

Disease	Percentage of Total Cases Admitted
Dementia Praecox	22.2
Manic-Depressive	14.0
Senile Psychosis	10.0
General Paralysis	8.9
Cerebral Arteriosclerosis	8.6
Alcohol with and without psychosis	5.8
Psychosis and Mental Deficiency	3.7
Involution Melancholia	2.0
Miscellaneous	24.8
Cases with psychosis 95.7 per cent	Cases without psychosis 4.3 per cent

This table is based on 56,288 admissions and should be representative of the proportionate importance of the various types of disease, except as the decrease or increase of alcoholism may modify the proportions.

The significance of the varying proportions will be more apparent when the different diseases are briefly described.

b. Diseases Defined.

Dementia Praecox. This, the most common form of insanity, manifests itself in varying characteristics. It results in a seclusive type of personality or of abnormality in the development of instincts and of feelings. It develops discrepancies between thought, on one hand, and behavior reactions on the other. There is also a gradual blunting of the emotions, silliness with serious defects of judgment, and often peculiar complaints and suspicions. It frequently produces fantastic ideas and conduct that cannot be accounted for by any acute emotional disturbances. The disorder sometimes consists of dream-like ideas, feelings of being forced, or of being interfered with. At the same time memory and speech may be perfectly retained. There are four types of this disease.

Manic-Depressive. This group is marked by emotional changes with tendencies to repetition. Five types are distinguished under this head.

Senile Psychosis. This type is characterized by a reduced mental capacity, a tendency to reminiscences, a failure of memory and a growing selfishness. It is characteristic of old age and in many respects is an exaggerated senility.

Cerebral Arteriosclerosis. There are frequent headaches, dizziness, and fainting; thinking slows down, memory degenerates, control of the emotions is lost and irritability increases.

General Paralysis. Its symptoms include changes in disposition, judgment defects, forgetfulness, and impairment of memory. This disease is caused primarily by the devastating effects of syphilis.

Alcoholic Psychosis. Most of the cases of this type are the result of intemperance, although some cases so classified do not result from alcoholism. Several types of this disorder are distinguished, of which delirium tremens is the most familiar.

Psychosis with Psychopathic Personality. This disorder is connected with psychopathic inferiority. Many of its victims manifest criminalistic tendencies, moral deficiency, sexual perversions, irritability, and excitement.[1]

There are many minor types of insanity, some due in part to syphilitic infection, some to the drug habit, and some to the effects of other diseases. Several of these types are of direct sociological interest, inasmuch as social conditions are important causative factors.

5. Causes of Insanity.

The causes of insanity still remain rather elusive and present findings are merely tentative. Although there is tardiness in rural districts in committing their insane to institutions, the difference between rural and urban rates cannot be explained on the basis of neglect. There is clear indication that there is actually less insanity among farmers and farmers' wives than among the inhabitants of urban districts. Conditions of living, therefore, must modify mental reactions and produce favorable or unfavorable results.

[1] Bureau of the Census, *Mental Patients in State Hospitals.*

a. Heredity.

Until recently this cause of insanity was held responsible for the bulk of mental disorders. Psychiatrists and psychoanalysts have now developed such concepts as the " complex," " repression," and " mental conflict." This work as well as that of the behavioristic psychology has played havoc with the all-importance of heredity but, of course, has not eliminated it as a factor. In discussing this cause we must always bear in mind the fact that we are dealing not with one mental disorder but with at least twenty different types of disorders and that the causes of one differ as much from the causes of another as the causes of measles differ from those of diphtheria or tuberculosis.

Again a confusing factor is the age incidence of mental disorders. As previously shown, these disorders unlike feeble-mindedness appear largely in adult life, and accordingly make it more difficult to trace hereditary origin where such may exist. Much insanity, however, has its beginnings in youth but the manifestations remain unobserved. Among the mental disorders recognized by psychiatrists as due largely to hereditary defects are the manic-depressive psychosis and dementia praecox.[1] Together these two disorders were responsible for 36 per cent of the first admission to state institutions in 1927. In the case of the first mentioned disease, a certain type of temperament is said to be a basic factor and as a consequence individuals inheriting the type are likely to become victims. Probably the great majority of the manic-depressive cases are the result of bad hereditary conditions.

The hereditary origin of the bulk of dementia praecox is now commonly accepted. The disease has its mild unrecognizable beginnings in the natural peculiarities of individuals and gradually increases its momentum until a dangerous stage is reached, after which the insanity definitely manifests itself. That the influences of social life make a constant impact on the peculiarities of susceptible persons must be self-evident. Many such individuals, however, do not arrive at the point of abso-

[1] A. Myerson, *The Psychology of Mental Disorders*, pp. 49 ff.

lutely proscribed social behavior. As a consequence dementia may be found in its milder forms and no attempts at commitments be made. Both the milder and the more serious manifestations of the disease, however, are in general made possible by a superinducing heredity and thus heredity deserves the distinction of being the most important factor in the causation of these diseases. Nevertheless, the heredity factor consists chiefly of tendencies such as neuroses, hysteria, temperamentalism, and eccentricities and in the bulk of the cases the insanity is not inevitable; that is, the regimen of life might be such that insanity would not occur. Hereditary weaknesses may also hasten senile psychoses and the forms accentuated by a hardening of the arteries.

The proportion of all insanity chargeable to heredity has been variously estimated, but the claims of a decade ago that the figure approximated 80 per cent have been discarded and the saner view of today does not make the responsibility exceed from 40 to 50 per cent. To deal effectively with that proportion from the eugenic viewpoint is enough and will tax the energies of people for many generations.

b. Alcohol.

The scourge of alcoholism asks for no quarter. Everywhere it is a curse. It is a cause of feeble-mindedness and of epilepsy as well as a cause of insanity. Myerson estimates that from 8 to 10 per cent of the mental diseases, excluding delirium tremens from the count, are directly due to alcoholism. The experiments by biologists on lower animal life such as the rat and the guinea pig clearly demonstrate the degenerative and debilitating effects of alcoholic poisoning. Similar effects on human beings should therefore be expected and the expectations are clearly justified.

A study of alcoholic insanity in comparison with other forms of mental disorder for the state of New York shows the continued importance of the poison. The following table reveals in part the relationships:[1]

[1] Pollock, *Mental Hygiene*, Volume 13, p. 593.

ADMISSIONS TO HOSPITALS FOR INSANE IN NEW YORK

YEAR	NEW CASES	PER CENT OF NEW CASES DUE TO ALCOHOL			INTEMPERATE USERS PER CENT OF ALL CASES		
		Male	Female	Total	Male	Female	Total
1909	5,222	15.6	5.8	10.8	44.2	15.1	28.7
1915	6,204	7.8	3.1	5.6	28.8	7.5	18.7
1920	6,573	2.7	1.0	1.9	20.3	3.7	12.2
1925	7,435	8.8	2.3	5.7	21.0	4.5	13.2
1927	7,928	10.1	3.2	7.0	24.1	5.9	15.9
1928	8,614	9.1	2.0	5.9	23.2	4.9	14.9

These figures show that at all times alcoholic cases form a considerable percentage of the whole number, but that the proportion even in wet New York in 1928 was almost exactly one-half of the rate in the year 1909. The decrease on the male side was less than that on the female, but both sexes made healthy progress. The number of patients with intemperate habits was amazingly large, and that this insobriety contributed to additional insanity cannot be doubted. For example, one-third of the general paralysis cases could be eliminated if alcohol did not intensify the effects of the syphilitic infection, which is the chief cause.

Pollock in a further study of the statistics of 19 states shows that in 1910 11 per cent of first admissions were cases of alcoholic psychosis but in 1926 the figure had fallen to 5.1 per cent. Out of the entire group of states Rhode Island was the only state showing an increase. Furthermore, nine wet states furnished 90 per cent of all the alcoholic insanity counted in this group of 19 states, and the urban districts contributed 80 per cent of the whole.[1]

Although American conditions differ greatly from those elsewhere, the figures quoted from Kraepelin show what alcohol can accomplish where its control is unhampered. The figures for Munich, covering the years 1904–05, show that alcohol was

[1] Myerson, *The Psychology of Mental Disorders*, pp. 36 ff.

responsible for insanity in proportions as follows: manic-depressive, 43.5 per cent in case of males; traumatic psychosis, 23.1 per cent; arteriosclerosis, 64.0 per cent for males; general paralysis, 51.9 per cent for males and 43.5 per cent for females. Of the imbeciles, 42.9 per cent were accounted for by alcohol. One of the greatest factors in a mental hygiene movement is clearly the elimination of alcohol.

c. Syphilis.

This dread disease is also the direct parent of other diseases. It has been held responsible for approximately 10 per cent of all insanity and for practically every case of general paresis and of locomotor ataxia. In several states the figures indicate that at least 12 per cent of the individuals admitted suffer from syphilitic insanity. Unlike alcohol its prevalence is not declining. Furthermore the insanity which it induces is more deadly. Few cases are cured and even the run of the disease is comparatively short. Always it is more dangerous if its victim is also an alcoholic. Although Myerson estimates that 5 per cent of those who contract syphilis eventually become insane, Stokes is more optimistic and believes that the percentage is much less. In any case, however, the disease ranks with alcohol as one of the two outstanding environmental causes of insanity.

d. Miscellaneous Causes.

Many other causes contribute to swell the volume of insanity and of mental abnormality. Among these are narcotics, which, however, may be considered both a cause and an effect. Figures from New York City indicate that of the drug addicts studied only about 13 per cent were of normal mind before their addiction to the drug habit. This loss of self-control is corroborated by parole officers who have tried to rehabilitate the released prisoner but who have been largely unsuccessful.

Overwork and worry are two pressing factors contributed to modern life. Statistically their effects cannot be tabulated, but their constant onslaught against individuals lacking the neces-

sary constitutional vigor defeats many an anxious and struggling worker. As men and women strive to secure status and security the strain of life increases nerve tension. Always there are business failures and financial catastrophes. Family incompatibilities also grate on individuals and produce most baneful effects. Shock and fright are exciting causes and other mental factors contribute to the breakdown of mentality.

Accidents, or injuries, particularly of the head or spine, are frequently indirect causes of a disorder, although the effects may not be immediate. The psychological crises in the lives of women often strain the mental equilibrium and the effects of an abnormal parturition may be equally serious. White mentions the toxins of various diseases such as typhoid, malaria, influenza, and tuberculosis as frequent exciting causes, and adds that of the poisons coming from within the body those originating in the intestinal tract are the most important. Last, but likely to receive increasing consideration, are the functional disturbances of the system of ductless glands. Mental disorders not only accompany the bodily irregularities caused by these disturbances but other disorders arise as a direct result of endocrinal difficulties.

The causes of mental disorders, as has been seen, cannot easily be tabulated. There are the causes that inhere in the individual and that produce mental disorganization at certain ages and under certain conditions when resistance is weakest. Again there are the multitudinous external influences of modern civilization, none of which can easily be combated. Finally there are the poisons from within and these too are most elusive. It must be clear that the task of prevention presents untold difficulties.

6. Treatment of Mental Disorders.

a. Historical.

Apart from the criminal and the leper no case of human frailty has suffered more from the cruelty and ingratitude of man than the insane person. Before the days of medical

diagnosis he was possessed of evil spirits or of a demon and was treated as the people of his time would deal with a demon. Accordingly the insane were cast out and beaten or were thrown into prisons. Sympathy for them there was none. A somewhat less cruel and heartless people merely chained them in their homes or made sport of them because of their strange antics and peculiarities. In our own day violent cases or "maniacs" have been chained or placed in padded cells where they received no other attention. Antagonism toward the insane yields but slowly to toleration. American legislation for the insane during the first half of the nineteenth century dealt almost exclusively with housing or custodial care. Humanitarian treatment was not extended. It seems as though the attitude was as follows: they became mad or demented on their own initiative; now let them get well again if they can.

The beginnings of a program of treatment began much earlier but the practical application of humane methods failed largely because of lack of understanding of the problem. The first institution wholly for the insane was established in London in 1751 and just a year before this Benjamin Franklin, ever finding something new to do, persuaded the Pennsylvania hospital to set aside a ward or wing for the insane. After 1840, Dorothea Dix, working in Massachusetts first, and later in many states, became the first champion of better treatment of the insane. Through her efforts many institutions were established and a new era began in respect to the care of the insane. Medical knowledge, however, moved more slowly than humaneness; and the original "asylums" were, as the name suggests, a place of refuge but not of remedial attention. Furthermore the local jails and almshouses became or remained for a considerable time the chief depositories of the insane population. There they were under the control of a superintendent who understood neither the delinquent nor the dependent much less the insane or defective. The movement toward state care was the most helpful development. It throttled the tendency to build numerous county institutions and to dissipate energy in dealing

with insanity when the great need was the concentration of the insane in larger institutions, and the beginnings of intelligent care. In 1880 less than one-half of the tabulated insane were in hospitals, but since then rapid progress has been made, as previously presented figures show. Nearly every state has adopted a plan of institutional care and Wisconsin remains the only state which cares for its insane largely through a chain of county asylums or homes. However, the state operates three institutions directly.

b. Commitment of Insane.

The commitment of the insane is usually without the consent of the patient, and even if consent were given it does not represent the free will decision of a responsible person. Serious exploitation of individuals is possible if the decision rested solely with the parent or legal guardian. For these and other reasons, commitment to an institution by some legal authority is and should be the accepted plan.

Insanity was formerly so closely connected in the popular mind with wrong doing that it did not appear illogical to use the identical legal machinery in making commitments of the insane as of the delinquent. Accordingly the reputed insane person was arrested by the sheriff, taken to, and confined in, the county jail and in due time brought into the court to be tried before a jury of his " peers " for the " crime " of insanity. If found guilty, he enjoyed one advantage over the criminal; he was committed instead of sentenced to an institution. From this method of starting the insane on a course of treatment, society has progressed somewhat in the direction of scientific determination of the fact of insanity and then using the courts to make commitment legal.

In New York, which is typical of the more advanced states, when a case of insanity is brought up, notice is first served on the afflicted individual. If properly qualified physicians object and contend that the giving of such notice would be detrimental to the patient, then this notice is withheld but a notice is given to

the parent, relative, or guardian of the mentally diseased person. The judge may then after the individual is brought into court hear testimony in respect to the mental condition of the patient. This testimony generally takes the form of affidavits by two physicians or of direct testimony in court. Under certain conditions the judge appoints a referee to hear the case. The referee will report his findings, and the final decision is made by the judge, who then will commit an individual, if found insane, to the appropriate institution. Reviews may be had within thirty days in case of objection to the decision and the rehearing must be given before another judge, and this judge may call on a jury to help him decide the issue. The jury provides the constitutional safeguard that removes further hazards in the case.

Massachusetts probably has the most complete plan for the commitment of the insane found in any state.[1] In case of an application to the court for a decision on the status of an individual, a medical certificate is required from two physicians graduated from an accredited institution and in actual practice for at least three years. An order of commitment may then be made by the appropriate judge. Commitment may also be made for purposes of observation. The preliminaries in this case are as given before, but the order for commitment is for 35 days only. A report must then be made by the hospital superintendent, and, if the patient is found to be insane, he is committed by the judge. Provision is also made for the commitment of persons requiring immediate care and treatment because of mental derangement. For this purpose application may be made by any one of a wide range of officials and the commitment is limited to ten days. Violently insane persons may be committed for five days on the certification of two physicians and without court order. After the expiration of the five days the general procedure must be followed. Definite provision is also made for the admission of voluntary patients. After having given written notice of intention to leave, such persons cannot be detained beyond three days. It is assumed,

[1] Mass. Report of Commission on Mental Diseases, 1929, p. 106.

of course, that voluntary patients definitely understand their action.

In Los Angeles, an individual may be placed in an obervation ward for a limited number of hours, after which, on the certification of two qualified physicians, the judge may prepare the proper commitment papers. If there is insistence, a jury must be selected to pass on the evidence and decide on the question of sanity. Divers methods are still used, some of which are antiquated but the determination of the mental state is generally made by medical men. The evils consist largely in the unfair and undignified incarceration of the patient, in the unnecessary employment of a lay jury, in the apprehension by the sheriff, and in the treatment of the individual meanwhile.

7. State Care of Insane.

a. Number and Cost of Institutions.

With the exception noted, the generally accepted plan of care for the insane is that of hospitals built and controlled by the state. In 1928 there were 165 state hospitals and these handled more than 85 per cent of all the so-called insane receiving institutional care. There were also 148 other public hospitals — city and county — but their population was scarcely one-eighth of that of the state institutions. And the private hospitals all together held not more than from 3 to 4 per cent of the total. It is clear, therefore, that hospitalization of the insane has become a function of the state and that we must look to the state for the improvements in care that may be necessary. The cost likewise has become tremendous — another reason why the larger political unit alone can carry the burden. In 1928, the total expenditures of 160 hospitals for which the figures were available were $95,244,000 and if the remaining institutions kept the same pace their expenditures would add over $3,000,000 more.[1] The per capita cost was $360, but this figure includes expenditures for improvements. Without these

[1] U. S. Bureau of the Census. *Mental Patients in State Hospitals*, 1928, p. 30.

items it amounted to $308. Improvements, however, are made from year to year and as population increases the number of patients will also increase. Accordingly the larger figure best expresses the annual cost to the community of each person in these hospitals. The heavy burden that this cost imposes on the various states is at once obvious and accounts for the reluctance of legislatures and state governments to complete the program for the care of mental cases.

b. Control of State Institutions.

The methods of controlling state hospitals vary widely among the different states. The original plan, before a correlated program of philanthropic work was developed, consisted in placing each hospital under a separate board of managers. The board served without compensation except that expenses were paid. Meanwhile the state might or might not have been provided with a board of charities to suggest changes, to investigate methods elsewhere, and in other ways add to the efficiency of the institution. This decentralized plan has proved unsatisfactory in most states and steps have been taken to place hospitals for the insane either under a general board of control or director of public welfare or under a special board authorized to conduct the institutions dealing with defectives of all types. For the more populous states the partially centralized plan is better than either of the extremes and a number of states have established departments of mental diseases or their equivalent, these departments being directly answerable to the state administration. The Massachusetts organization is typical of the new movement. It provides for the supervision by the department of all public and private institutions for the mentally diseased, feeble-minded, and epileptic, and of persons in private hospitals addicted to the uses of stimulants and narcotics. It may investigate and make recommendations but each separate institution is autonomous under its own board. The department has direct powers in respect to distribution and transfer of patients among institutions, deportations to other

states, and claims of patients to support as state charges. Important divisions of the department are: social service, mental deficiency, mental hygiene, psychiatric examination of prisoners, statistical research, and statistics. Each of these in its own field makes valuable contributions to the common task and integrates the plan and program of effort.

c. Boarding in Private Homes.

In Belgium and Scotland many of the incurable and harmless insane have for many years been placed in private families where they have often contributed to their own support or completely supported themselves. Meanwhile they are under wholesome influences and are given such supervision as the cases may warrant. In this country little effort along these lines has been made, but several states have attempted to institute a plan for the home care of certain of the patients. Perhaps Massachusetts leads in this variation of the usual program. In 1929, it had nearly 200 patients in family care at a cost of $6.50 per week.

d. Patients on Parole from State Institutions.

Many states have a system of paroling patients under supervision. New York is an example of a state which employs a supervisory force under the direction of the Department of Mental Hygiene. It parols patients whom it believes have progressed sufficiently to be trusted at large, provided someone can observe them from time to time and can make plans with them. Several thousand patients are regularly on parole in that state, but the supervision has been far from adequate.

The high cost of care of the insane is rapidly driving communities into experimentation with extra-institutional supervision and control. There is reason for believing that a large number of chronic but harmless insane can safely be returned to their homes under the conditions heretofore mentioned. Furthermore an out-patient department, which would reach those bordering on insanity, might greatly reduce the necessary

hospital population provided careful diagnosis were made and ample supervision given the patients. Such a plan would greatly reduce the burden on the institutions. Most of the hospitals are overcrowded. In 1928, actual population of the state hospitals was 110 per cent of the normal capacity.

8. County and City Care of Insane.

The one state that has persisted in carrying on a county plan of care for the insane is Wisconsin. The state has a receiving hospital where a careful diagnosis of the patient is made. Certain types of patients, particularly those that cannot profit from intensive treatment and that are measurably doomed to lifelong insanity, can be returned to one of the 35 county institutions that have grown up in the state. Other patients, however, suffer from acute conditions, and can under the most skilled and enlightened care be greatly improved. Such individuals are sent to one of the other state institutions that have been established. The great bulk of the insane, however, are maintained in the local institutions. To these the state pays a specified sum for each patient returned. In 1923, out of slightly more than 9,000 patients, 7,316 were receiving county care. The hospitalization rate per 100,000 of the population is one of the highest in the country, indicating that few insane are at large and not counted.

Owing to the impossibility of obtaining state accommodations for their insane, a number of cities have constructed local institutions, and have housed a large proportion of their mental patients directly. Some of these cases, however, are chronic types and many are indigent and otherwise eligible for almshouse care. The great danger among the middle-sized cities is the tendency to utilize the almshouse as a hospital for the insane without, at the same time, making the equipment adequate.

Parole by local authorities has also made a beginning. A plan of this type was begun in California in 1925, when the psychopathic parole law was passed. This law provides that the county supervisors may appoint psychopathic parole officers,

whose duties resemble those of juvenile probation officers except that they are applied to sufferers from mental disease. They make preliminary investigations and report to the judge; the latter may commit cases to the officers whose duty will then be to supervise such patients in their homes or to find other family homes or private institutions or sanitaria and continue to supervise the patients in these homes or institutions. The cost of maintenance meanwhile is to be borne by the patient or his relatives or, if he is indigent, by the county in exactly the same way as though he had been committed to a state institution. This decentralized plan of supervision was intended largely for the more populous communities. In fact it cannot be applied elsewhere, because of the enormous cost that would be involved. The parolees, in all cases, are individuals who either suffer from milder forms of insanity only, or are afflicted with a type of mental disease that permits the patient to be at large without danger to the community.

9. Some Essentials of a Curative Program.

The older notion that the chief function of a hospital for the insane was the detention of mental patients has surrendered to the hope that a large proportion can be treated and cured. The percentage of cures, however, does not as yet exceed 25, but the maximum possibilities have not been exhausted, and this percentage is a gratifying increase over the figures of the previous decade. Knowledge of causes has been increased and there is a greater appreciation than formerly of the fact that recovery depends on psychological and sociological factors as well as on the medical. Insanity is the product of a complex of influences and these if unraveled will often restore the patient to normal mentality. Therefore the need of the psychiatrist, the psychologist, and the social worker in a joint campaign to bring back the lost mentality.

A better classification of the mentally diseased and the treatment of each group according to its ailment represents a first step in a successful curative program. This step requires the

selection of a hospital superintendent who is versed in problems of insanity instead of being a country doctor merely who happens to be a friend of the governor. Much of the success in making adequate diagnoses of cases depends on the acquisition of the proper personnel for the task.

Scientific methods of handling the violent cases, the use of hydrotherapy, and other tried remedies for a maniacial disposition, the exercise of humane patience — these efforts should succeed the age-old methods of quieting patients with straps, chains, dungeons, and the like. The larger hospitals have made very creditable progress, but the smaller local institutions still suffer from the antiquated discipline that Dorothea Dix struggled so strenuously to remove.

Occupational therapy has provided a welcome relief from the weary monotony of brooding over real and fancied troubles. For the insane it has performed several functions. It has occupied time that would otherwise be seriously misused. Idle hands have become busy and the correlation of hand work with the logical mental processes has received tremendous impetus. Likewise it serves as a diversion and becomes a source of enjoyment. The joy of achievement gives a thrill even to the mentally diseased. Galen, the Greek physician of more than two thousand years ago, recognized the therapeutic effort of occupation. In general the variety of hand work needs to be adapted to the patient. The mass application of the therapy program cannot produce good results. Finally occupational therapy is for many of the younger patients a form of vocational rehabilitation. It provides the necessary exercise in manual operations that spells success for the patient after he leaves the institution. For women of all ages it has vocational values.

Idleness has been displaced by work. In many cases not occupational therapy but occupation is the remedy provided. Light useful labor for given periods of time forms an important part of the daily regimen of thousands of the insane, and is a mental sedative of untold value.

A type of psychiatric social work suited to the demands of the

insane and not merely of the borderline cases is an essential of successful treatment. That social work which contents itself with the task of making adjustments for the patient on parole or after discharge does not meet the requirements. As far as psycho-analysis can contribute to solving the problem of mental distress, its coöperation is needed in this connection. If the cause of insanity has been psychological or sociological rather than medical, then the psychiatric social worker should arrange for such a series of contacts and social situations for the patient as will tend to prove therapeutic in effect. A genuine psycho-social program applying case work principles to each individual treated would meet a tremendous need. Effective work requires something more than preparation of the case for the physician; it requres a definite daily program for the patient and one different from that provided by the nurse. It must have its roots in the behavior trends of the individual patient. Otherwise the worker is little more than a time server.

Recreation is another important therapeutic agency. Systemic recreational programs with their cheering possibilities have definite healing effects. Every up-to-date hospital must be provided in this way. Although efforts to cure mental disorders must give more attention to the psycho-social aspects of the problem, it must be admitted that even though the causes of the derangement be removed the effects may persist. At best the treatment of insanity is a discouraging process. However, two developments of recent years are full of promise, namely the tendency to treat mental disorder in its incipient stages and the growth of the mental hygiene movement.

QUESTIONS FOR ADDITIONAL STUDY

1. What accounts for the many contradictions between medical and legal evidence as to insanity?
2. What is meant by "the insanities"?
3. Compare insanity and feeble-mindedness in respect to the proportionate number receiving institutional care.
4. Explain why psycho-analysis has reduced the assumed importance of heredity as a cause of insanity.

5. Which causes of insanity are becoming increasingly serious?
6. What are the causes of the slow evolution of humane care of the insane?
7. Study the methods used in your state to apprehend and commit the insane to institutions.
8. Compare the results of the Wisconsin plan with state care of the insane.
9. Under what conditions can parole be made effective?
10. What recent improvements in the treatment of the insane promise good results?
11. How can we eliminate the hereditary causes of insanity?
12. Does civilization necessarily aggravate the environmental factors?

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CHAPTER XVIII

MENTAL HYGIENE

1. Purpose of Movement.

Perhaps the purposes of the National Committee for Mental Hygiene best define the field of the mental hygiene movement. Among the purposes are the following: to reduce and prevent mental and nervous disorders, to obtain better care and treatment of the insane and of the feeble-minded, to acquire and disseminate information on these subjects, and to study the mental factors involved in the problems of education, industry, delinquency, and dependency. The movement is not limited to work with the mentally disordered and defective but includes a program for the benefit of all who have not been able to adjust themselves properly to their environment.[1]

2. The Problem.

Mental hygiene represents certain principles the application of which is beneficial to all. The more acute situations, however, are limited to a comparatively small proportion of the population, although from the standpoint of social work this group assumes mammoth proportions. The recent White House Conference estimated that 670,000 or 3 per cent of the elementary school enrollment presented behavior problems and that 450,000 were mentally retarded to such an extent that they require special education to fit them for usefulness.

The mental hygiene division of the medical corps of the United States army examined the men under the selective draft system according to various tests and as a result 72,000 were

[1] George K. Pratt, "Twenty Years of the National Committee for Mental Hygiene." *Mental Hygiene*, Vol. 14, p. 413. Quoted from Beers, *A Mind that Found Itself.*

rejected from the army because of neuropathic disorders. There is no clear dividing line between the mentally diseased requiring hospital care and those not in need of extreme measures. Accordingly we may expect that the group of neuropathic cases is several times as large as the number of insane who are actually hospitalized. This number lies somewhere between four and five hundred thousand. Out of this vast army of neuropaths come many criminals, paupers, ne'er-do-wells, vagrants, and other misfits. All of this group furnish material for mental hygiene work. Again there are at any one time 100,000–125,000 persons immured in the walls of our federal and state prisons, and besides these, about 500,000 individuals pass through our penal and correctional institutions within a year. A large proportion of these deserve study from the mental hygiene or psychiatric point of view. Perhaps one in ten of the population require such study. Thus the active field of mental hygiene at once appears of tremendous area, while the field of preventive work covers the entire population. Mental health has been defined as "the adjustment of individuals to themselves and the world at large with a maximum of effectiveness, satisfaction, cheerfulness, and socially considerate behavior, and the ability of facing and accepting the realities of life." [1]

In the study of mental health or illness, emphasis is placed on "personality." This term has been defined as the "individual with all his emotional and intellectual peculiarities trying to realize happiness and efficiency in the environment in which he lives." [2] According to Allport, personality is "the individual's characteristic reactions to social stimuli, and the quality of his adaptations to the social features of his environment." Although neither of these definitions refers directly to the physical factor in its concept of personality, there is no question but that individual personality must include the physical make-up as well as the emotional and intellectual

[1] Preliminary Committee's Report, White House Conference, p. 465.

[2] See address of Dr. Bronson Crothers at White House Conference, Feb. 19, 1931.

characteristics and the interrelation of each of these to the stimuli that proceed in all of their multitudinous radiations from the environment.

The task of psychiatry and mental hygiene consists in an analysis of personality and of concrete personalities in an effort to understand them and to discover as far as possible the roots out of which they have grown. The actual function of the psychiatrist in the practical social program consists in the interpretation of personality formation. In order that a socially-desired reorganization of a personality may occur, the origins and development of particular traits and characteristic responses must be studied. Proceeding from the viewpoint of the psychologist and of the physician, both of whom are primarily interested in the individual, the psychiatrist has not entirely succeeded in releasing himself from the bondage of past associations. Actual behavior and behavior reactions are attitudes expressed in relation to the group. They do not concern the individual alone but are social in their consequences. That group life is an integral factor in the determination of behavior habits has to be recognized by psychiatry before its conclusions and suggestions are worthy of any consideration. To discover personal characteristics and traits including mental peculiarities varying from the standard type proves nothing or but little. Lombroso's lamentable failure to prove his thesis that criminality was the hereditary product of anomalous human types is a case in point. It only became necessary to show that such types were so frequent among non-criminal groups that if this contention were true most born criminals were not being apprehended. Psychopathic conditions, defense reactions, inferiority complexes, etc., cannot be properly appraised apart from the social situations that supply their own peculiar stimuli.

Psychiatry both in diagnosis and in treatment appears increasingly to recognize the importance of the social factor. Much objection has been made to the individualism expressed in past programs of treatment. Society is not benefited if a

particular wayward boy is rescued from his waywardness, if by virtue of this accomplishment other boys have become infected with the behavior habits which have been eliminated from the boy treated. Psychiatry has lacked an appreciation of the principles of social psychology, and has been oblivious of the place that mores, customs, traditions, and folk-ways play in the essential social life of a community. Only as emphasis is given to the sociological point of view, and the place of group life, of contacts, and particularly of ecological factors receives proper consideration, can causes be accurately analyzed and safe methods of improvement proposed.

3. Evolution of Mental Hygiene Movement.

The work of Witmer in Philadelphia as early as 1896 began to draw attention to the mental problems involved in behavior cases. Later the experience of Beers led to the book entitled, *The Mind that Found Itself.* Both the author and the book created a great interest in mental hygiene, and in 1909 the National Committee for Mental Hygiene was founded. During this same period scientific methods of making mental tests were being developed. In 1909, the Institute for Juvenile Research was established at Chicago and a new era began in the study, from the standpoint of abnormal psychology, of juvenile delinquency and its causes. Meanwhile, in 1906, the first state psychopathic hospital was established in connection with the University of Michigan. An after-care worker for the New York state hospitals for the insane was supplied four years later by the New York State Charities Aid Association. This development marked the practical beginnings of psychiatric social work, although this beginning must not be considered as having achieved such dignity as to warrant the use of this term in connection with the effort. Out of this ferment of unrest over the inadequacy of methods of diagnosis and of understanding of the various mental types and mental abnormalities have arisen several characteristic methods of service. They are the Psychopathic Hospital, the Child Guidance Clinic, General Psychiatric

Clinic, Psychiatric Case Work, Habit Clinic, and child study through special or controlled groups.

4. Psychopathic Hospitals.

The rôle of psychopathic hospitals is to deal with cases less serious than those handled by institutions for the insane. However, such a hospital may and should for a short time accept mentally diseased persons for observation to learn whether or not definite hospitalization is necessary. The bulk of its patients must consist of the less serious cases, that is, of types probably not in need of permanent institutional care. These cases will vary from rather definite forms of psycho-neuroses and nervous maladies to the milder types of aberrant and abnormal behavior. Cases of temporary disorders may also be included, for example, alcoholism or abnormalities due to the tension of some exciting but ephemeral cause.

Several states have imitated Michigan and have made provisions for a psychopathic hospital. In a number of instances the hospitals are integrated with the medical school of the state universities. Both in New York and in Massachusetts the hospitals were under the control of the respective departments of mental hygiene, but in the former state other connections were made in 1929. This type of hospital has an excellent opportunity to flourish under local and private auspices, since in most cases commitments are not necessary. Accordingly psychopathic wards or departments of general county or city hospitals are becoming increasingly common.

Many special private hospitals for nervous cases have also been established. These hospitals become a resort for patients who are a source of anxiety to friends or relatives. Changing behavior habits and tendencies foretell the probability of definite insanity in the future and as a consequence the services of the hospital are implored. And the results show that the efforts have been worth while. It is possible to avert insanity in a large proportion of cases if, a warning having been given, a proper regimen of treatment is consistently followed. The

greatest handicap to the mental hygiene program at this point consists in the reluctance of patients who have some premonition of their possible fate to refuse hospital care. They are unwilling to have the actual conditions professionally discovered for fear of the shock that its disclosure would be to them. Nevertheless all interests would be better conserved if individuals learned the truth as early as possible, since much insanity would never emerge were such precautionary methods employed. The hospitals make as careful studies of the ailments of patients as their resources allow and thereby make available the bases on which recovery can be built.

The public psychopathic hospital is generously used by the social agencies. These refer cases requiring diagnosis, in order that they may better understand the individual and may utilize this information in their plan of case treatment. Often the courts refer cases for similar reasons.

This type of hospital has a rapid turnover. Most cases are either transferred to other hospitals, or a short course of treatment is attempted and the case dismissed or made a ward of the out-patient department. The statistics of psychopathic wards in general hospitals, according to the Census Bureau, show that in 1922 33,432 patients were admitted, 32,903 discharged and the resident population at the end of the year was only 1,842.[1] The latest census report on the insane does not distinguish between the work of the psychopathic ward and that of the remainder of the hospital.

5. Child Guidance Clinic.

The so-called child guidance clinic did not become a separate entity until the Commonwealth Fund began a campaign for this type of work and offered to subsidize demonstration clinics for a given number of years. A clinic was established in St. Louis in 1922 under municipal auspices, but closely connected with the local juvenile court. A standard child guidance clinic requires

[1] United States Bureau of the Census, 1923, p. 88.

a minimum staff consisting of a psychiatrist, a psychologist, and one or more psychiatric social workers, and the work falls rather naturally into three or four divisions. First, a careful physical and medical examination of the child is made. This task is performed by the psychiatrist or by some physician working under his direction. The health history of the child and his health condition are factors of primary importance. Second, the essential task of the psychiatrist is to study the personality difficulties and the behavior habits of the child. Accordingly a personal conference is held with the child, and as far as possible, the child is given an opportunity to reveal himself. Such a revelation of oneself is permitted without praise or criticism. The interviewer is less concerned with the truthfulness or falsity of the child's statements than with the fundamental processes and reactions on which the behavior of the child depends. In most child guidance clinics the same man serves both as physician and psychiatrist.

Third, the psychologist applies the tests for intelligence and education, discovers special aptitudes and weaknesses, appraises the capacity of the child in terms of intelligence and educational quotients, and makes an analysis of his mental qualities. Fourth, the social worker obtains information about the family history of the child and its heredity, and secures as complete a social history of the child as possible. Among the items of importance are health, school, work, and leisure records, delinquencies, if any, and relevant information in respect to the child's attitudes toward parents, associates, and others whom he touches.

A conference on the case brings together the findings of each type of investigator, and out of this joint study come the conclusions and recommendations. The findings frequently place the major portion of the trouble in the psychological and sociological conditions with which the child must cope rather than in hereditary defects. Therefore the frequent complaint from parents that the clinic does not hold the child sufficiently responsible for his conduct. However, the aim of the clinic is

to discover the driving forces that make for misconduct, and these for children are largely external to them.

In addition to the aid given to the St. Louis clinic, the Commonwealth Fund assisted in financing several other clinics for a period of five years. The value of these clinics has been so well demonstrated that the number is continually increasing. They are connected with a variety of agencies but usually with state departments of health or welfare or with local agencies, such as the courts or schools. A few are operated independently under local administration. In 1928, 483 psychiatric clinics for children were in operation throughout the United States but of these less than one-fourth were equipped with the standard staff, and therefore only the latter may properly be denominated child guidance clinics.

The traveling school clinic antedates the child guidance clinic, the first one being established in Massachusetts in 1915, and in 1919 the state enacted a law, which was amended in 1922, requiring periodical examinations of school children who appear to be retarded three years or more. The examination must be made by a representative of the state department of mental diseases. The plan adopted was to utilize the service of the psychiatrist connected with the various state institutions for the insane and the feeble-minded. An intensive course of training was given to these officials and great stress was laid on the necessity of proper coöperativeness with parents, school authorities, and with the pupils themselves. The state was divided into twelve districts corresponding roughly to the districts served by the institutions. At first only the districts served through the schools for the feeble-minded were equipped with a psychologist and a social worker, but in recent years a similar equipment has been provided for each of the districts.

The pupils for examination are usually selected by the teachers. Unfortunately the retardation of the children rather than their behavior is the usual basis for selection. The clinic then visits the city, usually spending a week making examinations and reports. The various traveling clinics during the year 1929

operated in 168 towns and made more than 6,000 examinations. The figures for these towns showed that where first examinations of school children were made .54 per cent were diagnosed as feeble-minded and .96 per cent as retarded, that is, 1½ per cent of the elementary school children were found to be subnormal. These examinations have assisted materially in promoting specialized service for the retarded children. The traveling clinic system, however, has not materially aided in the interpretation of behavior problems. Its service has been limited largely to help for the subnormal along educational and vocational lines.[1]

The traveling clinic in Colorado comprises the standard equipment and operates over most of the state. At first the people were distrustful but gradually they have been willing to refer a larger proportion of the cases examined for psychiatric study. There is also a constant increase in the number presenting behavior disorders — a fact which indicates the growing confidence in the efficacy of the clinic. An additional result is the realization by communities that they lack facilities for the proper and adequate treatment of children and the gradual development of agencies equipped to meet given situations.

The visiting child guidance clinic in California distinctly recognizes the necessity of dealing with problems of behavior and these problems are conceived as belonging to two general types; problems which, if left unsolved, prevent the development of the individual into a wholesome happy adult, and second, expressions of behavior which interfere with the comfort and welfare of others and therefore are distinctly of a social nature. The clinic began its work in 1929 and follows the usual orthodox methods. It does not enter communities already provided with clinic service and enters others only on request. It also places restrictions on the amount of service it promises to render; otherwise it would be deluged with cases and its efficiency as a diagnostic institution be seriously impaired. Its primary object is demonstration with the hope that local

[1] Massachusetts State Department of Mental Hygiene, 1929.

communities will eventually develop adequate plans of their own. Consequently the clinic remains in a particular community not more than four days and selects types of cases that should prove educational. Among the objectives to be attained, in addition to the establishment of local clinic facilities, are special classes for slow and bright children, vocational guidance, occupational placement, and the introduction of specialists such as visiting teachers, and school counselors into the schools. Finally a comprehensive recreational program is coveted for the community.

Under the auspices of one or other of their state departments about a dozen states now provide for traveling clinics. The plans are patterned after one of the two types of clinics herein presented. These beginnings, however, do not imply quantity of service. The rural regions of most of the states are largely neglected. The towns and the larger communities reap the bulk of the advantage of this work. All the clinics both stationary and traveling hardly reach more than 40,000–50,000 children per year, whereas 675,000 were reported by the White House Conference as presenting behavior problems. This figure does not include the half million that are retarded. Bronson Crothers at the White House Conference on Child Care and Protection said in behalf of the committee for which he was spokesman, " We are willing to defend the statement that all the organized groups where psychiatric leadership is accepted and all the specialists in psychiatry can care for only a negligible number of children. Their major function is to investigate conditions, to establish facts, and to devise methods by which appropriate instruction can be available to all parents whose children are failing to meet life adequately and happily." [1]

6. General Psychiatric Clinics.

This type of clinic may handle children but its established function is particularly to make diagnosis of individuals at the

[1] Official Proceedings of the White House Conference, *Medical Service Section*, Address given February 19, 1931.

clinic and to give routine supervision later. It should be connected with a hospital, and there is particular value in connections with the public or the university hospitals. Here the lesser form of mental disturbance should be diagnosed and treated. Some segregation of types should also be made and children and adults handled separately.

Psychiatric case work in connection with the clinics will give a sense of completion to the task, but the work is less intensive than that of the child guidance clinics. The function is distinctly one of service. The clinics must try to reach both young and old, but demonstration is not one of their tasks.

Psychiatric social work made its practical beginnings during the World War when problems of personality had to be faced and solved. Coincident with the necessity of workers came the organization of definite training courses. Very rapidly the various state institutions caring for mental cases have added such workers and the federal government is employing a large number in connection with its veterans' hospitals. The most rapid increase, however, is in connection with non-medical agencies, such as courts, reformatories, child caring agencies, vocational adjustment centers and a beginning has been made with industrial concerns.[1] A big field for this work consists in the study of criminals and delinquents. The prospective change of our procedure for handling adult delinquents will hasten the day for the expanded use of the psychiatric social worker in this connection.

7. Habit Clinics for Young Children.

The orthodox child guidance clinic is too pressed for work to accept cases that do not constitute relatively serious behavior problems. There are many minor problems, some of which, however, prove temporarily at least quite baffling to the parents. Physical and mental habits alike may develop into uncontrollable reactions with serious mental and moral consequences to children later in life.

[1] R. S. F. *Social Work Year Book, 1929*, p. 342.

Thousands of parents regularly face the problem of properly guiding and controlling difficult children. Why are they failing? Why are their children responding differently to the treatment given than is the case with their neighbors' children? No one can answer without further study and information. To reach such parents in time so that a young child will not be misdirected and compelled to unlearn its habits of behavior is the goal of the habit clinic.

Although a number of separate habit clinics for young children have been established, it is not likely that a general movement in this direction will occur. The more probable and more logical development is the habit and behavior clinic under the control of the public schools. It is here that the possibilities of habit control may be realized. The schools, as is shown elsewhere in this book, have been deeply immersed into the character-formation program. The habit clinic is largely a phase of this work and should be integrated with other elements of the character-building service. The chief obstacle to successful work in this field consists in the danger that the schools will not reach children in time. However, the nursery school movement, according to which the so-called preschool child may be admitted, indicates that a school clinic can for practical purposes reach nearly every child in need of special guidance. The nursery school also attempts to reach every parent in need of learning more of the essentials of child guidance and management.

8. Parental Control.

The White House Conference definitely voiced the reaction from professional control of children to legitimate control by their parents. After all, the parents of a child are the child's best and most important habit clinic. To take away this responsibility is to unloose a multitude of impulses and urges that threaten the stability of the entire structure on which family life rests. Dr. Crothers, in the address previously mentioned, speaking of the physician in relation to the child in the family, says, "Adequate medical care cannot be given with-

out intelligent attention to any intellectual and emotional difficulties which may be present. The fields of psychology and psychiatry are broad and rather ill-defined and we do not urge doctors, in general, to become experts in these subjects. There is, however, such a thing as psychiatric intelligence which can be achieved by most physicians." This view would result in an enlargement of the field of the regular physician and would retain for the home the responsibilities which coöperation with the physician would thrust upon it.

The promotion of the mental health of the child and the development of a socially adapted personality cannot be accomplished by means of prescriptions that ignore the interdependence of child, parents, and their associations in the community. Arrogant individualism spells ruin and weakens the parents in their function relative to effective child guidance. Even the psychiatric clinic depends for its solution of a problem on the good sense and effectiveness of the entire group who have become the personal environment of a problem child. Attitudes and behavior arise from experiences and only as those experiences can be rationally interpreted to the child will he react therefrom in a socially acceptable manner.

The inability of the child guidance clinic to reach more than a modicum of the child population, the limited control by the school over the waking hours of the child, the reluctance with which the professional physician or psychiatrist will be consulted — in short the meager service to be normally expected from the agencies outside of the home — leave the parental influence a dominating factor. Therefore the great need is a more intelligent appreciation by parents of the psychological and social implications of perverted behavior. As is quoted elsewhere, it is not problem children but the problems of children that community must face.

Child study, appreciation of the psychological and social principles that determine behavior, evaluation of hereditary factors, an adequate conception of the child's interests and wishes, and knowledge of the possibilities of socially sound

be improved; unemployment must be reduced to a minimum; and a more equitable distribution of income be realized.

An effective program of law enforcement must be maintained. This must cover every phase of the problem so that wanton misconduct will no longer thrive.

The constructive treatment of delinquents is necessary. Otherwise recidivism will continue to thrive and our vast penal system be for naught. Prevention is more important than cure. For the student, however, emphasis should at this time be placed upon defects in criminal procedure and in penal treatment. A great shrinkage in the amount of crime would occur if these defects were remedied.

QUESTIONS FOR ADDITIONAL STUDY

To what extent can the scientific treatment of criminals prevent crime?

2. Which of the agencies engaged in treatment is the most important?
3. How can the work of the metropolitan police be coördinated with that of the county and state police?
4. What other causes besides the technical are responsible for our low rate of convictions?
5. Would a larger number of judges expedite the handling of court cases? Why not?
6. Show why the average jury is not a jury of "one's peers."
7. What school of criminology has dictated most of our penal laws and methods of court procedure?
8. Study further the simplification of court procedure.
9. Are the bar associations of the country morally obligated to lead in the improvement of court procedure?
10. What political system is responsible for the jail conditions in this country?
11. Make a study of the work of typical municipal farms.
12. Why is the separate system as a method of penology socially unsound?
13. What reformatory popularized a new way of dealing with first offenders?
14. What practical and theoretical objections may be made to indeterminate sentence?
15. What are the chief reasons for the limited success of the parole system?

16. Is the attitude of the public in opposing an extension of parole justifiable?

17. Study the parole system in your community and compare it with standard plans.

18. Distinguish between probation and parole.

19. What varieties of prison labor are permitted in your state?

20. How far should the principle of self-government be applied in our state prisons?

21. Summarize the defects in our state penal system.

22. Show why the program of crime prevention cannot be isolated from other preventive programs.

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CHAPTER XXI

CHILD BEHAVIOR AND DELINQUENCY

1. The Approach to Behavior Problems.

There was a time when boys of 8 or 10 were sentenced to death for offenses, some of them so trivial that they would hardly receive notice today. Yet these boys were guilty of so-called capital offenses and had to be handled according to the heinousness of their crimes. In those days everyone, regardless of age, was held fully responsible for any act that he committed. But that was many years ago.

In 1899 came the first juvenile court. The offenses of children became delinquencies. The blame was divided; part being charged against the child, part against environment. Treatment was based on these considerations and attempts were made to adjust the child to his environment although that very environment was partly responsible for his behavior.

The wheel has taken another turn. The new thought was anticipated many years ago when an eminent psychologist said we are mostly somebody else. Modern psychology has discovered that our early life means much more to us than the men of a generation ago dreamed was possible. Complexes, emotional fixations, conflicts, repressions, releases, compensations, and other significant reactions have been identified and, to some extent, explained. The individual has become a product, in which the ingredients are as numerous as the sands of the sea. No longer, therefore, are we largely interested in the precise thing he does. Rather we want to know why did he do it. What were the factors, recent or remote, psychological or sociological, inherent or acquired, that fused themselves into the motivation of particular acts or offenses. Modern thought does

not emphasize blame; it wants to know the reason. It recognizes an inevitable relation between cause and effect and searches diligently for the cause. The greatest weaknesses today consist in the failure of psychiatry to keep its feet on the ground and in the indifference to the sociological factors that determine group loyalties and associated conduct.

The approach to behavior problems then differs widely from that of a generation ago. It emphasizes too much the behavioristic psychology, although the contributions by this school of thought have been most helpful. The present danger lies in our tendency to slide into a rut, whereas all that has been shown is a path. The inadequacy of any single explanation of conduct and behavior is trenchantly shown by Thomas and Thomas in their "The Child in America." The weaknesses of psychiatry, psychology, mental testing, personality rating, psychometry are all effectively exhibited, and the unanswerable conclusion reached that the sociological approach which utilizes the value in each of the others but adds group and associated activities achieves the most satisfactory diagnosis of human behavior. The matrix of influences of which one child is a part yields delinquency; that of another promotes socialized behavior.

2. Causes of Juvenile Delinquency.

Juvenile delinquency implies a behavior problem of such seriousness that the law should be required to interfere. The White House Conference Report defines it as "such juvenile misconduct as might be dealt with under the law." No longer is it the violation of particular rules, ordinances, or laws, but rather the expression of an anti-social attitude that threatens to result in harm not only to society but to the developing personality of the child himself. The various states, dimly recognizing the intangibleness of delinquency, have increasingly liberalized their laws and have attempted to designate habits of behavior rather than definite acts or conduct.

Fundamentally delinquency is a form of behavior or emotional reaction to current stimuli. It tends to repeat itself and is

essentially a process. Accordingly the particular delinquency is merely a mirror of the actual kind of work. Although the causes of delinquency do not lie primarily in the individual, it is only through a study of the individual that one can lead back to the maze of influences that have produced a certain type of behavior habit.

a. Inability to Satisfy Fundamental Wishes.

Every child is actuated by the same wishes as those which impel men to action. He has desires, ambitions, craving for new experiences, strives for recognition and for status, and has a penchant for self-expression. The extent to which his legitimate cravings can be satisfied depend on his personal shortcomings and the degree of hostility encountered in family and neighborhood. If the family is in poverty, he is handicapped and the stimulation of desire may produce delinquency. If inhibitions have been established, these inhibitions wrestle with the temptation to reach his goal in the easiest but most undesirable way. The child is individualistic and develops group loyalties when he becomes gregarious. His gang or group life causes him to give expression to the mutual interests that have been established. Much depends on his place in the group, whether he is a leader or modest participant. The achievements, the opportunities, the joyful experiences, and the hero worship of others prod him into a realization of his own advantages or disadvantages; accordingly attitudes of mind develop which have a pronounced effect on his conduct. Youthful immaturity translates legitimate desire into immediate and unreasoned effort to attain some goal. Herein lies much of the anti-social behavior that culminates in juvenile delinquency.

b. Abnormal Family Life.

The child with his physical and mental limitations or advantages grows up in a home where the various forms of social and anti-social behavior are constantly evaluated. He observes conduct; he hears precept and command. The minutiae

of his own life are under constant review, subject to criticism or approval. Under these conditions fundamental attitudes are formed and characteristic behavior follows.

The broken home is an important factor in the causation of delinquency. However, it is not the broken home per se, but the subjective results that emanate from many broken homes that must bear the responsibility. The home broken by divorce, separation, desertion, or similar causes is largely a result of the identical influences that produce juvenile delinquency. Consequently a large percentage of the delinquent population comes from broken homes. In the case of boys the proportion ranges from one-third to one-half; in that of girls from one-half to three-fourths. The ideals, morals, habits, reaction to stimuli, superstitions, attitudes, and behavior characteristics in general have carried over from parents to children; or in those cases exhibiting behavior patterns different from the parental traits, the patterns observed in the gang or the neighborhood have been substituted. Studies of the home life of delinquent children have clearly established the fact that in addition to the proportion of homes that are broken there is a high percentage of incompetent and inadequately adjusted homes. So-called normal homes are comparatively few — probably not more than 10 to 20 per cent of the total.

Normal life implies two parents living together and highly interested in the welfare of their children. These parents are at once guides and leaders; agents for the expression of individual aptitudes and for the repression of unworthy motives; the producers of the family income, and the conservers of its resources. They carry and transmit the traditions of yesterday modified by their own reëvaluations of the fundamental folk-ways and current culture traits. Here the child is molded; the process begins, according to modern psychology, at an amazingly early age. Imitation is in the beginning the most important process responsible for filial conduct and motivation. A truthful father will almost certainly have a truthful child. Slovenly parents tend to produce slovenly children. An immoral mother will

hardly bring up a virtuous daughter. Children who steal petty articles and bring them home for enjoyment, and who discover that no obloquy attaches to such actions, evaluate anew the rights of private property. They soon become victims of their own overweening desires, and follow with a career of petty larceny or of even more serious offenses.

Like father, like son is an observation that frequently misstates the fact. The differences result from the operation of another psycho-social principle. It is often seen in the cases of overstrict parents who prohibit their children from engaging in certain amusements or recreations. This repression produces its exact opposite and the child seeks release as soon as opportunity affords. Consequently he dances, plays cards, goes out nights, frequents amusement places, and generally carries to excess the very practices that had been forbidden him. For this reason we sometimes learn that the child of a highly respected parent has become a delinquent. Here the mores of the group conflict with the individualism of the parent and the child wishes to conform to the group life.

Inattention to their children is a frequent fault of present-day parents. Although behavior is largely imitation, nevertheless a judicious review of a child's behavior is a wholesome sedative and would check anti-social tendencies if properly handled by the parents. Until parents attempt to understand and to analyze more effectively the behavior traits of their children they remain comparatively helpless as guides and leaders. Too many parents, instead of contributing themselves, their purposes, ideals, and affections to their children, become absorbed in selfish satisfactions of their own and make but few contacts with the children. Their worlds are separate and soon the children lose the sense of family solidarity — the basis on which the primal virtues, both individual and social, are largely rooted. Youth is morally and mentally immature and child life cannot, in spite of much current psychology, be expected to reach socially satisfying behavior traits by the trial and error method. It is in exactly such ways that codes of morals have been built

up, but at the cost of thousands of deformed and warped human lives. No need exists today of repeating such costly experiments. The older generation is the natural carrier of accepted culture traits. At best a modification of behavior is allowable. To begin anew the establishment of behavior patterns is to throw away the acquired knowledge and experience of ages. Parental concern for the welfare of their children must, however, result in the real integration of family life. Parents and children must belong to each other and share each other's interests and longings.

c. Group or Gang Associations.

The family as the first primary group is soon rivaled by intimate associations with congenial companions outside the home. Frequently such associations have been designated the " gang." However, all human beings belong to gangs and this term has received a bad connotation because it has been made to refer to a set of contacts that have yielded a large amount of juvenile delinquency. Essentially the gang is nothing more than the organized or unorganized group of companions that segregates itself from other and similar groups in the adolescent life of practically every individual.

New sets of values are created in these groups. As the product of youth they are based largely on immediate interest rather than on ultimate effect. Accordingly the family and the gang may be found in frequent conflict with each other. The family represents the behavior traits of adult life and to some extent of past culture; the gang tends to idealize immediate attainments. Its philosophy is the philosophy of the present rather than the consensus of all past experience. Group life is the best antidote for selfish individualism; it produces the larger loyalties; it also develops leadership and confirms imitators in the art of following. In the gang are fused the culture backgrounds of each participant and a constant war with each background pitted against every other is systematically carried on. It is here that energy, enthusiasm, good-will, ill-feeling, and both positive and negative urges express them-

selves. Gang life leads in all directions; it produces delinquents; it develops vigorous socially-minded leaders. In many parts of our metropolitan cities, unfortunately, it definitely establishes delinquent trends in too large a proportion of its members.

d. Exposure to Unfavorable Conditions.

As has already been shown, delinquency represents an attitude of mind. Other conditions than those mentioned complicate the ideational moods of the child. Handicaps of various kinds pervert straight thinking and often lead to aberrational thought and action. Among these handicaps are:

(1) *Premature Child Labor.* When very young children are employed, they recognize that the opportunity for the expression of youthful exuberance has been taken from them. They know they are missing something to which they feel children are entitled. An unwholesome attitude toward life is developed and conduct frequently runs parallel to this attitude. Children in the street trades suffer from additional disadvantages. They make contacts of a type that destroy their previously developed evaluations of behavior and act accordingly. That the newsboy suffers from a higher rate of juvenile delinquency than workers in other occupations is well-known. Sullenger in his recent study of newsboys in a metropolitan city finds that these boys are contributing 4.8 times the normal proportion of juvenile delinquency.[1] Older figures show similar trends. Wherever child labor is not supervised, an unusual amount of juvenile delinquency occurs. This fact has been clearly established by investigations made under the direction of the Federal Bureau of Labor.

(2) *Poverty.* Poverty is not a direct cause of delinquency. In order to effect results, it must operate on the emotional life of the child until certain definite reactions are produced. For this reason it is unfair to class all children living in certain sections of a city as living in a similar environment. The poverty of two families may be substantially alike, but the inspiration and

[1] *The Journal of Juvenile Research*, July, 1931, p. 216.

the ideals imparted in the one differ so radically from the other that totally different concepts of proper relationships in life may be produced. To recognize this fact is to realize why some very fine characters have grown up in the so-called slums.

All juvenile court statistics point to the fact that delinquency is more prevalent in communities where poverty abounds than elsewhere. Here family disorganization parallels other abnormal social conditions and suggests the presence of delinquency areas. However, the ecological approach to the causation of social abnormalities seriously neglects the economic and social factors fundamental to the distribution of different groups or strata of human beings. The factor of poverty is perhaps the most basic. Lack of opportunity, lack of capacity for self-expression, inability to live a life in accord with one's inner promptings, and constant gnawing of unsatisfied desire — all these are shortcomings that may be transmuted into abjection or resentment or anti-social behavior.

(3) *Lack of Opportunity for Play and Recreation.* Spontaneous play may develop or retard the social virtues. Opportunity for recreation under wholesome auspices and yet with the maximum of self-imposed rules and freedom from interference is an essential in the lives of normal children. The playground and social center have harnessed the surplus energies of youth and have in addition promoted group thinking and developed such ethical and social values as order, obedience, self-denial, self-control, and capacity for coöperative effort. Democracy works best in the primary group. And the success of democracy on a grand scale such as that attempted in countries possessing from one hundred to two hundred millions of people depends in a large part on the efficiency with which primary group organization is effected and practice in self-government and self-discipline popularized.

e. Individual Conditions and Personality.

So far the emphasis has been on the external factors that tend to produce definite attitudes and explainable responses to given

stimuli. The boy himself is a factor. His personality comes into play and interacts with all outside stimuli to produce significant types of behavior trends.

(1) *Inferiority and Self-depreciation.* Many human beings are physically or mentally handicapped for particular forms of activity or work. A fine appearing boy can get a position more easily than one bearing facial scars, although the latter may be much superior. A blind man cannot get a position even though the particular position can best be filled by a blind man. Physical deformities, inferiorities, and abnormalities lessen individual opportunity for full personality development. The frequent alternative is delinquency or crime. The fact that many delinquents exhibit physical peculiarities is not an indication of inherited criminality, as Lombroso vainly contended, but largely an evidence of the effect of inferiority in perverting moral balance and in seeking other methods of securing mental satisfactions. Accordingly we have what psychologists call " the inferiority complex," which prevents individuals from realizing on the sum total of their potentialities. It makes individuals oversensitive to their weaknesses and inhibits them from a full exploitation of their strength. Delinquencies on their part are frequently a " short cut " to a goal not otherwise attainable.

(2) *Self-esteem.* This quality works in the opposite way. It enables its possessor to bully and outmaneuver his associates. It makes individuals aggressive and obtuse to the disfavor of the group. It causes the youth to take risks which the normally-minded would not incur and to confide in his own powers to extricate himself from difficulties that may be encountered. Some of the more notorious murder cases have been exhibitions of this type. In lesser ways, this quality works among children, particularly boys, whose intelligence quotient is above normal. If his interests can be maintained and his desires satisfied, a boy easily becomes the type of intelligent leader of youthful gangs and gangsters such as we are witnessing today.

(3) *Mental Defectiveness.* The day when the evils of mankind were heaped on the shoulders of the mental defective is past. However, even the most conservative investigators find an abnormal proportion of defectives among the delinquent population. On the other hand, the percentages obtained by the professional eugenicist should be accepted with considerable allowance. Perhaps better mental measurements will materially aid in obtaining accurate information. The number of delinquents who test less than 70 in the standardized tests of today range from 10 to 20 per cent of the delinquent population — a fact which indicates that special attention still needs to be given to children of low mentality.

The relative proportion of the normal and the defective in our delinquent population has changed in recent years, because of the incitement to anti-social behavior provoked among children from so-called normal homes. The number of defectives has not decreased but that of the others has grown. Our task with the mentally deficient remains as serious as before and in a later generation the proportions they formerly maintained may be reëstablished. It stands to reason that weak and immature minds cannot easily grasp the significance of moral codes and that they become the easy prey of unscrupulous leadership. Defective girls become sex delinquents not from excessive desire but because they are misled. The feeble-minded are easily perverted because they possess no such stamina as that which enables a normal child to withstand sinister influences and seductive allurements.

(4) *Social Immaturity.* An important cause of delinquency lies in the incapacity of the average child to assimilate the educational program of today with the rapidity necessary to apply it to his problem of social adjustment. Our children are learned beyond their years. Their normal judgment, their powers of restraint, their appreciation of the essentials of social behavior lag behind their formal education. Their multitudinous contacts with the world give them knowledge without capacity to adapt it to their wider needs. Consequently they

become impatient with the behavior patterns of their parents, and deliberately set out to construct codes of their own. Impatience with history without understanding the meaning of history is the fault of those who would experiment in morals and in social adaptation. Everywhere the physically and mentally immature are faced with personal and group problems adapted to the men and women of adult life. No wonder that they falter, lose their balance, and become delinquent. Not until moral and social education keeps pace with physical and mental education can we expect juvenile judgment and powers of self-control to safeguard our youth against the insidious effects of anti-social influences and the seductiveness of living beyond their years.

3. The Juvenile Court Movement.

a. Enactment of Juvenile Court Laws.

Before the establishment of the juvenile court little boys were thrown into police stations and jails, often for the most trivial of offenses. Frequently they were subjected to intolerable conditions and became hardened and criminal-minded from their treatment. The revolt began in Illinois where in 1899 the first juvenile court in the world was established. The humane movement in America had made the people ripe for such an innovation. Soon the Denver court established a juvenile branch and shortly thereafter Wisconsin, Colorado, Pennsylvania, and other states enacted juvenile court laws. The contagion spread all over the country and within twenty years after the first law was passed every American state except one had made special provisions for the handling of juvenile delinquents, either through a juvenile court or according to a similar plan.

The majority of states have placed the jurisdiction over juvenile cases in the hands of some existing court. Usually the circuit or superior court has been selected and the juvenile court has become an arm or branch of that court. In some states jurisdiction has been given to the police judges or to justices of the peace; while in others it has been granted to the county

courts. In a few cities such as Denver, Boston, Indianapolis, Buffalo, and several others, provision was made for separate courts; in several communities also, juvenile cases have been merged with others to form a domestic relations court. The greatest variety therefore exists in respect to the organization of the court and its relation to other courts. In general the best procedure consists in separating the court as far from the criminal courts as possible and in rescuing it from connection with inferior judges or magistrates. Judges who pass on criminal cases in the forenoon are not psychologically adapted to handle delinquent boys in the afternoon. Even in cities where the juvenile court is an organic part of the superior court, efforts are being made to set aside one judge for juvenile court work only.

b. Variety of Cases Handled.

When first organized the juvenile court was intended primarily for delinquent children under certain ages. This limitation soon proved inexpedient and other types of cases, particularly those involving family and child problems, were assigned to the juvenile court. Among these are the following:

Contributing to the delinquency of a minor.
Age of consent cases.
Neglected children.
Parents of neglected children.
Adoption cases.
Mothers' pensions.
Desertion and non-support.
Unmarried mother cases.

There is the greatest lack of uniformity throughout the states in respect to the types of cases included. Some communities merely handle delinquents while others include neglected and dependent children. With the advent of mothers' pensions in 1911 and thereafter, many courts were deputized to carry the additional burden of granting the pensions. Where this was done in the larger communities usually a separate mothers'

pension department was established and the objections to pensions through a court were largely neutralized. Many states now handle a parent or other adult who contributes to the delinquency of a child in the same court in which the child is handled. This is the best procedure and makes preventive work possible. The California law covers practically every type of child, delinquent, dependent, neglected, and defective. As a consequence the courts in that state are virtually children's courts. The majority of children handled are other than delinquency cases.

The jurisdiction of the court is affected by the theory held in respect to the proper functions of a juvenile court. At first much objection was made to the inclusion of neglected and dependent children. In later years, as the distinctions between types became more tenuous, a broader conception of the possibilities of the juvenile court has prevailed. Gradually it is becoming a children's court deputized to hear children's, not merely delinquency, cases. The so-called taint is disappearing and the court may shortly achieve a usefulness which so far has been denied it.

c. The Probation System.

The key to the juvenile court is the probation system. Far more important than the judge is the group of officials in whose hands is placed the destiny of the thousands of children who within a year pass into and through the court. Before a case is heard in the court the probation officers should be required to make a full investigation of the problem and obtain the expert aid of other agencies in the community. The Children's Bureau in its standards for the study of the case includes the following items:[1]

1. The study should include a physical and mental examination, developmental history, school career, behavior habits, religious background, family and home conditions, and an estimate of the essential causal factors.

[1] Juvenile Court Standards, Bureau Publication, No. 121, p. 5.

2. Psychiatric and psychological study should be made in all cases in which the need seems evident. For this properly qualified persons should be used.
3. The clinic for study should be a separate branch of the court or a separate organization. It requires a physician trained in psychiatry, a psychologist, and one or more special investigators.
4. Physical examinations should be thorough and girls should be examined by women physicians. For rural communities traveling clinics should be provided.

When a study such as that suggested here has been made with painstaking care, the backgrounds and motivating drives of the child should have been uncovered and a sufficient understanding of his problems realized to make possible constructive social treatment. The general practice prevails in the juvenile courts of the country to put on probation a child appearing in the court for the first time. If the charge is extremely unimportant or the mitigating circumstances are unmistakable, he may be dismissed with a reprimand. If the case is very serious, the child may be committed to an institution for juvenile offenders.

Although probation is the cornerstone of the juvenile court, it has not been significantly successful. In the beginning it received but passing consideration by the courts. Probation officers were in some cases provided by religious bodies or by other voluntary agencies. Gradually the need of public probation officers was recognized, but the necessity of intensive work, if success was to be attained, was still unlearned. In fact few cities today have a sufficient number of such officers to do effectively the work required of them. According to the standard generally set, not more than 50 cases should be under the care of a probation officer at any one time. Yet the practice of requiring men to handle from 75 to 100 boys as a regular case load is a common knowledge. Under such conditions not enough attention can be given to any boy to enable the officer to develop consistent plans for the permanent benefit of the boy. The women officers usually handle girls and smaller boys. No one official can successfully care for as many as fifty girls, be-

cause most of the girls are sex offenders and require the most painstaking supervision and care.

Although the merit system has been introduced into most metropolitan courts, the best type of probation officer is not yet available. Possibly the chief probation officer is paid an adequate salary, but the remaining officers are not; and herein lies one of the stumbling blocks to successful work. Competent men shun positions that are both underpaid and lacking in dignity, and therefore trained social workers tend to avoid this form of service. In several communities this lack is being overcome, better salaries are being provided, and competent officials procured. Only recently, however, a canvass of the qualifications of probation officers as compared to other social workers placed the former at a tremendous disadvantage.

The task of the probation officer challenges the ability of the most competent men and women. Theirs is the job of taking a child who has begun to develop wrong attitudes toward property, persons, or society and remaking him into a normal person. To do this requires work not only with the child but with the forces responsible for his behavior trends. It should be clear from the discussion of causes that the objective expression of delinquency is merely a picture of attitudes and of habits in the process of formation. Something more has to be done than to receive regular reports from the child as to his behavior and conduct. What is needed is the acceptance of a code of living that corresponds to the demands of society. To accomplish this aim, the probation officer must bring into play all of the constructive forces that lie within the area of the child's activities. His religious, recreational, social, family, and employment needs must all be articulated into a joint and coöperative effort to bring about a constructive character-building process against which the impact of the forces of disintegration will be entirely without avail. Perhaps there is little wonder that probation has not been more successful.

The fact that probation has not been strikingly successful does not condemn this system. No other institution or agency

that has been overwhelmingly successful can be named. That the number of recidivists or repeaters in the juvenile court ranges from 20 to 50 per cent is unfortunate and indicates the failure of constructive effort. However, no set of probation officers and no single agency or institution can perfect all of the character-forming agencies and transform them into character-building forces. The probation officer therefore deserves to be excused and to be appraised on the basis of its practical possibilities. Furthermore, it should be compared with the available alternatives. Even now it does not suffer from this comparison. The practical problem consists in the task of making probation more efficient by means of better probation officers, fewer cases per officer, better coöperation with other agencies, longer periods of probation, and state supervision.

Probation and supervision must be exercised in behalf of others than delinquent children. The parents of neglected children, the children themselves, deserters, and others add to the burdens of the probation officer. The principles and methods given above apply to these, so that no extended discussion of the routine of work is necessary. However, a single officer can handle a much larger case load of neglected children than of delinquents. Usually there are several children in a family in a case of neglect, but only one in a case of delinquency. Since fewer families are involved in neglect cases, the supervisor can handle a larger number of children. The handling of deserters involves adult probation, which is discussed elsewhere.

4. Institutional Care of Juvenile Delinquents.

The institutional care of delinquent children was attempted long before the juvenile court was established. The method of operation, however, has in recent years been influenced by the same forces that brought about the court. Formerly these institutions were known as " Houses of Refuge," a term indicative of a venerable attitude toward juvenile delinquency. Some gain was made when the " reform school " was established, but unfortunately reform was too frequently attempted by

means of the hickory switch; and instead of reform the product was malevolence, resentment, and desire for revenge.

a. Organization for Institutional Care.

The typical program of institutional care calls for a set of state schools, one for boys, a second for girls. In the great majority of states such a set has been provided, although in several of the smaller states no provision is made for girls. In a few states both boys and girls are admitted to the same institution. The state schools receive the offenders from the rural and sparsely settled sections where local institutional care cannot be provided; and the more difficult cases from the larger cities where usually the milder cases are handled locally. As a consequence of this system the children from the cities are generally older boys and girls, whereas the country children are of all ages, some of them not more than 8 or 9 years of age.

The state schools regularly admit children up to the age of 18 and keep them either on an indeterminate sentence or until they reach the age of the majority. From time to time refractory inmates are transferred to the state institutions for adult or more serious offenders, for example, to the reformatory for the first offenders or even to the state penitentiary. The first state institution was the Lyman School for Boys established in Massachusetts in 1848. This was followed by the School for Girls at Lancaster, Mass., founded in 1854 but not taken over by the state until a few years later.

The actual beginnings of separate institutional care were made by the large cities, several of which established reformatories or houses of refuge between 1820 and 1830. A plan of state care has never proved adequate; in fact the populous communities have erected local institutions parallel to the development of the state schools. Accordingly most of the big cities have an institution to which they send juvenile delinquents, but they specialize, and commit minor and younger offenders to the local institution and send major offenders to the state training schools. In many communities the local boards of education have estab-

lished parental or truant schools, which are institutions for the care of young children whose offenses have been committed in connection with their school life. Notable examples of such schools are the institutions in Chicago and New York City. Others have been put in operation, particularly in the New England States and in the larger western cities. A new view emphasizes the responsibility of the county or city rather than the school board for the care of court cases and therefore certain parental schools have been closed or taken over by the local community. Such a change is desirable, since the local institutional care of children should be centralized in one jurisdiction. The school board cannot accept every type of case, whereas the county or city can.

Private institutions for delinquent children are of relatively minor importance. Although the earlier schools were begun under private auspices, they were soon taken over by the public agencies. Many private children's homes or orphanages formerly accepted both dependent and delinquent children. This procedure has generally proved unwise and most of the institutions have finally confined themselves either to one or the other type of child, save that mild cases of delinquency or "behavior" problems are still in some cases handled together with dependent children.

A unique experiment was begun in 1895 in Freeville, N. Y., where the George Junior Republic was founded. Other republics have been established elsewhere, and all are operated on comparatively identical principles. These are farm colonies in which a far-extended plan of self-government is in effect. Usually three types of children are accepted; cases committed by the courts, children sent by parents, and volunteers who consider the institution an opportunity for self-development. The institutional care of juvenile court cases has become a distinct public function. Accordingly we need not expect an extension of private philanthropy into this field. Rather the institutions now existing may be expected gradually to be transferred to the state or to limit their intake to problem children who

in most cases have not come from the juvenile court but have been sent by private individuals or voluntary social agencies.

b. The Institution Population.

The Federal Bureau of Education in 1927 identified 173 different institutions of a reformatory nature in the United States. Information was secured from 158.[1] These reported a population in 1926–27 of 84,317, of which the boys numbered 65,174 and the girls 19,143. If the remaining institutions approximated in average size these reporting, then more than 8,000 children should be added to the figure given above and the institution population of the country would exceed 92,000. The boys outnumber the girls by more than three to one. However, this disproportion is not nearly so great as that found in the juvenile court when all types of delinquent cases are counted.

Contrary to popular notions, the native-born children of foreign parentage do not comprise a disproportionate percentage, while of the institution inmates the foreign-born furnish less than their proportion. Serious delinquency is therefore fully as prevalent among the American population as among the children of foreign parentage, many of whom still live under the direct influence of a foreign culture. The rate of illiteracy was 9.4 per cent, and the bulk of the illiterates came from the southern and the Middle Atlantic states, Negroes being largely responsible for the high percentage found in the former and children of immigrants for that in the latter group of states. Discharges during the year numbered three-eighths of the institution population. At that rate it may be assumed that the average length of stay in the training schools is slightly more than two years. These institutions represent an investment of more than eighty million dollars and annual expenditures of somewhat more than $22,000,000.

c. Principles of Institutional Care.

(1) *Separation of the Sexes.* Seventeen of the institutions studied by the Bureau of Education handled both boys and girls

[1] *Industrial Schools for Delinquents*, Bulletin No. 10, 1927.

and several of them also cared for dependents as well as delinquents. In the case of delinquency boys and girls should be placed in different institutions and at a considerable distance from each other. The delinquents are at the age when clandestine relationships might easily aggravate the sex problems which each group, particularly the girls, definitely encounter. In fact the rehabilitation of the girls depends largely on success in the reëstablishment of the proper behavior habits and inhibitions in respect to the sex urge and its various manifestations.

(2) *Personality Must Be Studied.* The failure of the child to adjust himself to his better impulses is responsible for his commitment to the institution. One of the first tasks of the training school is to study the boy or girl from the standpoint of mentality, education, temperament, and emotional stability. Unless differential treatment can be provided, the institution can serve no practical purpose. Neurotic and psychopathic cases are sure to abound. Psychiatric service, insofar as such service can be made effective, is needed to unearth the causes of abnormal behavior. A better understanding of the child should then result in as much individualized care as institutional treatment can afford.

(3) *The Cottage System Should Be Established.* The cottage plan is necessary for delinquent children, but the detail differs from plans for the dependent. A cottage must contain one sex only and in the boys' institutions each cottage should be in charge of a couple instead of a single person. Furthermore a system of segregation is necessary whereby different types are kept apart. The lack of the cottage plan almost inevitably forces an institution to adopt military discipline as the method of control. The cottage plan, on the other hand, gives opportunity to small self-governing groups to reëstablish capacity for self-control. Furthermore, it enables the staff to observe more intimately the habits and traits of each member of the group. Again, living in a small group represents an approach to the life ordinarily led in the outside world, while congregate life is at variance with the experience of the child and out of harmony

with the conditions to be faced on return to society. Although a large proportion of the training schools are now ostensibly established on the cottage basis, the claim in this respect is illusory since the capacity of many cottages is from 40 to 50 children. Many so-called cottage-plan institutions are in reality a group of small institutions.

(4) *Education and Industrial Training Should Be Provided.* An illiteracy of more than 9 per cent is an immediate challenge to the institution. That this problem has been largely met is indicated by the fact that on discharge from the institutions not more than one-half of one per cent are illiterate. Of tremendous importance is manual or industrial training. This should be sufficient to equip the child more effectively for industrial life after discharge from the training school. Usually the schools comprise a farm of considerable size, which can be used for certain purposes and in certain ways. From the occupational standpoint agricultural training will be useful to the rural children. It is useful to city boys largely as an agent for health promotion, discipline, development of interest in life and the essentials of right living. Few of these can be expected to turn to agriculture for a livelihood.

Industrial training may take the form of trade training, but usually it falls short of this achievement. The decline of the trades and the substitution therefor of skilled occupations lessen the need of trade training but accentuate the necessity for the development of skill. If the industrial training provided meets this test, it will greatly enhance the opportunities of the inmates to find useful and lucrative employment. The figures by the Bureau of Education show that 93 schools for which information was obtained gave industrial training to over 48,000 boys and girls, or 75 per cent of the enrollment in these institutions.[1] We may assume, therefore, that training of this type is the general practice of the juvenile training schools. However, great difficulties are experienced in the educational program for girls. Too many girls have shown unfitness for

[1] *Ibid.*, p. 7.

such high-grade occupations as stenography and typewriting and, of course, professional service is entirely impossible. Accordingly emphasis is being increasingly placed on sewing, millinery, factory work, household service, and similar occupations. At best the delinquent girl becomes a serious problem of adaptation.

(5) *Moral and Religious Training Is Necessary.* Few individuals sent to our institutions are actively connected with a church or religious body. Such relations as exist are largely nominal. The fault, however, does not belong entirely to the child. Conditions in the family, home, community, and even in the church are factors responsible for this situation. Religion is a tremendous force and can be made a compelling factor for rehabilitation in the life of delinquents. The precise brand of religion is not an item of extreme importance. What is needed is an ideal, a stabilizing force, an incentive to good conduct. These, religion can and should provide. Denominational differences make formal religious training inadvisable; nevertheless, the religious life of the children must be awakened and the power for good that religion can accomplish utilized.

Training in morals is training in collective behavior. The greater the capacity for self-government, the better the moral precepts which the inmates will themselves establish and carry out. For example, in an institution in recent months the superintendent told the boys that protection was withdrawn from the food supply and that they themselves must be responsible for its integrity. That day some of the fruit disappeared from the cooler. The boys came to supper as usual but instead of receiving dessert were told that some of it had been stolen and none would be provided so long as the boys themselves could not control acts and habits such as were exemplified by the theft of the fruit. From that day food was no longer molested; the boys had learned a lesson in collective behavior and moral conduct. It is training such as this that counts. Socially desirable behavior is best prompted through the spontaneous action of the group itself. Coercion from the outside tends to produce resentment instead of willing obedience.

5. Foster Home Care for Delinquent Children.

In addition to probation and to institutional care, the boarding-out system has recently come into vogue as an alternative for the care of juvenile delinquents. Frequently the problem of a child can be solved if the external environment can be changed. In his own home and his own neighborhood, the associations and contacts are so pernicious that rehabilitation is impossible. Nevertheless, the child may not be a logical candidate for an institution. In fact the institution should always represent the place of last resort rather than the first choice and inevitable fate of the child.

Since the cause of delinquency is a complex of influences, as discussed previously, the chief problem consists in the modification or reconstruction of those influences. New behavior trends must be developed and these depend on the impact of a new set of stimuli. Frequently the best results can be achieved by removing the child from his home and placing him in another private home where an approach to normal life may be attained. The system of foster home care has been begun in many communities, but the number of children handled according to this plan is still very small.

6. Number of Delinquent Children.

The number of delinquents in the United States has gradually increased. The Children's Bureau estimated that in 1918 the cases of about 175,000 children were heard in the country. It is probable that about four-sevenths of the number were delinquents and the remainder neglected and dependent. If so, then more than 100,000 delinquent children were brought into the courts.

Ten years later — in 1928 — according to the report of the White House Conference of 1930, about 200,000 different delinquent children were dealt with by the courts. The report states that 1 per cent of the children of juvenile court age came before the court in a year; and adds that a much larger group have been dealt with by the police without recourse to the

courts.[1] It is clear that in many cities at least 10 per cent of the boys become delinquent and acquire court records. In particular sections of cities the proportion rises much higher, especially among certain unadjusted groups. For example, in one section of Los Angeles during a period of ten years the majority of boys faced the juvenile court before they reached the age of 18.

Statistics covering the work of 65 juvenile courts in 1928 have been gathered by the Children's Bureau. The figures indicate that in this year 84.3 per cent of the children brought into court on delinquency charges were boys and 15.7 per cent were girls; in other words there were more than five times as many boys as girls.[2] Nearly 47 per cent of the boys but only 32 per cent of the girls were under 14 years of age. In spite of an earlier maturity, girls when brought into court show a higher average age than boys. Possibly the fact that girls are not haled into court except as a last resort accounts in part for this apparent inconsistency.

7. Tendencies in the Juvenile Court.

When the juvenile court was first established, optimistic hopes were cherished in respect to the value of the institution as a preventive agency. Its originators, however, did not reckon with the judges, the probation officers, or the people. During the passing years the court has failed in reformatory work so often that serious questions have been raised. Although a large number of cases are handled unofficially — that is, out of court, and therefore do not have a court record, nevertheless delinquency has not been reduced. A number of handicaps have interfered with the undivided success of the court.

Neither the judges nor the procedure of the court are entirely emancipated from the anachronism and legal fictions of the criminal law.

The genesis of abnormal behavior has not been thoroughly

[1] *Preliminary Committee Reports* of the White House Conference, p. 539.
[2] Juvenile Court Statistics, Bureau Publication, Number 200.

understood and undue emphasis has been given to certain objective factors of minor concern.

Probation officers have dealt largely with the immediate transgression of the child rather than with the fundamental conditions that have colored his behavior.

Society has insisted on protection rather than on constructive treatment of delinquency.

Psychiatric service has been measurably impracticable and its suggestions futile.

The community resources have not been fully utilized by the probation officers. A reversal of behavior traits can come only as the individualism and transient outlook of the child are replaced with legitimate wishes supported by a battery of constructive influences.

Other agencies, such as the police, the children's institutions, and local improvement societies, have failed to give the juvenile court support in an advanced program.

These and other bars to the success of the juvenile court must be removed in order that the court may fulfill the functions that theory has idealized for it. The remedy is not to go backward; the court has served a useful purpose, but its present limitations are so serious that a new inspiration is necessary to carry us over into the promised land.

8. The School and Child Behavior.

Among the first to emphasize the responsibility of the school for the behavior habits of the child was T. D. Eliot.[1] Others have insisted on a similar program and gradually we are witnessing a realization of this hope. The schools deal with groups and have thought in terms of groups. To them in former days the individual was of little importance and, if an obstructionist, he was eliminated. The misbehaving boy was expelled from school and the public education laws did not apply the principle of compulsory attendance to the boy thus removed from the group.

[1] "The Back-to-the-School Movement" in *Journal of Delinquency*, November, 1922.

One phase of this drastic treatment is justifiable. No child should be allowed to demoralize an entire class or school. It is better that one suffer than that all be corrupted. This proposition, however, is not the only alternative. Neither have we a social right to sacrifice the unruly child. To him we also owe a duty, even though the responsibility for his aberrant behavior rested entirely on his own shoulders.

Enlightened compulsory education laws require that all trainable and educable children be provided with opportunities for an education. The blind, the deaf, the crippled, the feeble-minded, and also the delinquent are included; and for each of them special schools or special classes have been established. The school now has a positive responsibility both to the individual and to the group. It must exhaust all of its resources to care for the special types as well as for the normal pupil.

Recent provisions for problem children consist of disciplinary classes, disciplinary schools, twenty-four-hour schools, psychology departments through which individual behavior is studied, visiting teachers, counselors, and child welfare divisions or departments.

Advanced school systems now transfer a difficult child from the regular to the disciplinary class in which special attention is given to the problems that the child reveals. In case further segregation is necessary the child may be transferred to a separate day school and a similar program of individualization carried out. In California an additional step was taken in 1929 when a law was enacted empowering cities to establish day and night, or " 24-hour " schools for the care of children whose delinquency was too serious to justify transferral to a disciplinary school. Children would, after the consent of the parents has been given, be sent to such a school to remain there until constructive results appeared. If such consent is not given, then a request is made of the juvenile court to commit the child to the school. The plan, however, is to limit the attendance to pre-delinquent cases.

Such a school is not the revival of the parental or truant

school under a new mask. It accepts the responsibility of the public schools for the character development, not the moral reëducation, of its clientele. When outright delinquency has appeared the child should become subject to the court, but until then the school should attempt to train and to direct.

Not in group activities but in case work lies the first responsibility of the schools to the problem child. Either through the visiting teacher or the agent of the child welfare department, the school must learn the reasons why children become social and moral problems and must endeavor to make the necessary adjustments. The schools have an advantage over every other public or social agency, in that they make contacts with practically all children; and from a persistent and searching study they are able to diagnose the shortcomings and interpret the waywardness and abnormal tendencies that they may discover. The schools have become the logical agency to assist in the character-building program. The work with pre-delinquent children then belongs to the school and not to the juvenile court. The character-building process is too complicated and the number of children too many to risk the task of directing the program to the courts. All children need direction; some, however, require more attention than others. The White House Conference was right when it said that the question was not concerning "problem children" but the "problems of children." Every child is a problem child, and as soon as this principle is accepted by the schools so soon will a program of individualization appear, not only to handle maladjustments and threatened incorrigibility, but also to promote character education. By means of such a plan delinquency should be prevented and preparation for wholesome social life and associated activity be adequately realized.

9. Church and So-called Character-building Agencies.

The church has gradually lost much of its compelling influence over the thought and conduct of the growing youth. Theological dogma no longer alarms nor enchains the mind and

the church must adapt itself to the definite character-building essentials of today in order to regain the power that it has lost. That struggle in this direction is being ventured by progressive leaders is clearly apparent, but the conservative wings of all denominations have been holding religion back by means of an outworn terminology dangled with dogmatic assurance before the reluctant youth and by means of cryptic and apocalyptic passages from the Bible, the hidden meaning of which they pretend to interpret. Institutional churches, however, have caught a vision of their social responsibilities and recognize the many-sided influences that shape character. Progressive denominations likewise have reached out into the area of the social life of men and have essayed to control in orderly fashion the various forces that combine to construct ideal personalities.

Perhaps the most hopeful arms of the church at the present time are the Young Men's Christian Association and the Young Women's Christian Association. The former, born in 1844, was imported to America in 1851. Soon it realized that men and boys were molded largely by their contacts and therefore it instituted its wider program, which included service to the mental, the physical, and the social, as well as the religious side of life. The Young Women's Christian Association, founded 15 years later — in 1866 — has been active in promoting a well-balanced program for young women, and has, in addition, given much thought and energy to the problems of the woman wage earner. Since then the Young Men's Hebrew Association, Catholic community centers, and neighborhood associations have arisen to engage in various types of character-building work.

These lay organizations have in recent years given increased attention to the under-privileged child and youth, and have developed a technique adapted to this need. Even now the great majority of individuals served are more favorably situated, but as these agencies become participants in community chest campaigns they inevitably extend their services in the direction of the more needy groups. The reaction of these organizations

on the denominational churches has been wholesome and has given social vision and ideals of practical service to churches that would otherwise wither or decay. The growing recognition of the need of reaching the younger child has greatly changed the policies of these organizations in recent years; so that many boys and girls under twelve are now enrolled in clubs, classes, and social or religious groups. Much emphasis, however, is still given to the " teen aged " youth.

The churches through their Sunday School programs enjoy an excellent opportunity to promote a genuine character-building program. Unfortunately the results of past religious education have yielded too much dogmatism and social inertia and an insufficient amount of genuine capacity for right and wholesome living. This failure to produce the required results has led to the development of secular agencies, which, however, lack the inspiration of religion and therefore exhibit their own peculiar weaknesses. A great need today is a virile character-building program through Sunday school and young people's societies.

Commendable progress has been made by several denominations. For example, the lesson quarterlies are provided with useful bibliographies; they discuss the essentials of the associated life of today; they apply precept to individual character and conduct, and they endeavor to enlarge the horizon of the pupil so that an attitude of tolerance and good will may develop, such as is needed to solve the community problems that the world now faces. The following set of topics intended for children from 9 to 12 is an indication of progressive thinking:[1]

How we can live happily together.
We think and plan together.
Being dependable.
Being honest with each other.
I try to master myself.
We learn to appreciate beautiful things.
Helping each other.
Thinking good of each other.

[1] From *Junior Teacher's Quarterly*, Vol. 17, No. 4, Publication Department of the Board of Education of the Presbyterian Church in the U. S. A., 1931.

Learning to forgive.
Helping to make a peaceful world.
Good will on earth.
Good will everywhere.
Being loyal to our friends and to the right.

When some of the inanities that masquerade under the term "religion" can be eliminated from the programs of many young people's societies and a message vibrant with the real meaning of modern life and its spiritual implications substituted, another milestone in the adaptation of the church to the practical idealism of the world will have been reached. Millions are today brought under the shadow of the church, or are exposed to its teachings and influence; and yet delinquency, crime, antisocial behavior traits, racial antagonism, class hatred, and many forms of conflict continue to flourish. No other social institution possesses the same dynamic for character-building and for world progress. An enlightened and progressive leadership such as that inspired by the Federal Council of Churches will eventually enable many individual churches to rescue themselves from the morass of sterile service in which they are now mired and to become genuinely productive for individual and social righteousness.

The White House Conference estimated that the churches deal with 25,000,000 children and youth, or more than one-half of the total number in this country. Furthermore, the entire church membership comprises more than 50,000,000 persons.[1] For the adults the church should be a stabilizing force; for the immature a perpetual character-builder. Were the work well done with this group of our population, all other institutions and agencies would be dominated and controlled by upright and honorable motives.

10. Secular Character-building Agencies.

Among the more important agencies organized to reach children and young people whether within or without religious organizations are the Boy Scouts, Girl Scouts, Camp Fire Girls,

[1] *Preliminary Committee Reports*, pp. 344–362.

Boys' Club Federation, Order of DeMolay, and the 4–H clubs. These secular agencies enroll nearly 2,000,000 members while minor organizations of similar type add almost a half million more.[1]

The earlier experiments made by the secular agencies were intended largely for children from 12 to 16 years of age and for the child of easy circumstances. It is in recent years only that these organizations have been characterized as character-building. This appellation has stimulated these agencies to more searching self-examinations of their purpose, functions, and real service. More than ever before constructive programs are being built and determined efforts made to prove worthy of the classification. Several conspicuous movements therefore are under way. The first aims to reach boys and girls younger than those touched heretofore. With the realization that character-building must begin early, efforts are made to attract children under 12. As a consequence auxiliary organizations or apprentice groups are being formed for the benefit of the younger children. A second movement has as its goal the inclusion of the under-privileged among the groups served and aided. Heretofore the cost of membership in these organizations has been prohibitive, but new methods of providing for those unable to pay these costs are being devised. Again, community chests have been helpful in bringing about policies adapted to meet these pressing needs. However, the work done with and for the under-privileged groups still represents a small part only of the entire service.

11. Settlements, Social Centers, and Playgrounds.

These organizations are also included among the so-called character-building agencies. The settlement has classes and clubs of boys and girls; and here the essentials of behavior and proper adjustment to the social group are taught and practiced. In the social center similar experiences may be obtained, particularly if the public officials in charge realize the full signifi-

[1] *Preliminary Committee Reports*, pp. 344–362.

cance of their opportunities. The rowdyism and perverted behavior of youth in neglected sections of many cities tax the imagination of the unsophisticated. Social center work can be made a normalizing influence of tremendous importance. Whether the school buildings or specially constructed centers are used is without weight as to the possible effects. It is important from the financial viewpoint to utilize school buildings as far as possible and to refrain from the building of independent social centers unless needed.

The playground was at first intended primarily as a place for play, and was made a substitute for the street. Soon, however, the disciplinary effects of playground work became apparent; and today it is generally recognized that important personal and social virtues may be the product of constructive playground supervision. Competitive games played according to accepted rules go far to establish capacity for self-control and to formulate in the minds of participants correct codes of morals. Although spontaneity needs to be fostered, judicious supervision of organized groups abridges the results of experimentation in group contacts and makes the establishment of rules of behavior not altogether dependent on empirical knowledge. These rules may not regularly be carried over from the playground to the events of daily life, but they do help to establish attitudes and cannot avoid having constructive value.

12. The Home as Character-builder.

Modern psychology has rediscovered the home. Although social science may have discovered some substitutes for the home, it has abruptly come to the realization that certain functions and forms of service are inextricably connected with home life. The work may have been poorly done, but no adequate alternative exists. Accordingly we are today appraising the successes and failures of the home and are beginning to plan for the transformation of certain failures into a routine of successes. The task is troublesome, although the social necessity is clear.

The early life of the child must be spent largely in the environment of the home. None but parents will give a child the affection, the burdensome care, and the hope for life and security that it needs. The basis of social attitude, the appreciation of social values are established at an astonishingly early age; in fact, at a time when the parents alone are the dominating influence in the child's life. Accordingly, the family is still the major carrier of culture and the chief agent of its transmission. Religion, intellectual stimulus, ethical standards, moral outlook, and other phases of personality development are, in large part, an inevitable product of the parental home. Nothing that outside agencies can do will obliterate the impressions and effects of home life. Therefore the parent remains a strategic factor in the moral and social evolution of his child.

In order to make the home an effective character-builder under social conditions that threaten to undermine the home influence, several important tasks must first be accomplished. To begin with, the parent must be made to realize the gravity of his own responsibility. Too many parents misinterpret the environment into which the child is daily submerged. They fail to appreciate the problems and needs of their children and accordingly are not effective guides or directors. They underestimate their own leadership or example. Often, also, they are not prepared to deal effectively with the child's questions, doubts, tribulations, petty transgressions, and other undermining influences. Many parents are caught in our economic maelstrom and prevented from association with their children. Gradually each group begins to live in a different world. In the case of many families the impact of cultural influences on the children through the school and through other agencies is so tremendous in effect that home life sinks into insignificance and parents lose prestige and authority. This situation has become particularly troublesome among immigrants and their native-born children. In-appreciation of the legitimate longings and needs of child life produces mental and emotional conflict which often results disastrously for the child.

Nor is the method simple. Parents must become more effective; correct principles of child training must be broadcast; young people must be trained for marriage and parenthood; our adolescent youth needs adequate sex education properly integrated with the essential values of personal fidelity and upright living; and parents who are failing need the family relations clinic where they can receive aid in solving their problems.

A number of recent developments hold great promise for the future. The National Congress of Parents and Teachers has, within the last ten years, begun to vitalize its parental education program. In 1924, it established a bureau of parental education and since then has steadily and persistently fostered classes and courses in parent education. It has developed literature and readings and has given noteworthy publicity to this tremendous task; another important agency in this field is the Child Study Association of America, the roots of which run back more than forty years but which inherited its present title no earlier than 1924. This organization aims to reach intelligent parents, but has been significantly useful in the development of parental education conferences and in the education of leaders for parents' classes.

Public agencies are beginning to accept the challenge. In at least four states, the departments of education are promoting a state-wide parent education program. In California, for example, the program includes activities such as the following: leadership training classes, establishment or use of nursery schools for demonstration purposes, classes for parents, courses for upper-division high school pupils and parents together, and short intensive conferences for the promotion of child study or parental education. A number of universities have begun related forms of work. The immediate goal has been child welfare, but it has been necessary to integrate the objective with the aims of parent education and of child training. The Child Welfare Station established at the State University of Iowa represents the initial effort in this direction. Several other universities have become able followers.

The Children's Bureau has published several pamphlets on habit formation and child training. Much additional literature is being added and source book material for parental education courses is becoming quite ample. The chief danger consists in the writings of the radical psychologists untrained in sociology who fail to realize the necessity of self-control and of reasonable repression. At least one study book has been prepared with the particular purpose of using it in the churches. The book was endorsed by the Board of Education of the Methodist Episcopal Church.

A development of somewhat longer standing is the social hygiene movement, which has attempted to promote wholesome sex education through the best available channels. The goal is the education of the youth, but a great variety of methods has become necessary. Young persons may be informed through special lectures, through the schools, the church, physicians, or through the educational efforts of the parents. In fact the American Social Hygiene Association has given special attention to the preparation of parents for this great task, believing that ultimately the best way to educate as to sex and allied problems is through the intelligent, sympathetic, and responsible parent.

The problem of child behavior is not completely solved by means of a constructive program of character-building, but varying degrees of capacity for meeting given situations will have been infixed in the child. Some individuals will overcome adverse influences; others will succumb. No program is complete which does not consider the social or environmental aspects of behavior and of conduct. There is constant interaction between the individual with his accumulated habits, traits, attitudes, ideals, and standards of behavior and his environment with its allurements, suggestions, repulsions, and other favorable or unfavorable stimuli. Any concrete act is the result of the combined pressure exerted in a given direction by the entire complex of influences. As a consequence behavior is a function both of the personality and the aggregate of associations to which that personality has been exposed. A serious

obstacle to successful work by psychiatrists consists in the individualism which fails to reckon with the attitudes and values of others. No behavior pattern is orthodox that does not fit into the patterns of the group.

QUESTIONS FOR ADDITIONAL STUDY

1. What was the basis for the similar treatment of juvenile offenders and adult criminals?
2. What principle distinguishes the old way of interpreting the child from the new?
3. Observe some broken home to determine the effects on the behavior habits of the children.
4. Did you belong to some "gang" when you were of juvenile court age? List some of the activities that were carried out.
5. Why does the life of the newsboy easily lead to delinquency?
6. Show that a good home and a home in poverty may coincide.
7. How may feelings of inferiority or superiority induce habits of delinquency?
8. What were the important provisions of the first juvenile court law?
9. Compare this law with later legislation.
10. Compare a juvenile court with a domestic relations court.
11. Why was probation minimized in the beginning of the juvenile court movement?
12. Why has the system been gradually extended?
13. Why are private institutions for delinquent children disappearing?
14. What forms of training are most necessary for the children?
15. Investigate further foster-home care of delinquents.
16. Compare the delinquency rates of different sections of a city.
17. Find out whether so-called "delinquency areas" may be discovered.
18. Should the juvenile court extend or contract its functions?
19. Study the powers and responsibilities of the juvenile court under the California law.
20. How are the public schools of your community dealing with behavior problems?
21. What becomes of the child who is dismissed or expelled from school?
22. What are some of the defects in the programs of our character-building agencies?
23. Find out whether the church with which you are associated uses educational material that fits the present-day need.
24. Study the details of a progressive parent education cause.
25. Why can there be no substitute for the home as a character-builder?

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CHAPTER XXIV

IMMIGRATION

Migration and wandering are fundamental facts in the history of the race. Present-day anthropology maintains that no entirely separate and distinct racial groups are now in existence. If not, the mergings are due to the inevitable wandering propensities of human kind. Historical records supplement the deductions of the scientist and prove that migration has been an important influence in the distribution and mixing of races. The movements of the Goths, the Huns, the Angles and Saxons, the Normans, the Tartars, and others all prove that roving and wandering have profoundly affected the racial distribution of the European population.

These movements are determined largely by the fundamental human wishes. The desire for new experience, for adventure, and particularly for security have been compelling motives and have been responsible for much of the shifting of racial groups that has characterized human history.

1. Race Composition of American Colonial Population.

To understand the recent developments in American immigration policy, it is necessary to visualize the composition of the population from which arose the leaders of the American Revolution and other later leaders responsible for guiding this country through the trial years of its early existence. Among the thirteen colonies that united to form our original union, there were only two that were not first settled by British emigrants. However, other nationalities also came to America but these did not establish separate colonies or governments. In a measure at least they coöperated with the English-speaking majority.

The divisions that existed were partially overcome by the necessity of making common cause against England or the mother country. With but little exception the official language of the colonial groups at the time of the Revolution was English. German had a standing and was used in Pennsylvania and Dutch was widely used throughout New York and New Jersey. The Swedish tongue still lingered in Delaware. French was quite unimportant. It has been estimated that in the first decade of our national history the racial distribution of our three million people was roughly as follows:

British (English, Scotch Irish, Irish, and Scotch)	2,350,000
German and Dutch	500,000
Others, largely French Huguenots and Swedes	150,000

It appears, therefore, from these figures that almost the entire colonial population belonged to North European stock. In recent years the word Nordic has been applied to the people living in this part of Europe. The original colonial population therefore must be considered largely Nordic. Racially considered, the Germans, however, are not homogeneous and certainly a portion of the group emigrating to Pennsylvania came from parts of Germany where the Alpine type of peoples was present if not in the majority. Therefore, many of the Germans who came were probably of broad-headed rather than of long-headed ancestry. Most of the French must have belonged to the same group. These two types were not Nordic in racial characteristics, but their number compared to the total is so small that the typical American of colonial days may very well be caricatured in the shape of our well-known Uncle Sam.

The descendants of the colonial groups have quite naturally and generally directed and controlled American political and economic evolution and change. That their racial pride should maintain itself is entirely consistent with fundamental human desire. Furthermore, the earlier immigration to this country consisted largely of elements belonging to the North European, and therefore by inference to Nordic, stock. Accordingly the native white population of native ancestry at the present time

is descended largely from the British, Irish, German, and Dutch. The World War resulted in a philosophy, rampant for a number of years, that credited the major achievements of the world throughout all history to the so-called Nordic race, and inasmuch as a large part if not the majority of the American people at the present time belong to this stock, the fiction of the supremacy of this race has profoundly colored our recent immigration restriction laws.

2. Volume of Immigration.

No flood of migration has ever exceeded that of the shift from Europe to America between 1820 and 1914. The mass movements in the early centuries did not compare with this emptying of Europe into America which has been witnessed by the octogenarians among us.

In the following table is given the total immigration to this country from 1820 to 1930. inclusive, totals being given also for each separate decade.[1]

Years		Number
Total	1820–1930	37,762,012
	1820–1830	151,824
	1831–1840	599,125
	1841–1850	1,713,251
	1851–1860	2,598,214
	1861–1870	2,314,824
	1871–1880	2,812,191
	1881–1890	5,246,613
	1891–1900	3,687,564
	1901–1910	8,795,386
	1911–1920	5,735,811
	1921–1930	4,107,209

The high tide of early immigration occurred during the years 1847–54 when large numbers of Irish and Germans came to America. In 1854 the total reached 427,833. After this the annual number of immigrants fell and not until 1873 did it

[1] Report of Commissioner-General of Immigration, 1930.

again reach this figure. A new tidal wave occurred in 1882 when 788,992 immigrants arrived. In that year the incoming Germans numbered 250,000, the largest number of this nationality ever arriving in a single year. An accelerated movement began after 1900, and during the first decade of the new century the million mark was exceeded four times, the total number of immigrants in 1907 amounting to 1,285,349, the largest number ever coming to this country in a single year. Each of the two years before the war the number exceeded one million and a larger total than ever before would probably have arrived in 1915 but for the serious curtailment in immigration necessitated by the exigencies of that great conflict. Again after the war the tired populations of Europe began to turn eager eyes to the land of opportunity across the waters. In 1921 more than 800,000 arrived and several millions were getting ready to migrate either to this country or other parts of the western hemisphere when our restriction laws ended this unwieldy stream of immigration and reduced the number to less than one-half of the previous year. So vast has been our immigration that the censuses of the last three decades each indicate that from 12 to 16 per cent of our white population consisted of immigrants and that the number of foreign parentage has varied from 32 to 36 millions. The following table gives figures for three decades.[1]

	1910		1920		1930	
	Number	Per Cent of Total White	Number	Per Cent of Total White	Number	Per Cent of Total White
Foreign-born whites	13,345,545	16.3	13,712,754	14.5	13,366,407	12.2
Native whites of foreign parentage	18,897,837	23.1	22,686,204	24.0	21,336,776	19.6
Total whites of foreign parentage	32,243,482	39.4	36,398,958	38.5	34,703,183	31.8

[1] *Abstract of Census 1920.* Los Angeles *Times*, August 13, 1931. Preliminary Report of Census Bureau.

3. Sources of Immigration.

Although most of our immigrants have come from Europe, some have come from Asia and some from other parts of the Americas, as the following table will show. The figures cover the years 1820–1930.[1]

Area	Number of Immigrants
All Europe	32,276,346
Asia	903,195
America, North and South	4,241,429
Other continents	341,042

The immigration of greatest concern to our national life and to our racial standards has been that from the non-Caucasian countries, but the amount of this, owing to our restriction laws, has been kept comfortably small. That which has actually affected our racial composition has been the heavy stream of Caucasians of various types emanating from Europe. Slightly more than ten million immigrants arrived before 1881, and of these roughly 8,500,000 came from north and west Europe. Practically two generations have passed since then, and therefore a considerable proportion of the increased population can trace its ancestry to this infusion of peoples so allied to our earlier racial groups. Not until the 'nineties did the south and east European element exceed the former, and in the first decade of the new century the proportions became more than three to one. With the coming of these groups the immigration problem began to develop new aspects and as a consequence new attitudes began to arise among the native population. For the entire period of 111 years covered by our federal statistics the relative proportion of immigrants from these two sections of Europe stand as follows: 85.4 per cent of the immigrants came from Europe, of these 48.5 per cent are credited to North and West and 36.9 per cent to South and East Europe.[2] However, 7.7 per cent of the

[1] Report Commissioner-General of Immigration, 1930.
[2] Report cited.

total immigration was from British North America and the peoples from these dominions were almost exclusively of British, Irish, or French ancestry. If added to the total from North and West Europe then 56.2 per cent of all immigration to America during this period of more than a century has an ancestry rooted in the countries included by the Bureau of Immigration as belonging to North and West Europe.

The specific countries from which the major portion of our immigration has come and the number of immigrants are indicated in part in the following table:[1]

Germany	5,907,893
Great Britain	4,225,712
Ireland	4,578,941
Italy	4,651,195
Austria and Hungary	4,132,351
Russia	3,341,991
Scandinavian countries	2,346,069
Canada and Newfoundland	2,897,201

It appears from these facts that more Germans have migrated to this country than any other immigrant group. However, the Germans, British, and Irish belong to the older immigration and do not form so large a proportion of the population of foreign birth as formerly. The Italian, the Slav, and the Russian Jew comprise the bulk of recent immigration and these figure largely in current statistics.

4. Racial Changes due to Immigration.

The South European groups differ considerably from the older immigration in physical characteristics. Italians comprise two types: the South Italians, who form the large majority of Italian immigrants, belong to the Mediterranean race, commonly described as short, brunette, and long-headed; the North Italians classify as members of the Alpine stock, that is, are comparatively short, inclined to brunetteness, and broad-headed. The bulk of our Slavic immigrants such as the Poles, Slovaks, Ruthenians, and Croatians also belong to the Alpine

[1] Report Commissioner-General of Immigration, 1930.

group. In addition the east European Jews possess the major characteristics of the Alpine or Celto-Slavic race, although they retain many characteristics peculiar to the group or race.

Immigration since 1890 has tended to displace the Nordic or Teutonic stock with the broad-headed types from central Europe and the very dissimilar type from south Europe. Accordingly the supremacy of the Nordics has been at stake and those who held to the superiority of this race became alarmed at the apparent possibilities if the flood of south European immigration should continue. Even as the situation rests today, it necessarily follows that the American of the future will differ considerably from his compatriot of one hundred years ago. He will be shorter, darker in complexion, and more inclined toward broad-headedness. However, the specified differences are physical in character only. Whether there will be mental and moral differences to the disadvantage of the new American is less certain. In fact, the bubble of Nordic supremacy has burst and more rational studies of race differences have as yet failed to discover important innate inferiorities among the immigrant groups that will in days to come function so largely in the political, social, and intellectual life of the country.

5. Economic Effects of Excessive Immigration.

The injection into American economic and social life of an immigrant group no matter how large or small almost necessarily creates situations that develop into problems. The older immigrant was less of a problem than our more recent arrival because the country was relatively new; there was ample space for all and coöperative effort was less vital to success. The Germans and Irish spread over the entire country and mingled at will with the native population. However, in some communities colonies of Germans found themselves isolated from the Americans and these tended to retain their native characteristics and to resist the assimilating processes so necessary to unify the thought and the ideals of the nation. Indications of this segregation have appeared in the failure of such groups to

use the English language and to identify themselves thoroughly with the social and industrial life of the community. An additional handicap became evident during the war when it was learned that a considerable number of those segregated in this way had never become naturalized.

a. Lowering of Wage Level.

The primary cause of migration has always been economic, and our immigrant groups, even though religious persecution may have been a factor, or political oppression weighed heavily, have regularly made their final decisions on economic grounds. Over-population and the resulting poverty, low wages, excessive taxes, inability to become land owners, and other economic causes have driven Europeans to America. This was the land of opportunity. Therefore on arrival the immigrant expected to avail himself of the new hope. In Europe he lived on the land and on arriving here he also had a chance up to the year 1900 to become an agriculturist. Since then he has been practically forced to live in the city. Accordingly we witness the unhappy spectacle of peasant groups coming to American cities and attempting to adjust themselves to occupations to which they have not been accustomed and to a life altogether different from that lived at home. No wonder then that problems presented themselves and taxed the energies of the newcomers.

Before the war the amount of money shown per immigrant was less than thirty dollars and even in 1930 it was scarcely more than ninety. With so small a margin between self-support and want, the average immigrant has had little capacity to choose a job. He was happy to find and to keep that which was offered him. Therefore he accepted positions at lower pay. It was his only way of keeping the wolf from the door. The American scale of wages has from the beginning been correlated with a relatively high standard of living. To the immigrant this rate seemed luxurious and accordingly he has been willing to compete at a lower figure. He discovered in due time that the cost of living was higher but his lower standards nevertheless

enabled him to eke out an existence which compared so favorably with that abroad that he decided to cast his lot permanently with the American. The immigrant therefore has been a factor in preventing the normal rise in the wages of labor which would otherwise have occurred owing to the constantly increasing productivity of labor.

Whenever a new group migrate, it is the single men who lead the way. Among the recent immigrant races from South Europe the great majority have been unattached men. These men have also contributed to the wage problem. Many of them board with families of the same nationality. Others club together and rent rooms at low prices and prepare some of their meals themselves while noon lunches are hastily snatched at or near the factory or workshop. The writer remembers seeing a room occupied by seven recent immigrants. The total cost per person, including initial investment in cot and blankets, was less than three dollars a month. Yet these men competed in the open market with married men responsible for families. The latter were compelled to pay many times three dollars for their housing accommodations and therefore the single men could outbid them with the result that both wages and housing standards were depressed by influences of this sort. Formerly many single men came with the intention of returning. This situation, however, no longer exists, because it has become so difficult to make a reëntry into this country.

b. Increase of Woman and Child Labor.

Another economic influence of immigration has been the effect on woman and child labor. The European peasant has generally utilized the services of both wife and children on his meager acres. On arriving here he has not been reluctant to utilize them again in profitable ways. Accordingly immigrant women have engaged in rough out-of-door work in certain parts of the country where immigrant groups have settled on the land, while in the cities immigrant children have been forced to enter the gainful occupations as soon as the law permitted. Furthermore

among those groups which have had but little realization of the social value of education the constant urge was present to violate the compulsory education and child labor laws. Particularly has this fact been true of the Italian and Slavic workers. Immigrant women inured to hardships have been more prone than American women to endure conditions of labor inimical to the better standards of living. They have been willing to engage in night work, to toil long and unremitting hours, and to perform heavy tasks, such as those belonging logically to male labor. Without doubt immigrant women have been unwitting obstacles to the development of standards in respect to night work, long hours, standing while at work, the lifting of heavy boxes, and other conditions relating to employment.

c. Unemployment.

Unemployment has been directly influenced by immigration. Until about 1890, when the better free lands of the country had been all appropriated, the increasing volume of immigration could be absorbed without harmful adjustments. Later it became necessary for industry to utilize almost the entire number. An expansion of manufacturing enterprise therefore became necessary but such an expansion depended on growing foreign markets as well as on increased capacity of the home market to utilize the surplus production. Among the older North European immigration about 70 per cent of those admitted expected to enter the gainful occupations here; among the newer immigration before the World War the proportion was about 80. If we consider the fact that during six years between 1900 and the beginning of the war the annual immigration exceeded one million and that each year added about 750,000 new laborers, we realize the influence of immigration on unemployment. Nor was this the only influence. The surplus of births over deaths also resulted in a native population of several hundred thousand arriving at working age each year. A tremendous expansion of business becomes necessary to utilize such an accretion to the labor force of the country. Anyone who has seen hundreds of

men gathered in the morning before certain factories or mills where a few new workers are to be added to the list will realize the type of struggle from which the immigrant has suffered and will also understand the fact of unemployment.

The advocates of unrestricted immigration claimed that every immigrant added to the wealth of America a certain figure, that figure being based on his earning power, life expectancy, etc. Such deceptive propaganda ruled for a time but the gradual increase of unemployment made such claims untenable and the dangers of unrestricted immigration to the interests of the laboring classes became too certain to permit the situation to continue. Even before the war the saturation point had been reached and under conditions of normal prosperity a million and a half or more workers were regularly out of employment. Under such conditions a large immigration tended to produce disaster.

d. Weakening of Labor Organizations.

Labor organization has thrived but faintly among the recent immigrant groups. A people accustomed to agricultural work cannot easily become psychologically habituated to the principles of organized labor. Accordingly the immigrant in the mines, meat-packing industry, steel mills, textile mills, clothing factories, and similar industries was slow to join with the American workers in concerted or unified action for the improvement of conditions. The failure of the unions or their diminished power in several of these industries has been due measurably to lack of coöperation on the part of immigrant labor. This apparent indifference was accentuated by ignorance of English and lack of appreciation of the permanent value of organization. Among certain groups in addition a feeling of antagonism to the ideal represented by organized labor has been apparent. Perhaps this attitude was most pronounced among the Jews, who until recently have been comparatively unsuccessful as trade unionists. Nevertheless these failures are not due exclusively to the immigrant, but organized labor leaders have often failed to capitalize their opportunities among the immigrant workers.

6. Social Effects of Immigration.

a. Increase of Illiteracy.

Immigration has greatly magnified the problem of illiteracy. Before 1917 when the literacy test was made a part of our restrictive legislation more than one-fourth of all immigrants fourteen years or over were illiterate. Among the South European immigration the percentage for South Italian was above fifty and for the South Slavic groups more than forty. In all cases the proportion was higher among the women than the men. The social disadvantages of illiteracy need not be retailed here but these disadvantages coupled with ignorance of the language of this country redoubled the evils resulting from illiteracy. A heavy burden was therefore thrown upon the school systems of the country. Unfortunately the people had not realized before the war the fateful consequences of neglect and had not inspired their schools to a vigorous immigrant education movement.

b. Dependency.

Although rates of pauperism and dependency among the immigrant groups have exceeded similar rates among the natives, these results are to be expected in view of the small per capita wealth of immigrants on arrival. Only a miracle could prevent a large proportion from falling into poverty. As a matter of fact immigrants as a whole have resisted making requests for relief and have frequently lived on a starvation level for weeks before they have actually ventured to ask for aid. Perhaps the Mexicans should be excepted, since the large number aided in different parts of the country indicate a willingness to be aided that is not matched by such groups as the Italians and Armenians.

c. Political Views.

The United States has been profoundly affected by the attitudes of the various immigrant races toward our political and social problems. Suffrage for women is a case in point.

Although this was opposed by the native white of the South, opposition in Northern states was greatly strengthened by German conservatism. The traditional "hausfrau" still held so strong a place in German thinking that in a number of states opposition to equal suffrage from this source endangered the ratification of the nineteenth amendment. The newer immigration had not yet achieved sufficient strength to make its influence seriously felt. Here too the age-long dependence of women was an influence antagonistic to the demand for political emancipation.

Possibly the relation of the immigrant to the control of the liquor traffic spells a most important chapter in immigrant attitudes and political and personal behavior. The American saloon differed radically from the continental agencies that dispensed intoxicating liquor. It was this saloon with its trail of unmitigating evils that the American voter finally outlawed. The original prohibition movement, in Maine, Massachusetts, and Kansas was sponsored by the native population. In states where the foreign-born increased in number, as in Massachusetts, the experiment was abandoned. In other states where attempts to establish prohibition were made, it was largely the German and the Irish vote that prevented advance. Neither of these elements favored the elimination of the liquor traffic, and the Irish in fact have had an undeniable history of susceptibility to intoxicants.

The great strength of prohibition today lies in the communities where the native population is dominant. Rural America is largely of native ancestry and a similar fact holds for the entire South. Only where the Scandinavian element has made itself felt has any immigrant group accepted the elimination of the liquor traffic as desirable policy. In the large cities where from one-fourth to one-third of the population is foreign-born and from 60 to 80 per cent is of foreign parentage sentiment is overwhelmingly opposed to prohibition, and the enforcement of the law meets its greatest obstacles. Possibly the groups least reconciled to prohibition are the wine-drinking

Italians and the comparatively temperate Jews. The former have used wine so long as a food for the table that the principle of prohibition applied to this liquor seems almost unthinkable. On the other hand, the Jewish opposition grows out of the failure in recent centuries to experience the devastating effects of alcohol and the lack of appreciation of the injury done to American life and morals by the saloon. The North European immigrants and their second generation descendants have gradually become more favorable to the elimination of intoxicants.

d. High Birth Rates.

A social factor of considerable significance is the differential birth rate, which promises to increase the proportionate population of South European ancestry, unless methods of restriction are shortly introduced. According to the figures collected by the United States Immigration Commission in five selected sections, the number of births per foreign-born woman married from 10 to 19 years was 4.7, while the relative figure for women of native ancestry was 2.7 — a difference of exactly two births.[1] The most recent statistics relative to such differences are given by the Bureau of the Census, and for a number of racial groups they are as follows: the average number of children ever born to women who had children in 1928 was for native white women exactly 3; for Austrians and Hungarians, 4.5; for Italians, 4.5; for Poles, 4.9; for Germans, 2.8; and for foreign white mothers as a whole, 3.9.[2]

Although these figures are not comparable with those given by the Immigration Commission they distinctly show that the foreign-born mother has a much greater fecundity than the American mother. Of course no account can be taken here of the number of wives who remain childless, but the facts on this phase of the problem also indicate striking differences. Older figures show that about 13 per cent of the married women of

[1] *Abstract*, Volume 2, p. 497.

[2] United States Census Bureau, *Births, Still Births and Infant Mortality Statistics*, 1928, p. 8.

American ancestry were childless, but that the percentage among the foreign-born was approximately 5.3. There are no vital statistics to indicate that this proportion has changed.

7. Immigration Restriction Legislation.

The traditional point of view in respect to immigration was to make America a haven for the oppressed of the world. However, as early as 1830 there were rumblings of discontent and later in the forties the Know-nothing Party openly objected to the free immigration of certain groups. However, no action resulted from this agitation. Later the coming of the Chinese to the California coast produced the first climax in our immigration policy.

a. Chinese Exclusion.

The gradual increase of the Chinese on our western coast aggravated the labor problem and raised the question of the probable assimilability of the Oriental. Discriminatory legislation had been passed locally and strenuous efforts had been made to prevent the further immigration of the Chinese but with little result. Much of this legislation was declared unconstitutional and final appeal was then made to Congress. The actual Chinese population in this country in 1880 was only 105,000, of which nearly three-fourths lived in California. However, in 1882 nearly 40,000 Chinese arrived and the west coast became panic stricken. In that year the Chinese Exclusion Act was passed. This prohibited the immigration of both skilled and unskilled labor for a period of ten years. The act with more drastic amendments was again enacted and finally exclusion became the fixed policy of the government. After 1890 the number of Chinese in America began to decline and the Chinese births in recent years have just begun to balance the deaths and departures.

b. Contract Labor Law.

An initial move by the government for the encouragement of contract labor proved unwise and the act was repealed. Cer-

tain American manufacturers after the Civil War began to import laborers to this country, having hired them abroad at low wages. This evil threatened the standards of living of American labor and the organized labor movement began to make vigorous protest against this vicious practice. The evil was outlawed in 1885. Later amendments made the law less drastic but the essential features remain as originally written. The law has proved a great boon to the workingman. The effect of a contract labor system when millions of ignorant Europeans were struggling to reach America no one can adequately visualize. It is enough to realize the demoralizing effects of a saturated labor market with no obligations fastened on the unsuspecting immigrant. To have permitted wage contracts with men who had not seen this country and who had no picture of the cost of living or the social standards would have proved a calamity.

c. *Selective Restrictions.*

Beginning in 1882 and ending in 1917 Congress passed a series of restrictive acts designed to control immigration and to prohibit the coming of undesirable individuals. Each succeeding act was more stringent than its predecessor. From no head tax at all the amount was gradually raised to eight dollars. Convicts, idiots, the insane, and persons likely to become a public charge were refused admittance in the original law. To these groups have been added polygamists, feeble-minded, alcoholics, paupers, professional beggars, epileptics, constitutional psychopaths, persons suffering from tuberculosis or some dangerous contagious disease, felons, and certain other criminals, prostitutes, anarchists, and other radicals.

The law of 1917 also added a literacy test, which excludes aliens over 16 years of age who cannot read either the English language or some other language or dialect. The law does not apply to a man's wife, nor to his father or grandfather, if over fifty-five years of age, nor to his mother or grandmother or unmarried or widowed daughter, provided these persons are

otherwise admissible. It is a reading test only. Capacity for writing is not required. Permission may also be given to persons who can prove that they are seeking admission to the United States to avoid religious persecution to be exempted from the literacy test.

The struggle for the enactment of the literacy test covered a period of twenty years. A bill to this effect was vetoed by President Cleveland, another by President Taft, and similar bills were twice vetoed by President Wilson. Congress finally mustered courage to pass the bill over a president's objections and accordingly this important feature of immigration policy became law.

d. Further Exclusion of Asiatics.

A small number of Hindus had begun to trickle into America and a racial menace from a new source became apparent. Accordingly the law of 1917 added one more clause to its list of exclusions. However, Congress did not desire to offend any nation by making direct reference thereto. It therefore excluded further immigration from certain areas in Asia and the East India Islands. These areas included British India, Indo-China and the adjacent parts of Asia, and all of the important and populous islands lying in the region between Asia and Australia. By means of this device further immigration of Hindus and other Asiatics in danger of becoming a race problem was prevented. Before the law was enacted several thousand Hindus had arrived, some directly, others from Canada. Nearly all were males; most of them were unskilled workers and their sanitary and dietary habits were so alien to American life and culture that conflict was imminent. These immigrants were distributed largely along the Pacific coast but the majority filtered into California.

e. The Quota Laws.

After Europeans recovered their breath with the signing of the peace treaty and the common people in both the victorious

and the defeated nations began to realize the heavy obligations for which they would be responsible, a new immigration tide toward America began. It was reflected in the number of immigrants arriving in 1920 but vast armies were preparing to emigrate from various countries and the United States definitely became aware of this danger. The time was near at hand when an aggregate of more than two million a year might be expected. Such a deluge would have constituted a dire calamity and could not be tolerated.

Congress lost no time in warding off this threatened invasion of disgruntled and tax-ridden Europeans, and in 1921 passed the so-called 3 per cent law. This law limited the number of immigrants from any country in one year to 3 per cent of the number of that nationality in this country in the year 1910. The act did not apply to countries from which immigration was otherwise limited or prohibited, nor did it apply to the remaining countries of North or South America. The law also contained some minor exceptions. The quota for the various countries coming under the law was approximately 357,000.

The immediate consequences were epoch-making. The heavy immigration of 1921 from Europe was reduced to one-third of the number in the succeeding year. Meanwhile the immigration from Canada was steadily increasing and further restrictions of our total immigration were considered necessary. These considerations resulted in the law of 1924 which represents a distinct turning point in legislation on the subject.

f. The Law of 1924.

For several years a number of students and writers had suggested the desirability of an absolute limitation on the number of immigrants permitted to come from any particular country. The first quota laws were steps in that direction. The old American or Nordic influence greatly increased its pressure for several years after the war, and with the necessity of a further reduction in immigration, methods of working out a permanent solution of the problem were studied. The North European

supremacy could be maintained only by means of a plan whereby South European immigration might be cut off without seriously encroaching on the steady stream expected from the Nordic and Teutonic countries. The groups whose ancestors had built up the country maintained that this heritage should be maintained; and there is sound reason in this argument. If they made America a great experimental laboratory let it have an opportunity to demonstrate its possibilities!

The new law did not attempt to wipe out the new element in American life, but insisted on keeping the "status quo," that is of so regulating immigration that the South and East Europeans would not gain relatively at the expense of the rest. Perhaps it discriminated somewhat in favor of the older groups. It provided that the immigration from the Old World should be based on the number of individuals of particular nationalities in this country in the year 1890 and the percentage allowed to enter each year was reduced from three to two.

The newer immigration had hardly started by 1890 and as a consequence the census figures showed that the great bulk of the foreign-born were from North and West Europe. Accordingly immigration from certain countries, such as Italy, Poland, and Russia, was almost entirely eliminated. The total number of immigrants allowed under the quota also fell to 164,667. A clause in the law provided that after July 1, 1927, "the annual quota of any nationality shall be a number which bears the same ratio to 150,000 as the number of inhabitants in continental United States in 1920 having that national origin bears to the number of inhabitants in continental United States in 1920, but the minimum quota of any nationality shall be 100." This clause necessitated computations as to the national origin of the white American population and the determination of the percentage that should be credited to each of the various countries covered by the law. The countries of the New World were not included in the quota and therefore this arbitrary limitation does not apply to them. The national origins clause was held up for two years and finally went into effect in 1929. In the

following table are given the quotas fixed both by the 2 per cent and the national origins sections of the law. The relative figures are also presented for the leading European countries.

Country	Quota under 2 Per Cent Law	Number under National Origins Law
Total	164,667	153,714
Great Britain and Northern Ireland	34,007	65,721
Germany	51,227	25,957
Irish Free State	28,567	17,853
Poland	5,982	6,524
Italy	3,845	5,802
Sweden	9,561	3,314
Netherlands	1,648	3,153
France	3,954	3,086
Russia	2,248	2,784

The figures show that although in each case the preponderance of the immigration will be from North Europe the number allowed the various countries has markedly changed. Great Britain crowds Germany out of first place and the Irish quota is greatly reduced. The effect of the law compared with conditions before 1914 is indicated by the difference in the numbers coming from various countries; for example, Italy has sent more than 283,000 in a single year, and Russia more than 291,000. This immigration has been practically eliminated. The present law is inconsistent in that the large Canadian and Mexican immigration was not subjected to the principle underlying national origin. The racial status quo cannot be maintained if the limitations on these two groups differ from the others. Adequate consideration also was not given to the fact that the birth rate among the South European groups is much larger than that for the other groups. However, radical changes in the present proportions are unlikely, and we may assume that the racial composition of the American people as now proportioned will continue indefinitely.

g. Japanese Restriction.

Before 1900 few Japanese came to America, but after this date a growing number arrived on the Pacific coast and soon the western states became restless as they had become twenty years previously over the Chinese. In San Francisco efforts were made to separate the Mongolian from white children in the schools and the federal government was forced to take cognizance of the situation. This unrest produced the Gentlemen's Agreement made in 1907 whereby Japan agreed to prevent undesirable individuals from emigrating to America. Soon, however, the picture bride business began to prosper and Japanese women married by proxy at home to men who had come to America also migrated to this country. Serious results were threatened but in 1920 the practice was discontinued. General dissatisfaction with the situation finally culminated in the inclusion of a provision in the law of 1924 which excluded Japanese under conditions similar to those incorporated in the Chinese exclusion laws. Thus closed another chapter in our immigration history. There is little likelihood that the present law will be molested.

8. Assimilation and Naturalization.

a. What America Stands For.

What do we mean when we say, He is a good American? What does America actually stand for in the eyes of the world? What contribution to social progress has it made or is it making today? Perhaps no one knows. Furthermore America may have succeeded merely in stabilizing certain practical ideals and in demonstrating to the world that they are practical.

Whether originating in America or elsewhere, certain political and social principles have been adopted and have been established at least theoretically, as essentials of Americanism. Several of these will be briefly discussed here. In analyzing these principles the writer realizes that certain ideals have gradually developed in this country and that the " fathers " did not in all cases give them in the present form to the American

people. The important consideration is, what are some of the ideals for which America stands for now? not, what were the ideals of 1789?

(1) *Religious Freedom.* This country stands for religious freedom. It has preserved the constitution against sectarianism; it has prevented the establishment of a state church. In fact it stands for the separation of the church and state. This attitude has frequently seemed incomprehensible to certain immigrant groups. At home they witnessed the fact of a state-supported church, while here they are expected to contribute directly. At first it seems a hardship; eventually they realize it means freedom of conscience and freedom to worship when and where they please.

(2) *Representative Government.* The people choose their own governing officials from the president down to township trustees. No accidents of birth entitle any person to rule in any capacity. The people are supreme and their wishes determine the matter.

(3) *Majority Rule.* This principle may be theoretically established as in some of the South American countries but promptly violated when the minority possesses the guns. It has become the habit of Americans to accept the count of the ballots as final. A past presidential election was noted for the violence of the attacks against candidates and platforms. After election day when the results were known and an amazing quiet had been restored a South American visitor, greatly perturbed, naïvely asked, " When does the shooting begin? "

(4) *Industrial Freedom.* We have no restrictions against individuals in respect to trade or profession. Sons do not follow their fathers but enter whatever trade or profession they please, provided, of course, that they can afford the cost of training. However, no arbitrary restrictions are imposed. Many of our leading professional and business men were the sons of poverty.

(5) *Democratic View of Life.* The aristocrats of the constitutional convention eventually gave way to the democracy of Jackson and of Lincoln. America does not depreciate plebeian birth nor over-evaluate ancestry. Not birth nor blood but

character and ability count. Since the days of Jackson we have elected few presidents who were not born in humble surroundings. An essential of democracy is the opportunity to rise from the bottom to the top without artificial interference. This opportunity has been abundantly demonstrated in this country. An additional test of a true democratic code of life is the ability to fall from the top to the bottom. In this respect our position is less secure, although several very wealthy men have in recent years received prison sentences and have actually been incarcerated. On the whole the immigrant has found this land a land of democratic opportunity, a land where his ancestry and birth counted neither for nor against him, but where opportunity for improvement lay in his own hands.

(6) *Liberty.* In a very essential sense, America is a land of liberty. Here all have been accorded the right to engage in any phase of activity conducive both to the individual and the social welfare. No legitimate rights have been withheld and full opportunity has been given for the development and fulfillment of personality. This liberty must not be confused with license. True liberty consists in the right to achieve the best that lies within us; license is the right to defraud ourselves of reputation, of personality, and of the good will of our neighbors. True liberty does not include the right to become a drunkard, or to beat wife and children, or to practice habits of behavior that will inevitably curtail the genuine freedom and opportunity of others. The very immigrants who claim that some of our restrictions are galling soon discover that constructive opportunity abounds here because of these very appropriate limitations on human conduct.

(7) *Equality of the Sexes.* Before equal suffrage was obtained in this country American women enjoyed a personal and social freedom known to but few women elsewhere. Perhaps an approximation to the American ideal had been achieved in several North European communities. Here the place of woman in the family, the home, the school, the church, the professions, and in social life has been exceptional, if not unique. American culture

has, entirely apart from the ballot, given to woman opportunities, liberties, and responsibilities that are the envy of the world. It is not to be assumed, however, that this evolution occurred without the vigorous aid of women's organizations. Most immigrant groups manifest unfeigned surprise on finding the rights and opportunities of women so different from the conditions in their own native land.

(8) *Tolerance.* Religious freedom, freedom of thought and of speech and of the press have represented coveted forms of liberty, and these we have jealously safeguarded. The fact that ours is an immigrant country has encouraged a policy of tolerance. The unconventional, the anomalous, the nonconforming have all been tolerated and permitted to remain undisturbed.

This brief statement of principles for which America stands is not exhaustive. Rather emphasis has been placed on principles which are better established here than elsewhere or which may be unique. For example, American generosity apparently exceeds that of any other country. So does our wealth. Perhaps we do not give a larger proportion from the store of necessities than do others. We give from our surplus, but most countries have no surplus. Nor would it be fair to present these ideals of Americanism without admitting that the United States has been and still is a white man's country. These principles have not been carried out in respect to non-Caucasian groups except to the extent that the white race has permitted it. Furthermore the World War has produced a peculiarly intolerant psychology as a result of which some of our vaunted principles lack the vitality of former days. This slump, however, is probably temporary since recovery is already in sight.

b. The Making of a Citizen.

Citizenship in the United States as applied to alien immigrants is limited to persons of the white race or individuals of African descent. By separate law the Chinese were excluded from citizenship, although the general naturalization law seemed to

cover the situation. In addition to the Chinese, the Japanese, Hindus, and other East Asiatic groups are debarred from citizenship, while the status of the Filipinos is still resting with Congress. The American-born descendants of these racial groups, of course, obtain the rights of citizenship. The problem concerns itself largely with the immigrants from Europe and from the various American countries.

(1) *Requirements.* The general requirements for citizenship are the following: the applicant for first papers must be 18 years old and may file his intention to become a citizen any time after arrival. The fee for this application is $5.00. Final or second papers cannot be obtained until the declaration of intention is two years old or after seven years have elapsed. Furthermore the applicant must have resided continuously in the United States for a period of five years and must be 21 years old. The fee for the final petition for citizenship is $10.00. There is also a fee of five dollars for the certificate of arrival and additional costs may be incurred. Before being admitted to citizenship candidates must know English, must be able to sign and write their names, and must have a reasonable knowledge of American history and of the principles and methods of American government, national, state, and local.

Formerly both wife and minor children were naturalized with the naturalization of the husband and father. Since September, 1922, the wives of naturalized immigrants do not acquire citizenship in this automatic manner. They must file separate petitions but for them the process is greatly simplified. Women may also proceed independently and take out citizenship papers prior to such action by their husbands. Native women who marry aliens no longer lose their citizenship, provided they continue to live in the United States. All candidates for citizenship forswear allegiance to their former country and pledge their support to our own. In a recent case the Supreme Court denied citizenship to a woman who although otherwise eligible possessed no sense of nationalism. In a second case, citizenship was denied to a clergyman who refused to commit himself out-

right to participation in any war that might be declared and to a woman — a former army nurse — who had taken a similar stand.

(2) *Number Naturalized.* Although the opportunity for naturalization is ever present a large proportion of our immigrant population have not availed themselves of this opportunity. The status of the foreign-born white population for 1920 and 1930 is presented in the following table:[1]

STATUS OF FOREIGN-BORN WHITE POPULATION IN THE UNITED STATES

	1930		1920	
	No.	Per Cent	No.	Per Cent
Total . . .	13,366,407	100	13,255,394	100
Naturalized .	7,859,193	58.8	6,457,426	48.7
First papers .	1,246,521	9.3	1,216,199	9.2
Alien . . .	3,787,086	28.3	4,809,717	36.3
Unknown .	473,607	3.5	772,052	5.8

These figures show that the percentage of foreign-born whites who have become naturalized has increased rather sharply during the last decade. A slight increase had occurred between 1910 and 1920. Before the latter date the percentage of naturalized adults from Northwestern Europe greatly exceeded that from South and East Europe. The smallest proportion of naturalized Europeans came from Spain, Bulgaria, and Greece, the largest from Wales, Germany, Iceland, and the Scandinavian countries.

The number of persons naturalized during the eleven years 1920–30 was 1,950,000. In 1928 and 1929 with its greatly increased charges for obtaining the papers the new law has sharply reduced the number obtaining certificates.[2] Many social workers doubt the advisability of making naturalization a

[1] *Foreign Language Information Service*, Vol. VIII, No. 27, p. 180.
[2] *Report of the Commissioner of Naturalization*, 1930, p. 29.

financial burden and believe that higher standards of knowledge and of aptitude for successful citizenship should represent the conditions of admission to citizenship.

The older immigrant groups, such as the English, Germans, and Irish, have a larger proportion of naturalizations, partly because of the allurement, but partly because they have resided here longer. Many of the newer groups are rapidly becoming naturalized. In 1930 Italians and Poles together comprised three-eighths of the entire number of individuals receiving final papers. And as we may expect, particularly on account of the tremendous increase in Americanization work, the stream of applications will continue until but few remain aliens.

(3) *Methods of Americanization.* Not until the World War did the American people begin to realize the importance of definite attempts to promote the assimilation of immigrants. At that time the hyphenated American appeared in such large numbers that he became a cause for alarm. Men began to realize that the so-called melting pot did not do enough melting. Too many Americans held a dangerous allegiance to their mother country; they had not become thoroughly assimilated and many were not entirely trustworthy. This fact, however, did not justify the government in its prejudices and its persecution of individuals whose only offense was a name descended from an enemy country; nor did it justify the brutal deportation of aliens immediately after the war.

To meet the growing need a definite program was required. California began, even before the war, in 1913, to reach the immigrant woman by means of a home teacher authorized by state law to visit homes of school children and to carry out a varied program of instruction, but with particular emphasis on domestic and household needs of the immigrant woman and mother. Other states passed similar laws.

A second effort consisted in the establishment of state departments of Americanization either separately or in connection with the state board of education. These departments again attempted a complicated program. They trained teachers for

Americanization work; they prepared sets of lessons for various types of immigrants; they wrote and published useful bulletins of information for the benefit of immigrants; they stimulated local classes for the immigrants and perhaps subsidized the local school boards for their work. The Massachusetts plan of making the entire program a function of the state board of education finally prevailed. Although the gains are many it imperils the success of a social service program. Beyond the need of education is the need of wholesome constructive contacts with native Americans and with other immigrant groups. Educational programs seldom broaden their field of service sufficiently to cover these important essentials.

(4) *Obstacles to Assimilation.* Many factors have combined to obstruct the active assimilation of the immigrant. Among these the following have been the most acute:

National prejudices have kept groups apart from each other. Although distances in Europe are short, they have nevertheless prevented different nationalities from becoming neighborly and mutually trustful.

Colonization of the grouping of immigrant families in definite localities in this country has resulted in the continued use of foreign languages, and of customs, habits, and behavior traits normal to their native land. Contacts with Americans were avoided and as a consequence definite foreign colonies arose. For example, in certain sections of the Middle West a number of immigrant groups maintained their practical identity for many years to the extent that not only their American-born children but even the grandchildren were accustomed to use almost exclusively the language of the European ancestry. Until the war churches conducting their services in a foreign language were distressingly numerous. In many cases the majority of the congregation were of native birth.

Clannishness is a cause of failure to assimilate. Americans are clannish in South Europe and in the Orient. The inevitable tendency for like to associate with like prevents the free intermixture of groups and retards the Americanizing process.

The conservatism of immigrant women and the traditional attitude of the men toward the women is a two-edged sword. It prevents spontaneous relations between the women of native and foreign ancestry and it creates a condition of restlessness in immigrant homes after contacts with a new cultural pattern have been made.

Religious differences among immigrant groups are felt more keenly than similar differences among Americans. We have accepted the principle of toleration. In Europe implacable animosities still abound. With them go superstitions and beliefs that preclude easy adaptation to American folk-ways and customs.

Finally, ignorance and hostility to education prevented the associations and contacts that would be stimulating and helpful.

(5) *Education of the Adult Immigrant.* The adult education movement has proved most helpful. The appropriations by the federal government to the states for a variety of educational and instructional purposes have served the immigrant in many ways. The high degree of illiteracy among the South European groups, however, still calls for additional aid, either from the federal government or from the state treasuries of the states in which these groups reside.

Classes for immigrants have been organized in the majority of metropolitan communities. They may be classes in English, in preparation for citizenship, in pertinent economic or household interests, in American history, or in other related subjects. Many states no longer prohibit local school boards from holding evening classes for adults without tuition charges, or if charges are made they are nominal and do not interfere with the possible attendance. The great problem encountered everywhere is the education of the immigrant woman. Not only is illiteracy greater among the women than among the men, but the literacy test does not apply to wives and mothers. Accordingly we are still admitting many illiterate persons every year.

It is difficult to lure immigrant women from their homes. Often on account of the large families it is entirely impossible.

Again certain immigrant groups are reluctant to permit or ar traditionally opposed to allowing women to attend evenin meetings of a mixed character such as classes in the night school would be. Compulsion is impossible; either teachers must g to their homes or little groups of women may be gathered durin the day at convenient places for instruction and for such othe aid as the schools can give.

(6) *Social Service for Immigrants.* Public social work o every variety has been classed as a form of Americanizatio work. However, the chief objective of the workers is th solution of a particular problem and not the promotion of th assimilative process. Accordingly the latter is given no mor than incidental treatment or attention.

The majority of immigrants have merely absorbed thei education, outlook, knowledge of American life and the meanin and purpose of American institutions. Contact has been th great teacher. Out of ten million who learned the Englis language, seven million acquired the language through shee effort dependent on association with English-speaking indi viduals in shop, factory, mill, or in other aspects of the dail routine of life. For the adult worker association has been th chief Americanizing agent; for children, the school has at tempted to meet the need.

Many private social agencies are now engaged in some phas of Americanization work. The Y. M. C. A. has an active pro gram for the benefit of immigrant men and the Y. W. C. A., chiefly through the so-called International Institute, is doin excellent work for women and in many cases for entire families. Perhaps it should be added that some of these institutes have become independent organizations. Church women, Protes tant, Catholic, and Jewish, have served as volunteers in con nection with separate enterprises or with organizations con trolled by denominational groups. These women have made useful contacts with the immigrant home, have introduced English, and have generally brought a wholesome ideal and a modest self. As a consequence the life of the immigrant woman

has been enriched and the native woman has also begun to appreciate the rich cultural backgrounds and the social values upheld among our immigrant groups.

The settlement and the social center have made special efforts to serve the immigrant constructively. Here the immigrant has been welcome and has been given opportunities for education, recreation, friendly contacts with natives, for an expression of his own interests and longings and for a measurable fulfillment of life. The handicap of the settlement is its paucity in numbers. Only a small proportion of our immigrant population can be reached by this very effective agency. The broad-gauged institutional church belongs to the same category and can also become an Americanizing agency of tremendous influence and importance.

This brief survey of Americanizing agencies is far from complete, but the effort here is merely to indicate some of the outstanding forms of service now provided the immigrant in his new home. It is not implied that the task is entirely one-sided, and that the Americanizing process represents an ideal social program. However, it is important that active assimilation proceed, since unity in thought, in effort, in ideals and purpose and in action is necessary if the great American experiment in democracy is to succeed. There is much that we can learn from the immigrant. It would be better if the achievement of Americanization were a neutralizing process whereby the finest cultural traits of each racial group and the best that America possess were merged into a complex of social interests and purposes that would promote cultural progress throughout the world.

QUESTIONS FOR ADDITIONAL STUDY

1. How do the hosts that migrated across Europe in the early centuries compare with the millions that left Europe during the nineteenth century?
2. Were the Americans of 1776 largely immigrants or native-born?
3. What fundamental racial differences distinguish the North- from the South-Germans?
4. What are the essential characteristics of the "Nordic" race?

5. In what year was the ratio of immigrants to our resident population the highest?

6. Why was no objection made to this wave of immigration?

7. What are the four chief causes of immigration?

8. What other countries have received a large number of immigrants?

9. Do many immigrants follow the same occupation here as abroad? What are the reasons?

10. Into what industries does the immigrant force his children?

11. Why did not the heavy immigration of the fifties and the eighties cause unemployment?

12. Show how immigration has weakened labor organization?

13. What is the relation between immigration and crime?

14. What immigrant groups exhibit a high criminality rate?

15. What physical changes have occurred among the descendants of certain immigrant groups?

16. Has America a right to expect immigrants to respect American social legislation, for example, legislation providing for the control of the liquor traffic?

17. Does the immigrant birth rate threaten to give us a preponderance of South-European people?

18. What were the chief objections to the Chinese?

19. Contrast the Canadian method of treating contract labor with our laws on the subject?

20. Why did three presidents object to the literacy test?

21. From what countries was immigration largely shut off by the passage of the 2 per cent law?

22. Why was the operation of the National Origins clause of our immigration law postponed for two years?

23. Are the so-called principles of Americanism an inheritance from our colonial elements?

24. Did our earlier immigrants become naturalized more quickly than the immigrants from South and East Europe?

25. What are the most important needs of the immigrant?

26. Should naturalization be made more difficult or easier?

27. How can we foster participation by the immigrant in the social life of the people?

28. What are the most important Americanizing agencies?

29. Is assimilation desirable with, or without, amalgamation?

30. Why should not foreign-born Mongolians, legally resident in this country, be made eligible to citizenship?

31. What methods were used by the federal government in 1931 to reduce immigration to this country?

32. Study the results of home teacher legislation.

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CHAPTER XXV

RACE RELATIONS

One of the most serious of all American social problems is that of the adjustment of the non-white groups to the predominant Caucasian population. This country was first settled by whites from Europe and the control of every American colony has been in the hands of the white race. However, soon after the settlement at Jamestown, Negroes were imported to the Virginia colony and after that slavery became a part of the accepted economic order, and lasted for more than two hundred years. Since the middle of the last century Orientals have come to the United States and have brought with them a race problem of somewhat different character. In this case, however, at least four types of groups have become involved — Chinese, Japanese, Hindus, and Filipinos. The American population has largely followed the Anglo-Saxon tradition in respect to race amalgamation. Even among the colonists there was very little intermixture with the Indians, although much intermarriage occurred between the Indians and the French or Spanish. These backgrounds serve as the basis on which the problem of race relations must now be faced.

1. The Negro.

a. Number in United States.

The most important race relations problem in American life is the adjustment of the Negro to the Caucasian. The Negro population has grown from about 750,000 when the nation was founded to over 10,000,000 in 1920, and 11,891,193 in 1930. The increase of Negroes has been more gradual than that of the

whites and therefore they are forming a constantly decreasing proportion of the entire population. Nevertheless they constitute roughly 9.7 per cent of the total. In 1920 nearly nine million Negroes were settled in the South and less than one and one-half million in the rest of the country. The largest number in any one state was in Georgia and the states having the largest proportion were Mississippi and South Carolina. However, certain sections along the lower Mississippi River, both in Louisiana and in Mississippi, are almost exclusively Negro, 80 per cent and over of the local inhabitants belonging to that race.

b. Migration to the Northern States.

Since the war a considerable migration of Negroes has taken place. A tremendous exodus from the South occurred in 1915–17. In the year 1920 there were 330,000 more Negroes from the South living in the North than ten years before. In addition many had moved north and returned again. The second great migration occurred during the prosperous years immediately following the depression of 1921. Perhaps 500,000 came north during a period of approximately three years. By 1928 nearly one and one-half millions had come, but again a considerable number returned. The census of 1930 shows that in ten years the Negro population in the Southern states increased 449,000, and in the remainder of the country 978,000. Nearly all of this increase in the North is due to migration.

The migration northward has been due to several reasons. In the first place the rumor of higher wages and better living conditions has been the chief factor. The wages of Negroes have been notoriously low and little immediate hope of improving them existed. The expanding industries of the North, with immigrant labor practically cut off, provided room for Negro workers at wages from three to five times the figure obtainable in the South. Other reasons have been given as follows: poor housing quarters, both in the cities and rural districts; bad working conditions on plantations managed by overseers;

lack of educational facilities for Negro children; poor accommodations for Negroes while traveling; unfair enforcement of laws; and mob violence.[1]

Sectional immigration so augmented the population of northern cities that in 1920, six cities had a Negro section of 100,000 or more. The movement from the rural districts to the towns also added to the urban Negro population of the Southern cities. Most of the Negroes had lived in the country and about 60 per cent still remain there. However, the future will witness a continual migration of Negroes to the cities until a better balance between the living conditions of country and city has been effected.

The movement northward has been opposed in certain quarters, and divers methods have been used to prevent it. Negro labor is necessary to the prosperity of the South, and accordingly efforts must be made to retain it. Among the methods employed to discourage Negro migration northward have been the enforcement of laws aimed against the work of labor agents and newspaper propaganda designed to discourage emigration. Better treatment of the Negro has also resulted and this improvement probably has been the most effective check to further emigration. The industrial depression following 1928 has prevented the free movement northward but has increased migration from the rural districts. In parts of the South also, according to Negro observers, the Negro has been receiving fairer treatment than in many sections of the North.

c. Racial Characteristics.

From the ethnological standpoint the Negro belongs to a distinct race characterized by a long head, a relatively low altitudinal index, a broad nose, and pronounced prognathism. In addition he has woolly or kinky hair and a black or dark brown skin. There are, of course, many minor characteristics as well. The white or Caucasian race possesses many characteristics the direct opposite of these. The actual American Negro differs

[1] *Negro Year Book*, 1921-22.

widely from the ethnological Negro. Any discriminating observer watching a hundred Negroes pass by within a given time will notice that at least two-thirds of them possess some of the qualities attributed to the Caucasian race. This observation should be compared with the census statistics according to which the mulattoes of the country comprised 11.2 per cent in 1850 and 15.9 per cent in 1920 of the Negro population. In 1910 the record gave a proportion of more than 20 per cent, but the figure previously given is more in accord with the changing proportions. Nevertheless, the official percentages are no indication of the number of Negroes possessing white blood. Du Bois has estimated the proportion as approximately 70 per cent and thinks that 40 per cent have as much white as Negro blood.[1]

The best ethnological thought recognizes practically no pure races and insists on the fact of race intermixture. Such intermingling may have occurred thousands of years ago and have been the outcome of man's instinctive desire for adventure and new experience. Infusion of Caucasian blood into the veins of many African tribes is an historical fact. How large a percentage of the original slaves were without traces of white blood cannot be told. Without doubt throughout the first two hundred years in America a great deal of intermixture occurred. This surmise lacks definite confirmation but exhibits its certainty in the racial characteristics so frequently seen among individuals classified as Negro but who nevertheless possess a large number of characteristics supposedly Caucasian. As a consequence the official figures which classify about one-sixth of the Negroes as mulattoes do not adequately express the proportion of typically Caucasian blood found among the Negroes of the present generation. It appears, however, that very little miscegenation occurs at the present time. The laws prohibiting intermarriage, and the social customs of severely punishing violators of the law or the social code have interfered with the merging of blood that resulted in the physical characteristics of the average American Negro.

[1] See *Annals of American Academy*, November, 1928, p. 10.

d. Health and Longevity.

The mortality of the Negro has decreased considerably within the period covered by the vital statistics of the Bureau of the Census. In the following table are given figures to indicate the changes.

DEATH RATE (PER 1,000)

YEAR	REGISTRATION AREA	URBAN DISTRICTS	RURAL PART OF REGISTRATION STATES
1913	21.7	24.1	18.2
1920	18.0	22.7	15.3
1925	18.2	23.4	15.2
1928	17.3	22.3	14.5

These figures show that over a period of 15 years the Negro death rate fell approximately 20 per cent. This figure is slightly smaller than the decline among the white population, which was 21 per cent. In general, the facts indicate that the Negro mortality lags behind that of the Caucasian by about twenty years. Much of the gain among the Negroes has occurred among children, whose death rate during this period showed a very creditable decline. The rather unsatisfactory federal statistics for 1900 indicated that the Negro infant mortality was twice that of the white but in 1928 it was only 65 per cent higher. Furthermore, in the latter year the Negro infant mortality was lower than the white rate at the former date. The effectiveness of the public health program by means of clinics, education, post-natal attention, and visiting nurse work has definitely registered itself with consequences such as those presented. Negro children also have a lower mortality than white children from such diseases as diphtheria, scarlet fever, and measles.

The general Negro death rate in 1928 was 62 per cent higher than the white rate but was only slightly higher than the rate for whites in 1900. At that time the incomplete figures of the day indicated a difference between the two of about 75 per cent. Both white and Negro death rates have fallen but the Negro

rate has dropped more rapidly. The greatest disproportion in death rates occurs in the age period 20–24 years when nearly 30 per cent of all deaths occur among Negroes although they constitute less than 10 per cent of the entire population. The Negro death rate remains high throughout the productive period of life and therefore increases the seriousness of such problems as support of family, orphanage, and child guidance.

As in the case of white deaths, the largest number of Negro fatalities occur from organic diseases of the heart but the excessively high death rate from tuberculosis reveals the important sickness problem confronting the Negro race. The rate is still about three times that of the whites, but even in this case great improvement has been observed over a period of twenty years. That the bad housing and living conditions surrounding large sections of the Negro people are responsible for much of this difference has been clearly demonstrated; nevertheless there may be some special susceptibility to the disease. Next in importance numerically come pneumonia, nephritis, and cerebral hemorrhage.

According to Dublin, syphilis is " a tremendous factor in the high Negro death rate, not only because of the venereal infection itself, but on account of the degenerative diseases which it superinduces. In fact syphilis and its sequelae account very largely for the great excess of the Negro death rate today over that of the whites." [1] If this contention holds, then the innate vitality of the Negro race is but little different from that of the white, and the assurance of a health equality will depend largely on a successful program for the elimination of this entirely preventable disease.

e. Mentality of Negro.

Ethnologists practically began with the unproved assertion that the backward races were inferior. The rude awakening given them by the Chinese and the Japanese has also necessitated empirical methods with the Negro. Differences in brain-

[1] *Annals of the American Academy*, November, 1928, p. 80.

weight as determining factors of mental differences likewise have proved illusory. There has remained the task of actually measuring mentality by means of the various tests that in recent years have been contrived for this purpose.

That the tests reveal actual intelligence cannot be doubted, but that they determine achievement rather than native intelligence or ability also seems rather evident from critical analysis of the results. Nevertheless the outcome of a number of measurements has a rather grim significance and constitutes a challenge to the Negro to prove himself.

Among studies of relative intelligence is one made by Thorndyke in the North Central states where his observations indicated that 4 per cent of the Negroes ranked above the median score for the whites, and that the annual advance of the Negroes measured about three-fifths that of the whites. Rosanoff in the New York schools discovered that of the cases considered 65.7 per cent of the Negroes were below the average for the whites and the rest, or 34.3 per cent, above.

A study by Farr in certain village schools where 200 children of each race were examined seems to have revealed rather striking differences. In respect to mental age the Negro girls compared to white girls rated at only 64.4. The relative figure for Negro boys was 67.5.[1]

On the other hand a comparison of 500 Negro children in the Los Angeles schools with a like number of whites revealed a similarity of achievement that makes a stubborn contrast with the illustrations heretofore given. The figures are as follows:

	Negro	White
Very superior . .	2.4	4.3
Superior	35.3	37.0
Average	43.9	40.5
Backward . . .	15.7	17.2
Feeble-minded .	2.7	1.0

[1] *Education*, April, 1931, p. 491.

Miscellaneous tests have indicated that Negro children may excel in rote memory, rhymes, and perhaps in counting, while white children have shown superiority in observation, reasoning, logical mind, and resistance to suggestion. The army tests revealed a considerable inferiority on the part of Negro young men. Furthermore the greatest shortcomings were discovered among the Negroes from the rural sections of the far South. Striking differences also were noted between the native-born and foreign-born whites, although much doubt exists as to the fundamental character of this difference.

The upshot of these studies is still somewhat obscure. Practically all of the studies that have been made indicate a lack of achievement and a lower intelligence on the part of the Negro. They indicate furthermore that the mulatto has approximated the white man in mental development and has exhibited a distinct superiority over the full-blooded Negro. In fact the great majority of Negroes who have attained distinction are mulattoes, and this statement applies to accomplishment in each of the various lines in which contributions from Negroes have been made. Generally the mulatto school child tests better than his darker brother. The significance of these facts, however, still remains to be clearly understood. Perhaps the general summary given by Professor M. S. Viteles brings results up to date, but leaves much for the future to ascertain. His conclusions briefly stated are:[1]

1. Practically all tests have rated Negroes as inferior to whites.
2. Although there is overlapping there is a consistently higher proportion of lower scores, and a lower proportion of superior scores among Negroes than among whites.
3. The differences between the races increase with the age of the children.
4. When selected from the similar social levels the races show less differences.
5. Educational opportunities also lessen the inferiority tests of the Negroes.

[1] *Annals of American Academy*, November, 1928, p. 173.

6. Increase in the proportion of white blood lessens the differences.
7. There is evidence of qualitative differences between the two races.
8. Experimental evidence of differences in temperament between the two races is extremely meager.

The interpretation of these results differs radically. Some students insist on the inferiority of the Negro, while others argue that the contention has not been proved. The latter view is at present the safer one, inasmuch as the tremendous differences in home background, food and dietary habits, actual freedom from disease, educational opportunity, attention in school, and constructive contacts bear so heavily on the Negro child that the true situation cannot be adequately revealed until these disparities are entirely removed. However, the presumption is in favor of certain differences and perhaps inferiorities, but the acuteness of such inequalities as may exist will certainly become less marked than is the case today.

f. Industrial Conditions.

(1) *The Negro in Agriculture.* The transformation of the industrial life of the Negro represents the most marked development in the stormy career of this race. Enslaved from the beginning and born into bondage here, the Negro has regularly lived the life of a plantation worker. Until he became free he hardly knew any other life. A few of his race drifted to the towns and became separated from the soil. The reconstruction days did not improve his industrial opportunities beyond the change from maintenance without wages to a system of peonage which still riveted him to particular farms or estates and in many cases caused him to sink into debt to a depth which made release therefrom almost impossible. Until the advent of the World War the majority of employed Negroes were engaged in agricultural pursuits. The number of Negro farms steadily increased until the industrial depression of 1921. It had grown to nearly one million, but less than one-fourth of the farmers were

owners, or managers. The remainder comprising three-fourths of the entire number were tenants. The maximum of ownership occurred in 1910 when nearly 219,000 farms were owned. Since then there has been a constant decline and in times of depression there has been an abrupt drop. Meanwhile the proportion of tenancy has increased. However, the form assumed has been that of crop-sharing. In five years the proportion of this group in Georgia and South Carolina rose from 39 to 46 per cent. In 1920 the Negroes of the South owned more than five hundred million dollars' worth of property in lands and buildings, but these days of prosperity have disappeared and an enormous shrinkage has occurred.[1]

The tragedy in agriculture is due to several reasons and the cure is not simple. In the first place the prevailing one-crop system places prosperity for the Negro at the mercy of prices in respect to one staple product. Negro farmers have specialized largely on cotton and tobacco. Cotton prices are enormously influenced by fashions in clothing, while the area of successful tobacco production has been greatly extended. Again the inability to invest in labor-saving machinery has interfered with per capita productivity, and as a consequence the returns are low. An adequate system of agricultural aid such as that developed by farm bureaus has not been provided the Negro, nor has instruction in the schools been given. It is true, however, that in 1929 more than 300 agents were busy at this task. This number, on the other hand, is not sufficient to reach one-half of the number requiring advice and education. Until the land can be used more efficiently the Negro in agriculture will continue a sorry spectacle.

A credit system that will not exploit him but will give him an opportunity is fundamental to his stay in agriculture. He cannot be ransomed from tenancy until the systems of exploitation in vogue can be eliminated and the Negro obtain credit under conditions that will not require interest rates similar to loan shark charges in northern cities. Perhaps coöperative credit

[1] *Negro Year Book 1921–22, 1931–32*, pp. 120–131.

facilities will better the situation, but the greater need is a semi-commercial banking plan adapted to Negro opportunities and sufficiently elastic to reduce foreclosures to a minimum.

Until these improvements are made little hope exists for an increase in farm ownership. The ultimate success of the Negro in agriculture depends on the development of ownership, either individual or collective, or on coöperative plans whereby management of large estates is in the hands of individuals working for the interests of the Negro. Certain it is that the present system of tenancy must be eliminated if the Negro is to survive in agriculture.

(2) *Progress in Other Occupations.* The progress of the Negro in other forms of occupational life has been greatly accelerated by the events of the war. The drift northward resulted in employment in factories and in transportation under conditions that made advance possible. Many Negroes rose from the status of unskilled labor to that of the skilled worker, thus proving their capacity as workers as well as gaining a greatly increased wage. Formerly the North employed the Negro in menial labor only, but ambition made him a competitor for the better jobs and a wider selection of occupations is now open to him. Negroes have entered in large numbers in positions of a higher grade in the iron, steel, automobile, and transportation industries. Many have become chauffeurs, some janitors, or personal service workers of similar grade, while the status of domestic service continues to flourish. They still are found in disproportionate numbers in certain undesirable occupations such as the least healthful work connected with the tobacco, white lead, fish packing, and turpentine industries. Their entrance into the building trades as skilled workers has been retarded, except in the South where the former attitude toward labor gave the Negro an advantage. In recent years he has also lost ground in this field in the South, because southern white workmen have begun to discover the necessity of pressing into the better manual occupations. As a consequence they have tended to displace the Negro.

The Negro was imported by northern white employers in many cases to serve as strike-breaker and his function in this respect was defended by Negroes as a whole on the theory that the race must stand as a unit for the opportunity to work. Strike-breaking therefore could only be eliminated through the changed attitude of organized labor itself. The American Federation of Labor shortly after the Civil War announced a broad program according to which Negroes were to be accepted as members either in separate unions or in mixed unions under certain conditions. Gradually the Federation became antagonistic to the Negro, but in 1910 it again saw the light and voted to encourage the Negro to become a trade unionist. Since that time it has pursued a consistent attitude and has endeavored to enlist the interest of the Negro worker. And it is well, since the organized labor movement cannot succed unless the unionist is willing to bring into the fold all workers who threaten to become his competitors.

The Negro, on the other hand, has begun to recognize the value of association and is less eager as a strike-breaker than formerly. As he becomes a skilled worker, his interests become one with those of his white co-laborers. Nevertheless the color line still holds and therefore Negroes are beginning to organize separate labor unions. It may therefore be expected that the fatal underbidding of former days will gradually disappear.

(3) *Business and Professional Advance.* In a period of seventy years it cannot be expected that the Negro in business and the professions will have made a great success. Lack of training for business has offered the great obstacle but the indifference of the masses has been a serious factor. Fluid capital sufficient to establish plants of dignified size did not exist until after the war. The small retail establishments and puny factories previously operated did not produce wealth and were not even patronized by members of the Negro race. As consumers Negroes have not presented the financial solidarity that might have resulted in the making of a group of business leaders. Among the leading forms of business enterprises are restaurants,

groceries, meat shops, pool rooms, coal and wood dealers, small transfer companies, and general stores. These enterprises are classified largely as trade or transportation. Manufacturing is largely absent and banking has just made a beginning. Advance in the professions has outstripped the gain in business. In our large cities the Negro professional man, that is, the doctor, the dentist, and the public school teacher, receives a larger annual income than does the leading business man. Among the whites the incomes of the professional classes do not compare with the gains of business. Although unjust, this situation has resulted as the natural outcome of our readiness to allow the exploitation of natural resources by whatever person first managed to obtain possession of them. Such windfalls never came to the Negro and industrial advance has been gained in the face of steady opposition.

Lack of opportunity on the part of the Negro to obtain a professional education in the South has reduced the number of persons able to take the training necessary. Most of the men were required to attend some northern institution, and, on their return to their native state, they were not always patronized according to their deserts and achievements. They received no white patients and only a small proportion of the colored. This situation is rapidly changing, due to the better training of the Negro physician and the growing confidence of the rank and file in his ability to serve them. Furthermore racial pride has in recent years increased this patronage.

No change other than the abolition of slavery has been of greater importance in accelerating the advance of the Negro than the World War. It gave him a realization of his possibilities. He became conscious of his power; he achieved self-respect and began to work for definite achievement by the Negro race. Such a viewpoint results not in efforts to become like the white, or to become merged into the white race, but in the establishment of Negro institutions comparable to those of the white. This new view is producing an enlightened race consciousness, one not based on envy or hopelessness but on

confidence in the power of achievement. Meanwhile the doors of higher institutions of learning are gradually opening to Negro students and as a consequence much advance in several professions has already become history.

g. Discriminations.

The traditional theory that the social status of the Negro was irrevocably that of the underling dies hard. As a consequence the discriminations made against the Negroes and other ill-favored groups tend to persist. Often when an outburst of race antagonism occurs prejudices again imbed their vicious claws into the social body and tear out the flesh and cause sores that require years to heal. Many discriminations are based on class differences but these are so interminably merged with racial distinctions and oppressions that cause and effect cannot easily be determined. The conquered become the lower class, although they may consist of the physically and mentally superior race. Discriminations among members of the same race never assume the extreme forms typical of those perpetrated by one race on another.

Residential segregation represents a form of discrimination. Although the statute may have innocently declared that certain areas shall be set aside for each of the races, in practice the plan proposes to give the superior areas to one race and the inferior to the other. Several years ago many cities passed segregation ordinances, the net effect of which would have meant the overcrowding of the Negro population in small neglected spaces with no opportunity for expansion as numbers increased. Finally the Louisville ordinance was taken to the Supreme Court and was there declared unconstitutional. As a result of this decision this method of discrimination was legally balked, although informal methods of segregating the races still exist.

Restrictions on property written into the deeds and recorded with these restrictions represent another method of attempting segregation. This method likewise has had judicial obstacles placed in its way but the final outcome has not yet been de-

termined. The plan has a sounder basis for support than the former and the discovery of its validity would evoke less surprise.

Another form of discrimination consists of the so-called Jim Crow laws which provide for separate accommodations for Negroes and whites in public conveyances, or refuse accommodations altogether to the one race. Throughout the South such laws are in operation. Usually it is provided that one end of a street car shall be reserved for whites and the other for " colored " persons. Neither race may violate the rule. Consequently white persons may stand because the section reserved for white people is filled although that set apart for the colored is empty. In a similar way a Negro will stand when the converse is true. Separate waiting rooms at railway stations also are the rule and in some states a Negro may not ride in a Pullman car. Seating accommodations at theaters and other public meeting places follow similar rules and with some exceptions attendance is at separate churches.

h. Lynching.

The practice of lynching was common in the old days in the West and represented a substitute for organized law. In the South it has been used largely as punishment for Negroes against whom charges of an atrocious nature have been made. Formerly the annual number of white lynchings exceeded the number of Negroes lynched but in recent years the practice is confined almost entirely to the Negro race. From 1885 to 1929 the number of recorded lynchings of Negroes was 3,228 and of this number 884 individuals were charged with rape or attempted rape, a percentage of 27.3. The frequent cry that lynching is necessary in order to protect the virtue of white women is not borne out by the facts, since it is used for practically every form of serious crime and has been employed to avenge a community against an individual even for a minor offense. In certain instances there has been no assurance that the victim had committed any crime. The movement in the South to abolish this form of atrocity has made much headway in recent years and

since 1922 the average annual number of lynchings has been less than twenty. The Commission of Inter-racial Coöperation has been a strong factor in educating communities against the evil, and in 1930 women from twelve states gathered to develop sentiment against it. These women represented church organizations, women's clubs, civic bodies, and associations of allied character. The threat of a federal anti-lynching law has also produced effects and in some states local action has been taken to punish counties that permit a lynching to occur. The records indicate that in a period of eight years more than 250 would-be lynchings have been prevented. Many others, however, could have been prevented had proper precautions been taken. The anti-lynching movement is steadily gaining force and should in a few years reduce this crime to a minimum.

i. The Negro in Politics.

The fifteenth amendment accorded the Negro the right to vote. After the debacle of the Reconstruction period, the Negro was practically excluded from the polls, particularly in the far South. Nor has he participated in political activities since then except in perfunctory ways. One method of excluding him from the polls was by means of the so-called " grandfather clause " whereby suffrage was limited to persons entitled to vote or whose ancestors were entitled to vote on a given date, such as 1866. The net effect of such a clause was to permit whites to vote but to debar Negroes from the privilege. In 1915 these laws were declared unconstitutional but other methods of limiting the activity of Negroes in politics have been devised and as a consequence in the Gulf states few Negroes exercise the privilege of the franchise. An attempt in Texas to prohibit the participation of Negroes in a Democratic primary was annulled by the courts. Conditions in the border states are much different and here many of the Negroes vote while in the northern states, particularly those to which the Negro migration has been largely directed, the Negro vote has become a factor of great influence.

The presence of a Negro in the National House of Representatives indicates the new movement. In northern states where the Negro vote is the deciding factor Negroes are in increasing numbers being selected for office. The equal treatment of such officials at the National Capital arouses the antagonism of the extreme negrophobians, but it is significant that these outbursts have become rather sporadic. There is clear indication of a better feeling, both North and South, toward the right of the Negro to participate in political affairs.

j. Problems of Assimilation.

Assimilation of two races or groups may follow one of two lines of development. The groups may live side by side enjoying similar opportunities and privileges and yet living their social lives apart from each other, or they may intermarry and gradually become a mixed race. In the western world perhaps the Jews come nearest to offering an example of the former process, although in this case no legal barriers intervene, and as a matter of fact many Jews and non-Jews do intermarry. The second method of assimilation is illustrated by England where Angles, Saxons, Normans, Danes, ancient Britons, Scots, and other groups have in the course of centuries become the English people. It is being illustrated further in this country, where the colonial stock has been largely merged with the older immigration, such as the Irish and the German, and is now slowly mingling with the South- and East-European. The melting pot has not failed. We have merely been too optimistic in respect to the time required for the task.

Current American opinion is opposed to the second plan of race assimilation so far as the Negro is concerned, and, as the previous pages indicate, has barely accepted the first. Nevertheless the movement for better treatment of the Negro is making rapid progress. The mixing of the stocks is definitely prohibited in all of the southern states and in many of the others as well. The Virginia law prohibits the marriage of a white person with any individual in whom a trace of Negro blood may be

found. Other states prohibit the marriage of whites with Negroes, or with persons having one-eighth or more of Negro blood or with persons of African descent. Usually the word "Negro" is not defined and its meaning left to the courts or the authorities.

These laws merely confirm a state of mind, and, on the whole, are largely unnecessary. Because of the prevailing public opinion members of the two races would hardly dare to marry each other in the states where the prohibitions exist even though no laws forbade. In the remaining states occasional mixed marriages occur but most of these are between whites and comparatively light-colored Negroes. The effect of such a marriage on the prospects of the children and even on the social relations of the parents is a deterring factor of undetermined but emphatic character. Probably more such alignments would occur but for the ostracisms that follow.

Current prejudice holds that equal treatment in the enjoyment of the amenities of social life constitutes the great danger and that this must therefore be prevented at all hazards. Consequently we find violent opposition to the use by both Negroes and whites of the same hotels or restaurants and to the practice of both being served at the same table. Negroes are tabooed at parties, dances, and other social gatherings. Very few of the exclusive hotels of the country permit Negro guests and some that do require the Negroes to use the freight elevator or the one used by the employees.

When laws discriminate against an individual with but little Negro blood and with still less apparent connection with the Negro race they drive many such individuals into the arms of the Caucasian race. Hundreds of the palest of these "turn white" and thereafter pose as white persons. To do this requires migration to a community where they are unknown and where they can begin life anew. The greatest handicap has rested on the professional groups and accordingly there are among the successful professional men and women of the day many persons with a slight admixture of Negro blood who under

the cruel dicta of American convention would, if the community were aware of the exact facts, be classified as Negro instead of white. Many " white Negroes " however cast their lots nobly with the Negro race and are attempting to bring about better treatment and greater consideration for its welfare. Most of the Negro leaders are in fact mulattoes or persons with a considerable admixture of white blood. Few, however, are so Caucasian in characteristics that their Negro connection cannot be noticed.

Until recently many Negroes looked forward to race intermixture as the ultimate goal of Negro ambition. Such a view was occasioned largely by the inferiority complex from which they had suffered. To become white or to have one's race made a part of a common stream of race blood in which black and white blend with equal ease, that has been the summum bonum of much Negro endeavor. However, this situation is rapidly changing. Intermarriage with the whites was intermarriage with the superior and a goal worth striving for. As soon as the ghost of superiority is halted and Negroes no longer accept that appraisal of themselves which Caucasians have made, so soon will they develop a new attitude and will take pride in their own race and its accomplishments. The recent progress of the Negro and the enlightened leadership of the race by men who emphasize the Negro's possibilities has greatly stimulated the self-confidence of the rank and file and has promoted a new complex. To believe in themselves is the best program for the advancement of the Negro race. When thoroughly convinced of their capacities the desire for becoming white will largely disappear, problems of intermarriage will become less acute, and such miscegenation as occurs take place under conditions that will not disturb the amity of the two groups but will be the natural outcome of the respect and affection that two individuals may hold for each other.

2. Assimilation of the Oriental.

The stoppage of Chinese immigration in 1882 held the number of Chinese in this country down to 132,300.[1] Owing to the pre-

[1] Coolidge, *Chinese Immigration*, p. 498.

dominance of males the birth rate has continued low and therefore the Chinese population in America continually declined until 1920 when the census revealed a sum total of slightly more than 61,000, of which 7,700 were females. The growth of a Chinese contingent depends on the fertility of this small group of females and the insistence of the native-born on remaining here. Not knowing the country of their fathers first-hand, second generation Chinese are, of course, likely to remain. Census figures indicate that the Chinese births in this country in 1928 totaled 1,425. The 75 per cent increase in females in twenty years is due largely to the births of girl babies, although a few wives of residents and women eligible for admission have added slightly to the number.

The census of 1930 reveals 74,954 Chinese and apparently the last decade represents a turning point, being the first ten-year period since exclusion began in which no decline in the number occurred. The present yearly aggregate of births indicates the existence of some thousands of Chinese families — a number sufficient to maintain a permanent population. There is little likelihood that it will disappear, but the greatest probability that it will gradually result in the building up of a permanent racial group.

Although attitudes toward the Chinese have been greatly altered since the coming of the Japanese, the assimilability of the group is still a moot question. On the whole, they live in separate sections in the large cities and still lack opportunities for business and professional life comparable to the abilities that they have demonstrated. Seven states forbid the marriage of a white to a Mongolian, but in the western states that have such laws usually no penalty is imposed. The laws themselves have hardly been necessary to prevent such marriages. A few cases, however, have been noted. The social consequences at first were rather disastrous and similar to the effects of intermarriages with the Negroes. Gradually, however, the ability of the Chinese has been recognized and occasional cases of miscegenation have been tolerated.

3. The Japanese.

The Japanese problem has developed along characteristic lines. The Japanese are the most European of all the oriental peoples and perhaps have adopted occidental customs and fashions more readily than any other. Furthermore, in culture and habits of life their objective resemblances to the Caucasian have become so marked that their assimilability seems certain.

The economic consequences of Japanese immigration have for the moment interfered with that attitude of friendliness which the majority of Americans had previously expressed. The growing number of arrivals after 1900 became a matter of grave concern to the Pacific coast states. Many of the best lands were being occupied by these recent immigrants and certain vegetable and fruit crops were shortly under their control. The natural act of settling in communities resulted in a preponderance of Japanese children in certain sections and as a consequence outbursts of opposition from American parents caused serious trouble. The anti-Japanese feeling that was thus aroused has long continued to seethe. The danger of controlling the best lands has resulted in the " alien land " laws and in other methods of preventing encroachment on the landed wealth of the western states. The exclusion of the Japanese in 1924 for a time threatened to cause much ill feeling between the two countries, but it was probably a mere episode in the life of nations.

Intermarriage with the Caucasians occasionally occurs. The ability of the race is generally conceded and the differences are not overwhelming and therefore mixed marriages may be expected, provided law does not prevent. However, court decisions that formerly wavered in respect to the racial classification of the Japanese now tend to become definite and to place him in the Mongolian column. All laws therefore applying to the Mongolian will also apply to him. Nevertheless considerable intermixture with the Japanese may be expected in days to come. The prejudice against them is weakening and may gradually disappear altogether.

The group will gradually increase in this country. To begin with, the number of females is nearly one-half that of males and the recorded births in 1928 numbered 3,917. The foundation of many thousands of families now becomes possible and even a moderate birth rate may be expected to yield a surplus of births over deaths of at least 3,000 annually. Nevertheless, the total number, 138,834, compared with the population of this country is so small that before the Japanese have become sufficiently numerous to become threatening social assimilation probably will have succeeded in disarming the threat.

4. The Filipinos.

The arrival of approximately 50,000 Filipinos within a few years has precipitated another race problem. The Filipinos come from one of our colonial possessions and our attitude toward these newcomers is expected to differ from that held toward other Orientals. Racially the Filipino has been classed as a Malay. He, however, has a strong intermixture of Chinese blood and some centuries ago was the recipient of a wave of west Asiatic blood as well. Much of the latter was Caucasian. Besides these infusions there has been some mingling with the Spanish during the three hundred years that the Philippines were occupied by Spain. Nevertheless, the Malay element is dominant at the present time. Thirty years of work in the Philippines by the Americans has resulted in attitudes of mind peculiarly similar to those of the western world and has shown the Filipino remarkable in his capacity for imitation and for recognizing fundamental values in American life.

The Filipino has easily gained a place among the agricultural and industrial workers of the Pacific coast. This success is partly due to the acceptance of low wages and partly to the reduced cost of living made possible through life in labor camps. Furthermore, about 93 per cent of the total are males, Filipino family life in this country having hardly begun.

In various sections of California, the Filipinos have been utilized to check demands for higher wages whether made by

Mexicans or native Americans. Although here but a few years, they comprise more than 80 per cent of the workers in the asparagus fields of California.[1] On the whole, because of lack of fitness for difficult manual labor, they gravitate toward the less taxing manual occupations. Many therefore have found their way into various forms of personal service. This extension of cheap labor has enraged the American laborers and the anti-Filipino riots and outbreaks are largely attributable to this source, although the precipitating causes have apparently been social.

The absence of women has created a serious social problem. The better type of Filipinos somewhat accustomed to agreeable contacts with a few Caucasian women at home have in many cases longed for more intimate associations here. Efforts have been made to substitute the American girl for the native girl at home. However, the status of the Filipino here has been distinctly uncertain. Even the skilled and educated young man frequently finds that serious discriminations are made against him. He falls from the professional or skilled labor class to one of a lower order and his opportunity to enjoy the social advantages granted to the white immigrant of European origin is generally withheld. As a consequence he becomes embittered and anti-American in voice and action. Again we find the tendency to desire classification as Caucasian although physical appearance makes such classification absurd.

Again intermarriage faces the American and again the matter of color has proved troublesome. Six of the states prohibiting marriage with the Mongolians are situated in the far west where nearly all of the Filipinos are located at this time. A recent decision in California held that the Filipino came within the meaning of the term Mongolian, and therefore that marriage with the white was prohibited.

Efforts in Congress to limit or prohibit the immigration of Filipinos to the United States are becoming more pronounced.

[1] Louis Bloch, *Facts about Filipino Immigration into California*, Special Bulletin, No. 3, Department of Industrial Relations, April, 1930, pp. 13 ff.

They are based largely on the fear that unrestricted immigration will precipitate a cheap labor issue such as that faced at the time of Chinese exclusion. Already the courts have held that the Filipino is not eligible to naturalization. This disqualification threatens to prove a serious obstacle to free movement to the United States. It appears that he will be counted among the other oriental groups and handled accordingly. Discriminations such as these against the inhabitants of our own colonial possessions threaten to raise other serious problems. Without doubt they will make the Filipinos more refractory and more insistent in their demands for independence. Furthermore, the right of Americans to migrate freely to the Philippines and to exploit its resources must necessarily receive careful scrutiny. On account of the increasing complexity of our relations with the Filipinos we may expect continued and growing unrest.

5. Mexican Immigration.

The Mexicans, being inhabitants of one of the Latin-American countries, have generally been considered as belonging racially to the same group as that to which the inhabitants of the mother country, Spain, belonged. The facts, however, are very different. About 10 per cent of the Mexicans are of pure Spanish descent. Of the remainder about one-third are pure blooded Indians and two-thirds of mixed Spanish-Indian type.[1] The Mexican immigrant represents these stocks. The great majority of such immigrants are partly or entirely Indian and possess but little Caucasian blood.

The bulk of Mexican immigration to the United States has come since the beginning of the World War. At first the dearth of labor here was the incentive, but later the greater opportunities in this country attracted them. Within these fifteen years approximately 1,000,000 have come. More than 200,000 of these entered illegally. The chief line of march is across the Rio Grande into Texas. From there they scatter, some coming

[1] Western Hemisphere Immigration Hearings before Committee on Immigration and Naturalization, 71st Congress, 2nd Session, H. R. 8523, etc., p. 183. Quotation from Tannenbaum, "The Mexican Agrarian Revolution."

westward and, after reaching California, wandering northward along the Pacific coast. Another wave has moved directly north through Oklahoma, Kansas, and Colorado, while a few have found their way to the northern boundary of the country in Michigan. Shortly before the depression beginning in 1929, approximately 500,000 Mexicans were in Texas, 250,000 in California, with Arizona and New Mexico ranking next in respect to numbers. The number registered here in 1930 was 1,422,533 — less than has been generally estimated. However, the census of 1930 will not reveal the extent of the immigration that had occurred, since owing to the industrial depression the trend homeward began before the census data were obtained. Many, of course, returned without going through the immigrant stations.

In addition to employment as railroad workers, the Mexicans have been at work in brick, tile, stone, and mineral products establishments. They have also entered iron and steel factories, packing plants, fish canneries, lumbering, laundering, cleaning and dyeing. A third variety of work is the agricultural and horticultural. Although not absorbing so large a proportion of the total number of Mexican workers as the industrial enterprises, these occupations draw heavily on the Mexican throughout the states where he is found in large numbers. In Texas he works also in the cotton fields and on the truck farms; in California he is very essential at present for work in the orange, lemon, canteloupe, apricot, peach, grape, nut, and truck crops.[1] Mexican labor has been essentially cheap labor, a fact which does not imply that Mexicans are willing to work at low wages permanently. It does mean that for the time being it costs less than native or white immigrant labor. For this reason employers have sought to prevent further restrictions on the immigration of the Mexican. Nevertheless signs of discontent with the conditions under which they worked and lived have been evident among this group. Proof of this fact consists in

[1] R. L. Adams in *Mexicans in California*, Report of Fact-Finding Committee, 1930, p. 160.

the efforts to organize and to resist exploitation. No immigrant group permanently contents itself with low standards. Contact with American life soon inspires it to obtain more of the comforts and luxuries characteristic of the community in which it is located. At any one time, however, an immigrant group may sell its labor power at such low prices as to become a positive menace to the better standards of the American worker. The latter therefore is justified in securing protection against such an undermining influence.

Although the law contains no definite prohibitions against the Mexicans the federal government has discovered a way of reducing immigration from Mexico to a minimum by the use of that phrase in the law which permits exclusions of those individuals " likely to become a public charge." It was argued that in time of industrial depression the majority of such applicants for admission were in danger of dependency. Therefore they might legally be excluded. As a consequence in 1931 practically no Mexicans were admitted to the United States. It is highly desirable that eventually definite limitations be placed on Mexican immigration. It is nonsense to argue that such action will offend our neighbor republic. Our quota law by the same token must offend every friendly European power. The objection to restriction against the Mexican is based largely on the desire of certain interests to utilize cheap labor for their own advantage. Failure to adopt a definite quota disjoints the program for the orderly development of the American people on the basis of its present racial composition. Sooner or later the North European majority will insist on the inclusion of the Mexican in their plan. As it is, with the advent of a new prosperity we might become inundated with the immigrants from the south and our racial balance be thrown out of its equilibrium. During the year 1930–31 a large number of Mexicans were sent back to their native country. Many were sent to stay while others were granted return permits.

The naturalization and assimilation of the Mexican is another problem of some concern. As far as the federal government has

any official attitude it classifies the Mexican as a Caucasian. Yet it is just as true ethnologically that he is mostly Indian, and since naturalization is limited to Caucasians and persons of African descent, eventually the eligibility of the Mexican to citizenship will be questioned. Either he must definitely be declared a Caucasian or the law liberalized. As it is, a small number of Mexicans are being naturalized each year and at the present rate it will be many years before the entire group will be incorporated into American political life.

The beginnings of a new classification have been made. The Bureau of the Census in obtaining population figures for 1930 distinguished the Mexican half-breed and Indians from the others and instead of listing these among our white immigration has given them a separate classification. As a consequence problems in respect to naturalization, intermarriage with native Americans, land ownership, and other practical situations may be expected to arise. The white Mexican is easily absorbed and will readily intermarry with the American. A greater difficulty attends the absorption of the half-breed or the Indian. Here again our traditional race feeling will manifest itself and certainly postpone intermarriage. The more immediate step will consist of the crossing of Orientals with the Mexicans in those states in which the former abound. In such a state as Oklahoma where all persons who are not Negroes are legally whites amalgamation may progress more rapidly. However, the eugenic significance of this inter-race mixture has not yet been sufficiently determined to make constructive suggestions possible.

QUESTIONS FOR ADDITIONAL STUDY

1. What characteristics distinguish the three chief races from each other?
2. Classify the Hindus, Filipinos, and Hawaiians.
3. Why did the French intermarry with the Indians while the English colonists did not?
4. Study the physical characteristics of a random group of Negroes and estimate the proportion having white blood.

5. Is it probable that the races differ in their susceptibility to certain diseases?

6. What accounts for this fact?

7. Is genius more exceptional among Negroes than among whites?

8. Study the racial characteristics and the backgrounds of a typical group of Negro leaders.

9. To what extent has the white man encouraged and aided the Negro in agriculture?

10. How has work for the Negro in the South differed from that elsewhere?

11. Has the Negro improved his position through migration?

12. What proportion of the unemployed in this country are Negroes?

13. What factors have accentuated discrimination against the Negro?

14. What are the principal obstacles to the better education of Negro children?

15. Find out per capita expenditures for the education of Negro children and contrast with expenditures for white children.

16. Can complete assimilation be attained without amalgamation?

17. What are the probable alternatives in the solution of the race problem?

18. What accounts for our increasing friendliness for the Chinese?

19. Study the growth of anti-Japanese sentiment on the Pacific coast.

20. What are the "alien land" laws?

21. What are the chief occupations of resident Japanese?

22. What is the political status of the Filipino in the U. S.?

23. Why have the Filipinos been more eager than other Orientals to associate with Caucasian women?

24. Should we permit the immigration to this country of individuals ineligible to naturalization?

25. Can and should intermarriage of Caucasian and Mongolian be fostered or prohibited?

26. What are the racial characteristics of the Mexican immigrants?

27. Study the claim that Mexican labor is needed in the South and Southwest because white men will not do the work.

28. What accounts for the small number of naturalizations among Mexican immigrants?

29. Make a study of some agency engaged in work for non-Caucasian groups.

30. Study a Negro or Oriental community and list the societies and agencies established for its benefit and improvement.

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CHAPTER XXVI

RACE IMPROVEMENT

The problem of race improvement is one that has long been the concern of philosophers and scientists. From the days of the Spartans and of Plato down to today the subject has been discussed and in some cases methods of improvement have actually been utilized. The evolution of races and of groups throughout the ages is a well-known fact but the general effects throughout historic times are not so well known. The fact of change is clear, but whether for better or worse is less definite.

1. Causes of Racial Change.

Change depends partly on the selective force of environment; and heredity is largely responsible for the sample from which selection is made. The influence of environment therefore as a negative factor is well substantiated. Its influence as a cause of variations is less certain, although considerable evidence is now being produced to indicate that its work is also positive. Especially is this true since the function of the ductless glands, race poisons, radio activity, and other transforming forces have been better understood. Environment cannot be overlooked nor can one measure the relative effects of heredity and environment. Such comparisons fail to appreciate the varying rôles performed by these two factors. The safer program is to set forth the known workings of each and indicate the method of their operation. From the racial point of view environment works slowly and transformations are most gradual. From the standpoint of the individual in respect to the minor changes of body or of mind, it operates in brief spaces of time.

At any one time heredity is the dominating influence determining the physical body, its characteristics, the structure of the

brain and general mental capacity. Heredity is also responsible for a large number of the abnormalities that afflict human kind. How these peculiarities originated is not definitely known to biological science. At one time in the evolution of the race these defects must have been absent. Exactly what influence brought them into existence still remains to be explained. To say, for example, that a certain defect is a mutation is no explanation; it is merely a statement of fact. Mutations must have their reasons. That the insidious influences of environment must be in part responsible for such mutations it is difficult to deny. The Mendelian laws of heredity may indeed account for some, but it taxes the credulity of any openminded scientist to believe that such explanations of mutations are adequate. In this text, however, unsolved biological problems need not clutter up space. The sociological aspects of heredity will offer sufficient difficulties and if their relation to race improvement can be properly elaborated the writer will be content.

2. Selective Factors.

Many factors constantly combine to determine the quality of race. Some of these are helpful, while others are destructive. War, disease, famine, climatic conditions, foods, mutual aid, coöperation, advance of medicine, care of sick, differential birth rates, celibacy of certain portions of the population, and other factors are now, or have been, in operation to affect the vitality and the character of racial groups.

In the past, war probably has acted to eliminate the stronger and more courageous men. In certain countries four hundred years ago very few men of the nobility lived much beyond middle age. War and combat were the cause of their elimination. In more recent centuries war enlisted the services of the best physical types, a large proportion of whom were killed in battle or died of disease, while the less capable remained at home to reproduce and to lower the quality of the nation's population. The bad effect of the Napoleonic wars on the stature and physique of the French people is a matter of history. The World

War seems to have eliminated a large share of the best types, but because of famine, disease, invasion, and exploitation millions at home also died, and it is likely that the majority of these were the less capable; so that the eugenic effect of the last war may have counterbalanced its dysgenic effect. Even then the outcome was unfortunate, since if the best and the poorest were eliminated, the world has remaining a much larger proportion of the average types; whereas the production of geniuses depends on the perpetuation of the better physical and mental types. However, the best brains are usually found among the professional classes. The participation in the war by these groups did not usually involve fighting. On the other hand many did lose their lives in the service. It is very likely that, as a whole, the wars of mankind have been a most powerful dysgenic force. Their harm is measured not merely in terms of lost production, property destroyed, lands laid waste, the ravages of disease, and the sum total of individuals killed or maimed, but also in the race degeneracy which the elimination of the more effective types has made inevitable.

Disease has also been a selective factor. Certain diseases have through their ravages for generations gradually eliminated so large a proportion of a given population that a high degree of resistance alone indicates the superior vitality of the surviving groups. A people exposed to a certain disease seem to become less susceptible in time and the disease loses its dread. Smallpox is an example of the selective effects of disease. Most of the white groups have suffered from the disease so long that the great majority are able to survive an attack. Not so with the Indian or the Eskimo. Even though they are athletic or gifted with an excellent physique their bodies cannot resist the disease, and if left alone most of them would perish from an attack. That which is beneficial to the race in the long run may be fatal to individuals at any given time. The improvement of the race has, throughout the centuries, cost the lives of thousands of individuals.

The selective influence of disease does not necessarily run

parallel with other factors of racial change. Immunity from disease does not correlate with physical strength, beauty, or mental power. Certain diseases apparently strike more angrily at the strong and powerful; others select the weak. The germ diseases may do the former but the constitutional diseases are likely to be a real factor in the elimination of inferior qualities.

The infant mortality of the past has probably served as a eugenic agent. Diseases of early infancy, constitutional weaknesses, exposure, and lack of intelligent care must have taken their toll of thousands. The weaker perished while the stronger and more capable survived. In this way the sturdiness of racial groups was gradually built up, since reproduction necessarily was limited to the stronger surviving individuals. When from one-half to three-fourths of the children died before the age of five, as was the case in European cities as late as the sixteenth century, and probably is still true in parts of the Orient, a considerable test of survival was in operation. Most primitive groups consist of individuals who are strong in physique and comparatively well-proportioned. Many possess a remarkable capacity for longevity. This fact seems to hold for the Indians and apparently for the Negroes. However, a large proportion of infant deaths occurring among racial groups since written history began have been due to ignorance, and as a consequence have not produced eugenic effects.

The service of disease as a selective factor belongs to history. The effects have after all been too confusing and modern man can combat disease in ways that individually are much more effective, even though the work must be repeated from generation to generation. The whites are more susceptible to yellow fever than the Negroes but they have discovered the causes of this disease and have all but eliminated it from the category of human ailments. Attacks on other diseases are proving successful and, on the whole, the dysgenic effect of breeding from individuals freed from the dangers of pestilence can be overcome by positive methods less brutal and less wasteful.

3. Differential and Changing Birth Rates.

If the accompanying high death rate were selective race improvement would follow a high birth rate. The high birth rates preceding the beginnings of birth control in France in 1831 have contributed nothing to the mental quality of the race. They were always attended by high death rates and these death rates would have operated on substantially the same level whether families were large or small. Disease attacked individuals not on the basis of mentality but rather of physical weakness. It has been urged that there would have been no Franklins, no Wesleys, and no Websters but for the fact that nearly every mother who reached the age of 45 had given birth to anywhere from six to seventeen children. Men have claimed that unless there are many large families we will have no leaders. This is an utterly fallacious argument and needs but little rebuttal. Had the majority of the children born into these families lived and enjoyed an opportunity to utilize their powers instead of being eliminated in their childhood, they would have contributed other Franklins, other Wesleys, and other Websters. Genius is not the characteristic of the tenth or fifteenth child. In fact no conclusive evidence has as yet been collected to prove that first births or any other number in the order of births deserves special mention for contributing an exceptional proportion of well-endowed individuals. Figures do show that with an increase in the size of the family, the infant mortality rate also rises, a fact which unquestionably implies that later children have less chance for survival than the first two or three.

A serious eugenic danger today consists in the tendency of the more intellectual and the more successful to have fewer children than individuals of ordinary mentality or than the men and women belonging to the unskilled laboring groups. College graduates apparently do not reproduce themselves, since the births per married couple of college education number less than two. However, the brothers and sisters of college graduates also maintain a comparatively low birth rate. If it be assumed

that the mentality of the non-attending brothers and sisters resembles that of their better educated brothers or sisters then the 900,000 college students merely represent a large group of relatively infecund individuals — a group that will number more than 2,000,000 persons. On the other hand, it is likely that the most intellectual members of a family have usually been chosen for a college education, and, therefore, the intelligence quotient of this group should be slightly higher than that of the ones who remained at home. Since they carry the same hereditary traits the two groups, however, are not likely to produce children differing radically from each other either physically or mentally.

The danger and menace lies largely in the high birth rates among the least brainy and least progressive. It is they who today are responsible for the surplus of births over deaths. Population increase comes largely from the least intellectual groups of the community. The families of the unskilled wage-earners and of the less fortunate members of the community average about two children more per family than do those of the student class. As a result each generation will contain a larger proportion of descendants of the less desirable groups. So far as the traits possessed are inherited so far a slow degeneracy of the race has set in, and the only remedies consist in more children from the better groups or less from the average or subnormal types, or a combination of both. The families of the imprudent are invariably larger than those of the foresighted and the ambitious.

Birth rates among native American groups lack greatly in uniformity. While they are low in the cities, they are comparatively high in the Southern states, particularly in the mountainous districts; furthermore, the native rural population throughout the country still maintains a rate much higher than the average for all native whites. However, family limitation has become a factor among many belonging to these groups.

The difference in birth rates between the native and the foreign born is a factor of considerable racial importance. As

has been shown elsewhere the fecundity per foreign mother is nearly twice that of the native mother. Should the present disproportions continue, then in spite of the immigration restriction law based on the theory of national origins, the numerical preponderance of the North European groups will soon be lost. Although the laws attempt to prevent the immigration of feeble-minded, psychopathic, subnormal and constitutionally inferior groups, many nevertheless arrive as is indicated by the fragmentary statistics relating to the number of persons of foreign parentage in institutions for the insane, the epileptic, the feeble-minded, the alcoholic, and the tuberculous. For example the proportion of native whites of native parents in institutions for the feeble-minded in 1923 was 34.9 per 100,000 of the population, while the corresponding figure for the native whites of foreign parentage was 48.4. In the case of epileptics a similar comparison yields the figures 7.2 and 9.5.[1]

4. Number of Defectives and Subnormal.

It has been estimated that the feeble-minded in this country number approximately 1,000,000, the mentally deficient children 6,500,000, the insane 500,000, the epileptics 350,000, and in addition to these groups there are many other abnormal individuals belonging to various types, such as the alcoholics, sex perverts, and the criminally-minded. Besides these pathological cases there are the weak-minded, the persons inclined to insanity, the psychopaths and others not yet over the borderline but almost certain eventually to become institution patients. The total number of all of these types are said to aggregate at least 10,000,000.[2] It is with this gigantic army of individuals that the program of improvement will be forced to deal. It must not be assumed that all or even a majority of this group have inherited their weaknesses, but a large pro-

[1] United States Bureau of the Census, *Feebleminded and Epileptics in Institutions*, 1923. Figures for 1923 are used because later reports do not classify the inmates according to nativity.

[2] See White House Conference, 1930. Addresses and abstracts of Committee Reports, p. 293.

portion have. In addition, for every person cursed with a positive weakness there are at least two other persons who carry a determiner for the identical defect. It is this fact which complicates the problem of eugenics and race improvement.[1]

5. The Eugenic Program.

Eugenics aims to improve the human race by means of a better breeding program. It has been defined as the "science which deals with all the influences that improve the inborn qualities of a race." Strictly speaking, eugenics aims at the redirection of heredity. It is not concerned with other methods of individual improvement; it may recognize their value but its task is the improvement of the hereditary qualities of man. The founder of eugenics — Francis Galton — was an extreme hereditarian but many present adherents of the eugenic program recognize that a variety of factors may be involved. However, the improvement of our heredity is an important essential and needs to be stressed.

Eugenics consists of two divisions — positive or negative. Negative eugenics, which at the present time is the more practical, consists of efforts to eliminate the undesirable or so-called unfit classes. It must therefore endeavor to prevent reproduction by such groups as have inherited insanity, feeble-mindedness, epilepsy, criminal tendencies, and other defects. Positive eugenics aims to promote more efficient mating and by this means to develop geniuses, special abilities, and the more desirable human qualities both physical and mental. The difficulties in the way of this task are easy to discover.

The method of heredity is the subject of constant scrutiny and study. The older theories have largely surrendered to the

[1] The Human Betterment Foundation, Pasadena, California, holds that 6,000,000 persons now living in the United States have been, now are, or will be legally committed to some institution because of insanity; that an equal number of persons are subject to less serious mental disease and that 6,000,000 are at least 30 per cent below the average in mentality. In other words there are 18,000,000 persons in the United States who are now or in the future will be a charge and tax upon the rest of the population. From pamphlet entitled *Human Sterilization.*

Mendelian viewpoint. This theory based on discoveries by Mendel, an Austrian monk, and published in 1866 was forgotten for many years and then rediscovered by the existing generation. It explains phenomena that the theory of blended inheritance could not explain. Through its discovery of such factors as determiners, dominance, recessiveness, unit characters, and segregation it describes the method of heredity and explains many apparently peculiar and contradictory results. For example, no law of nature is broken when the black-haired father and the red-haired mother become parents of children all of whom are red-haired, or when the parents, one blue-eyed, the other dark-eyed, have dark-eyed children only. These apparent breaks with the orthodox principles of heredity are truly in accord with the Mendelian theory. Nevertheless a full understanding of these laws has not yet been acquired and, no doubt, much modification of theory will be necessary before the correct methods will be discovered and understood. The Mendelian principles, however, are sufficiently well established that a practical program of eugenics can safely be based thereon.

a. Negative Eugenics.

(1) *Institutional Care of Mentally Defective.* Negative eugenics has emphasized the need of segregating the mental defectives of the community or of substituting an equally effective plan. It has urged a more vigorous program for the colony care of the feeble-minded and for the commitment of all insane of child-bearing age. The obstacle to such a program consists of the immense cost involved in the segregation of the vast army of the feeble-minded. Present institutions must be multiplied by at least ten in order to house all of the feeble-minded of the country. Costs of state administration have risen so enormously within the years since the war that a veritable rebellion of tax payers would ensue if radical attempts to enlarge the facilities for the care of the feeble-minded were made. Permanent segregation and support of the segregated would constitute a major political issue were the effort to gain this goal

attempted. An enlargement of facilities and a training program must, of course, be urged upon the community, but a plan of complete institutional care has been abandoned by all careful thinkers on the subject. An additional reason, however, lies in the ignorance of the public in respect to the ravages of feeble-mindedness. It is difficult to visualize the harm that may be done by individuals at large, and it is not likely that the masses can be aroused to an issue, the natural consequences of which cannot easily be seen beforehand. The public will not easily become concerned when the majority of feeble-minded seem harmless to the observers.

Institutional care of persons suffering from serious disease falls into a different category. The insane are usually a menace and the average man is not comfortable when an insane person is at large and ready at any time to molest him. Therefore society has settled down to a definite program of caring for the insane. It has become a habit of mind to segregate for insanity. However, the segregation program is not a satisfactory eugenic program since the insane are discharged as soon as they have recovered and often as soon as it appears that they have reached a condition of harmlessness. The discharge of the insane, even though the insanity is hereditary in character, is less serious than the discharge of the feeble-minded because the median age of discharge is at least 45 and most families have been completed before the mother reaches this age. At any rate the number of children born to discharged patients of hospitals for mental disease is small. The actual tragedy consists in the fact that the children born before the parents became insane may have inherited neurotic tendencies and may eventually become insane. All cases which involve the possibility of the transmission of the defect should be held until the danger has abated or positive methods employed which would prevent further child-bearing. Negative eugenics can hardly cope with the problem of insanity. Too often it is too late.

(2) *Sterilization.* A recent method of negative eugenics consists of sterilization. Experimental legislation has been enacted

in this country ever since the Indiana law of 1907. This law provided for the asexualization of criminals as well as of mental defectives. It was applied for about two years and then held in abeyance. Other states enacted laws and in nearly all cases specified sterilization as the method of treatment. The laws varied widely but the most drastic law provided for the sterilization of the insane, feeble-minded, habitual criminals, sex perverts, epileptics, alcoholics, drug addicts, syphilitics, and diseased and degenerate persons. Such drastic laws were forced to run the gantlet of the courts and in several cases with but ill success. Many of the state laws have been revised, usually in the direction of greater practicability. A recent tendency to increase the types subject to sterilization also seems apparent.

The purpose of sterilization laws has in some states been threefold — eugenic, therapeutic, and punitive. The punitive motive, however, has received but slight attention. The main contention has been in respect to the other two. The United States Supreme Court has upheld the eugenic motive in its decision sustaining the Virginia sterilization law.[1] This test case dealt with a feeble-minded woman who was the daughter of a feeble-minded person and the mother of an illegitimate feeble-minded child. In the local procedure against this woman all legal precautions had been observed including " due process of law " — that dangerous rock on which so many laws break and founder. In 1927 the decision of the state court was affirmed and the opinion expressed that it was better for the world not to wait to execute degenerate offspring or to let them starve than to prevent this type from being produced. The Court uttered this significant sentence: " Three generations of imbeciles are enough." Sterilization as a eugenic measure now has the sanction of the highest court of the land and the movement can proceed unmolested.

Sterilization of the male is a minor operation, but the operations on the female are of a more serious character. The

[1] Buck *vs.* Bell.

methods of sterilization now used differ from asexualization in that they do not interfere with the sex activity of individuals except that they produce incapacity for reproduction. They do not effect personality changes, as was the case when the essential reproductive organs were removed. The newer technique lessens or removes the objections made that unnatural and undesirable physical and mental characteristics will develop in the sterilized individuals. Painstaking studies by Popenoe of the after-effects of sterilization confirm this viewpoint.[1]

It is often urged that sterilization, unless accompanied by the removal of sex desire, will develop a class of prostitutes or at least will promote immorality. So far but little positive evidence has been accumulated on this subject. Perhaps the best answer to the objection is that all progress is accompanied by some costs and that the costs are less serious than the original condition. However, the American Eugenics Society claims that morality has been improved rather than adversely affected. More evidence, nevertheless, must be gathered before a final answer can be given. In any case the advantages of sterilization seem to outweigh its costs.

Voluntary sterilization will also increase when individuals realize that personality changes are not involved. Many individuals themselves normal, except for the fact that they have capacity for transmitting objectional traits, will, when education in eugenics has been sufficiently advanced, voluntarily submit to sterilization in order that they may not become the parents of defective children. This practice, however, needs to be very carefully limited in order that other serious social problems may not become aggravated thereby.

The sterilization of criminals on the theory that they are likely to transmit their criminality stands on less secure ground. The argument at present lacks substantial proof. That the feeble-minded or psychopathic criminal should be sterilized may be granted but the reason is the mental condition rather than

[1] "Effect of Vasectomy on the Sexual Life," *Journal of Abnormal and Social Psychology*, Vol. XXIX, No. 3, pp. 251 ff.

the criminality. However, the tendency in respect to the inclusion of habitual criminals has become somewhat definite. The constitutionality of such legislation has not been finally determined. On the other hand, the sterilization and perhaps the asexualization of the sex pervert rests on a different basis and should become a definite part of our penological procedure.

Sterilization laws are confined almost exclusively to the United States. More than one-half of our states have enacted such legislation, but in several the law was declared unconstitutional and in a few the law has been repealed. However, the laws stand in 27 states, and, in view of the decision by the United States Supreme Court, other states are getting ready for such legislation. One of the Swiss cantons enacted a sterilization law operative in 1929 and the Canadian province of Alberta has also joined the ranks. In England there is growing support for the proposition but no legal action has been taken.

The laws generally limit sterilization to inmates of institutions. Cases urgently requiring sterilization and yet likely to receive proper care in the community may be committed for a short time, then sterilized and returned. Usually the decision as to sterilization rests with the institution authorities or with a state board of eugenics or certain specially designated officials. Several states provide for the right of appeal to the courts and in this way probably avoid the contention that the infliction of sterilization is not in accordance with " due process of law."

The enactment of these laws is sometimes the outcome of special effort by individuals or by societies interested in social improvement. It may then be discovered that public opinion is not favorable to enforcement or that the state officials are antagonistic. Accordingly, the law may for the time being lie inoperative as is the case in the majority of states at the present time. In the following table are given the sterilizations performed under the laws in this country up to January, 1930.[1]

[1] From table prepared by Human Betterment Foundation, Pasadena, Calif. These figures do not include about 700 sterilizations performed in Indiana between 1899 and the enactment of the law of 1907.

States	Sterilizations
California	6,787
Kansas	657
Oregon	650
Nebraska	308
Wisconsin	305
Michigan	388
Minnesota	388
Virginia	368
All other states	982
Total U. S.	10,833

In view of the magnitude of the problem it will be seen that California alone is making an energetic effort to carry out the law. Its sterilizations comprise nearly two-thirds of the number for the entire United States. The figures indicate what can be accomplished and are a challenge to the other states.

(3) *Prohibition of Dysgenic Marriages.* (*a*) Intermarriage of Defectives. A variety of laws has been enacted in an attempt to prohibit dysgenic marriages. A typical law is that of the state of Washington, which provides that no woman under the age of 45 years, or any man of any age, except he marries a woman over the age of 45 years, either of whom is epileptic, imbecile, feeble-minded, insane, or an idiot, shall intermarry or marry any other person within the state. In other states the age limits are omitted and many states do not specify epilepsy.

The laws provide that no license shall be issued to persons coming within the classifications mentioned or that no person shall solemnize the marriage of such persons. The provision for the determination of the defect is usually inadequate. Unless a special procedure [1] is required the burden is thrown upon the clerk who issues the license. In some states an improvement over this plan has been devised, and each applicant for a license must present, from a duly licensed physician, an affidavit that such person is not a feeble-minded, imbecile, epileptic, or

[1] Geoffrey May, *Marriage Laws and Decisions in the United States*, p. 18.

insane person. In 1930 about one-half of the states had laws prohibiting the marriage of some or all of the defective groups specified. Enforcement of these laws, however, has suffered from public indifference and also from lack of definite machinery of enforcement. Unless responsibility is complete and the parties desiring marriage are required to present medical evidence as to their sanity or the licensing clerk can reject doubtful cases without legal penalties, these laws will have but little value. Until a stronger social consciousness in favor of better breeding is established dysgenic marriages will continue.

In several states provision is made for the annulment of marriage with a mental defective. Annulments, however, represent remedial rather than preventive endeavor, and are seldom attempted, except in cases in which one of the parties to the marriage has been deceived.

As intimated on another page, the marriage of defectives will become less of a problem when sterilization must precede the marriage. In such cases the eugenic interest is adequately protected and frequently the economic and social interest will be better served if the marriage is permitted. Until the sterilization laws supplement the marriage laws, defectives should not be permitted to marry.

(*b*) Intermarriage of First Cousins. In 27 states the intermarriage of first cousins is also forbidden.[1] These laws have little value, because first cousins, in case they desire to marry, can easily cross some state boundary and marry in a state which does not prohibit such marriages. They can then return and the marriage is accepted as legal, owing to the common practice of recognizing as legal that which is legal in another state. It would be better from the eugenic standpoint if the intermarriage of first cousins were prohibited. If only first cousins without defects intermarried the results would be favorable but the converse is more likely to be the case and accordingly we have a disproportionate number of deaf and of feeble-minded coming from the families of first cousins. The argument that

[1] May, work cited, see Chart.

some of our famous men and women were the children of first cousins is not conclusive in favor of such marriages. Equally famous progeny probably would have resulted if these first cousins had mated with able men or women who were unrelated. The problem has become relatively unimportant, because the mobility of youth today makes such a wide acquaintanceship possible that attachments between first cousins will become less and less frequent. The question has become academic.

b. Positive Eugenics.

Positive eugenics aims to promote better mating. It emphasizes good qualities and strives for their perpetuation by means of selective or assortative mating. However, further study as to the essential qualities necessary for the best civilization is required before a positive program can be successfully launched. Beginnings can be made in respect to certain intellectual characteristics and certain physical capacities but the moral and social qualities have not yet yielded to adequate interpretation from the hereditary standpoint. It would be a great social tragedy to breed into the race intellectualism, if as a consequence we also bred selfishness and anti-social tendencies.

The beginnings in positive eugenics can be made by educating the rank and file so that two individuals whose families carry the same defect will not intermarry. No program can be developed except on the theory that the marriage of imperfect individuals will continue. So few persons are without any defects that the practical plan must consist in combining individuals whose defects are dissimilar. In this way the undesirable qualities will be largely repressed and gradually some of them will disappear altogether. An increasing number of individuals will be born minus the determiner for particular defects.

Family histories and pedigrees will become essentials in a positive eugenics program. Individuals will be forced to make inquiry into heredity as they do today into financial standing. A high degree of education and foresight, however, is necessary to overcome the strength of the attachments that might be

formed through the ordinary channels of human associations. It may require genius to develop attachments that promise to be both enduring and eugenic in character.

More children by the fit and less by the more undesirable groups is the hope of eugenics. This goal, however, requires not only the education of the fit, but also economic improvement so that larger families among the more desirable groups will become possible. The mistake must not be made here that good blood accompanies wealth. In fact, wealth too often is due to the possession of distinctly anti-social qualities and the perpetuation of those qualities would constitute a social calamity. Fitness must include capacity for coöperation and also a healthy altruism. Many so-called successful men have been dominating individualists whose social principles are most dangerous to the development of future civilizations. The larger families should come from the eugenically desirable and not from a particular stratum of society. That they are found at present to a greater extent among the groups possessing a limited mentality is well established. A self-imposed limitation on the size of these families is desirable, in order that lack of ability may not continue to gain on efficiency. Otherwise a gradual degeneracy of the race may be expected.

The eugenic program has tremendous meaning for mankind. If successfully carried forward, it will eventually reduce all forms of defectiveness and greatly increase natural ability. It will also reduce the amount of poverty, crime, illegitimacy, and other social ills. Effective heredity and strong racial qualities are very much desired. Once obtained, they lift the race to a new level and simplify our social problems.

6. Individual Efficiency.

In addition to methods of selection based on eugenic considerations, improvement in the quality of entire groups can be realized by means of scientific control of the growth and development of the child. The need requires the normal operation of hereditary influences in a favorable environment. Our com-

plete hereditary gift represents our maximum attainment under the most favorable conditions. Heredity is a standard to which individuals may rise. Whether they do so or not depends on the conditions under which development occurs. As a matter of fact very few of us have realized our full potentialities, and the reason is the unfavorable environment to which we have been subjected. Attention to individuals from the standpoint of nurture as well as nature is therefore of great consequence to social progress.

a. Pre-natal Care.

The first step in a program of individual development consists in the proper care of the expectant mother. The items of concern are many. To begin with, the mother must be kept free from disease. Especially is it important that tuberculosis and syphilis be eliminated. The debilitating effects of the former are most disastrous, while cure of syphilitic infection is necessary to bring forth a strong, sturdy, well-endowed child. Toxins of various kinds must be avoided. The alcoholic mother also seriously jeopardizes the health and mentality of her child, while the fatal effects of lead poisoning are well known. An ample food supply must be provided and this needs to contain the proper vitamins and minerals. Malnutrition, in the sense both of wrong food and insufficient food, is a serious matter and interruptions in the continuous absorption of the food elements may prove disastrous to the normal development of the fetus. Overwork, fright, worry, and injury and shocks to the nervous system all interfere with the nutritive process and may cause serious effects.

b. Post-natal Care.

In a similar way proper post-natal care is needed to guard the child against deleterious influences to life and health. Normal lactation is perhaps the most important consideration. The child adequately and systematically nursed by its mother and provided with milk that contains the right constituents is fortified not only against disease but against many other unfavor-

able environmental conditions. The child requires definite proportions of bone-making materials and needs in its food the presence of vitamin D in order that rickets may be prevented. The effect of this condition is far reaching. Lack of the appropriate vitamins is a cause of deformities and crippleness, and in the case of females it appears to cause a large proportion of the pelvic abnormalities. These disturbed conditions are responsible for much of the trouble attending child birth.

c. Light and Heat Rays.

The effects of sunlight and of radio activity have received definite confirmation. Poorly fed children in foreign lands often develop gracefully and in normal fashion, while better nourished children in American slums become bow-legged and deformed. The most important single factor responsible for the difference is sunlight, which enables the body to utilize needed qualities in the food. Probably sunlight is the most important food consumed. Radio activity has a tremendous capacity for transforming plant life and may yet prove to be capable of producing new species. Certainly its effects, mysterious as they may seem, are something with which the human mind can conjure. Science may find in it eugenic values of untold importance for the human race.

d. The Glandular System.

The endocrine or ductless glands, through their secretions, the hormones, play a very significant part in both physical and mental development and indirectly limit or influence human behavior. Although the general effects of the activities of these glands are directed by hereditary forces, interferences with these activities often occur with consequences that manifest the importance and indispensable character of these minute organs. The artificial stimulation or the interruption of their activities results in a great variety of physical and mental abnormalities and occasionally in the development of hideous monstrosities. Some of the effects of glandular activity or inactivity are dwarfism, giantism, cretinism, and allied qualities of similar character.

There remains the task of so redirecting the work of the endocrine system that the desired results may be obtained. Gradually as hormones can be produced by scientific methods, we can supplement or counteract the work of nature and can go far in the direction of building abnormal individuals into normal personages, both physical and mental. Some success has been achieved in this direction, but it is clear that the beginnings have been barely made. Eventually nurture will go far toward filling the gaps left by nature.

e. Disease among Children.

The effects of disease in children are partly overcome by an accelerated growth and development after the disease has spent its force. British observations, however, indicate that epidemics of disease among children from two to five years of age leave a certain proportion of after-effects which distinctly contrast a group that has been afflicted with one that has escaped disease. The prevention of disease, therefore, is a factor conducive to the best development of body and mind.

f. Physical Environment.

From the work of Bowditch in 1877 to that of the latest anthropometrist, the general physical condition of the underprivileged children has been found to be inferior to that of the favored groups. Heredity cannot account for all, nor for most, of the difference. Definite environmental factors have militated against the unfortunate child and have branded it as inferior. The more important causes are: bad housing conditions, including lack of fresh air and sunshine; insufficient and inferior food; premature child labor; neglect of physical defects; unskillful handling of disease; lack of opportunity for play and physical recreation; and uncurbed debilitating habits and excesses. In recent years only have the physical conditions of the children of the very wealthy shown evidences of inferiority. The reasons lie partly in similar causes, due, however, to the selfishness of parents who neglect their children for the sake of some intriguing personal enjoyment. A tremendous amount of

malnutrition among wealthy children indicates either wrong feeding or freedom of the child to find its own food. Vices and excesses have, in many cases, grown unhampered and children have been otherwise neglected.

The place which a child will finally occupy in a community depends partly on its intellectual qualities, which are to a large extent the product of heredity. However, the White House Conference, in discussing this subject said, " It (heredity) does not determine the use to which these potentialities may be put. The actual behavior of the child depends to as great or greater extent upon his emotional characteristics and on the degree to which his behavior is governed by sound habits."[1] Stress is then laid on the importance of emotional maturity and the relation of good habits to emotional control. Bad habits may seriously handicap the child and result in a very unfortunate development of personality. Men of great intellectual ability, therefore, may be profoundly influenced by individual behavior traits; and relatively mediocre persons who are emotionally stable and guided by wholesome desires may actually contribute more to social progress.

The improvement of human kind is not easily accomplished. As far as possible every individual should be given the maximum of opportunities to utilize his native abilities. If this achievement were realized, we would today witness a much higher level of physical and mental efficiency than that which now obtains. Finally, however, we should strive to improve human heredity so that native ability would flourish and the task of nurture become less necessary.

QUESTIONS FOR ADDITIONAL STUDY

1. What are the basic principles of Mendelism?
2. Is environment ever a factor in the causation of mutations?
3. In what way does selection produce stronger or weaker types?
4. Has disease improved or weakened the race?
5. Can society by conscious action produce results similar to those produced by disease?

[1] *Preliminary Committee Reports*, p. 16.

6. What evidence do we have that the first-born vary intellectually from the younger children?

7. Study a number of families from which a few persons have obtained a college education. What success has been achieved by the remainder?

8. Will Americans of South and East European ancestry eventually outnumber those of North European origin?

9. To what extent is eugenics concerned with environment?

10. Is hereditary feeble-mindedness transmitted by feeble-minded persons only?

11. Are many children born to persons who have been insane?

12. In order to eliminate hereditary defectiveness by means of sterilization, what proportion of sterilizations would be necessitated among apparently normal persons?

13. What group of defectives constitute the greatest social menace?

14. What dysgenic effects have resulted from first cousin marriages?

15. What elements would you include under the term "fit"?

16. How can we persuade the majority to accept such standards?

17. What effects will be produced by matings among the remainder?

18. Can environment permanently improve the standard?

19. Is malnutrition a dysgenic agency?

20. Can we breed successfully for such qualiies as truthfulness? Generosity? Individual initiative?

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CHAPTER XXVII

SOCIAL LEGISLATION

1. Meaning of Term.

The term " social legislation " was brought to America from Germany where it was first used in connection with the German efforts to obtain social insurance. The term, however, has a much broader significance and has come to mean all of those measures that are intended to protect the less fortunate members of the community as well as measures designed to improve public health, safety, and welfare and to safeguard the social rights and the opportunities of individuals. As a consequence labor legislation, eugenic measures, laws dealing with the dependent classes, legal control of social vices, the equalization of opportunity for the various races or for the two sexes, marriage and divorce laws, and legislation aiming to promote health, thrift, morality, and freedom of speech and thought — all these are forms of social legislation. Although all legislation has social aspects, only that which deals specifically with the rights and opportunities as briefly suggested here is characterized as social legislation. A law providing for the referendum or recall may prove valuable in obtaining efficient government but it is not considered social legislation, but child labor laws or juvenile delinquency laws are so classified. It must be apparent at once that social legislation represents that code or series of laws that best enables men and women to realize their inborn capacities and that protects them from the marauding effects of an unfriendly environment or of powerful and unscrupulous interests or individuals. Social legislation incorporates the best mores and the best endeavor for the social welfare into actual law. It codifies humanitarianism into positive precept.

Perhaps the most important social legislation so far enacted in this country was the prohibition of slavery, which removed the legal distinctions that prevented an entire race from achieving the progress of which it was capable. Prohibition as a nation-wide experiment represents another effort in social legislation on a vast scale. The bulk of social legislation, however, consists of state laws. On the whole, the federal government does not touch so intimately the lives of the people that its work reaches out into this field. Both of the national measures to which reference has been made were written into the constitution. That which has become a source of irritation is the interpretation of state law either by the state courts or by the United States Supreme Court. That modern social conditions require new restrictions and new forms of control is so obvious that no defense of the viewpoint is necessary. Accordingly when a large proportion of the most useful social legislation is declared unconstitutional, the duty of the public to resist such encroachments on their powers of self-determination and self-government becomes a necessary exercise of community effort.

2. Bases of Social Legislation.

The sociologist and social worker are interested in the foundations on which social legislation can be built, but they are not interested as the barrister is, who may use all of his energies and his persuasion in bringing about a decision in favor of his client. The sociologist's client is the human race, not an individual of that race. When Daniel Webster argued the Dartmouth College Case his interest was in his client and not in the effects of that decision on the bequests and foundations of a later day. And thus do court decisions liberate or enfetter the thoughts and deeds of later generations. The dead hand is constantly placing its heavy weight on our shoulders. However, there must come a time when the living shall be given a greater opportunity to express themselves and to have their wishes carried into action.

The foundations of social legislation inhere in the constitution

of the nation and our states. Although not an article or section of the constitution, the preamble of that document breathes the very essence of public welfare and should be considered in the interpretation of the various provisions. And yet, when does a judge refer to it as representing the thought that dominates the wording of a clause or section? Every student should read the reasons for the formation of the constitution. They were "to form a more perfect union, establish justice, insure domestic tranquillity, provide for the common defense, promote the general welfare, and secure the blessings of liberty to ourselves and our posterity." The letter of the constitution interpreted in the light of the objects of that constitution forms one of the bases on which social legislation is founded. Many constitutions include special welfare clauses, the object of which can be none other than to carry out the spirit of the framers of those documents.

Social legislation can also be promoted through the common law. Much legal lore deals with this fascinating phase of the subject. More law is unwritten than is written and this is as it should be. This country would enjoy a great advantage if our state constitutions and our city charters were in all cases as short as is the federal constitution. Common law grows out of the customs of the people. In a sense it is the judge's verdict as to the community viewpoint. Common law is the common sense of the day in respect to the personal relations among men. Therefore it moves as judges evaluate anew these relationships, but unfortunately the tug of previous decisions always hinders men from courageously breasting the times. The spirit of the common law is individualistic, partly because the conditions under which the common law of yesterday arose favored individualism, and partly because the cases in dispute almost invariably involve either two contesting parties or groups, but seldom if ever an individual or group pitted against the public with the public there in flesh and blood. Decisions therefore result in a common law that seems to establish justice between individuals but which in fact may do serious injustice to the

masses. The principles of equity are practically integrated with those of common law. Here the property interest is supreme and rights, obligations, and duties are defined. These become precedents for future decisions.

Public policy is no mean factor. This involves the notions of a judge as to what is good and what is injurious. The average jurist is inevitably influenced by the traditions, customs, contacts, and the family and social relations under which he has been reared and educated. To him public policy is actual life as he knows and sees it. For a young woman to serve as bartender in a saloon was contrary to public policy, and yet by what abstraction or legal legerdemain has a woman less right than a man to carry on an occupation that was perfectly legitimate for the latter. Too indistinct a perception of that which is in accord with public policy has been a failing of courts in recent years and accordingly the value of this principle as a basis for social legislation has practically vanished.

In unwritten law the greatest force that upholds the foundations of social legislation is the police power. This phrase means the power to promote social or public welfare. It implies the right to legislate for the common good and may tolerate the subordination of the individual interest to that of the community. It squares with the ideals of the sociologist, the economist, the political scientist, and the sanitary engineer. It does not alienate the legitimate rights and opportunities of the individual, but it recognizes that in a conflict between individual and collective welfare the rights of the latter are supreme. In the police power are recognized the basic principles of sociology, that man is a social being and that man would not be man but for association and that culture is the outcome of associated life and activity.

The police power in its practical applications refers particularly to such subjects as safety, health, public order, and the public good or welfare. Perhaps the following definition is pertinent at this point: "Police power is that inherent sovereignty which the government exercises whenever regulations are

demanded by public policy for the benefit of society at large in order to guard its morals, safety, health, order, and the like in accordance with the needs of civilization." (Miami County *vs.* Dayton, 92 O. S. 215.)[1] The police power grows out of the inter-related needs of the community. That which was perfectly proper and harmless in an isolated district may become a public menace in a crowded city. For example, to dump garbage on a public road may be a physical exercise no different from dumping garbage on a city street, but the effects are so different that a harmless act easily ripens into a misdemeanor. Fortunately the governments cannot surrender their police power. The right is inherent in the fundamental authority of society to control its own destiny. Legislatures cannot vote away these rights, and no judiciary, no matter how conservative nor backward-looking it may be, dares to fail to recognize the police power, even though its interpretation of that power may be narrow, unsocial, and harmful to the body politic.

It should be recognized that written law is relatively inflexible; although the decisions of the courts in respect to the constitutionality of greenback currency and to the meaning of the word "person" found in the Fourteenth amendment to the Constitution indicate how far from the intention of the originators of these provisions of law it is possible for judges to drift. Even written law is flexible and is interpreted according to the caprices and prejudices of the courts. Unwritten law, on the other hand, is distinctly flexible and is built up on precedents and judicial decisions. It does not prevent new decisions or viewpoints at variance with previously expressed opinions. Although the New York courts at first passed unfavorably on the original workmen's compensation law, courts in other states, in order to acquaint the legal fraternity with the fact that they had studied the subject carefully, referred to the New York decision, but added that they are not convinced by that argument and would not abide thereby. Accordingly these laws

[1] *U. S. Public Health Service*, March 20, 1931. Article by James E. Bauman, p. 632.

became constitutional, without the bother of a constitutional amendment to safeguard them against attack.

The hope of social legislation, then, is in the flexible foundations of law. These can be remolded according to the established principles on which social security and social welfare rest.

3. Obstacles to Social Legislation.

The obstacles to social legislation are numerous and well-intrenched. The so-called "inalienable rights" such as life, liberty, possession of property, and the pursuit of happiness, furnish the first barrier. We take from the murderer the right to life, from the thief the right to liberty, from a property owner a part of his holdings through the right of eminent domain, and make unhappy a great many crooks and rascals. This inalienability is very tenuous indeed, if it exists at all.

a. Individual Freedom.

Perhaps individual freedom or individual liberty makes the strongest appeal to the imagination, and constitutes the stumbling block on which social welfare most frequently trips and falls. Yet that which is objectively individual freedom is frequently subjectively enslavement. Society demands not the indefinite spirit but the realizable substance. To decline to limit the working hours of a woman frees her for the chance to work nine or ten hours per day; it does not liberate her for the chance to work a shorter day with opportunities for leisure time. Thus the permanent goal of society is halted, and that liberty which it is claimed the woman demanded in her insistence on the right to work long hours has been inexorably transformed into economic bondage. There can be no true individual liberty when the exercise of that apparent right involves collective bondage or enslavement.

The rise of American civilization has fostered in a peculiar manner the abnormal or pathological phases of individual freedom. The settlement of a large country, the lands of which

belonged to no one unless to the helpless Indian and the buffalo, was almost necessarily attended with an expression of freedom to do as one pleased. There was no one to object, there was no need of objecting, and objection would have done more harm than good. The dissatisfied and oppressed did not face their oppressors; they moved into another region, for there were other regions into which to move. From the beginning in this country it was so. Roger Williams leaving Massachusetts for the wilds of a new colony set the precedent. Everyone had an opportunity to live his life in a way conforming to his own desires. All coöperation was voluntary and could be cheerfully granted or withheld.

The life of the frontier was the life of substantial equality. There were no rich, no poor; no nobles and no serfs. Ancestry was tested by the capacity to hew down forests and to produce in their places waving crops of grain. By the sweat of his brow the frontiersman determined his place in the community. Individual liberty was essential to economic success and personal freedom became social freedom as well. Nowhere in the world has so excellent an opportunity for the development of the doctrine of individual freedom presented itself as in the America of 1607 to 1890. Under the conditions existing in a new country with its varying and varied opportunities men became wealthy apparently without the coöperation of others, while some, partly because of personality handicaps and partly because of genuine misfortune, drifted into poverty and an indifferent existence. The net result, however, owing to the abundant and superior natural resources, has been a per capita wealth greater than that of any other country and also a wide diffusion of the ownership of this wealth. Here too has grown up that keen, clever, not always conscientious individual, who took advantage of every opportunity that offered itself and who likewise favored by lucky turns of fortune acquired a considerable competence and who now in his monumental conceit walks astride the earth and denominates himself the "self-made man."

Backgrounds such as these have given an unerring slant to our

past industrial and social philosophy and are in part responsible for the untutored optimism that proclaims that our country can muddle through every crisis and come out stronger and more prosperous than before, provided nothing is being given wise and intelligent direction. American law and American courts have grown up in this environment and, in their attitude toward social problems, are profoundly steeped in an extreme individualistic philosophy that was most appropriate a generation ago, but which under new conditions threatens the welfare of large groups of the American people.

b. Freedom of Contract.

Certain restrictions found in the Bill of Rights and in later amendments to the Constitution are subject to such interpretation that they may frequently interfere with the forms of social control that the new conditions demand. The restrictions are largely right and proper; the interpretations thereof are frequently anti-social and anachronistic. Among the phrases that are used to break down legal provisions for better social adjustments are first, freedom of contract. This right stands preëminent among the many rights of the individual. No one shall interfere with the right of a man to contract for his wages, hours of work, or for the right to labor under distinctly distressing and dangerous conditions. One who has seen hundreds of men stand before the employment office of some large industrial concern early in the morning to obtain jobs, and has seen a dozen men selected from the hundreds there knows that freedom of contract was not in tangible evidence on that occasion. That a place must be given for the collective contract no modern thinker can deny. That under these conditions so-called freedom of contract is in fact power to exploit must eventually be recognized. There can be freedom of contract only when the respective parties are practically equals or peers and when the waiting powers of each are approximately the same. There is no liberty for the worker unless he enjoys a reasonable degree of security.

c. Due Process of Law.

Another fetish of the conservatives is " due process of law." This principle is invoked in cases of special control of individuals and of interferences with the property or personal rights of another. This phrase is incapable of exact definition, but is described by Lindley D. Clark as follows: " It is held to be the equivalent of the ' law of the land ' and is not restricted to judicial proceedings, the meaning and intent of the provision being to ' protect and preserve the rights of the citizen against arbitrary legislation as well as against arbitrary executive or judicial action.' It is bounded not so much by precedent or custom as by the nature and inherent principle of justice, on the basis of which it may occur that legal proceedings will be newly devised in the furtherance of the public good in view of changing conditions." [1]

In actual decisions " due process of law " is inextricably tied up with freedom of contract or with the right to liberty or property. A New York law of 1903 prohibited the night work of women in industrial establishments in that state. The measure was declared unconstitutional by the higher court of New York and the court made special reference to the law which provides that no person shall be deprived of life, liberty, or property without " due process of law." Among other comments by the court were the following: " She (adult female) is no more a ward of the state than is the man. She is entitled to enjoy, unmolested, her liberty of person, and her freedom to work for whom she pleases, where she pleases, and as long as she pleases, within the general limits operative upon all persons alike, and shall we say that this is valid legislation, which closes the doors of a factory to her before and after certain hours? I think not." [2] Within a year after this law was declared unconstitutional a certain establishment in New York City employed a group of women on Thursday nights until midnight and on the

[1] See U. S. Bureau of Labor Statistics, No. 321. *Labor Laws That Have Been Declared Unconstitutional*, p. 4.

[2] Work cited.

next day the women began work in the morning, toiled all day long, continued into the night and sometimes did not finish their work until six o'clock the following or Saturday morning. The longest of the working days lasted at least twenty-four hours. One wonders how pleasing these hours were to the women employed and how earnestly they bargained in order to procure their extension over both day and night.

It has been clearly pointed out by James E. Bauman that due process of law cannot always be applied in the same way. Circumstances alter cases. Certain nuisances must be abated without judicial process and this necessity was known to the common law even before the adoption of our constitution. We have, for example, the right to destroy property that is dangerous to the well-being of the state, but the "exercise of this power to secure the destruction of property prejudicial to health, morals, or safety, or to prohibit the use of property in a particular way, is very different from taking property for public use." [1]

d. Equal Protection of the Law.

Equality before the law, is another slogan, as well as a right guaranteed by the constitution. This phrase is the popular refuge of the individuals or organizations that feel outraged because the law seems to bear on them too heavily. It can be used in connection with the greatest variety of cases, and if strict interpretations of the clause are made much legislation will be declared unconstitutional. The clause, however, was not intended to provide for similar legal treatment of every individual. Its purpose was to guarantee to all the essential liberties and rights on which the progress of civilization depends. On the other hand, the equal treatment of unequals constitutes the greatest inequality, as one eminent judge once said; therefore a reasonable but not arbitrary classification of individuals, groups, or responsibilities is not considered contrary to this principle. Our income tax laws bear more heavily on the ones

[1] See U. S. Public Health Service, March 20, 1931, Article cited.

with a larger income, although as a matter of fact, those with a larger income have a relatively greater surplus out of which the tax can be paid.

6. The Rights of Property and Vested Rights.

The right of property and vested rights constitute additional barriers to the constitutionality of restrictive legislation. Suppose all of the barbers except two or three in a city desire to close their establishments on Sundays. Suppose further that a law is passed prohibiting barber shops from operating on Sundays. The recalcitrant barbers can then contest the constitutionality of the law on the ground that the law deprives them of the right to use their property and also on the ground that it interferes with their individual freedom. The right to property has had a singular hold on the courts and emancipation therefrom has been a long and laborious process. The zoning laws that were at first declared unconstitutional hinged on this objection. Men bought city lots in good faith, and although they had erected no structures or buildings thereon, it was their intention to do so some time in the future. A zoning law suddenly prohibits the use of these lots except for specific types of buildings and thus impinges on the right of the owner to use them as he pleases. His right to property is violated; the law therefore is unconstitutional. Property rights instead of social or community rights have dominated in legal philosophy and have made difficult, and in some cases impossible, the orderly advance in economic and social welfare that an enlightened people should make possible. It should be added here that zoning laws are now generally upheld. In a recent California decision an oil company was prohibited from drilling a well in the neighborhood of a high-class residence section. The decision makes the oil lands practically useless for industrial purposes, but it recognizes the right of the neighboring residents to the peaceful enjoyment of their homes and of their community life.

In another state the right of a man to maintain a piggery that constituted a nuisance to the neighbors was denied.

Property rights, vested rights, and freedom of contract represent a trinity of concepts which unless they are fitted into a changing civilization can be productive of the greatest harm. The right to property and the intensiveness and extensiveness of ownership must be adapted to the essential conditions of public welfare and social progress, as Ely has well shown in his treatise on *Property and Contract.* The point where vested interests end and a new socialized eminent domain begins must be decided, but it must also be recognized that this point is not stationary and will continue to move as the demands of civilization shall direct.

4. Favorable and Unfavorable Decisions.

a. Cigar-making in Tenements.

A law passed in New York in 1884 when Roosevelt was in the legislature attempted to protect public health by regulating or prohibiting the making of cigars in tenement houses. The law prohibited the manufacture of cigars in tenement houses occupied by more than three families, but did not apply to the first floor if that floor contained a store for the sale of cigars. The law also applied to the large cities only. In 1885 it was declared unconstitutional. This celebrated case has been responsible for retarding for many years constructive legislation, not only for the elimination of the abominable sweating system but also for the safeguarding of public health. The court held this an unwarranted use of the police power and an infringement upon the fundamental rights of liberty. There are limits to the police power, otherwise every right of the citizen might be lost, and although a legislature may think the law is for the protecting of public health, if it takes away property or personal liberty it is for the courts to decide whether it is really a public health measure. The court asked whether there could possibly be any relation between cigar-making in some building and the health of the public. The very pinnacle of puerility is reached in the sentence, "It cannot be perceived how the cigar-maker is to be improved in health or his morals by forcing him from his home

and its hallowed associations and beneficent influences, to ply his trade elsewhere." [1] After many pages of decision the court finally discovered that the law did not accomplish what it purported to do and that it violated the basic principles on which legislative power rests.

b. Limitations on Hours of Women.

Laws relating to the hours, wages, and night work of women have an important bearing on the movement to raise the standards of factory conditions. They likewise tend to protect women from exploitation and to conserve their economic interests. In addition they influence the health and physical welfare of children, since the vitality of mothers is a significant factor in the consummation of this result. An Illinois law of 1893 limited the hours of working women to eight per day. The court said such a law was an arbitrary interference with the right of a citizen to control his or her time, that it deprived individuals both of the right to liberty and the right to property. Furthermore it was not a health measure. Needless to say the law was declared unconstitutional.

The earlier attempts to prohibit the night work of women aimed to prevent the development of a system so detrimental to the health and morals of a community. With the breakdown of the New York law it became necessary to fight over again the battle for the proper protection of women.

A turn in the road was soon to occur. Several states had enacted laws limiting the hours of women. Among these was Oregon which prohibited women from working more than ten hours per day in factories, mechanical establishments, and laundries. The law was contested by a laundry owner but was declared constitutional by the Oregon courts. An appeal was taken to the United States Supreme Court. All friends of constructive labor legislation realized that an adverse attitude by this court would paralyze for decades to come the movement for better labor conditions. Accordingly special effort was made

[1] In re, Jacobs, 98 N. Y. 98.
Also *Attitude of American Courts in Labor Cases*, by G. G. Groat, pp. 334 ff.

to present to the court information of the type that would indicate whether the police power of the state was rightfully used or not, and whether the rights guaranteed by the Fourteenth Amendment were in fact denied to women. The case was presented by Louis Brandeis, who later became a member of the court.[1] The brief marshals an array of facts and opinions from non-judicial sources bearing on the question and shows some of the deleterious effects that long hours of women will produce. This is precisely the kind of information on which decisions determining the scope of the police power must rest. The court sustained the law and an important battle was won. It was not only a triumph for the friends of the working women; it began or developed a new technique in the presentation of an argument in behalf of social legislation.

The court in its opinion took cognizance of other decisions on related topics, but insisted that the liberty of the individual is not absolute and that certain restrictions are appropriate. Furthermore, woman's physical structure and the performance of maternal functions place her at a certain disadvantage which cannot be overlooked. These differences which affect her health and also the well-being of the race justify such a law. Quoting from the opinion, " The limitations which this statute places upon her contractual powers, upon her right to agree with her employer as to the time she shall labor, are not imposed solely for her benefit, but also largely for the benefit of all." [2]

c. Minimum Wage Laws.

For many years the wages of women in industry were little less than a scandal. Efforts to organize working women proved rather dismal failures. Minimum wage laws were being enacted in certain foreign countries and eventually the attempt was made here. Among the earliest laws was the Massachusetts law which provides for the study of the wage situation and permits

[1] Curt Muller *vs.* State of Oregon. Mr. Brandeis was assisted in the collaboration of these facts by Miss Josephine Goldmark of the N. Y. Consumers' League.

[2] Muller *vs.* Oregon, 208 U. S. 412, 28 Sup. Ct. 324 (1908).

the industrial commission to suggest desirable wage rates. The law, however, does not compel the employer to adopt them. Other states enacted mandatory minimum wage laws, applying to women and in some cases to minors. Among the laws passed was one by Congress applying to the District of Columbia. This law was reviewed by the United States Supreme Court and declared unconstitutional.[1] The importance of this decision is epochal. It negatives the efforts to obtain for women wages equivalent to their earning powers and starts anew the battle for justice but along different lines. On the day of the decision by the court one Washington hotel reduced the wages of its women employees from $12.50 and certain perquisites to $6.00.

The decision was made by a divided court. The majority contended that the law was simply and exclusively a price-fixing law, confined to adult women, who are legally as capable of contracting for themselves as men. Furthermore, it did not safeguard morals, since morality rests on other considerations than wages. It was also claimed that the law requires an arbitrary payment for a purpose having no causal connection with the business or the work of the employee. The majority did admit that the liberty of the individual must frequently submit to the common good but it did not see in this law a fair application of the principle. Chief Justice Taft and Justice Holmes dissented. The former compared the law with the Oregon law referred to above and contended that similar effects may be expected either from low wages or long hours. The latter showed that such laws were approved by many states, by Congress, and by countries from which we have learned many lessons. He said: "The law in its character and operation is like hundreds of so-called police laws that have been upheld."

Since the decision was made, the minimum wage laws of several other states were declared unconstitutional, while in the remaining states the laws are so gently and soothingly applied that their effectiveness has been reduced to almost nothing.

[1] See U. S. Women's Bureau, No. 61. *Development of Minimum Wage Laws in the U. S. 1912–1927.*

d. Labor Laws Affecting Men.

Legislation for men has traveled many a thorny road. Apparently constitutional limitations, or at least opinions of judges, interfere with the legal standardization of desirable conditions. The situation is quite the reverse in England and the British Colonies where much legislation for the benefit of working men has been enacted. A law passed in Utah in 1893 limited the hours of men in the mines to eight per day. The Utah constitution also contains a provision empowering the legislature to enact laws for the benefit of workers in mines, smelters, and factories. This law was sustained by the highest court of the land in 1898, in a decision which upheld the right to legislate in favor of the laborer as a public health measure as well as the right to protect him against injurious contracts.

A few years later the New York law which limited the hours of men in bakeries was killed by the courts of that state in the well-known case of Lochner *vs.* New York. The control of hours of men in private industry has made but little, if any, progress since then. The sacred right of men to work long hours and under unfavorable conditions is being maintained so that the right of individual liberty may be duly conserved. What a fiasco, what a travesty on justice, what a commentary on our inability to face courageously the stirring conditions of the time and to work out plans for the promotion of the common good!

Perhaps the Kansas Industrial Relations Court represented another effort to protect the social, as against individual, interests. The law provided for a plan of compulsory arbitration in respect to certain industries and to all public utilities and common carriers within the state. So significant an effort to promote industrial peace was bound to become the object of the bitterest attacks. Eventually the law came up for review before the United States Supreme Court and in due time was declared unconstitutional on the old familiar grounds on which so much useful legislation has been destroyed. Compulsory arbitration, of course, breaks sharply with freedom of contract and while it places the community interest first, that is not the interest that

has the best chance to be upheld. The interest vested with power and capable of ostensibly suffering from the injuries inflicted by interference with freedom of contract can make a valid case on paper. As a matter of fact the great bulk of laborers involved know that the so-called freedom of contract is fictitious and is a mere economic myth.

e. Control of Vaccination.

Public health legislation has enjoyed more vigorous support from the courts than labor legislation. It is generally recognized that the health and the safety of the people are matters with which the state may, and in fact must, concern itself. Regulations, therefore, unless they be too arbitrary and exacting, are consistently upheld. An important step in sanitary and health measures was made when the New York courts decided on the constitutionality of the compulsory vaccination rule enforced by the New York City schools in accordance with the powers granted by state law. A boy of ten was not admitted to the schools because he refused to be vaccinated. The effort to force the schools to accept him led to the test case in the courts. The court contended that the police power may be used to promote public health, safety, and welfare; that common belief and knowledge in respect to vaccination did not require absolute proof and that this belief need not be universal. It went so far as to say that what people believe is for the common welfare must be accepted as promoting such common welfare. The rule of the schools was therefore upheld. Several cases before the United States Supreme Court have ended in a similar manner, the most important of these being Jacobson *vs.* Massachusetts. This problem arises again and again. As recently as 1930 the Arkansas Supreme Court upheld the state board of health in its establishment of rules requiring vaccination as a prerequisite to school attendance. The argument followed that of the other courts and confirmed former findings. Nevertheless, in many states the fear of the individualists is so great that no vigorous attempt to control smallpox is made.

f. Protection against Communicable Disease.

The protection of innocent persons against diseases carried by husband or wife has its defenders. A New Jersey court held that a marriage can be annulled if one of the parties at the time of marriage suffered from chronic tuberculosis and concealed that fact from the other. The court maintained that venereal diseases were not the only ones affecting an essential of the marriage relation, and that neither good morals nor public policy are subserved by compelling two such persons to live together.[1] A similar ruling in Oklahoma upheld the conviction of a man who exposed a woman to venereal infection. The court upheld the validity of this public health measure but recognized the fact of mitigating circumstances.

g. Sterilization Laws.

The action of the United States Supreme Court in upholding the Virginia sterilization law represents a distinct check to the principle of personal freedom. If individuals have no innate right to impose degenerate offspring on mankind, perhaps the court will eventually recognize the desirability of preventing other forms of anti-social actions or conduct.

h. Federal Child Labor Laws.

Progress in the field of child labor legislation has been retarded by the failure to secure some form of federal control. However, it should be noticed that the decision against the first federal child labor law was made by a divided court with four of the judges dissenting. A change of one vote would have legalized legislation, that had the overwhelming support of Congress. Furthermore, the law differed but little from other laws enacted by Congress for the control of situations or conditions that have become nation-wide in their scope and activities. The second federal child labor law was declared unconstitutional by a vote of eight to one. It would be interesting to compare these

[1] Davis *vs.* Davis, 103 Atl. 644. See U. S. Public Health Service, *Public Health Reports*, Aug. 1, 1919.

decisions and the accompanying reasoning with the actions of the Supreme Court in reference to the law taxing state bank notes and to the right of the federal government to circulate greenbacks.

i. Control of Freedom of Speech, Assemblage, and the Press.

Social progress depends so vitally on the preservation of the rights of free speech, of assemblage, and of a free press that these rights must be jealously preserved. Else dangerous anti-social influences can stifle thought and action and subject the masses to their power. Much legislation enacted by the states and by Congress in recent years has encroached on these venerable rights. Many of the laws, no doubt, are the outcome of the feelings engendered during the World War, when a considerable number of individuals set themselves in direct opposition to the measures employed by our government to win the war.

(1) *Varieties of Restrictive Laws.* The evil consists not only in carrying over to peace times measures vital to successful warfare but in the enactment of laws inimical to that development of free thought on which the liberties of a people depend. These undesirable laws include legislation prohibiting the sending of contraceptive information through the mails, laws prohibiting the sale of books dealing with sex facts and information, unreasonable limitations on the right of newspapers to criticize, arbitrary control of the right of assemblage, special anti-labor legislation, the granting of undue power to the postmaster to exclude books and periodicals from the mails, and various forms of political censorship.

Social progress requires negative rather than positive legislation in respect to the forms of freedom under discussion. Legislation and judicial decisions should protect, within the reasonable limitations of national safety, the rights in question.

(2) *Use of Mails.* The federal law of 1873 which prohibited the sending of contraceptive information through the mails has been utilized in late years to prohibit the dissemination of useful information in the field of sex education. The arrest, trial, and

conviction of a well-known woman for sending such information through the mails is an indication of the absurdity of the legislation. The higher courts dismissed the case and rendered the result of the lower courts of no effect, but humiliation such as that imposed on the woman in question should not be possible in this country.

(3) *Control of Press.* Among the most brazen efforts to curtail the rights of the press was the Minnesota law passed in 1925 providing for the abatement as a public nuisance of any malicious, scandalous, and defamatory newspaper, magazine, or periodical. One of the cases brought up under the law consisted of an attack by a certain periodical on a gambling interest and on a prosecuting attorney for permitting the gambling to flourish. The attorney applied the law and succeeded in convicting the defendant. On several occasions the law was held constitutional in the Minnesota courts, but in 1931 the United States Supreme Court held it invalid. The court recognized the abuse of freedom of the press but insisted that a remedy lies in the present laws, since men are held responsible for what they publish and can be held for libel or for damages. On previous occasions in other states newspapers have suffered from the penalties of the law when they insisted on speaking too openly on certain topics. An Ohio editor dared to criticize the official conduct of a judge and was fined by the judge for contempt of court. Let it be said to the honor of the judiciary, however, that the higher state court finally reversed the action of the judge. In Indiana, where an editor criticized a court and a grand jury, the law was also applied and the editor sentenced to jail. It must be clear to everyone that when the right to criticize public officials disappears, the liberties of the people will also disappear. We would then become the tools of the men in political power and would possess no lever by means of which to overthrow governmental corruptions. Nor can we assume that judges should be isolated from other public officials, allowed to draw the unsullied ermine about them, and become immune to criticism. Such a concession would make the courts the instru-

ment of oppression through which sordid and ignoble interests would exploit the public.

(4) *Right of Assemblage.* The right to assemblage is curtailed in various ways. State police have played their part in interfering with meetings of workers, and county sheriffs and their deputies have in a number of states so restricted the activities of striking workingmen that a practical denial of the right to assemblage has occurred. This interference has been abetted by the interests that have profited thereby: and the facts indicate that these interests are often so strongly entrenched politically that the fundamental rights of assemblage have but little opportunity to be maintained should they for the time being serve the opposite side.

The right to assemblage may be curtailed by means of restrictions on the use of public halls. A license may be required but such license not granted to organizations the propaganda of which is unfriendly to the license-granting power. By means of this expedient, advocates of birth control, the Ku Klux Klan, and various radical groups have been denied the use of such halls. Private halls and meeting places are, in most cases, available for these groups, but persecution sometimes extends so far that the opportunity of assemblage cannot be realized. An example is furnished by Boston where two attempted meetings in private hotels were frustrated on the ground that the fire and health regulations were not being observed.

(5) *Elimination of Salacious Literature.* The control of salacious and obscene literature also constitutes a problem in connection with the rights of the press. In this case, however, an entirely different situation reveals itself. Whereas the right to express one's opinion on religious, economic, and social subjects is an important phase of the proper development of personality and of community education, no one can truthfully argue that the right to publish or to read pornographic and salacious literature has any redeeming values. The results are utterly pernicious; they are debasing to young people; they incite to crime and jeopardize right relations between the sexes. The

reasonable control of such literature by means of appropriate legislation cannot hinder the attainment of the goals for which a community may strive.

5. Social Legislation and Its Future.

Social legislation has both positive and negative aspects. On one hand there is the need of expanding the areas of social control by means of definite legislation and the confirmation of the validity of that legislation by the appropriate courts. On the other hand, there are areas of freedom into which the domain of legislation should not intrude. These areas must be given equal protection; otherwise the greatest social welfare cannot be achieved. The rate of progress depends on judges and courts. If the theory of law is made to square with the necessities of our economic and social life, movement will be rapid. If decisions are based on principles applicable to a dead past but utterly alien to a living present, we may expect social legislation to continue to lag and in doing so to retard our social development.

A large number of judicial decisions have been made by a divided court; in many cases the minority consisted of three or four members. Such minority view-points raise the questions whether laws should be overturned on the vote of a mere majority of the court or whether a two-thirds vote should be required to declare an act of a state or of Congress unconstitutional. That the judiciary should not enter the field of legislation needs but little comment. When the facts in respect to a problem have been carefully sifted by a legislature or by Congress and those bodies have taken action, for the courts to arrogate to themselves superior wisdom, and without making studies approaching in intensiveness those made by the respective law-making bodies, solemnly to declare that the conditions do not justify the legal measures taken, is to make the courts a higher legislative body. According to the original theory of the constitution this task was not considered the legitimate function of the judiciary. Accordingly, American sentiment has increasingly developed opposition to judicial veto of the will of the people as is exem-

plified by objections made in recent years to nominees to the supreme bench. These objections have been based largely on the reputed illiberalism of the candidates for the bench.

There is no other attitude that a self-governing people can consistently take. After all, the constitution is a creature of the people and not a despotic outside force holding men and women in its bondage. So long as people are both the causes and effects of cultural change the modification of constitutions will be necessary and re-interpretations of so-called fundamental concepts must be made. The groups that oppose all further change in our own constitution are distinct enemies of progress and lack appreciation of the fundamental goals of human welfare.

QUESTIONS FOR ADDITIONAL STUDY

1. Catalogue the subjects to which the term "social legislation" may apply.
2. Make a study of the labor laws that have been declared unconstitutional.
3. Is the preamble of the constitution used as a defense for social legislation?
4. Why are precedents so frequently antagonistic to present-day progressive legislation?
5. Look up additional definitions of "police power."
6. Study various interpretations of the theory of individual freedom.
7. Does organized labor lessen or increase opportunities for "freedom of contract"?
8. What is the source of the principle entitled "due process of law"?
9. Write out a paragraph on the meaning of vested rights.
10. Is man subordinate to property or property to man? Find decisions taking opposite views.
11. What variety of evidence was supplied in the Oregon case by Mr. Brandeis?
12. What effect did the minimum wage law decisions have on similar laws in other states?
13. Is it advantageous to society to prohibit interference with the hours of adult male labor?
14. Why has public health legislation been more generally upheld than labor legislation?
15. What important federal social legislation has been upheld by the courts?

16. What reasonable limitations may be placed on the freedom of speech?

17. What fundamentals are involved in the right of assemblage?

18. What limitations should be placed on the power of courts to negative our legislative enactments?

19. Compare the veto power of American to that of British courts.

20. Study Ely on *Property and Contract.*

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CHAPTER XXVIII

A FORWARD LOOK

1. A Social Program.

It would probably be impossible to map out a social program to cover the ideals and aspirations of a people for any extended length of time. Until recently no group has even had the hardihood to suggest a program. Such aims as have been set forth dealt with political, rather than with economic and social programs. The humanitarian ideal has been altogether too tardy in insisting on a place at the council table. Platforms and programs have, however, begun to appear and men have begun to think constructively for the future. For example, the horrors of war have often been anathematized, but it remained for Woodrow Wilson to set forth a theory of perpetual peace and to establish the machinery through which such an ideal can eventually be attained. Many men had contributed one-half of the formula; none had presented the whole. Without doubt the League of Nations is an expression of constructive social and political aims and represents a milestone in the course of our social evolution.

a. Children's Charter.

In the narrower field of social work, programs of child welfare have been adopted, and efforts have been made to give them strength and vitality. The White House Conference on Child Care and Protection in its Children's Charter has given us the latest expression on this subject. Such statements of the "rights of children," however, lack somewhat in definiteness, especially in respect to the methods of securing the rights. Perhaps the principle needs to be popularized and accepted be-

fore the practical application can be attempted. At any rate "rights" are secured only by definite and often drastic means. To obtain them may involve serious economic and social reorganization.

b. Social Creed of Federal Council.

The various religious bodies have taken a leading position in the establishment of social ideals and creeds. The Roman Catholic Church has through its papal encyclicals frequently expressed itself on important social subjects. The Methodist Episcopal Church in 1908 set forth a social creed and in the same year The Federal Council of the Churches of Christ in America, composed of representatives of practially all of the important Protestant denominations in America adopted its "Social Creed of the Churches." This creed consisting of 16 planks has been reaffirmed at each quadrennial meeting of the Council, and a larger and more inclusive creed is likely to be adopted in the near future. The creed is as follows. The Churches must stand for:

Equal rights and justice for all men in all stations of life.

Protection of the family by the single standard of purity, uniform divorce laws, proper regulation of marriage, proper housing.

The fullest possible development of every child, especially by the provision of education and recreation.

Abolition of child labor.

Such regulation of the conditions of toil for women as shall safeguard the physical and moral health of the community.

Abatement and the prevention of poverty.

Protection of the individual and society from the social, economic, and moral waste of the liquor traffic.

Conservation of health.

Protection of the worker from dangerous machinery, occupational disease and mortality.

The right of all men to the opportunity for self-maintenance, for safeguarding the right against all encroachments of every kind, for the protection of workers from the hardships of enforced unemployment.

Suitable provision for the old age of the workers and for those incapacitated by injury.

The right of employees and employers alike to organize; and for adequate means of conciliation and arbitration in industrial disputes.

Release from employment one day in seven.

Gradual and reasonable reduction of the hours of labor to the lowest practical point and for that degree of leisure for all which is considered the best for a high standard of living.

A living wage as a minimum in every industry, and the highest wage that each industry can afford.

A new emphasis upon the application of Christian principles to the acquisition and use of property and for the most equitable division of the product of industry that can ultimately be devised.

c. Platform of Catholic Welfare Council.

Immediately after the World War, the National Catholic Welfare (War) Council set forth a program of social improvement. Instead of consisting of mere statements of principles, this program discusses some of the reasons for the viewpoints stated and adds certain definite suggestions. Here it will be necessary to reduce the statement of principles to the barest outlines; furthermore an order of presentation similar to that given in the creed of the Federal Council will be followed. The statement of principles includes the following propositions:

The main defects of the present system and which need to be removed are:

(*a*) Enormous inefficiency and waste in the production and distribution of commodities.

(*b*) Unnecessarily large incomes for a small minority of privileged capitalists.

Cities should supplement private initiative in providing better housing.

Vocational training should be made substantially universal.

Employment of children in industry before the age of 16 years should be prohibited.

Women engaged at the same tasks as men should receive equal pay for equal amounts and quality of work.

No female worker should remain in any occupation that is harmful to health or morals.

Measures should be taken to reduce the cost of living.

Increased incomes for workers must be made possible, and satisfactory wage rates maintained.

The establishment and maintenance of municipal health inspection in all schools public and private is now generally recognized as of great importance and benefit. Municipal clinics where the poorer classes could obtain the advantage of medical treatment by specialists at a reasonable cost, would likewise seem to have become a necessity.

The importance of safety and sanitation in work places is generally recognized by legislation. What is required is an extension and strengthening of the existing statutes.

There should be a national system of labor exchanges acting in harmony with state, municipal, and private employment bureaus.

The State should make comprehensive provision for insurance against illness, invalidity, unemployment, and old age.

Labor should have the right to organize and deal through chosen representatives.

The State should enforce a minimum living wage.

Labor should be given an opportunity to participate in industrial management.

Monopolies must be controlled.

The laborer's right to a decent livelihood is the first moral charge upon industry.

A recent papal encyclical dealt at length with such problems as the permanency of marriage, divorce, family limitation, and sterilization.

d. Creed of Hebrew Congregations.

The Union of Hebrew Congregations has likewise interested itself in a workable creed and has presented an array of propositions dealing with the social and economic life of the people. This creed takes an affirmative stand on the following points:

More equitable distribution of the products of industry.

Freedom of speech.

Proper housing for working people, secured through Government regulation when necessary.

The preservation and integrity of the home by a system of mothers' pensions.

The abolition of child labor and raising the standard of age wherever the legal age limit is lower than is consistent with moral and physical health.

Regulation of industrial conditions to give all workers a safe and sanitary working environment, with particular reference to the special needs of women.

Constructive care of dependents, defectives, and criminals, with the aim of restoring them to normal life wherever possible.

Adequate workmen's compensation for industrial accidents and occupational diseases.

An adequate permanent national system of public employment bureaus.

Legislative provision for universal workmen's health insurance and careful study of social insurance methods for meeting the contingencies of unemployment and old age.

Recognition of the right of labor to organize and to bargain collectively.

The application of the principles of mediation, conciliation, and arbitration to industrial disputes.

A compulsory one day of rest in seven for all workers.

The legal enactment of an eight-hour day for all industrial workers.

Minimum wage which will insure for all workers a fair standard of living.

Federal laws against lynching.

Liberal immigration laws and provisions of Americanization.

e. Bishops of Methodist Episcopal Church.[1]

Apart from the creeds set forth by these three religious groups are the views held by denominational and international organizations. Among the more telling statements of principles is the following extract from the utterances of the Board of Bishops of the Methodist Episcopal Church: " a more equitable distribution of wealth is basic to any genuine and permanent improvement of the welfare of mankind as a whole. Especially do we believe that every man is entitled to the full fruits of his

[1] Among the separate creeds adopted by different denominations the creed of the Congregational Church is probably the most comprehensive.

own labor and that no man has a right to eat his bread in the sweat of other men's brows. Further we cannot escape the conviction that there is something basically unjust in a system that allows an industry to absorb the surplus earnings of its employees in prosperous periods and to cast them aside for society to care for when their labors are no longer profitable." [1]

f. Young Women's Christian Association.

The Y. W. C. A. owing to its work with young working women had for many years given serious consideration to the causes and conditions underlying the problems that many of these women presented. Furthermore, its service to immigrant women resulted in an appreciation of problems of an entirely different variety. Accordingly at its biennial convention at Cleveland in 1920, the organization accepted and adopted the Social Creed of the Churches as set forth by the Federal Council. The association also called particular attention to the needs of working girls and women — a position that caused much consternation among certain large givers, who innocently believed that a complete service could or should be rendered the girls without looking into their famished faces or empty pocketbooks. In some cities contributions from such sources were withdrawn, and certain women formerly connected with the Y. W. C. A. also discontinued their membership. Facts such as these indicate the difficulties that interfere with the adoption of a social program that touches the roots of our social life.

g. Young Men's Christian Association.

The Y. M. C. A. at its annual convention in August, 1931, set forth a series of principles germane to the problem of social welfare. Among the resolutions adopted, the following principles were enunciated.

> A distinct responsibility rests upon the Associations to help create public opinion founded upon justice and brotherhood to the end that happiness and an abundant life may be possible among all people.

[1] Federal Council Bulletin, Sept., 1930, p. 3.

The Associations should work toward the goal of making possible full participation in the Association program without discrimination as to race, color, or nationality.

The principles contained in the second half of the creed of the Federal Council were accepted and enlarged and somewhat strengthened statements adopted. Among the additions were requests for wages adjusted to family rather than to individual needs; a share for wage-earners in the wealth and prosperity of an industry; the five-day working week as soon as possible; insurance, socially administered at cost against invalidism, occupational injuries, want in old age, and enforced unemployment.

War is destructive of all essential Christian values; therefore every effort should be made to bring about a thoroughgoing program of international disarmament.

The basic causes of friction among the nations should be studied and also the means necessary to bring about a peaceful adjustment of disputes.

Individuals and society should be protected against the waste of the traffic in intoxicants and narcotics. The liquor laws should be enforced and observed. Educational work should be carried on to promote personal abstinence from intoxicants and from habit-forming drugs.

Existing naturalization laws should be so amended as to permit citizenship to certain types of patriotic conscientious objectors.[1]

h. Miscellaneous Programs.

Radical programs have at various intervals outlined a set of principles, but many of these have not adjusted themselves to the fundamental tendencies and wishes of human kind and accordingly are of little value. The world has looked to capital and labor for a comprehensive statement of the goal of social achievement as it relates to industrial welfare, but neither group has sufficiently progressive and broad-minded leaders to construct a worth-while creed of social justice. Political parties have been reluctant to take a definite stand. The nearest approach to a program of this type was the platform of the Progressive party in 1912. This platform contains a set of prin-

[1] See Resolutions adopted by the 43rd International Convention of the Y. M. C. Assns. of North America, Cleveland, Ohio, Aug. 5–7, 1931.

ciples relating to social and industrial justice and also deals with economic problems from the standpoint of the greater good. Social work has emphasized service. Although it has enunciated no general creed for the guidance of welfare workers, it has created considerable literature dealing with the fundamental problems of our social life.

2. Cost of Government.

The program of social welfare will be profoundly affected by the increasing cost of government. The mounting costs over a period of less than forty years are shown in the following table prepared by the National Industrial Conference Board :[1]

Disbursing Authority	Gross Expenditures per Capita			Gross Expenditures in Millions		
	1890	1913	1927	1890	1913	1927
Federal . .	$ 4.61	$ 7.17	$ 34.30	291	692	4,069
State . . .	1.22	3.97	13.96	77	383	1,656
Local . . .	7.73	11.27	54.41	487	913	6,454
Total . . .	13.56	19.39	102.67	855	2,919	12,179

This enormous leap in the amount of public expenditures raises serious questions. For the costs of government to have risen nearly eight fold in less than two score years exhibits a tendency, which, if continued, will almost certainly bankrupt some of our state and local governments. From one-sixth to one-fifth of our national income is applied to the gross expenditures of government. The total annual costs since the beginning of the depression of 1930 no doubt approximate 13 billion dollars.

The expenditures for welfare work constitute a considerable proportion of these sums. A National Committee on Recent Economic Changes estimated that free social services amounting to $2,860,000,000 were provided by the various states and by cities over 30,000 in the year 1926. These services included

[1] See *Costs of Government in the U. S.*, 1927-28, p. 2.

expenditures for education, recreation, health, charities, etc. A large percentage of the total was, of course, spent on educational work.[1]

Costs for additional purposes are necessary. Our program for the feeble-minded is woefully incomplete. The verdict of the National Commission on Law Observance and Enforcement on the success of our prisons is a negative one. We must revise our prison systems and the work will cost more money. A large proportion of our population does not receive adequate hospital care, because the sick cannot afford to pay the heavy hospital bills. Millions are lost every year by men unable to pay for legal services and still other millions are extorted from those on the poverty line by loan sharks and other unprincipled forms of business. Material relief is still granted on so niggardly a basis that self-respect is frequently lost and a progressive degeneration of the family ensues. Unemployment remains an unsolved problem and the degradation that it imposes inevitably creates other problems, and these also become expensive to the community. Standards of living are threatened and housing conditions need particular attention. Very clearly the solution of some of the more urgent problems facing us today require the expenditure of vast sums of money. Who will pay the bills?

The most immediate need is efficiency. Speaking of a large city, an efficiency engineer recently told the writer that a saving of $5,000,000 per year could easily be made without in the least impairing the quality of the service rendered. The revelations that investigating commissions are continually making substantiate such statements and indicate that a large percentage of municipal expenditures are wasted or misused. Efficient government would save a sufficient sum to finance the bulk of the needed philanthropic enterprises. The leadership in attempting to reach this goal, however, belongs to the political scientist and the efficiency expert.

Continued improvement in our policy of requiring those with means to pay their share of the taxes must be made. We can-

[1] American Association of Social Workers, *The Compass*, May, 1931, p. 5.

not permit the heavy burdens to fall upon the economically helpless and make easy conditions for those who can pay out of their surplus. If increased expenditures become necessary the additional sums must be obtained in this way; otherwise we inevitably press an increasing number of individuals below the poverty line. No one should be misled by the statement that the poor do not pay taxes. They may not pay money directly to the tax collector, but indirectly through higher living costs they are paying huge sums that should be borne by the wealthy.

Increased productivity means a constantly growing national income and therefore a larger amount can theoretically be set aside for philanthropic and social work. Although a greater percentage of the national income is now spent for the costs of government, the per capita income that remains after the expenditures are deducted is much larger than was the case in 1890. Our ability to pay has not been jeopardized. Our will to face the problems fearlessly, however, has not been galvanized into action. Again the need is progressive leadership.

3. Private Benefactions.

Private gifts for welfare activities, including religious work, have steadily increased. In 1921 these gifts amounted to 1.7 billion dollars, in 1928 they had grown to 2.33 billions and in 1929 they took the form indicated in the following table.[1]

Object of Expenditure	Amount
Total expenditure	$2,450,000,000
Religion	996,300,000
Education	467,500,000
Personal Charity	279,700,000
Organized Charity	278,700,000
Health	221,500,000
Foreign Relief	132,000,000
Recreation, etc.	20,000,000
Miscellaneous, approximately	55,000,000

[1] *World Almanac*, 1931. See also the statistics on the subject in *The Compass*, May. 1931, p. 5.

A comparatively small proportion of this huge sum was spent for relief and service for individuals in poverty. The direction of these benefactions precludes the notion that private philanthropy can cope successfully with grave conditions. To redirect our conventional giving is difficult and to make abrupt changes is impossible. Certain gains should, however, be made without delay. For example, it is of prime importance to persuade the givers of endowment funds not to limit the use of those funds with conditions that militate against the general value of the benefaction to the community. An additional need is gifts for preventive work.

A considerable percentage of these donations is paid, not out of current income, but out of surplus wealth. The bulk of the large gifts to educational institutions and most endowment funds are of this character. These gifts represent a secondary distribution of wealth and should be welcome to the community, provided they do not dull the passion for social and industrial justice, and for an improved social order. An insufficient emphasis has been given to character-building work, especially to the work that relates to the younger child. Parent education has recently entered the field of social work and requires a sturdy program if in the near future proper parent-child relationships are to be achieved. Impetus to desirable social legislation is sadly lacking, and both financial means and men of vision are necessary to arouse the people to an appreciation of the protection required to make orderly social progress possible.

4. The Hope of Progress.

After recounting the multitudinous ills of a great body of people, one is easily inclined to pessimism. When and under what conditions will poverty, crime, preventable disease, accidents, the misery of old age, dependency, intemperance, and other ills be abolished? Have not conditions, in some respects, become worse instead of better? Is it not true that our wealth and income have greatly increased while poverty and misery continue to grow apace? When will we come to the turn in the

road? When will we begin to set our house in order? Questions such as these may be multiplied until they weary the reader.

No satisfactory answer can be made. The World War has greatly retarded the movement for improved living conditions. The hoped-for new world was not born. A stupid chauvinism has seized large sections of our people and has interfered with the broader education and the social legislation that are basic to happiness and community welfare. However, these effects are necessarily fleeting and the ambition to rid this country of its preventable ills inspires many of our socially-minded men and women to definite resolution and to action. There are many signs that a better view is rapidly approaching. Our President has spoken hopefully of the elimination of poverty. Employers have felt the necessity of explaining to the public their reasons for reducing wages. Many employers have concluded that their responsibility to the workers was equal to their obligation to the stockholders of the corporation. An ideal of adequate wages is gaining ground. Church leaders are beginning to express themselves in no uncertain terms in protest against various social wrongs. The program of social work gives constantly increasing emphasis to the preventive aspects of social service, although some community funds have prevented the advance that would otherwise have occurred. A number of eminent jurists have contributed mightily to the task of interpreting our legislation in the light of modern needs. The stilted individualism of yesterday lacks some of its former vitality and a larger proportion of our citizens are beginning to recognize its absurdity. Ideals such as those stated in the Children's Charter are gaining ground and other social programs are being popularized. The theory that government is organization apart from the people is giving way to the conviction that government should be the board of directors chosen by the people to carry on those functions that cannot be successfully performed in an unorganized capacity. These and other advances are gradually being made. In these changes lies the

hope of the future. Building a better nation is not the work of the few, nor of the mentally gifted nor of the morally courageous. It is the work of all of these and in addition the task of the great masses of human beings. To the latter the fate of our nation has been consigned. Enlightened courageous leadership must be supported by an increasing social-mindedness among the rank and file of men. Together a better social order can be produced.

QUESTIONS FOR ADDITIONAL STUDY

1. Why is social revolution becoming increasingly difficult?
2. What agencies or organized groups may be expected to construct a social program based on the entire social situation?
3. Can industry prepare a satisfactory social creed? Can labor? Can the schools and universities?
4. Can individualism safeguard the interests of the masses? Why not?
5. What fundamental human tendencies make a collectivist program untenable?
6. To what extent can the economic motive be tempered with other motives?
7. Have the churches attempted to apply their social creeds?
8. What is involved in the statement, "The laborers' right to a decent livelihood is the first moral charge upon industry"?
9. Can the increased use of machinery and a condition of general prosperity be harmonized?
10. Is a permanent reduction in the level of individual profits inevitable? Why?
11. Why is it impossible for a system of voluntary contributions to solve the problems of social adjustment?
12. Why must the state play an increasing rôle in the solution of social problems?

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