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CONTEMPORARY SOCIAL PROBLEMS

CONTEMPORARY SOCIAL PROBLEMS

BY

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THIRD EDITION

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PREFACE TO THE THIRD EDITION

PROBLEMS that were selected for discussion in the revised edition have been brought up to date from reports of recent research and the latest available statistical materials. As noted in the original preface, little or no attention is given to problems of opinion. They are included, however, in various classifications and are mentioned for purposes of illustration and comparison.

Since many teachers have adopted the problems approach as an introduction to sociology, Appendix I is retained as a suggestive guide to those theoretical and conceptual materials of sociology that can be found in the study of social problems.

HAROLD A. PHELPS.

PREFACE TO THE REVISED EDITION

IN THIS revision a new chapter is added to each of the four parts of the outline. Each part is introduced by a brief explanatory note, and the nature and content of social problems are reviewed in a new introductory chapter. The new chapters are: I, "Social Problems and Human Values"; V, "Depressions"; X, "Population: Its Bio-Social Problems"; and XXII, "The Scientific Study of Social Problems." In addition to this new material, the original Chapter V is shifted to Chapter XI as the introduction to problems of specific cultural origin; and the original introductory chapter is shifted to Chapter XIX, becoming the introduction to the theoretical section. These major changes have been made to center discussion of each class of problems upon a major source of social disorganization.

Other differences from the first edition are the omission of former Chapter VII, "Social Hygiene," which in part is combined with Chapter VI, "Physical Illness," and the combination of the original Chapters XIII, "Divorce," XIV, "Desertion," and XV, "Widowhood," under the title "Broken Families" in Chapters XIV and XV. Furthermore, the final chapter is considerably revised as "Social Action and Reform." All other chapters dealing with specific problems are brought up to date through the addition of findings in recent research studies. Appendix Two is added to provide in some detail the many programs and readjustments which have been recommended as remedies or solutions.

The materials in a course in social problems that are most subject to change are statistics of incidence and trend. Recent changes in these figures may be obtained readily from the sources used, which in most instances are standard works of

reference, such as the "Statistical Abstract." In Chapter XXII a detailed list of sources is given.

In the preparation of the revision I am indebted to the staff of the Prentice-Hall editorial office and to my wife for considerable aid in typing of manuscript.

HAROLD A. PHELPS.

PREFACE TO THE FIRST EDITION

THE MAIN purpose of this book is to show that social problems must be redefined before they can be stated as problems to be solved. Hence, more attention is given to an analysis of different problems into their several component factors than to current methods that are recommended for their treatment.

Because of this selective approach, *Contemporary Social Problems* does not assume that its subtitle is *The Causes and Cures of Social Problems.* Causes and solutions are discussed, but only when they contribute to our understanding of a problem; that is, to its analysis and redefinition. Many major problems or their imputed causes are omitted, although they may be significant obstacles to human welfare, because they have not been, or cannot be, stated as scientific problems or subjected to the methods now available to social investigation.

Contemporary Social Problems is organized into two divisions, one being devoted to the theoretical analysis of social problems and their solubility (Chapters I and XIX to XXIII), the other to specific social problems (Chapters II to XVIII inclusive). These specific problems are classified as economic, physical, mental, or cultural problems, because economic, physical, mental, or cultural criteria of social well-being are used in their definition. They are also arranged in an order that indicates their relative definiteness, as problems to be analyzed or solved.

All of these specific social problems cover a wide variety of social facts. For this reason, they should be regarded less as typical social problems than as our nearest current approximation to their definition and analysis. Each problem in reality is a cluster of problems. Thus, from this point of view, the problem of poverty is classified as economic, but is redefined

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CHAPTER I

INTERESTS, VALUES, AND PROBLEMS

POPULAR interests are the most direct guides to the problems of a society. Such interests point out the goals of efficient social life which most societies have tried to realize. At the same time they define the social inefficiencies.

Social problems, consequently, are obstacles to the realization of human interests and values. They are handicaps of various types and origin which delay the achievement of what a society chooses to accept as normal social life.

This probing to discover the social deviations is accompanied by constantly changing interests and values. Hence, the problems of a society, too, are subject to revision. They may be primarily personal handicaps, such as blindness. They may be social deficiencies, such as illiteracy. They are often the result of conflicting interests or the failures of social institutions, such as racial hatreds, waste in the use of human abilities and skills, or dissimilar points of view concerning the group organization of medical care.

Unrealized values. No summary of individual or social handicaps can fail to show that first clues to social problems are the names by which they are identified. But these labels, regardless of their precision, do not give any adequate representation of the basic nature of a specific type of problem. For this reason it is necessary to observe problems in the community where they have developed. Usually one or all of three procedures are adopted. Problems may be described and partly defined by extensive enumeration. They may be traced to varieties of causes. Or, finally, they may be described through a plan of social reorganization that would minimize or prevent them.

Although the first of these procedures, enumeration, is probably the least effective method of systematic study, it is undoubtedly the best introduction. It defines by examples. Examples in turn indicate the human interests which stimulate a society to action. And together a list of problems and their solutions reveals most clearly the standards and values which a society wants to achieve.

What a social inventory shows. It is always a necessary task for any society to make periodical inventories of its operation, management, successes, and failures. The aim of such surveys is to understand what makes success as well as failure. This study and casting up of a social audit are similar to any system of bookkeeping. The object is to determine the efficiency of management and the balance between assets and liabilities.

From this point of view the problems of a society become its failures and liabilities. It is desirable that a final balance sheet through social study should contribute to a more complete understanding of these problems—to show why they occur, whom and how many they affect, and what may be done to create a society with as few problems as possible.

Since the failures of a society are deeply rooted in the customs and traditions of the people as a whole, a social audit is not only a first step in the history of such problems but is also necessary to their study. This conclusion becomes all the more important when it is recognized that the efficiencies of a society usually come from the same practices which seem to cause its liabilities.

In this introduction the study of social problems will be organized from several perspectives. One point of departure indicates that a social audit will reveal many dissimilar conditions as social problems. Moreover, an audit shows that different standards and values enter into the determination of minimum requirements for decent living. In addition, an audit isolates the main differences between problems of different nations, social classes, or periods of time. It helps to clarify the nature of problems by segregating and identifying

the ordinary classes of their victims. And finally, it points to primary defects in social institutions, policy, or administration that are probably responsible for the chronic repetition of these problems through several centuries.

Studying problems by classification. A further advantage of classification, in comparison with a general definition of social problems, is that it suggests their varieties in type and origin. It avoids limitations imposed by different periods of time, varied cultural standards, or conflicting moral codes. From this more general approach the problems of a society are revealed as danger zones, frictions and tensions, widespread public calamities, incredible social situations, clues to change and disorganization, or crises in various aspects of personal and social life. Each of these descriptions is a synonym for groups of problems. All together they indicate the gross or petty deviations from acceptable social standards or from average conditions of personality or conduct which may be problems, their causes, or needs for social planning.

The study of social problems, therefore, is concerned with similar subject matter or with similar undesirable social conditions from different points of view. From a consideration of its cause, nature, or solution, each question of individual or social abnormality may be examined from the following standpoints: [1]

1. Human nature and group needs.
2. Social change.
3. Social disorganization.
4. Social evolution.
5. Social pathology.
6. Social origins.
7. Community disorganization.
8. Social planning.
9. Social organization.
10. Cultural change.

[1] Each system of approach and analysis is illustrated by the books mentioned in the first section of the bibliography at the end of this chapter in the order given here.

These different perspectives indicate general theories of problems; that is, each offers a tentative explanation for their development or for the rise of new problems.

In addition, problems may be defined and classified in other ways. They may be observed as conflicting values, contradictory ethical systems, and ineffective social institutions. Or more specifically they can be divided into the threefold grouping of discordant social relations to be found in personal problems, problems of policy, and problems of administration.

Personal problems:

1. Physical handicaps.
2. Educational and vocational opportunities of handicapped persons.
3. Personality maladjustments.

Problems of policy:

1. Failure to make changes in police methods necessary to the reduction of crime.
2. Lack of reconciliation between problems of sex and marriage.
3. Minority control of schools, press, censorship.

Problems of administration:

1. Inefficient operation of a civil service program.
2. Lack of coöperation between nations in the distribution of the world's raw materials.
3. Failure to construct a plan of social reorganization within a given economic and political order, such as city planning or monetary stabilization.

Minimum standards. These illustrative examples are handicaps to persons or groups or the needs of an efficient society. There is no basic formula or absolute measurement of normal persons, groups, and needs which can be applied invariably to all people and conditions. Invariably a social problem is some obvious abnormality of a person or culture. There is no more

final authority than the opinion or code of a dominant social group. This group sets the limits of social normality and efficient social organization.

Instead of absolute norms of social adequacy, nearly every literate society supplies records of its own conception of social problems. From a review of this accumulated evidence, it is possible to discover and condense a list of elementary standards which have been fairly unanimously accepted. These standards are the lower limits of a normal population. Practically without exception the history of human society has agreed upon:

1. Economic standards of social well-being.
2. Biological standards of physical and mental health.
3. Social standards of an individual's or nation's cultural needs.

From the first of these standards, those of economic status, an individual or group is classifiable within the scope of economic handicaps when a minimum level of material welfare is usually or often lacking. Biological standards set the range of bodily and mental vigor. These requirements are necessary in order to maintain economic competence and in turn to make participation in ordinary social relations possible. Participation includes family, educational, recreational, religious, political, or other social relationships. Each of these standards, varying with the cultural status of a given population, may be regarded as essential to the full realization of an enjoyable and abundant life.

There are, to be sure, other standards and more precise measurements of a society's assets and liabilities. Apart from these three general types of standards, nearly every problem contains within itself a suggested physical, economic, biological, or social standard. These specific standards are to be found in the name given to the problem-situation or in a synonym by which it may be restated. Blindness, for example, implies the need for

normal vision, which is one standard, and it may be restated as a problem of one of the several diseases that frequently cause blindness, or as a problem of vocational handicaps resulting therefrom.

More extensive enumeration of the standards by which a society judges the normality or abnormality of its own people and institutions will be found in later discussions. These norms and deviations are especially useful when statistical evidence of social problems is needed.[2]

A sample classification—American social problems. In the foregoing summary, discussion has been directed to many of the important and typical characteristics of a society's liabilities without depending upon numerous examples or an explicit definition. It is now apparent that the problems of any population are these:

1. Those handicaps to efficient living which the society as a whole or an observant minority chooses to name as problems.
2. Obvious departures from accepted social standards.
3. Conditions that may be measured and verified by either numerical or qualitative norms.

At each point in the foregoing analysis, illustrative problems may be usefully employed to show how widespread and how demoralizing such conditions may be in any society.

A short list of such illustrations, when they are classified under titles suggested by the above standards, is of further use to show that social problems may be studied as one coherent field in social research. Such a list is also helpful in the discovery of the principal sources of problems and in showing how new and difficult problems may be detected.

The following outline is an abbreviated summary of one of the most extensive surveys of American cultural resources and needs. It is included at this point as a fairly comprehensive

[2] In Chapter XXII, specific statistical and other source-materials in the study of social problems are mentioned.

sample of main types and particular instances of these conditions.[8]

American Social Problems

Social and economic:
- Unequal distribution of wealth and income.
- Insufficient distribution of producers' and consumers' goods.
- Slums and congested housing.
- Waste.

Social and biological:
- Eugenics.
- Distribution of the biological qualities within a population.
- Optimum population.
- Urban growth.
- Mobility of the rural population.

Social and cultural:
- Racial conflicts.
- Imperialism and war.
- Class competition.
- Indifference of citizens to political questions.
- Cultural antagonisms.
- Selfish leadership.
- Propaganda.
- Pressure groups.

Social problems of policy:
- Social reorganization.
- Social research.
- Social values.

On page 8 another outline of social problems is given for purposes of comparison with the findings in *Recent Social Trends.*

Where problems occur. These illustrations of social defects in contemporary society are examples of the several classes of social maladjustment for which a definition must be provided. They also indicate the importance of standards and norms to be used in the measurement of social problems.

Each class and specific example illustrates different conceptions of normal and abnormal personality and society. There

[8] Adapted from "Recent Social Trends," *Report of the President's Research Committee on Social Trends,* Vol. 1, pp. XII–XXV. McGraw-Hill, New York, 1933. This list is reproduced more fully in Chapter XX.

A LITERARY INDEX OF SOCIAL PROBLEMS

Alcoholism	Negroes
Birth control	Old age
Charities	Poor relief
Child labor	Prison reform
Class conflict	Prisoners, discharged
Cost of living	Prisons
Crime and criminals	Probation
Crime prevention	Prostitution
Disabled	Public health
Divorce	Race discrimination
Drug habit	Recreation
Eugenics	Sex delinquency
Feeble-minded	Social ethics
Handicapped	Social hygiene
Housing	Social work
Immigrants	Socialism
Insane	Standards of living
Insurance, social	Sterilization
Juvenile delinquency	Unemployment
Labor and laboring classes	Venereal diseases
Leisure	Veterans, disabled
Marriage	War
Migrant labor	Women, social and moral questions
Migration, internal	Youth
Mothers, unmarried	

Source: International Index to Periodical Literature (slightly abbreviated and adapted).

are personal handicaps manifested in inadequate income, eugenic liabilities, and racial prejudice. There are indexes of cultural failures and defects in the kind of life that slums or congested housing, an unbalanced population, war, and class competition impose. All these specific problems serve as fairly adequate proof of social conflict and disorganization.

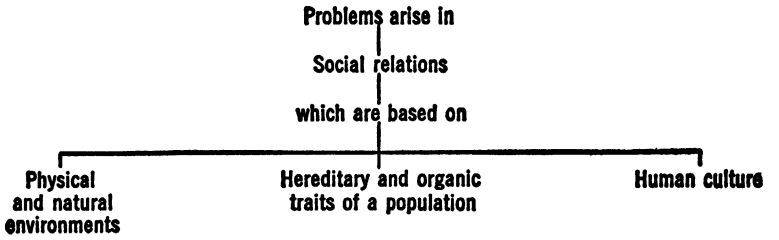


Figure 1. Origins of Social Problems.

Furthermore, the standards or measurements of economic, biological, and cultural composition of a people reflect the

human values in each of these aspects of an organized society. They are norms of the way that most people live. Consequently, they point out the most apparent exceptions. Such comparisons suggest the need for thorough study and keen insight both in the discovery of remedies and in the development of a plan for social reorganization.

Jointly, these standards and illustrative problems serve the added function of giving clues to the sources or origins of social problems. As indicated in Figure 1, the liabilities of a society which are most fittingly called social are located first in social relations. These relations are built up and continuously modified by (1) physical and natural environments, (2) the hereditary and organic make-up of a people, and (3) human culture.

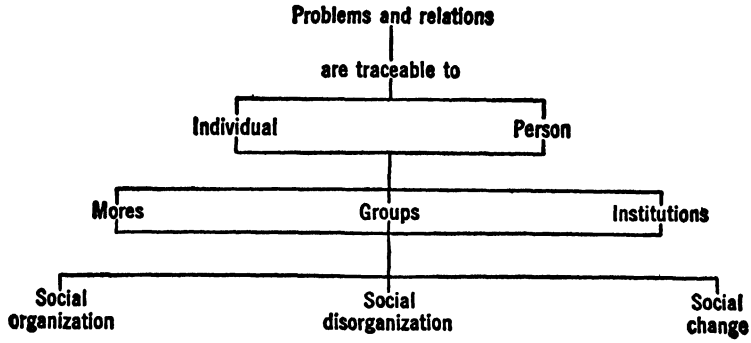


Figure 2. The Location of Normality and Abnormality.

Specific individual and social origins are sketched in Figure 2. Whatever their particular character, onset, or outcome may be, any problem refers to, and may be classified as, a problem of the individual or person. A second restatement and supplement may place the problem more impersonally within the mores or within the relations of a group or institution. Then, and in the most general analysis, a problem may be connected with an entire pattern of social organization, disorganization, or change.

A summary of the foregoing sources and types of social prob-

lems shows that these problems may be found or studied as they occur:

1. in different age groups—children, youth, adults, aged.
2. in different social classes—immigrants, uneducated, poor.
3. in different places—urban, rural, suburban, village, open country or neighborhood areas.
4. in different religious, sex, or ethnic groups—conditions peculiar to men, women, Negroes, Orientals, native whites, Protestants, Catholics, Jews.
5. in different periods of time—the social problems of Ancient Greece, of France at the beginning of its decline in population, of Fascist Italy, of the United States as the West became settled.
6. in different occupations or industries—problems of textile workers, American farmers, of professional people.
7. in different cultures or periods of social development—problems occurring with war, depression, inflation, industrial conflict.
8. in different systems of legislation, as noted by the coverage of social legislation or social security programs, or within the functioning of other social institutions, such as the church, school, or family.

Who are the victims? One question often raised in the effort to locate and define problems is, what is the number of people who are affected by them? In answer, a census or reasonable guess is usually available. The assumption is that any problem is of major or minor consequence in accordance with its incidence. Financial costs are used for the same purpose. The implication in the use of either measurement is sound. No society can exist for any appreciable length of time and maintain a tolerable efficiency when a considerable number of its people are living under harsh economic or unstable social conditions.

It is also true that a report on numbers gives a reality to the study of problems which otherwise may be limited to un-

supported generalizations. For example, how important are such problems as ignorance, selfishness, abuse of power, atmospheric pollution, or the problems of college students? Clearly, the answers will depend largely upon how extensive in numbers or how costly in social and financial losses these problems become. Often a problem can be brought to public attention by no other means than through an advertising broadside of its extent and costs.[4]

A more practical consideration is the probable distribution of problems within an adequate cross section of the social classes. Efforts to detect this general liability to social hazards proceed on the assumption that problems, like physical diseases, are contracted and spread when people are susceptible, that resistance to them is low, and that no sure preventives are available. The aim of these investigations is to understand what is meant by the socialization of a population as opposed to its disorganization.

	Giddings' Classification of Social Adjustment		Wechsler's Classification of Mental Capacity	
Classes		*Per Cent*		*Per Cent*
A and B	Resourceful	25.2	Superior and Bright Normal	25.0
C	Dependable	55.3	Average	50.0
D	Dependent	16.8	Dull Normal	16.1
E	Predatory	2.7	Borderline and Defective	8.9
	Total	100.0		100.0

Sources: Giddings, F. H., *Studies in the Theory of Human Society*, Macmillan, New York, 1922. p. 288. Wechsler, D., *The Measurement of Adult Intelligence*, Williams and Wilkins Co., Baltimore, 1941. p. 40. See in Chapter IX a classification of the industrial population in similar classes.

An interesting indication of the reasons for the liability of a society to social disorder is given in the following comparisons. One is the gradation of population on the basis of its respon-

[4] One report on social waste enumerates the following annual losses, estimated for the United States:

Crime, $12 billion; the common cold, $2 billion; automobile accidents, $1,600 million; occupational accidents, $610 million; fire, $249 million; weeds, $3 billion; insects, $2 billion.

siveness to social regulations. The second is a distribution of the population (ages 10–60 years) on the basis of intelligence-test scores. In both classifications, four groups of citizens can be distinguished.

The assumptions of both studies is that people vary in the ability to become decent, self-maintaining citizens. Accordingly, some are comparatively resistant to social difficulties. Unless serious disorders occur, they remain immune or are able to solve their own problems.

Other classes have unusual difficulty in leading a dependable or productive existence. Some may be dependent either intentionally or unwillingly. A few are aggressively predatory. These are the persistent violators of law and other social codes or the ones who cannot become self-maintaining under present social conditions.

An important conclusion of both studies is that society tends to eliminate those who are unadaptable to its requirements.

Although neither of these reports is able to identify precisely those who are liable to the ills of a substandard social life, both supply a fairly comparable indication of the numbers involved in a society's failures. Accordingly, a population may be expected to have a minimum of about 16 per cent in the dependent classes and from 3 to 9 per cent among predatory or defective classes.

Not all substandard conditions, by any means, need be located within these lower numerical groups. Less spectacular but equally disconcerting situations may appear with surprising frequency in most social groups. One record of problems within the college population shows such ordinary handicaps as overdependence, fears, insecurities, jealousies, antagonism, timidity, stagefright, inability to conform to regulations, religious problems, sex problems, and vocational problems.[5]

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[5] Pritchett, H. L., "The Adjustment of College Students' Family Problems," *Social Forces*, Vol. 10 (1931–1932): 85. See also, Brooks, L. M., "Student Interest in Contemporary Problems," *Social Forces*, Vol. 15 (1936–1937): 355–358. (Social problems are listed according to their interests to students.)

Summary. The real problems of a society are never simple questions. In most instances they are established firmly in a nation's social history, in the success of its economic adjustments, and in the composition of its population. Consequently, no elementary definition can be applied to all examples of social inadequacy, underprivileged people, or loose social bonds. More important is an approach to these conditions by way of the twofold division, the normal and the abnormal. The normal is commonly interpreted to be that which is usual and expected. It remains outside the orbit of social problems. The abnormal by contrast includes all exceptions to the various rules by which the normal is made up, even though the exception is merely a difference in place, time, or degree.[6]

A second important point of view in determining what is normal or abnormal is the observation that there is much shifting between the two categories. These shifts include people, relations, institutions, interests, and values. Like the human being who becomes a demoralized or pathological type because of slight disturbances, entire groups, institutions, and values are unbalanced and thrown into a cycle of confusion and decay by apparently harmless social forces. These shifts and sudden changes are obvious in major calamities, such as epidemics of disease or depressions in business. They are equally apparent in the constantly recurring maladjustments of personality or social order which are associated with such intangible circumstances as ignorance, thoughtlessness, or exploitation.

Surely basic in a preface to social problems is the observation that they are a curious mixture of the human and inhuman. As surely basic, too, is the fact that all problems are a mixture of objective reality and of human attitudes, personalities, and mores. They are "inescapable problems of value." [7]

Three primary characteristics of any social problem, from

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[6] Gillette, J. M., "Criteria for the Determination of Normal Society," *Am. Sociol. Rev.*, Vol. 2 (1937): 506.

[7] Waller, Willard, "Social Problems and the Mores," *Am. Sociol. Rev.*, Vol. 1 (1936): 931.

the standpoint of its definition, its study, its treatment, or its prevention, are the following:

1. The title by which a problem is identified (poverty, sickness, old age, divorce) is usually its most descriptive label. This meaning, however, is not necessarily associated with any other phase of analysis in the entire range of the problem from causation to cure.

2. Any problem is a medley of many minor problems. A second description, consequently, is that a social problem is a pattern of problems. Poverty is presented in Chapter II as an illustration of this point of view.

3. Facts concerning social problems are true, accordingly, only in terms of the pattern from which they are drawn. Poverty is a cause of delinquency, when the point of view is poverty. But when delinquency alone is being considered, poverty becomes a minor factor, if it has any causal significance whatsoever.

These attributes of problems are well summarized in the following comment: [8]

> Three types of tasks suggest themselves in order to make this material (social problems) transcend the mere collector's interest and make it both scientifically and practically useful: (1) The facts about community problems require the uniform and continuous collection of basic data to make them usable as indexes of social change, of growth, and of disorganization. (2) These facts require correlation with one another so that they may be seen as aspects of a larger whole, namely, the totality of community life. (3) The insights to be derived from viewing these problems as indexes of fundamental community changes and as interrelated with one another should be valuable in suggesting a coördination of techniques for treatment and for planning.

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[8] Wirth, Louis, "The Scope and Problems of the Community," *Proceedings, Am. Sociol. Soc.*, Vol. 27 (1933): 71.

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Questions

1. In recent years $94 has been available for the study and treatment of infantile paralysis but only 3 cents per case for heart disease, which is the leading cause of death. What does this monetary comparison indicate as to the interests of a people in its own problems?

2. How many different interests can you classify from the lists of problems in this Chapter?

3. Can you classify the topics cited in the classification of the International Index (see p. 8) under the three headings given on p. 4? Which of these problems are numerical or quantitative? Which are wholly subjective?

4. State examples of problems in the different areas cited on p. 10. Can you discover one problem that would illustrate each of the eight categories?

5. How do rural social problems differ most drastically from urban social problems?

6. What types of social problems are most fully recognized in national social legislation?

7. What are the objections to the study of problems in terms of

their costs in money? Do all social problems have concealed or indirect monetary costs?

8. Make a list of the outstanding social problems in your community and try to estimate their severity in terms of (a) the number of persons involved (b) their cost to public or private agencies.

9. Can you name a problem that occurs more or less uniformly in all societies? Why does not modern society eliminate this problem by some social invention?

10. What social problems are particularly identified with modern ways of living?

11. Are problems usually limited to one social class? Does the problem make the class or does the class make the problem?

12. Can you explain each of the problems that you selected in Question 8 by one or more of the theoretical considerations suggested on page 4?

13. What moral value or values are implied by these problems?

14. How many different meanings does the term "normal" have in its connection with a definition of problems?

15. Show how aspects of certain problems, such as poverty, illness, divorce, or cheating, may not be regarded as problems under certain conditions.

16. Why is it difficult to formulate one definition for all social problems?

17, Give an example of a problem that is peculiar to each item in Figure 2. Is there any problem that is illustrative of each category?

18. Is it conceivable that a problem may be serious and yet affect only a small number of people?

19. Do the classifications of the proportions of people within the dependable, dependent, and predatory groups appeal to you as about the correct estimates?

20. Show how a particular problem, such as poverty, (a) may be redefined; (b) may be subdivided into many minor social problems; (c) may be studied with some degree of objectivity within a broad societal pattern; and (d) may be examined most profitably from a given point of view.

PART I

Economic Sources of Social Disorganization

INTRODUCTION

ORDINARILY the first evidence of a disorganized society is recognized in those social ills which are closely connected with economic conditions. Because these problems are joint products of economic and social insecurity and because their ill effects are quickly perceived, they seem to deserve immediate attention. At any rate, no society can avoid them and at the same time preserve minimum standards of social well-being.

These problems are contemporary manifestations of the age-old conflict between man and physical nature. Instead of the historical problems of starvation, crop failure, and other calamities of nature, modern society is threatened by poverty or subsistence living, insufficient or irregular employment of a large percentage of its potential working population, and various other forms of social and economic dependency. Contemporary social problems are further intensified by the hazards and fluctuations of a complex and loosely controlled industrial institution.

Whatever solution may be introduced to prevent these problems or to forestall their ill effects, one rule is always of first importance in any plan of social reorganization. It is to be found in the observation that no social problem represents a simple series of causes and effects. Though every social problem has been exposed repeatedly to oversimplified analysis and elementary remedies, social problems of economic origin vigorously resist this type of treatment.

At the outset, therefore, two procedures are suggested for their study:

1. The examination of the social order which produces these problems.

2. The examination of a particular problem in its causal pattern.

reached. For both sickness and mortality Collins found the highest rates among the children of the poor classes. In the case of adults, the reduction of death rates among the upper economic classes is partly explained by the assumption that better medical care is provided when incomes become adequate. One of the most interesting features of this comparison is the way in which certain causes of death vary in incidence with economic status. Thus, comparisons of mortality statistics show that the following diseases or causes of death tend to increase consistently as income decreases: tuberculosis of the lungs, bronchitis, pneumonia, valvular diseases of the heart, hernia, accident, non-pulmonary tuberculosis, acute nephritis, cerebral hemorrhage, and pellagra. Some studies have also placed cancer in this category, although the difference in the distribution of cancer is less marked and there are contradictory opinions as to its association with low income. With regard to the following diseases, there is a direct and marked association between high death rates and increasing economic well-being: diabetes, gout, arterial sclerosis, angina pectoris, and cirrhosis of the liver. Other important causes of death—alcoholism, Bright's disease, suicide, locomotor ataxia, and general paralysis —occur independently of economic status.

These results were obtained by several investigations in Europe and this country. One of the most serious aspects of this distribution of illnesses and consequent death is the damage to families resulting from the death of wage earners during the peak of their earning capacity, between the ages of 35 and 45. Widowhood, disability, and child dependency are the results of a relatively small number of causes of death which strike the wage earner at this critical period. According to a survey of the policyholders of the Metropolitan Life Insurance Company, nearly six deaths out of every ten among white male wage earners between 25 and 44 years of age were due to four causes: tuberculosis, influenza-pneumonia, heart disease, and accidents. The seriousness of these poverty-making diseases is increased by their widespread distribution among the lower economic classes

and by the fact that they are preventable. Corresponding results may be found in numerous reports of the U. S. Public Health Service, particularly in the National Health Survey.[12]

In these investigations various criteria of economic status have been employed, such as total family income, income of the chief wage earner, family income per person, rent of house, or income per adult male. Obviously the important connection between poverty and health rests less upon the direct relationship than upon the important sequence of factors occurring with poverty. Inadequate food, clothing, housing, medical service, and opportunity for convalescence are the immediate factors. Furthermore, in these studies poverty is interpreted to mean a group of inseparable conditions, the absence of which means the absence of poverty. Since ill health might be a cause as well as a result of poverty, it is also necessary to remember that these studies follow the hypothesis that poverty is the equivalent of certain definite occupational and living conditions. Thus allowance is made for those persons who by accidental or hereditary factors might have a high sickness and death rate not attributable to their income status.

The conclusion is amply substantiated that under conditions of low economic status sickness is more prevalent, and also that higher rates of adult mortality and of the more serious disabling illnesses occur among the poor. This record of ill health and poverty is supported fully by the many instances of excessive rates of illness among the unemployed since 1929 and by the report of the United States Department of Agriculture that about 4 in every 10 families in this country are going without foods necessary for good health because they lack sufficient money to buy them.[13]

The association between poverty and human fertility.

[12] *Statistical Bulletin,* Vol. 9 (1928) (no. 9), 7–9. *Disability from Specific Causes in Relation to Economic Status,* Natl. Health Survey, U. S. Public Health Service, Washington, D. C., 1938.

[13] Perrott, G. St. J., and Collins, S. D., "Relation of Sickness to Income and Income Change in 10 Surveyed Communities," Health and Depression Studies, No. 1. *Public Health Reports,* Vol. 50, No. 18 (Reprint No. 1684). Stiebeling, H. K., cited in footnote 2.

The attention given to them by investigators justifies our considering two further relations between poverty and vital conditions. These are the birth rates or fertility of different economic groups, and infant mortality. The fact that poverty is correlated positively with high birth rates is established beyond any doubt. Equally valid is the fact of the loss sustained by the lower economic classes in the excessive death rates of children. These two phenomena compensate each other, and are said to occur throughout nature when living conditions are hard. Thus, Pearl employs as an analogy to explain the greater fertility of the poorer classes a condition occurring among animals: [14]

> The lean, ill-fed sow and rabbit rear a greatly more numerous progeny than the same animals when well cared for and fat; and every horse and cattle breeder knows that to overfeed his animals proves a sure mode of rendering them sterile.

In a similar connection, the general ecological observation has been made that tropical jungle plants are characterized by a profusion of leaves, whereas Arctic plants are noted for their profusion of flowers.

The greater fertility of the poor has a eugenic significance which should not be discounted. If population is being recruited primarily from that stock which is exposed to all the degenerating influences of low economic status, then poverty, as a general problem, becomes a basic factor in the wider question of population improvement.

A gradually decreasing birth rate in the United States and other countries can be traced to many other factors than low income or general economic status. These factors include cultural status, standard of living, education, religious teaching, employment of women, class ideals, ambitions of parents for their children, tensions of city life, opportunities for diversified interests, prevalence of disease, marriage customs, and restrictions on birth control information. Although all these factors

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[14] Pearl, R., *Biology of Population Growth*, Knopf, New York, 1930, p. 165.

have not been thoroughly examined in their connection with birth rates, there is only one major study that has given prominence to the influence of non-economic factors upon fertility. This study contends that the correlation between income status and fertility rates is positive. Though limited to Sweden, it states "one notices an increase in average fertility from the lower to the higher income categories, from the lower to the higher education groups." [15] Furthermore, it is contended that the experience of other countries supports this conclusion and that contrary findings are either temporary or the result of post-war conditions.

Notwithstanding this exceptional conclusion, the consensus of English and American reports is without exception to the effect that birth rates decrease with increasing income. No matter which index of poverty has been used—per capita income, occupation, economic class, dependence upon poor-relief, employment of mothers, number of rooms per family, or payment of income tax—each measurement has confirmed the conclusion that the number of children per family decreases with increasing income.

This general inverse relationship is shown in the following table, which is based on a study of 69,620 native white women, under 45 years of age, of the urban classes: [16]

BIRTH RATES FOR EACH URBAN SOCIAL CLASS

Economic Class	*Number of Children Born per 100 Wives*
Professional	129
Business	140
Skilled workers	179
Unskilled workers	223
Urban sample	160

[15] Edin, K. A., and Hutchinson, E. P., *Studies of Differential Fertility in Sweden*, King, London, 1936, p. 299. Notestein, F. W., and Kiser, C. V., "Factors Affecting Variations in Human Fertility," *Social Forces*, Vol. 14 (1935–36): 32–41.

[16] Sydenstricker, E., and Notestein, F. W., "Differential Fertility According to Social Class," *Jour. Am. Statis. Assoc.*, Vol. 25 (1930): 25.

Supporting evidence of the same character has been furnished by Pearl, Ogburn and Tibbitts, Winston, and a number of other writers. Winston, for example, using per-capita income as the measure of economic status, found a correlation of —.86 with the number of children under fifteen years of age per native white woman, fifteen to fifty-four years of age. In addition, Ogburn and Tibbitts—who compared three variables: occupation, intelligence, and birth rate—demonstrated decreasing birth rates from the lowest to the upper intelligence and occupational groups.[17]

Another consequence of this differential birth rate, especially disturbing to the eugenist, is the excessive fertility of dependent families. In her study of the "Prolificacy of Dependent Families," Miss Halverson examined the records of 100 American families who had been under the care of poor-relief agencies for a number of years. She reached the conclusion that:

> Dependent American families of today are almost twice the size of self-supporting families in which there are children; they are one child per family greater than the self-supporting families of the past generation.[18]

As a matter of fact, in order to find a comparable, self-supporting American family with a fertility equal to the average of these 100 cases, it was necessary to go back to 1750. The correlation between dependency and a high rate of reproduction

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[17] Winston, S. R., "Relation of Certain Social Factors to Fertility," *Am. Jour. Soc.*, Vol. 35 (1929–30): 756–757. Ogburn, W. F., and Tibbitts, C., "Birth Rates and Social Classes," *Social Forces*, Vol. 8 (1929–30): 7. Pearl, R., *op. cit.*, Chap. 7. Stevenson, T. H. C.. "Fertility of Various Classes in England and Wales," *Jour. Roy. Statis. Soc.*, Vol. 83 (1920): 401–432. Johnson, S., "Relation Between Large Families, Poverty, Irregularity of Earnings, and Crowding," *Jour. Roy. Statis. Soc.*, Vol. 75 (1912): 539–550. Dunlop, J. C., "Fertility of Marriage in Scotland," *Jour. Roy. Statis. Soc.*, Vol 70 (1907): 259–288. Notestein, F. W., "Class Differences in Fertility," *Annals, Am. Acad. Pol. and Soc. Sci.*, Vol. 188 (1936): 26–36. Note also other references to the literature in the above.

[18] *Am. Jour. Soc.*, Vol. 29 (1923–24): 339. See also Crum, F. S., "Decadence of Native American Stock," *Jour. Am. Statis. Assoc.*, Vol. 14 (1935–36): 216.

is all the more striking because of the well-known decrease in the size of families among college graduates, who would become extinct in five to ten generations if their present birth rate continued.

When economic reverses occur, it is the self-supporting family that shows the sharpest decline in birth rates. This general conclusion has been supported in many recent studies indicating that poor-relief itself is not a stimulant to fertility. As a matter of fact, dependent or relief families have always been more fertile than non-relief families both before dependency and during it. In other words, the self-supporting family tends to respond to the same set of factors that determine the fertility of college graduates, namely, differences in standard of living, attitude, custom, and knowledge of contraception.[19]

Many careful investigators of infant mortality have come to the conclusion that poverty and a high infant mortality rate occur together. In this comparison poverty signifies more than low wages, involving in addition its usual accompaniments of overcrowding, employment of the mother during pregnancy, unsanitary surroundings, bad nutrition, and inadequate prenatal care. Outstanding among the studies of this subject are the several investigations by Woodbury. Using as indexes of poverty the income of the father, employment of the mother, and housing congestion, he concluded from an examination of more than 21,000 legitimate births that there is a definite and high inverse relationship between the economic status of the family and the proportion of infant deaths. Furthermore, he discovered that there is a similar tendency in the incidence of the serious diseases of infants, such as gastric and intestinal diseases, premature birth, and respiratory and epidemic diseases. The infant mortality rate varied from 166.9 per 1,000 live births among families with an income less than $450 to 59.1 per 1,000 live births for families receiving $1,250 or more.

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[19] Kiser, C. V., "Trends in Annual Birth Rates," *The Milbank Memorial Quarterly*, Vol. 15 (1937): 1–27. Goodsell, Willystine, "The Size of Families of College and Non-College Women," *Am. Jour. Sociol.*, Vol. 16 (1910–11): 585–597.

INFANT MORTALITY AND EARNINGS OF THE FATHER [20]

Earnings of the Father	*Infant Deaths, Rate per 1,000 Live Births*
Under $450	166.9
$450 to 549	125.6
$550 to 649	116.6
$650 to 849	107.5
$850 to 1,049	82.8
$1,050 to 1,249	64.0
$1,250 and over	59.1

The validity of this comparison is strengthened by an exhaustive analysis of other factors which might be associated with infant death rates. Thus, investigations have shown that infant mortality varies with economic status when the rental value or market value of the home is taken as an index. Moreover, it increases considerably when the mother is employed away from home or if she is employed outside the home during the first year of the infant's life. These further studies were carried out to eliminate the bias of heredity and constitutional or environmental factors other than the economic. The fact that some studies of infant mortality show an infant death rate in the lowest economic group, after the first month of life, which is ten times the rate in the highest income group is an important supplement to this general conclusion.

Poverty and low intelligence. When people who live on different economic levels are examined from the standpoint of their intellectual and cultural achievements, an entirely different comparison from that of health or physical capacity is under consideration. It is a comparison that is dangerous, because one cultural index is used to measure another cultural index, and then the result is often accepted as a criterion of biological and native capacity.

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[20] Woodbury, R. M., *Infant Mortality*, Chap. 3 and p. 131, Williams and Wilkins, Baltimore, 1926. Woodbury, R. M., "Maternal Mortality," *U. S. Children's Bureau*, Pub. No. 158. Metropolitan Life Ins. Co., *Statistical Bulletin*, Vol. 7 (1926) (No. 5), pp. 1–4. Woodbury, R. M., "Infant Mortality in the United States," *Annals, Am. Acad. Pol. and Soc. Sci.*, Vol. 188 (1936): 94–106.

Although volumes have been written about the inferiority of the lower economic classes, much of this literature has been purely opinionative or the result of wishful thinking. There is, however, a growing body of evidence indicating a high degree of association between economic and intellectual poverty. This evidence, strong as it is, should not preclude our appreciation of other potential factors in the social situation of poverty. It is suggested that the discussion of the following topics be considered incidental to our general study of poverty, and that more ample proof should be assembled before drawing absolute conclusions.

There are, however, three generally accepted facts in studies of the distribution of intelligence. Intelligence is more than a hereditary unit character, at least as it is defined and measured by mental test scores. Moreover, the intelligence quotient may be conditioned and changed by environment in many important respects—by such a definite condition as malnutrition, and by the more tangible factors of home conditions, standards of living, and educational opportunities. Finally, no test score is an absolute criterion of mental capacity, but must be interpreted in the light of non-quantitative descriptive factors. These restrictions upon the interpretation of current literature should be kept in mind in connection with what follows.

A number of reports have indicated a high degree of relationship between low income, or the low occupational status of the father, and the mental test scores of the children. These results have occurred so frequently and under such different conditions that they deserve brief consideration. For, if it is finally determined that our most productive families in the lower classes are supplying inferior mental stock as well as an increasing number of progeny (relative to other classes), we have the beginning of a major problem before which all others become of slight consequence. Our present knowledge indicates that poverty, large families, and low intelligence quotients are inseparable.

Many specific studies have concluded that the occupational level of the father is a rough index of the intelligence of the

child.[21] Of these, the investigation by Collins will be summarized here, because its findings are representative. Collins's investigation included 4,727 children from 3,089 American families in an industrial community. The families were separated into eight occupational groups, and the results were as follows:

OCCUPATION AND INTELLIGENCE

Group	*No. of Families*	*Per Cent of Total*	*Median Intelligence*
Professional	90	2.9	116
Managerial	165	5.3	112
Clerical	131	4.2	113
Trade	413	13.4	110
Foreman	106	3.4	109
Skilled labor	1,569	50.8	104
Unskilled labor	377	12.2	95
Agricultural	25	0.8	98
Unknown	213	6.9	100
Total	3,089	100.0—	105

Further analysis of the data given in this table shows:

1. Ninety children from the professional group had an intelligence quotient of 140 or more, while none of the 377 families of unskilled fathers had children in this intelligence group.

2. Seventy-two of the professional families, or 80 per cent, were above the median of the total, but only 31 per cent of the unskilled group achieved median scores or better.

3. The converse of this alignment is found at the lower range. Only one parent in the professional class (an itinerant preacher) had children with scores less than 70, whereas 10 per cent of the children of the unskilled were below this level.

4. From the unskilled group, which is 12.2 per cent of the total, nearly half of the entire enrollment in special schools for retarded and problem children is recruited.

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[21] Collins, J. E., "Intelligence of School Children and Paternal Occupation," *Jour. Ed. Research,* Vol. 17 (1928): 157–169. Hart, H., "Occupational Differential Fecundity," *Sci. Monthly,* Vol. 19 (1924): 527–532. Lentz, T., "Relation of I.Q. to Size of Family," *Jour. Ed. Psych.,* Vol. 18 (1927): 486–496. Dexter, E. S., "Relation Between Occupation of Parent and Intelligence of Children," *School and Society,* Vol. 17 (1923): 612–614. Hankins, F. H., "Is the Differential Fertility of the Social Classes Selective?" *Social Forces,* Vol. 12 (1933–34): 33–39. Additional citations are given in these references.

5. There were also distinct differences in family size. There was an average of 3.4 children per family for the total group. Professional families had an average of 2.6 children; the unskilled, an average of 4.1.

In his summary of this study Collins states: [22]

> The occupation of the father, then, may be considered as a rough index to the intelligence of the child. The chances are that half of the children of professional parents will be of superior intelligence and that not more than one tenth of the children of unskilled laborers will show a similar degree of intelligence.

An excessively large number of children per family, and a large proportion of defective and borderline cases, have also been reported in various studies of charity organizations and of millworkers.

School failure, retardation, and leaving school at the earliest opportunity are also intimately connected with poverty. In the Trounstine study of retardation in the elementary schools of Cincinnati,[23] two thirds of the children who failed came from homes which had insufficient income for the necessities of life. In addition, there was an unusually large proportion of mothers who were gainfully employed. The families of children who failed had about 30 per cent less income per capita than the families that had taken their children out of school at the legal age for withdrawal. Absences among the poorer children were twice as frequent, physical defects two to three times as frequent, and anemia was ten times as frequent among those who failed as among those of the more secure economic classes. Thus, poverty and its sequence of ills may account in part for the inferior performance of the low-income groups in intelligence tests.

Another subject frequently taken up in connection with intelligence is the relative contributions of the social classes to

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[22] Collins, J. E., "Intelligence of School Children and Paternal Occupation," *Jour. Ed. Research,* Vol. 17 (1928): 169.

[23] Trounstine, H. S., "Retardation in Cincinnati Public Elementary Schools," *Trounstine Foundation Studies,* Vol. 1 (1919) (No. 1).

productive leadership. The number of leaders is used as an indirect index of the proportionate distribution of intelligence. This topic will be considered in more detail in a later chapter, but for the time being the conclusions of Visher will be stated in partial corroboration of the foregoing relationship between intelligence and economic status. Visher used *Who's Who in America* as a standard guide to leaders, and his results may be summarized in two statements. Professional men and businessmen produced more than a third of the American notables born about 1870; farmers nearly one fourth; skilled laborers a few; unskilled laborers almost none. Or, expressed in terms of proportionate contributions relative to their numbers in the general population, the professional men have contributed more than twice as many notables born about 1870 as the businessmen; 20 times as many as the farmers; 45 times as many as the skilled-labor class; and 1,340 times as many as unskilled laborers.

Visher's findings concerning the distribution of intelligence, school achievement, and leadership within different social classes are cited as substantial proof of the biological capacities of these groups. They are assumed to be evidence of the causal relationship between biological failure and cultural retardation.

A similar compounding of economic and mental disorders is given in the distribution of mental diseases by economic status. According to Dayton the per cent of first admissions to the mental hospitals of Massachusetts from 1917–1933 is divided as follows: [24]

Economic Status	*Per Cent of First Admissions to Mental Hospitals*
Dependent	10.2
Marginal	84.8
Comfortable	5.0

[24] Visher, S. S., "Place of Birth and Occupations of Fathers of Subjects of Sketches in *Who's Who in America*," *Am. Jour. Soc.*, Vol. 30 (1924–25): 553–554. Dayton, N. A., *New Facts on Mental Diseases*, D. D. Thomas, Baltimore, 1940. p. 368. Taussig, F. W., and Joslyn, C. S., *American Business Leaders*. Macmillan, N. Y., 1932.

Other disorganizing correlates of poverty. Poverty is associated with many other forms of human misery. Occasionally these relationships are described as consequences of poverty. More frequently, however, all are regarded as the effects of a faulty social organization. Among these general cultural correlates of poverty are inadequate housing, overcrowding, slums, insufficient planes of living, inefficiency in work, intemperance family disorganization, and various problems in poor-relief. Of these several illustrations of the probable influences of poverty on other social problems, the relationship between poverty and crime will be analyzed.

In the literature of crime, economic conditions have been assigned a prominent place among the social causes of lawlessness. Few writers have failed to trace the probable connection between poverty and adult crime or juvenile delinquency. Recently, less attention has been paid to poverty and more to its accompaniments, simply because the latter are more specific. But this change in emphasis has not detracted from the original, primary importance of poverty as a cause. Now, the approach to crime by the way of poverty is indirect, and stresses the economic basis of crime-producing situations and attitudes. The older concept of economic motivation (the economic interpretation of history) has thus been materially revised. From the old point of view, poverty was assumed to be the cause of crime: if there were no poverty, there would be no crime. Recently this approach has been modified radically, especially by the contributions of psychiatry. But even these newer approaches have not entirely eliminated a general curiosity as to the relationship between fluctuations in business conditions and variations in crime; for example, the connection between business cycles and cycles of crime.

The volume of crime which is now traced to the single factor of poverty is greatly diminished by these indirect approaches. In competition with broken homes, occupational and cultural status, or low intelligence, each of which may be highly asso-

ciated with a low economic position, poverty becomes only one of several contributory factors. Healy's estimate is probably the most authoritative and representative. He found poverty in about 20 per cent of all cases of delinquency, the exact figures varying in his four studies in Chicago and Boston from 8 to 24 per cent. Of 675 cases examined in Chicago, he classified 5 per cent as coming from destitute homes and 22 per cent as from homes of poverty. Regardless of this high incidence, Healy has consistently refused to interpret poverty or any other environmental condition, or any personal habit, as significant in causation unless it could be connected directly with the delinquency. As a factor in his own investigations, poverty is stated to be more serious as an obstacle to the successful treatment of delinquency than as highly related to its making. Burt's findings are similar. Of the total number of delinquents studied, 16 per cent were below the poverty line, but in only 3 per cent of the male and in none of the female cases was poverty a primary factor. Both investigators agree that even if the majority of delinquents are needy, the majority of those who are poor do not become delinquent.[25]

As an indirect factor in crime, poverty is associated with a number of the accompaniments that have already been described above. Among the more prominent of these are dependency of parents upon poor-relief, delinquency of parents, child labor, early withdrawal from school, low intelligence, and broken homes. The exact contribution of any of these factors cannot be determined, but there is ample indication that a greater number of them occur in the families from which delinquents come than in the general population. The combination of low intelligence, broken homes, and poverty seems to be the most favorable incentive to delinquency. Other specific conditions are parental conflict, divorce, desertion, low

[25] Healy, W., and Bronner, A. F., *Delinquents and Criminals,* Macmillan, N. Y., 1926. pp. 262–263. Burt, C., *The Young Delinquent,* Appleton, N. Y., 1925. pp. 64, 89.

occupational status of the father, employment of the mother, and blind-alley jobs.[26]

This concentration of crime, poverty, and other problems within the same group has led to the isolation of delinquency areas. The discovery of these centers of delinquency and its associated conditions has stimulated further inquiry into the ecological distribution of social problems. In describing this approach, Shaw has written:

> It is extremely significant that the variations in the rate of delinquency show a rather consistent relationship to different types of community background. Thus the area in which the highest rate is found is the area of deterioration (surrounding the business district). This area is characterized by marked physical deterioration, poverty, and social disorganization.[27]

An analysis of the distribution of delinquency in these areas was made by the Crime Commission of New York. The children in twelve New York City schools were divided into two groups, delinquent and non-delinquent. Each school district was then rated as to its general economic level, the ratings of slum, low-grade residential, good residential, and high-grade residential being used. This distribution indicated two significant relationships, namely, a heavy concentration of delinquency in the two poorest residential districts, and a difference of 12 points, in favor of the non-delinquents, between the median intelligence scores of these children.[28]

A general conclusion which is warranted by the foregoing

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[26] Slawson, J., *The Delinquent Boy*, Badger, Boston, 1926. pp. 440–443. Breckinridge, S. P., and Abbott, E., *The Delinquent Child and the Home*, Russell Sage Foundation, New York, 1912. pp. 71–72. Fernald, M. R., and others, *A Study of Women Delinquents in New York State*, Century, New York, 1920. pp. 317–335. Further reports on these topics may be found in the *Journal of Delinquency, U. S. Children's Bureau Publications, Social Forces,* and *Journal of Criminal Law and Criminology.*

[27] Shaw, C. T., "Delinquency and the Social Situation," *Indiana Bulletin of Charities and Corrections,* No. 180, p. 99.

[28] Crime Commission of New York, *Crime and the Community,* p. 124. Albany, 1930.

summary is that poverty and crime are associated in several specific ways. While it is true that many studies have been incomplete because they have not examined the appearance of poverty or other factors in control groups, the evidence points decidedly to a significant relationship between crime and low income families, broken homes, slum districts, and other synonyms of poverty. In this relationship there are important differences between the sexes and between different kinds of crime. Fewer delinquent boys than girls, for example, come from broken homes. Moreover, there is a higher degree of relationship between certain crimes and indexes of poverty than between crime and poverty in general. In the case of delinquent women, the highest association has been found with a combination of large families, inadequate parental supervision, and low income. The economic offenses, such as larceny or breaking and entering, show the closest connection with indexes of business depression. Although there are relatively few mathematical correlations between crime and these indexes, Burt found that juvenile delinquency is positively correlated with overcrowding (a coefficient of + .77), with an index of poor-relief (a coefficient of + .50), and with poverty (a coefficient of + .67).[29]

These conclusions are effectively substantiated by the New York Crime Commission's summary of the case histories of 251 adolescent delinquents. This survey showed that nearly the entire group lived under conditions of extreme poverty and unusually congested housing. In more than half of the cases, the home was broken by the death or absence of one parent; 47 per cent of the mothers were employed; and 75 per cent of the families were known to social agencies. Two cases are summarized in the following words: [30]

1. The family has lived for years in extreme poverty. The children have often been in want of proper food. The father, a cardiac, does not work. In recent years the family has slipped be-

[29] Burt, C., *op. cit.*, pp. 73–74.
[30] Crime Commission of New York, *op. cit.*, pp. 24–28; p. 71; p. 167.

low the level of self-support and has become a drain upon the community, being maintained in rent, food, and clothing by a sectarian family case agency.

2. Their present home is a dilapidated tenement near the docks, housing eighteen other families. The rooms occupied by the family are filthy, overcrowded and unsanitary. There have been frequent evictions for non-payment of rent, but the parents seldom made any efforts to earn enough to pay it.

Truancy, the foster-parent of delinquency and crime, bears a similar relationship to poverty, retardation in school, congested housing areas, and broken homes, as do also the twin problems of unmarried motherhood and illegitimacy.

Summary. In either its historical or its contemporary aspects, poverty is a typical social problem. First, there is universal agreement that it is an intolerable condition. In the second place, millions of families are victims of some of its ill effects. And finally, adequate solutions have been sought in almost every conceivable direction. Although some proposed reforms have actually intensified this problem, and research in general has yielded no satisfactory prevention and few remedies, nevertheless the search has not been wholly in vain. Some facts concerning poverty can be considered well established, and can be used as reliable guides to further investigation.

Poverty is not to be thought of as confined to low-income groups. It is synonymous with large families, overcrowding, deteriorated housing and congestion, unemployment, monotonous and irregular work, lack of skill, broken families, poor sanitation, ill health and premature deaths, undernourishment, irritating home conditions, lack of medical care, child labor, dependent old age, inadequate educational and recreational opportunities, ignorance, and other lacks and insecurities. In this sense, poverty is a complicated and basic social problem.

In addition to those already mentioned, several other personal and social criteria of social instability have also been associated with poverty. Historically, poverty has been linked with pestilence, war, class conflict, revolution, slavery, infanticide, starvation, abortion, robbery, migrations, overpopula-

tion, insufficient standards of living, and other traits of deteriorating cultures. Similarly, when the relationship between fitness and economic class is examined, it is found that the well-to-do classes have by comparison with the poor fewer physical or mental abnormalities, lower mortality, better general health, and greater longevity. They also excel in intelligence, aggressiveness, and leadership, a fact which is considered the principal explanation of social stratification.

Probably there are other important associations between economic and social competency. Some of the more subjective conditions are implied in the foregoing references. Others are so intangible that valid comparison is impossible. However, the impression seems to be reasonably correct that many of these subjective factors—characterizations of personal demoralization, viciousness, ignorance, inferiority, laziness, inefficiency, and defectiveness—will be considered eventually in their proper connection with poverty.

In all that is known of the consequences of poverty and the well-being which prevails in its absence, there is little evidence that poverty has anything to be commended, or that it is productive of any quality which might be worth cultivating in a wholesome economic order. Poets have made lyrical denials of this statement; and scholarly dissertations have been written in defense of poverty. In spite of these, the evidence is overwhelming that poverty is a destructive and costly disease. At the same time, we must guard against making economic competency the sole criterion of a complete life, or poverty the sole reason for failure.

Despite all our uncertainties concerning the facts of poverty, we may put forward the following conclusions with some degree of assurance:

1. Poverty is accompanied by high sickness and mortality rates, high birth rates, and high infant-mortality rates.

2. Among the poor, the most frequent and serious causes of death and the most serious disabling illnesses have an abnormally high incidence.

3. Poverty is inversely associated with intelligence and leadership, and occurs as a factor in delinquency and crime with a sufficiently high incidence to give it some causal significance.

4. And finally, poverty represents a disastrous combination of social and economic conditions, entirely apart from hereditary or constitutional differences between individuals.

If an adequate treatise on its causes were available—whether they are fundamentally physical or mental inferiority, overpopulation, social disorganization, or simply inadequate training and poor luck—nothing would be clearer than that the solution of many other problems awaits the partial solution of the problem of poverty, that at present there are no panaceas, and that few need to take the vow of poverty.

The Social Security Act. The present attempt to lessen the disorders of poverty is the social security program. This Act became a law in August, 1935. It contains provisions for a complete defense against the causes and risks of poverty. These provisions include benefits for unemployment, physical incapacity, old age, and dependency of children because of the death or absence from the home of one or both parents. An important omission is the loss of wages because of illness and the costs of medical care.

The coverage of this Act will be treated more fully as the appropriate problems are considered in later chapters.[31]

[31] For a review of this Act since its enactment, consult "Milestones in the Development of the Social Security Program," *Social Security Bulletin,* Vol. 8 (1945) (No. 8): 6–11.

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Questions

1. How does a rising national income affect poverty?

2. Is poverty a different type of problem in an inflationary period?

3. What conditions often associated with poverty are also serious social problems?

4. In what ways does the poverty of farm communities and small villages differ from urban poverty?

5. How is poverty altered by business depressions, war, mass movements of population?

6. Is the exodus of the Negro from the South a result of poverty?

7. Is the fact of poverty conclusive evidence that a nation is overpopulated?

8. Why is it difficult to measure the costs of poverty in other than financial expenditures of public or private agencies?

9. Compare the conditions of the poor in industrial and agricultural societies.

10. Is the Social Security Act a solution or a remedy of poverty?

CHAPTER III

UNEMPLOYMENT

IF THE average citizen is asked to name the cornerstones of social security in America, practically without exception his answer includes the right to work and to share in a reasonable standard of living. From American tradition he has learned to expect these minimum essentials. Traditionally, too, the opportunity to enjoy these rights is assumed to be unrestricted.

Actually, however, the right to work and to become economically self-sufficient has always operated within definite limits of competition. This contest is not only with a large reserve of employable workers but it also occurs between differences in individual ability and initiative. And these limits are often concealed by a number of spectacular industrial achievements which tend to obscure the fact of declining employment.

The enemy of democracy. Of recent industrial changes probably the most important to the growing hazard of unemployment is the steady increase in the number of available employable workers in this country. Since 1870 this number has increased fourfold. In consequence, opportunity to work and unemployment must be observed under various movements of the employable population. One is the unusually large addition to the labor force because of changing age-groups. There are other confusing changes, too, for example, from one occupational group to another or from one geographical region to other areas, as well as changes within specific vocational groups. These changes make an unemployment census extremely unreliable and the result is often an underestimation of both the frequency and severity of this problem.[1]

[1] Stead, W. H., *Democracy against Unemployment,* Harper and Brothers, New York, 1942. Chapter 1. Unemployment—the Greatest Enemy of Democracy.

Freedom from want which most social critics rank foremost among the internal hazards of a democracy is an impossible goal so long as the unemployment record of this century continues. For this reason the same critics frequently call it the *problem of the age.*

In recent years, therefore, unemployment has come to be recognized as one of the outstanding contemporary hazards in society as a whole, as well as in industry. It is generally conceded to rank among the leading causes of social distress, first, because of its frequent and widespread recurrence, and second, because of the increasing number of persons and occupations affected. It is one of the primary causes of poverty, and resembles the latter in that neither can be met successfully by charitable relief alone. In many respects unemployment is comparable to war. This analogy holds in the numbers indiscriminately disabled by being thrown out of work, in the economic waste involved, and in the irreparable damage to personal and family security. The consequences of unemployment are thus seen to be leading factors in personal and social disorganization.

Prior to 1930, and especially during the prosperous 'twenties, unemployment was often regarded as a minor problem of short duration. As often, too, it was assigned to the personal inefficiency of the individual worker, and made a problem of poor-relief agencies. As a matter of fact, unemployment has been a constant feature of industrial organization for many decades. Probably a large share of its injurious consequences can be traced in this failure to recognize its permanent social causes and to the policy of inaction on the part of local, state, and the national government. The result has been the abandonment of local methods of poor-relief in favor of the Social Security Act.

Sources of unemployment. The many bad effects of unemployment on personal and family welfare are most vividly described by reference to case studies. In Chapter XIV a case of family desertion is discussed. This case might be used to

illustrate the family damage resulting from all the chief forms of unemployment. The father of the family first became unemployed in 1912 because of the bankruptcy of his employers. In 1919 he was thrown out of work by a strike, and again in 1921 by the business depression. Since then he has been laid off on fifteen different occasions. Either because of his irregular work record or because of insufficient earnings during full-time employment, his family has been dependent upon the community almost continuously for seventeen years.[2]

General sources of unemployment that are discoverable in many surveys reveal the following classes of persons who are frequently exposed to this hazard:

1. Industrial workers.
2. White-collar workers.
3. Professional workers.
4. Special groups, such as Negro workers, women, the aged, and the young.

The major types of unemployment are summarized under the generalization, social disorganization. In pre-industrial societies, especially prior to the organization of society upon a money economy, there was no comparable problem. This is the principal difference between unemployment and poverty as historical phenomena. Poverty has always been a menace to human society. Unemployment, by contrast, is a relatively new cause of distress. When people worked directly with the commodities which they consumed, they may have been poor, but work was always plentiful, as regular as the individual's needs. Consequently, the folkways gave authority to the principle that a person should not be permitted to eat if he was unwilling to work. This ancient folk-belief is only partly applicable today. At present thousands of men become workless in spite of

[2] For similar case studies, consult Clague, Ewan, and others, *After the Shutdown*, Yale University, Institute of Human Relations, New Haven, 1934; Calkins, Clinch, *Some Folks Won't Work*, Harcourt, Brace, New York, 1930; Davison, R. C., *The Unemployed*, Longmans, Green, London, 1929; and the references to Ginzberg, Komarovsky, Warner and Williams in the bibliography at the end of this chapter.

their needs or willingness to work, because something is wrong with the machinery uniting the economic processes of production, distribution, and consumption.

Social disorganization refers to the inefficiencies arising from a minute division of labor and the specialization that it requires. These are not vague excuses for unemployment in the case of particular individuals. They involve basic social processes which are beyond the control of the individual. Few people can plan their lives so as to build an adequate protection against changes in the demand for labor. The first hazard is lack of skill. Skill or training is the best guarantee of steady work, but even specialized techniques become antiquated and useless during the lifetime of an individual. Age is the second hazard. Social disorganization, division of labor, and specialization are branded as fundamental causes of unemployment when trained, employable persons are unable to find work.

For steady work, the combination of youth and skill is the best unemployment insurance. Beware of the decades after forty. "If you are forty you need not apply. We want speed and production." This restriction of age is not limited to manual workers.

A research physicist, forty-one years old, with unusual qualifications, is unable to obtain a position because of his advanced age. He studied at Upsala, London and Paris and has degrees of B.S., M.S., and Ph.D., in mechanical engineering and physics. He speaks English, German, French, Swedish, Norwegian and Danish.[3]

Thus, age and skill are often a bad combination, but age and no specialty are worse. In either case, presumably, there is something wrong with the person, not with the economic organization of society. He is ruled automatically beyond the age-limit. This unsatisfactory situation is called "social disorganization," and its victims "social misfits."

The contemporary problem of unemployment is fundamentally caused by a lack of balance between supply and de-

[3] Stark, L., "Old at Forty," *Outlook*, Vol. 153 (1929), p. 3.

mand. Society has reached a stage in productive efficiency wherein the labor of large numbers of persons is not required. The labor surplus, rejected because of age, competition of younger workers, technical changes in industry, merging of corporations, business depressions, the moving of industry from one region to another, such as the shift of the textile industry to the South, or the gradual decline of an industry, constitutes the problems of enforced leisure, idleness, and unemployment.

Unemployment defined. Unemployment is involuntary idleness on the part of a workman who is able to work. Society requires a degree of economic competence of every adjusted person. At the same time, a corollary of this demand is the individual's right to work. This right is acknowledged by a definition of unemployment which differentiates between those who are unwilling to work—the idle—and those who are unemployable because of physical or mental incapacity.

When Louis D. Brandeis was Associate Justice of the United States Supreme Court, he made a liberal analysis of the reciprocal relationship between employer and employee in his description of the right to work:

> For every employe who is "steady in his work" there shall be steady work. The right to regularity in employment is co-equal with the right to regularity in the payment of rent, in the payment of interest on bonds, in the delivery to customers of the high quality of product contracted for. No business is successfully conducted which does not perform fully the obligations incident to each of these rights. Each of these obligations is equally a fixed charge. No dividend should be paid unless each of these fixed charges has been met. The reserve to ensure regularity of employment is as imperative as the reserve for depreciation; and it is equally a part of the fixed charges to make the annual contributions to that reserve. No business is socially solvent which cannot do so.[4]

From this point of view, the problem of unemployment is less extensive and is to be separated from the problem of the idle and from that of the unemployable. Idleness is a generic term. It develops from three sources—unwillingness to work

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[4] Quoted in the *Survey*, Vol. 42 (1919): 5.

by those who are capable of work, physical or mental incapacity of willing workers, and unemployment. This restriction limits unemployment to those who are capable and willing to work but who cannot find work because of general economic depression or because of industrial maladjustment within a particular plant or industry. It is unemployment in this sense and underemployment (part-time work), or irregular employment, which will be considered in the following sections.

For purposes of census taking and in order to discover the general causes of unemployment, other divisions of the total number of idle persons are suggested. In its 1930 census of unemployment, the United States Bureau of the Census recognized six classes of the unemployed:

CLASS A. Persons out of a job, able to work, and looking for a job.
CLASS B. Persons having jobs, but on layoff without pay, excluding those sick or voluntarily idle.
CLASS C. Persons out of a job and unable to work.
CLASS D. Persons having jobs, but idle on account of sickness or disability.
CLASS E. Persons having jobs, but voluntarily idle without pay.
CLASS F. Persons having jobs and drawing pay, though not at work (on vacation, leave of absence, and so forth).

Volume of unemployment. Prior to 1930 and for the years 1897 to 1926, the rate of unemployment from all causes and for all industries has been estimated to vary from a low of 5.3 per cent to a high of 23.1 per cent. The average for this period was about 10 per cent and this average included all workers in manufacturing, transportation, mining and construction. During the depressions of these years a total unemployment record as high as 20 to 25 per cent of all industrial workers was not exceptional.[5]

The normal amount of unemployment in this country during the past five decades has ranged from one million to two and

[5] Douglas, P. H., and Director, Aaron, *The Problem of Unemployment*, Macmillan, New York, 1931, p. 32.

one-half million workers in prosperous years, and from three and one-half to fifteen millions in years of depression.

This record of unemployment means that each worker loses on the average about 14 per cent of his total working time, or 42 days each year. If seven days are subtracted as the average annual loss because of illness, the remainder or 35 days becomes the minimum estimate of unemployment, not including time lost because of accidents, strikes, part-time work, or what more recently have been called frictional conditions.

The United States Bureau of the Census reported a total of 2,508,151 persons as wholly unemployed in 1930 (Class A in its enumeration). This count was considered too low and the same criticism has been made concerning the 1940 Census which reported 7.5 millions unemployed in a total labor force of 52.8 millions.[6] This difference is shown in the following table of estimates of unemployment for the period 1920–1945.

TREND OF UNEMPLOYMENT IN THE UNITED STATES

Years	*Number of Unemployed (in Millions)*	*Total Labor Force (in Millions)*
1920	1.4	41.0
1925	1.8	—
1930	6.9	48.0
1935	11.6	—
1940	10.7	52.8
1945–1946	1.5–2.0	53.0

Sources: Pierson, J. H. G., *Full Employment*, Yale Univ. Press, New Haven, 1941. p. 17 (for the years 1920–1940). *Monthly Labor Review* (recent numbers are the sources for the 1945–1946 estimates).

This table confirms the minimum and maximum estimates mentioned above, and shows the excessive variations which constitute the chief hazard of unemployment.

Recent reports of the total number of unemployed are in general agreement with these low and high estimates. In 1931 the United States Bureau of Labor Statistics set the volume of

[6] In this Census (1940), the classifications, new workers, seasonal workers, inmates of institutions, and retired and disabled workers, were added to clarify the classes of unemployment of the 1930 Census.

unemployment for that year between 9,310,000 and 10,560,000. In 1932 the American Federation of Labor made an estimate of 10,304,000 to 11,420,000. The highest total was 15,000,000 for the year 1933, which is generally accepted by most economists as the turning point from depression to recovery. The lowest estimate of the unemployed who were yet to be absorbed by industry prior to World War II was about 8,500,000, or a figure between 7,822,912, the number of unemployed persons who replied in the Unemployment Census of 1937, and 10,870,000, the number discovered in a recheck of 1,864 areas selected at random.[7]

Extreme variations in the volume of employment between different geographical areas, industries, and employed classes are shown most strikingly in various surveys.

In the state of Ohio, the difference between maximum and minimum employment during 1929 was 12.6 per cent, meaning that 132,712 men were employed seasonally. During the year October, 1929, to October, 1930, there was a decrease of 16.6 per cent in the payroll of iron and steel industries. Corresponding decreases were reported in other leading industries —textiles, boots and shoes, and automobile manufacturing. There were even greater variations between particular firms.[8]

Local surveys conducted in Baltimore and Philadelphia during the year 1929 agreed in placing the total volume of unemployment between 6 and 7 per cent. The majority of unemployed persons in these cities were unskilled workers and factory employees, usually employed in the textile, food products, and clothing industries. Philadelphia also revealed pertinent correlations in showing the highest incidence of unemployment in the poorest districts and among large families (with six or more members). Moreover, there was a great discrepancy between different districts of the city. In industrial sections a total percentage of 18.9 unemployed persons was

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[7] Pierson, J. H. G., *op. cit.*, pp. 15–23.
[8] Stewart, E., "Irregularity of Employment," *Ann. Am. Acad.*, Vol. 154: 7–11.

found, by contrast with a percentage of 5.3 in the districts occupied primarily by professional classes.[9]

In recent years the Metropolitan Life Insurance Company has made two surveys of employment among its industrial policyholders. The first survey, made in 1915, revealed a total of 13.3 per cent wholly unemployed who came within the definition, able and willing to work. In 1930, the percentage of unemployment was 23.8. For every 1,000 families included in this survey, there were 1,700 income receivers, of whom 933 were employed full-time, 362 were employed part-time, and 405 (23.8 per cent) were wholly unemployed. On the basis of this per cent, it was estimated that a total of 4,500,000 to 5,000,000, or 10 per cent of all persons in gainful occupations, was the maximum of unemployment at this time.[10]

Supplementary to these surveys is the series of unemployment studies in Buffalo, New York, which indicated a gradual increase in unemployment from 6.2 per cent in 1929 to 32.6 per cent in 1932. Even more hazardous to the industrial population than this repetitive joblessness is the evidence revealed in these studies that the duration of unemployment is tending to increase and that its consequences fall upon those classes which are least resistant to its ill effects.

Other industrial countries have had a similar experience. In Great Britain, for example, during years neither especially good nor bad, normal unemployment before World War I amounted to nearly 5 per cent of the workers in industry. Of this total, 2.5 per cent was attributable to seasonal causes, increasing age, local movements in industry, and changes in industrial methods. The remainder was surplus labor and would be absorbed when industry reached its most productive peak. Before 1939, the general average of unemployment in the "insured trades" was 11 per cent.[11]

The seriousness of unemployment is revealed in the two

[9] *Monthly Labor Review,* Vol. 28: 973–979; Vol. 30: 227–234, 738.
[10] *Monthly Labor Review,* Vol. 32: 48–55.
[11] Singer, H. W., *Unemployment and the Unemployed,* Chemical Publishing Co., New York, 1940, pp. 3–5

complementary conditions of a labor reserve and business crisis. Modern industry depends upon an abundant and mobile labor supply. But it is unable to give full-time employment to our total supply of labor. For this reason, the majority of manual and machine workers, and others whose jobs are directly contingent upon the steady employment of these workers, are greatly exposed to the hazard of irregular work. If agricultural occupations are eliminated, a majority of the gainfully employed population of this country (51 per cent of the total) is found in those industries which require surplus labor. These industries are manufacturing, mining, transportation, and trade. This concentration accounts for the excessive hardships of business recessions.

The estimated total number of unemployed in the United States in 1940 (10.7 millions) was rapidly reduced by industrial expansion during the war years to an approximate minimum of 1.5 to 2 millions. This is the number of workers who are idle because they are either in transit to new jobs or are temporarily out of work for some non-economic reason. Although the demand of war industries made an end to the depression unemployment, authorities are of the opinion that the predepression level of unemployment had not been reached during the years 1942–1946. This remnant of the depression is described as the "long-run unemployed."

Types of unemployment. The foregoing variations in the numbers of employed persons can be traced to three sources of disturbance—seasonal, cyclical, and technological changes.

These are due in part to fluctuations in the character of modern industry; in part to the lack of coördination among its several divisions. Economic history has many illustrations of the comparatively rapid disappearance of some trades and the conflict and disorganization during the adjustment of the population to their substitutes. Sometimes, as in the change of a nation's principal economy from agriculture to commerce or to manufacturing, these changes go on slowly, and adjust-

ments can be made without unusual hardship. Frequently, the change is revolutionary, a complete upheaval, as in the modification of the skilled hand trades by the machine. Most industrial change in contemporary civilization is due to this displacement, directly or indirectly.

During the last decade in this country, there have been noticeable decreases in the demand for labor in farming, mining, transportation, and manufacturing. In each of these classes of occupation, mechanization has increased productivity and reduced the labor force required. Distinct reductions in labor supply during this period have occurred in machine shops, iron and steel industries, rubber and glass works, tool works, sheet-metal works, sugar refineries, and occupations requiring musical ability. These decreases have been counterbalanced in part by the increasing demand for labor in the building trades, selling and servicing of automobiles, hotel work, public school teaching, life-insurance selling, and barbering and beauty parlor work.

Industrial stability depends upon the capacity of new industries to absorb the surplus labor of the old. When this process lags, or the absorption is unequal to the labor displaced, unemployment is accelerated. A major portion of unemployment is due to unqualified industrial change.

Seasonal unemployment. Seasonal variations in the demand for labor make one of the most persistent causes of unemployment. They are also responsible for a large proportion of migratory labor and for the family distress which accompanies irregular work. Seasonal unemployment is usually thought of in connection with such specialized occupations as lumbering, farming, food industries, transportation, or the building trades. Practically speaking, no trade is without its period of inactivity, alternating with a busy season. Work in mines, clothing factories, mills, canneries, docks, and automobile manufacturing plants is also among the leading seasonal occupations. This seasonality is traced to a variety of environmental factors,

to variations in consumption and other social habits, changes in fashion, and climatic variations.

Seasonality is responsible for a large amount of normal unemployment—the variable minimum of 3.0 to 3.5 millions of persons. As a matter of fact, this type of unemployment is a problem of income more than of unemployment, since it can be anticipated and compensated in part by savings. It occurs largely among the unskilled or semi-skilled workers, reduces working hours, and is chiefly responsible for temporary or part-time work, casual labor, and dependency of families upon poor-relief. In this connection, seasonality, an overabundant labor supply, and an excessive labor turnover become one problem.

Unemployment due to trade or business cycles. As contributors to unemployment, trade cycles or business depressions are much more serious than seasonal factors. They account for an enormous reduction in employment, amounting to from one half to two thirds of the total on industry's payroll. Trade cycles are periodic, lasting from two to ten years. John R. Commons has described the rise and fall of the trade cycle as follows:

> Prices rise; wages rise; profits swell; everybody is confident and over-confident; speculation over-reaches itself; the future looks more assuring than it is; too many buildings and factories are constructed; then the inevitable collapse. Hundreds and thousands of workingmen are laid off. The credit system breaks down. Then the cycle repeats itself.[12]

During the last fifty-five years unemployment has resulted from general industrial depressions on six occasions—in 1892–1893, 1904–1905, 1907–1908, 1913–1914, 1920–1922, and 1929–1941 (although there is a difference of opinion as to the terminal year of this depression).

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[12] "Prevention of Unemployment," *Am. Labor Legis. Rev.*, Vol. 12 (1922): 19–20. "The Business Situation," *Survey of Current Business*, Vol. 21 (No. 6) (1941): 3–10. This source considers 1941 as the end of the depression.

Little is known about techniques of preventing either seasonal or cyclical unemployment. However, both are typical of the experience of all industrial countries. Apparently their elimination depends upon more basic changes in the organization of industry than have been proposed or introduced hitherto. Dovetailing industries which have slumps at different times of the year, spreading out labor, or accumulating reserve stocks, are suggestions commonly made for relieving seasonal unemployment. Prior to 1935, nothing had been done on a national scale to offset the disaster of cyclical unemployment, other than poor-relief. When unemployment occurred with unusual severity in 1929–1934, no preparation had been made for this emergency. There was no unemployment reserve fund, no reserves for public work, and no public employment system. And, as already noted, there was no satisfactory method by which the rate of increasing unemployment could be determined.

Technological unemployment. Since the introduction of machinery in the textile industry, technological displacement has been a growing and unpredictable phase of the unemployment problem. The new technology is a product of the age of invention. While no precise estimate of its development can be made, it is measurable fairly accurately by the increasing number of patents.

A shortage of labor was the chief stimulus to invention and the result is a growing surplus of labor. As a factor in unemployment, the new technology is largely an unknown quantity, owing to the short interval since its development and spread. Prior to the last decade, there were many instances of temporary unemployment caused by the introduction of machinery. Since 1920, the scale of industrial expansion and the number of men permanently displaced have been unparalleled.

During the last decade, inventions have saved more labor than capital. This consequence has influenced economists to become skeptical concerning the generalization, ordinarily made, that labor-saving machinery increases the demand for

labor. For several years the supply of new jobs has been insufficient—from which it may be concluded that industry is in a period of increasing unemployment with increasing productivity. In other words, the employed classes are prosperous at the expense of an increasing volume of unemployment.

Musicians were affected by the introduction of the sound films, but they are not by any means the only victims of technological change. In rubber manufacturing there are instances of production increasing, within the short period of eight years, by 78 per cent with a 30 per cent reduction in labor force. When the Owens bottle machine was introduced in 1905, there were 10,000 workers employed. Less than half of this number are now working, though production has increased. One of these machines has a capacity equal to that of 54 hand workers. There are similar examples in textiles, mining, clothing, and shoemaking. It is estimated that 200 of the 1,329 shoe factories in this country, if they employed only 81,811 men rather than the present number of 202,191 men and operated at full capacity, could supply the total demand. One textile worker with modern machinery can produce as much as 45,000 workers did 160 years ago. Portable cranes, ditch-digging machines, the mechanical cotton picker, and the dial system of telephone connections are other illustrations of technological change.

These changes are not limited to manual work. In clerical occupations there are calculating, check-signing, and bookkeeping machines, which are affecting the employment possibilities of the office worker. Robots are being substituted for salesmen, and the teletypesetter is threatening the printer.

The principal result of the new technology is a productive capacity considerably greater than the increase in population. Watkins states that between 1899 and 1925 the physical volume of production by factories, farms, railroads, and mines increased two and one-half times, while population increased 54 per cent. This means that the output required in 1925 could be produced with a little less than one half of the workers

who would have been required if the conditions of 1899 had continued.[18] Between 1923 and 1929 the productivity of manufacturing increased 22 per cent and that of bituminous coal mines, 30 per cent. (The general increase in the productivity of labor, due to technological improvement, is estimated to be about 39 per cent since 1920.)

Since the number of new inventions is constantly increasing, this type of unemployment will probably be more severe in the future than it has been in the past. Even movements of population, the tendency toward a decreasing rate of population increase, and changes in industry are apparently unable to offset its ill effects.

(Lately, one of the consequences of technological unemployment has been the emigration of males 45 years of age and over from the cities.) This situation points to decreasing economic opportunity and to the shortening of the industrial worker's period of usefulness.

(Technological unemployment is sometimes identified more broadly as an aspect of frictional unemployment.) This term implies that there is a weakness and disorder in the organization of the economic system, the parts of which cannot be successfully coördinated. Shortages, bottlenecks, strikes, breakdowns of machinery, and accidents are the most obvious examples of these disorders.

(Technological unemployment differs from seasonal and cyclical unemployment in that it is not recurrent.) It is a permanent displacement which is constant and uncontrolled. This displacement of skill by machinery would be no cause for disturbance if the labor released were transferred to other jobs. But this transfer has not taken place. Not only are there insufficient jobs, but studies of the technologically unemployed have shown that a period of six months elapses before the majority are re-employed, and then they receive lower wages.

[18] Watkins, G. S., *Labor Problems*, New York, 1929, Chap. 5. Scheler, M. B., "Technological Unemployment," *Ann. Am. Acad.*, Vol. 154: 17–27. Myers, R. J., "Occupational Readjustments of Displaced Skilled Workmen," *Jour. Pol. Econ.*, Vol. 37: 473–489. (All illustrations are drawn from these sources.)

Remedies suggested to overcome this factor in unemployment are higher wages, shorter hours, legislation to protect the unemployed through insurance, distribution of work, controls over seasonal fluctuations, and an increasing standard of living equal to the increasing productivity of industry.

Causes of unemployment. In attempting a complete analysis of the causes of unemployment, it would be necessary to give separate consideration to its seasonal, cyclical, and technological forms. Attention also might well be given to the merging or decline of industries and to the factor of industrial disputes. In order to avoid repeating the foregoing conditions, which are perhaps the leading causes, the following treatment will be limited to two main categories, namely, changes in industry and the difficulties of the individual in adapting himself to these changes.

The former cause has already been covered under the topic of technological unemployment. The primary result of the new technology is its increasing productivity per worker, which, however, is not accompanied by a corresponding increase in purchasing power among the working classes. Another contribution of industrial efficiency is its potential opportunities for leisure. But this result has not worked out smoothly; some persons have been given complete leisure, while others are kept at a full schedule of work. The menace of this industrial change is all the more apparent in its rapid spread throughout all industry—manufacturing, agriculture, mining, and transportation.

Mechanization also intensifies individual differences. Older workers of 40 years or more are eliminated because their age makes them less adaptable and productive. On the other hand, the illiterate and the untrained are victimized because the most important changes in industry have been substitutes for manual labor, such as steam shovels, cement mixers and pourers, mechanical elevators and cranes, trucks and tractors, pavers and rollers, rotary plows, mechanical ditch diggers and snow removers, and straightline production in factories.

In the Philadelphia survey to which reference was made above, the specific causes of unemployment were found to be: [14]

Causes	*Per Cent of All Causes*
1. Inability to find work	75.0
2. Sickness	14.2
3. Old age	5.0
4. Unwillingness to work	4.3
5. Strikes	0.1
Miscellaneous causes	1.4
Total	100.0

According to this distribution of causes, unemployment is responsible for three fourths of the total idleness.

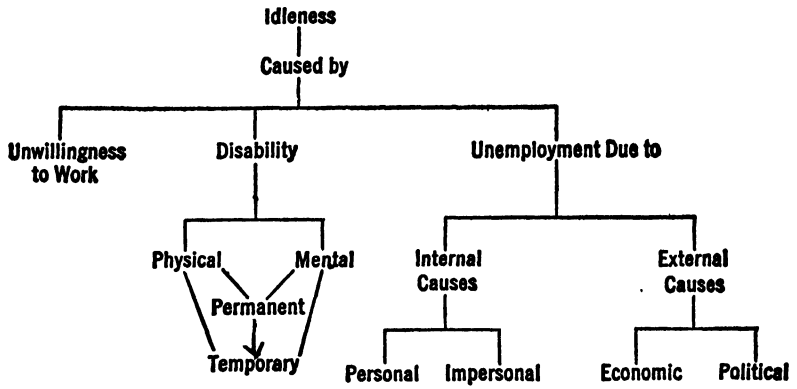


Figure 4. Chart of Idleness.

The National Industrial Conference Board's chart of the general causes of idleness recognizes the complementary nature of industrial change and personal incapacity. A distinction is made between idleness, unemployability, and unemployment.[15]

The internal and external causes of unemployment, as distinguished above, correspond with the two general causes under consideration. Internal causes are those which arise within particular industries, for example, the abrupt and disastrous

[14] *Monthly Labor Review*, Vol. 30 (1930): 233.

[15] National Industrial Conference Board, *The Unemployment Problem*, Report No. 43, p. 4.

reaction of producers' goods industries to economic variables. The personal factors include strikes, lockouts, disability (sickness and accident), and personal inefficiency; the impersonal factors are faulty organization, production, or distribution, and the substitution of machinery for hand labor. External causes are those operating outside the industry. Under the heading of economic causes are seasonal variations, business depressions, and wastes in distribution and in labor displacement. Political causes are immigration, tariff policies, and international relations. In general, the internal causes are responsible for the continuous, normal average of unemployment, while the external factors are responsible for its acute increases.

For purposes of immediate relief or treatment, a knowledge of specific causes must be obtained. These causes are obviously numerous and are distributed throughout a number of personal and group differences. This fact is well demonstrated by a study of 1,000 unemployed families under the care of Boston welfare agencies from 1918 to 1929. Although unemployment was reported as a primary or secondary factor in the dependency of more than half of these families, it was the sole factor in only 14 per cent. In the remaining 86 per cent, unemployment was accompanied by sickness, personal defects, pregnancy, old age, accident, desertion, intemperance, and death (stated in the order of their frequency).[16] This approach to the personal and secondary factors in unemployment will be continued in the next section.

The unemployed worker and his family. Cases of family dependency supply the most accurate data concerning the probable causes and results of unemployment. Probabilities are more easily discovered than actual causes, because of the baffling combination of physical disability, illness, low income, indebtedness, and personality differences which crowds families into dependency. Our interest for the time being is focused upon two questions. The first refers to those conditions which

[16] Luten, W., "Unemployment as a Cause of Family Dependency," *Monthly Labor Review*, Vol. 29: 1221–1232.

accompany unemployment: Are there any major factors in family life which complicate this problem and may be considered the identifying characteristics of a family unusually exposed to irregular work? Our second question is limited to the person: Are there any corresponding personal disabilities which identify the unemployed man or woman? Information on either the personal or the family aspects of unemployment is an invaluable aid to the readjustment of families on a wholesome basis, or to the vocational training and guidance of the individual.

/ The following factors in unemployment have been gathered from the occupational and family histories of 248 unemployed families, comprising 1,267 persons, in which unemployment occurred during the period from January, 1929, to June, 1930. These are examples, therefore, of unemployed and dependent families. Supplementary data were gathered from other cases of unemployment, from cases of employed, dependent families, and from cases of unemployed, self-supporting families.[17] The first group alone is summarized, because other comparable groups showed no significant variations from these findings. The purpose of this analysis is to discover the combination of identifying traits which constitutes the public welfare problem of unemployment—not the causes of dependency or of irregular work histories.

One of the first investigations by the Yale Institute of Human Relations was an endeavor to discover the causes of commercial bankruptcies. Four characteristics of the typical bankrupt were found: (1) he is ignorant; (2) he keeps no books; (3) he pays too much rent; (4) he buys on credit more goods than he can handle profitably.[18] In this analysis of the problem of unem-

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[17] The 248 cases were summarized from the records of the Providence Family Welfare Society, Providence, R. I. Records of other families studied brought the total to 1,474 families and 7,053 persons. They included various combinations of unemployment, dependency, old age, and varying degrees of self-support. Consequently, the analysis of these records limits our generalizations concerning unemployment to its family welfare aspects, as studied and treated by the typical welfare society.

[18] *Outlook*, Vol. 155 (1931): 101.

ployment, a similar approach may be made. Moreover, for comparative purposes, much that has been written upon the requirements for successful family life in the average American family will be useful. The experiences of this unemployed group will supply many illustrations of departures from average standards of American life.

The primary descriptive facts of the 248 families are summarized in the accompanying chart. The family of the unemployed wage earner is distinguished by eight identifying characteristics. Of these, the average size of family and the number of dependent children under 16 years of age indicate that this is an especially dangerous period in family life. These

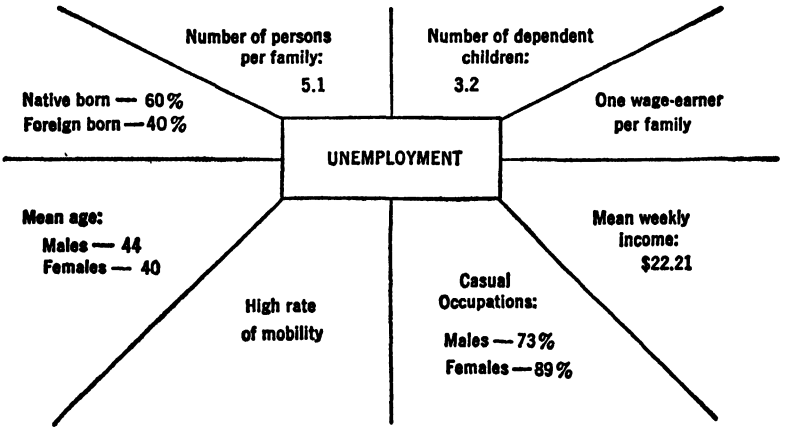


Figure 5. Chief Identifying Traits of the Unemployed Family.

factors are emphasized when they are correlated with low family income and the heavy incidence of casual occupations. Although the average size of family (5.1 persons) is not excessive for the families customarily under the care of welfare agencies, it is larger by one person than the average for the community in which the families live.

Another factor which also makes this a dangerous period for the family is the dependence upon the earnings of one wage earner. There were 255 male and female wage earners in the

248 families. (Most studies show, on the average, more than one wage earner per family, particularly in families of this size.) The age of the parents is the best explanation of this peculiarity. Dependency in these families occurs at a period when the older children have not yet attained legal working age—the second of Rowntree's poverty cycles. The factors of family size and normally low income are a primary source of dependency when the worker's earnings are cut off by unemployment.

The average income of these families was $22.21 per week. Of the total families, 55.2 per cent did not receive more than this average income. It is slightly lower than average working-class incomes (see Chapter XI, "Standards of Living," page 352) and is explained by the disproportionate number of laborers and factory workers in the group. Although the incomes ranged from less than $10 to over $40, this average may be taken as an index of their financial security. It represents, as nearly as an average can, normal family income.

Another cause of dependency is the concentration of these workers in casual, overcrowded, and unstable occupations. If they are divided into the Census classification of the skilled and unskilled occupational classes, 89 per cent of the women and 73 per cent of the men were exposed to intense competition

OCCUPATIONAL DISTRIBUTION

Vocational Classes	Per Cent Distribution	
	Men	*Women*
Laborers	47.8	....
Factory employees	25.7	48.6
Domestic and personal service	5.5	40.2
Clerical	5.0	9.3
Skilled	15.0	1.9
Semi-professional	1.0	....
Total	100.0	100.0

for employment, being concentrated in these "dangerous" occupations. Skilled and clerical positions are, by contrast, relatively secure.

The sixth characteristic of the unemployed is mobility.

There is no reliable standard by which the mobility of this group can be compared with that of other groups of self-supporting families. Superficially, it reflects seasonal employment and the constant quest for work. These families are transients, both within the city or its suburbs and between cities.* Of the total of 248 families, 40 per cent had resided at their last address less than twelve months, 29 per cent more than one but less than two years, and only 7 per cent had remained in the same community ten or more years. As the period of depression continued in 1930 and 1931, less mobile families were reported among the unemployed dependent. Little is known about the significance of this mobility in its immediate connection with employment problems, but family welfare and other agencies have been disturbed for some time by its frequency. In many instances it is recognized as a distinct liability to successful family life. Mobility also prevents the application of case-work treatment.

The likelihood of increasing unemployment at the age of forty has already been mentioned and is confirmed by the average age of the adults in these families. Both the averages of males and females had reached this gloomy decade. These averages refer to the "present age" of the persons studied. As for age at marriage, there was no indication of any deviation from the average of the general population. There was no excess of early marriage. In fact, the averages for both men and women were only slightly less than those for college graduates.

Sometimes the foreign born are accused of an unusually high rate of dependency and unemployment. In the distribution of nativities there is no evidence to confirm this belief. The unemployed native born exceeded the proportion of foreign born by 10 per cent in all groups examined. Differences in nativity, therefore, may be eliminated as being of slight descriptive value in explaining unemployment.

A summary of the traits which help to identify the unemployed family shows an unemployed person who is usually na-

tive born, in his early forties, with three or four dependent children, with a normal income slightly exceeding $22 per week, and who, when employed, works in unskilled or casual occupations. This economic and occupational status of the family accounts in part for its mobility.

Specific factors in the family problem of unemployment. Family dependency rarely occurs as the result of one cause. A pattern of factors is usually presented.[19] In some reports, unemployment is singled out as the most prominent or most difficult problem in the whole range of poor-relief, but it is also recognized as one of several conditions. Attention will be given now to this combination of specific factors in the 248 families under consideration, as a first attempt to isolate the individual causes of unemployment.

DISTRIBUTION OF VARIOUS CLASSES OF DISABILITIES

Class of Disability	Per Cent Distribution	
	243 Employed Dependent Families	*248 Unemployed Dependent Families*
Physical	5.7	9.9
Biological	20.1	14.7
Psychological	14.7	23.4
Cultural	9.7	7.8
Economic	31.0	24.2
Social	18.8	20.0
Total	100.0	100.0

In classifying the problems under the six classes suggested in the above table, the statistical problems service card formulated by the Family Welfare Society was employed. Physical disabilities classify variations in the bodily structure of the person, such as blindness, amputations, accidents, or crippled conditions. Biological disabilities include the physical illnesses. Psychological disabilities comprise two related personality defects—mental disease or defectiveness and minor personality

[19] For comparative references consult the studies of particular families in references to Ginzberg, Komarovsky, Williams and Warner in the bibliography of this Chapter.

defects; alcoholism, drug addiction, or sexual immorality. Cultural disabilities include lack of adjustment among immigrants, ethnic differences between husband and wife, illiteracy, and related problems. Economic disabilities include debts, insufficient earnings, economic incompetency due to old age, or any factor relating to labor. Social disabilities may include any other problem interfering with family adjustment, such as desertion, marital conflict, widowhood, imprisonment, and related topics.

The purpose of this summary is to show specific characteristics of the unemployed person or family. These are given in the foregoing table as they are distributed among dependent, unemployed families and dependent, employed families.

In this table, unemployed cases are distinguished from employed cases by a greater incidence of physical, psychological, and social factors and by fewer biological and cultural disabilities. On the basis of the eight foregoing traits of the unemployed family, there is nothing unexpected in this distribution. In fact, the two series of factors reinforce each other. An important cause of unemployment is physical defectiveness. In this instance the particular defects were those of the eye. A second cause is psychological disability, of which the specific factors in this group were alcoholism, mental defectiveness, and "personality defects." Accompanying these were various social disabilities—widowhood, marital conflict, and "hostile relatives."

All these factors were proportionately less frequent in the employed dependent family, but biological and cultural factors were more frequent. The proportion of persons in the younger age groups and the greater number of native born among the unemployed account in part for this distribution. When illness does occur, such as tuberculosis, or when the cultural factors of lack of adjustment among immigrants or illiteracy are discovered, basic causes of unemployment are given.

Economic disabilities were about evenly distributed. Since, however, the comparison was of dependent cases, this class is

not especially significant; it has already been covered in the discussion of the general causes of unemployment.

Specific problems of the unemployed person. A census of the distribution of specific problems among unemployed men and women gives results that correspond with the foregoing. The following table shows the different incidence of these factors among male and female unemployed.

SPECIFIC DISABILITIES OF UNEMPLOYED PERSONS

Class of Disability	Per Cent Distribution of Factors Among	
	Males	*Females*
Physical	10.7	7.3
Biological	19.6	26.4
Psychological	27.8	9.1
Cultural	7.7	5.4
Economic	17.4	40.0
Social	16.8	11.8
Total	100.0	100.0

This is an approximate approach to the causes of unemployment within sex groups. Among the males, psychological and biological factors were predominant, while women were handicapped chiefly by economic factors and secondarily by various physical illnesses.

In a review of specific factors within each class of disability, men were found to have a higher proportion of physical disabilities, the most important item being physical injuries. Women were unemployed more often than men because of chronic illnesses. Psychological disabilities—alcoholism, "personality maladjustments," and mental defectiveness—were far more frequent among men than among women. More men than women of foreign birth were classified under the cultural division. Seasonal labor and old age were the two leading economic causes. The higher incidence of these conditions among women workers emphasizes their precarious vocational status (as shown by their concentration in factory and domestic occupations). Of social disabilities, lack of trade skill or vocational training was the most important cause.

The distribution of these probable causes among unemployed persons and their families is sufficiently uniform to warrant their classification with the other identifying characteristics of the unemployed. In addition, therefore, to the eight factors already enumerated, an excessively high incidence of physical injuries, chronic illnesses, alcoholism, mental defectiveness and other defects of personality, illiteracy, seasonal labor, old age, and inadequate vocational preparation are characteristics of the unemployed.

These, in combination, undoubtedly form a close approximation to the individual causes of unemployment. They ought to prove of some use in establishing measures of treatment or prevention.

How the problem is met. As in the study of many social problems, considerably more is known about the pathology of unemployment than about its relatively normal manifestations. This is especially true of the different types of unemployment. From the case studies of welfare agencies the characteristics of the irregular worker whose family is chronically dependent have been examined thoroughly. Something about his work and why it is irregular is known; something about the factors that select this type of family rather than others to be the victims of unemployment and dependency is also indicated. On the other hand, practically no information is available concerning the unemployment of those families who are not forced to apply to community agencies for relief, or about the methods which they adopt to tide themselves over this emergency. Unemployment is no respecter of caste. Frequently, skilled artisans, small businessmen, and members of the professions are obliged to use extreme measures in order to avoid having to apply for charitable relief. If more adequate information were available about the devices used in these economic groups, considerable insight would be given into the menace of unemployment, and also into the ultimate consequences of these measures upon the physical and social well-being of the middle classes.

Families in the upper economic classes have many more resources than families in the lower classes. Generally speaking, they have more savings and better credit. In addition, they can economize in several ways—by reductions in their standard of living, moving to cheaper quarters, taking in lodgers, or they may pawn or sell property, borrow, and take advantage of loans from mutual-aid societies or from insurance. Philip Klein [20] has enumerated the following adjustments which are usually adopted by families in these circumstances:

1. Adjustments within the field of employment;
    a. Part-time work.
    b. Change of occupation.
    c. Temporary and odd jobs.
    d. Women and children's going to work.
    e. Accepting reduced wages.
2. Tapping financial resources:
    a. Credit.
    b. Savings.
    c. Help from relatives.
    d. Loans.
    e. Miscellaneous—sale of property, income from lodgers.
3. Other adjustments:
    a. Migration.
    b. Reduction in the scale of living.

The immediate and long-time effects of these substitutes for community aid present an important field for investigation. Some of the more obvious ill effects—such as overcrowding and bad housing, reduction in diet, and loss of savings—are recognized as important factors in aggravating other forms of social disorganization. The less tangible consequences—lowered morale, broken health, family friction, desertion, and loss of ambition—or their direct results in breaking down family solidarity, forcing the child from school, or interfering with other plans that had been formed for the future, can scarcely be evaluated in terms of personal or social losses. They do give a rather clear idea of the inability of the average family

[20] Klein, Philip, *Burden of Unemployment,* Russell Sage Foundation. New York, 1923, pp. 15–29.

to meet this problem and of public responsibility for its control and treatment.

These varied devices that the individual or family finds expedient to forestall the ill effects of unemployment indicate in part the serious social losses when society is unable to use its productive man power. They also offer eloquent testimony that the trend toward increasing demand for labor is no cure for unemployment and that fundamental plans for industrial reorganization are needed.[21]

Conditions associated with unemployment. From the standpoint of personal and family security, these consequences are by all odds the worst features of this problem. Their character is revealed in the following two quotations, one from the standpoint of the worker, the other with reference to family hazards:

1. Unsteady employment attacks the worker's efficiency in so many ways that probably no one could enumerate them all. It undermines his physique, deadens his mind, weakens his ambition, destroys his capacity for continuous, sustained endeavor; induces a liking for idleness and self-indulgence; saps self-respect and the sense of responsibility; impairs technical skill; weakens nerve and will power; creates a tendency to blame others for his failures; saps his courage; prevents thrift and hope of family advancement; destroys a workman's feeling that he is taking good care of his family; sends him to work worried and underfed; plunges him in debt.[22]

2. Unemployment is an undermining and destructive influence in the family which it attacks. It diminishes the worker's efficiency and lowers the morale of himself and his family in so many ways that one can enumerate but a few. In the early days of an unemployment period businessmen and municipal authorities are inclined to deny its existence. The newspapers carry interviews with Chamber of Commerce officials and others, stating that times are prosperous and business is excellent. Much space is given to reporting new businesses which have located in the community, but there are no news items about plants which have shut down entirely,

[21] For further information on devices used by the individual to solve this problem, see Walker, Helen M., "Data Regarding 162 Families Affected by Unemployment," *The Family*, Vol. 12 (1931): 131–135; Pruette, Lorine, *Women Workers Through the Depression*. Macmillan, New York, 1934.

[22] Lescohier, D. D., *The Labor Market*, New York, 1919, p. 107. Quoted by permission of The Macmillan Company.

have abandoned certain departments, or who have moved away from the city. The father of a family loses his job and starts out hopefully to find a new one. He has read the newspaper stories of good business, so he thinks there will be no trouble in finding work, especially if he has a trade. He first tries the plants who hire men of his trade, going from one to another. They will not give him work and by and by he begins to wonder what the trouble is with himself. He pretty soon finds other men who are having the same experience, and he begins to understand, but perhaps not before his domestic happiness has been disturbed. His wife, too, has read the papers, and may begin to doubt her husband's truthfulness when he says he cannot find work. Loss of confidence, misunderstanding and bitterness coming in a time of worry, fatigue, and discouragement are very apt to result in domestic difficulty problems which may end in the complete disintegration of the home.[23]

In 1927, when this statement was made, the Baltimore Family Welfare Association reported 2,175 unemployment problems among a total of 6,032 families under its care. Their account of the personal demoralization which unemployment produces is similar to Lescohier's. In addition, the report mentions the destructive effects of the breadwinner's idleness upon other persons in the family group. Food is one of the first items to be cut down, and health standards are lowered dangerously. Recreational opportunities are curtailed, leading to an indulgence in unwholesome amusements and contacts. Debts accumulate. And in concluding as to its long-time influences, the report says:

> . . . many problems come to the family society long after unemployment ceases to be conspicuous in the community, which can be traced to their beginnings in the period of unemployment.[24]

Other ill effects of unemployment, besides dependency, wage losses, the interval prior to re-employment, and loss of savings, involve factors in personal and group deterioration which are recognized in turn as major social problems.

From a study of the special problems of the homeless and unemployed man, Stuart A. Rice has pointed out how a major

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[23] Baltimore Family Welfare Association, *Annual Report*, 1927, p. 8.
[24] *Ibid.*, pp. 9, 12

social problem may evolve from industrial instability. The sequence begins with unemployment and proceeds to:

> . . . the breaking of identifications with the society of occupied persons; the formation of identifications with a group of idle persons; the acceptance of standards prevalent among the latter; the physical and mental deterioration resulting from these new and "debased" standards.[25]

These disabilities are by no means limited to men. When newspaper "want ads" specify age limits from 16 to 21 for many of the jobs open to women, telephone exchanges refuse to hire applicants over 25, and the retort "too old and inexperienced" is given with increasing frequency to women not yet 30, it becomes obvious that the employment problem of women is equally hazardous. Old women (those nearing the forties) are limited to house cleaning as a vocation.

During the industrial depression of 1921–1922, the United States Children's Bureau undertook an investigation of the effects of unemployment upon the local problems of child and family welfare in two communities. A total of 366 families were studied, 135 in Springfield, Massachusetts, and 231 in Racine, Wisconsin. Findings consistent with those already mentioned were discovered in the majority of these families. Seven specific accompaniments of unemployment are worth enumeration, because they typify the inevitable circumstances of the unemployed family. (1) Only two fifths of these families were able to be partially self-supporting during the period of unemployment, and this was accomplished only by the exhaustion of their savings. (2) Four fifths were in debt for the basic necessities in the budget, such as food, rent, fuel, and medical attendance. (3) More than half received aid from public or private charities, although these families were a representative cross section of the unemployed and not selected from the unskilled. (4) Two thirds of the families reported illness or disability of one or more members during the period

[25] "Psychological Effect of Unemployment on the Jobless Man," *Am. Labor Legis. Rev.*, Vol. 15 (1925): 49.

of unemployment. (5) Nearly one fourth of the mothers were pregnant and confined during the father's unemployment, indicating that unemployment brings excessive hardships during the critical period of child bearing. (6) Some children were obliged to leave school and seek work, although in the majority of families the reverse occurred, and many children who had been employed were forced to return to school. (7) One third of the mothers were employed outside of the home, of whom 78 per cent gave the father's loss of work as the reason for their employment.[26]

In this study, detailed information was obtained on family indebtedness and on the lowering of family standards of living.

Minimum budgets were estimated for 90 families. The budgets covered only basic necessities—food, clothing, rent, and fuel. Comparisons between resources and these budgets indicated that in 50 per cent of these families, average monthly resources amounted to less than 50 per cent of the minimum estimates.

Debts were also found in practically all the families studied. Of the total, 83 per cent reported an average indebtedness of $269 per family, incurred during the period of unemployment. One case, cited as a typical example, of a man, wife, and three children, enumerated the following list of debts during sixteen months of unemployment: [27]

Food	$375
House (payments and taxes)	645
Medical service	23
Loans	300
City—commissary account	56
Factory—commissary account	229
Total	$1,628

As a general summary, the statement is fully justified that the personal and social consequences of unemployment resemble in most respects those which are encountered in poverty.

[26] Lundberg, E. O., "Unemployment and Child Welfare," *U. S. Dept. of Labor, Children's Bureau,* Pub. No. 125 (1923).
[27] *Ibid.,* p. 71.

Studies of the business cycle confirm this fact. When unemployment is taken as an index of business variations, there is a high degree of correlation between unemployment and those conditions which are also associated with poverty.

When unemployment sets in, the first persons laid off by industry are the inefficient, shiftless, or incompetent. They are also the first to become dependent. This, however, is only one aspect of the entire problem. The excess in periods of depression is recruited from those classes which are ordinarily competent and self-supporting people. Poor-relief is no solution for their problems. For this reason new solutions are proposed with more than academic enthusiasm.

Further consequences of unemployment during depressions will be given in Chapter V.

Summary. Most suggestions for the remedy and prevention of unemployment emphasize the responsibility of industry and government. Personal factors within the control of the working population have been eliminated as fundamental causes. The connection between periodic, industrial depressions and the unemployment of millions has made considerable revision in the attitude of statesmen and industrial leaders. Public responsibility is no longer considered a radical doctrine. The transition to this point of view occurred during the last depression, which in duration and intensity was one of the worst episodes in the nation's business history. Every partial remedy and all voluntary efforts, hitherto believed to be effective methods of stabilization, were proved beyond doubt to be unsatisfactory.

Alternative and substitute protections are needed in addition to the personal method of savings, loans, or commercial life insurance, and the community method of poor-relief subsidies.

A comprehensive program of this character is to be found in all experiments with the organization, administration, and financing of an unemployment reserve fund. This program, moreover, becomes increasingly effective in proportion as it is supported by supplementary provisions for financial relief.

None of the state social insurance systems in this country, such as the Ohio and Wisconsin plans, or the British and continental systems, has been wholly adequate protection against economic insecurity without these supplements.[28] In addition to a reserve fund, contributory, compulsory, and voluntary insurance plans are needed, and such supplementary plans as direct relief, work programs, employment offices, and training schools.

The essential object of social insurance in any of its forms is to place a tax upon industry during periods of prosperity, in order to accumulate a fund that might be expended in the provision of adequate compensation for the jobless during depressions. Three arguments are cited in its favor. First, the American standard of living would be protected, and business recovery would be hastened. Second, voluntary experiments in this country have already demonstrated its practicability, notably in the men's clothing industry, which is well known for its instability. Third, the experience of different state plans offers an excellent background for the organization of a more comprehensive national program.

The Social Security Act of 1935 furnishes the first and most complete plan for the economic well-being of the industrial population. It includes the three essential forms of direct relief, emergency public employment or work relief, and social insurance. These supplements are necessary since no form of social insurance can cover all occupational groups, or be applied to the unemployable, to unemployment of long duration, or to the problem of poverty among the stranded and substandard population.

Although the Social Security Act does not attempt to cover the whole field of economic insecurity, it is the first nationwide endeavor to provide for the hazards of unemployment on a sound and controllable financial basis. Three fundamental principles are embodied in this legislation. First, there are to be different forms of economic protection for the aged, the sick,

[28] For a review and evaluation of these plans, consult references to Beveridge, Douglas, and Haber in the bibliography appended to this Chapter.

and the widowed or abandoned family, as well as for unemployment. Second, the contributory preferential benefit system is the chief form of financing most of these measures. Thereby, contributions are made by workers and employers through wage and payroll taxes. Third, there is to be a supplementary provision for relief which will be financed by general taxation of state and federal governments.

The current application of the Federal-State system of unemployment insurance covers about 36 million workers who have enough wage credits to qualify them for benefits in the event that they are unemployed or involuntarily out of work. In 1944 an additional eight million persons were working in covered jobs, bringing the total to 44 of the total 51.8 millions. Basic insurance (old age and survivors) is somewhat more inclusive of the working population, and this lack of coverage is one of the chief objections to the present system of unemployment protection.

Other objections are indicated in the tests of genuine unemployment in the variations between different states in the amount of weekly compensation that the unemployed worker receives, and the number of weeks for which he is eligible to benefits. The most controversial subject of all is the method of financing this program and the maintenance of reserves.[29]

Because of these limitations of the present unemployment provisions the development of other forms of economic security are needed. The act itself is exposed to the major criticism that workers who can least afford to pay the costs of this insurance are forced to accept lower wages. Moreover, in addition to these criticisms and shortcomings, there are serious problems in the administration of the Act from both the national and the state point of view. In general, however, it is

[29] For a discussion of these problems, consult *Social Security Bulletin*, Vol. 8 (1945) No. 8, p. 21 ff. All insurance laws now invoke tests of genuine unemployment. These tests are of course difficult to apply. Other safeguards, constantly arousing criticism, are the provisions that those with adequate credits must report regularly to an employment office and be willing to take any suitable work. The difficulty in the latter instance is the interpretation of a suitable job in terms of pay, hours, or other working conditions.

accepted as the most efficient protection of the majority of industrial workers against the distress of unemployment.

The most popular suggested next steps are those which will tend to guarantee full employment. These include: [30]

1. Creation of an economy of full employment through the cooperation of private enterprise, government, and volunteer associations.
2. International collaboration to insure peace and to promote foreign trade.
3. Readjustment of wages as man-hour productivity permits.
4. Expansion of education, public health, social security, and cultural resources in general—with special attention to job training, vocational guidance and a nationwide program of rural rehabilitation.
5. Formulation of a tax structure more on a basis of income (personal and corporate) than on consumption.
6. A nationwide housing program.
7. Public work projects to meet the requirements of the nation's economy.
8. Removal of all discrimination in employment such as racial, sex, age, or religious requirements.
9. Stimulation of science and art by government.

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[30] *Proceedings,* Second National Wartime Conference of the Natl. Council of Scientific, Professional, Art, and White Collar Organizations, New York, 1944. p. 28.

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Questions

1. Why is it difficult to make a census of unemployment? Formulate a definition that you would seek to adopt and indicate

how you would differentiate between economic unemployment and other conditions leading to inability to work.

2. What are the different forms of "disguised" unemployment?

3. Why is the small family system unusually exposed to the hazards of unemployment?

4. How can any individual protect himself against economic insecurity?

5. What are the chief differences between the employment hazards of men and those of women? Of industrial contrasted with agricultural workers?

6. In what ways is mobility a factor in the employment situation?

7. How does the vast number of different jobs affect the problem of re-employment? See the *Dictionary of Occupational Titles,* published by the United States Employment Service.

8. Do school attendance laws affect the problems of employment?

9. Is there any evidence that the employment of women is adding to the unemployment of men?

10. Enumerate some of the recent technological changes in industry which have come to your attention. Are they creating new jobs faster than they are eliminating the old?

11. Is there a significant conflict between the economic theory of labor reserves and the social theory of the right to work?

12. What are some of the next steps in the Social Security Program so far as it affects economic security?

Chapter IV

OCCUPATIONAL HAZARDS

DEATH TAKES no holiday so far as accidents are concerned. On each eleven days of 1944, traffic accidents in this country averaged 24,812, a figure that is nearly double the number of casualties (15,883), in American armies during the first eleven days of the European invasion.

Each year accidents and occupational illnesses continue to exact a similar, enormous toll among the labor force of this country. Accidents are twice as numerous in the United States as in any industrial country of Europe. This generalization holds for fatal and non-fatal accidents, industrial accidents, automobile accidents, and home accidents. When the annual number of occupational diseases is combined with accidents, the two constitute one of the most important problems in a public health program.

The hazards to the health and physical fitness of the industrial population have a peculiar significance in the study of social problems. Their distinctiveness is due primarily to their several origins. From one point of view they are economic problems because they are associated with dangerous trades and with modern methods of production. Furthermore, since they are joint products of economic and health conditions, it is impossible to trace their causes solely to occupational risks or to individual physical differences.

They are also essentially modern problems, being largely the product of industrial changes during the last fifty years. However, certain occupations have been known as dangerous ever since men have worked together in groups. Noting this connection between occupation and mortality, several ancient writers mentioned these hazards, as in Pliny's reference to "the slave diseases."

A third source of social insecurity. Occupational hazards are classifiable as problems of either physical or economic ill-being. Since their immediate consequences are increasing mortality and morbidity rates, they are also essentially problems of physical health and as such must be treated from the medical point of view. On the other hand, most physical diseases may be grouped as occupational. This fact was observed in the variable incidence of diseases between general economic classes. There is, furthermore, practically no occupation without its health hazards. For this reason, preventive campaigns are usually concerned with the elimination of the causes of accidents and diseases that are chiefly occupational. Occupational health hazards, consequently, are considered factors in social, rather than in natural, selection.

Efforts to control occupational hazards have not been vigorously championed. Indifference is current among employees as much as among employers. It is traceable to the wide distribution of different hazards throughout many industries and to the assumption that they are uncontrollable. Nevertheless, a recent investigation of accidents, reported under the title "Is it safe to work?" came to the conclusion that 75 per cent or more of all accidents can be avoided. In view of this conclusion, the high accident rate can be explained only by the fact that workers and employers consider the unusual risk and exposure incidental to their own industry as commonplace. For example, one steel worker, when questioned about his injuries, replied, "I never got hurt any to speak of." Yet, after persistent questioning, it was found that he had once suffered a fracture of his skull, later on had lost half of a finger, and had been laid up for nine weeks with a crushed foot.[1]

The same indifference and the same possibility of prevention occur in connection with occupational diseases. As in the case of accidents, the common attitude is that they must happen. Occupational diseases differ from accidents in being less spec-

[1] Eastman, C., *Work-Accidents and the Law*, New York, 1910, p. 227.

tacular and of more indefinite origin. Nevertheless, even in the case of well-known hazards—such as silicosis and lead poisoning—workers will persist in their occupations even after they are diseased. The most serious industrial diseases are those ailments which are caused by new and relatively unknown substances. Most of them can be prevented by early diagnosis and treatment.

Industrial accidents and occupational diseases, therefore, represent a third group of major economic hazards. In common with poverty and unemployment, they are a part of the direct costs of modern industrial advancement. As such, they furnish proof that material nature is far from being completely within man's control and that social adjustments lag behind industrial developments. These three hazards may be used as criteria of society's inability to offset: (1) economic insecurity, (2) unsteady work, (3) bad working conditions, and (4) ill health. In their economic setting, both industrial accidents and diseases are a prominent source of poverty and unemployability.

But besides being important social problems, they are also causes of larger social problems. They contribute to a great number of deaths and physical incapacities; they cause enormous wage losses each year and, indirectly, an unestimated, intangible loss to the community. Although both appear as sudden and unexpected calamities to the individual worker, they are continuous problems to industry as a whole. Accidents, especially those which are fatal, have been given more attention than occupational diseases. Nevertheless, the latter, arising from contact with injurious materials or from dangerous working conditions, are probably more important than accidents in their eventual contribution to mortality rates and economic losses. They also appear in more various forms, as acute or chronic ailments causing temporary or permanent incapacity; or their onset may occur through exposure to a specific hazard, or as a general physical breakdown which is only remotely connected with an occupational hazard. Fur-

thermore, they are cited as supplementary causes of accidents.

Another risk in industry is fatigue. Fatigue is important because of its wide distribution in many occupations; but neither its precise nature nor its consequences are well known. Fatigue is listed among the leading causes of accidents and as a chief predisposing factor in occupational illness. Although its contribution to these problems is a matter of controversy (largely within the domain of physiology), recognition of its importance has resulted in progressive reduction of the hours of labor in most industrial countries and in state regulation over certain working conditions.

Occupational accidents, diseases, and fatigue have become problems largely because of their prevalence, the number of persons involved, and their persistency despite safety movements. It is definitely known that accidents are not increasing rapidly. Whether the trend is slightly up or down cannot be determined for industry as a whole. Accidents remain within the field of social problems because of their failure to respond to current regulations and because they increase in periods of business revival. In the latter tendency there is an important cause of economic distress among industrial workers during general prosperity.

Stated in round numbers, there are between 16,000 and 20,000 fatal industrial accidents each year and more than twice this number of permanent disabling accidents. For the entire industrial population, the total of fatal and minor injuries is estimated to be over 3 million each year.[2] These numbers are more significant than rates in judging frequency, because accidents may be extensive and actually increasing in number, although decreasing when compared with the total number of persons at work. Because of inadequate sources of informa-

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[2] National Safety Council, 108 E. Ohio Street, Chicago, Ill., Metropolitan Life Insurance Company, *Statistical Bulletin*, Vols. 8 (No. 12); 11 (No. 10); 12 (No. 9). *Outlook*, Vol. 158 (No. 9), p. 277. "Accident Statistics of the National Safety Council," *Monthly Labor Review*, Vol. 42: 991. "Work Injuries in the United States During 1944," *Monthly Labor Rev.*, Vol. 61 (No. 4) (1945): p. 638. Injuries numbered 1,335,600 in 1938, 2,180,200 in 1941, 2,230,400 in 1944.

tion, faulty diagnosis, failure (in death records) to distinguish between occupational and other sources of disease, and the time between the onset and recognition of the disease, there are no comparable figures for the incidence of occupational diseases. As in the case of accidents, their total incidence is reckoned from what is known about a few well-recognized health hazards and, on the basis of this limited knowledge, the task of prevention is considered a definite public responsibility.

Industrialization of the population. Changes within industry are largely responsible for the attention which is being given to these problems. Occupational risks are not new. But just as the Industrial Revolution and more recent technological changes intensified problems that were of minor consequence when production was on a smaller scale, so these risks have been magnified. Of technological changes the most significant are the industrialization of the population (meaning the concentration of workers in manufacturing) and the increase in the number of workers in the hazardous occupations.

Of all mechanized occupations, those connected with the manufacturing industries have expanded most rapidly in recent years. Since 1880, the number of workers engaged in these occupations has trebled. There has been an enormous increase, for example, in the number of firemen, engineers, and other workers engaged in the production of power. Similarly, iron and steel workers have increased 7,000 per cent since 1850. Machinery is not only playing a chief rôle in the industrialization of the working population, but it shows no tendency to slacken in its growth. Moreover, while a greater proportion of the industrial population (about one third of all workers today are in manufacturing, mining, and mechanical pursuits) is being drawn into dangerous industries, there is a corresponding reduction among workers in the comparatively non-hazardous handicraft and clerical vocations.[8]

To these changes many advantages are attributed: a higher

[8] Jones, M. Z., "Trend of Occupations in the Population," *Monthly Labor Review*, Vol. 20: 970–978.

standard of living, more luxuries, and greater opportunity for the appreciation of cultural and educational resources. But there are also many disadvantages—such as the destruction of certain handicrafts (as noted in the last chapter), the too rapid occupational re-alignment of the population, and the present hazards of industrial accidents and diseases. Accidents are traced to the substitution of machinery for the comparatively harmless hand trades. Continuous exposure to unwholesome working conditions and new poisons, and specialization in one limited aspect of a manufacturing process, are given as the underlying causes of disease and fatigue.

The general consequences of accident and illness within the industrial population have been shown by contrasts with the life expectancy and mortality of the non-industrial classes. The principal causes of death operate with unusual severity within the industrial population. Deaths from tuberculosis are two and one-half to nearly four times as high as among the non-industrial workers. Pneumonia rates are twice as high. The death rates from the degenerative diseases, such as cerebral hemorrhage, nephritis, and organic diseases of the heart, are also disproportionately high, showing the consequences of industrial exposure. A second contrast is the general death rate. Among the industrial classes, the general death rate is one and one-half to more than two times that of the non-hazardous occupations (clerical, commercial, and professional). A third contrast is in life expectancy. As a result of the hazards to which he is exposed, the industrial worker has an age expectancy which is seven or eight years less than that of other workers. Accident rates and the minor disabling illnesses show a similar excessive incidence. Illnesses account on the average for a loss of eight working days per year among the industrial population, and the accident mortality rate of this class of workers is two and one-half times that of non-industrial employees.[4]

[4] Dublin, L. I., "Health of the Workers," *Monthly Labor Review,* Vol. 20: 8–14. "Accidents as a Cause of Disability," *The Natl. Health Survey,* U. S. Pub. Health Service, Washington, D. C., 1938.

Industrial accidents. An accurate enumeration of accidents is not available, owing to the various interpretations of accidents in different state laws or to the fact that in some states only compensable accidents are reported. Although it is generally understood that an industrial accident is an injury that results in loss of time beyond the day or night shift in which it occurs, compensable accidents are injuries that entitle the injured person to compensation. Thus, variations in state laws regarding eligibility or waiting period or in the systems of record keeping and reporting must be considered in estimating the total accident rate.

For more than thirty years, accidents have been recognized as a serious industrial hazard, often causing death. Even when home and vehicular accidents are eliminated, they continue to rank high among the causes of death. Automobile accidents have been responsible for the increasing accident rate in this country. But the industrial accident rate alone for this country is twice that of England and Wales and exceeds comparable rates in every industrial country. According to current estimates, 7 per cent of the industrial population are injured each year, at a cost varying from 2 to 4 per cent of the total wages paid by industry. These losses stimulated the workman's compensation laws and are responsible for the organization of the safety movement in recent years.

The volume and variation of the accident rate have been traced to fundamental conditions of mechanization. Of these, three are cited. (1) The introduction of machinery to supplant hand labor and the reduction in the number of workers have increased the hazard per worker, and available figures indicate a much greater number and severity of accidents per person under mechanized than under non-mechanized conditions. (2) Automatic machinery requires a large amount of repair work which is both dangerous and unstandardized. (3) Under mechanized conditions, industry tends constantly to speed up, which increases risks and exposure. Accident frequency is thus a correlate of mechanical production. Under current

operating conditions, there may be a decrease in accidents per unit of production but an actual increase in numbers because production is increasing. Much has been made of speed as an impersonal factor accounting for the high accident rate since 1920. This explanation is substantiated by the tendency of rates to increase during periods of heightened industrial activity, when inexperienced men are employed, and by the falling of this rate when industry slackens and the inexperienced and inefficient are laid off.

Accident rates. As a substitute for the unavailable record of total accidents (including deaths, permanent disabilities, and minor incapacitating injuries), fatal accident rates are accepted as the best indication of trend in the total accident rate or in any specific type of accidents. The rates for total deaths from industrial accidents and from machinery accidents are quoted from the report of the Metropolitan Life Insurance Company. These rates cover the occupational experiences of all white males, 15 years of age or over, insured by this company. During the period studied, 1912 to 1944, the total accident rate showed a continuous tendency to decrease, varying from 36.6 per 100,000 population in 1912 to 19.5 in 1944. Machinery accidents also decreased, but at a lower annual decrement and with greater variations. When adjusted to trend, the total rate declined at about 1 per cent per year. Machinery accidents rise or decline according to the expansion of employment in construction, manufacturing, and mining. Explanations for the annual fluctuations of these rates are the same as those already cited—mechanization and increases or recessions in industrial activity.

Whether the accident rate in industry is actually decreasing is by no means proved by these figures. One of the most frequently cited causes of an increasing or decreasing rate is more accurate reporting. This variable, however, can be easily accounted for in calculating rates and can be removed as a source of error. In the long run, consequently, the upward or downward movement of this rate depends upon two factors; namely,

the number of men employed, and the man-hour exposure. These are necessary checks upon trend. Ethelbert Stewart, formerly United States Commissioner of Labor Statistics, was of the opinion that the accident rate is increasing. His esti-

ACCIDENT DEATH RATE, PER 100,000 POPULATION, INSURED WHITE MALES, 15 YEARS OF AGE AND OVER

Years	*All Industrial Accidents*	*Machinery Accidents*
1912	39.6	4.0
1914	35.2	4.2
1916	33.5	4.6
1918	40.9	5.8
1920	34.9	4.9
1922	34.7	5.0
1924	34.4	3.5
1926	36.5	4.1
1928	30.4	3.8
1930	31.0	3.5
1932	22.9	2.4
1934	23.6	2.6
1936	25.6	3.4
1938	20.4	3.0
1940	21.8	3.0
1942	23.4	3.5
1944	19.5	2.2

Source: Metropolitan Life Insurance Company, *Statistical Bulletins,* Vols. 13, 18, and 26.

mate is based upon man-hour exposure, and is made in spite of the fact that industries with the best system of reporting show a consistent decrease in accidents for more than a decade.[5]

Refined rates of trend are obtained by the calculation of two special rates, supplemented by the qualitative evaluation of especially hazardous occupations. These special rates are the frequency and severity measurements of accidents. Frequency rates indicate the proportion injured (based upon hours of exposure) of the total engaged in industry. Severity rates differentiate between those accidents involving death, total incapacity, and minor losses, and are computed on the basis of time lost based upon hours of exposure. In this estimate, time lost in the case of death is given as the average life expectancy at the time of death, usually 20 years. The severity rate is computed by dividing the time lost by the injured by the number

[5] Stewart, Ethelbert, "Are Accidents Increasing?" *Am. Labor Legis. Rev.,* Vol. 16 (1926): 161–166.

of hours which the total labor force works for a given period.[6]

Although little is known about the total accident rate, the experience of different industries is fairly definite. The following industries are reported with high rates, based upon frequency of accidents: automobile tires, building trades, mining, electrical industries, quarrying, and coke ovens. The paper and pulp industry, structural iron work, planing mills, sawmills, flour mills, steam fittings and supplies, slaughtering and meat packing, and agricultural implements are reported with unusually high severity rates. The only industry with a record of increasing accidents in recent years is mining, which has had numerous accidents since 1910. Among industries with decreasing accident rates, the iron and steel industry is prominent, with a reduction of 86 per cent in its accident rate during the last thirteen years.[7]

On one day of its survey in 81 cities, the National Health Survey found that 4 per cent of the population was disabled by accidents, which would make an annual frequency of 16.3 per 1,000 persons.

In Rubinow's standard accident table, the average frequency of fatal accidents and of permanent and temporary disabilities is:

Fatal accidents	932
Permanent disability	4,875
Temporary disability	94,193
Total	100,000

These numbers represent the standard accident experience of the industrial population and indicate that there are 106 non-fatal accidents for each fatality.[8]

Causes. Accident prevention campaigns isolate two general

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[6] Frequency rate $= \frac{\text{Number of injured}}{\text{Total working force}} \times 1{,}000{,}000$ hours exposure.

Severity rate $= \frac{\text{Time lost by injured}}{\text{Total employed} \times \text{average hours of labor per year}} \times 1{,}000$

[7] Adams, W. W., "Coke Oven Accidents," *U. S. Dept. of Commerce, Statistical Papers*, Vol. 437: 40.

[8] Rubinow, I. M., *The Quest for Security*, New York, 1934. Adapted from p. 47.

factors in causation: the personal and the mechanical. Under the first category are classified those personal conditions, presented by the injured workman or by his fellow workers, which are found to be responsible for the accident. Under the second group are the impersonal factors, including plant conditions, poor equipment, unguarded machinery, or faulty inspection.

In the literature on industrial accidents, seven general factors are usually considered in describing causation:

1. Hours of labor and night work.
2. Speed of production.
3. Youth or inexperience of workers.
4. Psychic factors.
5. Temperature.
6. Ventilation and lighting.
7. Repetitive work, labor turnover, and defective machinery.

This list of causative factors summarizes the principal facts and hypotheses with reference to accident frequency. Many special investigations have shown a high positive correlation between the long working day, fatigue, and accidents. Of the other factors, speed and working conditions are simply aspects of mechanization, while youth, inexperience, and psychic factors refer to the highly intangible subjective causes. Although there is some evidence that illiteracy, carelessness, stupidity, and laziness are important factors in accidents, there are no experimental proofs of their contribution. Boyd Fisher's outline of the mental causes of accidents specifies the conditions usually mentioned as subjective causes: [9]

1. *Ignorance*—of English; inexperience; mental limitations.
2. *Predispositions*—sense defects; mental sets (excitability, attitudes); subconscious errors; faulty habits (hurry).
3. *Inattention*—boredom; distraction.
4. *Preoccupation*—worry; strife; mental disease.
5. *Depression*—disease; drugs; alcohol; faulty plant conditions; fatigue.

[9] Fisher, Boyd, *Mental Causes of Accidents*, New York, 1922, p. 22.

The difficulty of establishing causation, under experimental conditions, is illustrated by the fact that mechanical and personal causes are usually interrelated in the explanation of any given type of accident. In other words, accidents rarely occur in a simple causal sequence, such as speed in production leading to fatigue and hence to accidents or disease. For this reason it is well to bear in mind both the mechanical and personal causes of industrial hazards. If these are considered separately, or if one factor, such as speed in production, is studied apart from the requirements of an occupation or from the personnel engaged in the work, isolated causes are apt to prove too much. As a matter of fact, recent investigations show that even the best of protective measures cannot reduce industrial hazards unless they are supplemented by constant attention to personal factors. Accident rates among inexperienced workers, among the foreign born, and among women furnish examples of this combination of objective and subjective causes.

For purposes of accident prevention, further investigation of causes is essential, especially to differentiate between mechanical and personal causes; but, for immediate safety plans, the following list indicates the direct causes of accidents. This list gives the frequency of various accidents reported in New York State, with the average cost per case. These specific causes are

CAUSES, NUMBER, AND COST OF COMPENSATED ACCIDENTS IN NEW YORK

Causes	*Number of Cases*	*Average Cost per Case*
Handling objects and tools	36,101	$190
Falls of workers	19,197	411
Mechanical apparatus	15,402	439
Vehicles	8,908	509
Falling objects	6,258	338
Dangerous and harmful substances	5,442	380
Stepping on and striking objects	4,718	129
Other or indefinite	4,436	289
Total	100,462	$320

Source: Monthly Labor Review, Vol. 30: 1043.

duplicated in the reports of every industrial state. To some extent they show the probable distribution of avoidable and unavoidable accidents and, consequently, the probable success of safety movements.

Social correlates of the accident record help to demonstrate both its nature and ill-effects. In the report of the National Health Survey, the sex ratio of accidents was found to be 60.6 accidents to women per 100 males. Accidents accounted for 7.6 per cent of the days of disability from all causes and were exceeded only by influenza and grippe as a cause of lost time. Families in the lower-income groups reported a higher accident rate than families in moderate circumstances. Of the total who suffered some injury, 12.4 persons per 1,000 had permanent physical impairments. Nearly one third of the orthopedic impairments were the result of occupational accidents.[10]

Accidents or injuries to minors are outstanding among the problems of children in industry in spite of efforts through legislation to advance the legal age of employment or the best methods of accident prevention. The nature and extent of these accidents is given in the table below. In the year for

Nature of Injury	*Per Cent of Frequency*
Cuts and lacerations	30.8
Bruises	17.6
Infection	10.8
Sprains	8.7
Fractures	8.5
Amputations	6.0
Burns	4.5
Crushing	3.0
All others	10.1
Total	100.0

Source: Klein, E. E., *Work Accidents among Minors in Illinois*, University of Chicago Press, Chicago, 1938. Table 10, p. 71.

which the report was made, nearly one half of the children

[10] Britten, R. H., and others, "The National Health Survey: Some General Findings," *Public Health Reports*, Vol. 55 (No. 11) (1940): 21–22.

were employed in factories. Of the total 12,333 accidents, 10 were fatal and 298 resulted in permanent disabilities.

Occupational diseases. The term *occupational diseases* refers to the health hazards in particular industries or occupations rather than to new diseases. Both diseases and deaths vary considerably in different occupations. As a social problem, occupational diseases have two manifestations. First is the excessive incidence of common (or primary) diseases in a given vocation. Examples of these are pneumonia and heart diseases among steel workers; tuberculosis in the dusty trades, in the clothing industry, and among barbers; "rheumatism" among molders; lead poisoning among painters; asthma in the pottery industry; and dermatitis among boot and shoe workers, rubber handlers, and millers. The second is the occurrence of rare and degenerative diseases with unusual frequency under the abnormal working conditions of certain vocations—for example, among workers exposed to lead, benzine, turpentine, brass, acids, analin oil, arsenic, phosphorus, mercury, and carbon monoxide gas. Trachoma among mill workers, hookworm disease among miners, anthrax among wool sorters, eye defects among welders, ulcers among electroplaters, and caisson disease among divers and tunnel workers are illustrations of diseases caused by such exposure. Industrial hygienists justify this classification of diseases by occupations because of the unusual risks and exposure that some require.

Certain diseases have been associated with particular occupations for a long time. As early as 1713, Ramazzini published a treatise in Padua on tradesmen's diseases. This connection was also noted in several earlier accounts of the relationship between respiratory diseases and pottery making, mining, quarrying, and the building of homes among the early cliff dwellers. One reason for the disappearance of the cliff dwellers has been found in tuberculosis induced by exposure to dusts in the making of stone implements and in stone carving. Hippocrates referred to the metal miner as "of pale and wan complexion." In 1705, Ramazzini stated that stone cutters "oftentimes suck in

. . . sharp, rough, and corner'd small splinters . . . so that they are usually troubled with a cough, and some of 'em turn Asthmatick and Consumptive." [11]

An occupational disease may be defined as any illness caused by specific working conditions. In the language of a decision by the Connecticut Supreme Court, it is "a disease peculiar to the occupation in which the employee was engaged and due to causes in excess of the ordinary hazards of employment as such." [12]

Hayhurst traces the origin of occupational diseases to one or more health hazards: [13]

> An industrial health hazard may be defined as any condition or manner of work that is unnatural to the physiology of the human being so engaged. This physiology is adaptable through gradual tolerance to quite wide variation in environment and experiences, but the rule holds absolute that subjection to conditions which are unnatural to the physiology, including the adaptability of man, results in pathology or disease.

Dublin and Leiboff, in an enumeration of 700 hazardous occupations, classified the following nine major hazards with their most frequent disabilities: [14]

1. **Abnormalities of temperature:**
   Hazards: (a) extreme dry heat; (b) sudden variations in temperature.
   Associated diseases or symptoms: anemia, general debility, catarrh, Bright's disease, pneumonia, neuralgia and rheumatic affections.
2. **Compressed air:**
   Associated conditions: vertigo, paralysis of arms and legs, hemorrhage.
3. **Dampness:**
   Associated conditions: diseases of the respiratory passages, neuralgia and rheumatic affections.

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[11] Greenburg, L., "Studies on the Industrial Dust Problem," *U. S. Public Health Service,* Reprint No. 990 (1925).
[12] U. S. Public Health Service, *Public Health Reports,* Vol. 51 (No. 44), p. 1506.
[13] Hayhurst, E. R., "Occupational Diseases," *Monthly Labor Review,* Vol. 29: 29.
[14] Dublin, L. I., and Leiboff, P., "Occupational Hazards and Diagnostic Signs," *U. S. Dept. of Labor Statistics,* Bulletin No. 306 (1922): 12–31.

4. **Dust:**
   Hazards: (a) Inorganic dust.
   Associated conditions: inflammatory conditions of eyes, ears, nose, and throat, chronic catarrh, colds, pleurisy, tuberculosis.
   (b) Organic dust.
   Associated conditions: dryness of nose, throat, and mouth, cough, asthma, bronchitis, tuberculosis.
5. **Extreme light:**
   Associated conditions: cataracts, dermatitis, ulceration of the skin, cancer.
6. **Infections:**
   Hazards: (a) Anthrax (external and internal).
   Associated conditions: malignant pustule, malignant edema, hay fever.
   (b) Hookworm.
   (c) Septic infections.
7. **Poor illumination:**
   Associated conditions: nystagmus, eyestrain, headache.
8. **Repeated motion, pressure, shock, etc.:**
   Associated conditions: muscular strains, partial paralysis.
9. **Poisons:**
   Hazards: Fifty-four poisons are enumerated, of which the more common are: ammonia, alcohol, aniline, arsenic, brass (zinc), lead, phosphorus, tar, turpentine.
   Associated conditions: headache, paralysis, nervous symptoms, skin diseases, irritation of the mucous membranes, digestive disturbances, sclerosis of the bones, bronchitis.

There are no complete figures on the incidence or costs of these diseases, although it is generally accepted that skin diseases amount to more than two thirds of the total. Among foreign countries, Germany and Switzerland report poisoning as the chief hazard. In England, miner's nystagmus (disease of the eye) is the leading reported condition and accounts for 60 per cent of the total occupational illness. Silicosis (respiratory diseases due to dusts) is the most frequent disease in South Africa and Australia. In tropical countries, parasitic ailments, such as hookworm, are most prevalent. In the United States, dermatitis is the principal disease from the standpoint of frequency, while lead poisoning is the most serious of occupational diseases. Others appearing more frequently in the reports are "industrial back," hernia, occupational cancer, conditions due to extreme

heat, electrical injuries (burns, brain injury), and caisson disease. The following is a typical distribution of the reportable occupational diseases, enumerated in the order of their frequency: [15]

1. Industrial dermatitis—hazards are oils, chemicals, dyes, paints, solvents, metals, fabrics, rubber, heavy dusts, cement, lead.
2. Lead poisoning—hazards are reported in 150 occupations by the United States Department of Labor, such as printing, smelting, refining, making of pottery, varnish, tile.
3. Acid, oil, and fume poisoning—hazards are airplane dope, aniline dyes, artificial leather, bronzing, rubber cement mixing, degreasing, drycleaning, electroplating, enameling, engraving, varnishing, vulcanizing.
4. Chrome poisoning—hazards are coal-tar dyes, wallpaper, electric batteries, explosives, lithography, photography, electroplating, and certain paints.
5. Benzol poisoning—hazards are like those in 3 above.
6. Industrial eczema—hazards are found in all occupations in which there is exposure to a dye, fungus, plant, or solution.
7. Tuberculosis—hazards are dusts (coal, cement, asbestos, tobacco) and such inert dusts as carbon, iron, limestone rock, marble, chalk.
8. Anthrax—hazards are associated with occupations dealing with livestock.
9. Cyanide poisoning—hazards are fumigation, hardening of metals, cleaning or coating silver, tanning, dyeing, electroplating.
10. Dust in lungs—hazards are mineral, metal or vegetable dusts which are found in mining, quarrying, pottery-, glass- and brick-making, industrial sprays, stone-finishing, work with sand, sandstone, and talc, and construction work.[15]

Brief descriptions of a few of these diseases will be sufficient to show why occupation must be taken into consideration in explaining the greater morbidity and mortality rates of the industrial population.

Lead poisoning (plumbism) is one of the oldest and most destructive of industrial hazards. Its forms and modes of transmission are multiple. Lead may be inhaled as a fume or dust, or swallowed as a result of uncleanly work habits. This poison

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[15] Johnstone, R. T., *Occupational Diseases*, Saunders, Philadelphia, 1942, Chapters 4–36.

is widely distributed, both by the number of occupations exposed and by the variety of compounds in which lead is used. Susceptibility varies. In some instances, a week or so of exposure is sufficient. In others, the toxin operates slowly, involving many organs of the body. Its lesions are known to affect the arteries, kidneys, blood, and nervous system, and plumbism is associated with arteriosclerosis, nephritis, neuritis, anemia, tuberculosis, and pleurisy. A high incidence of nervous and mental diseases is also found among workers coming in contact with lead and more recently with the fumes of carbon disulphide, which is used in the manufacture of rayon.

The occupations most exposed are smelting, printing, electrotyping, and painting. However, the poison is also spread indirectly, and cases of lead poisoning are frequently reported among children. The greater incidence of cases of lead poisoning among males than among females is due to occupational differences. There is a growing body of evidence to prove that women are actually more susceptible than men to some poisons, and among them is lead. Studies in England showed that the rate of lead poisoning among women in paint factories and potteries was twice that of men. Women also had the more severe cases and were susceptible to the most serious form of poisoning, which attacks the brain, producing delirium, convulsions, and blindness. A high frequency of stillbirths, abortions, and infant mortality is also traced to the same condition in women. Lead is sometimes connected with sterility in both sexes. This conclusion was reached after a series of animal experiments and from cases in which the transmission of lead poisoning from either the father or the mother was demonstrated.[16]

Of the diseases which are usually not assigned to any particular industry, tuberculosis and pneumonia are most frequently classified as occupational hazards. For years the rate of tuberculosis in the industrial population has been more

[16] Newman, B. J., and others, "Lead Poisoning in the Pottery Trades," *U. S. Public Health Service,* Bulletin No. 116 (1921).

than twice that among the non-industrial population. Although working conditions, home conditions, and economic status are often confused in explaining the occupational significance of this disease, the fact that the male death rate is greater than the female death rate after the age of twenty-four throws the weight of the evidence toward certain occupations. Workers exposed to dusts, especially silica dust—lead and zinc miners, granite and sandstone cutters—have abnormally high death rates. In 1928 tuberculosis exceeded industrial accidents as a cause of death among miners.

An extremely high tuberculosis death rate was found among employees of a Connecticut ax factory. Polishers and grinders had a rate thirteen times greater than the general death rate during the decade 1909 to 1919.[17]

	Tuberculosis Deaths per 100,000
State of Connecticut	150
Total male population	170
Ax factory district (3 towns)	200
All employees of the factory	650
Polishers and grinders	1,900
Other employees	160

Summarizing the historical connection between respiratory diseases and dusty trades, Greenburg says: [18]

It is an interesting and significant fact that in every instance in which a heavy incidence of tuberculosis has been shown to result from exposure to industrial dust, the dust in question has been in part at least made up of crystalline rock. It is silicosis which lies at the basis of miners' phthisis, and silicosis is probably the chief predisposing factor in tuberculosis among ax grinders. . . .

Dusts also are responsible for the extreme frequency of colds, bronchitis, influenza, and grippe among the industrial population. In his ten-year study of absences, Brundage found that

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[17] Winslow, C.—E. A., "Tuberculosis in Dusty Trades," *Survey*, Vol. 54: 353–354. Also, Metropolitan Life Insurance Co., *Statistical Bulletin*, Vol. 11 (No. 7), pp. 6–10.

[18] Greenburg, L., *loc. cit.*, p. 10.

respiratory diseases caused one half of all absences and 40 per cent of all time lost on account of sickness.[19]

Other occupational diseases have been traced to less common hazards—for example, brass-foundryman's ague. This is a malaria-like ague, caused by brass fumes. Benzol, used in paint and rubber factories, has also produced a number of serious cases of poisoning, particularly among women. In recent years, investigations have been extended to discover the occupational significance of other diseases, such as cancer, lead encephalitis and lead palsy. In an English study, high cancer mortality rates were found among zinc workers, brass and bronze workers, slaters and tilers, seamen, and railway laborers. There was further confirmation in the high incidence of cancer among workers whose work involved chronic, localized irritation of the tissues—plumbers, file-makers, and lead workers, for instance. However, the connection between cancer and occupation is less conclusive than some of the foregoing connections indicate.[20]

Occupational diseases are a matter of concern to the public health worker because of their widespread incidence, and to employers because of their contribution to absences, inefficiency, and labor turnover. For several reasons, they constitute a more serious menace than accidents. First, there are many difficulties involved in diagnosis. Workers are unable to diagnose their own conditions, and often physicians cannot find the causes of their disabilities until their occupations are known, as is illustrated by the following cases:

A man, suffering from continuous headaches, visits his physician. The latter can find no cause for the patient's illness. The patient shows no signs of disease other than the subjective symptoms which he describes. Perhaps the physician will recommend an examination of the subject's eyes, ears, and sinuses, which will prove negative. A puzzling diagnosis such as this becomes very simple when

[19] Brundage, D. K., "A 10-Year Record of Absences from Work," *U. S. Public Health Service,* Reprint No. 1142 (1927).

[20] Hamilton, Alice, "Women Workers and Industrial Poisons," *U. S. Dept. of Labor, Women's Bureau,* No. 57 (1926). "Cancer Statistics in Various Trades and Professions," *Monthly Labor Review,* Vol. 23: 271–274.

the occupation is ascertained. . . . Garage work . . . represents the hazard poisons—carbon monoxide and gasoline. Both produce headaches. . . . The effective remedy lies in the removal of the two poisons.[21]

The following is a case of oxide poisoning:

Mr. W. S., American, age 35 years, weight 165 pounds, complains of occasional attacks of headache and dryness of the throat. . . . He has had five or six attacks of chills. The attacks came on without regard to the season of the year, and no difference that could be connected with the change of seasons was noticed in their severity in the different seasons. During the day before he would have an attack, he would experience a dull headache and general fatigue, an irritation of the throat, with unproductive cough, and a burning sensation of the eyes. Upon reaching home, he would develop a chilly sensation and a headache of increasing intensity, followed by rigors, which would last from a half-hour to one hour; after the chill there would be a considerable elevation of temperature, accompanied by a profuse sweating, which would persist for about an hour. As the attack wore off, he would fall asleep, and would awaken next morning exhausted and with little or no inclination to eat.[22]

A second major difficulty is compensation. Compensation legislation now recognizes both industrial accidents and diseases as compensable. But the latter are not so fully covered, because it is less easy to distinguish industrial from non-industrial health hazards. Moreover, the two are not comparable for other reasons, since diseases may secure such a foothold that all remedial measures are ineffectual. Health hazards are also a more serious cause of poverty. Social agencies report that 10 to 15 per cent of their cases are due to industrial accidents and diseases, but that the latter are by far the more numerous of the two.

Fatigue and efficiency. Like physiological fatigue, industrial fatigue has been the object of many inquiries in industry as well as in laboratories. Originally, it was conceived to be a simple, well-defined chemical reaction in the body which

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[21] Dublin, L. I., and Leiboff, P., *loc. cit.*, p. 2.

[22] "Health Hazards of Brass Foundries," *U. S. Public Health Service*, Bulletin No. 157 (1926): 31.

could be eliminated by doses of sodium phosphate. It is now accepted as a convenient label to include many conditions and symptoms of physiological inefficiency.

According to Hayhurst, fatigue is one of the most common causes of occupational disability and of the inferior bodily development of factory employees. It is classified among the subjective causes of industrial accidents and occupational diseases and is also a cause of industrial inefficiency; hence, it is a major occupational hazard. At the outset, fatigue must be recognized as a factor associated with other causes of either accident or illness—such as speed of production, light, ventilation, or other working conditions—as well as a subjective criterion of the physical or mental condition of the worker.

Fatigue is a natural physiological condition, and as such is non-injurious. Its pathological aspect, overfatigue, is the subject matter of laboratory and industrial investigations. This condition is the result of prolonged, intense labor, and is cumulative.[23]

Fatigue is variously defined. It has both subjective and objective symptoms, the most important of the latter being a diminishing capacity for work. From this standpoint, fatigue is represented by a decrease in activity of an organ or organism due to past activity. However, as Lee points out, sensations of fatigue do not supply an accurate measurement of diminished capacity for work. Laboratory experiments have demonstrated that the result of fatigue is not so much to reduce capacity for work as to produce a disinclination or aversion toward work. A. V. Hill distinguishes three types of fatigue which are of immediate interest to the industrial hygienist. The first is the result of extremely violent effort occurring over a short period; the second is called exhaustion and is the result of more than

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[23] Hayhurst, E. R., *Industrial Health Hazards and Occupational Diseases in Ohio*, Part 3, Chicago, 1915. Attention was given to the pathology of overfatigue and its consequences in an early paper of the Smithsonian Institution: "Mental Over-Work," *Miscellaneous Collections*, Vol. 34 (1884): 1–34.

Lee, F. S., "Fatigue and Occupation," in Kober and Hanson, *Diseases of Occupation and Vocational Hygiene*, Philadelphia, 1916. p. 253.

moderate effort over a long period. Both of these types of fatigue are muscular and are susceptible to exact measurement and description. Contrasted with them is its third form, which is:

> . . . due to wear-and-tear of the body as a whole, to blisters, soreness, stiffness, nervous exhaustion, metabolic changes and disturbances, sleeplessness, and similar factors which may affect an individual long before his muscular system has given out.

Industrial fatigue is synonymous with this third type and is:

> . . . still so indefinite and complex that one cannot hope at present to define it accurately and to measure it.[24]

This difficulty in definition is partially eliminated by thorough descriptions of the subjective and objective aspects of fatigue. From the latter point of view, fatigue is described as a process of accumulation of waste products in the body. By various laboratory measurements, these waste products have been identified as toxins or poisons. Bio-physics defines fatigue as a decrease in the electro-resistance of cells of tissues and of entire systems of the body (digestive, respiratory, neurological, and genital).

The chief sources of muscular action are sugar, oxygen, and lactic acid. When the toxins of fatigue are produced by overexertion, they are distributed throughout the body because they are soluble in the blood. Physiological fatigue may be present in any tissue—muscular, connective, nervous, cardiac, circulatory, or glandular. Thus, physical and mental fatigue are practically identical. Rest from mental fatigue cannot be gained by physical exertion, nor can the manual worker who is physically tired attend educational classes profitably. Adult recreational and educational schemes have discovered these facts by trial and error.

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[24] Hill, A. V., "Physiological Basis of Athletic Records," *Nature*, Vol. 116: 544. Also, Hastings, A. B., "Physiology of Fatigue," *U. S. Public Health Service*, Bulletin No. 117 (1921), and various studies by Vernon, H. M., Muscio, B., and Farmer, E., in *Medical Research Council Reports* (London).

Greater significance is given to the physiological definition of fatigue than to subjective descriptions, because the physical condition of the person must be studied even before environmental factors. Laboratory experiments, however, do oversimplify the problems connected with fatigue by their inability to determine normal or average conditions as criteria of fatigue. The experiment by the Italian physiologist Mosso illustrates this difficulty. He took some blood from a dog which had been fatigued by exercise, and injected it into another dog which had not been fatigued. Almost immediately, symptoms of fatigue appeared in the second dog. Such experiments are valuable in defining the physiology of muscular and mental fatigue, but they cannot be given practical application outside of the laboratory. In the factory, muscular fatigue is associated with many variations in skill and intelligence, which constitute important factors in the subjective evaluation of fatigue and its consequences.

Causes of fatigue. Fatigue is accepted as a serious cause of problems, and *the* problem is to eliminate it. Overfatigue is traced to two sources—industrial and non-industrial causes. Industrial causes of overfatigue are (1) laborious work, (2) long hours, (3) piece work, (4) speeding up, (5) monotony, (6) constant standing, (7) constant strain, (8) improper layout of work place, (9) faulty posture, (10) jarring processes, (11) noise, dust, smoke, ventilation, and lighting. Among the more usual non-industrial causes are poor home conditions; inadequate diet, rest, or sleep; and various personal and individual differences.

Overfatigue is associated with decreased output, inaccurate work, accidents, occupational illness, low birth rate, labor turnover, and absences. A review of the relationships found between fatigue and accidents and illness will indicate the causal significance of this factor.

Fatigue and accidents. The relationship between fatigue and efficiency has been subjected to extended investigation. In most cases, a high degree of correlation has been shown to exist between the frequency of accidents and various measurements

of fatigue—notably, length of the working period. A number of studies have concluded that accidents increase directly with the number of working hours, the former increasing in number and severity during the last hours of each working period.

This conclusion has been criticized on the score that the relationship is incidental and not causal. Attention to a third factor, speed of production, is the source of this criticism. In the original investigations of the relationship between length of working period and frequency of accidents, the factor of speed was neglected. Later, when this factor was included, a closer correspondence between curves of accidents and production was found than in the former studies of fatigue. But the primary importance of production has not eliminated fatigue as a causal factor. Cutting down the hours of labor from twelve to ten or eight has resulted in major reductions in accident frequency. Other factors than reduction of working hours have also been connected with corresponding decreases. In coal mining, both low production and fatigue were found to correlate positively with high temperatures. Through the introduction of ventilating systems, production was increased and accidents were cut down by one third. However interpreted or measured, fatigue remains an important contributory factor in the accident record.

Another supplementary explanation of accident frequency is called by Vernon the "psychic state of the worker." This category includes inattention, carelessness, and lack of responsibility of the individual worker. These factors were selected as important in the causation of accidents after a comparison of the accidents of day and night workers. During night work, accidents occurred more often in the early hours of the working period, a condition ascribed to carelessness and excitement. This apparent contradiction of the fatigue-accident sequence does nothing more than substantiate prior findings, such as those of Muscio: [25]

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[25] Muscio, B., *Lectures on Industrial Psychology*, London, 1925, p. 36.

1. Increasing rate of movement causes increasing inaccuracy.
2. Continuous work fails to show an inaccuracy curve similar to the accident curve.
3. A curve similar to the accident curve can be secured only by increasing the rate of work.

Statistical studies in England and in this country stress both the factors of speed and the "psychic" or personal element. In a summary of 73,000 industrial accidents in this country, 88 per cent were traced to personal causes, whereas the most liberal estimate assigned only 10 per cent to mechanical or material sources. Of this total, the remaining 2 per cent were classified as non-preventable. Such a conclusion emphasizes the importance of skill, experience, and intelligence, as well as regulated speed of production, as necessary prerequisites to the minimizing of accidents. This conclusion is substantiated by the further discovery that the majority of accidents occur within a relatively small group of workers, who apparently are unable to avoid accidents.[26]

Fatigue and illness. A similar correspondence has been found between sickness and fatigue. Fatigue is a predisposing rather than a direct cause of the illness and mortality of industrial workers. Says Vernon: [27]

> There can be little doubt that in many cases fatigue is a predisposing cause of illness, even if it is not the direct and primary cause. Fatigue may impair digestion, and thereby interfere with the adequate nutrition of the body. Vitality is lowered, and the system becomes more liable to bacterial infection. Professor Irving Fisher, when discussing the effect of the long working day on the health of workmen, says, "A typical succession of events is first fatigue, then colds, then tuberculosis, then death."

Before the extent of these direct and indirect results of fatigue can be determined, other industrial, non-industrial, constitutional, and hereditary factors must be analyzed.

Fatigue—resulting from overwork, overpressure, and overstrain—is connected with physical disability, liability to infec-

[26] Heinrich, H. W., "Executive Responsibility for Safety," *Manufacturing Industries*, August 1928, p. 302. Newbold, E. M., "The Human Factor," *Natl. Safety News*, August 1926, p. 26.

[27] Vernon, H. M., *Industrial Fatigue and Efficiency*, London, 1921, p. 161.

tions, and neurasthenia, both as cause and as effect. The effects of fatigue are obvious. As a cause, its direct contributions to physical or mental inefficiency are more difficult to establish.

Hayhurst has named fatigue as a prominent cause of a number of physical illnesses, among them anemia, enlargement of the heart, high blood pressure, circulatory diseases, nephritis, coronary thrombosis, angina pectoris, intestinal disturbances and paralysis. In addition, it is connected with various chronic and acute infections incidental to the gradual breakdown of resistance, and with premature old age. Neurasthenia and other neuroses are similarly connected with fatigue. On this point Hayhurst has written as follows: [28]

> Neurasthenia is practically always occupational. Many persons, of slightly unsound condition to begin with, develop a "fatigue psychosis." Our hospitals, dispensaries, charities, various institutions and asylums are crowded full of these classes of persons. About 90 per cent of them are over 40 years of age, which makes a significant contrast with the age-group figures for wage earners in manufacturing industries, about 90 per cent of whom appear to be under 40 years of age.

Mental hygiene in accident prevention. Many surveys of the distribution of industrial accidents have shown that they do not occur wholly by chance. Workers who have the most accidents are also the ones who have the poorer attendance records, who make the most errors in their work, and who react either more slowly or more unwillingly to supervision.

According to one mental hygiene survey of accidents, 85 to 90 per cent may be traced to the mental condition of the worker. These mental factors are inattention, lack of knowledge, and an exaggerated sense of superiority.[29]

Similar conclusions have been reached in studies of traffic accidents. One department store discovered that 50 per cent of its traffic accidents could be traced to a small proportion of

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[28] Hayhurst, E. M., *op. cit.*, p. 36.

[29] Granniss, E. R., "Mental Hygiene in Accident Prevention," *Mental Hygiene*, Vol. 19: 398–404.

its drivers who had minor physical or mental defects. In the Detroit traffic courts, judges have frequently referred offenders to a psychopathic clinic. The number of cases of defective vision, color blindness, emotional disturbances, and accident proneness among such individuals emphasized the need for mental hygiene in a public health program and in educational campaigns for safety.

Summary. In his discussion of the mutual responsibility of the individual and society for the burden of social problems, Robert MacIver has stated in his book, *Community,* that "Nature solves no problem which man creates." The application of that observation is fully illustrated in this combined economic, social, and health problem. It points to the precautions that are necessary before the dangers of occupational hazards can be eliminated.

The social consequences of these problems are usually emphasized in terms of their direct, or tangible, and intangible costs. During the last two decades, the economic loss from industrial accidents alone has been estimated to be $2,400,000,000 each year. This sum includes lost wages, the costs of medical care, and insurance overhead. If losses because of compensation and the intangible costs were added, the total would be greatly increased.

The economic significance of the direct monetary cost of industrial accidents may be measured in several ways. It is the equivalent of an annual loss of wages of from $20 to $25 per employed person. In terms of unemployment, it is equal to 750,000 men being out of work for the entire year. In terms of production, it cancels the value of one week's productivity of industry as a whole. According to the expenditures of the state of New York for compensation, the tangible costs of accidents are the equivalent of a per capita tax of $5.30, or of $12.80 on the gainfully employed. Further, it is estimated that 32 per cent of these costs are paid by workers and that the remainder is paid by the public. The tangible costs of compensated accidents exceed a total of more than $1,000 per

accident. Incidental tangible costs to worker or employer have been estimated to be over four times the compensation claim.[30]

There are two other related groups of costs. Social and economic costs, distributed over public and private expenditures for relief of poverty, child dependency, widowhood, homes for the aged, and hospitals, are in part tangible. The second group of costs has no equivalent in money and is irreparable—namely, the losses due to the destruction of men and women in their prime and the costs to future generations in lowered birth rate, infant mortality, increasing nervous disorders, and lowered resistance to disease.

In this chapter we have been interested in the connection between occupation and two major social problems, physical disability and physical illness. Occupational hazards are given a special place among our major problems, because the occupation, rather than the diseases associated with it, requires remedial treatment. This emphasis upon work or occupation is suggestive of Le Play's theory of social organization. Le Play explained social institutions and habits, social problems and desirable reforms, in terms of work, which, in turn, he explained by geography or place. Whatever shortcomings this theory has in explaining other social conditions, it does supply a valuable approach to the causes of occupational hazards and to a program of control.

Preventive or remedial measures for these hazards do not differ from the suggested controls of physical illness or disability, except that special attention is given to particular oc-

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[30] Cameron, W. H., "Social Costs of Accidents," *Am. Labor Legis. Rev.*, Vol. 19: 397–403. DeBlois, L. A., *Industrial Safety Organization*, New York, 1926, p. 4. Heinrich, H. W., "Incidental Cost of Accidents," *Proceedings*, Tenth Annual New York State Industrial Safety Congress, Albany, 1927, pp. 92–101. Also, from the same source, pp. 129–130, Culliney, J. E., "Progress in Accident Prevention." The number and cost of accidents as a whole is increasing, owing to the increase of automobile accidents. During the 18 months prior to 1931, 50,900 persons were killed in automobile accidents, while 50,510 members of the A.E.F. were killed during the 18 months' participation of this country in World War I. In 1930 the total loss from accidents was estimated by the National Safety Council to be $3 billion; in 1936 this estimate was raised to more than $5 billion by Abraham Epstein. In 1944, 24,300 persons were killed and 850,000 were injured in automobile accidents.

cupations. Among the measures usually recommended are workmen's compensation, the safety movement, industrial medicine, better plant sanitation, reduction in the hours of labor, industrial training—including education of the workers concerning hazards—and an improved standard of living. Owing to variations between hazards and occupations and to individual differences among workers, any further refinement of measures in treatment is largely determined by special investigations, until both accidents and diseases are covered by the Social Security Act.

Provisions for the relief of work-connected injuries and illnesses in existing workmen's compensation laws are grossly insufficient. At present they cover only a small fraction of these disabling conditions. In the Social Security program as a whole, only one state, Rhode Island, has enacted social-insurance benefits for them.

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Questions

1. What are the principal industrial causes of accidents? How do they differ from personal causes?

2. What are the hazardous trades in your community or state?

3. What are the chief differences between the hazards of modern industry and those of the handicraft period?

4. Who pays the costs of accidents?

5. Why is it helpful to know the severity as well as the frequency of accident rates of different occupations?

6. Trace the growth of workmen's compensation laws, discussing extent, coverage, and administration. Is there any connection between the introduction of this legislation and the safety movement? (See reference to Epstein, in the bibliography.)

7. What is the connection between occupational hazards and poverty? Between these hazards and unemployment?

8. Why is it more difficult to secure information about occupational diseases than about industrial accidents?

9. Is the comparison between accident mortality and military fatalities valid? How do they differ?

10. What education and training should an industrial hygienist have? A safety engineer?

11. Why is a standard accident table useful?

12. Do accidents occur more frequently when business conditions are slack or during business revivals?

13. What trades have unusual dust hazards?

14. Under what circumstances is a disease considered occupational—for example, tuberculosis or pneumonia—which is also widely distributed in the general population?

15. Why is it difficult to discover the actual consequences of fatigue? Is there any real difference between "physical" and "mental" fatigue?

16. What laboratory techniques have been employed to measure fatigue? How do these experiments vary from the natural occurrence of fatigue as a result of long hours or speed?

17. Of what value are the services of mental hygiene in the prevention of accidents or fatigue?

18. Is there an element of the accidental in all social problems? Cite illustrations from poverty and unemployment.

19. What difficulties prevent the inclusion of occupational disabilities from being covered by Social Security?

Chapter V

DEPRESSIONS

LIKE FAMINES, epidemics, and war, business depressions are mass calamities. Each is apt to appear at first as a harmless, almost inconspicuous disorder. But before their course is finished, they intensify every ordinary problem in collective living and seriously threaten the existence of a society. So thoroughly disastrous do they become in their final effects that practically no one can remain untouched by their direct or indirect consequences.[1]

Depressions as a source of problems. A business depression, in brief, is a pattern of nearly all forms of social insecurity. No topic in economic history is discussed more often or from more different points of view. Although its general causes and accompaniments have been well described for many decades, opinion as to its general nature is still unsettled. In opposition to majority belief that a depression is wholly injurious, a few observers have regarded it as a beneficial restraint upon expansion and extravagance. It has also been viewed as a necessary phase in the development of a nation's commercial life: "The richer the nation, the more violent the depression."

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[1] After any of these world-wide debacles, almost everyone is curious to know what precise results they have had on the make-up or course of society. This was true during the 'thirties while the depression was at its worst. It was true after World War I and, so far as war is concerned, continues to be a matter of major importance. The point of view of this chapter is that depressions, wars or other wholesale calamities must be regarded as specific problems in themselves—their major characteristics being those outlined in Chapter XX below. At this point many of the social consequences of depressions are reviewed. In appropriate connections, the results of war, insofar as they can be reported, will be summarized. However, in both war and depression, their actual extent is so enormous and destructive, their impress on all humanity, social institutions, and social values is so drastic that their consequences often cannot be assessed for many years with any degree of objective reality.

In comparison with periods of prosperity, depressions represent a number of disorganizing agencies. Some of these factors are called speculation, underconsumption, overproduction, hoarding, bank panics, mass production, a complex division of labor, excessive investments and overhead costs, competition, and low wages. Each one of these characteristics of depressions may be used to construct an explanatory theory of the business cycle, or they may be employed altogether to illustrate personal and impersonal consequences of a vast and planless social machine.

The rhythm of depressions and the regularity of their occurrence suggest one of the most usual characteristics of all social problems, namely, their apparent inevitability. During each decade of the last century there has been, on the average, at least one major economic depression. Less serious depressions are even more numerous, occurring on the average every four or five years. These major and minor downward swings in economic efficiency are accompanied by, and largely described through, decreasing production, increasing poverty, decreasing standard of living, and increasing unemployment. Moreover, even during periods of prosperity, production and standards of living have been regularly insufficient for human needs.

From superficial inspection of modern economic life, the demoralizing consequences of this insecurity are obvious. One and perhaps the most outstanding causal agency which is assumed to be chiefly responsible for depressions is defective industrial organization. The main defect occurs when industry fails to produce goods in harmony with changing markets and needs. Other defects and possible causes are the uneven distribution of income (the maldistribution of purchasing power), the instability of income, competition, defective organization of the labor market, risks in capital investments, rates of growth of total production, international exchange of goods, profits, indebtedness, credit, and the different sensitivity of producers' and consumers' goods industries to economic changes. At any rate the opinion is widely held that certainty and security in

any one of these economic spheres would go far in eliminating the ill effects of depressions.

Because the depression beginning in 1929 is a recent example of the extreme economic disasters to which modern society is exposed, it is possible to examine the defects of industrial society with a considerable degree of realism. At the same time the general public is now more inclined to approve thorough and impartial study than ever before. In addition to such particular aspects of depressions as their intensity, duration, and worldwide extent, an interest in longtime economic and social consequences has put emphasis upon two major problems. One is the instability of our economic system in general. The second is concerned with specific economic and social consequences of depressions.

Attention to the disorganizing effects of depressions is fair proof of insecurity and change in modern life. It encourages, consequently, all efforts toward sounder social management, guidance, or stabilization.

In recent years many well-planned movements have endeavored to stabilize these cyclical changes. To date, however, they have scarcely accomplished more than an enumeration of leading obstructions to social security. Among the major problems that this approach to depression reveals, there are: (1) the changing demand for durable and consumers' goods; (2) lack of balance in the volume of both types of goods; (3) overproduction; (4) unemployment; (5) the correlation between insecurity of jobs and size of industry; (6) monopolies and controlled prices; (7) technological changes; (8) changes in the amount of labor supply; (9) competition between different classes of labor.

These findings indicate major problems of depressions.

The nature of depressions. As a process, the business cycle is explained by basic economic changes. Though many probable causes both economic and non-economic have been cited, it is generally conceded that the principal cause is something within industry and commerce. One conclusion is obvious in

the sequences of the business cycle: prosperity leads to crisis; crisis makes depression; depression encourages revival.

In this industrial setting any one cycle of prosperity, crisis, depression, and revival is simply an illustration of the range of forces which operate to make these sequences. In the depression of 1929, for example, the downward trend of business and the crisis are accounted for by the following coincidences: (1) the long-time effects of the World War; (2) its financial costs; (3) decrease of commodity prices; (4) the flow of gold in international exchange; (5) decline of agriculture; (6) industrial expansion; (7) expansion of trade and transportation; (8) decline in the demand for labor; (9) declining birth rate; (10) reduced immigration; (11) public debts; and (12) the extension of both public and private credit.

During the last 130 years there have been 35 cycles in the United States. A complete cycle is described by four dates: (1) the months during which expansion and prosperity occur, and (2) end; and (3) the months during which depression begins, and (4) ends. Although different indexes of the average duration of the business cycle reveal varying periods of length, in American experience the time period is between 36 and 40 months, as indicated in the following table.

DURATION OF BUSINESS CYCLES IN THE UNITED STATES

Duration in Years	*Number of Cycles*
1	3
2	4
3	11
4	5
5	6
6	4
7	1
8	0
9	1
Total	35

Sources: Mitchell, W. C., *Business Cycles*, p. 393. Natl. Bureau of Economic Research, Inc., New York, 1927. Bratt, E. C., *Business Cycles and Forecasting*, p. 169. Business Publications, Inc., Chicago. 1937.

Cycles are identified by classification according to their several phases as:

1. The 2-phase cycle—prosperity, depression.
2. The 3-phase cycle—prosperity, crisis, depression.
3. The 4-phase cycle—prosperity, crisis, depression, revival.
4. The 5-phase cycle—prosperity, financial strain, crisis, depression, revival.

In such analyses it is customary to give each downswing of the cycle a particular descriptive label ordinarily noting some spectacular happening, such as the Jay Cooke panic of 1873, the railroad panic of 1881, the rich man's panic of 1903, and the prosperity panic of 1929. In addition, the recessions following a war have been called primary and secondary post-war depressions.

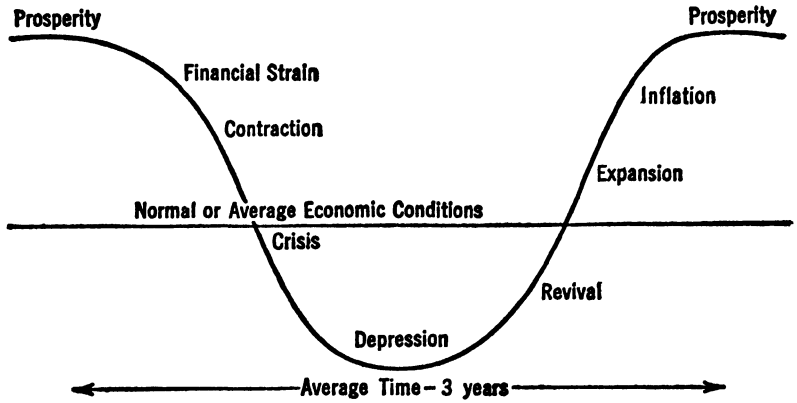


Figure 6. The Typical Economic Cycle.

Likewise, periods of recovery are explained in part by distinctive names—the bank credit land boom of 1836–1837, the two periods of upswing because of California Gold inflation in 1851 and 1852–1854, railroad prosperity of 1888–1892, Coolidge prosperity, and war prosperity.

Causes of depressions. The nature of depression in all these cycles is described through the cumulative influences of the following:

1. Reduction of business expansion.
2. Accumulation of capital that cannot be invested profitably.
3. Falling prices.
4. Decreasing rates of interest.
5. Reduction of governmental expenditures except for public works and poor-relief.
6. Reduction of speculation.
7. Reduction of loans and discounts.

When causes of depression are summarized, two general classes are isolated. In the first class are the economic, which include revolutionary changes in (1) the exploitation of new resources, (2) invention, (3) agricultural conditions, (4) credit, (5) war, (6) production, (7) banking operations, and (8) distribution. The second consist of non-economic factors such as (a) weather, (b) psychological factors in business, and (c) uncertainty.

Each of these general conditions and special features of depression is particularly noticeable in the depression of 1929.[2]

Clark mentions:
1. Worldwide decline in prices before American depression.
2. Depression in export trade.
3. Expansion of the security market concluding in the extensive collapse.
4. Oversupply of housing as a result of post-war shortage.
5. Occurrence of a depression in agriculture prior to the general recession in business.
6. Foreign fiscal and monetary crises.
7. Attempts to maintain prices by holding the surplus production.
8. Banking crises and an unusual number of bank failures.
9. Bank credit became scarce, resulting in withdrawals and hoarding.
10. Overproduction of many basic stocks.
11. Decreases in the stock of consumers' goods.
12. Movements in certain industries, such as construction, were so peculiar that their precise contribution to depression cannot be determined.
13. Rising of paper values of stocks after the productive processes upon which they were based had become retarded.
14. Unstable price level.
15. Maldistribution of the world's gold supply.
16. Installment selling.

Cycles and especially the depression phase are also noticeable in other cultural and in several sub-cultural events. Com-

[2] Clark, J. M., *Strategic Factors in Business Cycles*, Natl. Bureau of Economic Research, New York, 1934, pp. 111–123. As factors in the depression of 1929,

parable cultural upheavals are found in political agitation and revolution, in the income cycle (as described in Chapter II, p. 29), in occupational shifts and realignments, in social mobility, and in community organization. Many of these upward and downward movements have occurred so repetitively that they have been made the basis of long-range forecasts.

In several other different types of phenomena, similar cyclical movements have been observed. Some forms of animal life (fish, mice, and elephants) seem to thrive and then to diminish in numbers in definite periods. Weather in this country varies in a 23-year pattern. Cycles of epidemics include pneumonia and influenza (a three-year cycle), diphtheria (a cycle of six or seven years), and cholera, which is an annual event in India. Likewise, there are other cycles for vital rates (birth and death), changes in human weight, fashion, extremes of rainfall, climate, and for some forms of plant life.

The quest for an explanation of depressions is frequently directed to these non-economic changes as well as to economic cycles, and also to the medley of influences out of which each different type of cyclical movement may develop. Similarly this quest is often turned toward the recovery phase of cycles in order that the responsible factors for revivals and booms (or their equivalents in non-economic conditions) may be determined.

The nature of recovery. Measurements of a return to improved business conditions are generally the same indexes that are found to be accurate in determining business recessions. Among the most sensitive of these symptoms of recovery are indexes of national income and real income, the cost of living, industrial production, employment, and unemployment. Occasionally, too, the revival of export trade, the investment in automobiles, and contracts for housing and other equipment are used.[3] When all these indexes point to an upward trend in business, they are evidences of recovery.

[3] Colm, Gerhard, and Lehmann, Fritz, "Public Spending and Recovery in the United States," *Social Research*, Vol. 3: 136. (A statistical analysis of these indexes of recovery.)

Major characteristics of the upturn toward revival and a return of economic prosperity are:

1. The growth of old industries and the development of new ones.
2. Rising prices.
3. Increasing interest rates.
4. Increasing employment and wages.
5. Increasing public and private expenditures.
6. Increasing speculation.
7. Expansion of loans.

In recent economic history, periods of prosperity are almost exactly counterbalanced by periods of depression. In one comparative study of cycles, covering the years 1890 to 1925 inclusive, the characteristic three-phase cycle is assigned the following distribution of prosperity, recession and revival, and depression: [4]

	Number	*Per Cent*
Months of prosperity	2,888	39.3
Months of recession and revival	1,756	23.9
Months of depression	2,700	36.8
Total	7,344	100.0

In contrast to the economic experience of most industrial nations, the United States has fared exceptionally well in its own record of depressions. On the average, this country has had a year and one half of prosperity for every year of depression. In the Swedish experience, for the years 1890–1913, 1.89 years of prosperity occurred for each year of depression.[5]

An exact barometer of economic recovery is difficult to formulate. Probably the chief reason for this difficulty is the uneven response of many economic conditions at the turning

[4] Thorpe, W. L., and Mitchell, W. C., *Business Annals,* Natl. Bureau of Economic Research, Inc., New York, 1926, p. 16.

[5] Thomas, D. S., *Social and Economic Aspects of Swedish Population Movements.* Macmillan, New York, 1941, pp. 153–154.

point of the depression and the unequal speed of their revival. Additional obstacles to precision in both measurement and prediction are the serious and costly social lags, as for example, the continuation of a heavy poor-relief load or of a large number of unemployed persons after prosperity is well on the way.

Because of variations in the movement of many economic and social indexes of recovery, it is customary to employ several other evidences of the normality or abnormality of business in addition to income, cost of living, production, and employment. Other suggested indexes include more specific measures of economic status and various social data, such as labor relations, inventions, population movements, social legislation, public health, dependency, crime, education, recreation, and travel.[6]

A suggestive theory on the nature of depressions and recovery is derived from the stage of industrialism or of economic stability that a country is able to achieve. According to this conception of economic changes, a country is exposed to relatively long cycles at the beginning of industrialization. Thereafter, cycles are progressively shortened as long as industrial and economic development is in its prime. As soon as the course of industry reaches a relatively stabilized period in its growth, cycles tend to have a longer duration. Industrial diversity and opportunity, consequently, are keys to recovery. And the duration of a cycle is a reflection of the elasticity of an industrial civilization.[7]

This theory is of further assistance in its interpretation of cycles of varying duration. In this respect it suggests their location within a cycle of much longer duration, as illustrated by the rise and fall of a population group, a government, or an industry.

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[6] Ogburn, W. F., and Jaffe, Abe J., "Recovery and Social Conditions," *Am. Jour. Sociol.*, Vol. 42: 878–886. (A review of 42 indexes of recovery.)

[7] Mills, F. C., "An Hypothesis Concerning the Duration of Business Cycles," *Jour. Am. Statis. Assoc.*, Vol. 21: 457.

CORRELATES WITH ECONOMIC CYCLES

Phenomena Rising or Falling with Economic Cycles (Lags Disregarded)		Phenomena Associated but in an Undetermined Manner
Increasing with Prosperity	*Increasing with Depression*	
Alcohol consumption	Arrests	Attitudes and interests
Birth rates	Business failures	Crime, general
Crimes against the person	Church attendance	Death rates, general
Divorce and desertion	Crimes against property	Ill health or lowered vitality
Emigration	Housing deficiency	Infant mortality
Employment	Illegitimacy	Mental disease
Income	Lynching	Population, mobility and redistribution
Industrial accidents	Malnutrition	Social institutions (government, family, church, morals, etc.)
Labor liberalism	Pauperism	Tuberculosis
Marriages	Poor-relief, numbers and costs	War and revolution
Maternal mortality	Sickness	
Migration	Standards of living, restrictions in	
Strikes and labor disputes	Suicide	
Tuberculosis death rate	Transiency	
Wage rates	Unemployment	

Sources: This classification is derived from sources classified in the bibliography of this chapter under *Analytical Studies.*

Economic and social accompaniments of depression. The social significance of depressions is another equally important phase in the analysis of depressions. In addition to measurements of economic cycles which identify depressions as essentially economic phenomena, there have been many studies of cycles of social welfare. Social cycles are derived from the discovery of upward and downward fluctuations in social phenomena, and have often been explained through social or psychological causes as well as through economic changes.

The chart above summarizes many of these social and sociopsychological phenomena. The trait that all these phenomena have in common is their tendency toward definite periodical changes of increase and decrease. Some of them, especially when lags are disregarded, seem to be sensitive indexes of economic changes. Accordingly, there are some social changes which vary directly with the movements of economic cycles, some increasing with prosperity, others increasing with depression. A third, more indeterminate classification in-

cludes social changes that seem to be associated with economic conditions but in which no precise positive or negative correlation can be found.

Various difficulties interfere with the establishment of correlations in the third classification. Some of these problems or conditions are too subjective. There is no adequate quantitative index by which they may be measured and compared. Others are too inextricably connected with a large social pattern or sequence. Occasionally, too, some social cycles fluctuate so inconsistently that their periodicity cannot be determined for comparative purposes.

A few social problems of depressions are, consequently, readily identified by methods of exact correlation. Often, however, many of the most important of these problems can be only loosely associated with economic cycles and are scarcely more than the accompaniments of a period of social disorganization.

Direct economic correlates. As summarized on page 131, the most accurate correlates between business cycles and social cycles are to be found in direct economic consequences. The most important cycles of social welfare include fluctuations in employment (see Chapter III, page 59), in income and standards of living (see Chapter XI, page 352), in population movements, especially migration and transiency (see Chapter X, page 325, and Chapter XIII, page 433), in employer-employee relations, particularly with respect to labor conflicts and harmonious employer-employee, coöperative enterprises,[8] and in drastic changes within community organization and social-work practices.[9]

In view of the fact that few observers dispute the connection

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[8] Natl. Industrial Conf. Board, *Effect of Depression on Industrial Relations Programs.* New York, 1934.

[9] Carpenter, Niles, "Community Relations During the Depression," *Proceedings, Am. Sociol. Soc.*, Vol. 28: 55–62. Such transitions include (1) the shift from private to public financing of social work; (2) curtailment of non-relief giving agencies; (3) development of work-relief; (4) reduced expenditures for education; (5) opposition of taxpayers' associations; (6) reorganization of political districts.

between these social problems and depression, attention in remaining sections will be devoted to less obvious or tangible social correlates. These topics include the influences of depression upon family and child welfare, rural trends in the depression, health and illness during depressions, and a number of miscellaneous correlations.

Influences of depression upon family and child welfare. One of the most noticeable accompaniments of depression is the change in the marital status of the population. A specific effect is the reduction in the marriage rate, which in 1932 reached its lowest point in the marital records of this country. Other problems associated with this tendency and suggested as its explanation, in part, are the reduction of immigration, insufficient housing accommodations, and changing sex mores. The amount of reduction in marriage varies considerably between the social classes. It is greater in the older, more or less economically established classes. Among other classes, in which the significant factor seems to be a low and indefinite economic status, there is no appreciable reduction in marriage during depression, and in some instances it even may increase.[10]

Similar to this reduction in marriage is the cycle of divorce. Divorce coincides almost exactly with movements in the economic cycle, rising with prosperity, decreasing with depression. Apart from economic explanations of these changes, such as cost of litigation and alimony, the chief reason is presumably the firmer integration of the family that results from the necessity of facing common problems. In one study, 87 per cent of the families were reported to be on a more solid foundation during the depression than prior to it.[11] However, this assumed inte-

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[10] Bossard, J. H. S., "Depression and Pre-Depression Marriage Rates," *Am. Sociol. Rev.*, Vol. 2: 695. (There are other monographs in this source on various aspects of the family and economic status.) Stouffer, S. A., and Spencer, L. M., "Marriage and Divorce in Recent Years," *Annals, Am. Acad. Pol. and Soc. Sci.*, Vol. 188: 56–69. Kiser, C. V., "Recent Analyses of Marriage Rates," *The Milbank Memorial Fund Quarterly*, Vol. 15: 1–13.

[11] Angell, R. C., "The Influence of Severe and Apparently Lasting Decrease of Income upon Family Life," *Proceedings, Am. Sociol. Soc.*, Vol. 28: 85–89.

gration may be of a temporary character, concealing a host of latent, friction-making conditions.

Another sensitive vital rate is the proportion of births. In addition to the constant decline in the birth rate and in the average size of families, which has been going on for many decades, the birth rate has regularly declined below this usual trend as a result of adverse economic circumstances. This result is a composite product of social trends toward family limitation and of specific efforts to maintain a certain minimum plane of living.[12] There is partial compensation for this decrease during depression in the increase of illegitimate births, with its associated problems of unmarried mothers and abortion.

General ill effects of depressions upon the solidarity of family life may be summarized as follows: [13]

1. Exhaustion of savings and credit.
2. Lowered planes of living from moving to cheaper houses.
3. Sharing homes with relatives and friends, resulting in excessive congestion.
4. Comparable reductions in other items of the budget: lower food standards, inadequate clothing, elimination of recreation, loss of insurance, loss of furniture, loss of homes partly paid for, and the sacrifice of special education.
5. Withdrawal of older children from school.
6. Development of serious health problems.
7. Problems arising with shifts from one vocation to another, and the search for supplementary work.
8. Ill effects from the reduced facilities of community agen-

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[12] Parten, Mildred, and Reeves, R. J., "Size and Composition of American Families," *Am. Sociol. Rev.*, Vol. 2: 638–649. Griffin, H. G., and Perrott, G. St. J., "Urban Differential Fertility During the Depression," *The Milbank Memorial Fund Quarterly*, Vol. 15: 75–89. Holmes, S. J., and Dempster, E. R., "Trend of the Illegitimate Birth Rate," *Population*, Vol. 2: 6–22.

[13] Goodrich, Carter, *Earnings and Standard of Living of 1,000 Railway Employees During the Depression.* U. S. Government Printing Office, Washington, 1934. Lenroot, K. F., "Children of the Depression," *Soc. Ser. Rev.*, Vol 9: 212–242. Swerdloff, E. S., "The Effect of Depression on Family Life," *The Family*, Vol. 13: 310–314.

cies—hospitals and clinics, libraries, recreational opportunities.

Specific adverse effects upon children include: (1) malnutrition; (2) overcrowding; (3) insufficient health care, lowered vitality, and increased susceptibility to disease; (4) withdrawal from school; (5) unemployment of those eligible to work; (6) exploitation of child workers; (7) increasing predisposition to tensions and emotional instability; (8) lowering of moral standards and the loosening of parental control; (9) reduced recreational and other community resources.[14]

A further handicap to the welfare of children is the employment of mothers in the families of unemployed men. In one report on this situation, a third of the mothers were found employed. Of this total, 75 per cent were employed outside of the home, with a resulting loss of adequate parental care and insufficient supervision and protection. This consequence of the employment problems of women is only one of many that deserve consideration in any attempt to find the social costs of depression.[15]

Other consequences of the depression upon family life and the well-being of children range over a vast number of subjective and intangible privations. These liabilities will probably not be understood or fully appreciated until they are revealed objectively in the costs of institutional care and in the occurrence of individual inefficiencies which will become realities during the next generation.

Rural trends in the depression. In general, the social organization of rural life in America, both in open-farm and in village communities, has been adjusted to the constant movement of large numbers of rural inhabitants to the city. This migration has occurred throughout recent history except in the

[14] Williams, J. M., *Children and the Depression.* Am. Assoc. of Public Welfare Officials, Chicago, 1932. Palmer, C. E., "Height and Weight of Children of the Depression Poor," *Public Health Reports,* Vol. 50 (1935), No. 33.

[15] "Childhood and the Depression," *Am. Jour. Pub. Health,* Vol. 26: 265–270. *Unemployment and the Child,* Longmans, Green, New York, 1933. Pruette, Lorine, *Women Workers Through the Depression,* Macmillan, New York, 1934.

year 1932, when the direction of this movement reversed and more people moved from cities to rural areas. Accordingly, while one reaction of rural people to depression is most noticeable in its influences upon mobility, it is well to note that other factors, before as well as during the depression, have also operated to change the nature of rural mobility. Jointly with economic recession are such rural changes as agricultural decline, reduction of land values, a slowing down in building and railway construction, exhaustion of natural resources, improved methods of transportation, and a competition increasing in range and intensity between urban centers and rural villages and towns.

When an attempt is made to estimate the particular influences of depression upon rural society, the most prominent result is the increasing population of rural villages. The population of rural villages is of mixed origin. It is recruited from cities and from surrounding agricultural areas. In the case of the city-to-village movement, urban residents make the change because of unemployment or because they desire to obtain cheaper living costs. In the case of the movement from open-farm regions to villages, the stimulus is the greater availability of work on governmental projects or more abundant poor-relief.

Additional specific inducements to this mobility are the occurrence of pestilence or drought, the mechanization of agriculture, and the trend toward subsistence farming.

Rural social problems of the depression are largely the accompaniments of these shifts of population. In addition to increasing problems of poor-relief, there are problems of schooling, house-overcrowding, social and economic conflict because of new social-class alignments, and lower standards of living. The last condition is largely a result of the engagement of many families in subsistence farming. Other rural problems are the decline of neighborhood activities, the decline of the rural church, the high rate of bank failures, the gradual trend toward an increase of partially employed people because of the establishment of small industries in the rural village, a growing

number of employer-employee labor problems, and the emergence of the so-called youth problem. This relatively new situation in rural life includes a general lowering of morale and the lack of adequate economic opportunity. It also implies the inability of small population groups to organize and support necessary educational and recreational programs.[16]

Health and illness during depressions. Although illness and poverty are often associated in a close cause-and-effect relationship, depressions tend to create a new class of poverty-stricken people, especially from the standpoint of their liability to disease. Comparisons between different social classes, or with the general population, show that the highest sickness rates occur among the depression poor. The toll of illness and physical deficiency within this class exceeds the illness rates of the chronic or pre-depression poor.

Three facts are commonly accepted concerning the sickness records of those who were forced into poverty by the depression: (1) families with unemployed or part-time workers have a higher rate of disabling illnesses than families with full-time workers; (2) families with a low income in 1932 had higher rates than the families in the more well-to-do income classes; (3) those families who were forced from fairly adequate incomes in 1929 to relative poverty in 1932 had the highest sickness rates. They also had a high incidence of such disabilities among children as malnutrition, deficient diets, and poor vision.[17]

Among the less tangible evils of depression there are, of course, a variety of asserted benefits. With respect to illness or health, it is often stated that the enforced leisure of unemployment is a positive advantage to improved health and resistance. Much has been made of this professed asset. However, upon

[16] Brunner, E., deS., and Lorge, I., *Rural Trends in Depression Years,* Columbia University Press, New York, 1937. Chaps. 3–7. Sanderson, Dwight, "The Effect of the Depression on Tenancy," *Rural Sociology,* Vol. 2: 3–9.

[17] Collins, S. D., and Perrott, G. St. J., "The Economic Depression and Sickness," *Proceedings, Am. Statis. Assoc.,* Vol. 29 (N.S. No. 185A), pp. 47–51. Perrott, G. St. J., and Sydenstricker, Edgar "Causal and Selective Factors in Sickness," *Am. Jour. Sociol.,* Vol. 40: 804–812.

examination of the benefit of leisure in the case of specific illnesses, the advantage is found to consist primarily in a reduction of fatal accidents or of deaths from chronic diseases.

In opposition to this optimistic outlook is the point of view that the full costs of the national health bill, because of illnesses induced or complicated by depressions, cannot be known for many years. Though superficial evidence may show lower costs or even reduced mortality rates, such costs are actually in the nature of deferred payments. They are minimized by foregoing hospital treatment and necessary medical care, by postponing dental treatment, and by extensive self-medication.

Indisputable evidence concerning the depression as a cause of illness cannot be accumulated with any degree of precision. There is some indication in the slowing down of the rate of decrease of a few chronic diseases, especially tuberculosis, so that the real costs to health due to the depression may not be represented in impaired vitality or in increasing death rates until recovery is well on the way.[18]

Miscellaneous correlations. A number of other social problems are also connected with depression in a causal sequence. But most of them, like illness, can be given no exact cause-and-effect description. In general, however, certain forms of delinquency or crime, a few types of mental disease or behavior problems, and suicide seem to have their roots in economic distress. But the degree of association in most of these non-economic correlates is dependent to a large extent upon a particular economic index.

When unemployment is accepted as an index of depression, the most consistent correlation within the various classes of crime is that of theft, which includes burglary, robbery, and breaking and entering. Arrests, too, tend to rise and fall with an index of unemployment. Otherwise, there is no important

[18] Bauer, W. W., "The Death Rate in the Depression," *Am. Mercury*, Vol. 29: 19–25. Perrott, G. St. J., and Collins, S. D., "Sickness among the Depression Poor," *Am. Jour. Pub. Health*, Vol. 24: 101–107. Schumacher, H. C., "The Depression and Its Effect on the Mental Health of the Child," *Am. Jour. Pub. Health*, Vol. 24: 367–371.

connection between economic conditions and criminal conduct which cannot be explained more appropriately through other causal agencies. Crimes against the person show no tendency to increase during depressions, nor do such indexes of crime as court actions, admissions to jails, juvenile commitments, or admissions to prison.[19]

As a single or important explanation, the depression does not figure prominently among the suggested causes of the major mental diseases. None of the increase in hospital cases can be traced to it. But depressions may be considered precipitating factors in cases requiring hospitalization and as factors in mild forms of mental and nervous disturbances, or in the more numerous maladjustments of behavior and personality.

When an unemployment index is used, some forms of mental disease apparently increase during years of depression. However, with an adequate system of poor-relief, admission rates decline, and the conclusion of the students of this correlation is that any circumstance causing widespread dependency will increase the rate of first admissions to mental hospitals.

Specific mental diseases reported in these first admissions during the depression are manic-depressive, traumatic and alcoholic psychoses, psychoses due to drugs, and paranoia with cerebral arterio-sclerosis, most of which have a low death rate and a fairly high recovery rate.[20]

So far as there is a significant connection between the mental diseases and depression, it is to be found chiefly in the curtailment of treatment facilities. During the depression, the budgets of mental hospitals are reduced and building programs are discontinued. Consequences thereof are overcrowding, inferior standards, insufficient personnel, reduction of clinical, research, and training resources, and eventually a lower rate

[19] Jones, V., "Relation of Economic Depression to Delinquency, Crime, and Drunkenness," *Jour. Soc. Psych.*, Vol. 3: 259–278. Simpson, R. M., "Unemployment and Prison Commitments," *Jour. Crim. Law and Criminol.*, Vol. 23: 404–414; Vol. 24: 914–922. Wagner, A. C., "Crime and Economic Change," *Jour. Crim. Law and Criminol.*, Vol. 27: 483–490.

[20] Dayton, H. A., *New Facts on Mental Disorders*, C. C. Thomas, Baltimore, 1940. pp. 344 and 367.

of recoveries. These results are the principal ill effects of de pression upon the course of mental health.[21]

Suicide is also a correlate of depression. It, however, is more closely associated with an index of business failures or other economic indexes of sudden crises than it is with unemployment or with more slowly maturing forms of social disorganization and pathology.

Summary. Rhythmical movements of good times and hard times are common occurrences in modern industrial society. Booms and prosperity are hailed as unqualified blessings. Depressions in general symbolize the opposite. As a matter of fact every boom is just about counterbalanced by a depression. In other words, their intensities are so equal that the advantages of the one and the ills of the other cannot be known except after careful observation and comparison. The main interest in this social and economic study is to discover the precise nature of the balance sheet.

In many respects, individual well-being and social adjustment are identical in their reactions to these economic changes. In the case of both, the range of tolerance is markedly restricted. It is somewhat like the average person's limited tolerance to changes in temperature. Either above or below a rather narrow variation in temperature, the individual becomes uncomfortable unless precautions are taken. Likewise, the individual and society must adjust to variations in economic life whose upper limits of prosperity and lower limits of depression are inclined to be equally vigorous precipitants in the making of social problems unless the right correctives can be introduced.

The social problems of depression emerge from the inability to make adequate social adjustments. In several respects the problems of depression have characteristics that resemble nearly every social problem—in their comparatively rapid onset, in

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21 Komora, P. O., and Clark, M. A., "Mental Disease in the Crisis," *Mental Hygiene,* Vol. 19: 289–301.

their rhythmical movements of increasing and decreasing frequency, in their apparent inevitability, and in their intensity, duration, and worldwide involvements. From this combined point of view, they are typical patterns of problems which must be analyzed and restated in terms of their origins in specific societal, cultural, and social relationships.

Within the next twenty or thirty years the real social and economic costs of depression will probably be known with some precision. In the meantime, from current observations and prospects, depressions can be fairly adequately described as a gross pattern of insecurity which is essentially economic in nature. This preliminary and incomplete description is derived in part from the apparently fragile nature of the basic economic mechanisms. It is substantiated in detail by the many weaknesses in the foundations of contemporary economic society and in the radical extremes to which economic forces are liable. Each particular insecurity, whether it is called economic or social, points to the need for sound planning and efficient management in all phases of collective living.

From this broad outlook of social welfare, depressions are belligerent forces. Depression may be described with considerable accuracy as the breeding ground of social problems. Of these problems, the most definite are those which arise in close contact with some economic situation and which can be given a quantitative weight. Nevertheless, the definiteness of one set of results should not obscure major qualitative consequences of depression. Probably in the long run the actual costs of these intangible ills will far exceed all direct economic losses. At present, however, qualitative aspects of depressions are hard to detect; and they are soon forgotten with the enthusiasm that arises with returning prosperity. They do suggest rather emphatically the social nature of depressions, which is usually omitted in the suggested plans for their control.

If there is any one lesson that depression emphasizes in the field of social control, it is generally contained in one, or in a combination, of the following types of correctives:

1. Regulation of the speed of production in harmony with consumers' demand.
2. Control of the supply of credit.
3. Control of speculation.
4. Stabilization of the price system, private enterprise, and competition.
5. Introduction of measures to regularize the income of different classes in order to insure more stable expenditures.
6. Supplementation of the flow of income to consumers by unemployment reserves.
7. Introduction of public-works projects as the gap between the production of producers' and consumers' goods makes unemployment.
8. Adjustment of wages and interest rates to an index of prices.
9. Compensation for improvements in machinery by adjustments in wages and hours.
10. Institution of a balance between consumption and savings.

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Questions

1. How may business cycles be distinguished from social change in general? From any type of periodic movement?

2. What is the difference between periodic and non-periodic cycles? Give a number of illustrations of both.

3. Is it possible to forecast economic changes? What data are employed for such measurements?

4. What is an economic index? Do all economic indexes fluctuate in the same way and at the same speed?

5. Are there some social problems that are wholly unconnected with economic change? What are their non-economic sources?

6. What correlations have been found between business depressions and other social phenomena such as birth rates, mortality and sickness rates, marriage, desertion, illegitimacy, or crime?

7. Can depressions occur in a society whose system of exchange does not require money?

8. State and criticize a few of the different explanations of business cycles.

9. State and criticize a few of the explanations of social cycles; of non-periodic cycles in cultural or non-cultural phenomena.

10. State and criticize some of the programs that are suggested as preventives of economic fluctuations.

11. Why has the period of prosperity been of longer duration than the period of depression in the history of American cycles?

12. Are all depressions basically alike?

13. In what respects was the depression of 1929 similar to, and different from, the depression of 1837? Consult Rezneck, S., "The Social History of an American Depression," *Am. Hist. Rev.,* Vol. 40, pp. 662–687.

14. Under what conditions of crisis and depression have towns been abandoned?

15. Is the downfall of a nation or the disappearance of a people similar to the social change of depression?

16. To what social forces other than economic change may illegitimacy be traced?

17. What is a statistical norm? Are other types of norms available in social study?

18. What is a lag? Why do lags occur? Who introduced the term "culture lag"?

19. Is it conceivable that Mills' theory of industrial organization and the duration of cycles may rest validly upon some basic principle in the structure and function of social groups? State this principle.

20. Is the institution of the family in modern industrial society completely at the mercy of economic depressions? What possibilities of rehabilitation within itself does the family have?

21. Why is it difficult to compute the monetary costs of depression?

22. How do the social costs of depression differ from its economic costs?

PART II

Physical and Mental Sources of Social Disorganization

INTRODUCTION

PROBLEMS of ill health rank with poverty in their antiquity and worldwide occurrence. To the major illnesses and defects of the body, various social inefficiencies and personal failures are traced directly. Several theories of a nation's success or doom are based wholly upon the health and vitality of its population.

In the relatively constant and heavy drain of illness and defectiveness upon the vital resources of a community, there are two distinctive sets of problems. One group of problems consists of those conditions of ill health and disability that occur independently of the form of economic or social system in which they are found. The other series includes bio-social problems of physical and mental fitness which cannot be more accurately described because they are joint results of biological and social circumstances.

Within recent years the public health movement has given equal attention to both types of problems—in the systematic analysis of biological and medical problems and in the examination of the social origins of disease and defectiveness. One result of this study is the contemporary program of preventive medicine. The discovery that most diseases of body and mind can be prevented (whereas in the absence of prevention some commonly defy all known systems of treatment) is the outstanding contribution of combined social and biological study to the problems of health.

There are two important developments in the organization of preventive medicine. One proposes the study of the health problems of a society in their connection with other social problems. The other suggests a more fundamental consideration, namely, the need of every society for some planned policy in population and social organization which will tend, on the one hand, to lessen current health hazards and, on the other, to produce in coming generations a people that will be biologically and socially more immune, at least to the deteriorating and degenerating forms of physical and mental sickness.

Chapter VI

PHYSICAL ILLNESS

A PROMINENT official of the United States Treasury, commenting on the findings of the National Health Survey, said, "If you can earn more than $1,000 a year, you have twice the chance of living." This conclusion was supported by the fact that the death rate of a third of the population among the country's low-income group was twice that of persons in the higher income groups. This Survey also pointed out that 3 out of every 4 deaths in the United States are caused by the ten major diseases.[1]

In recent years, the burdens and costly effects of illness have been revealed in a number of studies. They point out that

1. About 5 per cent of the population is constantly disabled by illness, disability meaning that the individual is unable to perform his ordinary duties.

2. One million persons, or nearly one fourth of the total number who are disabled, suffer from some chronic illness.

3. The average loss of time by each person because of illness is nine or ten days per year.

4. This incidence of illness accounts for 1.1 per cent of unemployment.

5. Illnesses occur with unusual frequency and severity among the old, the young, and the poor.

6. Consequently, illness is a major cause of economic dependency.

Disease as a social problem. The physical diseases and their results are both social problems and causes of social problems.

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[1] Britten, R. H., and others, "The National Health Survey," *Public Health Reports,* Vol. 55 (1940), No. 11.

Consequently, disease and health become the subject matter of several fields of social investigation. Although diagnosis, treatment, and prognosis are largely medical and biological problems, ill health often has economic or cultural origins. Almost every problem of physical illness requires a joint consideration of physical, biological, economic, and social conditions. Thus, by way of illustration, poverty or occupation may be a direct cause of ill health; or the reverse may be true, and poverty or vocational inefficiency may result from illness. In individual cases of illness or in public health activities, no rule is more generally accepted than that which recognizes the conflict between certain living conditions and the requirements for good health.

The close relationship between physical health and social well-being has given rise to a number of proverbial statements which are supposed to strike at the roots of these combined problems. Men have adopted many contradictory attitudes in trying to explain why sickness, and not health, is contagious. Colonel Ingersoll was by no means the first who would have reversed the Creator's judgment on this point. Dubious proverbs supposed to cheer us up have been often quoted. "Threatened men live long," or so the Spaniards contend. The American version, credited to Dr. Oliver Wendell Holmes, runs: "nothing is safer than a chronic disease, if it be well cared for." Even common salutary (health) expressions have been explained as originating when men were overexercised with the task of avoiding illness. Nor is there much consolation in the statement: "An ignorant person is potentially a sick one; an informed person is always potentially a well one." Too many variables separate man from nature to make this advice of any practical significance.

In primitive society, illness and mysticism were aspects of one system of thought. Disease was the work of evil spirits or of persons with supernatural power. Mystical or spiritual sources of ill health are well illustrated by Persian mythology, in which 99,999 diseases were enumerated, all of which were

caused by the evil eye. Examples of the personal origins of ill health occur frequently in the literature of the ancients. Lilith, who was considered by ancient rabbis as Adam's first helpmate, was also employed to explain infant mortality and disease. Under this system of interpreting physical illness, magicians and medicine men were charged with the task of cure by means of intervention with the evil spirits or persons.

With the development of modern medicine, the system of cause and treatment has been completely revised. In the following sections, the social aspects of health and disease will be discussed in their connection with medical and social problems.

Health as a measure of welfare. In contrast to primitive and ancient conceptions, modern views recognize health as a necessary asset in both individual and group welfare. Disease is no longer considered sinful or a topic to be ignored. When a population is examined, its physical status is no less important than its economic, cultural, or intellectual achievements.

This association between health and other evidences of social adjustment has been noted previously in several connections. Ill health and high death rates (general, specific, and infant mortality rates) occur with unusual severity among families in poverty. Conversely, health, longevity, and lower death rates prevail as income increases. Similarly, certain occupations are recognized as having high predictive value in determining the incidence of disease and death. Welfare agencies, as well as insurance companies, have constructed their policies and resources of treatment in the light of this association, considering medical needs and care as an aspect of poverty. Employment and health are also inseparable; illness is both a cause and a consequence of unemployment. When standards of living are planned to determine minimum needs, health and physical efficiency are the two most common measures of the lowest normal plane of living. Budgets below this level have either insufficient or no allowances for medical and dental services. Also, as standards of living are raised, or as budgets are prepared for different income groups, the relative expenditures

for health become an increasingly important item. One study illustrative of this tendency reports a health expenditure increasing from $15.28 per individual in families receiving less than $2,000 per year to $76.86 per individual in families receiving $5,000 or more.[2]

Because of these associations between illness and other social problems, health not only becomes a standard of general social welfare, but is considered a minimum requirement for normal efficiency. To a great extent, modern public health movements are based upon the theory that there is only as much illness as we want—that health can be purchased. For this reason, health programs and many other projects are combined to accelerate social welfare through industry, legislation, education, and research. Industrial hygiene, workmen's compensation, safety-first movements, the study of occupational hazards, factory sanitation, and periodical physical examinations are examples of these projects in industry. Popular health education and the introduction of health education in the schools, health legislation with reference to housing, food, or the control of infectious diseases, public health organizations, including state and local departments of health, health centers, dispensaries and clinics, health activities in public and private social work—such as medical social work, public health nursing, and visiting nursing associations—are other aspects of this coordinated movement. There is also a growing interest in the development of some form of health insurance. Other evidences of the social importance of health occur in current medical research, in local surveys, and in the special studies by such groups as the American Red Cross and the Rockefeller Foundation, or by national associations organized to study specific diseases, such as the American Society for the Control of Cancer.

Social origins of disease. According to popular theories, disease is largely a product of civilization. Such hypotheses

[2] Committee on the Costs of Medical Care, *Miscellaneous Contributions.* Report No. 2, 1930.

are based upon two widely credited beliefs: first, that there are many diseases today which were not found in previous historical periods; and second, that in preliterate cultures men lived a natural and healthy life. This point of view was expressed by Mrs. Charlotte Perkins Gilman, who had the caveman predict:

> We are going to wear great piles of stuff
> Outside our proper skins!
> We are going to have diseases!
> And accomplishments! ! and sins! ! !

Some people, in fact, have gone one step further by classifying civilization itself as a disease. The theory that disease originates in civilization breaks down because it fails to admit other than social causes of disease. If we grant that diseases are spread by social contacts which are inseparable from civilization, this concession proves neither that there was a golden state of nature free from disease, nor that there are new diseases. Recent evidence contradicts both of these beliefs.

In spite of what has been written about the recent discovery of "new diseases," there is no proof that such diseases have not existed for centuries in some unrecognized form. At least 70 per cent of current diseases, as well as the elementary principles of modern sanitation, were known to the Greeks and Egyptians. The discovery of hitherto unrecognized causes of age-old diseases is not the discovery of "new diseases." Nor is there any evidence to prove that diseases are more, or less, common today than in previous periods. The whole subject is confused by the lack of accurate diagnosis and recording of diseases in former times. Doubtless if vital statistics were available for earlier periods, we should be less ready to accept the generalization that diseases are increasing in number and in severity. Recent improvements in diagnosis and in vital records do not confirm the notion that civilization is a primary factor in the cause of disease or in the creation of new diseases.

Paleopathology, the study of pathology in fossil remains, supplies the most definite information about the antiquity of dis-

ease. This study is limited, of course, to those diseases which affect the skeleton, but it furnishes significant facts as to the number, prevalence, and epidemics of disease among primitive people. Among the diseases identified by paleopathology are bone tumors, infections, and lesions, and dental defects resulting from pyorrhea, arthritis, and rickets. A general term, "cave-gout," has been coined to include many lesions resembling conditions now known to be the result of tuberculosis or syphilis. (This and other general terms, such as "plague" and "leprosy," were employed to designate several classes of diseases.) Biological surveys of modern primitives have also exploded the myth of the "healthy savage." [8]

Among historical peoples, the ancient Greeks and Egyptians have left the most exact descriptions of disease and treatment. In their literature, Pott's disease, pneumonia, smallpox, many deforming arthritides, arterio-sclerosis, necroses, tumors, and cirrhosis of the liver are accurately diagnosed. There is also some evidence of syphilis, rickets, and tuberculosis, but it is insufficient to warrant the assumption that they prevailed to any serious extent. A fairly well developed pharmacology and surgery (including trephining, amputation, and cauterization) are also reported.

In the remains found of the primitive inhabitants of Peru and North America, there is confirmation of the prevalence of the same types of disease. Disease, chiefly yellow fever and smallpox, was presumably one factor in the downfall of the Indians during the Spanish conquest. In addition to these diseases, syphilis, measles, hookworm, Asiatic cholera, and trachoma have been identified in the medical surveys of Indians. These diseases were introduced by the whites, with destructive consequences to the native population. Recently, an expedition was organized to determine whether disease or famine

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[8] Moodie, R. L., *The Antiquity of Disease*, University of Chicago Press, Chicago, 1923.

was responsible for the destruction of the Mayan empire, the early Central American Indian culture.

Plagues and epidemics have been frequent occurrences in every historical group. The two terms were used as synonyms for many different diseases or "sudden sicknesses." Pestilence is mentioned many times in the Bible. During the reign of David, an epidemic killed 70,000 persons in three days. Greece and Rome were frequently swept by plagues, concerning which they had practically no exact knowledge. According to historians, these plagues were epidemics of smallpox, typhus fever, or the bubonic plague. During the Christian era, disease was one of the chief impediments to the Roman aspirations for a world empire, and malaria is cited as the real conqueror of Rome.

During the Dark Ages no advancement was made in either the prevention or the control of disease. Modern writers on sanitation describe this period as dark with pestilence, famine, poverty, and war; the principles of sanitation developed by the Greeks and Romans were abandoned and forgotten. Plague, leprosy, typhus, smallpox, sweating sicknesses, and unknown scourges came in rapid succession. Of these epidemics the black death, recently identified as the bubonic plague, caused the greatest destruction of life known in human history. One quarter of the population of Europe was destroyed. In 1500 typhus fever swept over Europe and remained a serious cause of death for more than a century. Mass movements, such as the Crusades and dancing manias, are now described as the activities of a plague-ridden population rather than as motivated by religion and patriotism.

In spite of this dismal picture of the Middle Ages, valuable contributions to a public health program can be found in the medical knowledge which was developed prior to the modern period. The ancients recognized the chief diseases which still defy current methods of cure, and they formulated the elements of a municipal scheme of sanitation. In addition, they con-

tributed several rules of personal hygiene which are still worth quoting.[4]

Contemporary interests in health. Four topics are frequently discussed in connecting the positive criterion of health with other adjustments necessary to secure this objective: (1) the relationship between population and the spread of disease, and the basic controls which must precede any material reduction in disease; (2) the economic importance of health and the enormous drain upon society directly and indirectly through economic losses due to ill health and sickness costs; (3) heredity and ill health, especially with attention to the possible inheritance and transmission of disease; and finally, (4) the significance of health as a basic factor in explaining the achievements of individuals and of nations. The modern public health movement is largely a product of an interest in these topics, and our knowledge of the major groups of disease (their incidence, causes, and prevention), has also been derived from the study of these subjects.

Population and health. Overpopulation, urban congestion, and mobility have made some diseases a menace to the entire world. When a disease is local, it generally has little social significance, because it occurs rarely or because the local population has developed an immunity to it. With the growth and mobility of population, both these conditions are changed. Localized diseases are carried rapidly from one section of the world to another, and urban overcrowding has made favorable channels for their transmission. Migration has also increased the exposure of susceptible persons. Diseases like influenza, typhus, and smallpox have followed the routes of trade or armies with intense havoc. The drift of Negroes from a southern agricultural to a northern industrial life is illustrative of this hazard. Subsequent to this migration, the mortality and sickness rates of Negroes increased and their birth rate was materially lowered. In general, the mobility of population is

[4] Keyte, S. W., "Health Hints from the Ancients," *Nineteenth Century*, Vol. 105: 828–837.

used to explain increases in infectious diseases, whereas overcrowding and urban congestion are offered as partial explanations of increases in degenerative diseases.

Population as a factor in the social problems of disease is emphasized, in addition, by the discovery that most communicable diseases are transferred by human contact. In the majority of these diseases people are not only the chief agents in transmission, but also the only sources of infection. A recent study of the transmission of disease by direct contacts showed that during one day a person has, on the average, 92 opportunities for infection through the hands, 14 opportunities through the nose or mouth, and 17 through the mouth by contact with articles possibly infected by others. It was also shown that 90 per cent of all infections are taken into the body through the mouth. The connection between contacts and infection has stressed the need for thorough protective measures, including preventive hygiene, regulation over the mobility of carriers (whether they are ill or not), and fundamental controls over population.[5]

The economic value of health. A second motive behind campaigns against disease is the economic value of health. The two principal items in cost are capital losses due to premature disablement or death, and the direct costs of sickness.

The average initial investment in a child, up to the age of self-support, is $7,238, which becomes $10,000 when allowance is made for interest on capital and the cost of those who do not survive. If these costs are capitalized, the vital wealth of a nation far exceeds its material capital. In addition to the losses sustained from infant mortality and preventable deaths,

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[5] Crowder, T. R., "Communicable Diseases and Travel," *U. S. Public Health Service,* Public Health Bulletin No. 129 (1922). Under war conditions (which are accentuated by mobility, malnutrition, overcrowding, employment of women in war industries, lowering standards of sanitation, and fatigue) there have been attacks of unusual severity of influenza, pneumonia, dysentery, typhoid and typhus. Cerebrospinal meningitis increased among the children of Europe; and in England, Wales, Scotland, and France, tuberculosis increased. In the industrial population, the chief health hazards were aniline poisoning, toxic jaundice, and poisoning from nitrous fumes.

there are the direct and incidental losses of sickness, wage losses, and sickness costs.

Each year a sum of about $5 billion is spent by the American people for health programs and personal medical services. One fifth of this amount is financed by taxes. Of the remainder about one twentieth is paid through voluntary prepayment insurance plans.

Attempts to estimate incidental as well as direct costs of illness result in much larger sums. Of these estimates, the items in the study of the Costs of Medical Care are most instructive, indicating expenditures for the different medical services, wage losses, and losses from preventable deaths.[6]

COSTS OF ILLNESS

	Rankin's Estimates	*Per Cents found by Costs of Medical Care*
Physicians	$ 450,000,000	30
Private nurses	210,000,000	6
Practical nurses	150,000,000	
Dentists	150,000,000	12
Hospitals	750,000,000	24
Druggists (for medicines)	700,000,000	18
Other healers	50,000,000	10
Total	2,460,000,000	100
Wage losses	2,000,000,000	
Loss from preventable deaths	6,000,000,000	
Grand total	$10,460,000,000	

This total of $10 billion represents a per capita cost of $20.83. Furthermore, it should be noted that such estimates of cost give no information as to the adequacy of medical care or as to the relative amounts spent for curative and preventive medicine.

Heredity and health. The part played by heredity in the transmission of disease has been much exaggerated. Loose usage of the term has led to confusion and misinterpretation. No disease is inherited. Although this statement is dogmatic,

[6] *Source:* Rankin, W. S., "Economics of Medical Service," *Am. Jour. Pub. Health,* Vol. 19: 359–365. Metropolitan Life Insurance Company, *Health Bulletin,* No. 38, p. 2.

it has the support of excellent authorities.[7] At the same time, however, heredity remains as a major factor in the causation of disease. Karl Pearson stated that 50 to 70 per cent of the general death rate is determined solely by heredity, uninfluenced by preventive medicine or sanitation. This opinion is held widely by geneticists in the United States.

The connection between heredity and disease is in the acquisition of separate organs or entire systems which do not function normally. Organs predisposed to disease are inherited—not the disease itself. Thus, diabetes is associated with a hereditary deficiency of metabolism, and Thomsen's disease is a lack of response on the part of the involuntary muscles. In addition, we speak of hereditary gout, inherited tendencies or inherited weaknesses favorable to tuberculosis, hemophilia, and glaucoma and other eye defects.

Inheritance, consequently, is related to health only in the transmission of specific organs. Some diseases, such as those just mentioned, are transmissible organic defects. Other diseases are congenital, acquired during the prenatal period, as in the case of some virulent infections, or as the result of diseases or poisons in the parents. Those diseases or defects which are acquired congenitally are obviously eliminated from any direct connection with the process of inheritance. Restricting the use of *inheritance* in this manner to the first class of disease corresponds with the germinal theory of inheritance. It does violate the popular use of the term, which makes inheritance the equivalent of anything that is transmitted from parent to child prior to birth. Nevertheless, it does not deny that diseases may run in families.[8]

Until human genetics has a body of data from other sources than animal experiments, the restricted use of inheritance as an explanatory factor is advisable, particularly in the case of diseases which can be explained more easily by a bias toward

[7] Consult East, E. M., *Mankind at the Crossroads*, Scribner's Sons, London, 1927, p. 88.

[8] Murchison, C., *The Foundations of Experimental Psychology*, Clark University Press, Worcester, Mass., 1929, Chap. 1.

heredity than by research in the transmissible germinal properties. When a disease has little or no connection with these inherited traits, is not infectious, or cannot be traced to some poison or deficiency (organic or dietary), the safest recourse is to label its source as unknown. Eugenics or environmental programs of disease prevention, as well as the ultimate solution of the degenerative diseases, are aspects of the general question of inheritance.

The importance of health and heredity is most strikingly demonstrated when either is connected with genius or achievement. In most instances physical vigor, health, and mental activity are used as interchangeable terms. Emerson said: [9]

> Genius consists in health, in plenipotence of that top of condition which allows of not only exercise but frolic of fancy.

Many terms have been used to describe the physical characteristics of great men, but none has received more attention than health, endurance, and energy. "Napoleon could work for eighteen hours at a stretch at one subject or at many." Browning was "a monument of sturdy health." Alexander von Humboldt said, "In my travels, I kept my health everywhere. I passed through the midst of black vomit and yellow fever untouched." At sixty he was exceedingly fond of walking. Franklin, Washington, and Jefferson were exceptional in muscular development. At eighteen Washington was wrestling champion of Virginia. Franklin excelled in swimming and at one time thought seriously of becoming a professional swimming instructor. Paine said of Mark Twain: "In no other man have I ever seen such physical endurance."

In a discussion of 90 men of genius, Rogers has said: [10]

> Of these some seventeen may be said to have been more or less delicate from childhood, though most of these were by no means sickly much of the time. Some eight or ten more, like Darwin and

[9] The source of these illustrations is Rogers, J. F., "Genius and Health," *Sci. Monthly*, Vol. 23: 509–518.

[10] Rogers, J. F., "The Intellectual and the Physical Life," *Pop. Sci. Monthly*, July, 1913.

Spencer, broke down after a healthy, vigorous youth and early manhood. At least fifty were robust, and many of these remarkable for physical powers. The remainder were probably above the average in physical endurance, even if their physique and health were not so impressive.

Health and civilization. Among the several factors which influence the history of a people, health has been emphasized repeatedly, as have race, geographical location, climate, economic class organization, morality, and religion. Decadence is accounted for by disease; advancement by health. In this explanation the negative formula is ill health, low vitality, low mentality, and inability to adjust to or to control one's environment. Thus, Binder has written: [11]

> Health has been the greatest single factor in the history of man, since it is the strong and healthy nations which have in the end conquered their richer and, perhaps, more civilized neighbors. . . . No people has ever succeeded in rising above the level of savages unless it possessed at least fair health; where either economic or climatic conditions prevented health, no civilization could arise; and where it had risen it was doomed whenever new conditions arose which undermined health.

Extent and causes of illness. The problem of ill health may be appraised in several ways: by the numbers who are ill, by the prevalence of serious and disabling illnesses, or by personal and social consequences. If the first criterion of every social problem—the numbers involved—is used, there are two available sources of information: namely, mortality tables and the incidence of sickness. These sources also give the primary causes of illness. From general surveys it is known that one fortieth of the population is ill to the extent of being bedridden, and that two persons are disabled for every one who is bedridden. In other words, 50 of every 1,000 persons suffer from such prevalent chronic diseases as tuberculosis, cancer, heart disease, vascular diseases, and similar ailments.

Mortality rates or death records, the most reliable sources of

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[11] Binder, R. M., *Health and Social Progress,* Prentice-Hall, Inc., New York, 1920. pp. 3, 65. Quoted by permission.

information concerning the leading causes of death and illness, are now available in comparable form for several decades, owing to the establishment of the death registration area by the Federal Bureau of the Census in 1880. The death registration area is organized on the basis of uniform reporting of deaths, following the International Classification of the Causes of Death. It now includes every state. Accordingly, the registration area reports are accurate indications of the trend of illness and death in this country.

Current reports of deaths and sickness surveys supply three outstanding facts which assist materially in reducing the problem of illness to one of reasonable proportions. (1) A few diseases are the leading causes of death and account for the greatest amount of permanent incapacity. (2) From sickness surveys we find that temporary illness and inefficiency are due to minor ailments about which the public has little information. (3) The most significant fact is that the major causes of death are traced more to such minor illnesses, which are not adequately cared for and which expose the body to the inroads of communicable and degenerative disease, than to any other specific causal factor.

The general causes of disease have been classified by Dr. E. L. Fisk in ten groups, as follows: (1) heredity; (2) infection; (3) poisons; (4) food deficiencies or excesses; (5) air deficiencies; (6) hormone deficiency or excess; (7) physical trauma or strain; (8) physical apathy or disuse; (9) psychic trauma or strain; (10) psychic apathy or disuse.[12]

Causation is reduced further to six agencies: (1) injury, (2) malformation, (3) defect of diet, (4) poisoning, (5) infection, and (6) neoplasm (a growth, such as a tumor). Only the first four are primary causes. During the last seventy years of medical research the two outstanding causes that have been

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[12] "Possible Extension of the Human Life Cycle," *Ann. Am. Acad.*, Vol. 145: 177. Collinson, John, "Death Rates," *The Annals, Am. Acad. Pol. and Soc. Sci.*, Vol. 188: 84–93. (Social variables in death rates.) Britten, R. H., "Important Causes of Sickness and Death," *U. S. Public Health Service*, Public Health Reports, Vol. 51: 947–969.

found are vitamin deficiency and microbic infection. These two causes help to explain many specific diseases as well as broad groups of diseases.

During the last fifty years, four diseases have received considerable attention because of their frequency and because they rank among the most seriously disabling illnesses. These four are diseases of the heart, cancer, influenza and pneumonia, and tuberculosis. They are classified in the table on page 164, which gives the ten leading causes of death in 1900 and their rates in 1943. This table is of interest because it shows, in addition to the relative importance of the leading causes of death, major changes which have occurred during as short a period as forty years.

These changes are indicated by the numbers in parentheses, which give the rank of the diseases in 1900 in contrast to their rank in 1943. In 1900 the four leading causes of death were (1) tuberculosis, (2) influenza and pneumonia, (3) diarrhea and enteritis, and (4) diseases of the heart. By 1943 diarrhea and enteritis had become a minor cause of death, demonstrating the influence of preventive medicine, and tuberculosis had declined from 201.9 per 100,000 population to 42.6. Even greater reductions appear in the rates for diphtheria and typhoid, which have been made comparatively rare infections. Influenza-pneumonia also declined enough to change its relative position from second to fifth place. In contrast to the declines in these diseases are the increases in diseases of the heart, cancer and nephritis, which rose to first, second and fourth places, respectively, in the last report. Because of its historical significance, tuberculosis will be discussed with the four numerically important diseases that are major contemporary health problems.

Disease of the heart. From the table it can be seen that diseases of the heart have only recently become the leading cause of death. Hitherto they were considered unimportant from the standpoint of public health because they occurred only in old age and were not preventable. Recent information has reversed this attitude completely. Heart diseases not only

cause 30 per cent of all deaths, but they occur in all age groups. They represent important health problems because they are largely preventable, and are associated with adverse social conditions, poverty, and ignorance, which the individual alone cannot forestall.

LEADING OR MAJOR CAUSES OF DEATH
MORTALITY RATES—U. S. REGISTRATION AREA

Cause of Death	*Rate Per 100,000 Population*		*Rank In*
	1900	1943	1900
Diseases of the heart	132.1	318.3	(4)
Cancer and other malignant tumors	63.0	124.5	(8)
Intra-cranial lesions of vascular origin (cerebral hemorrhage)	75.0	95.0	(7)
Nephritis	89.0	74.1	(6)
Influenza and pneumonia	181.5	67.3	(2)
Congenital malformations and diseases of infancy	91.8	53.9	(5)
Tuberculosis	201.9	42.6	(1)
Diarrhea and enteritis	133.2	9.6	(3)
Diphtheria	43.3	0.9	(9)
Typhoid	35.9	0.5	(10)

Sources: Bureau of the Census, *Mortalty Statistics*, 1926, p. 39. *Vital Statistics of the U. S.*, 1943. Pt. II, pp. 16–17.

There are two general groups of heart disease, each of which has different causes and requires different treatment. The first consists of organic or structural defects which may be caused by congenital defects or by other illnesses such as "rheumatism," pneumonia, and diphtheria. The second includes functional disturbances for which no structural defect can be found. The cardiac cripple is in this group. Whether these diseases of the heart or the death rate are actually increasing is still a matter of controversy. However, certain facts concerning their incidence within restricted sex or age groups have been definitely established.

These facts can be most graphically shown by contrasts. Among children under 15 years of age heart ailments are not only numerous but they present serious complications in other health conditions of youth. Here, then, heart disease ranks with the so-called diseases of childhood, such as scarlet fever,

whooping cough, and diphtheria. Its fatality rate is more than three times that of tuberculosis. Among adults, heart disease has increased markedly in the colored population and among white females. After the age of 35, heart disease far exceeds tuberculosis as a cause of death among both men and women, and after the age of 40 it exceeds all other causes of death.

In addition to its direct contribution to the death rate, heart disease is an important secondary cause of death (in the case of influenza-pneumonia) and is a primary cause of disability. For every death from heart disease, there are ten living persons who are incapacitated and who are unable to continue normal productivity. In consequence, heart disease ranks high among the illnesses contributing to poverty and family disorganization.

The high incidence, economic losses, and remedial costs of heart disease have stimulated considerable research and preventive work, organized by the American Heart Association. The program of the Association has been directed toward three objectives: (1) complete physical examination in order to discover the ailment as soon as possible and to allow for early treatment; (2) the treatment of infections which occur with heart ailments; (3) occupational readjustment of persons with structural heart defects. The first line of attack has been followed with successful results by insurance companies. Aside from congenital defects, which are largely uncontrollable, the other causes of heart disease—diseases of childhood, acute and chronic infectious diseases of adults, focal infections and toxins —are thus minor and largely preventable conditions. Consequently, the control of heart disease can be achieved most directly by a general health program seeking to eliminate illnesses popularly considered of no great importance.[13]

Cancer. Each year during the last fifty years cancer has increased until now, ranking second among the causes of death,

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[13] Halsey, R. H., "Economic Aspects of Heart Disease," *Sci. Monthly*, Vol. 20: 282–287.

it is responsible for one in every eight deaths.[14] Although it is impossible to estimate from death rates how many persons are afflicted, nearly 430 in every 100,000 urban, white residents in this country are under treatment or observation, that is 475,000 to 500,000 are under treatment and about 300,000 new cases are diagnosed annually.

Cancer appears in all age groups, but it increases enormously in the upper age group, its fatality first appearing after age 30. Insurance statisticians believe that most of this increase is actual and not due to better diagnosis or classification, and that the prevalence of cancer among persons over 30 years of age constitutes one of the chief health hazards in this group.

Before the attack of cancer the human body is helpless. While the causes of tuberculosis and of most infectious diseases have been isolated, no specific cause has yet been found for cancer, and consequently there is no specific cure. In spite of the yearly crop of discoveries, only two causative agencies have been definitely settled upon—hereditary susceptibility and prolonged local irritation. Cancer is described as "an ungovernable, erratic growth and destructive migration of cells which are normally present in the body." From recent studies, the following facts are accepted generally by research workers: it arises *de novo,* not by transmission from person to person; it cannot be prevented by limiting exposure; it is the result of many factors operating over a long period of time. There is scant hope for recovery or remedy except in its early stages through surgery, X-ray, and radium. Three suggested methods of prevention are: (1) proper mating of individuals devoid of a hereditary predisposition to cancer; (2) the elimination of prolonged irritation; (3) early diagnosis and treatment.

Cancer is an apparent exception to the statement made above concerning "new diseases," for it appears to be of recent origin. There is a considerable body of data indicating that it was an

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[14] This material is adapted from *Science News Letter,* April 4, 1931; Metropolitan Life Insurance Company, *Statistical Bulletin,* Vols. 6 (No. 11), 8 (No. 12), and 10 (Nos. 10 and 12).

extremely rare occurrence among primitive people. This conclusion has directed research into possible causes connected with diet, clothing, housing (overheating), sunlight, and any other source of physiological irritation arising from the habits of civilization. Of its social causes practically nothing is known, except the hint that is given concerning them by the increasing incidence of cancer in upper age groups. This fact and the increasing number of deaths in these groups have directed recent efforts of both remedy and solution toward a program that emphasizes early diagnosis and treatment.

Influenza and pneumonia. Among the most acute and deadly of communicable diseases are the respiratory infections, influenza-pneumonia. They are not caused by a specific germ, but represent a group of diseases and a group of causes, some of which have been identified. These diseases occur in all latitudes, and are endemic and often epidemic. Control is difficult because they are spread by human contacts and frequently by healthy carriers. Both point to the common cold as the real problem in immediate prevention, and to its sequence of acute infections of the respiratory tract, which include sore throat, bronchitis, and whooping cough. In combination, influenza-pneumonia is the most prevalent and damaging of all respiratory diseases in causing both sickness and death.

Influenza has been known to medical science for several centuries. It was brought to public attention in 1918, under the name "Spanish influenza" (Spain having been the country of its origin) in one of its most virulent forms. Although influenza is rarely a fatal disease but is usually only a precursor of some other (fatal) complication, during the world epidemic in 1918, 28 per cent of the population were affected and several million people died from it. Influenza is definitely cyclical. Since 1627 there have been 19 epidemics in the United States; and 14 worldwide epidemics have been recorded since 1510. Influenza cannot be prevented, because its germinal causes have not been isolated. They are supposed to be a filtrable virus. Recently, thirty-three types of pneumonia have been identified,

eight of which cause 80 per cent of all lobar pneumonia and four of which are usually fatal.

The decreasing death rate is a result of many years of research. Within the last decade the use of a serum treatment reduced the death rate by one half. Although vaccines have been used experimentally, they have not been very successful. The discovery of the sulfa drugs marked the beginning of the most effective treatment through chemicals. The result of these drugs is both prompt and dramatic and is responsible for the continued reduction of this disease.

Tuberculosis. Although tuberculosis is no longer one of the four leading causes of death, and has been declining steadily during the last sixty years, this decline has not been so spectacular as to eliminate it from the group of chief health hazards. For years the "Great White Plague" was the leading cause of death, far in excess of others. It is still an important health and social problem because of its connection with economic dependency and because there is no adequate preventive. Tuberculosis has been widely prevalent in every historical group and is well described in early medical works. After the isolation of the tubercle bacillus in 1882 by Koch, and the advance in curative and preventive measures and in living conditions, the decline in its incidence has been general, without regard to race, sex, or age groups. However, it remains a tremendous burden among the industrial population, where it is doubly injurious, affecting young adults at the period when their earnings are highest and most needed by their families.

This peculiar incidence of tuberculosis among industrial workers, and especially in certain occupations, has already been mentioned. From ages 20 to 55 the death rate among male industrial workers is greatly in excess of that among the general population, and is greater among males than among females. At present this correlation between relative poverty and tuberculosis and its greater prevalence in cities indicate the chief social problems of this disease.

Insurance statisticians predict that further environmental

controls will eventually place tuberculosis among the minor causes of death. The declining death rate was not interrupted by either of the two World Wars except temporarily in some of the European countries (where unusual increases did occur, most noticeably among children of non-belligerent as well as the belligerent nations).

Eugenists are less willing to accept this optimistic prospect. According to Karl Pearson, the decline in the tuberculosis death rate cannot be interpreted as equivalent to the control of such infectious diseases as malaria or yellow fever, in which the infecting organism is transmitted by a controllable carrier. In his judgment tuberculosis spreads or declines for reasons largely outside of human control; namely, the susceptibility of different individuals. Tuberculosis, in consequence, is an example of biological selection, and its decline is due to the elimination of susceptible stock. In other words, tuberculosis is not affected materially by health activities or by improved social conditions. Throughout the writings of Raymond Pearl the same point of view is stressed, and death or morbidity rates are viewed as simply the result of two variables—the virulence of infecting agents, and the immunity of human beings from these infections. This is a theory worth consideration, although it is in direct opposition to the known incidence of tuberculosis in social classes, and no research has ever shown that immunity and social status are equivalent biological concepts.

Nephritis. Nephritis or Bright's disease (the fourth ranking cause of death) is even more well known as various diseases of the kidneys. The forms of this disease are both acute and chronic, and are generally classified as inflammatory, degenerative, and less frequently as renal insufficiency. All are obscure in origin and onset, difficult to diagnose, resistant to treatment, and consequently extremely fatal. Nephritis is associated with anemia, variations in blood pressure, and several different disorders of the heart and lungs. Deaths occur most often because of hypertension, uremia, cardiac decompensation, and bronchopneumonia. Nephritis becomes most fatal after age

30, and in this fact, as well as in its associations with other physical disabilities, it is a typical degenerative disease.

Frequency of illness. When indexes other than death records are employed to show the extent of illnesses which do not result in death, there is less complete and accurate information. There are few reportable diseases and, generally speaking, no machinery to enforce the reporting of those which are legally reportable. Nevertheless, it is unquestionably correct that the major health and social problems of illness are to be found in the non-fatal disabling illnesses, because of their prevalence and their connection with the foregoing major causes of death. Many different health surveys have come to these conclusions.

Each person is disabled by illness at least once a year. School and industrial records state that adult males lose from 7 to 8 days per year, adult females from 8 to 12 days, and school children about 6 days. In the prevalence of illness there are important sex, age, and seasonal variations. Respiratory diseases, which are the most prevalent of all disabling diseases, account for seasonal differences. The young and the old have more illness than the adolescent and the mature person. And females have a higher rate than males. Thus, for an average year, the number of disabling illnesses is slightly greater than the total population.[15]

The most serious of these illnesses, in the order of their frequency, are: [16]

Diagnosis	*Frequency Per 1,000 Persons*
Colds, influenza	35.0
Communicable diseases of childhood	26.3
Cardiovascular-renal diseases	11.0
Tonsillitis	9.9
Digestive diseases	7.7
Rheumatism	5.9
Nervous and mental	5.4
Appendicitis	5.0

[15] Mills, A. B., *The Extent of Illness.* Committee on the Costs of Medical Care, Pub. No. 2. (1929).

[16] Britten, R. H., and others, *loc. cit., Public Health Reports,* Vol. 55 (1940), No. 11. Adapted from Table 2, p. 6.

This list is the result of a survey of 703,092 urban and 36,801 rural families in 18 States. The findings are the same as those reported in many local studies.[17] Among the 248 unemployed families mentioned in Chapter III (page 71), illness was recorded in 57 per cent of the cases. Although this was not a special study of health, the distribution of sickness among the families is of interest because of its connection with unemployment.

SICKNESS IN 248 UNEMPLOYED, DEPENDENT FAMILIES

Type of Illnesses	*Number of Cases*
Arthritis	6
Asthma	5
Cardiac	20
Gonorrhea	2
Hernia	11
Tuberculosis	13
Syphilis	10
All acute illnesses	15
Other chronic illness	60
Total	142

Source: Records of the Family Welfare Society, Providence, R. I.

This examination of the frequency and types of illness in these families focuses attention upon two related problems: the high incidence of disease throughout the population, and the major significance of a few fatal and a few extremely disabling diseases. In the Winchester, Mass., survey, 32.4 per cent of the population reported illness during the year. In eleven surveys by the Metropolitan Life Insurance Company, 2 per cent of the people were ill at the time of the survey.[18] All these studies have shown that respiratory diseases are the most frequent among the minor disabling illnesses, amounting to 50 per cent of the cases reported. On the subject of the common

[17] Lombard, H. L., "A Sickness Survey of Winchester, Mass., *Am. Jour of Pub. Health,* Vol. 18: 1089–1097. Brundage, D. K., "Importance of Respiratory Diseases as a Cause of Disability among Industrial Workers," *U. S. Public Health Service, Public Health Reports,* Vol. 43 (No. 11), p. 605. Collins, S. D., "Causes of Illness," *U. S. Public Health Service, Public Health Reports,* Vol. 48: 283–308. Collins, S. D., "Frequency and Volume of Nursing Service in Relation to All Illnesses among 9,000 Families," *Milbank Memorial Fund Quart.,* Vol. 21 (1943): 5–36.

[18] Natl. Indust. Conf. Board, "Sickness Insurance or Sickness Prevention?" *Research Report* No. 6 (1918), pp. 4–5.

cold, Dr. Milton J. Rosenau, of the Harvard Medical School, has written:

> Could the sum total of suffering, inconvenience, sequelae and economic loss resulting from common colds be obtained, it would at once promote these infections from the trivial into the rank of the most serious diseases.[19]

On the basis of illness surveys, Perrott estimates that on any average day: 8 per cent of the population is suffering from illness; 2 per cent is disabled from illness; 1 per cent is confined to bed; and 0.25 per cent is hospitalized. The distribution of illness is closely associated with age. In general, illness declines from a high point in infancy to a minimum in adolescence. At age 20, the rates for both sexes begin to increase slightly through the young adult years and decrease between 35 and 45. Thereafter there is a sharp upward turn, which reaches its maximum in the ages over 65. Women have a higher rate than men for every age group, and it is especially high in age group 20–34. The order of frequency of the main groups of diseases is: respiratory, digestive, communicable, and degenerative.[20]

Aside from colds, which are the greatest cause of illness in every age group, each period of life has its own distribution of illnesses. In childhood—that is, under 14 years of age—communicable diseases are most frequent. Diseases of the skin, ears, eyes, and teeth, and nervous and digestive disorders are also common in this period. Illnesses are at their lowest level during adolescence and young adulthood. Certain specific diseases, however, have their highest incidence at this time—for example, puerperal conditions, venereal disease, typhoid fever, and pulmonary tuberculosis. Yet, on the whole, this period of life is the healthiest. In old age, particularly after age 45, degenerative and organic diseases are the chief causes of disability and death. Among the more prominent of these are

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[19] Metropolitan Life Insurance Company, *Health Bulletin*, 1929 (No. 4), p. 3.
[20] Perrott, G. St. J., "The State of the Nation's Health," *The Annals, Am. Acad. Pol. and Soc. Sci.*, Vol. 188: 135.

diseases of the circulatory system, nervous diseases, nephritis, and diseases of the bones and locomotive organs.[21]

The social, economic, and physical significance of this distribution of minor and major illnesses in different age groups, and its cause, are well summarized by Dr. Morris Fishbein: [22]

> The chief factors in death after forty-five years of age are heart disease, pneumonia, high blood pressure, cancer, brain hemorrhage and kidney disease. Among the causes of these conditions, so far as known, are infections sustained early in life, particularly of the nose, throat, tonsils and sinuses, infections of the teeth, and spots of infection elsewhere in the body from which germs are carried to the heart, the kidneys and blood vessel walls. These early infections are themselves associated with poor personal hygiene, with overcrowded living conditions, with residence in damp places and with undue exposure to the elements. Any of these factors, as can easily be realized, is controllable only by social and economic movements which are only secondarily within the province of medicine.

The venereal diseases. As causes of illness and death, the principal venereal diseases, syphilis and gonorrhea, have received an increasing publicity in recent health campaigns. In spite of this changing attitude, the full significance of their contributions to sickness and mortality statistics is not known. Consequently, estimates of their frequency are stated in round numbers and at a much higher figure than their reported prevalence.

Dr. William Snow estimates the current incidence of syphilis and gonorrhea to include more than 18,000,000 persons in the United States. The distribution of this number between syphilis and gonorrhea is 6,000,000 and 12,000,000 respectively. Both are notifiable diseases in all states, and among the reportable communicable diseases syphilis ranks second and gonorrhea fifth. That the actual attack and prevalence rates are probably much higher than the ranks assigned to them in

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[21] Sydenstricker, E., "Causes of Illness at Different Ages," *U. S. Public Health Service, Public Health Reports*, Vol. 43, No. 18.

[22] *The Human Body and Its Care*, American Library Association, Chicago, 1919, pp. 15–16. Quoted by permission.

these reports is shown both in the estimates of reputable authorities and in the family damage which is traced to them when they are not properly treated.[28]

Years ago Dr. William Osler placed syphilis among the leading causes of death. He wrote:

> Know syphilis, in all its manifestations and relations, and all other things clinical shall be added unto you.

Concerning gonorrhea, he said:

> From the standpoint of race conservation, gonorrhea is a disease of the first rank. . . . While not a killer, as a misery producer Neisser's coccus is king among germs.

When the problems of these diseases are compared with the characteristics of any social problem, they fulfill each requirement completely—in the number of persons involved, the serious physical and social complications, the costly economic and physiological consequences, and the need for corrective measures. Moreover, since the causes, agencies of transmission, and medical treatment of these diseases are well known, there is no obstruction to prevention as in the case of some other physical diseases. Preventive measures are rarely employed, because the problems of social hygiene are entangled with many unsolved moral, legal, and social problems. Consequently, no other diseases, infectious or degenerative, present more immediate difficulties. Syphilis and gonorrhea continue to be major causes of personal and social maladjustment, while their eradication awaits a social policy which will be mutually agreeable to several competing social institutions. Because of their prevalence and our cultural resistance to their prevention, the venereal diseases are sometimes called the Third Great Plague.

Associated problems. The social hygiene movement represents the approach to a group of connected problems. These problems involve: (1) the law and its violation; (2) morals;

[28] Snow, W. F., "Venereal Disease and Sex Abnormalities," *The Annals, Am. Acad. Pol. and Soc. Sci.*, Vol. 188: 71–73. Fowler, W., "The Reportable Diseases," *Public Health Reports*, Vol. 59 (1944), No. 10.

(3) prostitution; (4) subnormal classes; (5) ignorance; (6) economic status; (7) marriage and family relations; (8) abortion, miscarriage, and stillbirths; (9) acquired and congenital illness and defectiveness; (10) destitution and dependency; (11) health resources. Until recently little or no attention was given to these problems as related social conditions. There have been many independent controls, each being introduced in a piecemeal fashion and with consequent ineffectiveness. As a rule, control has been left largely to ignorance, fear, or to the imposition of quacks.

One of the surprising facts about venereal diseases and their problems is the gullibility of the average person in accepting the most unsubstantiated statements about their prevalence and consequences. In addition to the generalizations that introduce this chapter, we are told:

1. Gonorrhea causes 80 per cent of all blindness in the eyes of the newborn.

2. Thirty-three and one third per cent of all insanity is caused by syphilis or its results.

3. It is estimated that there are over ten million cases of syphilis, acquired and hereditary, in the United States, a large part of which remains untreated.

4. Seven hundred and seventy thousand boys reach the age of twenty-one every year in the United States. Before they reach the age of thirty, 60 per cent of them, or over 450,000, will have contracted gonorrhea or syphilis or both.

5. Competent authorities have computed that fully three fourths of the adult male population and from one sixth to one third of the female population have contracted gonorrhea.

These assertions are found among the more conservative opinions on the subject of social hygiene. It is almost unnecessary to add that most of them could not be verified from available sources. They are part of the "great dreadful" technique of social control, the efficiency of which they contradict. The public is apparently divided into two camps: those who know little and care less about venereal diseases, and others who are

overfearful about anything referring to venereal infections or their results.

What is most needed as a supplement to social hygiene is a sensible understanding of sex and its rôle in human affairs. Like venereal disease, sex also is either overemphasized or ignored. Perhaps Sherwood Eddy's opinion on this point is worth quoting because it supplies the connecting link between sex and science in a social hygiene program. Referring to our contemporary attitudes, he says: [24]

> So serious is the situation that there are some who hold that more men and women are suffering in this sphere than from all economic causes combined, such as poverty, unemployment, bad housing, etc.; that more persons are being victimised because of sexual maladjustments than because of race prejudice, for sex affects all races; and that more casualties result from the conflicts of sex than resulted from all the battles of the World War. How few people, relatively, there are who in these matters are thoroughly informed, harmoniously masters of themselves, and radiantly happy in their sex life and relations, whether they be single or married!

Medical aspects. From a biological and medical point of view there are several, at least five, diseases which are classified as venereal, and some chronic pathological conditions that are caused by venereal infections. Only three of these—syphilis, gonorrhea, and chancroid—are mentioned in prevalence studies, and most attention is devoted to the first two. In their history, evidences of both can be traced indirectly and generally by their consequences, to their occurrence many years before the Christian era.

Prior to 1905 the clinical nature of syphilis had been thoroughly described, but little had been learned of its causes. For this reason syphilis and other venereal diseases were still miscalled hereditary. Isolation or quarantine was employed to limit their spread. In 1905 the cause was traced to an animalcule (called *spirochaeta pallida* or the *pale spiral*) and in 1910 a specific was discovered (salvarsan, a combination of arsenic

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[24] From Eddy, Sherwood, *Sex and Youth*, Doubleday, Doran and Company, Inc., Garden City, 1928. Quoted by permission.

and benzol). Recent reports by Schaudinn have suggested that infection in syphilis is caused by an invisible virus, of which the spirochete is only the visible manifestation.

Gonorrhea is ranked with syphilis as being its equal in seriousness to the infected person and in social consequences. In most prevalence studies gonorrhea is two to three times as frequent as syphilis. This disease was well known to the classical writers on medicine, and there are many references in the classical literature to its appearance and treatment. Its bacterial cause was isolated in 1879. Until recently gonorrhea was considered a minor local infection; but the contrary is now known to be true. Investigations show that it can be transmitted by the blood to almost every organ of the body. Gonorrheal "rheumatism" is its most frequent result. Owing to its frequency, virulence of the germ after apparent cure, and its biological and social sequelae, some medical authorities are of the opinion that gonorrhea is more resistant to treatment than syphilis.

Both of these diseases are leading secondary causes of death, and both cripple and disable patients by their many complications. Because there has been no specific cure for either disease except after early, persistent, and costly treatment, there is considerable hope in recently reported cures (either by newly discovered drugs or by artificially induced fever) that this plague will eventually be controlled.

Both sulfa drugs and penicillin have been experimented with extensively. Though effective results have been demonstrated, none of the authorities in this field is willing to admit that the cures are absolutely reliable. One of the most effective attacks is now being operated under the National Venereal Control Act (passed in 1938) which has established clinics throughout the nation.

Prevalence studies. The actual extent of syphilis and gonorrhea is undetermined. For this reason it is necessary to rely upon general estimates, surveys of prevalence, and reports of the attack rate.

Prior to the World War I social hygiene campaigns were based upon exceedingly high estimates of prevalence, some of which put the incidence of both diseases as high as 10 per cent of the entire population.

> Dr. Louis Dublin . . . places the percentage of syphilis in the adult population as 10 per cent. Dr. Stokes accepts the same per cent for the general population, and adds that among criminals the percentages are 20 to 40, among the insane 20 to 30. . . . Dr. William F. Snow accepts 10 per cent for syphilis, and places gonorrhea as 3 to 4 times syphilis. Therefore, 30 to 40 per cent of the population have gonorrhea.[25]

While percentages as high as these have been found in particular groups, no general study of incidence has ever reported these proportions for the entire population. Prevalence studies tend toward more conservative estimates, indicating at the same time that special classes do exceed the general average. The incidence of venereal diseases in the first and second drafts of the United States Army during World War I was found to be 3.2 and 5.6 per cent respectively. Among the first million of selectees in World War II, 4.2 per cent of the rural and 4.6 per cent of the urban citizens had syphilis.[26]

In the *Great Imitator,* the Metropolitan Life Insurance Company states that:

> The fifteen nations which fought in World War I before the United States entered it sustained from the two venereal diseases, syphilis and gonorrhea, a heavier death toll than they did from bullets, shells, gas, air bombs—all the diabolical mechanics of modern warfare.

The estimated total number of deaths from the two diseases was placed at 12,341,000 for those fifteen nations during the four-year period, in contrast to the highest estimate of war casualties, which was approximately ten million.

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[25] Owings, Chloe, "Social Hygiene Problems," *Quarterly,* Minnesota Educational, Philanthropic, Correctional, and Penal Institutions, Vol. 28, Nos. 3 and 4, p. 29.

[26] Davenport, C. B., "Defects Found in Drafted Men," *Sci. Monthly,* Vol. 10: 13. For recent military experiences with this problem, consult, Tooker, H. V., "Venereal Disease," *Harpers,* Nov. 1944, pp. 545, 553.

There were 100,000 more admissions to hospitals for venereal infections than for wounds received in battle.

Of all discharges for mental or physical disability, 6.2 per cent were due to venereal diseases, whereas battle injuries were only two and one half times this percentage.

Of days lost during the war, 10.9 per cent were due to venereal disease. Of all diseases causing loss of time, influenza was first, gonorrhea second.

Infection is also widely distributed in the general population. Parran has estimated that the prevalence of syphilis for the country as a whole is about 2.4 per cent, or a total of 3,200,000, and that there are 500,000 new cases each year, of whom one half are Negroes and two thirds are urban residents. He has also estimated that about 2 million persons each year are infected with gonorrhea, making it rank first among the dangerous, communicable diseases.

Local studies confirm these general figures. A study of cases under treatment in a population of 29,480,000 in various areas reported a total incidence of both diseases of 7.5 per 1,000 population (10.0 per 1,000 for males; 4.9 for females). In Birmingham, Alabama, all citizens between the ages of 14 and 50 were given a general examination (under the provisions of a state law) and reported syphilis in 2.0 per cent of the white and 30.0 per cent of the Negro population. This finding confirms the report that there was no increase of syphilis in the civilian population during World War II.

Prevalence may be expressed in several ways: (1) by the attack rate or the number of new cases each year; (2) by the ratio of these to cases of other diseases; and (3) by the percentage of the population which has or has had an infection. Many factors complicate the census of prevalence. Among these are age, sex, stage of the diseases, color or race, and occupation, in addition to the difficulty of diagnosis. Many people may not know that they are infected, especially those who have syphilis, which is called The Great Imitator because of its resemblance to other diseases. Moreover, syphilis and

gonorrhea are not reportable in all states. The most accurate information for any of the above rates is obtained by prevalence studies of incidence and trend. The United States Public Health Service, the American Social Hygiene Association, and state and local boards of health have conducted these surveys, covering entire communities or the cases under treatment in hospitals, clinics, or under the care of private physicians.

The number of new cases, or the attack rate, is always considerably less than the estimates of total prevalence, because new cases are limited to persons known to be under medical care. Parran reported for one city an attack rate of 3.5 per 1,000 population for syphilis and 5.7 for gonorrhea. A survey of Detroit placed the total attack rate at 13.5 per 1,000 population, divided evenly between the two diseases. Of the persons included in this study, 70 per cent were being treated by private physicians. It was further estimated that the total number of infected persons was five times the attack rate. The sex distribution of the attack rate, according to Parran, is shown in the table on the next page: [27]

Social consequences. In their physical, biological, mental, and social complications, the effects of both syphilis and gonorrhea are very extensive. Although syphilis results in higher mortality and is a primary cause of death, in other respects the consequences of syphilis and gonorrhea are practically identical.

Syphilis and its poisons involve the entire human organism. They attack the deeper organs, causing a great proportion of diseases of the heart, arteries, kidneys, and liver. Fifty per cent of the cardiac diseases and those of the circulatory system, 90 per cent of aneurysm, and 40 per cent of cerebral hemorrhage and apoplexy are traced to these causes. They attack the central nervous system, resulting in locomotor ataxia, general paralysis, other spinal cord diseases, and mental disease. To

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[27] Parran, Thomas, "Gonorrhea and Syphilis—the Extent of the Problem," *Natl. Conf. of Social Work*, 1929, pp. 222–230. See also Eanes, R. H., "Venereal Disease in Selective Service," *Venereal Disease Information*, Vol. 25 (1944): 3–8. Smith, W. H. Y., "Preliminary Report of Blood Testing as Required by Alabama Law," *Venereal Disease Information*, Vol. 25 (1944): 332–336.

INCIDENCE OF SYPHILIS IN VARIOUS SURVEYS

Groups Covered	*Males*	*Females*
Rural Negroes	24.3%	23.6%
State Institutions—Negroes	24.0	44.0
(penal) Whites	9.3	16.8
State Institutions (mental)	18.0	7.3
Longshoremen	16.0	...
Railroad employees	11.7	...
State Institutions (others)	11.3*	...
Soldiers	10.5	...
Trade union group	9.0	...
Hospital patients	7.0	4.8
Laborers	6.1	...
Negro Medical students	5.9	...
Businessmen	3.8	...
Draftees—first report (1942)	3.5	...
second report (1943)	7.5	...
third report (1944)	10.7	...
Clinic patients	3.1*	...
Farmers	1.5	...
University students	0.2	...

* Includes both sexes.

Sources: Parran, T., and Vonderlehr, R. A., *Plain Words about Venereal Disease,* Reynal and Hitchcock, New York, 1941. Appendix pp. 201–222. Locke, H. J., *Social Aspects of Syphilis,* Indiana State Bd. of Health, 1938, pp. 9–10 and references in Chapter bibliography.

syphilis is attributed 10 per cent of the cases admitted to hospitals for mental diseases. It causes extensive damage to the eye. Fifteen per cent of blindness and many impairments of vision are traced to congenital or acquired syphilis. Among the latter impairments are optic atrophy, acute inflammation, iritis, adhesions, cloudiness of the lens capsule, and inflammation of the ciliary muscle or of the retinal lining. Syphilis attacks the reproductive system and becomes an important cause of sterility, premature births, and infant mortality.[28]

The principal conclusions of the Solomons as to the consequences of syphilis are in fundamental agreement with recent clinical observations: [29]

[28] The data on the consequences of venereal disease are adapted from the following sources: Clark, M. A., "Venereal Disease Control," *Jour. of Soc. Hygiene,* Vol. 9: 27–47; Marcus, I., "Present Prevalence of Venereal Disease," *Jour. of Soc. Hygiene,* Vol. 7: 441–456; Hoffman, F. L., "A World Survey of Venereal Disease," *Survey,* Vol. 60: 238–239; Royer, B. F., "Syphilis and Gonorrhea as Causes of Blindness," *Jour. of Soc. Hygiene,* Vol. 17: 151–157; Natl. Industrial Conference Board, "Sickness Insurance or Sickness Prevention," *Research Report* No. 6, 1918, pp. 7–8.

[29] Solomon, H. C. and M. H., "Syphilis of the Innocent," *U. S. Interdepartmental Social Hygiene Board,* 1922, p. 128.

1. The family of the late syphilitic abounds with evidence of syphilitic damage.

2. At least one fifth of the families of syphilitics have one or more syphilitic members in addition to the original patient.

3. Between one third and one fourth of the families of syphilitics have never given birth to a living child. This is much larger than the percentage obtained from the study of a large group of New England families taken at random. Here it is shown that only one tenth were childless.

4. More than one third of the families of syphilitics have accidents to pregnancies: namely, abortions, miscarriages, or stillbirths.

5. The birth rate in syphilitic families is 2.05 per family, whereas the birth rate in the New England families mentioned above is 3.8 per family, or almost twice as high.

6. Over one half of the families show defects as to children (sterility, accidents to pregnancies, and syphilitic children).

10. Between 1 in 12 and 1 in 6 of the children examined show syphilitic involvement.

11. One fifth of all children born alive in syphilitic families were dead at the time the families were examined. This does not differ materially from the general average in the community.

15. A syphilitic is a syphilitic, whether his disease is general paresis, cerebrospinal syphilis, or visceral syphilis without involvement of the central nervous system, and the problems affecting his family are the same in any case.

Similarly, gonorrhea is held responsible for many chronic diseases and irreparable physical defects. Of these, blindness is most often associated with this infection. Six of every ten infections of the eyes among the newborn are due to gonorrhea, and so is slightly more than 3 per cent of adult blindness. A considerable but unknown proportion of chronic diseases in both men and women and a large percentage of the pelvic infections of women are of gonorrheal origin. Seventeen to 25 per cent of childlessness among married persons is due to sterility of men with a history of this infection, as are many cases of one-child sterility and about 50 per cent of sterility in women. Gonorrhea is also a factor in stillbirths, premature births, arthritis, rheumatism, endocarditis; and gonorrheal vulvovaginitis is a frequent and serious defect among young female children.

There are other damaging results to personal and family

welfare which are joint products of both diseases. Venereal disease cuts in half the life expectancy of the individual; it shortens life by approximately 18 years. It is an important factor in broken homes and divorce. In addition, it causes long periods of disability, chronic invalidism, and industrial inefficiency, and is mentioned as a probable cause of industrial accidents and increasing compensation payments in industry.

Medical costs and other economic losses are estimated to be greater for venereal disease than for any other preventable disease. Judging from rates of ineffectiveness caused by venereal diseases in the army, the annual loss of time per worker among the industrial population may be placed at half a day. Parran capitalized these losses, computing an average per capita cost of $13.10 per year: [80]

Per capita cost in lost wages	$ 1.05
Per capita cost in medical care	1.25
Per capita cost of shortened life	10.80
Total	$13.10

Statisticians have put this wage loss at an annual total of $27,000,000. There are three other sources of tangible costs. The cost of physicians and public clinics devoted to treatment is estimated at $150 million, a total of $31 million is spent for the care of the syphilitic insane in public institutions, and a sum of $10 million is expended annually for those blinded by syphilis.

Aids in the control of disease. Because of individual differences between persons and the several social variables which affect the incidence of disease, no one system of control should be anticipated, even for the same disease. Differences in natural resistance, other constitutional traits of persons, and cultural status must be reckoned with in formulating preventive programs.

Immunity. The observation that certain animals or humans are able to resist infections has led to the advocation of im-

[80] Parran, T., *loc. cit.*, p. 230.

munity as a method of controlling the spread of communicable diseases. Differences in susceptibility or immunity between racial groups or between persons in the same family have been recognized for a long time. Only within recent years, however, has biological and chemical research been able to produce artificial immunity. This achievement is one of the chief contributions of these sciences to preventive medicine.

Differences in degree of immunity are due in part to constitutional differences and in part to economic status, custom, and to other environmental and social differences. One of the important medical problems is to determine whether immunity is natural or acquired. To a certain extent, the prevalence of disease or the death rate differentiates between the two types of immunity. Japanese, for example, are relatively immune from scarlet fever, and Negroes from malaria. Measles occur among white children with a frequency that is twice the attack rate among Negro children. Diphtheria and scarlet fever are also more frequent among the whites, whereas the Negro child is more susceptible to whooping cough.

There are a number of diseases to which Negroes react with greater susceptibility or immunity than whites. They are more susceptible to pneumonia, tuberculosis, and smallpox. Among the diseases from which they have relative immunity are locomotor ataxia—despite the greater incidence of syphilis among the colored population; they also have greater resistance to diseases of the skin, fewer cardiac disturbances, few defects of the ear and eye, few cases of neurasthenia, less liability to erysipelas, anemia, leukemia, and gall-bladder infection.

In spite of these differences, there is general agreement that racial immunity is limited and that no complete racial immunity exists for any disease. The following statement has been made concerning tuberculosis among Negroes: [31]

The fact that the death rate from tuberculosis runs about three times as high among Negroes as among whites has caused much

[31] Metropolitan Life Insurance Company, *Statistical Bulletin*, Vol. 9 (No. 5), p. 7.

discussion of the former's susceptibility to this disease. There is grave question as to whether, inherently, the Negro is more apt than the white to contract tuberculosis. In his native habitat, Africa, the disease was only slightly prevalent. One prominent authority takes the position that one race, when first meeting tuberculosis, is as vulnerable as another; and that when the African Negro was brought to America he moved into "tuberculosis surroundings," that he soon became infected and that the disease runs a more acute and fatal course with him than with the white man. It is probable that the higher death rate among Negroes from tuberculosis is due, more than anything else, to ignorance, poverty and lack of proper medical treatment.

Immunity is further complicated by individual differences and by differences in the virulence of infecting organisms. One of the most prominent of these differences is the relative insusceptibility of certain individuals to diphtheria, typhoid, and scarlet fever, and the general lack of immunity from influenza. Natural immunity is considered an inherited characteristic. Acquired immunity is usually secured through an attack of the disease and is best illustrated by the diseases that infrequently attack the same person twice. Acquired immunity, however, is not always a certainty, and for some diseases there is no acquired immunity. The fact of acquired immunity has been instrumental in stimulating the development of artificial immunity through vaccines and antitoxins. Such preventive inoculation has been effective against smallpox, typhoid, rabies, and diphtheria, but has not met with much success for respiratory diseases.[32]

Cures. Human credulity and suggestibility have played an important part in the history of disease and its control. For centuries, superstitious cures contrary to the facts of science have survived. As a matter of fact, much of the present work of preventive medicine and public health is being devoted to overcoming the absurd accusations against the discoveries of science and disproving the health claims of commercialized cures. This is largely an uphill struggle, because the natural

[32] Goodpasture, E. W., "Immunity to Virus Diseases," *Am. Jour. Pub. Health,* Vol. 26: 1163–1167.

recuperative powers of the body and self-limiting diseases favor the claims of old and new superstitions, and scientific cures are ordinarily too simple to appeal to the imagination of the sick.

The number of diseases which can actually be cured by drugs ("cure" meaning the destruction of the infecting organism with permanent results), and the number of drugs which can effect such cures, are few.[33] But cure-alls and panaceas continue to multiply. Thousands of different drugs have been employed as cures—such as antimony, calomel, sarsaparilla, alcohol, and rattlesnake oil. Other cures, equally popular, include blood-letting, magnetism, blue-glass, tar-water, which was highly recommended by Bishop Berkeley, sympathetic powders, electrical appliances, fumigation, exercise, physical culture, and dieting. These cures developed and survived because they had some value. They are particularly effective in cases of illness diagnosed by the patient.

The most outstanding example of present day credulity is the enormous trade in patent medicines and nostrums. In a recent study of a rural county in the Middle West it was found that almost one third of all the money spent for the care of illness was spent for drugs. Even in large cities the proportion of money spent for drugs was as high as one quarter. The facts are that only one or two dozen drugs are really of proved value as having a specific curative influence. Many of the medicines bought without a doctor's prescription are useless and a large proportion are directly harmful. Only a skilled physician can know what drugs are safe to use in a given case, and the sensible rule is to use medicines only on a doctor's order. Any medicine which is advertised in newspapers or magazines for the general public should be avoided unless ordered by the doctor, for one can be almost certain that it is either harmful or useless or a more costly form of some common drug.[34]

For some time drugs which appeal wholly to suggestion have

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[33] Medical authorities have great difficulty in naming curable diseases, because of the many causes of disease, personal differences between patients, and the fact that some diseases which can be prevented, such as yellow fever or rabies, have a high fatality rate when persons are infected. The variable results of drugs, vaccines, and antitoxins also complicate this question.

[34] Metropolitan Life Insurance Company, *Health Bulletin*, No. 22, 1931, p. 3.

been in ill repute. Dr. Oliver Wendell Holmes has said: [85]

> If all the drugs that had ever been used for the cure of human ills were gathered together and thrown into the sea, it would be ever so much better for humanity and ever so much worse for the fishes.

This opposition to drugs is based upon a recognition of their positive menace in encouraging false security. Few persons who are ill are immune from the suggestion of promised relief. Coué, for example, using the prescription, "Every day in every way I am getting better and better," obtained cures in 60 per cent of his cases; 30 per cent were benefited, and only 10 per cent were not susceptible. These cures are doubly injurious, since they often result in irreparable damage and forestall remedies which can only be prescribed by competent physicians. Accompanying this credulity is the opposition to orthodox medical advancement, noted in the historical resistance to dissection, Harvey's theory of the circulation of the blood, antisepsis, the germ theory of disease, and in the campaigns against vaccination, pasteurization, or insulin.

Longevity and life expectancy. A natural question arising at this point is the influence of preventive hygiene upon the length of life. The answer that is given depends largely upon one's source of data. However, from available records, the question can be answered satisfactorily if longevity, the span of life, is distinguished from life expectancy, the mean length of life.

According to the records of Geneva, Switzerland, the mean length of life in that city was 21.2 years in the 16th century, 25.7 years in the 17th century, 33.6 years in the 18th century, and 39.7 years in the 19th century. In this country the mean length of life was 40 years in 1840; it is now about 65 years. These figures represent marked improvement in life expectancy, due to the reduction of infant mortality and of deaths in the

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[85] Walsh, J. J., *Cures,* New York, 1923, p. 34. Bedford, E. W. S., *Readings in Urban Sociology,* New York, 1927, pp. 418–421.

early age groups (under 40) from typhoid, diphtheria, scarlet fever, smallpox, and similar infectious diseases.

In spite of the change in the mean length of life, however,

CHANGING LIFE EXPECTANCY IN THE UNITED STATES

Year	*Average Length of Life*	
	Males	*Females*
1900	48	51
1910	50	53
1920	57	60
1930	62	67
1942	63	68

there is no evidence that longevity or the span of life is increasing. More people live longer than they used to, but people do not live to more extreme old age. Judging from available records, longevity has apparently remained unchanged, and it has always been greatest when few or no records were kept. The failure of longevity to increase is traced to the trend of mortality after mid-life. Beyond this period the mortality from heart disease, cancer, diabetes, and cerebral hemorrhage increases and is likely to interfere with further advancement in life expectancy. According to Dr. Louis I. Dublin, the average span of life is increasing and may reach into the seventies largely because of improved standards of living, better working conditions, and the control of disease through advances in medicine and public health.[36]

Summary. In many respects physical disease and its associated problems present a dismal outlook for humanity. Practically no disease, however, is the equivalent of a death sentence if it is diagnosed early, and this conclusion has led to the axiom that early recognition is nine tenths of the cure. Another conclusion emphasizes the same point of view by giving an important position in the etiology of the major communicable and degenerative diseases to the acute infections. By themselves, acute infections are secondary, but their damage to the entire system is chiefly responsible for the rapid advances of disease and mortality in middle life. The new diseases of civilization

[36] Dublin, L. I., and Lotka, A. J., "Trends in Longevity," *Annals Acad. Pol. and Soc. Sci.*, Vol. 237 (1945): 131.

are primarily the consequences of minor infections, and preventive programs are being directed against them rather than against their incurable results.

Curative and preventive agencies are now concerned with two major and two minor classes of diseases. The first two are the communicable and degenerative diseases. The others are deficiency diseases and diseases caused by the malfunctioning of the ductless glands.

Communicable diseases are further subdivided according as the infecting agent is known or unknown. When the source of infection or the infecting organism is known, there are four methods of treatment. The first is by the elimination of the source of infection. Such infectious diseases as malaria, yellow fever, dysentery, and sleeping sickness, all of which are due to animal parasites, are prevented by the elimination of the host—the parasite—or by quarantine. The second method is by preventive innoculation, as in the case of typhoid fever, or by chemicals as in pneumonia and the venereal diseases. The third is the use of antitoxic sera, as in diphtheria and tetanus. Tuberculosis illustrates the fourth method, namely, the prevention of infecting contacts. Although tuberculosis is a bacterial disease, the infecting agency cannot be attacked directly. Tuberculosis is primarily a disease contracted during childhood under unwholesome living conditions, and prevention is directed toward sanitation. Much of the preventive work in this disease depends upon the development of immunity.

A second type of communicable disease is called the undetermined group, because the infecting organism is unknown or is doubtful. Many common diseases are classed in this group: influenza, measles, chickenpox, the common cold, epidemic encephalitis, mumps, poliomyelitis, smallpox, typhus fever, trench and similar fevers, and some diseases of animals, such as rabies. The theory accounting for these diseases is that the germs are ultra-microscopic in some part of their history and are filtrable. Two of these diseases, smallpox and rabies,

are preventable by vaccines; the other diseases are treated by isolation or quarantine.

Degenerative diseases are now receiving more attention, because their mortality is increasing while the general death rate is decreasing. These diseases differ from the infectious group in causes and in treatment. A complete list of probable causes would include many environmental and hereditary factors. Those usually considered are heredity, infection, food, drugs, occupational poisons or toxins, injuries, and social habits, and are classified as immediate, or as indirect or predisposing. Little is known about the specific contribution of any of these causes, owing primarily to the fact that degenerative diseases appear late in life when original constitutional characteristics have been modified by a variety of social and economic conditions.

The prevention of degenerative diseases requires a program that will cover every cause; it should consist of eugenics, control over minor infections and the serious chronic infections, improved dietetics, food and drug laws, industrial sanitation, and mental hygiene.

Both deficiency and glandular diseases are largely dietary problems. Scurvy originally called the attention of the medical profession to the importance of a well-balanced diet. Rickets, beriberi, and pellagra are other deficiency diseases. Diseases traceable to the oversecretion or undersecretion of the ductless glands are also recognized as deficiency diseases. Goiter is the most commonly cited example. The importance of deficiency diseases is their connection with other physical diseases and with the mental diseases.[37]

A general program of public health is charged with the study and prevention of all deficiency diseases. It is now handicapped in reaching the goal, which is medically possible, because of the inability of many sick persons to pay the costs of medical care and because of the infrequency with which well

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[37] Bruce, D., "Prevention of Disease," *Science*, New Series, Vol. 60: 109–124.

persons assume responsibility for their own health.[38] Consequently, the current and unsolved problems in public health for which the National Health Program has been proposed (1945) include:

1. The uneven costs of medical care.
2. The uneven distribution of medical services.
3. Inadequate care of many illnesses.
4. Extensive use of inferior services.
5. Insufficient attention to prevention.
6. Unfairness to practitioners under the current health organization.
7. Organized plans for the payment of medical costs and for compensation for loss of earnings during sickness.

The present-day public health program recognizes the desirability of ten supplementary activities in medical and social research:

1. Early diagnosis and immediate treatment.
2. Adequate medical service and adequate nutrition.
3. Control over population to restrict the spread of disease.
4. Positive and negative eugenic programs.
5. Accurate reporting of the incidence of illness and death.
6. Personal, sex, and mental hygiene.
7. Public health education.
8. Coördinated state and local public health services.
9. Sickness insurance.
10. Promotion of professional education and research in medicine.

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Questions

1. How does the incidence of disease differ in urban and rural areas? in different age groups? in different social classes?

2. A recent report on expenditures for different diseases indicated that $94 is available for each case of infantile paralysis, $22 for each case of tuberculosis, $8 for each case of cancer, 3 cents for each case of heart disease. Do these expenditures show the real severity of these diseases? What is their probable meaning so far as public interest or apathy is a factor?

3. To what extent is ill health a cause of poverty? of unemployment?

4. What are "new diseases"?

5. Through what carriers or agencies are the communicable diseases most often transmitted?

6. To what degree are the costs of medical care unevenly distributed among the social classes? Do these costs increase or decrease as income increases?

7. Is disease a selective factor both socially and biologically? With what diseases is heredity closely connected?

8. What diseases have specific cures? What are the unsolved problems of medicine?

9. How does life span or longevity differ from the average length of life? Is longevity increasing?

10. How would you proceed to discover the major health problems of a community?

11. How accurate are recent estimates of the prevalence of the venereal diseases? From what sources are these data obtained? How may they be verified?

12. What social agencies in your community are concerned with the problems of social hygiene?

13. Why is syphilis called the "Great Imitator"?

14. Cite arguments for and against the reporting of the venereal diseases.

15. Examine and evaluate the program of the Venereal Disease Control Act.

16. What do age, sex, racial, and social differences in the incidence of venereal diseases show as to their causes?

17. Analyze the arguments for and against a National Health Program.

18. What is immunity?

19. Enumerate some currently accepted cures. Are they endorsed by medical science?

20. Name the chief preventives for communicable diseases. For degenerative diseases.

Chapter VII

PHYSICAL DEFECTIVENESS

ANOTHER class of health hazards is the physical disabilities. A complete inventory of these defects includes a wide range of medical and physiological problems. It may be used as a classification of all types of physical and mental disorders. Here discussion will be limited to structural defects, the handicaps of limb or body which impair the economic and physical efficiency of their victims.

Even in such a limited approach to the social aspects of physical defects, these handicaps are more than problems of public health. They include the social and biological conditions of (1) the blind and partially sighted; (2) the deaf and hard of hearing; (3) the crippled; (4) speech defectives; and (5) persons whose vitality is impaired by the less obvious defects, such as the cardiac cripple, the arrested tuberculous, the aged infirm, and the malnourished. These conditions are mainly problems of health from the standpoint of preventive medicine, but they are also economic and educational problems involving need for special training and vocational adaptation. And in many cases they present serious problems in social isolation, requiring long and resourceful treatment to offset the development of abnormal traits of personality.

Either as medical or as social problems, consequently, the occurrence of physical handicaps is an indication of a major liability to any society. They represent primary evidence of the inability to control infectious and degenerative diseases or to prevent industrial and other accidents. Accordingly, their absence or tendency to decrease is additional proof of a healthy and vital population.

Historical attitudes toward the defective classes. Long

before different societies gave any serious thought to the health or size of their populations, practically without exception all had elementary rules concerning standards of physical efficiency. In general those rules had little eugenic significance. They were adopted to protect a people from famine or hostile neighbors. Individuals handicapped by disease, bodily defects, or old age were expelled from the tribe, killed, or permitted to die with no humanitarian ceremony. The harsh measures used were in direct agreement with the primitive doctrine of the survival of the fittest.

Such regulations were applied indiscriminately to all classes of defectiveness. In Sumner's study of the folkways and mores of primitive peoples, he found that abortion, infanticide, killing the old and infirm, banishing the sick, and human sacrifice were generally accepted methods of insuring social welfare. Referring to one of those practices, Miller states: [1]

> Deformed children bring down evil consequences if allowed to live. The rain ceases to fall, famine or starvation sets in, and the people will be plagued endlessly. A monstrosity or a child that is deformed and crippled is therefore strangled at birth.

Gradually, with the rise of civil society, the humanitarian tradition reversed these practices in the doctrine of the sacredness of life. The modern problem of the handicapped is the outgrowth of comparatively recent customs relating to natural and social selection. The doctrine of natural selection has been largely replaced by the concept of life extension. And instead of the primitive methods of social selection, the notion is rapidly gaining acceptance that neither society nor its agents may apply indiscriminate rules of survival. In the case of incurable diseases and in sterilization, there are many illustrations of opposition to direct controls over population. Even in the case of capital crimes, the right of the state to kill is being questioned.

A second approach and attitude toward the problems of

[1] Miller, N., *The Child in Primitive Society*, London, 1928, p. 47. Sumner, W. G., *Folkways*, Holt, New York, 1906, pp. 309, 326, 336.

the handicapped may be observed in the development of preventive medicine. This approach to physical defectiveness is based upon the idea that most handicaps are the result of conditions that may be eliminated or prevented. The concerted aim of the modern humanitarian movement, therefore, endeavors to realize the objectives of a sound policy of improved quality in population through the remedial and preventive measures of the biological and social arts and sciences.

For many centuries after the substitution of modern humanitarianism for primitive social selection, attention was given chiefly to the gross physical defects. Treatment or custodial care was limited to the blind, deaf, and crippled. Although special privileges were sometimes granted to these classes, often the real privilege was that of pauperism and beggary. In addition to the failure to appreciate their real needs, physical defectives have been regarded from many odd points of view as freaks to be feared, shunned, or exploited, or as victims of sin and a divine wrath. Mystical powers have been credited to some, and frequently they have been employed as jesters or fools. Even in contemporary society they are exhibited as curiosities. Throughout a considerable proportion of modern times, there was no concerted endeavor to reduce the number of the handicapped or to provide planned relief. Not until the Poor Relief Act of Elizabeth (1601) was systematic care introduced, while scientific, preventive care is as recent as orthopedics and modern child care.

Main types of physical defectiveness. The current problem of the handicapped is totally unlike its historical antecedents. Although the blind, the deaf, and the crippled are still recognized within its limits and are important because they are always responsible for a certain amount of economic and social incompetency, they constitute by no means a majority of those whose handicaps are now thought worthy of social study and control. Recent investigations have revealed a new group of physical defects; namely, those minor conditions which are temporarily less serious but more frequent than

the three classical handicaps. In one sense, moreover, they are actually more serious, because they are associated causally with gross defects and fatal illness. In fact, medical workers have decided that the ultimate control over blindness, deafness, and serious crippled conditions depends largely upon the early detection and elimination of the minor defects. From this approach to the problems of the handicapped, a conclusion is reached similar to that in the study of physical illness. In the long run, prevention in either case depends upon control over minor defects and illnesses.

Many gross and minor handicaps are of comparatively little social significance. Some infirmities are the natural consequence of advancing age; others are too widely distributed to be sufficiently unusual to be included within the range of social problems. The natural failure of eyesight as people grow old, partial blindness or deafness, and some relatively gross crippling conditions are not always causes of poverty or social incompetency. Often their most serious consequence is a reduced earning capacity. They do not interfere with the individual's participation in the world's work, because of social compensations which the individual is able to make, or because society itself is adjusted to fairly wide variations in individual capacity.

The cases of partial and, from the economic point of view, adjusted handicaps interfere more directly with a census of the types and frequency of the physical defects that do disable their victims. Extreme handicaps—such as total blindness, absolute deaf-mutism, or other total physical incapacities—are found easily, usually within public institutions or in the enumeration of the United States Census. The discovery of other handicaps, in which the line between physical normality and defectiveness fluctuates, is beset with many difficulties. For example, it is hard to discriminate between poverty, mental defectiveness, and physical defectiveness as factors in social unadjustment, when those conditions are found in the same person.

Burden of the handicapped. Of the 5 million persons in this country who are handicapped by physical defects, 623,500 are wholly incapacitated. This total includes 356,400 men and 267,100 women: [2]

MAJOR PHYSICAL HANDICAPS

Type of Impairment	*Males*	*Females*	*Total*
Orthopedic	208,500	132,500	341,000
Total deafness	77,100	70,900	148,000
Blindness in both eyes	70,800	63,700	134,500
Total	356,400	267,100	623,500

Although it is much more difficult to determine the minor handicaps by a census count or to distinguish between the degrees of such handicaps, the National Health Survey has estimated a total of 4,374,300 persons with such defects, divided between the types of handicaps and the sexes as follows:

MINOR PHYSICAL HANDICAPS

Type of Impairment	*Males*	*Females*	*Total*
Orthopedic, non-disabling	1,636,100	626,500	2,263,600
Partial deafness	886,200	762,900	1,619,100
Blindness in one eye	311,700	150,900	462,600
Total	2,834,000	1,540,300	4,374,300

When handicaps are enumerated from other than the medical point of view, for example, from the standpoint of employability or military capacity, the problem of physical defectiveness is much more extensive.[3]

Since public attention has been largely devoted to the blind, the deaf, and the crippled, each will be given a brief consideration here. As a matter of fact, they are well adapted to joint analysis because they have other elements in common besides that of economic need and special education. Their causes are largely the same, being disease, congenital or ac-

[2] Karpinos, B. D., "The Physically Handicapped," *Public Health Reports*, Vol. 58 (1943), No. 43: 17–18.

[3] This is shown by the facts that of every 100 men examined in the draft 28 were found unfit for military duty and 15 were fit for limited service only. Perrott, G. St. J., "Physical Status of Young Men," *Milbank Memorial Quart.*, Vol. 19 (1941): 339.

quired defectiveness, and accidents, and consequently their prevention depends upon the adoption of similar measures. They differ chiefly in their response to treatment, some being more adjustable than others.

Blindness. When a person has no vision, or no more than 5 per cent of normal vision, he is considered blind. Since many others may have impaired vision, it is difficult to know the exact total of this incapacity. An estimate of the Social Security Board makes this total about 1.75 persons per 1,000 population, or 230,354 individuals with the joint handicaps of defective vision and poverty.

Humanitarian sympathies are easily aroused by the blind and their social handicaps. Although for this reason more resources have been made available to the blind than to persons with other gross handicaps, blindness is the least adjustable of all physical defects. However, blindness is decreasing in proportion to population. Since 1880 the proportion has been practically cut in half, and there are good prospects that the rate will continue to decrease.

CAUSES OF BLINDNESS

Causes	*Per Cent Distribution for the Entire Population*	*Per Cent Distribution Among Children*
Specific disease	38.6	
Cataract	13.7	14.1
Diseases of optic nerve	6.9	13.9
Diseases of conjunctiva	6.1	5.6
Glaucoma	5.4	—
All others	6.5	—
General disease	15.8	19.5
Accident	16.5	9.3
Poisoning and malformation	2.6	—
Congenital, old age, etc.	25.5	15.1 (congenital)
Unclassifiable or miscellaneous	1.0	22.5
Total	100.0	100.0

Sources: Best, Harry, *Blindness and the Blind in the United States*, Macmillan, New York, 1934, pp. 7–9. White House Conference on Child Health and Protection, *The Handicapped Child*, Section IV B, D. Appleton-Century, New York, 1933, p. 94.

The chief causes of blindness are specific diseases of the eye, general constitutional diseases, congenital defects, acci-

dents, and old age. During the last century trachoma, smallpox, and infection at childbirth were the three most frequent causes. Trachoma was an exceedingly virulent infection, being highly contagious under conditions of unsanitary living, poverty, and crowding with which it was closely associated. Among adults the leading causes are specific diseases of the eye, such as cataract (which includes diseases of the crystalline or transparent lens of the eye), diseases of the optic nerve, and disease of conjunctiva (the mucous membrane of the eye). General diseases often resulting in blindness are measles, meningitis, scarlet fever, influenza, typhoid fever, smallpox, syphilis, and diabetes. Among children, leading causes are ophthalmia neonatorum (infectious conjunctivitis of the newborn), congenital cataract, other congenital conditions, optic nerve atrophy, and accidents.

In this country approximately seven tenths of all blindness is due to disease, two tenths to accidents, and one tenth to congenital conditions or old age. Important social facts which partially clarify the character of this problem are: (1) the sex ratio which is 111 blind males for every 100 blind females; (2) employability: 11.0 per cent are reported employed; (3) economic status: 68.0 per cent of the blind population are located in families with incomes less than $1,000 per year; and (4) age distribution: nearly 70.0 per cent of blindness occurs in the age group over 45 years.

The fact that it has so many causes demonstrates that blindness cannot be approached as a separate problem. Both treatment and prevention require widely different measures, and the hopeful aspect of the problem is that most of its causes can be prevented. About four fifths of blindness is due to trachoma, corneal ulcer, glaucoma, cataract, atrophy of the optic nerve, and ophthalmia neonatorum. Of these, trachoma and ophthalmia neonatorum have relatively simple treatments. The others require surgery or the prevention of constitutional deficiencies. Many infectious and degenerative diseases also may result in blindness. For example, it is well known that

venereal infections are related to blindness, and legislation has largely eliminated them as causal factors. Among causes which have responded least to current preventive agencies are industrial and other accidents. Although blindness is often associated with heredity, there is little evidence that a eugenic program, limited to restrictions on the marriage of the blind, would make any material reduction in its prevalence.

Treatment and prevention are being directed toward two objectives: the elimination of disease and accidents, and the economic adjustment of the blind. The former is chiefly a medical, industrial, and educational responsibility. Since 72.0 per cent of existing blindness is considered preventable, this approach is the most hopeful.

The economic adjustment of the blind was the first of the three types of public assistance to be approved in state legislation. A state subsidy was enacted in 1898 and by 1934 there were comparable provisions in 24 states. With the enactment of the Social Security program the average monthly payment to the blind is $30.27 varying from a maximum of $40 in some states to a minimum of $15.

Deafness. An individual is classified as deaf when the impairment of his hearing is so serious that the sense of hearing is of little or no use. Unlike blindness, deafness tends to increase proportionately to the growth of population. The National Health Survey reported that deafness increases with age at a constant rate—3.9 per cent for males; 3.4 per cent for females.

Deafness and blindness also differ in other respects, particularly in the personal and social problems to which they give rise. There are three principal classes of the deaf: individuals who are unable to hear and speak; others who are able to speak but who became deaf in childhood; and the partially deaf whose defects may be corrected by auditory devices. Deafness is essentially a problem of childhood. About one fourth of the cases are the result of congenital defects, and nearly one half of the total become deaf before 10 years of age. In a

study of congenital and acquired deafness, conducted under the auspices of the American Medical Association, the following proportions were assigned to the congenital, the probably congenital, and the acquired groups:

CONGENITAL AND ACQUIRED DEAFNESS

	Number	*Per Cent*
Congenital	1419	45.5
Probably congenital	508	16.3
Acquired	1192	38.2
Total	3119	100.0

Deafness also differs from blindness in its causes. From one third to two fifths of the causes of deafness are ascribed to congenital conditions. Obviously this classification does not give the specific causal factors. The other causes are a variety of communicable diseases which result in infections of the middle ear. Meningitis, scarlet fever, measles, influenza, otitis media (inflammation of the middle ear), and pneumonia are most often cited. Only a small percentage of cases is attributed to accidents. Hereditary recurrence is more frequent than in blindness, or at least deafness has a tendency to occur in the same families more frequently than blindness. Heredity as a cause of deafness, however, is not clear-cut, and of the conditions predisposing to deafness, otosclerosis (hardness of hearing due to thickened tympanum) is about the only factor which is considered by geneticists to be hereditary in the Mendelian interpretation.

CAUSES OF ACQUIRED DEAFNESS

Causes	*Per Cent of Total Causes*
Meningitis	17.5
Scarlet fever	8.4
Measles	8.2
Influenza	7.6
Otitis media	5.6
Pneumonia	4.5
Whooping cough	3.5
Fever, undesignated	3.2
Infantile paralysis	3.1

Source: National Research Council, *The Physical Causes of Deafness*, The American Medical Association, Chicago, 1928, p. 16.

Economic relief measures are as necessary in the case of the deaf as in the other handicaps. This is because the incidence of impaired hearing is 25.0 per cent to 112.0 per cent higher among low than other income groups. In addition, considerable attention has been given to the alleviation of the social isolation which so often is a primary hazard of the deaf. Other specific efforts include campaigns to control the infectious diseases, prompt treatment of inflammatory conditions of the ear, and further research into the nature and conditions of congenital deafness.

The crippled. As stated above in the review of the total distribution of handicaps in the population, there are about 341,000 persons with major orthopedic impairments and more than 2 million with minor handicaps. The problems of rehabilitation and prevention are complicated not only by the variety of these defects and their numerous causes but also by the fact that they occur among children, the middle-aged, and the old. Treatment, accordingly, generally overtaxes the resources of the best-organized society.

Both the nature and the frequency of the problems of orthopedic handicaps were shown in a survey of New York City in 1919. At that time a rate of 7 crippled persons per 1,000 population was found. Comparable and more recent surveys lead to the same general conclusions. Not only are the crippled much more numerous than the blind and the deaf, but a large number are disabled from birth or early childhood. In the New York study 63 per cent of the crippled were under 16 years of age.[4]

Causes of these defects also vary by age groups. General conditions are tuberculosis, rickets, infantile or other forms of paralysis, congenital deformities, and accidents. Accidents, both industrial and non-industrial, are more frequent causes in upper age groups, while among children infantile paralysis is the major factor.

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[4] "Why Cripples are Young," *The Survey*, Vol. 44: 633.

In the distribution of causes, revealed by the National Health Survey, the dominant role of disease is obvious. Among males the two leading causes are apoplexy and occupational accidents, among females, apoplexy and home accidents.

CAUSES OF INCAPACITATING ORTHOPEDIC IMPAIRMENTS

	Per Cent Distribution	
	Males	*Females*
Accidents	43.0	30.9
Home	4.1	13.3
Occupational	23.6	2.4
Automobile	8.6	6.6
Disease	53.7	69.0
Apoplexy	34.7	42.9
Infantile paralysis	4.9	8.5
Congenital	4.0	5.8
Others	3.3	0.1
War wounds	2.8	...
Total	100.0	100.0

Source: Karpinos, B. D., *loc. cit.*, p. 11.

The methods of treatment and prevention of these predisposing conditions do not differ markedly from the measures adopted for blindness and deafness. This is especially true in the case of crippled children, whose problems can be reduced by the elimination of infectious diseases; this does not apply to adults, however. Preventive measures in the case of adults are identical with the methods of a preventive program to maintain general health and to reduce the accident rate.

The frequency of minor physical handicaps. From a number of special studies of physical defectiveness among the school and industrial population, a wholly different group of substandard persons has been identified, consisting of minor cases of defectiveness. These minor defects, which are widely distributed among persons who are ordinarily considered normal, cause an unknown amount of inefficiency and suffering, and indicate a field for remedial and preventive medicine hitherto neglected. The defects are called minor only in relation to their immediate effects and by contrast to the gross handicaps of the blind, the deaf, and the crippled.

This approach to physical defectiveness is largely a problem of child welfare. Although the connection between the defects of children and the ill health, defectiveness, and premature mortality of adult life is not definitely known, the fact that children should possess good health during the formative years is clearly established. From this point of view, it is believed that in their ultimate consequences minor defects are no less significant than the physical diseases of childhood.

Distribution among adults. Probably the most comprehensive surveys of the incidence and types of physical defectiveness among the adult population are the examinations of men drafted for military service during the two World Wars. A comparison of these findings is given in the table on this page.

In World War I, a total of 2,754,000 men, chiefly between the ages of twenty-one and thirty, was examined. The report for World War II is not exactly comparable. Although it includes about the same number of persons examined, the specific defects in the table are those found in 19,923 examinations. These findings, consequently, must by supplemented by the distribution of defects among the rejected registrants.

PHYSICAL DEFECTS FOUNDED IN DRAFTED MEN

Types of Defects	*Per Cent Distribution*	
	World War I	*World War II*
Bone and joints, hands and feet	39	18.1
Sense organs	12	11.8
Tuberculosis and venereal disease	11	2.9
Cardio-vascular diseases	10	7.5
Developmental and metabolic processes	10	16.3
Nervous and mental defects	6	5.1
Nose and throat diseases	5	9.9
Skin and teeth	3	18.9
Respiratory (other than tuberculosis)	1	1.2
Others	3	8.3
Total	100	100.0

Sources: Davenport, C. B., "Defects Found in Drafted Men," *Sci. Monthly*, Vol. 10: 7–8. "Summary of Data of 19,923 Reports," *Selective Service System*, Washington, 1941. The per cents in this table are for the age-groups 21 to 36. Compare with the later summary, Perrot, G. St. J., "Findings of Selective Service Examinations," *Milbank Memorial Fund Quart.*, Vol. 22 (1944): 359.

In spite of changing medical standards in these two comparisons, the results are fairly similar. In both, the rate of

defects per person in the adult population is slightly more than one per person (in the specific analysis of 19,923 examinations the actual number of defects was 27,031 or 1.9 per person). Likewise, the table indicates that at both times three different classes of physical defects ranked among the first five causes of physical inefficiency, namely, defects of bone, joints, hands and feet, sensory defects, and developmental defects in the first report, and in addition to these defects there was a high incidence of defects of skin and teeth in the second report.

Other similarities in the two reports show that many of the defects enumerated are minor so far as general health is concerned and would not disqualify the individual for military service or hinder his performance in a civilian occupation. More than half of both groups had no disqualifying defect. The ratio of defects tends to increase with age and the urban group has a slightly smaller number of defects than the rural. In a preliminary survey of nine million draftees, 43 of every 100 registrants from urban areas and 53 of every 100 rural registrants were rejected for health reasons.

Among the 25 per cent of the first two million registrants in World War II who were rejected for any type of military service, the following distribution of defects were found: [5]

Major Defect or Disease	*Per Cent*
Teeth	20.9
Eyes	13.7
Cardio-vascular system	10.6
Musculo-skeletal	6.8
Venereal	6.3
Mental and nervous	6.3
Hernia	6.2
Ears	4.6
Feet	4.0
Lungs	2.9
Others	17.7

[5] Natl. Headquarters Selective Service System, Medical Statistics Bulletin No. 1, 1941. Table 1. p. 2. Compare with Lew, E. A., "Interpreting the Statistics of Medical Examinations of Selectees," *Jour. Am. Statis. Assoc.*, Vol. 39 (1944): 345–56. Sensenich, R. L., "The Real Meaning of Selective Service Physical Examination Findings," *Hygeia*, Vol. 22 (1944): 910–911. "Draft Rejection Causes," *Science N.L.*, Vols. 43 (1943): 409; 44 (1943): 214.

Interesting and significant sectional differences were found in the geographical distribution of a few major defects and illnesses. The Northwest was distinguished by deformities caused by accidents, flatfoot, and goiter. In the Southwest tuberculosis, drug addiction, hernia, and tonsilitis were most prevalent. The Southeast had an abnormally high proportion of venereal disease, hookworm, blindness, arthritis, underweight, mental deficiency, pellagra, and hernia; and the Northeast was characterized by congenital defects, underweight, tuberculosis, defective teeth, and syphilis. In general, cities had the poorer physical records, with a total of 15 per cent more defects than the rural districts. Of the four sections, the Northwest furnished the best men for military purposes.

Examinations among applicants for service in the United States Navy show essentially the same types and distribution of defects. Among the physical defects occurring most frequently as causes of rejection are, enumerated according to their incidence: defective vision, flatfoot, defective teeth, deformities, and heart disturbances.[6]

Within the industrial population, similar defects occur with greater frequency and severity since the groups examined are more representative of normal age distributions. The table on page 209 gives the percentage of physical defects among two groups of workers. The first group includes over 100,000 adult males in the prime of life. These examinations were conducted by the Life Extension Institute. The defects affecting the largest proportion of men were abnormal tonsils, defective teeth, hypertrophic rhinitis (enlarged turbinates), digestive disturbances, defective vision, and albumin in the urine. Of more immediate significance were the small percentages of serious disabilities. Serious heart impairments,

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[6] Natl. Indust. Conf. Board, "Sickness Insurance or Sickness Prevention?" *Research Report* No. 6, 1918, p. 6. U. S. Bureau of Education, *Annual Report*, 1916, Vol. 1: 318. For findings in World War II, consult references in footnote 5. Compare with, Hadley, E. E., and others, "Military Psychiatry," *Psychiatry* Vol. 7 (1944): 379–407 which gives the regional distribution of mental diseases.

for example, occurred in only 2 per cent of the group, and hardening of the arteries in 3 per cent.[7]

PHYSICAL DEFECTS AMONG INDUSTRIAL EMPLOYEES

Physical Defects	Percentage With Defects	
	Among 100,000 Workers	*Among 10,143 Workers*
Nose and throat	45	69.7
Eye and ear	40	37.3
Teeth	39	91.3
Digestive	34	23.5
Hernia, varicose veins, etc.	19	41.3
Respiratory	16	8.5
Other circulatory	14	11.0
Skin	10	8.1
Heart	6	9.4
Miscellaneous	—	20.4

The same major and minor defects appeared among the second group—10,143 industrial workers—and were also shown in a study by the Metropolitan Life Insurance Company of 16,662 policyholders.[8] It is important to remember that these serious and potentially fatal defects occurred among selected white workers (professional men, business men, and skilled workers) who were actually engaged in their occupations at the time of the examination.

The high incidence of physical impairments among workers who are apparently physically efficient presents a major health problem. In the insurance group of 16,662 men, a special investigation was made to determine the probable causes of these impairments. The group was considered representative of the white adult population, because 60 per cent were more than 34 years of age. Two general facts relative to causation were discovered. Minor and moderate defects were very common among young men, but the greatest number of serious and advanced defects occurred among the upper age groups. In

[7] Mills, A. B., "Extent of Illness," *Committee on the Costs of Medical Care,* Pub. No. 2 (1929): 13. Britten, R. H., and Thompson, L. H., "A Health Study of Ten Thousand Male Industrial Workers," *Public Health Reports,* No. 162 (1926): 84.

[8] Dublin, L. I., and others, "Physical Defects as Revealed by Periodic Health Examinations," *Am. Jour. of Med. Sciences,* Vol. 170: 576. Sydenstricker, E., and Britten, R. H., "The Physical Impairments of Adult Life." *Am. J. Hyg.,* Vol. 11 (1930): 73–135. (A study of 100,924 adults.)

both the younger and the older groups many errors in personal hygiene were noted as probable causes, such as a faulty diet, inadequate exercise, overwork, and overfatigue.

As a rule, the rural population is burdened by the same general types of defects, especially in the low-income groups.[9]

These findings led to another special study: of the relationship between overweight and physical defects. As overweight tends to increase with age, it furnished a clue to the increase in the number of defects in the upper age groups. The defects indicate the combined result of senescence, overweight, and increasing strain upon the circulatory and renal systems. Seventy-five per cent of the persons who were overweight had serious and advanced physical defects. There were, for example, an unusual number with enlarged hearts, functional murmur of the heart, high blood pressure, and arterial thickening. Overweight and high blood pressure are thus associated with diseases of the heart, blood vessels, and kidneys, and with Bright's disease and apoplexy. In addition, 20 per cent of those overweight had moderate defects requiring medical supervision. None of those with normal weight showed conditions as serious as these.

By these surveys of incidence and types of physical defectiveness among adults, the need for early treatment is clearly demonstrated. Early treatment is imperative because most of these defects can be eliminated in the early age groups by medical or surgical methods, and their irremediable complications thus prevented. This conclusion redirects the attention of public health to the incidence of physical impairments among children.

Distribution among children. The occurrence of defectiveness among children not only takes place at an early age but in an unusually large proportion of the population. According to the reports of the White House Conference, the following

[9] Gover, Mary, and Yaukey, J. B., "Physical Impairments of Low-Income Farm Families," Public Health Reports, Vol. 59 (1944) No. 36. U. S. Dept. of Agriculture, Better Health for Rural Living, Washington, D. C., 1946, 32 pp.

estimate of the extent of handicaps among children is made: [10]

EXTENT OF HANDICAPS AMONG CHILDREN

Defects	*Number of Children*
Impaired hearing	3,000,000
Visual handicaps	65,000
Crippled	300,000
Cardiac limitations	450,000
Total	3,815,000

Of this number there were

17,000 deaf children
15,000 blind children
50,000 with partial sight

Various community surveys place the total incidence of these defects between 2 and 4 per 1,000 of the general population in urban areas and between 2 and 7 per 1,000 in rural counties.

The leading types and causes of these defects are: [11]

Causes of Disabilities	*Among 6,242 Children*	*Among 10,001 Children*
Infantile paralysis	35.8%	33.7%
Cardiac	13.1	8.0
Bone tuberculosis	12.7	12.6
Spastic paralysis	10.4	14.0
Congenital	8.0	10.0
Accidents	4.6	6.0

The most noticeable difference between the defects of children and those of adults is the fact that there are comparatively few cases of serious conditions among children. This is shown in the distribution of physical handicaps among pupils regis-

PHYSICALLY HANDICAPPED PUPILS IN NEW YORK CITY

Special Classes for	*Number Registered*
The blind	86
Sight conservation	1,182
Cripples	4,532
The tuberculous	671
Malnutrition	4,068
Speech defects	15,748
The deaf	432
Total	26,719

[10] *White House Conference on Child Health and Protection,* Section IV, "The Handicapped," D. Appleton-Century, New York, 1930, pp. 292–293.
[11] *Ibid.,* Section III, Section IV B, p. 137, p. 64.

tered in the special classes of the New York City schools.[12] Although this distribution is not a fair representation of the actual prevalence of blindness or deafness (for which special schools are provided), it does show the extensive occurrence of minor physical handicaps among public school children. In this group, the great majority of handicaps are speech defects, skeletal defects, and malnutrition. The specific types and frequency of physical defects among school children are: [13]

Type of Defect	*Per Cent Distribution*
Dental defects	40.1
Diseased tonsils	22.2
Defective vision	10.3
Nasal breathing	8.5

These four were the defects found to be most frequent in a survey of nearly two million school children in New York State. None of the other defects affected more than 4 per cent of the school population. Differing from the findings for the adult population, this study shows a higher incidence of defects among children from rural communities than among those from urban districts.

From these and many similar surveys, two conclusions have been reached. The first is that minor defects are exceedingly common; the second, that when some of those minor conditions are uncorrected, they become the major causes of impairments in later life. These conclusions are effectively presented in Mills' summary: [14]

Among school and preschool children examined in six different surveys, from 65 to 95 per cent have one or more defects. In four of the groups surveyed, defective teeth are found in over 50 per cent of the children. One third have enlarged or diseased tonsils. When vision is carefully checked by an examination made

[12] *Twenty-ninth Annual Report,* Supt. of Schools, New York City, 1927, p. 25.

[13] Howe, W. A., "School Health Service in New York State," *Am. Jour. of Pub. Health,* Vol. 11: 873–887.

[14] Mills, A. B., *loc. cit.,* pp. 14–15. Metropolitan Life Insurance Company, "School Health Survey of Newton, Mass." Monograph No. 5. See also *Statistical Bulletin,* Vol. 11, No. 2, pp. 4–7. Moore, F., and Hamblin, A., "Physical Defects of School Children," *Am. Jour. of Public Health,* Vol. 18: 1268–1272. Collins, S. D., "The Relation of Physical Defects to Sickness," *U. S. Public Health Service,* Public Health Reports, Vol. 37, No. 36 (1922), pp. 2183–2193.

after the use of "drops," 95 per cent of the children are found to have some degree of hyperopia, myopia, or astigmatism—defects, congenital in many cases, which are serious enough to require glasses for 34 per cent of them. Other tests of vision, being much less thorough, reveal only 6 to 36 per cent with visual defects. In some of the groups surveyed, adenoids affected 10 to 35 per cent of these children, conjunctivitis 3 to 16 per cent, and defects of of nutrition 4 to 18 per cent. A recent study has shown that children who have, or have had, diseased or enlarged tonsils suffer much more frequently from rheumatism, lumbago, neuralgia, neuritis, heart diseases, and ear diseases than those with normal tonsils.

This quotation stresses a few of the consequences of physical defectiveness and indicates that one of the most successful agencies in health insurance is the correction of these defects among children and adolescents.

Social consequences of physical defectiveness. From the total unadjustment of the blind and seriously crippled, the unfavorable consequences of physical impairments gradually diminish until their influences cannot be differentiated from other causes of personal inefficiency. Comparing physical disability with other causes tends to make it a secondary and not a primary factor in social problems. Of the general results that are traced to physical handicaps, the economic disability of the blind has already been mentioned; the equivalent problem of the deaf is their cultural and social isolation; and of the crippled their occupational unadjustment. But none of these consequences is inevitable. When they do occur with unemployability, poverty, and family or personal demoralization, other conditions than physical defects are usually present.

The influence of these other factors was clearly demonstrated in the study of 248 unemployed, dependent families to which reference has already been made twice—in the analysis of the general factors responsible for unemployment, and in the analysis of specific illnesses associated with unemployment.[15]

[15] See Chaps. III and IV. For a review of personal and social consequences of blindness, deafness, and other gross defects, consult "Survey of Physically Handicapped Children in California," *State Dept. of Education*, Sacramento, 1938. Bulletin 8.

Although physical defects were more numerous in unemployed than in other dependent families (proportionately to the total number of causes contributing to dependency), in no single case was physical defectiveness the only cause. It was accompanied by a large number of psychological, social, and economic sources of inefficiency. However, this study of 248 families and 1,267 persons does contribute generally to our knowledge of the supplementary relationship between physical defects and unemployability. Of the total persons in the study, 2 per cent (or 96 persons) were handicapped. Seven were blind and 19 had serious eye defects; 19 were deaf; 29 were crippled; and the remaining 22 had minor handicaps. From this distribution it is to be noted that serious defects occurred in over 75 per cent of the cases in which physical defects were classified as probably causal. In other words, from the experience of welfare agencies with dependency and unemployment, slightly more than 1 per cent of the cases can be traced *in part* to physical defects.

Physical defects and behavior problems. Recently, much attention has been given to the relationship between bodily conditions and human behavior. This approach developed with the growing recognition that the individual is a biological entity. However, it is possible to overemphasize this relationship; specific behavior problems are often explained in biological terms when it would seem to be easier and more logical to account for such behavior by means of other explanations, usually psychological or social. Specific illustrations of the biological approach are the curing of feeble-mindedness by operation for a cleft palate, or the relieving of maniacal attacks by thyroid secretions or surgery.

A clinical study of 100 behavior-problem children by Eisler did not yield impressive evidence of the relationship between physical disease or disability and the disturbed behavior.[16] In general, the children were remarkably free from disease or

[16] Eisler, E. R., "The Significance of Physical Disease in Relation to Behavior Problems," *Mental Hygiene*, Vol. 10: 85–89.

disability, and some of the worst behavior cases occurred in unusually healthy children.

In a few instances it was discovered that certain physical disorders undoubtedly did have some influence upon the child's behavior. In one, a case of thyroid insufficiency, physical improvement was obtained by treatment, but the child's basic personality traits remained unchanged. Only four cases revealed a direct relationship between physical condition and behavior. Two were cases of epilepsy, one of encephalitis, and one of diabetes insipidus. But not even in these cases was it possible to eliminate personality make-up and psychological motives in the interpretation of behavior problems.

In this group, an important comparison was made between those cases in which there were no physical defects and those in which there were defects, although in all cases the defects were minor. Both groups of children were referred for the same general problems—stealing, lying, truancy, sex difficulties, school maladjustments, and "nervous symptoms." Through this comparison the conclusion was reached that most behavior-problem children are normal physically, and that treatment depends upon social and psychological readjustments.

In his study of delinquency Cyril Burt took exception to this conclusion. He found a greater proportion of defects among delinquents than among non-delinquents and stated that:

> . . . the frequency among juvenile delinquents of bodily weakness and ill health has been remarked by almost every recent writer. In my own series of cases nearly 70 per cent were suffering from such defects; and nearly 50 per cent were in urgent need of medical treatment.

American writers, however, are in greater agreement with Eisler's findings. But Burt's study does resemble the foregoing in the types of defects discovered, since:

> Actual conditions observed are for the most part mild physical weaknesses and irritations—anemia, chronic catarrh, swollen glands, tonsils and adenoids, headaches, and malnutrition.[17]

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[17] Burt, Cyril, *The Young Delinquent*, New York, 1925, p. 239.

A study of 300 problem children, made in 1924, furnishes additional data as to the relationship between physical defects and conduct. Defects among these children were no greater than in the general population, but two tendencies were observed in the connection between different defects and behavior. Those defects tending to produce a feeling of inferiority were found to be most highly associated with behavior problems, and a considerable amount of variation in conduct was traceable to home conditions, intelligence, and educational difficulties. In other words, any condition that makes a marked contrast between the normal and the defective child is socially significant, such as degrees of intelligence and over- or undernutrition, or such obvious physical stigmata as facial birthmarks, harelip, clubfoot, or postencephalitic palsies.[18]

Another source of difficulty in behavior problems is the exaggerated importance given by some parents to the physician's advice. This is found to be especially true where children have heart lesions. Because of the popular belief that the heart is a very fragile organ, the fear on the part of both children and parents is often more serious than the actual ailment, and physicians find it desirable in some cases to withhold information of cardiac disorders from the patient and his family. Illustrative of this type of conduct problem is the case cited by Carter of an eleven year old boy who was entirely normal except for a slight systolic mitral murmur. When the mother was informed about this condition, she made a chronic invalid of the boy by her anxiety for his physical welfare and by reading medical literature to him. He was not permitted to lead a normal life and was taught to use his disability as an excuse for failures in school. This boy's behavior could not be corrected until he was removed from his mother's unfavorable influence.

In his summary of cases, Carter concluded that none of the frequent illnesses, posture defects, ocular defects, defective

[18] Carter, W. E., "Physical Findings in Problem Children," *Mental Hygiene*, Vol. 10: 75–84.

hearing, or nose and throat defects was associated directly with the problems of children in school. He did suggest, however, that they were of significance when their severity approached the grossly abnormal or when social conditions, such as ignorance or poor home environment, intensified a minor defect.

School hygiene has only recently invaded the high schools and colleges, so that few data are as yet available on the relation between physical defects of upper age groups and school failures. In the lower schools, backwardness in learning has been found to occur much more frequently when accompanied by physical handicaps. For the college population Diehl reports a similar relationship. In a comparison between the physical defects of 141 probationers in the University of Minnesota and those of 496 unselected students who were doing satisfactory scholastic work, good health and scholastic attainments were correlated positively. Physical defects occurring in the probation group with sufficient frequency to be of statistical importance were defective hearing, overweight, flabby musculature, and anemia, while underweight, asthenia, adiposity, and faulty posture were of probable statistical significance. None of these conditions occurred in the control group in a comparable degree.[19]

Occupational adaptability of the handicapped. As yet the problem of adjusting the handicapped person to an occupation has not been solved. This is not surprising, because solution enters the broad fields of vocational education and guidance, which for normal persons are largely unexplored. Authorities are reluctant to accept any definite list of vocations for disabled persons, because of individual differences within groups of handicapped persons and because of variations within similar types of employment. Until conditions of employment, as they are related to health, hours, wages, prospects for advancement, and degrees of skill, are more thoroughly studied, little

[19] Diehl, H. S., "Health and Scholastic Attainment," *U. S. Public Health Service,* Public Health Report, Vol. 44, No. 50, pp. 3041-3050. Trounstine, H. S., "Retardation in Cincinnati Public Elementary Schools." *Trounstine Foundation Series,* Vol. I No. 1, pp. 11–13.

specific data can be furnished on this subject. A second serious lack is definite knowledge concerning the ability of different types of handicapped persons to perform suggested tasks. To date the experience with different kinds of persons in various jobs indicates that the personal factor is the chief determinant of occupational adaptability.

Achievements of famous handicapped persons are often cited to show that no absolute limitations can be placed upon the range of occupational possibilities. There are many examples of blind persons who have been unusually successful as musicians, theologians, authors, lawyers, businessmen, and public officials. They have also figured in occupations ordinarily restricted to sighted persons, in manual tasks, and even in military affairs. Granted the determination, the deaf and crippled can be rehabilitated in most instances through the use of prosthetic appliances. The case of Judge Quentin D. Corley of Dallas, Texas, who lost one arm completely and the hand of the other, is illustrative. Through appliances of his own invention, he was able to perform practically all the tasks of a physically normal person.[20]

Since physically handicapped persons differ from one another as do normal persons, their occupational adaptability is determined more by their mental and temperamental characteristics than by their handicaps. An enumeration of jobs held by the handicapped is the least important factor in developing a program of rehabilitation. Of greater consequence is the person's intelligence, ambition, interest, and morale. The importance of the latter is sometimes overemphasized by popular accounts of what a few exceptional handicapped persons have been able to accomplish. The steeple jack who continued in his occupation in spite of the loss of an arm, chauffeurs with serious amputations, and the many successes of the blind in manual tasks are illustrations. On the contrary, there are other instances when men with minor disabilities could not be

[20] Dunton, W. D., *Reconstruction Therapy*, Saunders, Philadelphia, 1919, pp. 151–157.

adapted to the simplest manual or clerical jobs, even after prolonged training. Such contrasts are useful in demonstrating that intelligence and temperament are able to compensate for many physical barriers to occupational usefulness.

Data on success and failure in occupational rehabilitation show clearly the significance of these personal factors. A report to the Federal Board of Vocational Education on Civilian Vocational Rehabilitation contributed three rules on this subject: [21]

1. That the possibilities of placement are much better than is ordinarily supposed. Physical handicaps do not limit the person to unskilled jobs, nor are training programs necessarily limited to a few skilled or clerical jobs.
2. That the range of occupational adaptability is much greater than was hitherto considered possible. Neither the physical handicap nor the mechanical requirements of the work are the chief obstacles in placing handicapped men, the intelligence and morale of the person being more important.
3. That a thorough study of the individual and of the job precedes successful placement and rehabilitation.

The report covers the social and occupational history of 6,097 handicapped persons, distributed throughout 628 different vocations. Listed in the order of their frequency, the following were the vocations followed by these persons:

1. Occupations in which blind and partially sighted persons were most frequently employed: weaver, broom factory, laborer (factory), chain maker, piano tuner, janitor, auto repair mechanic, clerical, mattress maker, chiropractor, lawyer, molder, musician.
2. Occupations in which individuals with defects of hearing were most frequently employed: domestic servant, linotype operator, general office work, janitor, lathe operator, laborer in storehouse, typist.
3. Occupations in which individuals with disabilities of the hand were most frequently employed: watchman, laborer, clerical, bookkeeper, auto repair mechanic, retail store, elevator operator, farmer, poultryman, welder.
4. Occupations in which individuals with disabilities of the leg were most frequently employed: shoe repairing, bookkeeper, auto mechanic, barber, clerical, watchman, teacher, labor (factory and mine), retail store, janitor.

[21] "A Study of Occupations," *Civilian Vocational Rehabilitation Series,* Bulletin No. 96, Washington, 1925.

5. Occupations in which individuals with disabilities of the heart were most frequently employed: general office work, clerical, watchman, stenographer, auto repair mechanic, jewelry engraver.

The same facts have been established by the work of private agencies. Reporting on the handicapped as persons, Miss Feutinger has written: [22]

> It soon became apparent that even those men with predominant physical handicaps who had never undergone an examination by a psychiatrist were suffering much less from a physical inability to adjust to a job than from a mental inability to adjust to their handicap.

In other words, mentally normal handicapped persons can be easily adjusted to occupations, and the real problem of occupational unadjustment arises where there is a combination of physical and mental disabilities.

In her own experience, Miss Feutinger did not find a single case of a man who was unemployable simply because of his physical impairment. There is such a wide variety of occupations to which men can be adapted that work itself becomes a minor factor in solving their problems. When comparisons of successful and unsuccessful adjustments are made, it is readily seen that the physical disability is not a good excuse for failure. Thus, one man with a valvular heart condition refused a job as a clerk, but finally rehabilitated himself as a teamster, his pre-war occupation. There were some men who could not or would not work three-hour shifts on account of their handicaps, while others with serious heart ailments, arthritis, and double hernia adapted themselves to occupations of physically sound men.

Summary. The problems of physical illness and defect represent a drain upon social resources which justifies the recognition of health or physical efficiency as a second basic requirement in social competency. If attention is confined wholly to the enormous distribution of ill health, physical defectiveness, and

[22] Feutinger, J., "The Mental Factor in the Economic Adjustment of 500 Disabled Ex-Service Men," *Mental Hygiene*, Vol. 10: 677–700.

lowered vitality as indexes of these problems, the conclusion cannot be avoided that current remedial and preventive agencies have been only partially successful. Even with their recent emphasis upon the elimination and prevention of disease, actual prevention, or the achievement of positive health, depends upon other social readjustments, of which a population program is regarded as an indispensable part.

Little or no attention has ever been given to the coördinate problems of health and population quality, nor has there ever been a single instance of a national population program in which quality has figured prominently. To a considerable degree the problem of quality has been left to individuals, with only a few social restrictions. Some nations have adopted a population program on a limited scale in order to maintain increasing numbers, generally for military purposes, and quality has always been incidental to this objective. Marriage customs, also, are not concerned directly with quality, although they do exercise a mild form of restriction. For a long time the problem of population quality remained a matter of academic interest, confined to discussions of heredity and environment. However, with the rapid increase of population during the last century, public attention has been turned to the possibility of overpopulation, and fears arising from this source are largely responsible for the growing interest in a positive population program.

It is probably correct to assume that the major illnesses and physical defects cannot be controlled except by means of such a program. Even the coördinated efforts of public and private health groups are unable to make significant reductions in the total number of the unfit, because their measures are largely remedial. This fact is obvious in the current organization of dispensaries and clinics, out-patient departments of hospitals, health centers, free medical service, convalescent and custodial care, district nursing, special schools for the defective, and vocational training and placement, which at their best are only factors in the rehabilitation of those who are to a considerable

extent unadjustable. Similarly, such preventive measures as better living conditions, sanitation, adequate medical service, control over disease or accidents, improved vital statistics, periodic health examinations, health legislation, and popular health education often fail to reach the basic causes of ill health and defectiveness.

Blindness, deafness, and other handicaps are approaching an irreducible minimum, unless drastic controls are introduced to remove the conditions which tolerate their persistence. Such controls are being proposed constantly by eugenists and population theorists, who reduce most questions of population to biological problems. But society, as a whole, is unwilling to accept a mechanistic attitude toward human breeding, and opposes the radical proposals of population reforms. However, these reforms are radical only because we have never had a population program and because most of us have great difficulty in separating biology from morals. As a matter of fact, every social reform has encountered both of these obstructions; namely, accusations of radicalism and immorality. Since disease and defectiveness are universally accepted as undesirable characteristics of a normal society, it should not be difficult to effect deliberate controls over breeding. To a considerable extent this point has already been sanctioned by most social groups, but there is no overwhelming unanimity as to the means to be employed in the exercise of these controls.

From the foregoing discussion of the relative incidence of various major and minor illnesses and physical defects, two conclusions are justified: (1) disease is a cause of defectiveness, and (2) defectiveness predisposes the individual to the most incurable diseases—the degenerative. Because of their relationship, disease and defectiveness cannot be treated as isolated problems. Furthermore, both result in the same social unadjustments of economic and social dependency. For this reason, an improvement in population quality is about the only reform which would effectually cover both these sources of incompetency. And a population program which could achieve

these results would unquestionably have far-reaching effects, especially in eliminating a portion of the unsolved problems of poverty, unemployment, and associated disturbances.

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Questions

1. From recent analyses (consult *Public Health Reports*), compare the casualties from automobile, occupational, and home accidents with those in war. What recent advances have been made in rehabilitation?

2. If the fact that natural selection is an indiscriminate selective agency is acceptable, are there any agencies in social selection which are equally indiscriminate?

3. What recently developed resources are now available to the blind, the deaf, and the crippled?

4. How fully may these defects be explained by illness? By other causes?

5. How adequate are hereditary and congenital conditions as explanations? What is the distinction between hereditary and congenital factors?

6. For what types of defects would you recommend a eugenics program or restrictions upon marriage?

7. Why is blindness decreasing?

8. What causes of blindness make it a social problem rather than a health problem?

9. Why does deafness tend to increase as population increases?

10. Under what social circumstances do blindness and deafness occur most frequently?

11. To what extent do they cut down the earning capacity of the afflicted person?

12. In what age group do you think that the problem of defectiveness is most acute? From your knowledge of the defects in this group, what treatment would you suggest?

13. What are the advantages and disadvantages of special workshops for training the blind?

14. How does the distribution of physical defects differ geographically?

15. Why do groups with the most illness also have the most physical defects?

16. Can you explain why, in most surveys, urban adults and rural children apparently have the greatest number of defects?

17. Why are minor defects considered sources of major defects?

18. How are bodily conditions related to behavior and educational achievement? When are the defects of children most likely to cause behavior problems?

19. What are the principal causes of the occupational adjustability of defectives other than their handicaps?

20. How might a positive population program be organized? From what sources would opposition to such a program be most intense?

CHAPTER VIII

THE MENTAL DISEASES

WHEN AN individual has had a consistent record of dishonesty, laziness, or illness and turns out eventually to be a thief, an idler, or a chronic invalid, the result is accepted as a matter of course. But when a young man who has been a model of propriety during childhood confesses that he has just poisoned his grandmother and that two years ago "I started the fire that killed Dad," such acts are so unexpected that they never fail to be spectacular or to make the headlines.

Reversal of character-type at any time after childhood—in late adolescence, in adulthood, or in old age—is an open invitation to suspect the presence of some mental disorder. In fact, the term, mental diseases, came into use to explain those oddities of conduct which hitherto were accounted for by witchcraft, possession by spirits, or by outright perverseness.

The mental impairments. Like the venereal diseases, mental disorders are grossly misunderstood. Both are regarded with considerable emotion as a type of secret sin or result thereof. For this reason it is well to clarify at the outset what the mental diseases are and are not.

The mental impairments are not new. They are found in the earliest and most primitive societies. However, it is probably true that some of them are aggravated and intensified by the strains and conflicts of contemporary living, a fact that is also true of some of the physical diseases.

The mental diseases are, moreover, physical diseases being one subdivision of them, in addition to infectious, degenerative, dietary, and other classifications which are convenient groupings for diagnosis, treatment, and research. Nowhere in

physiology, psychology, or medicine is the separation between the terms, physical and mental, other than a useful distinction to indicate that a special approach is being adopted and new techniques of treatment are required.

The term, mental diseases, also implies that there are other mental disorders than those usually distinguished as the neuroses or psychoses. The others are principally the different types of mental deficiency, epilepsy, chorea, neurasthenia, and other milder disorders. Although mental disease and mental deficiency may be found in the same person, they are two totally different mental impairments psychologically.

Mental normality and abnormality. No one has ever been able to devise a wholly acceptable definition of mental normality and abnormality. Both terms, however, are used frequently as measures of social adjustability in connection with such indexes as economic security, good health, or educational achievement. It is necessary, therefore, to make an initial distinction between mentally normal and abnormal persons. Although mental condition is largely an enigma, even to the psychologist, the mental diseases can be defined and classified in terms of exceptional behavior.

When an individual persistently adheres to extremes in behavior or in attitudes, and when these extremes are non-adjustive (meaning illogical or unsuited to the situation in which they appear), such persons may be considered subject to some mental disorder. This conception of abnormality covers both mental disease and feeble-mindedness. In either instance, the same types of non-adjustive behavior may occur, and frequently they can be distinguished only by prolonged clinical examination. For purposes of general classification, the normal and the abnormal—either the mentally ill or the feeble-minded—are identified by characteristic types of behavior (physical or verbal), and certain typical symptoms are employed to distinguish dementia (mental disease) and amentia (feeble-mindedness) from mental normality.

General kinds of mental variations. From the statistician's

point of view, a person is normal when he may be classified with the average or majority of his society. Accordingly, there are many degrees of normality in physical, in mental, and in social life. There are normal vision and height, normal intelligence, normal emotional behavior, and normal responses to social codes. The statistician employs the bell-shaped frequency distribution to count and measure each of these characteristics. This point of view helps in an understanding of mental or intellectual variations which are commonly described as the mental diseases and mental deficiency. It provides for average and borderline groups of people.

The fact that normal physical, mental, and social conditions are blended by almost imperceptible degrees with the abnormal is shown by the wide occurrence of symptoms and traits of abnormality among the so-called normal classes. In a report upon this subject Wallin found the following mental maladjustments among presumably well-adjusted professional people: [1]

Absent mindedness.
Amnesias.
Bashfulness and timidities.
Compensatory maladjustments.
Compulsions and obsessions.
Daydreaming.
Dreams, fears, and ideas regarding death.
Emotional conflicts.
Feelings of insecurity.
Food antipathies.
Frustration.
Indecision.
Inferiority and inadequacy feelings.
Inhibitions.
Introvert feelings.
Morbid sensibility.
Nervousness.
Procrastination.
Rationalizing defenses.
Seclusiveness.
Self-consciousness.
Sex problems.
Speech inhibitions.
Stage fright.
Superstitious beliefs.
Tantrums.
Worries.

There are four primary groups of mentally abnormal people: (1) the psychotic, (2) the neurotic, (3) the feeble-minded, and (4) the genius types. At present our attention will be limited

[1] Wallin, J. E. W., *Personality Maladjustment and Mental Hygiene*, McGraw-Hill, New York, 1935, p. 120.

to the psychotics and neurotics, which are the two subdivisions of dementia.

> The psychopathic are those in whom the brain and the mentality dependent thereon have developed to a certain degree, and in many cases have matured in a normal fashion, but who because of accident have become mentally twisted. Some of them have regressed so that they are not only peculiar for the group but they are also recognized to be unusual in relation to their previously exhibited mental states.
>
> The neurotic are those who are frequently described as having an "unstable mentality." Against them slight internal and external events work, bringing about relatively great deviations from the behavior of the average man and from the individual's own "normal mentality." [2]

The term "mental diseases" is thus a broad and inclusive classification of those major and minor mental changes which occur within individuals who were originally endowed with a normal brain and nervous system. Amentia is accordingly restricted to persons whose mental endowment was abnormal from birth.

The mental changes which produce mental disease may result from diseases of the nervous tissue or of non-nervous parts of the body. Consequently, as a biological concept, mental disease is not of unitary character; that is, there is no single mental disease, but many different mental diseases. However, these several diseases of the nervous system are classifiable under two main types, as indicated by Franz. The first type, the psychoses, include those mental diseases which occur with definite organic changes of the body. The second type, the neuroses, are described as functional unadjustments for which no organic change sufficiently serious to account for the disease can be found. These are also called the psychoneuroses by some psychiatrists. Perhaps it is well to point out at this time that it is useless to attempt an absolute distinction between the psychoses and the neuroses. Sometimes the two terms are used

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[2] Franz, S. I., "The Abnormal Individual," in *The Foundations of Experimental Psychology*, (Carl Murchison, editor.) Clark University Press, Worcester, Mass., 1929, p. 810.

interchangeably, indicating that no invariable line of demarcation separates them. Organic and functional mental diseases blend into one another, the uncertain separation between them being similar to that between abnormality and normality.

Mental disease and insanity. An introduction to mental diseases should also distinguish between mental diseases and insanity. In popular language, these terms are used as synonyms —incorrectly, however, since insanity is less inclusive, except when it is used as an excuse from legal penalties before trial juries. Most psychiatrists would separate them because insanity is a legal term, not a medical one, and refers to many different mental diseases from the standpoint of legal responsibility. Myerson, for example, states that "insanity" is no more descriptive of mental diseases than "lung trouble" sufficiently discriminates between the various respiratory diseases, such as pneumonia, asthma, tuberculosis, and lung abscess. Moreover, as the same writer shows, a person may have general paresis, which is one of the common mental diseases, without being insane. Furthermore, all the functional neuroses are mental diseases from the medical point of view, yet few of them would make the person certifiable as insane.

Mental disease and social problems. In the following summary of the social implications of mental diseases, these diseases will be discussed in two connections. They are first of all an important cause of social problems, as we have already noted on several occasions. They also constitute a significant social problem entirely apart from other problems, being a considerable deviation from accepted standards of social well-being. Although "mental disease" as a term is not wholly satisfactory, a summary of the chief mental diseases and their causes at a later point will make it more intelligible. Confusion often arises from the fact that some of these diseases are more physical than mental. Difficulties can be avoided by recalling the two major subtypes of mental diseases. "Mental disease" continues to be a convenient classification of those physical or functional conditions which create unusual distinc-

tions between different persons; and "insanity," though less extensive, is useful in designating those persons whom the community must segregate for its own protection.

It is difficult to estimate the causal relationship between mental disease and other social problems. Some authorities have made mental disease a major factor in 50 per cent of the personal and social conditions requiring attention from public and private social agencies. The precise relationship depends, of course, upon the definition of mental disease. When headache, nervousness, and queerness are included, mental disease becomes an explanation of all our problems.

Even if a restricted definition is accepted, the extent of mental disease among the problem classes is enormous. An examination of several hundred consecutive admissions to Sing Sing Prison revealed 59 per cent of the inmates as mentally diseased, feeble-minded, or otherwise mentally abnormal. Of 10,000 persons included in a survey of various public and private institutions by the Rockefeller Foundation, a total of 60 per cent were suffering from abnormal mental disorders; and 69 per cent of 781 boys and girls appearing before the Juvenile Courts of New York City exhibited similar abnormal behavior trends. On this causal relationship between mental disease and other problems, James V. May states: [3]

> The intimate relation between mental diseases, alcoholism, ignorance, poverty, prostitution, criminality, mental defects, etc., suggests social and economic problems of far-reaching importance, each one meriting separate and special consideration. These problems, which perhaps are essentially sociological in origin, have at the same time an important educational bearing, invade the realm of psychology, and depend largely, if not entirely, upon psychiatry for a solution.

Thus, in this association, mental disease, dependency, criminality, alcoholism, vice, unhealthy mental attitudes, and other social maladjustments are simply units of a common group of

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[3] May, J. V., *Mental Diseases,* Badger, Boston, 1922, p. 33.

problems, in which the factor of abnormal personality plays a conspicuous part.

Mental disease as a family problem. Family histories are frequently examined to show the importance of mental abnormality as a cause of other social problems or to trace the transmission of these mental conditions from one generation to another. The study of the Kallikak family is an illustration.[4] In this family, 480 descendants from one union were traced over a period of five generations. Of this total, 143 were diagnosed as feeble-minded and 46 as normal; the remainder were either unknown or doubtful. Similar studies are those of "The Nam Family," "The Hill Folk," "The Pineys," "The Jukes," and "The Family of Sam Sixty."

In every community there are families which are sufficiently unusual, judged by the careers of individual members, to merit attention. The genealogy in Figure 1 gives an example of this type of family traced over a period of six generations (approximately 150 years) from the original pair. This marriage took place in 1779. In the marriages of two sons and in the four subsequent generations, there were many individuals who, by a combination of their inherited and acquired characteristics, were partially, and in some cases totally, unadjusted because of mental abnormalities.[5]

It is always easy to trace the problem cases or the black sheep of any family, because they leave many records about themselves. This genealogy is presented at this point simply to show the incidence of mental disease as a family problem. Lest the reader place unwarranted emphasis upon the proportion of cases that were found, it is perhaps desirable to add that in many instances individuals of this family who were probably normal could not be located at all. As the genealogy shows, it is limited to the progeny of two sons and some of their descendants. In order that the reader may have some idea of

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[4] Goddard, H. H., *The Kallikak Family*, Macmillan, New York, 1912.

[5] The facts concerning these families were obtained from the records of two hospitals for mental diseases and from the vital records of two communities.

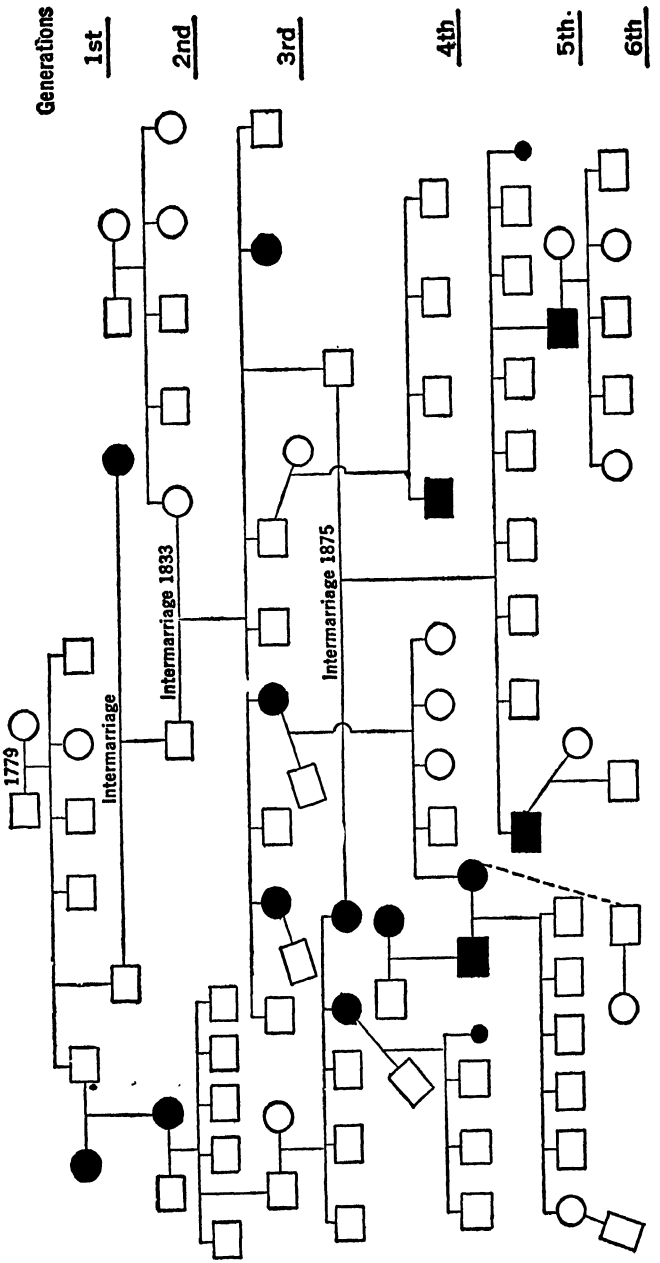


Figure 7. Mental Disease in a New England Family.

the background of the entire family, a brief history will be given.

The family was of English origin and was among the original settlers of a small New England seaport. Being outside the area that was eventually industrialized, the population of this community has always secured its livelihood from fishing or agriculture, and remained practically stationary during the period under consideration. In tracing the development of the family, the chart shows the descendents of the two oldest sons of the original pair. This study deals, consequently, with what might be called old American stock. While some individuals married persons of other than English or American origin, such ethnic intermarriage occurred rarely and only recently.

Close interbreeding is a primary factor in the history of the group, but it is impossible to state how much intermarriage occurred in this sparsely populated town prior to 1775. In family names and names given to children in birth records, there are many indications that close interbreeding had gone on for some time.

Both sons married women who later in life became mentally ill. There is no trace of mental abnormality in the original family up to this generation, and so far as records are available these are its first sources. It is also impossible to state the type of mental disease in either case. The only source of information is the death record, which designated insanity as the cause of death. In this generation, the first recorded interbreeding occurred, the younger brother marrying a close relation.

There is no record of the number of children which the marriages of the two brothers produced; there are records only of the two individuals represented in the genealogy—a girl continuing the blood of the older brother and a son continuing the second brother's line.

Let us consider the first of these two families. The daughter of the older son married a native American, and this

couple had six children. The woman became insane prior to her death. Little is known about the careers of the children, except that the family name is attached to many individuals who have appeared in the records of several private and public charitable and penal agencies.

The son who carried the strain in which we are interested did not manifest any overt signs of mental disease. However, he was not a very well-adjusted person and died at the age of 35 from alcoholism. As the genealogy shows, there were five children from his marriage, two girls and three boys. All of the boys died in infancy. Both daughters were married and had several children, and both were inmates of institutions for the mentally ill. These are the first definite cases of mental disease. In hospital records many important details concerning symptoms, types of diseases, and outcome are given.

We are particularly interested in one of the daughters because she married a cousin from the other branch of the family. Let us trace the second branch of this family up to the intermarriage which took place in 1875.

It has already been stated that the second of the two brothers married a relation who became insane. There is no record of the entire family of this couple, but the son who carried on the strain married a cousin. In this generation, there is no mental abnormality, although the son was characterized as "queer" and "undependable" and was a chronic alcoholic.

His marriage produced nine children, six boys and three girls. As the genealogy indicates, one of these boys, who was the descendant of two generations of intermarriage, married a cousin from the other branch of the family. Special reference will be made to this marriage.

Of the nine children from this apparently normal couple, there is a record of abnormality in all but four, two of whom died during childhood. All the other children were either themselves abnormal at some period or produced abnormal children. The second child became insane and committed suicide at 36. The third child, a boy, was never committed

to an institution but was an alcoholic and was considered insane. The fourth child, a girl, died in an institution for mental diseases at the age of 31. She had six children, three of whom were definitely abnormal. The sixth child, a boy, had one son, who was committed to a hospital for mental diseases. The seventh child, a girl, died in a hospital for mental diseases, after being there for 38 years. The eighth child formed the cousin marriage, and the ninth child was a chronic alcoholic.

The cousin marriage which united the two branches of the family produced nine living children, all of whom were boys. The mother was mentally ill for a considerable portion of the last fifteen years of her life and finally committed suicide. There is no record of mental abnormality in the father. Of the seven sons who are still living, two are hospital cases, and two are described as peculiar, nervous, or depressed, but they have never been hospital patients. The genealogy continues this family by presenting the families of the two sons who are definitely abnormal. The elder has one child; the second has five living children.

Prior to a summary of the several social problems in the history of this family, it may be of some value to compare the number of problem and non-problem individuals. In the complete genealogy there is reference to 88 different persons who are connected with the family by blood or marriage. Of this total 47 could be considered normal, taking as our index of normality two factors: (1) the appearance of no condition that distinguishes the individual markedly from the ordinary run of humanity; (2) the ability to adjust without institutional care. The remaining 41 individuals may be classified as mentally abnormal or problem cases. Of this number 11 were inmates of hospitals for the mentally ill. The three other cases of mental illness occurred about the beginning of the nineteenth century. This analysis of problem cases cannot be completed for the last generation. Many of the children are inmates of children's institutions because of their parents'

death or mental incapacity. Dependency or poverty, however, is not a problem in this family as a whole. In each generation the families maintained a relatively high economic status in comparison with other families in the community, and, in spite of the incidence of mental illness, the family may be considered of a fairly high type in almost all other respects.

The following is a summary of all the problems which have appeared in this family, including all the 41 abnormal individuals:

Type of Problem	*Number of Persons*
Mental disease	12
Mental disease and suicide	2
Epileptic	1
Alcoholic	3
Paralytic	1
Feeble-minded	3
Dependent children	10
"Nervous and neurotic"	7
Accidental deaths	2
Total	41

Other problems revealed by hospital records include still-births, immorality, illegitimacy, divorce, unmarried motherhood, infant mortality, many instances of tuberculosis and intemperance, and one case of murder.

ANALYSIS OF THE 11 CASES OF MENTAL DISEASE

Case	Sex	Age at Onset	Diagnosis
		Third Generation	
1.	Female	36	Dementia praecox—paranoid.
2.	Female	31	Dementia praecox—paranoid.
3.	Female	32	Dementia praecox—paranoid.
		Fourth Generation	
4.	Female	36	Dementia praecox—paranoid.
5.	Female	53	Depression or anxiety state.
6.	Female	—	Undetermined.
		Fifth Generation	
7.	Male	60	Manic depressive—depressed.
8.	Female	45	Undetermined.
9.	Male	26	Dementia praecox—paranoid.
10.	Male	44	Manic depressive—depressed.
11.	Male	32	Manic depressive—depressed.

Since reference will be made later to the transmission of particular types of mental disease, the principal facts in the eleven definite cases of this group for which diagnoses are available are given in summary form.

Are the mental diseases increasing? Because of rapid advances in hospital care for the mentally ill, it is generally assumed that the mental diseases are actually increasing. This impression is due largely to the spectacular nature of mental diseases and in part to a growing public interest in their sources and prevention.

Prevalence (the number of active cases at a given moment) of specific mental diseases and of mental disease as a whole is computed from the total hospital population and the number of first admissions. From these figures, the number of other cases in the community and expectancy rates are estimated. In New York State, between 4 and 5 of every 100 persons spend part of their lives in hospitals for mental disease. According to Malzberg, there are between 450,000 and 500,000 persons in the mental hospitals of this country. This, however, is only a sample of the total number of the mentally ill, because it does not take into account large numbers with lesser mental disturbances.[6]

The hospital rate of incidence from 1880 is furnished by the United States Bureau of the Census. According to this enumeration, the rate per 100,000 population of mental patients in state hospitals has increased more than fourfold since that year. Although these rates show a rapid growth in prevalence, this increase is due in part to better hospital facilities and treatment, to increasing willingness of relatives of mental patients to make use of the hospitals, and in part to the increased average length of life. However, when adjustments

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[6] Malzberg, B., *Social and Biological Aspects of Mental Disease,* State Hospitals Press, Utica, New York, 1941, p. 7. Compare with findings in Mills, A. B., "Extent of Illness," *Committee on the Costs of Medical Care,* Pub. No. 2, 1929: 12. Lenkau, P., and others, "A Survey of Statistical Studies of the Prevalence and Incidence of Mental Disorder in Sample Populations," *Public Health Reports,* Vol. 58 (1943): No. 53.

INCREASE OF MENTAL PATIENTS IN STATE HOSPITALS

Years	*Rate Per 100,000 Population*
1880	63.7
1890	107.6
1904	158.0
1910	173.0
1923	241.7
1931	273.0
1941	362.4

Sources: U. S. Bureau of the Census, *Patients in Hospitals for Mental Disease*, Reports for 1930 and 1935. *Statistical Abstract*, 1943, p. 88.

are made for these and other factors, such as the aging of the population, there is little evidence to verify the suspicion of increasing prevalence. Careful examinations of various populations show no general upward trend either in this country or in Europe and nothing to indicate that the spread of modern living is leading to increased mental breakdowns.

The evidence of increase is limited almost wholly to the rate of first admissions. Whatever the actual trend may be, it is of course considerably less than this rate. Dayton concluded from his analysis of trends in Massachusetts that an increasing rate of one fourth of one per cent may be fairly accurate.[7] The modesty of this estimate may be observed by noting how much more the rates of increase are for some of the degenerative diseases. Furthermore, any estimate must be reconsidered in the light of such developments as the increasing age of the population, better medical and custodial care, immigration, urbanization, and economic status.[7]

Much more disconcerting than such considerations of an increasing rate are the seriousness of certain specific mental diseases, their low recovery rates, the large number of persons who are receiving no medical or social supervision, and the faulty community control of paroled patients.

Probability of mental disease. In addition to the number of patients in hospitals, the extent of mental disease may also be measured by increasing facilities for treatment, by the

[7] Dayton, N. A., *New Facts on Mental Disorders*, C. C. Thomas, Baltimore, 1944. Chap. 10. Page, J. D., and Landis, C., "Trends in Mental Disease," *Jour. Abn. and Soc. Psych.*, Vol. 38 (1943): 518–524.

probability of its occurrence during the lifetime of an individual, or by its costs. On the first index, for example, it is stated that there are more beds in hospitals for the mentally ill in New York State than in all other hospitals of that state; and that one sixth of the beds of all hospitals in this country are occupied by dementia praecox patients.

The comparative frequency of specific mental diseases is given below for total admissions to state hospitals and for their occurrence among men and women. The total per cents indicate the diseases which are most serious as causes of first admissions and may be used as indexes of their probable incidence in the community.

FREQUENCY OF FIRST ADMISSIONS TO STATE HOSPITALS

	Per Cent Distribution		
Psychosis	*Total*	*Male*	*Female*
Dementia praecox	19.6	18.0	21.7
With cerebral arteriosclerosis	11.9	12.1	11.6
Manic-depressive	9.3	6.3	13.3
Senile	8.6	7.5	10.2
General paresis	6.6	8.5	4.1
Alcoholic	4.7	6.9	1.8
Involution	4.2	1.9	7.2
Psychoneuroses	4.1	2.9	5.6
Undiagnosed	4.1	4.1	4.1
With mental deficiency	2.6	2.4	2.8
Paranoia	1.7	1.5	2.0
With convulsive disorders	1.6	1.6	1.6
With other somatic diseases	1.2	1.3	1.0
With cerebral syphilis	1.1	1.4	0.7
With brain tumor	0.2	0.2	0.2

Source: U. S. Bureau of the Census, *Statistical Abstract*, 1943, p. 90.

The second index of frequency may be clarified by general rates and by estimates of the probability of mental disease during the lifetime of the person. Rates of mental disease reported by the National Health Survey were 5.4 per 1,000 for the population as a whole and for the number disabled during the entire year 216 per 100,000. From state surveys in New York and Massachusetts it was found that of white boys 15 years of age the chances are that 1 in 22 in New York and 1 in 16 in Massachusetts will be committed to a hospital for mental diseases at some time during his life. Among females

in both states, the ratios were slightly lower, being 1 in 23 for New York and 1 in 19 for Massachusetts.[8]

These ratios, however, do not show the total incidence of mental disease. In order to compute a ratio showing the probability of mental disease during the lifetime of the average individual, it is necessary to include persons who are not committed to hospitals. During World War I, the army medical examiners reported for both states about as many cases of mental disease in the community for the age group 20–30 as there were hospital cases. Assuming that this ratio would hold for all other age groups, the probability of mental disease is doubled. The chances are that one in every 10 boys who are 15 years of age will become mentally ill at some time during his life.

In a similar study of probability, Pollock and Malzberg have come to the same conclusions. According to this source, the probability of mental disease is greater among the foreign born than among the native born, and is greater for males than females, except in the advanced age groups. These sex and nativity differences are not considered biologically significant but are traced to various environmental stresses. In conclusion Pollock and Malzberg state: [9]

> It appears that approximately 4.5 per cent of the persons born in New York State may, under existing conditions, be expected to succumb to mental disease of one form or another, and become patients in hospitals for mental disease.

Another study of the extent of mental diseases among men and women in New York City places the percentage frequency at 5.7 and 5.5 respectively. In other words, one in every 17.5 males and one in every 18.0 females may expect to be treated in an institution at some time during their lives.

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[8] Britten, R. C., "The National Health Survey," *Public Health Reports,* Vol. 55 (1940) No. 11:6 and 17.

[9] Pollock, H. M., and Malzberg, B., "Expectation of Mental Disease," *Mental Hygiene,* Vol. 13: 144. Malzberg, B., "Expectation of Mental Disease," *Mental Hygiene,* Vol. 21: 280–290.

The reported costs of mental diseases to the community are increasing because of improvements in hospitals. Public and private expenditures for the maintenance of hospitals are more than $230 million dollars annually. As in the case of other social problems, incidental costs and wage losses make the total cost of mental disease considerably in excess of this figure. It is estimated that the annual expenditures for mental disease are exceeded only by the costs of public education.

Types of mental disease.[10] As already mentioned, the specific mental diseases are classified into two large groups, the organic and the functional. In the group of organic mental diseases, there are specific organic disturbances which accompany the mental symptoms of the disease. It is assumed that those organic disorders are responsible for the mental condition. General paralysis, for example, is a mental disease in which there is a destruction of nervous tissue, and this organic change is used to explain the conduct disorders which occur among the victims of the disease.

In the group of functional mental diseases, there is no discoverable organic disturbance. Instead, the causes of these diseases are supposed to be environmental, and the mental abnormalities are considered the result of maladjustment to environment. The distinction is simply a convenient classification of those mental diseases whose causes are multiple and are not known. There is a progressive tendency in psychiatry to do away with this dualism, in the search for the organic or physical causes of all mental diseases.

Myerson suggests the following tentative classification of the major specific diseases as organic or as functional. Although he leaves senile dementia under the functional group, he states

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10 Unless other references are given, the sources of data concerning the main types of mental disease are: Dorcus, R. M., and Shaffer, G. W., *Textbook of Abnormal Psychology*, Williams and Wilkins, Baltimore, 1945. Chaps. 7–11. Fisher, V. E., *An Introduction to Abnormal Psychology*, Macmillan, New York, 1937. Henderson, D. K., and Gillespie, R. D., *A Textbook of Psychiatry*, Oxford Univ. Press, New York, 1940. Myerson, A., *The Inheritance of Mental Disease*, Williams and Wilkins, Baltimore, 1925. Rosanoff, A. J., *Manual of Psychiatry and Mental Hygiene*, John Wiley and Sons, New York, 1938.

that it is really organic. This list is amplified in the United States Census reports to include 22 categories of psychoses.

MYERSON'S CLASSIFICATION OF MENTAL DISEASES

Organic diseases of the nervous system.

1. General paresis and the syphilitic psychoses.
2. Mental disease connected with arteriosclerosis, brain tumor, paralysis agitans, tubercular and other forms of meningitis, multiple sclerosis. Traumatic psychoses, due to injuries to the brain.
3. The toxic psychoses, due to alcohol or drugs.
4. Toxic exhaustive mental disease, following or occurring with pregnancy, tuberculosis, cancer, diabetes, and some other infectious diseases.
5. Mental disease occurring with dietetic deficiencies, such as pellagra.
6. Mental disease of endocrinal origin.

Functional diseases of the nervous system.

1. The psychoneuroses, neurasthenia, psychasthenia, and hysteria.
2. Epilepsy.
3. Dementia praecox.
4. Manic-depressive insanity.
5. Paranoid psychoses.
6. Involution psychoses.
7. Senile dementia (really organic).

Classification of the mental diseases. The following list of mental disorders has been prepared by the American Psychiatric Association. It is useful for two purposes, one of which is the statistical classification of mental disease as organic or functional. The other contribution of this classification is equally significant since it allows the diagnostician to indicate to some degree at least how much of each disorder is organic or functional. This outline is an adaptation of the more than 80 subtypes enumerated under the main captions.

1. Psychoses with syphilitic meningo-encephalitis (general paresis)
2. Psychoses with other forms of syphilis
3. Psychoses with epidemic encephalitis
4. Psychoses with other infectious diseases (tuberculosis, meningitis, chorea)

5. Psychoses due to alcohol
6. Psychoses due to a drug or other poison
7. Psychoses due to trauma (shocks)
8. Psychoses with cerebral arteriosclerosis
9. Psychoses with other circulatory disturbances
10. Psychoses due to epilepsy
11. Senile psychoses
12. Involutional psychoses
13. Psychoses due to other metabolic diseases (glandular disorders, pellagra, exhaustion)
14. Psychoses due to new growth
15. Psychoses due to unknown agencies but associated with organic changes (paralysis agitans, Huntington's chorea)
16. Manic-depressive psychoses
17. Dementia praecox (schizophrenia)
18. Paranoia
19. Psychoses with psychopathic personality
20. Psychoses with mental deficiency
21. Psychoneuroses
22. Undiagnosed psychoses
23. Without mental disorder (epilepsy, alcoholism, drug addiction, pathological emotionality or sexuality)
24. Primary behavior disorders (habit, conduct, or neurotic disturbances)

Specific mental diseases are identified by physical and psychological symptoms. The foregoing classification, and usually the names of the specific diseases, are derived from various combinations of these symptoms. The chief physical symptoms are given with the names of the organic diseases and are mainly physical or deficiency diseases, poisons, or accidents. Psychological symptoms are exaggerated doubts, fears, obsessions, and compulsions, which are accompanied by marked changes in the person's usual conduct.

Seven major groups of symptoms are employed in the description of specific diseases: delusions, hallucinations, illusions, dementia, thought difficulties, mood changes, and conduct changes.

1. Delusion is a false belief, one that is far removed from the beliefs prevalent in the community. Whether any particular belief is an actual symptom of mental disease depends

largely upon the educational or cultural status of the person. If, for example, a man holds persistently to the idea that some group, such as the American Legion, is organized for no other purpose than to persecute him, such a belief falls within the classification of delusion. There are seven principal delusions: delusions of grandeur, which lead the individual to assume that he is a person of some importance; delusions of self-depreciation, in which the opposite tendency is expressed, the person assigning a low and despicable status to himself; delusions of reference, in which the person is an object of general interest—he is constantly being talked about, especially by strangers; delusions of persecution, in which the patient believes that agencies are organized to persecute and injure him; delusions of jealousy, involving unreasonable accusations; somatic delusions, the belief that some portion of the body is absent or is functioning abnormally; nihilistic delusions, the belief that nothing exists, not even the patient.

2. Hallucinations are errors of the senses, generally of sight, hearing, or smell. The patient hears voices talking to him; smells of all types annoy him; and he sees unusual objects.

3. Illusion is a descriptive term given to errors of the senses based upon reality. The patient mistakes his closest friends for his enemies, considers his bed an airplane, or believes that the hospital is a radio station.

4. Dementia refers to those impairments of intellectual processes, such as loss of memory or mental deterioration, which accompany most mental diseases. It results in a condition similar to the mental deficiency of the feeble-minded.

5. Thought difficulties include retardation or delay in thought processes, blocking or inhibition of thought processes, and inability to associate ideas—called the flight of ideas.

6. Mood changes are among the most important identifying characteristics of mental disease. There are three main forms: exhilaration, meaning exaggerated well-being; its opposite, depression; and apathy, a complete lack of emotional reaction.

7. Conduct changes are prominent in all forms of mental

disease. Excitability, constant activity, immobility, and negativism (doing the opposite of the act suggested by others) are the principal changes in conduct.

These symptoms in various combinations are employed to differentiate between mentally normal and mentally abnormal persons and to describe particular mental diseases. Thus, normality is a "concept rather than an actuality." A person might have a majority of these symptoms, and yet their degree or combination might not result in a diagnosis of abnormality. Different normal individuals may respond with wide variations from an average norm. However, if the responses fall outside of certain arbitrary limits from norms of intelligence, special abilities, personality, conduct, or mood changes, the person may be considered unusual or abnormal.

Consequently, abnormality, like normality, represents differences in degree. A person's quota of inhibitions and repressions illustrates the distinction between normality and abnormality. Inhibitions and repressions are characteristic of normal behavior; they are the result of education and cultural associations. When they are used as evidence of abnormality, they may be applied to persons whose inhibitions differ markedly from those of the majority of the group to which they belong, differing either in degree or in kind.

Dissociation is another term describing differences between normal and abnormal persons. The inebriate is an example of abnormality resulting from dissociation. In an inebriated condition the person does not respond in the same way or to the same stimuli which ordinarily affect him. He is likely to say or do things which would normally be inhibited or repressed. Persons recovering from anesthetization, and overtired and grief-stricken persons, are inclined to react in the same inconsistent and uninhibited manner. These examples are used by psychologists to illustrate by contrast the nature of mental integration, which is called normal personality.

Abnormality, therefore, is an exaggerated form of normal

conduct or an unusual response to relatively normal stimuli. Why such differences occur is largely unknown, just as it is often impossible to give a precise explanation of differences in character, disposition, or conduct among normal people, such as between two brothers who have had approximately the same nature and nurture. Consequently, if a person worries about what other people think of him, is pleased with his achievements and disturbed by his failures, prefers *True Stories* to *Lives of the Saints,* criticizes the President, has a ringing in his ears, or suffers from insomnia, loss of appetite, and overfatigue—if, in short, he is a modified edition of Dr. Jekyll and Mr. Hyde—he can be pretty certain that he is a normal human being. The excesses of the symptoms that constitute abnormality are given in the description of specific mental diseases.[11]

Specific mental diseases. Specific mental diseases are classified more to provide an orderly record of the patient's characteristic symptoms than for any other purpose. Symptoms tend to form certain combinations which, in conjunction with the results of medical, psychological, and laboratory tests and social investigation, furnish the identifying characteristics of the disease. There is considerable overlapping between the symptoms of different diseases, especially in the functional disorders, and there is little or no connection between treatment and the class to which the disease is assigned.

General paralysis is one of the most frequent of the organic mental diseases, accounting for 6.6 per cent of hospital admissions. Biologically, this condition is a syphilitic disease, and any dispute as to its origin is cut short by the dictum: "no syphilis, no paresis." From the biological point of view, it is more closely related to the various manifestations of syphilis than it is to other mental diseases, although the same mental changes and conduct which characterize dementia praecox or manic depressive psychosis may be present. The organic signs

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11 Students who are interested in a further analysis of minor forms of personal differences should consult the Neyman—Kohlstedt Diagnostic Test for Introversion—Extroversion. *Jour. of Abnor. and Soc. Psychology,* Vol. 23: 482.

of paresis are constant and include marked speech defects, tremor, clumsiness, and increased or absent tendon reflexes. Mental symptoms vary from mild neurasthenia to typical grandiose dementia.

As a rule the following symptoms are found. The patient is feeling fine, walks with a halting gait, discourses intelligently upon current events, and reveals that he was committed to the hospital by designing relatives who desire to gain possession of his wealth. He is also an inventive genius and is just completing a convertible submarine-airship (the latter is told in confidence because spies are trying to secure a patent). Rosanoff mentions the following case of a Frenchwoman 32 years of age.[12]

> She has ten thousand race horses that can make twelve hundred miles an hour without getting out of breath. . . . She is very wealthy. . . . She also has several hundred mansions which she will convert into hospitals. . . . When asked whether she could drink ten quarts of wine a day, she exclaimed, "Ten quarts! a good deal more, at least a barrelful."

This is typical of the paretic's flight of ideas and exaggeration.

Cerebral arteriosclerosis is usually a problem of heart disease, infection, kidney disease, or diseases of the arteries. Mental symptoms may be of every type, but are generally those of dementia, dullness, excitability, and hallucinations. This condition is closely allied to the senile state or to those conditions in which the brain is affected by poisons or body wastes. The arteries become encrusted with lime deposits, which prevent the normal flow of blood to the brain. As a result, various parts of the brain become atrophied or reduced in size. This blocking of the blood is a usual condition of old age, and the same mental disturbances occur in senile dementia unless there is compensation by increased heart action.

The toxic psychoses are a third group of organic disorders. A common form is alcoholic hallucinosis. The mental symptoms are delusions, usually of persecution, and hallucinations

[12] Rosanoff, A. J., *op. cit.*, p. 256.

of hearing. There is little or no confusion or loss of memory. The organic basis of this disease is definite, being the various toxins, but there is no adequate evidence to determine whether certain persons because of their physiological make-up or "psychopathic liability" are predisposed to the effects of these toxins. In the case of alcoholism it is not known whether a person who is predisposed to mental disease is hastened to this end by alcohol. Most medical opinion has held to the belief that when an individual drinks excessively, there is indication of an unstable nervous system. But Myerson considers such opinion unfounded and concludes that "the alcoholic's main defect is his alcoholism." [13]

Other important organic mental diseases are the psychoses associated with epilepsy, diseases of the brain, drugs, and injuries (the traumatic psychoses).

Functional mental diseases. The functional mental diseases are identified largely by a process of elimination. In other words, after every physical and mental test fails to classify the disease as one of the recognized organic defects, psychological symptoms are depended upon for the diagnosis. For this reason, a psychological approach is also employed in treatment, such as psychotherapy rather than medicine or surgery. In both diagnosis and treatment, therefore, personality reactions are most important, although physical, organic, toxic, infectious, and hereditary factors are also taken into consideration. Myerson prefers to call these functional disorders "conditions" rather than "diseases" because of their indefinite pathology and diagnosis. All the functional diseases are more or less a confession of ignorance concerning physical causes and symptoms.

The five most definite functional diseases of the nervous system are dementia praecox, the manic depressive, paranoid, and involution psychoses, and senile dementia.

Dementia praecox, meaning early loss of mind, is the most

[13] Myerson, A., *op. cit.*, p. 38.

common of these conditions. Schizophrenia (a split mind) is a synonymous descriptive term. This condition is diagnosed in about 20 per cent of first admissions to hospitals. It is not limited to any age group: in some cases its onset is early; in others it does not occur until middle-age. This variability has led to the isolation of four main types of dementia praecox: (1) the paranoid type, which is characterized by ideas of persecution; (2) the catatonic, in which the onset of the disease is marked at first by violence, leading to negativism and deterioration; (3) the hebephrenic type, beginning with delusions, hallucinations, and conduct disorders; (4) the simplex type, which is identified by a steady loss of interest in the world and a failure of mental ability. This form of dementia praecox resembles feeble-mindedness, but differs in that deterioration does not occur until a certain degree of normal development has been reached. Although each of these types resembles some other psychosis, in all cases there is a gradually developing dementia, and this characteristic has led to their classification as one general disability.

There are two common explanations of dementia praecox. One school, the psychogenetic, traces it to conflicts, personality unadjustments, complexes, or reversions. A second explanation admits these peculiarities of character only as symptoms of organic disturbances. Among the most frequently mentioned organic causes are lesions of the cortical layers, thyroid malfunction, circulatory diseases, and local infections. The failure to arrive at a satisfactory explanation lends weight to the hypothesis that there is a type of mental make-up which is predisposed to develop dementia praecox.

A case in point of a young man, 21 years of age, who was about to enter a university at the onset of the disease, is cited by Hollingworth.[14]

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[14] Hollingworth, H. L., *Abnormal Psychology*, Ronald, New York, 1930, pp. 511–512.

He sits quietly looking in front of him, does not raise his eyes when spoken to, but understands questions, for he answers relevantly though slowly and only after repeated questioning. Talks in a low tone, thinks he is ill. . . . Fears he has reduced his working power, sinned, and made himself miserable. . . . He is not depressed . . . experiencing neither fear, hope nor desire. Does not seem to care where he is, who is with him, who takes care of him, does not even ask their names. . . . Sometimes turns the pages of a book absent-mindedly. Shows no interest in his visitors . . . hardly greets his parents, and goes back indifferently to his ward. . . . Occasionally composes letters to the doctor, expressing distorted, half-formed ideas, and peculiar, silly plays on words. Begs for "a little more allegro in the treatment," and requests a "liberationary movement with a view to widening the horizon."

Once considered a wholly incurable disease, dementia praecox has been successfully treated in many cases during the last few years by vaccine or serum (the "sugar shock" treatment by insulin) and by surgical operations to remove infected parts of the body.

There are two primary identifying characteristics of manic-depressive psychosis. First of all, it is recurrent or periodic, varying from complete inability to function in a normal mental way to a return to almost complete normality. In the second place there are two distinct changes in mood: the depressed stage, a period of intense sadness, melancholia, immobility, mutism, refusal to eat; and the manic stage, a period of intense happiness and excitement. These mood changes alternate with periods of normality, and the manic phase is less common than the depressed. Myerson enumerates the following symptoms: (a) of the depressed stage: accusations against the self, marked hypochondriacal delusion, attempts at suicide, confusion, hallucination, stupor, depressed excitement; (b) of the manic stage: various degrees of excitement and activity, talkativeness, increased sex activity, impractical idealism with decreased judgment and inhibition, increased feeling of power and importance, destructiveness, flight of ideas, and delusions.

About 10 per cent of hospital cases are manic-depressive psy-

chotics. As the following case, adapted from Hollingworth, indicates, the disease is primarily a disorder of mood changes for which no cause can be found.[15]

Woman, age 32. Illness began in the fourteenth year with a spell of depression, followed after two years by a state of excitement. From that time frequent fluctuations between depression and excitement occurred, with self-accusations and occasional impediments of will. . . . Between the attacks long periods intervened in which neither obviously sad nor cheerful moods existed.

When . . . observed in the clinic she storms into the room and is violently excited. . . . No sooner is she induced to sit than she again springs up, throws away her shoes, unties her apron, sings and dances. The next moment she stops, claps her hands, goes to the blackboard, seizes chalk, begins to write her name. . . .

Meanwhile, she chatters unceasingly, but unintelligibly and disconnectedly. She gives short sensible answers if addressed emphatically, but all sorts of unintelligible comments are at once added.

Her mood is very merry; she continually laughs and titters, but on slight provocation becomes angry. Then she breaks into a torrent of nasty abuse, in a moment becomes tranquil and laughs happily.

Physical examination yields nothing noticeable except a certain amount of anemia and inflammation of one eye, which she will not allow to be touched.

The above attack lasted five months. She then recovered, with great increase in weight, but in the years since she has been through numerous depressions and excitements, and her daughter has also suffered from two manic attacks, beginning at the age of 16.

Paranoid diseases have two marked characteristics: (1) delusions of persecution and grandeur; (2) few hallucinations, and few or no symptoms of deterioration. Fisher enumerates seven main forms: (1) persecutory paranoia, (2) inventive, (3) litigious, (4) reformatory, (5) religious, (6) erotic, and (7) hypochondriacal. Paranoia is characterized by an exaggerated fixed idea, usually of persecution and always in reference to the person's self, as the following case shows: [16]

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[15] *Ibid.*, pp. 515–516.

[16] From the files of the Department of Psychology, Western Penitentiary of Pennsylvania.

J. D., an Italian, was committed to prison on a second-degree murder charge in 1917. At the time of commitment he was 44 years of age. Occupation—coal miner; school attendance—none; intelligence quotient—63; mental age—ten years, two months; physical health—good; minimum sentence—14 years.

Although this man was apparently mentally normal when he was imprisoned, he gradually developed the psychological symptoms of paranoia. The diagnosis, "chronic fantastic paranoid delusions," was assigned to this case by the psychiatrist from the following clinical reports and from the prisoner's social history.

First psychiatric report. The patient is extremely vivacious and polite, talkative and apparently carefree. He stated that within a few months after his arrival at the prison, he began to be persecuted by voices and was constantly annoyed by air being pumped into his body and suddenly withdrawn, with the result that at times he was very fat and again very thin. This physical injury to his person was being done by other Italian prisoners who were working under orders from the court. Because he is very strong the patient pays little attention to these efforts of his persecutors.

Second psychiatric report. During a later interview the patient revealed other symptoms of his mental condition. He stated that he is in constant communion with God and is becoming more and more like Him. He is also an expert linguist, speaking any language. At one time there was only one language, the Italian. Then, because "things began to go crooked," people began to speak other languages. He complained that his face is not his own, or at least it is not the same face that he had when he came to the prison. This change was brought about by the Commission, which has been putting something into his shaving soap. He also stated that his teeth, which had been removed by the prison's dentist, were destroyed by his persecutors. In spite of this misuse and persecution, the patient was in the best of humor. He laughed heartily during the interview, considering his various experiences as good jokes.

The patient was paroled under supervision shortly after this final report and after serving his minimum sentence.

The involution psychoses differ from the foregoing in their age of onset. There are two principal types, both of which occur in the late forties or early fifties. The first is called involution melancholia and is characterized by depression, fear, hypochondriacal delusions, and nihilism. This condition has a definite relationship with decreased physiological activity and with what Myerson refers to as the disappearance of the "Life

Lie," the "stripping away of the illusions by which the grim realities are camouflaged." [17] This form of involution is not accompanied by dementia, and for this reason it has a hopeful prognosis. The second phase of involution psychoses resembles dementia praecox, and leads usually to dementia.

Senile dementia may result from organic disturbances associated with advancing age or from functional disturbances unconnected with arteriosclerosis. The latter only are included among the functional psychoses. In general, the factors of old age and dementia are the chief identifying traits, since the different aspects of senile psychosis represent a cross-section of practically every mental disease and its symptoms. The types of senile dementia indicate its inclusive nature: (1) senile deterioration, which is simply the loss of memory or mental capacity; (2) senile melancholia, which involves a depression such as that of manic-depressive psychoses and also deterioration; (3) senile dementia, which occurs with delusions, hallucinations, and conduct disorders; (4) senile paranoia, characterized largely by delusions of persecution.

Age is the chief cause of this psychosis, and it rarely occurs in a person prior to the sixtieth year. When fully developed it manifests almost every diagnostic symptom—impairment of attention, inaccurate perception, loss of memory, illusions and hallucinations, loss of judgment, morbid irritability, and ideas of persecution, melancholy, and grandeur. Death usually occurs within five years after onset. Not all psychoses of the aged, however, are senile. Manic-depressive, paranoia, and others may appear in the advanced age groups.

The neuroses and the psychoneuroses. Like the foregoing functional diseases, neuroses and psychoneuroses represent a vast number of symptoms or kinds of unusual conduct. There is further similarity in that both groups have a neural (physiological) and psychic (functional) basis. Nor is there any clear-cut separation between the psychoneuroses and the psychoses.

[17] Myerson, A., *op. cit.*, p. 98.

They are connected by a series of symptoms from the mildest daydream to the violence of a maniacal attack. In the number of cases afflicted by these common disorders, they exceed by far all other mental disturbances.

Ordinarily the psychoneuroses are divided into five sub-groups: (1) psychasthenia, (2) neurasthenia, (3) hysteria, (4) anxiety neuroses, and (5) the psychopathic personality. None of these sub-groups can be precisely distinguished from the others except through the generalization that each represents a group of maladjustments.

Psychasthenia means that maladjustment which is typified most frequently by mental debility or weakness. The person is dominated by indecision, fears, obsessions, morbid compulsions, feelings of inadequacy, and exaggerated doubts and fears. This condition occurs rarely before adolescence and seems to indicate a general inability to face the ordinary responsibilities of life.

The most common of the psychoneuroses is neurasthenia. It means nervous exhaustion. It may be a result of physical fatigue or of the imagination. The neurasthenic is one who is generally slow in his responses or who actually does lack physical vigor. Furthermore, he may show extreme introversion, self-pity, feelings of inferiority, and the tendency to withdraw from ordinary personal and social situations.

Hysteria is one of the oldest mental disorders in the history of medicine. It is also the least responsive to treatment, primarily because of its many forms and causes. Hysteria may simulate almost any symptom that the human body may have. It is briefly defined to include those persons who have imaginary diseases in order to compensate for mental conflicts.

The causes of hysteria are intangible as well as numerous. A cause may be any interference to the development of adequate personality. There is no evidence that hereditary or organic conditions are of paramount importance. Recently emphasis has been given to social and educational status as one of the most helpful explanations. This explanation is based

upon the observation that most cases of hysteria come from the extremely favored or disadvantaged social and economic classes, wherein there is less discipline, less adequate parent-child relationship, less emotional stability, and greater opportunity for failure.

The principal manifestations of hysteria are: somnambulism; fugues (sleep-walking involving flight from some problem); multiple personalities; convulsive attacks; motor disorders, such as tics, convulsive movements, tremors, and paralyses; anaesthesis (loss of memory or sensitivity); visual and auditory disorders (hysterical blindness); and a number of other physiological disorders.

Anxiety neuroses are traced in general to feelings of insecurity or the imagined hostility of one's associates. They are the mildest of all the neuroses and are personified by the constant worrier.

Psychopathic personality is a miscellaneous category in which are grouped those persons who are unable to make satisfactory social adjustments. It includes individuals whose philosophy of life is inadequate, who lack what is called good social judgment, and also mild forms of the "crank type." There is no discoverable symptom of mental disease, and for this reason primarily, it is used only when other descriptive terms are considered inappropriate.[18]

Mental diseases in different age groups. In the last 30 years there has been a marked increase in first admissions to mental hospitals. There is an abrupt increase at age 20, another at age 30, and then a constant increase. This trend is explained by the changing age composition of the population which in turn helps to account for the rapid increase at age 70.

Apart from the psychoneuroses which may be traced back to the earliest years of life, mental disease is rare in childhood

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[18] For a discussion of the psychoneuroses and illustrative cases, consult Myerson, A., *op. cit.*, p. 55 *passim;* Fisher, V. E., *op. cit.*, p. 157 *passim;* Morgan, J. J. B., *The Psychology of Abnormal People,* Longmans, Green, New York, 1936, Chaps. 13, 15.

and early adolescence. It is not a significant problem, so far as numbers are concerned, under age 15. As the following table of first admissions shows, adolescence is the starting point. From this age and prior to age 30, dementia praecox, manic-depressive, and epileptic psychoses, psychoses with psychopathic personality, and psychoses with mental deficiency are responsible for this first increase. Between 30 and 40, the psychoses associated with syphilis and alcohol replace dementia praecox and manic-depressive psychoses among the numerically significant diseases. In the next decade (40–50), involutional psychoses are most frequent, and for the remaining years, there are the senile psychoses and psychoses with arteriosclerosis.

In brief summary, the early years of life are marked by the functional psychoses. Mental illnesses of middle life are associated with social causes. And the psychoses of aging are generally the result of the degenerative diseases.

FIRST ADMISSIONS TO STATE HOSPITALS

Ages	*Male*	*Female*
Under 15	158	147
15–19	1,683	1,289
20–24	3,190	2,397
25–29	3,599	3,040
30–34	3,532	3,244
35–39	3,940	3,301
40–44	3,400	2,891
45–49	2,811	3,051
50–54	2,894	2,738
55–59	2,958	2,349
60–64	2,587	1,962
65–69	2,784	2,133
70 and over	6,526	5,332
Age unknown	374	193
Total	40,436	34,048

Source: U. S. Bureau of the Census, *Statistical Abstract*, 1943, p. 90.

Three types of mental disease are apparently unrestricted as regards age. The first is paranoia; the second is any dementing disease, such as dementia praecox, but this type is also a characteristic of involution and senile psychoses; the third is a disease of depression, also accompanied by excited periods, as

in manic-depressive psychoses. According to Myerson's summary: [19]

> These three types of mental disease may occur at any period of life, in youth, maturity, involution or senium. Whatever is their cause, the less resistant individuals develop these conditions early, others more resistant hang out until the changes of the involution, and still more resistant individuals develop them late in life.

Causes and methods of transmission. Classifications which show that there are many different kinds of mental disease also indicate that the causes of these disorders are multiple. Although the group of causes or the major cause in any case may be highly problematic, there is sufficient proof in the variable onset of different diseases that the entire biological and social life experience of the individual must be examined. In early studies of the mental diseases, environment or heredity was often cited as the chief or major cause, but current investigations are less concerned with the independent contributions of either. Instead, both psychology and physiology are looking for specific causes.

Six major groups of causes are usually stated: (1) heredity; (2) syphilis and some other virulent infections; (3) exogenous poisons (alcohol and drugs); (4) focal infections, especially of the teeth and tonsils; (5) endocrinal disturbances (although most theories of the ductless glands are highly speculative); and (6) mental causes, such as grief, fear, and worry. This list recognizes the potential influence of both heredity and environment, but does not show how much is due to either, or the relationships between them as complementary factors. In addition to these, Henderson and Gillespie mention fatigue and exhaustion, trauma, age, race, culture, and sex.[20]

The distribution of specific causal factors among males and females, as given for the State of New York, includes the following: [21]

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[19] Myerson, A., *op. cit.*, p. 100.
[20] *Op. cit.*, pp. 26–66.
[21] State of New York, Department of Mental Hygiene, *41st Annual Report*, 1929.

MAJOR CAUSES OF MENTAL DISEASES—NEW YORK STATE HOSPITALS

Causes	Per Cent Distribution of Causes Among	
	Males	*Females*
Abnormal make-up (temperamentally)	52.0	60.3
Syphilis	16.9	6.0
Arteriosclerosis	15.7	14.6
Alcohol	14.4	3.2
Senility	9.2	13.7
Physical illness	7.5	12.4

These specific causes show important differences between the sexes. Aside from the vague caption "temperamentally abnormal make-up," the other causes are sufficiently definite. Syphilis, arteriosclerosis, and alcohol are the most frequent causes of mental illness among males, and arteriosclerosis, senility, and physical illness among females. This classification, however, does not contribute much to the heredity-environment argument.

Hereditary transmission. Heredity is frequently cited as a cause—either as a confession of inability to find the real causes, or to account for failure in treatment. Despite family studies which have shown a preponderant amount of mental disease running through particular strains, heredity is discounted by the occurrence of mental disease in practically all families. Furthermore, the late appearance of many mental diseases handicaps the hereditary explanation, since environmental factors become more and more complicated with increasing age.

Myerson, whose volume, *The Inheritance of Mental Diseases,* implies in its title the exact opposite of his own conclusions on this subject, is of the opinion that mental disease is too extensive a field to be explained by any one factor as mechanical as heredity. He also maintains that the grouping of the various mental diseases under one category is simply a confession of ignorance. Moreover, "when a modern clinician puts together convulsions, hysteria, idiocy, epilepsy, strabismus, paralysis, neuralgia, cerebral inflammations, deaf mutism, exophthalmic goitre, gout, tuberculosis, paralysis agitans, etc., as neuropathic" and neglects the fact that each of these conditions has many and different causes, "then we have a right to discount entirely his

conclusions as to the heredity of mental diseases" (pages 273–274).

Myerson is also opposed to a second contention made with regard to the hereditary transmission of mental disease, namely, that mental disease running through a family leads to race extinction in four generations. In his own family studies he found two different facts which contradict this belief. The first is the rise of mental disease when it has not appeared in previous generations; the second is the fact that there are normal descendants of the mentally ill.[22]

Many contemporary writers subscribe to this point of view concerning the relative importance of heredity. While none would neglect either heredity or environment as gross factors, the general opinion is that an emphasis upon minor factors in the individual's life offers the most direct avenue to a causal explanation. In the light of current biological information, it is the constitution that is inherited and constitutional resistance to various infections and poisons which accounts for the development of, or resistance to, the mental diseases.

Blastophoria. As a substitute for hereditary explanations, the environmental factor of blastophoria, or injury to the germ plasm, is suggested by Myerson as a working hypothesis in the search for causes. Blastophoria is used by this writer not only to account for mental disease, but also to explain why a normal generation may give rise to abnormal descendants. It is also the key in his estimation to the tendency for mental disease to grow more severe in successive generations. The chief environmental influences which have been shown by animal experiments to result in germ-plasm injuries are alcohol, lead, starvation, infectious diseases, the toxins of diseases, and the

[22] However, in his theory of anticipation Myerson shows that "in a very large proportion of cases the descendants of the insane who themselves become insane do so at an earlier age than their ancestors" (p. 125). While this theory is consistent with his environmental explanation, it does lead to the same result indicated by hereditarists, namely, family extinction. His other theories of vertical and horizontal transmission also correspond with this theory (pp. 128–130). See also: Pollock, H. M., "Hereditary and Environmental Factors in the Causation of Manic-Depressive Psychoses and Dementia Praecox," *State Hospital Press,* New York, 1939. Chap. 1 is a review of the hereditary explanations.

X-ray. As possible blastophoric influences, certain conditions associated with urban life are also included, such as unwholesome living conditions, lowered vitality, insufficient diets, and the increasing frequency of infectious, degenerative, and dietetic diseases. Many results, in addition to mental disease, are traced to these injuries of the germ plasm, such as sterility, changes in weight and height, retarded development, susceptibility to infections, changes in intelligence, and physical deformity.

Probability of recovery. The classification of mental diseases into different types makes the chances of recovery in individual cases fairly predictable. When the disease is revealed as organic in character, recovery depends upon whether medical or surgical therapy is able to treat or eliminate the physical cause. If any considerable destruction of tissue has occurred in the central nervous system, the mental disease is incurable. When the disease is functional, the same statistical outcome cannot be predicted. With functional diseases, prognosis is less favorable. Ordinarily there are two consequences. In one group of functional diseases the lapse from mental normality apparently runs its course to recovery. But often recovery is uncertain, on account of periodic relapses or the cyclical character of the disease, as in manic-depressive psychoses. In the second type of functional diseases, the disease runs its course with progressive deterioration.

Cerebral syphilis, as an example of organic mental disease, responds to treatment precisely as does syphilis in general. A hopeful prognosis depends upon early recognition and treatment of the disease, its pathological type, and the age of the patient. When syphilis attacks the vascular system, prognosis is unfavorable, and when it is untreated, the mental disease develops rapidly, usually terminating in death after a period of two to five years. Recoveries are reported in one fourth to one third of the cases. In the other organic mental diseases the proportion of recoveries is generally higher. Many unusual cures by means of surgery have been reported among the focal infections, and a recovery rate of over 50 per cent is

given for alcoholic psychoses. For chronic alcoholism the prognosis is poor.

Of the functional psychoses, manic-depressive and involutional mental disorders have the highest proportion of recoveries. Paranoia and senile dementia, except in cases of faulty diagnosis, have few or no recoveries. In the case of dementia praecox (schizophrenia) there has been a reversal of opinion concerning the possibilities of recovery. Until recently this disease was classified with the incurable psychoses. Although it is still recognized as a serious condition, there are some recoveries. Prognosis is most favorable when the disease is traceable to some obvious exogenous factor. Cotton's focal-infection theory of dementia praecox has met with considerable favor and is much used in the course of treatment. On the whole, however, the patients suffering from this disease gradually deteriorate mentally and the majority of cures are more readjustments to life in the community than recoveries. In the case of the shut-in, introverted type, dementia praecox is incurable.

For hospital cases throughout the United States, the following rates of recovery are reported.

RECOVERY RATES FOR SPECIFIC DISEASES

Psychoses	*Rates Per 100 Admissions*
Most Recoverable	
Due to drugs and other poisons	58.7
With psychopathic personality	49.5
Alcoholic	45.9
With other infectious diseases	45.5
Manic-depressive	44.6
Due to other metabolic diseases	29.1
Psychoneuroses	25.9
Traumatic	21.5
Involution	19.6
Least Recoverable	
Senile	1.2
Due to new growth	3.3
With cerebral arterio-sclerosis	3.6
General paresis	4.6
With organic changes of nervous system	5.6
With convulsive disorders	7.8
With other disturbances of circulation	9.2
Paranoia	9.3

Source: U. S. Bureau of the Census, *Patients in Mental Institutions,* 1941, p. 44.

Of all persons admitted to mental hospitals, only 15 to 20 per cent recover fully. The ratio of recoveries is slightly higher for females than males because of the number of cases of paresis among the latter. Moreover, it is estimated that mental disease with its associated physical disorders shortens life expectancy by nearly 50 per cent.

Social conditions associated with abnormal mentality. In introducing a synopsis of the conditions which have been found to be highly associated with mental disease or with abnormal personality traits, it is necessary to preface this summary with a warning. Such studies are apt to be misleading, because they are usually made of selected groups. Either they do not permit comparison with outside or control groups (normal groups), or their standards of measurement of abnormality or the choice of other social unadjustments to be used in comparison may be arbitrary. The following conclusions are cited, therefore, not as proof of absolute correlations between mentality and other conditions, but solely as a survey of the studies in this field.

Population factors. There are important sex, nativity, and urban-rural variations in the distribution of specific mental diseases.

Incidence is about the same in both sexes, being greater among the single, widowed, and divorced. Women have higher rates of first admissions because of involutional, manic-depressive, and senile psychoses. Males have the higher rates because of cerebral arteriosclerosis, paresis, alcoholic psychoses, and dementia praecox.

When the records of first admissions are examined from the standpoint of age and nativity, both the Massachusetts and the New York State reports show that among hospital admissions the native born are youngest, the native born of foreign parents are intermediate, and the foreign born are oldest.

Institutional data also indicate a higher proportion of mental disease among the foreign born than among the general population. However, little biological significance is attached to this

frequency, which results from an unselective immigration policy and the economic and social handicaps of immigrants in American cities. Moreover, cities furnish a great majority (88 per cent) of hospital cases.

But specific mental diseases do tend to occur more frequently in some nativity groups. In the New York hospitals, Italy, Ireland, and Germany, in the order named, furnish the greatest proportion of the foreign born among first admissions. Different races are also more susceptible to certain psychoses, dementia praecox occurring more frequently among Slavs, Negroes, and Jews; manic-depressive psychoses among Germans and Jews; alcoholic psychoses among Negroes and Irish; and general paresis among Negroes, Italians, and Slavs.

When the distribution of all mental defects among nativity groups is compared with the distribution of specific diseases, it is found that those groups with a high rate of feeble-mindedness have low rates of mental disease. Relatively high rates of feeble-mindedness among Negroes, American Indians, and Mexican immigrants are accompanied by lower rates of mental diseases than for the general population in this country. On the other hand, the French, Germans, Greeks, Italians, Jews, Scandinavians, and Scotch in this country have a slightly higher rate of mental disease than the average for the United States.

When the rates of urban and rural areas are compared, the rural are found to have the lower incidence. Furthermore, there is a marked relation between increasing rates of mental disease and size of city. There is no generally accepted reason for this correlation except the explanation of complexity, namely, that the strain and struggle of a complex urban existence are too demanding.

Occupational unadjustments. As a cause of unemployment, lost time, unemployability, and labor turnover, mental handicaps are cited more often than physical illness or defects. In one comparative study of work records, those men who were classed as mentally or emotionally unstable were found to have poor industrial records in 50 per cent of the cases, whereas no

case classified as mentally normal had a poor work record. Thus, mental disorders are associated with reduced earning capacity and low standard of living, the employment of wives, the need for charitable aid, and various subjective characterizations of inadequate personality, such as laziness, shiftlessness, and inefficiency. Since most of these studies were concerned with other than hospital cases, the less disabling neuroses were more numerous than psychoses as factors in occupational unadjustment. Economic instability presents another problem in the trend of the mental diseases. Dependency, unemployment, or business depressions are considered significant causes of increased first admissions.[23]

Delinquency and crime. Most investigations of the personality traits of delinquents and criminals have concluded that there is a greater proportion of mentally abnormal persons in the delinquent classes than in the general population. Mental abnormality is made a primary factor in criminal behavior, and mental hygiene becomes a chief remedy for crime. At least 50 per cent of the persons in the groups studied have been classed as defectives, either mentally ill or feeble-minded, thus connecting mental defects with incorrigibility, disorderly conduct, vagrancy, larceny, and crimes of violence. It is impossible to state with any degree of accuracy the relative contribution of specific mental disorders to criminality, in order to determine whether serious crime is the result of one or two specific diseases. Sullivan and Glueck are of the opinion that dementia praecox is highly associated with violent crimes, and the latter writer compares the patient suffering from this disease with Lombroso's born criminal type. Although there is

[23] Adler, H. M., "Unemployment and Personality," *Mental Hygiene,* Vol. 1: 16–24. Feutinger, J., "Mental Factor in the Economic Adjustment of 500 Disabled Ex-Service Men," *Mental Hygiene,* Vol. 10: 677–700. Ziegler, L. H., "A Group of Psycho-Neurotic Ex-Service Men," *Mental Hygiene,* Vol. 9: 128–156. Powers, M. J., "Industrial Cost of the Psychopathic Employee," *Mental Hygiene,* Vol. 4: 932–939; 643–664. Pratt, G. K., "The Mental Misfit in Industry," *Mental Hygiene,* Vol. 6: 526–538. Solomon, H. C., "Economic Status of Paretic Patients," *Mental Hygiene,* Vol. 5: 556–565. For the distribution of specific psychoses between the economic classes, consult: Dayton, N. A., *New Facts on Mental Diseases,* C. C. Thomas, Baltimore, 1940, p. 368.

some doubt as to the correlation between any one disease and serious criminality, most writers agree that mental disease as a whole is a prominent factor in recidivism and the lesser offenses.[24]

A higher incidence of personality difficulties has been found among juvenile delinquents and problem children than among adult delinquents, partly because of the more thorough study of these cases in behavior clinics, and partly because of the inclusion of mild personality defects. Combinations of stealing, lying, precocious sex activities, poor attention and achievement in school, antagonism to one or both parents, truancy, irritability, moodiness, cruelty, and rage are associated with these deviations from normal personality development.

Paresis as a social problem. A serious bio-social consequence of syphilis is the ancient problem of paresis. This condition is usually the result of mild and untreated cases and develops from 5 to 25 years after the infection. General paresis is no respecter of economic, social, or educational status. It attacks both sexes and is especially prevalent in early middle life. Intellectual classes have no immunity; among college graduates, the incidence of paresis is twice that of all other mental diseases. In the professional class there is a high rate of paresis among editors, actors, authors, reporters, and musicians.

Although relatively few cases of syphilis culminate in paresis, the latter presents an especially acute problem because a paretic may appear normal and responsible for years during the early stages of the disease. The following case is illustrative of the behavior trends in this condition: [25]

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[24] Glueck, B., "A Study of 608 Admissions to Sing Sing Prison," *Mental Hygiene*, Vol. 2: 85–151. Anderson, V. V., "Mental Disease and Delinquency," *Mental Hygiene*, Vol. 3: 177–198; 266–274. Healy, W., "The Mental Factors in Crime," *Mental Hygiene*, Vol. 12: 761–767; see also pp. 55–71. Crounse, D., "Dementia Praecox and Crime," *Mental Hygiene*, Vol. 9: 90–104. Pilcher, E., "Relation of Mental Disease to Crime," *Jour. Crim. Law and Criminol.*, Vol. 21, No. 2, pp. 212–246. Thompson, C. B., "Psychiatric Approach to Crime," *Mental Hygiene*, Vol. 20: 529–549. (A classification of personality types predisposed to criminal behavior.)

[25] Earle, M. G., "Is Paresis a Social Problem?" *Survey*, Vol. 59: 628. For other cases consult, "Venereal Disease Handbook," *U. S. Public Health Service*, Washington, 1924, p. v. Iskrant, A. P., "Economic Cost of Paresis in the United States," *Venereal Disease Information*, Vol. 26 (1945): 183.

B. A., age 41. Once a salesman, making $200 weekly. No history of venereal disease. Disposition happy and cheerful, frank and open. Habits moderate until two years ago, when he began to drink to excess. Onset: arrested one month ago for presenting three checks . . . for $25,000 and sent to the Tombs for two weeks. His wife does not think anything seemed wrong with his mind previous to this except that he was irritable.

Many cases of this sort display symptoms of peculiar behavior, theft, forgery, and sometimes violence. Paresis is considered an important social problem, entirely apart from its cause, because of its mental complications and its direct economic costs. The direct cost of paresis is about $11 million each year. All these aspects of the problem are proof that more thorough remedial and preventive techniques are needed.

Miscellaneous associations. The college population tends to be a highly selected group from the standpoint of nervous and emotional handicaps. Since the introduction of mental hygiene into the colleges, approximately 10 per cent of the student groups examined have been found to have maladjustments sufficiently serious to cause mental breakdowns unless treatment is given. This is a lower incidence than for other comparable groups in business or industry; there is also a close connection between academic success and emotional stability.[26]

The mental diseases present another major problem in their contribution to mortality. Compared with the death rate of the general population, the mortality of the mentally ill is three to six times the average adult mortality (based upon the records of the New York State hospitals). This excess mortality is greatest among adolescents and young adults and diminishes in the upper age groups. The trend in the mortality rate of the mentally ill also reflects the early onset of most mental diseases.[27]

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[26] Riggs, A. F., and Terhune, W. B., "Mental Health of College Women," *Mental Hygiene,* Vol. 12: 559–568. Ruggles, A. H., "College Mental-Hygiene Problems," *Mental Hygiene,* Vol. 9: 261–272. Blanton, S., "A Mental Hygiene Program for Colleges," *Mental Hygiene,* Vol. 9: 478–488. Raphael, T., "Student Mental Hygiene Work," *Mental Hygiene,* Vol. 20: 218–231.

[27] Malzberg, B., "Life Tables for Patients with Mental Disease," *Mental Hygiene,* Vol. 16: 465–480.

Since the rise and wane of the prohibition amendment, there has been considerable interest in the admission to hospitals for alcoholic psychoses. Prior to 1920 the rate of admissions was decreasing slightly, and after that year the number of admissions showed a small increase until 1925, but in both periods the trend was insufficient to hearten the prohibition disputants. Both alcohol and drugs are stated as primary causes of mental disease. But according to Dr. Lawrence Kolb the opposite is equally correct; namely, that alcoholic inebriates and drug addicts are recruited almost exclusively from those groups which have neurotic or other personality defects. If this conclusion is substantiated, alcoholism and drug addiction become subordinate problems in a general mental hygiene program.[28]

The principal facts concerning alcoholic psychotics are: (1) the onset of the disease occurs only after a long period of excessive drinking; (2) the average age of the patient upon admission to the hospital is 45; (3) most patients are recruited from those who are considered regular drinkers with the habit of frequent intoxication; (4) before admission, the general health of the patient is greatly impaired.

Pathological mental conditions are also stated to be important causes of suicide, excessive mobility (homelessness and transiency), family disorganization (unmarried motherhood, domestic relations problems, dependency), and accidents. In a study of 100 traffic offenders, all but 13 were found to have mental or physical defects which interfered seriously with their acceptability as drivers. In a follow-up of this type of study the Detroit Traffic Court reported that of 500 traffic violators 11 were definitely mentally ill, 180 were feeble-minded, and 75 suffered from chronic alcoholism. And the New York University Center for Safety Education found in its study that a great number of automobile drivers were emotionally unad-

[28] Kolb, L., "Types and Characteristics of Drug Addicts," *Mental Hygiene*, Vol. 9: 300–313. Chambers, F. T., "A Psychological Approach in Certain Cases of Alcoholism" *Mental Hygiene*. Vol. 21: 67–78.

justed or depressed, or were victims of low blood pressure, dizziness, headaches, and lethargy.

Similarly, mild symptoms of mental disturbances, such as inattentiveness, grief, extreme emotion, carelessness, and day-dreaming, have often been considered the real causes of industrial accidents and of accidents among children. With regard to family dependency, Miss Jarrett has estimated that fully 50 per cent of the clients of social agencies are classifiable as mentally ill or as definite personality problems. Equally high rates have been given for each of the social pathologies which are connected with abnormal mentality. However, the significance of mental disease as a single cause is probably overrated and must be accepted with a certain amount of caution. Its relative importance can be treated more fully in a special consideration of those conditions with which it is supposed to be causally connected.[29]

A final item in the story of the mental diseases is their economic costs. Estimates of losses are reckoned from two sources. the costs of maintaining hospitals and the loss of earnings of mental patients due to their disability. It is estimated that the cost for the maintenance and care of each patient is $831.62 in New York State and $623.72 for the United States as a whole. Loss in earnings is placed at $9,945.80 for males and $4,687.37 for females.[30]

Summary. Mental disease, as an adverse social condition and as a cause of social problems, has directed public attention increasingly to the problems of mental hygiene. As a social movement, mental hygiene has two objectives: to prevent mental disorders and to conserve mental health. Both the increasing number of persons seeking hospital care and the costs of this remedial work show the need for prevention.

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[29] Raphael, T., and others, "One Hundred Traffic Offenders," *Mental Hygiene*, Vol. 15: 809–824. Stack, J., "Mental Causes of Child Accidents," *Mental Hygiene*, Vol. 15: 283–289. Jarrett, M. C., "Mental Hygiene in Industry," *Mental Hygiene*, Vol. 4: 869.

[30] Pollock, H. M., "Economic Loss on Account of Mental Disease," *Proceedings, Am. Statis. Assoc.*, Vol. 27 (N. S. No. 177A), pp. 179–182.

The program of mental hygiene is essentially preventive, and its services are rapidly becoming accepted resources in the technique of social case and group work.

There are two fundamental problems of mental diseases which are as yet unsolved, both of which bear directly upon a treatment program. One is the separation of mental illnesses into the divisions of organic and functional psychoses; the other, supplementary to this, is the question of transmission, whether they are inherited, acquired, or both. If they are inherited wholly or in the majority of cases, mental disease is a problem of eugenics, and mental hygiene is complementary to the eugenic movement. If they are acquired through social or psychological experiences or through physiological factors, such as disease, inadequate diet, or toxins, our contemporary culture must accept the major responsibility for these problems and introduce the necessary reforms to protect itself against them.

Psychiatrists are now more and more inclined to recognize the connection between the mental diseases or their symptoms and the cultural background of the individual patient. The factors in culture that have been found to be so correlated are degrees of cultural isolation, the complexity of a culture, superstitions and fears, the increasing number of individual conflicts, social and economic competition, and economic and educational status.[31] As Folsom states: [32]

> Policies of human betterment have concerned themselves largely with material improvement. . . . But the essential problem of human welfare is psychological rather than economic or socio-structural. . . . Physical health improves continually; mental health gets no better and is probably growing worse. . . . The real causes of human suffering are not the obvious conditions branded as bad situations but the frustration of human wishes. Mental hygiene looks beyond social problems, social maladjustments, conflicts, bad environment, poverty, filth, and squalor. It keeps its eye on the essence of evil, and that essence is suffering.

[31] Sherman, M. and D. C., "Psychotic Symptoms and Social Backgrounds," in *The Problem of Mental Disorders*, McGraw-Hill, New York, 1934. Chap. 18.

[32] Folsom, J. K., *Social Psychology*, Harper and Brothers, New York, 1931, pp. 611–612.

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Green, New York, 1936. Chap. 1. "Signs and Causes of Mental Disorders."
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Questions

1. Why are the mental illnesses sometimes regarded as diseases of modern times?

2. To what extent are the mental diseases to be considered major problems?

3. How does the legal concept of insanity differ from the medical concept of mental diseases?

4. What is the probability of mental disease for the average person?

5. From what sources of evidence is information available concerning the extent of mental disease?

6. Do the different rates of recovery contribute anything to our knowledge of the transmission of mental disease?

7. What is meant by the statement, "All persons are mentally ill some of the time or are slightly abnormal most of the time"? Enumerate some character types which are considered within the limits of normality but which verge toward the abnormal.

8. How would you explain the higher incidence of mental disease in cities? Among unmarried males?

9. Name the chief factors in social selection which tend to identify groups with relatively large or small amounts of mental disease.

10. Are there any mental diseases which develop into a condition closely approximating feeble-mindedness?

11. With what social problems is mental disease associated as a major cause? How would you proceed to demonstrate that mental disease is or is not an important cause of suicide?

12. Under what conditions is it feasible to parole mental disease patients or to allow them to remain in the community?

13. If mental hygiene is concerned with causes of personal suffering, what should be the basic content of its program? With what other sciences should it coöperate, and where should it function most strategically, that is, with what social institutions—the family, school, church, industry, and so on?

14. How would you classify the following personality types, basing your classification upon the symptoms of mental disease: the person who is unusually suggestible; a person who imagines he is ill; people who are always undecided, even over the most trivial affairs; the pessimist; college students who contend that extra-curriculum activities are the best preparation for life?

15. Why is it more difficult to study the functional than the organic mental diseases?

16. Why is it necessary to isolate the neuroses from the psychoses?

17. How may the separate factors of bodily constitution, age, and heredity be used as explanations of mental disease?

18. What mental diseases have low recovery rates?

19. What are the general mental hygiene problems of college students?

20. What are the cultural sources and cultural possibilities of treatment of the mental diseases?

CHAPTER IX

MENTAL DEFICIENCY

ABNORMALITIES of intelligence are for the most part the problem of mental deficiency. Other terms with a like meaning are feeble-mindedness, mental subnormality, and amentia. When medical, psychological, and social definitions are employed, the problem of mental deficiency becomes a number of problems distinguishing a class of the population whose intelligence is limited because it has never developed.

Mentally defective persons must be carefully separated from other defective classes. If this precaution is not observed, mental deficiency may be confused with the mental diseases or with other bodily and sensory handicaps. Hence the general distinction is applied by which *dementia* means loss of mental capacity while *mental deficiency* or *amentia* means mental retardation.

Precise distinction between these mental problems is also blurred by the existence of certain borderline types. In all cases, the victims of these conditions are mental invalids. Ordinarily, too, in the majority of instances, mental disease and feeble-mindedness may be traced to wholly different circumstances. But there are persons on the margin between low intelligence and subnormality and between mental disease and feeble-mindedness who require careful clinical and social study before they can be classified as dements or aments.

There are two primary areas of overlapping impairments. In dementia there are forms of mental disease (the dementing illnesses), leading to a deterioration of the central nervous system, which are scarcely distinguishable from feeble-mindedness. Likewise, among the feeble-minded, there are forms of con-

genital and acquired mental deficiency, arising from congenital syphilis and prenatal injuries, which have all the principal traits of mental disease (in cause, development, and outcome).

As a broad, distinguishing element, however, the difference in intelligence is valid if these borderline cases are recognized.

Mental deficiency and social problems. The close similarity between the feeble-minded and the mentally diseased should serve to prevent hasty generalization about either as a mental class. One of the first things to remember about feeble-mindedness is that it is not a unit-character, either hereditary or social. There are many kinds of feeble-mindedness, and many causes. Some feeble-minded persons are high-grade types with distinctive personal characteristics and are fully capable of self-supervision when adequately trained. Others, with neither of these qualifications, call attention to the marked differences among the several gradations of mental subnormality and to the two essential concepts in its definition: (1) arrested mental development; (2) inability to meet the ordinary demands of life. Feeble-mindedness, therefore, not only means low intelligence, with which it is often considered identical, but also includes the inability to acquire certain social habits.

A case in point is that of Francis Crowley.[1] If the press stories are correct, Francis Crowley, with a mental age of ten years, would be classified as a high-grade feeble-minded person. The correctness of this classification is indicated by Crowley's inability to read or write after having attended school for ten years. At the age of nineteen, Crowley and another young man were captured by the police after an extended and sensational skirmish, following a murder. Judging from criteria of both mental and social competency, here is a person who was unadapted to current social forms and who could only be cared for by society through early detection and segregation. Yet, taking simply the intelligence quotient into consideration, there is no reason why Crowley should not have become socially

[1] "Speedy Justice," *Outlook*, Vol. 158: 198.

adjusted. Thousands of persons with equally low ratings are living normal lives, are self-supporting, and unquestionably would never duplicate Crowley's record of delinquency.

Unusual incidents such as this, and the publicity which they attract, have encouraged the interpretation of feeble-mindedness from another point of view: namely, as identical with economic and social unadjustment. The result of this social interpretation of feeble-mindedness has been the neglect or omission of the factor of intelligence. The social disadvantages of the lower classes have been attributed to alleged mental inferiority. This is another instance of circular reasoning. Some individuals are feeble-minded because they are unadjusted; others are unadjusted because they are feeble-minded.

Because of this misinterpretation of feeble-mindedness as a descriptive term and of the curious tendency of certain persons to consider it a simple unit-character, the result of either heredity or environment, it will be desirable to summarize the literature that describes feeble-mindedness as a defined mental and social status, and discusses its chief sub-types and their most frequent causes. This is a necessary step prior to an evaluation of the social significance of feeble-mindedness.

Our uncertain knowledge concerning the prevalence of feeble-mindedness emphasizes other aspects of the problem. Of these, three widely circulated beliefs deserve attention: (1) that feeble-mindedness is definitely inherited; (2) that feeble-minded stock reproduces itself at a higher rate than normal stock and that it is increasing rapidly; (3) that it is associated, as a basic cause, with every important pathological problem—crime, unemployment, pauperism, vagrancy, drunkenness, and illiteracy.

Statements such as the following are illustrative of this association and of the selective character of current information concerning feeble-mindedness:

1. Forty per cent of the inmates of almshouses are found to be feeble-minded.

2. Some feeble-minded families have been dependent upon organized charities for four or five generations.
3. In a typical orphanage, 28.7 per cent of the children were feeble-minded.
4. Of the women in a state prison, 42.8 per cent were found to be feeble-minded.
5. Of 122 prostitutes examined, 43.5 per cent were feeble-minded.
6. Seventeen per cent of juvenile court cases studied and 15 to 27 per cent of boys and girls in reformatories were feeble-minded.[2]

Another interesting angle of the problem is to be found in remedial and preventive programs. These vary from efforts to educate and supervise the individual to mass programs of social control. Much of the earlier emphasis was placed upon eugenic measures, which were wholly ineffective because they were never applied. In addition, there has been a pronounced reluctance to recognize a most important source of feeble-mindedness in natural social processes, such as urbanization and the increasing complexity of social organization. When the latter sources are fully appreciated, in conjunction with our graded concept of abnormality, we may conclude that a major origin of "new defectives" is to be found in current social transitions to which certain individuals are unadjusted. On a small scale examples of this type of defective may be found among those individuals who are normal in a rural community (and are able to meet the ordinary demands of life) but who become subnormal if they migrate to the city and are judged by the more exacting standards of an urban environment.

Another apparently incomprehensible social attitude which is widespread and an integral part of the problem of feeble-mindedness is the reluctance of the public to adopt definite means of regulation. There are not enough institutions for

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[2] "The Feeble-minded in Georgia," *Survey*, Vol. 43: 407.

custodial or educational purposes, and those now in existence are handicapped by overcrowding. Nor is there an adequate case work program for parole and supervision in the community. In our public school system special classes for the retarded have been established, primarily to prevent interference with the progress of normal children. But there is a marked difference between the public attitude toward the support of these classes and the attitude toward special classes for the blind, crippled or deaf.

This difference can be traced to several facts: primarily to the serious doubts as to the value of education for the mentally handicapped; and, incidentally, to the fact that the public is fearful lest the consequences of such training should result in increasing delinquency, or, by giving the feeble-minded economic security, should facilitate an increasing birth rate among them. If, however, education is not a successful remedy, there is no alternative other than permanent segregation or some of the devices that are contrary to current mores. Corresponding with this hesitancy in the organization of remedial agencies is an equal distrust on the part of the public towards prevention. Consequently, there is ample leeway, because institutions are inadequate and supervision is incomplete for the occasional mistakes, such as the Crowley case, which are aired by the public press as matters of unusual importance.

Who are the feeble-minded?[3] For purposes of general classification, a feeble-minded individual is defined as one who is considerably below the mental average of his cultural group. Technically, the feeble-minded are those individuals whose brains are undeveloped or whose cerebral and mental matura-

[3] Sources of the materials in this section and the three which follow are: Conklin, E. S., *Principles of Abnormal Psychology*, Holt, New York, 1927. Fisher, V. E., *Introduction to Abnormal Psychology*, Macmillan, New York, 1937. Franz, S. I., "The Abnormal Individual," in *Foundations of Experimental Psychology* (Carl Murchison, Ed.) Clark Univ. Press, Worcester, 1929. Louttit, C. M., *Clinical Psychology*, Harper and Brothers, New York, 1936. Morgan, J. J. B., *The Psychology of Abnormal People*, Longmans, Green, New York, 1936. Myerson, A., *Inheritance of Mental Diseases*, Williams and Wilkins, Baltimore, 1925. Wallin, J. E. W., *The Education of Handicapped Children*, Houghton-Mifflin, Boston, 1924.

tion is slow. This definition recognizes two variations: (1) degrees of abstract intelligence; (2) degrees of intelligence as determined by comparison with varying community standards.

In the light of the second variation, feeble-mindedness may be defined or interpreted from several different points of view. This is primarily because of the fact that there are several gradations of intelligence within the general classification of amentia. Fisher suggests five criteria: the legal, medical, social-economic, pedagogical, and psychological.

Definitions from each of these points of view are useful in showing that mental deficiency is not a unit-character. Legal definitions of idiocy serve to distinguish those individuals who are legally less responsible than the average person. However, they are not of much value, because of their subjectivity. Tredgold's definition is cited as an authoritative medical criterion:

> [Feeble-mindedness is] a state of restricted potentiality for, or arrest of, cerebral development, in consequence of which the person affected is incapable at maturity of so adapting himself to his environment or to the requirements of the community as to maintain existence independently of supervision or external support.

As a social-economic definition, that of the Royal Commission of Great Britain, adopted in 1904, may be cited: [4]

> A feeble-minded person is one who is capable of earning a living under favorable circumstances, but is incapable, from mental defect existing from birth, or from an early age, (a) of competing on equal terms with his normal fellows; or (b) of managing himself and his affairs with ordinary prudence.

The chief objection raised by Fisher against these three definitions is that in each instance a sharp distinction between deficient and normal intelligence is implied, without adequate recognition that there is no such distinction in reality.

Pedagogical and psychological criteria obviate this difficulty by considering gradations of intelligence from the lowest to the highest through comparison, and as deviations below and

[4] Fisher, V. E., *op. cit.*, pp. 448–458.

above an average. These criteria make an arbitrary distinction between the feeble-minded and the normal. The first, the pedagogical, using classroom success as the basis for determining mental level, is largely subjective. The psychological, on the other hand, endeavors to obtain quantitative measurements of intelligence by objective tests, the test score to be the final definition of feeble-mindedness. Through these methods intelligence is measured by achievement in comparison with chronological age, resulting in the intelligence quotient (I. Q.) or mental age. When series of standardized tests are constructed, the arbitrary character of this distinction is considerably reduced.

Psychological criteria of intelligence, consequently, recognize only differences of degree between different classes of persons. While in theory no two persons have the same intelligence and only approximate measurements of intelligence can be established, it is customary to divide a population into arbitrary classes, as in the following table:

THE MAJOR CLASSES OF INTELLIGENCE

Classification	*Score in Terms of I. Q.*
Genius or near genius	Above 140
Very superior	120–140
Superior	110–120
Normal average	90–110
Dull or backward	80– 90
Borderline deficiency	70– 80
Definitely feeble-minded	
(a) Moron	50– 70
(b) Imbecile	25– 50
(c) Idiot	Below 25

Thus, using the psychological criterion, a feeble-minded person is defined as:

> . . . One who has originally an intelligence quotient of 70 per cent or less, and whose status falls in the lowest 2 per cent of human intellect.[5]

There is some difference of opinion as to the numerical score which should be accepted as the upper limit of deficiency. An

[5] *Ibid.*, p. 454.

I. Q. of 75 is recognized as this limit by the American Association for the Study of Feeble-mindedness.

Summarizing several rival theories of feeble-mindedness and its complexity, Wallin reaches the conclusion that: [6]

> . . . feeble-mindedness, instead of being a simple classificatory (nosological) entity due to a constant specific cause with definitely restricted and invariable symptoms (such as are diphtheria or typhoid fever), is a highly complex condition, complex in respect to the fact that it may affect in unequal degree various functions, physical, intellectual, instinctive, volitional, emotional, social, and moral; in that it may cover a wide range of defect, from profound idiocy to high-grade feeble-mindedness; in that it may be caused by a great variety of etiological factors, hereditary and acquired, and in that the underlying brain defect (pathology) may differ greatly. . . .

Classes of feeble-minded persons. Because of the varied definitions and descriptions of feeble-mindedness as a form of mental abnormality, it is natural to expect subdivisions within the group comprising the feeble-minded. As shown by the grades of intelligence quotients, sub-classes have been established, with arbitrary limits to indicate degrees of retardation. To these sub-classes the terms *idiots* or *aments, imbeciles,* and *morons* are given.

Establishing the limits between these sub-classes or between the feeble-minded and borderline cases is a matter of considerable practical importance. While it is relatively easy to distinguish idiots and imbeciles, there is need for multiple tests prior to the classification of a person as a moron, borderline type, or dull normal. This distinction at best is only a matter of judgment, and consequently the diagnosis of intelligence tests should be checked by medical examination and social history. Legal restrictions placed upon the feeble-minded, as well as the solution of social problems presented by them, make the distinction between the borderline and lower grades more than a technical problem.

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[6] Wallin, J. E. W., *op. cit.,* pp. 58–59. Quoted by permission of Houghton Mifflin Company, Boston.

For these practical reasons several measures of feeble-mindedness are suggested by which degrees of adaptability may be distinguished. The Presseys suggest four: (1) educational inadequacy; (2) economic inefficiency; (3) social inadequacy; (4) a distinctly low intelligence rating in a series of tests. Failure in each of these respects makes the diagnosis of feeble-mindedness more certain than any single criterion, while the variable achievements of different persons within the same mental grade indicate that no one arbitrary distinction is of any practical use. Fernald supplements the psychological test in his "Ten-Point Scale" by including nine additional sources of data: (1) physical examination; (2) family history; (3) personal and developmental history; (4) history of school progress; (5) examination in school work; (6) practical knowledge; (7) economic efficiency; (8) social history and reactions; (9) moral reactions.[7]

A more technical set of measures is suggested by E. A. Doll. In addition to the test of intelligence by mental scores (the I. Q.), he recommends the study of (1) social adjustment; (2) personal characteristics; (3) physical development; (4) motor skills; (5) educational attainment; (6) special abilities; (7) habits, interests, and attitudes; and (8) affective (emotional) reactions.[8]

A more specialized and precise differentiation between classes of the feeble-minded is given in the reports of the United States census:

An idiot is a mentally defective person having a mental age of not more than 35 months or an I. Q. less than 25.

An imbecile is a mentally defective person having a mental age between 36 and 83 months or an I. Q. between 25 and 49.

A moron is a mentally subnormal person having a mental age between 83 and 143 months or an I. Q. between 50 and 74.

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[7] Greene, R. A., "Progress in Understanding and Control of the Feeble-minded," *Ann. Am. Acad.*, Vol. 151: 130–137. See also, Potter, H. W., "Classification of Mental Defectives," *Mental Hygiene*, Vol. 7: 509–520 (for sub-classes and criteria in classification).

[8] Doll, E. A., "Idiot, Imbecile, and Moron," *Jour. App. Psych.*, Vol. 20: 427–437.

By means of such social exploration, the diagnosis of distinct types of feeble-mindedness is made more accurate.

The idiot is a person whose intellectual level is lower than that of an average three-year-old child. There are several definite physical and social characteristics by which this lowest grade of subnormality may be identified. The frontal brain does not develop to the same extent as in most children. Incidental to this lack is a corresponding retardation in mental growth. In the lowest forms of idiocy, the person is responsive only to the simplest stimuli, living at what is practically a reflex level. Some are described as stolid and apathetic; others are boisterous and sometimes violent. As a rule they are utterly incapable of self-help, being unable to learn to talk or walk. Most of them are unable to feed or clothe themselves. The idiot possesses none of the social traits of maturing adolescents. In some instances there is a slight mental and social capacity, but this is restricted to simple expressions of need for bodily attention.

The imbecile is a person whose mental level corresponds with that of children from three to seven years of age. His capacities also correspond roughly with the attainments of average children within these limits. By sufficient education the imbecile can be trained to many manual tasks. His reactions, however, are simple and direct. Few can learn to perform related operations. "They can learn to lay bricks or to drive nails, but they cannot learn to build a house." [9] The imbecile can learn to read simple statements and to write his name, but he is practically worthless economically and cannot earn a living under ordinary conditions. Consequently, his occupations are limited to work under close supervision. Socially, he can be adapted to the elementary conventions, but he has few inhibitions and no ability to "reason why" about conduct.

Opposed to these limitations there may be a development of special aptitudes of a remarkable character. One may have learned, in some unknown manner, to make mentally arithmetical multipli-

[9] Franz. S. I., *loc. cit.*, p. 811.

cations, even of four- or six-place numbers, rapidly and accurately. Another may have acquired, also in an unknown manner, the art of . . . telling the day of the week on which any monthly and yearly date came, as, for example, January 2, 1922. Special aptitudes of many kinds have been described for other *idiots savants,* as they are called, but these phenomenal performances are associated with the usual imbecile inadequacies in other directions.[10]

The third type of feeble-minded, the morons, range in mental age from the imbecile class to the low normal types. In general, they correspond in initiative and intelligence to the average ten-year-old child, the upper limit not exceeding a 12-year mental age. They merge into, and are confused with, the borderline group. These two mental classes present the most serious problems in community education and control, because great variations in ability and social adjustment occur. The morons are the only group which has some individuals who may become relatively adjusted to routine activities. Some may go as far as the fourth or fifth grade in school and may be trained in semi-skilled occupations. At the same time they require a great deal of supervision and have the greatest incidence of failures in the attempt to become adjusted. Morons circulate practically without restriction, exercising in some instances a most demoralizing influence upon the community and upon those who are obliged to associate with them.

A moron is customarily defined as a person who can do simple work and who is able to learn to read and write. His work is inefficient except under supervision and he is unable "to look after his own affairs with ordinary prudence." Being incapable of consistent planning, and being poorly inhibited and unable to appreciate conventional rules of conduct, the moron is doubly handicapped. He is exploited by the more intelligent and is among the first to experience the hardships of intense economic and social competition. For both of these reasons, this class is well represented among various social problems.

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10 *Ibid.,* p. 812.

As the several criteria of subnormality have demonstrated, no hard and fast division can be made among the three classes. They represent a merging in educability and in social responsibility. Although each type is compared with normal children of a certain age level, the retarded have problems wholly unlike those of normal children because of their differences in emotional and sexual, as well as in mental, make-up. When those individual differences are taken into consideration, a further subdivision of the retarded can be made. Thus, E. A. Doll has prepared the following classification, based upon such differences as age, sex, degree of self-help, occupation or industrial skill, behavior adjustments, social conformity, and parental responsibility: [11]

1. Helpless low-grades; those who are economic burdens and sometimes an actual menace.
2. Unadjusted high-grades with behavior problems.
3. Physically handicapped high-grades.
4. Well-adjusted young high-grades.
5. Well-adjusted, old high-grades.
6. Aged high-grades.
7. Clinical types, including such cases as orthopedic complications, endocrine types, remediable birth injury, congenital syphilis.
8. Psychiatric types, including the epileptic and psychopathic.

This classification is suggestive in showing critical complications in the physical and social adjustment of the subnormal.

The extent of feeble-mindedness. When standard psychological tests are given to a representative and unselected group of persons, the results tend to approximate the normal bell-shaped frequency curve. Accordingly, the number of inferior and superior individuals gradually diminishes from a median test score. So far as the feeble-minded group is concerned, this distribution shows that there are fewer idiots than imbeciles, fewer imbeciles than morons, and fewer morons than dull-normal or borderline cases. From the studies of the British Royal Commission, the distribution among 100 cases of

[11] Doll, E. A., "Community Control of the Feeble-minded," *Ann. Am. Acad.*, Vol. 149, part 3, pp. 170–172.

mental defectiveness is reported to consist of 6 idiots, 18 imbeciles, and 76 morons.

Conservative estimates of the actual number of the feeble-minded place the total at over 900,000 for this country—approximately 1 per cent. In Great Britain a similar percentage has been found. Recent surveys of six areas, each containing about 100,000 persons, showed an incidence of 8.6 retarded persons per 1,000 population, or between 0.8 and 0.9 per cent. Special surveys and the study of selected groups have put this percentage considerably higher, but rarely over 2 per cent. This is the percentage found by most school surveys to be the number requiring special classes. In 1924 Fernald estimated that there was a total of 60,000 mentally defective persons in Massachusetts—about 2 per cent. Dayton suggests 5 per cent as a more accurate estimate of the total institutionalized and non-institutionalized. There is no evidence, however, to confirm this proportion or higher estimates such as those based upon the mental tests of men drafted for military service in both World Wars I and II which was about 4.3 per cent and included other forms of psychometric impairment.[12]

In a South Dakota school survey it was found that 1.29 per cent of the school population, aged 6 to 16, were classifiable as mental defectives. The distribution of this percentage among the different types was as follows: [13]

	Per Cent	*Sex Ratio, Males to Females*
Idiots	0.06	7 to 5
Imbeciles	0.22	6 to 5
Morons	1.01	3 to 2
Total	1.29	

Prevalence in rates per 1,000 population, discovered in more recent studies, confirm this general distribution and the distribution by types of defect:

[12] Mills, A. B., "Extent of Illness," *Committee on the Costs of Medical Care*, Pub. No. 2, 1929, p. 15. Doll, E. A., *loc. cit.*, p. 167. Dayton, N., "Necessity for Central Registration of Mental Defectives," *Mental Hygiene*, Vol. 15: 364–377.

[13] Craft, J. H., "The South Dakota Mental Survey," *Mental Hygiene*, Vol. 20: 630–645.

PREVALENCE OF MENTAL DEFICIENCY

Area	*Year*	*Rates Per 1,000 Population*
Baltimore	1936	6.8
Tennessee	1938	8.2
U.S.A.—first Selective Service Reports	1941	10.1
U.S.A.—Selective Service Reports	1944	10.7 (Whites) 19.0 (Negroes)

Sources: Lemkau, P., and others, "A Survey of Statistical Studies on the Prevalence and Incidence of Mental Disorder," *Public Health Reports*, Vol. 58 (1943) No. 53: 11 and 12. Natl. Selective System, "Analysis of Reports of Physical Examinations," *Medical Statistics Bulletin*, No. 1 (1941): 25. Perrott, G. St. J., "Findings of Selective Service Examinations," *Milbank Memorial Quart.*, Vol. 22 (1944): 362.

In the Baltimore study the distribution by types is as follows:

Intelligence Rating	*Rate Per 1,000 Population*
Idiot	0.28
Imbecile	1.89
Moron	2.43
Unclassified	2.09

This study reported a sex ratio of about 7 males to 6 females, and a frequency of types similar to that of the British Royal Commission, namely, morons are four times more numerous than imbeciles and imbeciles are four times more numerous than idiots. The validity of these findings is checked by the report of first admissions to all state institutions:

FIRST ADMISSIONS OF MENTAL DEFECTIVES TO STATE INSTITUTIONS

MENTAL STATUS AND SEX—1941

	Per Cent Distribution		
Mental Status	*Male*	*Female*	*Total*
Idiot	14.6	13.2	13.9
Imbecile	29.4	30.0	29.7
Moron	42.0	42.5	42.2
Unclassified	14.0	14.3	14.1
Total	100.0	100.0	100.0

Source: U. S. Bureau of the Census, "Patients in Mental Institutions," Washington, 1941, p. 154.

When estimates are made for both feeble-mindedness and other forms of psychometric subnormality, about 15 per cent

of the population is grouped within a mental age less than twelve years or an intelligence quotient below 85 on the Stanford-Binet scale.

These variations in estimates are due largely to the use of different criteria in the definition of feeble-mindedness and to the fact that there is no complete registration of the feeble-minded who are not in institutions. Estimates based upon the institutional population are not significant; nor does the fact of an increasing institutional population imply a general increase. On the latter point there is no available information. When the psychological definition, an I. Q. of 70, is taken as the dividing point, an incidence varying from 0.5 to 3.0 per cent is as accurate an estimate as current studies permit.

Causes of feeble-mindedness. Mental defect in feeble-mindedness is nothing more than a symptom, and like other symptoms, must be related to causes. Although structural anomalies rank among the most definite causes of defectiveness, many of the feeble-minded have neither structural nor functional peculiarities. It is estimated that fully 90 per cent have no characteristic clinical traits. However, many idiots and some imbeciles do have both anatomical and physiological abnormalities, but the moron is usually as normal in these respects as persons of average intelligence and cannot be detected by facial or other physical characteristics.

Retardation of mental development, therefore, cannot be explained entirely by motor or sensory defects. Franz advances the hypothesis, in view of the favorable educational results obtained with children who are born blind or deaf and with children who have lacked coördination because of neurological defects or disease (birth paralysis, encephalitis, or destruction of portions of the cerebral cortex), that:

> Feeble-mindedness is . . . not necessarily the result of primary disturbances in the receptive or emissive spheres, but it is probably the effect or an expression of a neurological state in which associative linkages are either not anatomically developed or not functionally workable.

This hypothesis is supported by the results of post-mortem examinations of the brains of idiots and low-grade imbeciles, in which a lack of development of at least one of the cerebral association areas, viz., the frontal, has been noted.[14] Specific causes may be observed most directly in a summary of the chief clinical types.

Clinical types of feeble-mindedness. 1. Retardation of mental development may be caused by various bodily conditions as well as by brain defects. Among clinical types there is a special class of feeble-minded individuals, called cretins (so-called because of the early recognition of this condition on the island of Crete) who illustrate this point. Cretinism is caused by the retarded development of the thyroid gland, which controls metabolism and bodily development. Unless treated with thyroid extract, the person remains infantile, physically and mentally. Fisher says: [15]

> A typical cretin is infantile in appearance, short in stature, usually very fat, short legged, slow in his movements and apathetic in general. His skin is yellowish, dry, thick and wrinkled; his head is large, lips thick, tongue large . . . his intelligence may be anywhere between moronity and low-grade idiocy.

The discovery that mental changes may be due to thyroid dysfunction has stimulated inquiries as to a possible connection between other glands and mental disturbances. Extract of the pineal gland has been used to some extent in the treatment of imbeciles. Although there are many reasons (supported by some evidence) to suppose that the adrenal glands, the pituitary, and the gonads are also associated with mental development, the normal relation between these and mentality has not yet been determined.

2. Mongolism, or mongolian idiocy, is so called because the physical features of individuals of this type resemble those of the Mongolian race. They number about one in every 1,000 live births, and have an intelligence quotient between 15 and

[14] Franz, S. I., *loc. cit.*, p. 812.
[15] Fisher, V. E., *op. cit.*, pp. 464–465.

29. Among generally accepted causes, glandular dysfunction and the exhaustion of the mother's fertility (accompanying the advanced age of the mother) have the most satisfactory clinical support. Physical traits, characteristic of the mongolian idiot, are almond-shaped eyes, flattened head, depressed nasal bridge, pointed and deeply fissured tongue, and thick lips. The most significant facts are that two mongolian idiots rarely occur in the same family, and that their life span is short, averaging fourteen years.

3. Hydrocephalus, or hydrocephalic amentia, is distinguished by the large skull of the individual. This condition results from the accumulation of fluids that cause both the enlargement of the skull and the mental impairment. Nothing is known regarding effective treatment or why the fluid accumulates. The majority of hydrocephalics range from imbecile to moron levels of intelligence. Myerson reports that less of this type of feeble-mindedness is occurring as a result of the serum treatment of cerebrospinal meningitis. Experimental treatment by surgery has also been tried, but with little success.

4. Another clinical type, the opposite in appearance from the preceding, is the microcephalics. Their two chief features are a small skull, with a markedly receding frontal region, and a very small brain weight. Nothing is known concerning the causes of microcephaly. Treatment by irradiation (exposure to any type of rays, such as ultraviolet light or X-rays) has been used experimentally. The mental capacity of this type is usually within the imbecile range.

5. Syphilitic amentia is most readily distinguishable when feeble-mindedness is accompanied by a positive Wassermann and a history of syphilitic infection in the parents. This condition may occur with or without physical symptoms of degeneracy. It is traced usually to congenital syphilis.

As to the precise connection between congenital syphilis and feeble-mindedness, there is no generally accepted opinion. Information is scattered among inadequate studies (lacking suf-

ficient clinical tests of syphilis) and among the results found from the examination of selected groups. Opinion seems to favor two extremes. Dayton, for example, considers syphilis a negligible factor among the causes of mental deficiency, and finds congenital syphilis less frequent among 1,631 feeble-minded children than among mentally normal children. On the other hand, many studies have made syphilis the outstanding cause of mental deficiency. Thom makes the statement: "Syphilis is largely responsible for idiocy and imbecility." Drouet and Hamel reported that in their examination of 180 psychopathic cases, 97 per cent were congenital syphilitics. The objection to this extreme point of view is based upon the hypothetical invalidity of the single cause explanation. "If," as one critic inquired, "syphilis is of any importance, why not many more defectives?" Moreover, one of the most extensive studies found little evidence of a direct causal relationship between congenital syphilis and feeble-mindedness. The reported incidence of congenital syphilis was 3.7 per cent among 117,216 children outside of institutions and 7.3 per cent among 19,712 children in hospitals and institutions. In general the critics of this theory of mental deficiency are content with the enumeration of other causes, and the solution of the problem is obviously dependent upon more exhaustive clinical and social analysis.[16]

6. Feeble-minded epileptics constitute another clinical type. Since as little is known of the causes of epilepsy as of the causes of feeble-mindedness, this condition is a difficult problem. Feeble-mindedness and epilepsy may be connected causally, or may both be due to some third factor.

7. A final primary type of mental deficiency is that which is associated with birth injuries. Six to 10 per cent of mentally deficient children are found to be birth-injured, the chief injury being birth hemorrhage. Characteristics of children so

[16] Dayton, N. A., "Syphilis in the Etiology of Mental Deficiency," *Mental Hygiene*, Vol. 9: 760–769. (A summary of the studies on this topic.) Drouet, P. L., and Hamel, J., *L'Heredo—Syphilis Mentale*, Masson, Paris, 1930.

injured are spastic paralysis, athetosis (inability to control the toes and fingers), choreic movements (involuntary muscular twitchings), speech defects, and occasionally hydrocephalus and secondary epilepsy.

Hereditary nature of mental deficiency. In attempting to treat the subject of causation systematically, it is desirable to remember two well-accepted truths concerning feeble-mindedness. The first is that there are few topics regarding which less is known. The second is that wholesome skepticism concerning dogmatic theories is amply justified. Quoting Wallin to the effect that it is impossible to formulate "a consistent, adequate, workable theory of causation" because "we do not yet have a sufficient body of incontestably established facts," Fisher suggests four theoretical classes of causation: (1) hereditary, (2) prenatal, (3) postnatal, and (4) multiple.[17]

Heredity has been cited frequently and by many writers as the most significant factor in the causation of amentia. The hereditary aspects are vague, however, by contrast with the medical, pathological, serological, histological, biochemical, and endocrinological. Estimates of the amount of feeble-mindedness resulting from heredity vary with different authorities from 45 to 90 per cent, and they are made confusing by the fact that not all authorities use the same criteria of hereditary taint or of feeble-mindedness. W. E. Castle makes about the most definite statement by including feeble-mindedness under the caption, "Subject to heredity, but to what extent or how inherited uncertain."[18] A quotation from Morgan is added as perhaps the most authoritative opinion on this subject. Morgan says:[19]

Until more definite information is obtainable concerning mental traits and emotional reactions, some of us remain sceptical of the

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[17] Fisher, V. E., *op. cit.*, p. 469.

[18] Castle, W. E., *Genetics and Eugenics,* Harvard University Press, Cambridge, Mass., 1921, p. 273.

[19] Morgan, T. H., in Murchison, C. (Ed.), *op. cit.*, p. 36. Italics by the present author.

crude and often forced attempts that have been made so far to determine what is inherited and what is acquired after birth.

A comparison of the facts of Mendelian heredity relating to plants and animals with what is known of human heredity leaves no doubt, as far as physical characters are involved, that the same rules apply to both. . . . But it is extremely hazardous to carry over this inference to the psychic character of man, where there is *no certainty as to what extent his behavior is determined by heredity and by environment.*

The probable hereditary character of feeble-mindedness and its continuity between generations of the same family have been shown by many family studies. However, conclusions based upon such investigations are open to criticism on three grounds: (1) the variable or incomplete diagnosis of the mental condition; (2) the doubtful competency of investigators who make diagnoses from death records or from neighborhood gossip; and (3) the lack of information necessary to extend the studies into earlier generations. These studies have been valuable in calling public attention to the fact that feeble-mindedness is widespread, that there are greater variations in intelligence among men than among animals, and that there are greater differences between various low-grade types of defectiveness than between morons and the mentally normal. However, rather than corroborating the Mendelian theory of inheritance, these variations suggest the operation of causes other than heredity.

A summary of all causes of feeble-mindedness, reported by the Vineland Training school, gives the following distribution:

30 per cent possibly hereditary or primary.
30 per cent secondary.
40 per cent unknown or unclassified.

Prenatal and postnatal factors in causation. With the gradual rejection of the doctrine that mental-test scores indicate a unit-character in inheritance, increasing emphasis is being placed upon environmental influences before and after birth. These causes may operate directly upon the person or indi-

rectly through his parents. Animal experiments, as well as family studies, have brought about this modification in the genetic point of view. Another factor has also been instrumental in modifying the emphasis upon hereditary causation: namely, the discovery by school surveys and public clinics of retarded persons from families with no previous records of mental defectiveness. This fact has not only encouraged the search for multiple causes, but has reduced the relative influence of heredity to nearer 30 than 90 per cent.

The chief non-hereditary factors used to explain feeble-mindedness are those environmental conditions which operate in close connection with chemical and biological processes of reproduction, gestation, and general bodily growth, and which are known to modify these processes.

Prenatal factors associated with mental defectiveness are congenital syphilis, the toxins produced by syphilitic germs, and alcoholism. The task of differentiating between hereditary feeble-mindedness and congenital syphilis is complicated, because it is impossible on the basis of current data to determine which is the basic cause. At one time, congenital syphilis was ranked among the leading causes, but this point of view has been considerably modified. The distribution of congenital syphilis is about the same among mentally normal and abnormal children; in other words, not all congenital syphilitics are mentally defective. In public school groups and institutions for the feeble-minded, the proportion of congenital syphilitics is about 5 to 7 per cent. It is also equally difficult to prove that syphilis of the parents is a cause of mental defectiveness in the children. The reason for this difficulty (stated by Myerson in connection with his general theory of blastophoria) is that the diagnostic signs of syphilis are more frequent than the disease itself, and that the contribution of syphilis cannot be determined except through the most careful clinical observations.

These differences of opinion tend to minimize syphilis as the sole cause of feeble-mindedness and are directing researches into the precise blastophoric influences of this disease and its toxins,

the degrees of human susceptibility, and its reactions upon the nervous systems of different individuals.

Alcohol, as a prenatal or postnatal toxin, is also cited as a major cause of feeble-mindedness. As in the case of syphilis, cause and effect are likely to be confused here. The problem, in this instance, is to decide whether the person is alcoholic because he is feeble-minded, or vice versa. However, this question does not arise with regard to alcohol as a prenatal influence. From several experimental studies it has been shown that alcoholic toxins in either parent, but especially in the pregnant mother, may injure or poison the embryo. In addition, they may have destructive influences upon the germ-plasm prior to fertilization. But even though the fact of these injuries is established, it does not prove that alcohol is a chief cause of feeble-mindedness. In short, these experiments have made a more valuable contribution in breaking down the theory of the immutability of the germ-plasm than in demonstrating a specific connection between alcohol and feeble-mindedness.

There are two opposite points of view with regard to the specific effects of alcoholism. Eugenic studies have affirmed that alcoholism has no injurious influence upon the general health and intelligence of the person, or have stated the more radical conclusion that the children of drinking parents are healthier and more intelligent than the children of total abstainers. On the other hand, it has also been asserted that alcoholism may cause: (1) various grades of feeble-mindedness; (2) other mental abnormalities and stigmata of degeneration; (3) an increase of stillbirths, abortions, sterility, and infant mortality; (4) an increasing susceptibility to various diseases of childhood and chronic infections; and (5) retardation of growth and endocrine dysfunction.

The chief postnatal causative factors of feeble-mindedness are traumata, toxins, infections, endocrine disturbances, convulsions, encephalitis, and malnutrition. Trauma refers to blows, falls, shocks, or injuries that affect the nervous system, and are used as explanations of defectiveness when no other

cause can be assigned. Among the more prominent of these conditions are trauma at child birth, caused by protracted labor or instrumental delivery, which may cause brain injury and injuries to the cranium, resulting in the fracture of the skull or lesions and hemorrhage of the brain. Toxins which may poison the brain, in addition to syphilis, alcoholism, and drugs, result from measles, scarlet fever, diphtheria, influenza, meningitis, and other infectious diseases. Few clinical cases are known to be caused by these toxins alone. These acute infectious diseases during childhood are also associated with impaired sensory and mental defects and frequently with epilepsy. Endocrine dysfunction has already been mentioned in the case of cretinism. Investigations relative to malnutrition have made no startling discoveries as to its direct causative influence. Restricted diets apparently constitute a more serious handicap to feeble-minded than to normal children; that is, children of normal parents have been found to resist extreme malnutrition with slight consequences upon mentality. On this subject, some positive cases of improved intelligence are reported among the younger children of mothers who have given birth to several defective children, and this improvement is accounted for by a combination of prenatal and postnatal medical care and supervised nutrition.

Multiple causation. The value of the several theories is their stress upon at least two major types of mental defectiveness—the hereditary and the non-hereditary—and upon multiple causes in either instance. The theory of multiple causation recognizes that feeble-mindedness is a relative condition, caused by factors arising either from heredity or from environment during the preconceptual, prenatal, or postnatal periods. This point of view, consequently, pays due regard to potential inheritance and to environmental causes with which the individual has contact, even during the embryonic period.

With the exception of a few clinical types, most cases of feeble-mindedness are the result of multiple causes. The inability to differentiate rigidly between heredity and environ-

ment in this problem is not unique. Students can protect themselves from the dogmatists on either side by separating what is known from what is unknown. Although the foregoing review of causation has not named the several leading causes in the order of their importance, it has supplied an outline of groups of probable causes, and at the same time has provided a basis for the elimination of hearsay evidence. Of two facts we are certain. Interbreeding, such as cousin marriages, may be listed among the factors that do not cause feeble-mindedness. No study has ever substantiated this folk belief. Similarly, emotional shock to the mother during pregnancy (maternal impressions) is also classified among the superstitions.

When a summary of its various causes is made, feeble-mindedness is seen to be a condition incidental to inherited organic mechanisms and to acquired injuries, diseases, and poisons. Consequently, from this point of view it is more a physical and bio-chemical than a mental problem, as its chief clinical types illustrate. Cretinism, for example, is more a problem of endocrinology than of mental defect. This fact is substantiated by the appearance of defectiveness in normal families—mongolian idiocy, for example. Two other facts should be remembered in summary. Most feeble-mindedness is apparently the result of a general damage to the organic make-up of the person, even though the great majority of cases do not present signs of organic degeneracy which can be detected by clinical techniques. Furthermore, supplementary evidence of its biological origin is the more frequent appearance of defectiveness in the same family than would occur by accident. These two points make the problem easier to study and will lead eventually to the discovery of precise causes.

There is no evidence to support the theory that mental defectiveness is atavistic, a factor that will eventually destroy the human race. It is more prominent among humans because intelligence is the chief non-animal-like characteristic used in estimating human individuals. Also, in the organization of

treatment and prevention, advancements have gone on haltingly because no satisfactory method has been demonstrated whereby causes can be removed. Consequently, in most cases, treatment and recovery are impossible because of organic destruction of brain tissue.

Social significance of the feeble-minded. The asserted relationship between feeble-mindedness and other social problems calls attention to the importance of feeble-mindedness from the standpoint of several social institutions. Of these relationships, the legal, educational, economic, and family problems of the feeble-minded are listed among the major hazards in their social contacts.

Their criminality is only one of the many legal problems that the feeble-minded present. This has already been indicated in the legal definition of mental incompetency, in the legal restrictions placed upon the lower grades, and in the general inability of the feeble-minded (implied by the classification of sub-types) to respond to elementary demands of social conduct. The ament is prone to commit antisocial acts or to behave in ways that are different from those of normal adults, as a form of reaction which is normal for his intelligence. If antisocial conduct is remediable, education is the way out. Otherwise, there is no alternative other than segregation. In part, of course, this misconduct reflects the inflexibility of the law, which is probably enacted for a low average type but is not sufficiently low for the ament group. If a large number of people live below the law, as vagrants, delinquents, or prostitutes, their unadjustments are no proof that feeble-mindedness is a cause, any more than the law itself is a cause. However, they do stress the general importance of feeble-mindedness as a social problem. Before the contribution of feeble-mindedness as a cause of problems can be determined, it must be studied in connection with other causes of the same problems. Until such a comparison is made, many reservations are necessary concerning the causal significance of feeble-mindedness and the proportion of any social problem to be assigned thereto.

The most important educational problem is the maintenance of special schools and classes and the extent to which society can afford to introduce training programs. The problem is largely an economic one.

Economically, the feeble-minded are a heavy burden—in the costs of custodial care, institutional treatment, special classes, economic incompetence, and antisocial conduct. These separate costs make an enormous total, even when the added wastes involved in the loss of their labor power and in the problem of placement in competition with normal people are excluded. Institutional costs alone average between $250 and $300 per year per inmate.

As a family problem there are five counts upon which it is argued that the feeble-minded are a menace. (1) It is alleged that the feeble-minded produce a large number of legitimate and illegitimate progeny. (2) Feeble-mindedness "breeds true," increasing the number of dysgenic and degenerate progeny. (3) The feeble-minded are predisposed toward criminal behavior. (4) There is a high degree of association between immorality and mental subnormality. (5) Feeble-mindedness is a principal source of pauperism and dependency.[20]

Fertility of the feeble-minded. There are two opposing points of view, one contending that all classes of degenerates represent a highly fertile stock which propagates itself at a much greater rate than the general population; the other contending that the degeneration of the feeble-minded is progressive, culminating in diminished vitality and eventually in their extinction.

Data supporting these points of view differ greatly, because complete biological families are not considered, or because the inferior social classes as a whole are confused with particular groups of the mentally subnormal. A high rate of natural increase among the lower economic classes does not necessarily mean an increase of inferior stock, because the socially and

[20] Wallin, J. E. W., *op. cit.*, Chaps. 10, 11.

mentally inferior classes are not identical. When different inferior classes are analyzed separately, birth rates of general increase are very dissimilar.

Dr. W. E. Fernald's study of the after-care of patients discharged from his own institution during a period of twenty-five years (1890–1914) furnishes significant information as to the prolificacy of feeble-minded stock. A total of 1,534 patients were discharged during these years, of whom 649 were in the community and could be studied. There were 176 female patients, of whom 27 had married. These marriages produced 50 children, 33 being alive at the time of the investigation. Only 13 of the 470 males had married, and they had 12 children. The total of 45 living children fails to substantiate the commonly held idea of the "remarkable fertility of the feeble-minded." Although this study was limited to legitimate offspring, there was no evidence of any great amount of illegitimacy. Summarizing the studies relative to the total fertility (legitimate and illegitimate) of feeble-minded families, Wallin has concluded that there is no factual basis for the statement that: [21]

> . . . feeble-minded mothers average twice as many children as normal ones. Not only have most investigations disclosed a smaller difference, but the total number of direct descendants has actually been found to be fewer in some defective strains than in normal strains. . . . Thus the investigation of the illegitimate lines of the Kallikak and Garland families yielded only 480 and 437 offspring, respectively, as compared with 496 for the normal legitimate line of each of these two families.

Our knowledge of general vital rates supplements these conclusions. Many of the inferior classes have excessively low birth rates; as, for example, epileptics or the mentally ill. In the lower grades of feeble-mindedness, because of segregation, the birth rate is practically zero. Other factors also interfere with the increase of the feeble-minded. There are more stillbirths and a higher infant mortality rate among the

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[21] *Ibid.*, pp. 269–270. Fernald's study is quoted by Myerson, A., *op. cit.*, p. 81.

feeble-minded than in normal stock. About one fifth of the mentally defective children die during their first year from asthenia or infectious diseases. Their general death rate is also higher for other age groups, especially up to the twentieth year. Mental defectives as a class are generally short lived.

One report on the life-span of 768 institutional cases found the average life-expectancy of idiots to be 19 years and of imbeciles to be 26.6 years. However, because of the care which they receive in a protected environment, some defectives survive for many years beyond these averages.[22]

References to the great fertility of the mentally inferior usually apply to high-grade defectives—morons and borderline types—whose birth rates are higher than the average for the general population or that for the middle or well-to-do classes. But before this fact can be interpreted to mean a natural increase, the death rate must also be reckoned with. Earlier marriages, failure to restrict the birth rate, and large families among the high-grade defectives are offset by the counter-selective factor of the death rate, and the contention of alarming increases and the calamitous doctrine of racial degeneration are weakly supported by the facts.

The second point, that feeble-mindedness "breeds true," has already been considered under the hereditary aspects. If we accept congenital defectiveness as an explanation, or any of the environmental explanations, then this assertion must be modified. Neither congenital nor environmental defectives would breed true unless the original environmental causes remained. That these conditions can be controlled is demonstrated by the fact that there are some descendants of feeble-minded stock who are not feeble-minded. Moreover, the institutionalization of the lowest grades and a selective death rate indicate that not all types of feeble-mindedness are self-perpetuating. Up to the present it is an open question whether inferior classes are actually increasing, and no one has ever

[22] Kaplan, O. J., "Life Expectancy of Low-Grade Mental Defectives," *Psychol. Record,* Vol. 3 (1940): 303.

proved that the race is seriously endangered from this source.

Criminality. It is now generally agreed that feeble-mindedness as a single cause is not an important factor in delinquency and crime. Although a large number of criminals may be defective, their criminality is due to the same factors which account for crime in general: namely, socio-economic status. Moreover, crime among defectives is concentrated within the dull normal types, the lower grades being infrequently included among the delinquent class. And this dull borderline group is further distinguished by engaging in sex crimes much more frequently than other groups in the prison population. When the entire group of defectives is considered, their rate of criminality is surprisingly low. In 1,000 cases of juvenile delinquency, Healy reported less than 10 per cent to be feeble-minded, and of this group 89 were morons and 8 were imbeciles.

Even though most delinquent children in the public schools are mentally retarded, it does not follow that all mentally retarded children are delinquent. And in the combination of delinquency and defectiveness there are several other causes which fully explain the delinquency. A school survey of delinquent defectives in Detroit showed that less than 20 per cent of all the mentally retarded were in special classes for the delinquent or were behavior problems. In other words, more than 80 per cent of the mentally retarded are not delinquents.[23] Among the conditions that are associated with defectiveness as favorable to delinquency are bad home conditions, personality difficulties, poor heredity, poor physical condition, mental retardation, mental defect, endocrine disturbance, early illness, and bad companions. These factors, in the order given, were enumerated by Blanchard and Paynter in a comparison of 250 children who were considered problems at home or in school (28.2 per cent of whom were mental defectives), with a control group of 337 non-problem children (5 per cent of whom were defectives). In the above list mental retardation

[23] Berry, C. S., "Care for the Mentally Retarded," Natl. Conf. of Social Work, *Proceedings*, 1925, p. 441.

refers to cases of children who were not defective but who were so intellectually retarded that they were unadjusted to the school curriculum.[24]

In a special study of the social adjustability of the feeble-minded it has been shown, in addition to the above findings, that normal children tend to be arraigned for certain offenses (crimes against property) much more frequently than the subnormal. Moreover, in both groups a great majority come from poverty-stricken homes. Of 432 delinquent subnormal children, Miss Powdermaker reported that 68 per cent came from homes "obviously inadequate because of gross neglect and cruelty, chronic alcoholism, psychotic or mentally defective parents, criminality, antisocial sex conduct, or marked poverty," as shown by the table of adjusted and unadjusted parents[25] in the following summary.

	Per Cent	
Parents socially adjusted		27
Unadjusted parents		73
Mentally defective	13	
Other unadjustments	40	
Home broken by death	20	
Total		100

The total of 13 per cent for the mentally defective may be taken as the maximum contribution of feeble-mindedness to crime.

Immorality. Conclusions similar to the preceding are made with regard to immorality: namely, that the sex misconduct of the feeble-minded is a normal mode of social adjustment to an abnormal social situation. In practically one half of the cases of illegitimacy and unmarried motherhood, mental defectiveness is discovered as one factor in the institutional or social

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[24] Blanchard, P. M., and Paynter, R. H., "The Problem Child," *Mental Hygiene,* Vol. 8: 26–54.

[25] Powdermaker, F., "Social Adjustment of the Feeble-minded." *Ann. Am. Acad.,* Vol. 149, Part 3, pp. 62–63. For different conclusions, consult Glueck, Eleanor T., "Mental Retardation and Juvenile Delinquency," *Mental Hygiene,* Vol. 19: 549–572. Zeleny, L. D., "Feeble-mindedness and Criminal Conduct," *Am. Jour. Sociol.,* Vol. 38: 564–576.

work problems of Blanchard and Paynter. Of 344 unmarried mothers examined in Minnesota during the year 1928, 23.8 per cent were classified as feeble-minded and 24.4 per cent as borderline cases. In addition to mental condition, other facts associated with unmarried motherhood are that: (1) over 75 per cent of the cases are under 21 years of age; (2) the majority of cases come from the lower economic classes; (3) most of them have had previous records of delinquency; (4) one half come from homes in which there is immorality, alcoholism, poverty, dependency, and absence of parental training and guidance.[26]

Dependency. Poverty, dependency, vagrancy, and destitution are admitted consequences of mental subnormality. In fact, economic incompetency need not be proved to be associated with feeble-mindedness, because it is one of the two major criteria of this condition. In social work agencies, mental disease and defectiveness (in diagnosed cases) account for 12 to 15 per cent of the entire case load. In those families there is also a higher incidence of other unadjusting conditions, such as syphilis, tuberculosis, cardiac disorders, endocrine deficiency, alcoholism, and immorality. Among casual laborers, mental defect has been found in a similar proportion of cases; it is thus made a factor in unemployability. Two fifths of all deserters from the Army are reported to be feeble-minded.[27]

Sex, nativity, and industrial significance. When intelligence tests were applied to an unselected population, no significant sex differences were found. Within the retarded group the major difference is a slightly larger number of boys than girls, the general ratio being 6 boys to 5 girls. In the moron group there are 3 boys to 2 girls. The hypothesis ac-

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[26] Lowe, C., "Intelligence and Social Background of the Unmarried Mother," *Mental Hygiene,* Vol. 11: 783–794. Schumacher, H. C., "Unmarried Mother," *Mental Hygiene,* Vol. 11: 775–782.

[27] Johnson, G. R., "Unemployment and Feeble-mindedness," *Jour. of Delinquency,* Vol. 2: 59–73. Erickson, M. H., "Some Aspects of Abandonment, Feeble-mindedness, and Crime," *Am. Jour. Sociol.,* Vol. 36: 758–769. Wooley, H. B., and Hart, H., "Feeble-minded Ex-School Children," *Trounstine Foundation Studies,* Vol. 1, No. 7, 1921.

counting for these findings is that intelligence tests are not sufficiently refined to show sex differences among normal persons and that they tend to exaggerate slight differences among the subnormal. But intelligence tests are not wholly satisfactory measurements of the social elements involved in adjustment. Some individuals who have fairly high test scores fail miserably in the community, whereas others with lower scores make fairly successful community adjustments under supervision.

The study of nativity differences in mental condition is generally restricted to comparisons between white and Negro groups. In intelligence tests, Negroes have lower scores in practically every test, a higher proportion of inferior scores, and a lower proportion of superior scores. The average I. Q. of the Negroes is between 75 and 80 per cent, a score which is exceeded by over 80 per cent of the white population. Psychologists do not conclude from this difference that Negroes are absolutely inferior mentally. In addition to the fact that tests do not discriminate between inferior environments and inferior mentality, they point out that Negroes possess other mental traits, temperamental and rhythmic which compensate in part for their poor achievements in test-scores. Intelligence tests are even more unsuccessful in proving mental differences between nativity groups within the white race, because objective tests have not been developed that will wholly eliminate the factor of cultural differences.[28]

In its industrial or occupational connections, the distribution of intelligence has been employed to explain two important social phenomena. The first is the concentration of the lower mental types in the casual and unskilled occupations. This sifting of the industrial classes is called by Stewart the *moronization of industry*. When the percentage distribution of intelligence found by the Army psychologists is applied to

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[28] Viteles, M. S., "The Mental Status of the Negro," *Ann. Am. Acad.*, Vol. 140: 165–177.

the general population, the following mental classes are identified: [29]

	Mental Classes	*Army Test, Per Cents*	*Total Population*
A	(marked intellectuality)	4.5	5,400,585
B	(intellectually superior)	9	10,801,170
C+	(high average intelligence)	16.5	19,802,145
C	(average intelligence)	25	30,003,250
C—	(low average intelligence)	20	24,002,600
D	(inferior intelligence)	15	18,001,950
D— and E	(very inferior intelligence)	10	12,001,300
	Total population (1928)		120,013,000

In this distribution according to Army tests, Class E was used as the basis of rejection. From the same per cents, the distribution of the industrial population would be:

Mental Class	*Total Industrial Population*
A	3,586,000
B	7,172,000
C+	13,119,000
C	19,922,000
C—	15,938,000
D	11,953,000
D— and E	7,969,000
Total	79,689,000

Although this distribution of the mental levels among the industrial population is not a conservative estimate, as Stewart suggests, for reasons which have led psychologists to interpret the Army data with considerable skepticism, the inference that there are more low mental types than inferior jobs is probably well founded. We have a partial explanation, in the excessive number of the mentally inferior, for those families which are severely affected by business depressions and for those individuals who are chronically unemployed even in periods of improved business conditions.

Army test scores have been used to prove another much debated point: that the majority of our intellectually superior citizens come from the highest occupational groups (the pro-

[29] Stewart, E., "Industrialization of the Feeble-minded," *Monthly Labor Review*, Vol. 27: 7–14.

fessions and the business class). Lehman and Stoke [30] contend that the Army tests prove the exact opposite to the quotations with which they preface their article. These quotations state:

> The operation of the social ladder tends to concentrate the valuable qualities of the whole nation in the upper strata, and to leave the lowest strata depleted of the finer qualities.
>
> The 120–140 (I. Q.) group is made up almost entirely of children whose parents belong to the professional or very successful business classes.

From their own summary of the Army test data, these writers conclude that:

1. More than one half of the superior (A and B) men came from agricultural, skilled, and semi-skilled pursuits.
2. The professional group ranks third in the number of A and B men and is contributing about one fifth of those who earn high scores.
3. Farmers alone produce more A and B men than the professional class.

DISTRIBUTION OF A AND B MEN IN FIVE OCCUPATIONAL CLASSES [31]

Occupational Group	*Number of A and B Men*	*Per Cent*	*Rank*
Skilled and semi-skilled	1,150,310	11.3	1
Agricultural	700,701	7.1	2
Professional	688,898	66.1	3
Clerical	684,761	40.3	4
Unskilled	161,582	4.1	5

Accordingly, there is no evidence to warrant the assumption that intelligence is class-limited from the social or economic standpoint or that the finer qualities appear only in the upper class groups. Moreover, since the upper classes are not self perpetuating, there is a constant mobility from the lower classes up the ladder.

Prevention and control. The admission that feeble-mind-

[30] Lehman, H. C., and Stoke, S. M., "Occupational Intelligence in the Army," *Am. Jour. Sociol.*, Vol. 36: 15–27.

[31] *Ibid.*, p. 23 (Table 3). See also Patterson, D. G., and Rundquist, E. A., "The Occupational Background of Feeble-mindedness," *Am. Jour. Psych.*, Vol. 45: 118–124.

edness is the result of interacting hereditary and environmental factors is the basis for preventive programs, which unquestionably must be organized and applied in order to supplement current remedial controls. The correlations between feeble-mindedness and other social conditions reinforce this need for a complete preventive program. The feeble-minded are antisocial for the same reasons that the poor are economically incompetent and the sick are physically unfit. A competitive society requires of these classes exactly that which they do not possess. For this reason it is useless to construct arguments, proving mental, moral, educational, or economic insufficiency, when the fact of mental defectiveness itself confesses to the presence of these obstacles to social adjustment. Meanwhile, it is necessary for the public to revise its attitude slightly toward this group, to give up wholly the mistaken belief that this defectiveness is a beneficient result of an all-wise process of natural selection, and to lend the weight of its influence to the advancement of remedial and preventive work already in operation among public institutions and social work agencies.

Studies of causation have already been conducted with sufficient precision to demonstrate that the bulk of our feeble-minded population is being produced by conditions which are eminently respectable. Not all of defectiveness by any means is the result of the universally condemned vices. When to this knowledge we add the fact that medical treatment (with a few notable exceptions) is non-effective, society is faced with the problem of prevention or complete control. From these circumstances one would presume that prevention would be indorsed as a moralizing influence, but such is not the case. Under present conditions, education and special training are emphasized for the high-grade types, for the lower types special training and institutionalization, and for the lowest grades simply permanent segregation. However, these suggested provisions are still largely objectives and are not systems already enforced. Actually, only a small proportion of the feeble-minded are institutionalized, because of the cost, or because

their families are reluctant to take advantage of this relief. It is estimated that about 95 per cent of the feeble-minded remain in the community. Hence, the community control of feeble-mindedness is a major problem. This is the most serious consequence of a half-hearted program, and it appears rather ironic when the possibilities of this loose community supervision are contrasted with the current myths as to the hereditary menace of the defective. Apart from a preventive program to counteract those social processes which continue to add to the supply, there is no other system than institutionalization, even for some of the high-grade types. Yet this is precisely what the different states in this country have refused to adopt, and consequently the problem of supervision is largely the responsibility of the local community.

Necessary deference to existing attitudes and plans makes

PATIENTS IN ALL INSTITUTIONS FOR MENTAL DEFECTIVES

Year	*Rate Per 100,000 Population*
1923	46.7
1930	55.5
1935	75.0
1940	77.8

Source: U. S. Bureau of the Census, "Patients in Mental Institutions," Washington, 1941, p. 137.

the present program a mixture of proposed solutions, institutionalization for the worst cases, and community supervision for the remainder.

Dr. Fernald was one of the first to sponsor the placing of the feeble-minded in the community, subject, however, to two provisions—adequate institutional training and continuous supervision. For economic reasons, trial placement has frequently been introduced, and this is the current policy of several states. Although placement is wholly tentative, three criteria are recognized as indispensable to the experiment: (1) ability to support oneself; (2) ability to regulate one's living without financial or supervisory assistance from family or agency; (3) ability to live without infringing upon the law to

the extent of arrest and commitment to some correctional institution.[32] Placement under supervision, particularly when the supervision has been sufficiently continuous and thorough to discover the outcome, has proved to be a notorious failure. One survey of placement revealed success in 14 per cent of the cases, but in these no common element could be found to account for the success. Success is not due to length of time spent in the institution, to the training received, mental age, emotional make-up, type of work, or supervision.

A suggested alternative to permanent custodial care and failure in the community requires a combination of intensive training and supervision. What is needed, according to Dr. Town's proposal, is an industrial plant where the vocational training provided by institutions can be put into practice under supervision. Here the graduates of schools for the mentally handicapped could be employed, living either in their own homes or in colonies. Such a plan for the adjustment of the feeble-minded has several favorable qualities, because it is not based upon the assumption that they must be adjusted to existing social conditions. A modified form of this idea has been conducted in London. It is patterned after industrial workshops, which have been in operation for the blind and crippled for some years. This substitute for institutionalization is more practical and humane and, from our present knowledge of the success of placement, is safer for the individuals who are employed in this manner.

Among other remedial programs the proper care of defective children is stressed as a first step towards prevention. In these programs there is provision for clinics where cases can be diagnosed early and where psychiatric and social studies can be conducted. The clinics are supplemented by hospitals,

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[32] Town, C. H., "Investigation of the Adjustment of the Feeble-minded in the Community," *Psychol. Clinic*, Vol. 20: 42–54. Raymond, A., "Placement and Supervision of Mental Defectives," *Mental Hygiene*, Vol. 8: 535–547. Bernstein, C., "Colony and Parole Care for Dependents and Defectives," *Mental Hygiene*, Vol. 7: 449–471. Fernald, W. E., "Growth of Provision for the Feeble-minded in the United States," *Mental Hygiene*, Vol. 1: 34–59.

training and custodial institutions, and intensive supervision in the community. Medical care for the early diagnosis and correction of physical defects is, of course, imperative. Within recent years, particularly since the organization of behavior clinics, increasing attention is being given to habit training, and incidentally to the training and personal equipment of the social workers who are charged with the education and supervision of the defective child.

Preventive programs indorse five supplementary measures to effect a reduction in the numbers of the defective: (1) the prevention of injuries to germ-plasm by control of toxic or other destructive conditions; (2) regulation of the mating of the biologically unfit; (3) sterilization; (4) birth control; (5) permanent segregation. Of these, sterilization is the only method that has made any noticeable advancements in recent years, with the possible exception of preventive medicine, which has attempted to insure normal births by prenatal care. Segregation generally occurs too late and, in general, society dislikes any imposition upon the physical freedom of the individual. Birth control is sufficiently taboo to be unavailable to this group, and regulations over mating also fall below the moral law or are ineffective because they must be accompanied by birth control, segregation, or by some eugenic controls over marriage. Extermination, a sixth proposal, is omitted from this consideration because it is impractical under current mores.

Sterilization in one of its several forms is probably the most satisfactory of contemporary expedients. Advocates claim that eugenic sterilization is the only substitute for inadequate institutionalization and incomplete supervision, that it is the only preventive against the increase of defectiveness. Eugenic sterilization is the prevention of procreation, as distinguished from therapeutic sterilization, which is employed to improve the physical or mental condition of the person. The majority of state laws are eugenic, one half are eugenic and therapeutic, and some states apply their laws to a variety of conditions, such as mental disease, sexual perversion, drug addiction, and as a

punishment for certain crimes. California still leads all states in eugenic sterilization, although it is estimated that the total number of mental defectives to whom this law is applied is considerably less than one per cent of the total.[33]

Summary. Mental deficiency is a general and permanent condition of social incompentency. It is an outgrowth of mental defects which in turn may be a result of physical defects or arrested physical development (though the latter are not always demonstrable). As contrasted with other classes of social incompetents (the physically defective, such as the blind and the deaf, or those who are problems because of inadequate social environment), the feeble-minded are a primary menace to sound social organization in so far as self-management and self-maintenance are demanded by society.

When the several problems of the feeble-minded are clearly set forth, there is no apparent reason for placing them among the major social problems. From the standpoint of numbers involved, feeble-mindedness cannot be so classified. Furthermore, its real seriousness rests upon the failure of the public to adopt sufficient preventive measures, the many biased and preconceived ideas concerning its sources and complications, and the absence of fundamental biological research as to its real nature.

Considering the advancement that has been made in the study of feeble-mindedness during the last two decades, the changing attitude toward its social status as a community problem, and the rise of the general opinion that some form of control is indispensable, the outlook for the eventual reduction of this problem is really hopeful. Even though at present there is no agreement upon any single preventive measure, it is nevertheless true that as general public health programs are expanded, control over the causes of feeble-mindedness will be partially realized. On the whole, feeble-mindedness is a

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[33] Butler, F. O., "A Quarter of a Century's Experience in Sterilization of Mental Defectives in California," *Am. Jour. Mental Deficiency*, Vol. 49 (1944–45): 508–513.

problem of social policy. When humanitarianism permits the application of available knowledge, it will finally be classified among the rare and exceptional accidents.

The specific policy of treatment and control, now approved by the American Association of Mental Deficiency, endorses

1. A complete census and registration of all mental defectives.
2. Establishment of special classes for those who are capable of some social adjustment.
3. Segregation of the remainder in institutions.
4. Clinical and pathological investigation to determine more exactly the causes of mental deficiency.
5. Selective sterilization of hereditary types.
6. Special provisions for the care and training of delinquent defectives.
7. Parole for all institutionalized mental defectives who have been suitably trained.
8. Special training for the teachers in these institutions or special classes.
9. Supervision of all mental defectives in the community.
10. A mental examination of all persons accused or convicted of crime.
11. Adoption of uniform statistical standards for use in all institutions.[34]

[34] Nowrey, J. E., "A Brief Synopsis of Mental Deficiency," *Am. Jour. of Mental Deficiency,* Vol. 49 (1944–45): 356.

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Questions

1. What social conditions which are usually considered indications of personal incompetence are often confused with mental deficiency?

2. Consult references to Birnbaum and Ordahl and review the experience of the adjustment of mental defectives in the community. How many defectives can adjust without supervision?

3. What social problems discussed hitherto are regularly found to occur among mentally defective groups? Can you explain this association?

4. Consult the reference to J. E. Nowrey in footnote 34 above and compare the attitudes and policies relative to the defective in the past and present.

5. Is there any evidence that feeble-mindedness is increasing?

6. What advantages might be gained through the registration of the feeble-minded? Where would such a registry get its information?

7. Why does society furnish inadequate institutional care and yet obstruct preventive restrictions? Can you mention other social problems toward which similar attitudes are held?

8. Why are there objections to sterilization on grounds of morality?

9. What do the causes of feeble-mindedness contribute to our knowledge of remedy and prevention? Can you name a form of amentia which is really dementia?

10. Classify the abnormalities in social conduct which most frequently occur with feeble-mindedness.

11. Make a list of peculiar traits of personality or conduct which are characteristic of people considered normal but which might also be used as symptoms of subnormality.

12. Outline the topics which should be covered in the case-history of a feeble-minded person.

13. Do you believe that advertising, the movies, or installment buying may be injurious to the welfare of the higher grades of defectives? For what average mental level are newspapers published?

14. Is there an inconsistency between the contentions of Lehman and Stoke and the data summarized in Chapter II above as to the relationship between I. Q. and economic class?

15. Why is the fertility of the defective classes often considered excessive? With what more general class are the defectives confused?

16. Why is it difficult to discover mental differences between the sexes or between different nativity groups?

17. What are the occupational possibilities for different grades of mentally deficient persons?

18. What physical diseases are highly associated with feeble-mindedness as it causes?

19. To what extent are medical and surgical therapies successful in the treatment of feeble-mindedness?

20. Outline different research problems that require more thorough investigation.

Chapter X

POPULATION: ITS BIO-SOCIAL PROBLEMS

NO FACT in the history of society is more apparent than the connection between human well-being and a balanced growth of population. For this reason, the population policies of different nations play an important part in both national and world affairs. This importance of numbers in a nation's economy not only indicates what its vital resources are, but in large measure defines the interests and values which are basic to an efficient culture.

From the earliest times, the obvious connection between growth of population and national prestige has been noted. In brief, the problems of population affect every phase of national expansion. They are related to the use of land, economic production, income, standards of living, national security, and international war or peace.

Historical attitudes and population growth. Most census figures of increasing population are therefore simply the contemporary evidences of a long-time interest. Almost universally in human experience, people have taken pride in the sheer ability to reproduce. Many examples of this interest and of efforts to control growth and composition can be found in the earliest primitive societies.[1] No organized social group has been willing to leave population to the risks of chance or individual choice.

In spite of this interest and the varieties of population programs to which it has led, no people or government has ever formulated a consistent population policy. Among primitives the elements of a population program and of a crude eugenic

[1] Carr-Saunders, A. M., *The Population Problem,* Clarendon Press, Oxford, 1922, pp. 139–161.

policy are to be found in rules concerning early marriage, women and child-bearing, infanticide, and the sexual taboos. The ancient Hebrews advocated the doctrine of fertility. The Greek city states endeavored to create a stable population. The Roman Empire, fearful as to the consequences of declining fertility among its prominent families, searched vainly for counteractive agencies. And, likewise, nearly every government of western civilization has idealized that part of a population program which is limited to ways and means of increasing numbers.

This one-sided conception of a society's need for numbers is the source of the most important problems in this field of biosocial relationships. Practically without exception all people have wanted an increasing birth rate and have introduced measures which they believed to be effective. Occasionally migration or colonization are encouraged, chiefly to bring about a more efficient distribution of population. With few exceptions in history, people are not concerned with death rates and their contribution to a pattern of population, or with differential birth rates, or with questions of population quality. In brief, no society has felt the need for a complete and consistent population policy, because growth is accepted at its face value as proof that no such policy is necessary.

As consequences of this historical point of view, there are two outstanding factors in a preliminary consideration of population: its growth and its mobility. Both are important, because of their bearing upon the balance between natural resources and numbers and upon overpopulation and the need for colonization. Equally significant are the revolutionary effects of the growth and mobility of a population upon its biological constitution and composition.

Growth and size of population are regularly conceded to be important factors in the organization of human societies. In addition to their intimate relationship with the biological capacity of individuals, they are connected as closely with the entire nature of group life and with the type of social activities

that are fostered thereby. Scattered and sparse populations present social situations (activities, relationships, and problems) which are quite distinct from those of densely populated areas. In any society when population is too abundant or too heterogeneous, problems of economic and social misery are apt to occur in rapid succession indicating precisely the type of life that corresponds with an inefficient or retrograde civilization.

Because of this close association between human population and culture, it is obvious that a well-balanced population and a sound population policy cannot be measured in terms of numbers alone. This conclusion is apparent in two basic laws of population, namely, (1) "Population varies directly with the means of life," and (2) "Population varies inversely with standard of living." [2] In order that both economic and other forms of culture should be reckoned with as well as numbers, recent emphasis is placed upon the qualitative aspects of population—upon the numbers of healthy, intelligent, economically useful, and socially adjusted people within given areas and cultures.

This shift in emphasis is the reason for the concepts of "standard population," "sub-standard population," and "optimum population" in the recent literature.

A standard population is viewed in the light of facts in biology, genetics, geography, engineering, public health, medicine, sanitation, occupation, and cultural organization. Attention to population from this composite point of view reveals the following items as necessary to a modern policy: (1) the reproductive capacity of a people, which includes both fecundity, or physiological capacity to reproduce, and fertility, which governs the birth rate; (2) natural resources, especially as measured by prevailing standards of living; (3) vitality and health; (4) distribution of population by age and sex groups; (5) the distribution of population by economic, occupational, or other measurable social-class divisions; (6) the entire complex of

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2 Reuter, E. B., "Population Problems," Lippincott, Philadelphia, 1937, p. 185.

cultural standards and values which may have some bearing upon reproduction, marriage, size of family, and associated factors.

A sub-standard population is described in negatives to indicate lower limits below which no healthy, self-maintaining group may fall. Broadly, and in the organization of minimum requirements of an optimum population, these limits are found in (1) the efficiency of economic productivity; (2) consumption and dietary habits; (3) housing; (4) family welfare; and (5) leisure time. Accordingly, an optimum population is a composite of growth or numerical changes and of social composition or quality.

This stress upon sound or unsound population programs and upon the desirability of determining an optimum population is reinforced in recent studies by two significant observations. One is to be found in the conclusion that population is no longer a matter that can be limited to one group of families, to social classes, or to one nation. Because of interracial and nativity competition and growing class rivalries, population has become an international problem. A second observation is derived from the intimate connection between most social problems and population. Just as nearly every social problem can be measured in terms of units of population or rates, it is likewise possible to show many important connections between the incidence of social problems and increasing or decreasing numbers. Similarly, it is accepted as axiomatic that an adequately planned population—both in numbers and in quality—would go far toward the reduction of most social problems which hitherto have vigorously resisted all known treatments.

Population and social problems. Even from a hasty survey of factors associated with population, it is apparent that growth of numbers is its most important historical problem. Generally, and throughout the major span of demographic history, emphasis is put upon its too slow growth. Occasionally in the past and most often in recent discussion, an assumed too rapid growth has been the principal subject of social study. As a

matter of fact, any aspect of population may be regarded as a social problem.

One reason for this attitude is the close connection between the single fact of population and general cultural development. From this standpoint population, in either its quantitative or its qualitative attributes, is associated with such important agencies in social problems as economic organization, political institutions, national rivalry in trade and politics, and geographical and social mobility. Each of these aspects of population may be examined wholly apart from their supposed desirable or unfortunate social effects. When, however, they are reviewed in these connections, they become major social problems because they arise from the comparison of important and contradictory group judgments.

The following are samples of those discordant values and bio-social problems in population:

1. The rapid expansion of population, particularly during the last 125 years.
2. The declining birth rate.
3. Urbanization.
4. Density of population and its relation to economic and other social standards.
5. Immigration and migration.
6. Relation of national competition in trade or war to national resources, especially to birth rates of an entire national population or to its differential (social-class) growth.
7. Exploitation of the simpler peoples through imperialistic policies.
8. Increase of substandard classes within a population.
9. Methods of stimulating or retarding the growth of certain social classes.
10. Methods of controlling the general rate of increase.
11. Methods of controlling numbers through voluntary means.

12. Quality of population.
13. Poverty.
14. The economic burden of children.
15. Illegitimacy, or other handicaps of childhood.
16. Racial prejudice and social-class conflicts.

Of these problems the four that have received the most attention during recent years are:

1. Growth of population:
   a. The balance of births and deaths.
   b. The small-family problem.
2. Movements and distribution of population.
3. Quality of population.
4. Control of population:
   a. The problem of the inferior.
   b. Control of reproduction.
   c. Control of socially caused inferiority.
   d. The problem of the superior.

When a people is endangered by a serious increase or decrease of population, *the* problem of population is one of social control. Most theories of population are based upon the assumption of a threatened overcrowded world or of unbalanced social classes and their inevitable drag upon biological and cultural standards. From this point of view, controls are devised to bring about lowered fertility rates. But underpopulation or a decreasing population is also attended by a long series of demoralizing effects. In the opinion of R. R. Kuczynski, the population of northwestern Europe and the United States is rapidly approaching the stage wherein it can no longer reproduce itself. Accordingly, a program in the social control of population which is based upon both quantitative and qualitative considerations isolates as its immediate problems: [3]

[3] Davis, K., "The World Demographic Transition," *Annals, Am. Acad. Pol. and Soc. Sci.*, Vol. 237 (1945): 1–11.

1. The control of mass-suicide.
2. The return to high birth rates prevailing during the last century or two.
3. The regulation of birth rates in harmony with economic and social resources.)

Population movements. At present, the total population of the world is estimated to be about 2 billion. This figure represents a three-fold increase during the last three centuries, as indicated in the table below. Half of this population is in Asia —for many centuries the plague spot of population pressure with its accompaniments of poverty, famine, epidemics, and political and social unrest. Equally unfavorable distributions can be found in most industrial nations, and the fact of this maldistribution is basic in many urban-rural disorders.

The two outstanding facts concerning the number of people are their rapid increase—an increase never before equalled in the history of the human race—and the diminishing rate of increase.

ESTIMATES OF WORLD POPULATION GROWTH

Years	*Population in millions*	*Annual Per Cent of Growth During Preceding Period*
1650	545	...
1750	728	0.29
1800	906	0.44
1850	1,171	0.51
1900	1,608	0.63
1944	2,171	0.75

Source: Carr-Saunders, A. M., *op. cit.*, pp. 30 and 42; League of Nations *Statistical Yearbook*, 1941–42.

The growth of population began about 1630 and increased slowly for about a century. Thereafter, an enormous increase occurred and continued until the beginning of the twentieth century, though at a diminishing rate of growth as indicated by the following for the United States:

RATE OF POPULATION GROWTH—UNITED STATES

Years	*Annual Per Cent of Growth*
1750–1800	3.01
1800–1850	2.99
1850–1900	2.4
1900–1930	1.6
1930–1940	0.7

Sources: Carr-Saunders, A. M., *op. cit.*, p. 26. The figure for the last decade is from the U. S. Census.

During this period of rapid growth, the European white population increased at nearly 1 per cent per year. Most students of world population believe that a balanced or stable population will be achieved within the next century much after the order of that noted above for the population of this country.

The principal features of this growth curve, namely, vastly increasing numbers and recently the diminishing rate of increase, are the joint grounds for (1) the fear of overpopulation and (2) the interest in population quality and the achievement of an optimum population.

The dread of overpopulation may be exaggerated and poorly substantiated from the point of view of either numbers or quality. Frequently this fear develops and reaches a high emotional pitch without reference to basic changes in the composition of a people. Particularly since World War I, many governments are prone to look upon a large population as the primary source of poverty, unemployment, and war. A few others, on the contrary, adopt the opposite point of view and earnestly try to cure the same problems by increasing population. Only preliminary steps have been taken to solve the problems of population, by examining the balance of births and deaths with reference to the composition of the population in which they occur, and with reference to the economic and social standards essential to effective population replacement. It is this problem of complex bio-social conditions which those who advocate a population optimum have set for themselves.

America's capacity to reproduce. During its comparatively brief span, the population cycle of the American people has moved in close accord with that of world population: There is the typical, initial stage of rapid expansion, a second period of increase at a decreasing rate, and finally a leveling in the rate of growth which is practically that of a stationary population. In spite of those radical changes in the nature of population growth, there has been no equivalent alteration in the American policy toward the quantity or composition of its biological stock.

In American tradition primary emphasis is placed upon unrestricted growth. This point of view was in complete harmony with expanding industrial and national interests of a pioneering people. It was also favored by the abundance of natural resources and economic opportunity. With few exceptions throughout the history of American population theory, and at least for the period up to the Civil War, the accepted attitude endorsed natural increase and encouraged a policy of unlimited immigration.

The principal contradiction in this attitude was gradually recognized during the closing of the frontier. As free land grew scarce in quantity and quality, basic problems of an overpopulated country became noticeable for the first time. The strictures upon freedom of movement and economic opportunity, accompanied by diminishing returns (in spite of advancements in technical and scientific efficiency) and a falling standard of living, produced and accentuated all the problems that are typical of densely populated areas. In fact, most of the current problems of population can be traced to conditions that have been developing for at least a century and to the traditional lack of a consistent population program.

The population of the United States is recruited from an early period of high birth rates, the various streams of immigration, and the recent decades of reduced birth rates. Prior to the discovery of America, there were about one million people in this country. Since Census records have been kept, the

population has increased from about 4 million in 1790 to 140 million in 1945.

After the first few decades of experimental colonization, population increased during the Colonial period about 30 per cent each decade. This rate of growth, which amounts to a doubling of the population each 25-year period, continued until the Civil War. That type of growth in American experience is an illustration of expansion when reproductive capacity reaches its highest rate—the only restriction being a high death rate.

The steady growth of the American population was interrupted during the decade 1860–1870. In the preceding ten-year period the rate of growth was 35.6 per cent. It decreased to 26.6 per cent for the decade ending in 1870, and has continued to decrease in each succeeding decade. In the last decade, ending in 1940, the percentage was 7.2, a result presumably not only of the decreasing trend but also of the depression.[4]

No single cause or set of causes is responsible for the retardation in population growth. Among the important immediate interferences are the slowing down of immigration, reduced marriage and birth rates, a high military death rate, and the spreading of disease, all of which were direct effects of the Civil War. In subsequent decades, most of those conditions continued and were aggravated by the rising cost of living, cycles of unemployment, a gradually changing attitude toward family size resulting in smaller families, the urbanization of population, various particular circumstances of city life that interfere with the maintenance of large families, and, finally, the spread of birth control.

When the American population is viewed solely from the standpoint of its capacity for growth, it is noteworthy that a trend toward actual decrease began in some regions as early as the first decade of the nineteenth century. However, the rate

[4] Reuter, E. B., *op. cit.*, pp. 51–55. Hauser, P., and Taeuber, C., "The Changing Population of the United States," *Annals, Am. Acad. Pol. and Soc. Sci.* Vol. 257 (1945): 12–14.

of increase did not show a decline until a half century later, during the Civil War. When natural increase is separated from the contributions of migrations, it is apparent that population began to decrease from that source as early as 1830 and has declined steadily since that time. The importance of this change in reproductive capacity is frequently discounted because of the vast numbers of migrants whose rates of fertility for at least a generation or two in this country remained at nearly the same level as those of their home countries. In 1935, according to statistics of the Metropolitan Life Insurance Company, the net reproductive rate of the American white population was 0.96 and the rate of natural increase was −1.4.[5]

As a result of the interplay between natural increase and immigration, the history of the American population is one of increasing immigration and decreasing natural rate, which are its principal characteristics during most of the time after the Colonial period. The American cycle is typical, consequently, of a rapidly increasing population at a steadily diminishing rate of increase. The precise combination of these agencies of natural increase and immigration is blurred and complicated by a high degree of internal mobility, and more recently by the advent of voluntary parenthood, or birth control.

The ability of America to reproduce itself can be estimated only after careful study of all the interacting forces. In this or any pattern of population, the most descriptive trends are those of birth rates, death rates, marriage rates, infant mortality, life expectancy rates, and other variables closely connected with them such as the age, sex, vital, and other biological or social factors in the composition of a people.

Capacity to produce population is an outcome of the combination, in a functional manner, of all the vital and bio-social determinants.

Precise factors in the complex pattern of population growth appear in the table below, which shows a uniform tendency for

[5] *Population Index*, Vol. 3 (No. 4), p. 214.

all vital rates to decrease. Since 1940, the birth rate has increased and has gained on the average 1.2 per cent per year from 1940 to 1944. This gain is a combined result of the upswing of the business cycle and the increase in marriage occasioned by war. Statisticians are not too certain as to what the eventual results of this reversal of trend will be, but they are in general agreement that the complete effects on long-time population changes cannot be known for five or six decades.

VITAL RATES OF POPULATION IN THE UNITED STATES

	1920–1924	*1925–1929*	*1930–1934*	*1935–1939*	*1942*
Births [a]	22.5	19.7	17.2	17.3 [c]	21.0 [c]
Deaths [a]	12.0	11.8	11.0	11.0	10.4
Infant mortality [b]	77.1	69.2	60.4	53.2	40.4
Maternal mortality [b]	6.9	6.7	6.3	5.0	2.6
Marriage [a]	10.6	9.9	8.2	10.3	12.9

[a] per 1,000 population
[b] per 1,000 live births
[c] When adjusted, these rates are increased to become 18.8 and 22.5

Sources: U. S. Bureau of the Census, *Vital Statistics Special Reports,* Vols. 19 and 20. *Annals, Am. Acad. Pol. and Social Science,* Vol. 237:115. *Statistical Abstract,* 1943, p. 92.

From the point of view of natural increase, the real situation becomes clearcut by contrasting the low birth rates of recent years with the rate of 35.0 per 1,000 population that prevailed during the first few decades of this country's existence as a nation. The death rate (general, maternal, and infant) is also decreasing. While this decrease accounts for an increasing population in spite of lower fertility rates, it is a source of much confusion concerning eventual trends in population. It is estimated, for example, that the death rate will finally be stabilized at about 15.4 per 1,000 population. The increase in deaths is based upon the aging of the population and the prospect that there will be no material reduction in the causes of death during middle life and old age.

Another accurate indication of population movements is the marriage rate. Even though marriage rates may vary as a result of depression or war, the fact of these temporary deviations from trend is less important than the general stability of family life as a whole and specific marriage rates of the different

social classes. As a matter of fact, a principal characteristic of American marital status is a gradual trend toward uniformity. Sex differences and urban-rural differences are diminishing. However, judged by rural standards, urbanization is still a significant obstruction to marriage, and this difference holds under urbanization for age, nativity, color, and sex differences in marriage rates.

When all the social factors are combined with the increasing expectation of life, the estimated future of the population in this country is an increase for about four decades and then a gradual decrease. According to estimates by Thompson and

EXPECTATION OF LIFE (IN YEARS) IN THE UNITED STATES

	White		*Negro*	
	1929–1931	*1940*	*1929–1931*	*1940*
Males	59.1	62.8	47.5	52.3
Females	62.7	67.3	49.5	55.6

Sources: Population Index, Vol. 3 (No. 4): 214. U. S. Bureau of the Census, *Statistical Abstract,* 1943, p. 83.

Whelpton, this increase will approach a total of 160 or more million by 1985. Thereafter the population (when adjusted for age) will be stationary or may even decline to about 159 million in 2000.[6]

The foregoing account gives abundant evidence of the need for a population program. Such evidence is available from the standpoint of either numbers or quality. Ellsworth Huntington is of the opinion that the American population would be more sound both biologically and socially if there had been no immigration after the Colonial period.[7] He believes that it would have achieved the same size through its own natural increase and that in addition it would have developed better economic conditions, higher standard of living, more home owners, less poverty and dependency, less crime, graft-

[6] Thompson, W. S., and Whelpton, P. K., *Estimates of the Future Population of the United States, 1940–2000,* National Resources Planning Board, Washington, D. C., 1943, p. 29.

[7] Huntington, E., and Ragsdale, M., *After Three Centuries,* Williams and Wilkins, Baltimore, 1935, p. 75.

ing, and political demagoguery, and more intellectually capable stock. In other words, he believes that America overlooked a great eugenic opportunity in becoming a melting pot. Without the constructive influence of a consistent population policy, it remains a land of demographic contradictions—of some groups enjoying the highest standards of living ever known and at the same time with "one third of the nation ill-housed, ill-clad, ill-nourished"; of overpopulated and underpopulated areas, of high birth rates from inferior stock and low birth rates or actual sterility in superior stock.

Composition of the population. All questions of population are in one way or another finally reducible to the two major problems of quantity and quality. While such movements as growth and migration are intimately connected with both composition and distribution, many other conditions in the make-up of a people are equally significant. Those conditions are apparent (1) in the life history of overpopulated and underpopulated regions or in degrees of density and sparsity of population, (2) in ethnic or racial composition, (3) in rural and urban groups, (4) in the interchange of blood-stocks due to rural migration to cities or in the reverse of this movement, and (5) in age and sex changes. Specific connections between population and social problems may be reviewed through an analysis of the composition of the population and especially in the most spectacular forms of composition in urbanization and depopulation.

If the man-land ratio, indicating density or scarcity of population, is considered an important factor in social stability, the maladjustments of a people that are revealed through this measurement become basic social problems. Similar diagnostic symptoms of combinations of social and population problems can be discovered in ethnic make-up and in sex and age distribution. All significant exceptional instances of mixed bloods and cultures or of unbalanced sex ratios become immediate areas of probable social maladjustments. They threaten social disorganization because no society has been able

to maintain such an elastic culture that its institutions and customs can accommodate the extreme variations arising from these sources.

A less spectacular change in population is that of aging. In the long run, however, it is as significant as rapid and exceptional change in the density or sexual composition of a people. Because of changes in birth and death rates, the age distribution of the American population is also undergoing constant change. In 110 years (from 1820 to 1930), the median age has increased from 16.7 years to 26.4 years. In 1940, median age had increased to 29.0 years.

General accompaniments of the factor of aging are the increasing number of married persons, the decrease in the proportion of single persons, an increase in the number of families, and a decrease in the average size of family. Specific conditions resulting from these changes, prophesying the development of new bio-social problems or at least the need for radically modified social institutions, are:

1. The decreasing number of children under age 5.
2. Decreasing proportion of children of school age.
3. The question of modifying economic structure because of (a) the decreasing number of consumers and (b) the increasing ratio of producing to consuming units.
4. The increasing number of elders and their difficulty in finding a place in either the economic or the social system.
5. Increasing unemployment and dependency of persons in the upper age groups.
6. Reorganization of educational programs for both children and adults.
7. A general revision of cultural resources to meet the needs and interests of an aging population.[8]

Dublin adds special emphasis to the critical importance of such problems in his estimate that by 1980 one third of the

[8] Thompson, W. S., and Whelpton, P. K., "The Population of the Nation," in *Recent Social Trends*, Chap. 1. McGraw-Hill, New York, 1933.

American people will be more than 50 years of age. By contrast, a century earlier, no more than one in ten persons was within that age group.

The most immediate effects of variations in distribution and composition are found in the urbanization of the population. From current estimates, the prospects are that the American people will be urbanized eventually to the extent of 70 to 75 per cent of its total numbers.

Under urbanization, the outstanding bio-social problems of population are:

1. Decreasing birth rates.
2. The small-family system.
3. Suspected dysgenic selection in the higher birth rates of the lower urban social classes.
4. Devitalizing effects of urban occupations.
5. Increasing occurrence of mental disease in urban environments.
6. Increasing number of broken homes and marital failures.
7. A number of pathological situations such as suicide, vice, illegitimacy, neglected children, irregular sex relations, and increasing emotional strain and tension.

In a pattern of sparse and decreasing population and of depopulation, there are problems of declining birth rates, disease, malnutrition, poverty, migration, family limitation, and a disproportionate frequency of physical, mental, and social dependents. Under these circumstances, the bio-social problems of population are:

1. The readjustment of social and economic organization to diminishing rates of growth.
2. The migration of the best social and biological classes to more favorable environments.
3. Progressive degeneration of biological stock.
4. Increasing infant mortality.

5. Increasing frequency of the degenerative diseases.[9]

Social and vital facts of recent population movements. Before a society can make readjustments in its institutional organization to recent movements in population, two types of information are needed. It is necessary not only to have an inventory of the component elements of population, but also to know certain basic bio-social facts and problems. Of the essential information which is preliminary to any complete knowledge of trends in population, the following have received most emphasis: (1) changing fertility rates, particularly as they affect the social-class composition and distribution of a society; (2) the groups who are incapable of self-maintenance; (3) the population situation in agricultural regions; and (4) health and vitality. A review of these topics will serve a double purpose. They are, in the first place, introductory to a consideration of major current problems. They also present basic data that are indispensable to a summary of an optimum population or of the detailed requirements of a population program.

Changing fertility rates. A difference in population growth that either did not occur prior to the nineteenth century or was unknown is the fact of high birth rates among the lower social classes and decreasing birth rates in each succeeding upper class. This inverse relationship seems to hold for all social classes of the white northern population in Europe and America. When that trend does not occur, as in China or on occasions within western civilization, even those exceptions do not furnish conclusive evidence that the modern population pattern is not invariably one of inverse social-class fertility. In this country, for example, an inverse trend occurs for the country as a whole, for different communities (different in economic and social background), and for different urban areas.

The accepted conclusion from every recent population study is that during the past century the lower classes have been out-

[9] Phelps, H. A., *Principles and Laws of Sociology*, John Wiley and Sons, New York, 1936, pp. 235–236, 274–276. Spengler, J. J., *France Faces Depopulation*, Duke Univ. Press, Durham, N. C., 1938.

breeding the middle and upper classes by a considerable margin. In fact, with the exception of the agricultural population, the unskilled labor group is the only class that has a sufficient birth rate to replace itself.

Summaries of the various studies mentioned above indicate that:

1. Birth rates are highest in rural areas and lowest in urban areas, decreasing in proportion to the intensity of urbanization.
2. Birth rates are highest in the lowest social classes in all regions.
3. The white-collar class is not reproducing itself.
4. Unskilled laborers have a birth rate that is 15 per cent more than necessary for replacement of numbers.
5. Professional classes, by contrast, have a deficiency in birth rate of 25 per cent less than the amount necessary for replacement.
6. Childless and sterile marriages occur more frequently among the professional and business classes than among unskilled and agricultural people.
7. The heavy rural migration to the city acts as a sterilizing agency among the rural groups which might produce healthy and intelligent children.
8. The urban population as a whole is failing by 13 per cent to reproduce itself.
9. Another important dysgenic consequence is obvious in the fact that those classes whose intelligence rating is on the average less than I. Q. 100 have an increasing birth rate while those classes over I. Q. 100 have a decreasing birth rate.
10. A compensating factor in this dysgenic trend is that infant mortality is higher in the lower classes but it is not sufficiently high to equalize the differential social-class fertility.

No adequate causal explanation for the declining fertility within the upper social classes can be given. It will be a temporary or permanent trend according to the nature of its causes. Among the causal factors usually enumerated are (1) competition for status in occupation and income; (2) education; (3)

religion; (4) age at marriage and proportion of marriageable women who marry; (5) birth control; and (6) employment of women. Birth control is generally conceded major importance, first, because it is the only control that is definitely known to reduce fertility, and second, because it is the only factor that has increased during the period of diminishing birth rates. It is also argued that if birth control were uniformly distributed, the differential social-class fertility rates would gradually disappear.[10]

Institutional populations. Another movement is the growing segment of population which is incapable of self-maintenance. It is true that in Colonial days there were dependents: the aged, orphans, the poor, and the physically and mentally incompetent. With the growth of population and especially with the rise of cities, those classes not only have multiplied but have also brought into being a highly specialized and costly system of institutional care.

It may be a debatable question whether the dependent population is larger proportionately today than in the Colonial period. But there is no controversy over the fact that new classes of dependents are constantly being recognized and that their numbers are excessively large. Here, in fact, is one of the most serious threats to the economic resources of government, not to mention the heavy burden of such costs to self-supporting people. Of the different types of persons requiring institutional care, the number of poor persons in almshouses and of dependent children under the care of public or private social agencies is probably decreasing. But the numbers of institutions for the aged, the sick (general hospitals), for specific illnesses (tuberculosis sanitariums), for the mentally ill, for

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10 Edin, K. A., and Hutchinson, E. P., *Studies of Differential Fertility*, King, London, 1935, p. 59. Notestein, F. W., "Class Differences in Fertility," *The Annals, Am. Acad. Pol. and Soc. Sci.*, Vol. 188: 26–36. The National Health Survey, made in 1935, reported that 90 per cent of all urban families with 7 to 9 children under 16 years of age were in the lowest income class (less than $1,000 per year) whereas by contrast 60 per cent of all urban families with 5 or 6 children and 40 per cent of all urban families with 1 or 2 children were in the same income class.

mental defectives and epileptics, and for prisoners have been increasing in recent years.[11]

The agricultural population. Conditions surrounding the life of rural peoples up to the last few decades have encouraged the traditional large-family pattern. As a result, the rural population has remained the most prolific group. The balance between increasing numbers and opportunity for employment has been maintained by migration to the city.

The population problem involved in the rural situation is typical of the circular character of many social problems. Be-

RURAL AND URBAN POPULATION—UNITED STATES

	Per Cent Distribution	
Year	*Rural*	*Urban*
1790	94.4	5.1
1850	84.7	15.3
1940	43.5	56.5

Source: United States Census, *Population—Number of Inhabitants,* 1940.

cause the rural population has maintained a high birthrate in spite of economic changes, thus making a surplus population,[12] and because the urban population has a declining birth rate, the consequences of rural-urban migration bring about on the one hand (1) immediate, intensified competition for urban employment, (2) lowered fertility rates of rural migrants to the city, and, on the other hand, (3) a trend toward declining national population. Hence, the complex of bio-social and economic factors in population sets into operation a secondary series of ill effects, such as a reduced demand for farm products, lowered standard of living, more migration to the city, increased competition for employment, and a repetition of the cycle.[13]

Health and vitality of the population. No policy in public health, social work, social reform, or public education, as well

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[11] Pollock, H. M., and Malzberg, B., "Institutional Population in the United States," *The Annals, Am. Acad. Pol. and Soc. Sci.,* Vol. 188: 144–158.

[12] Such changes as mechanization of agriculture, technological improvements, depletion of soil, and the price structure of farm products.

[13] Baker, O. E., "The Effect of Recent Public Policies on the Future Population Prospect," *Rural Sociology,* Vol. 2: 123–141.

as in population, can ignore the fact that major changes in the health and vitality of a people require compensatory adjustments in social life. That changes in health and vitality are often excluded from the provisions of public policy is usually due to the fact that they are not recognized or considered important. However, no one who is concerned with a population program can ignore the following demonstrated trends in American population:

1. The increasing expectation of life arising from the diminishing death rate of persons under middle age.
2. The unchanging character of the life span despite increasing life expectancy.
3. The likelihood that the general death rate has approached its lowest level and may increase because of the changing age distribution of the population and declining birth rates.
4. The recognition that environmental rather than genetic circumstances are the chief determinants of death rates.
5. The conservation of vitality rests upon the control of communicable diseases and the improvement of standards of living.
6. There is little or no hopeful prognosis in the task of reducing diseases among the upper age groups or in the nervous and mental diseases.
7. The high prevalence of illness is a constant drain upon personal and social efficiency.
8. Progress in the conservation of vitality is largely dependent upon the control of diseases among children and young adults.[14]

Major population problems. Current population problems are discernible in the changing attitudes of societies and governments toward its growth, movements, quality, and control. Those problems may be summarized under seven topics: (1) the

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[14] For an optimistic outlook: Dublin, L. I., and Lotka, A. J., "Trends in Longevity," *Annals, Am. Acad. Pol. and Soc. Sci.*, Vol. 237 (1945): 123–133.

small-family system, (2) the declining rate of increase, (3) the maldistribution of population, (4) unemployment, (5) education status and fertility, (6) quality of population, and (7) the reaction of population to war.

The problem of the small-family system arises when fertility rates are so low that a population cannot replace itself. This is a comparatively new problem. Although there is evidence of the small-family system among primitive peoples, under such conditions it is an entirely different institution. The primitive small family occurs because couples are obliged to limit their families to accord with the requirements of a harsh physical environment. The modern small-family system is essentially a social consequence of economic insecurity.

When the large family became an economic deficit, economic motives stimulating a reduced birth rate were accentuated by developments in other social institutions. Such supplementary agencies are changing moral ideas, decline in religious controls, the trend toward the social equality of sexes, and the voluntary control of births. The difference, therefore, between the primitive and the contemporary small-family systems is that the latter is chiefly a result of choice and planning.

Although the fall of the birth rate and the need for a program to recruit population can be traced almost exclusively to the small-family pattern, the system is by no means an ideal plan for the control of population. When parenthood is placed upon an intelligent basis, the so-called voluntary small-family system will become one of the most significant transitions in the history of the family. Up to the present, however, no adequate attention has been given to the basic problems of parenthood.

For this reason, primarily, the small family system is often regarded as mainly responsible for the various problems of differential class fertility rates, the maldistribution of population both in geographical regions and in age and social classes, and the implied threat of these consequences to population quality. As shown in the table on page 339, in contrast with 47 per cent

of the marriages with no children, 48 per cent of the children are found in 14 per cent of the nation's families.

DISTRIBUTION OF THE CHILD POPULATION IN FAMILIES

Number of Children Per Family	*Per Cent Distribution*	
	Families	*Children*
No child	47	0
One child	24	20
Two children	15	32
Three or more children	14	48

Source: Woofter, T. J., "Children and Family Income," *Social Security Bulletin*, Vol. 8 (1945) No. 1. Adapted from Table 1, p. 5.

Moreover, though population in its extreme forms of over- or underpopulation is associated with many other social problems, that association may not be directly causal. Chronic accompaniments of population problems, such as poverty, unemployment, business depressions, lowered standards of living, and the comparative sterility of the upper social classes are more generally traced to inefficient social institutions than they are to the bald fact of overcrowding and the competition of congested classes.

By contrast with the problems of population pressure, the question of population quality is associated with all of those problems and with many others. Briefly stated, the problems raised in connection with the desire to improve the hereditary and cultural stock of a people are (1) immigration, insofar as it may change racial type or physical and mental ability; (2) the distribution of qualitative individual differences; (3) the distribution of native ability between the social classes; (4) inherited and acquired physical and mental characteristics; (5) the nature of physical and mental defectiveness; (6) the frequency of those defects; (7) the distribution of intelligence; (8) educational status; and (9) the social and cultural characteristics of a population.[15]

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[15] Osborn, Frederick, "Measures of Quality in the Study of Population," *The Annals, Am. Acad. Pol. and Soc. Sci.*, Vol. 188: 194–204.

BIRTH RATES DURING WORLD WAR II

Year	United States	England and Wales	Germany	Italy
1939	17.3	14.9	20.4	23.5
1940	17.9	14.6	20.4	23.4
1941	18.9	14.2	18.8	20.8
1942	21.0	15.8	17.7	20.5
1943	21.9	16.8	...	...

Source: Thompson, W. S., *Plenty of People,* Cattell Press, Lancaster, Pa., 1944, p. 74.

Under the impact of war, nearly all the vital rates and other social conditions of a people undergo an immediate change. In the table above, some of these results are apparent. War tends to depress the population of most countries, but temporary reverses have been restored rapidly in postwar years. Only when the loss of men in the age-groups 20–40 has been severe, do the "hollow-classes" (meaning an unbalanced sex ratio) and other drastic consequences appear. Even then, it is nearly impossible to distinguish these consequences from the effects of war's accompaniments (famine, disease, mobility), or the continued effects of the small-family system.[16]

Summary. Each topic of interest and each problem within the field of population are suggestive of the fact that no society ever had the foresight to establish a plan or program to protect and control population. But the idea of a planned population is not new. Throughout most of the literature on population the majority of writers have been convinced of the importance of one major remedy and have rarely been concerned with a complete program. From Plato to Malthus, there are many one-sided explanations of what is now called an optimum population or a population policy. Many recent theories are similarly biased in favor of one exclusive system of control.

An optimum in population is a best population both in numbers and in quality. Wolfe's definition of an optimum

[16] Or from such variables as changes in diet, housing shortages, availability of medical services, inflation, increasing divorce, employment of mothers outside the home, and various technological changes.

population is that number of people who, with a known amount of natural resources and efficiency of the arts, would obtain the highest per capita return of consumers' goods or standards of living.[17] From this standpoint, the basic measure of an optimum population is economic efficiency, and population itself becomes a problem in economic engineering.

Even from this restricted point of view, population is not a result of economic conditions exclusively. Production, standards of living, the labor supply, markets, industrialization, and urbanization may be primarily economic criteria, but they are dependent upon, and are accompanied by, a wide variety of social circumstances.

The economic index is based upon a balance between numbers and the efficiency of a society's economic structure. Accordingly, it implies as important supplements to an economic measurement such factors as age and sex composition, housing standards, the distribution of wealth and income, efficiency of workers, amount and use of leisure, and the efficient operation of all social institutions. A population optimum is, therefore, both quantitative and qualitative as well as economic and social.

In national planning the merging of these different requirements is found most readily in suggested policies for the regulation of population.

The population policy of the United States is similar to that of most industrial countries, and for the most part has had but one objective: to increase numbers. It is possible to trace the growth of a more realistic policy in the gradual modification of this single aim. Such modifications are (1) the restrictive immigration policy growing out of efforts to prevent the immigration of criminals or persons with certain contagious diseases; (2) the Chinese exclusion act and the Alien Contract Labor law; (3) deportation and quota laws; and (4) the changing attitude toward birth control. Each step in the develop-

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[17] Wolfe, A. B., "On the Criterion of Optimum Population," *Am. Jour. Sociol.*, Vol. 39: 585–599.

ment of this policy is based upon a growing recognition of the need for qualitative regulations.

According to W. S. Thompson, there are three requirements of any population policy if it is to be an effective control over both quality and numbers: (1) a size of population that will permit a good standard of living, (2) a healthy population in which physical and mental deficiency is kept at a minimum, and (3) an efficient distribution of population in which a wholesome life is made possible to the full capacity of economic resources.[18]

Readjustments that are imperative for the realization of such objectives include:

1. Economic stability or the reduction of the various forms of social insecurity. A balanced national economy, viz., reorganization of rural life so that rural mobility may not be necessary on its present unselective scale.
2. Improvement of standards of living.
3. Improvement and extension of economic opportunity.
4. City planning in other spheres than physical equipment.
5. Eugenic education.
6. Encouragement of reproduction of desirable stock. Direct economic aid to families and children, such as medical care, adjustment of rent to size of families, food to meet nutritional needs, education as far as it can be undertaken up to and including a college education.
7. Insuring the economic welfare of young married people.
8. Contraception and sterilization.
9. Adjustment of women's occupational activities to child bearing.
10. Further restriction of immigration.

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[18] Thompson, W. S., "Factors Conditioning a Population Policy," *Pub. Am. Sociol. Society,* Vol. 29: 60.

11. Continuation of a eugenic inventory to determine individual or racial physical and mental differences, as a first step in an appreciation of social and personal differences.

12. Encouragement of attitudes favorable to the family and population replacement.[19]

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[19] Lorimer, F., and Osborn, F., *Dynamics of Population,* Macmillan, New York, 1934. Chap. 12.

Questions

1. What are the basic standards of a sound population?

2. Under what circumstances may a country have a surplus of births over deaths and yet not be maintaining or replacing its population?

3. In what social, economic, and nativity groups are rates of fertility more than sufficient to maintain the numbers of those classes?

4. Was the immigration restriction act of 1924 based upon a logical population policy?

5. Does migration to a country actually increase population in the receiving country? See Carr-Saunders, A. M., *World Population,* Chap. 15.

6. Under what conditions does population increase?

7. What conditions tend to prevent population from increasing?

8. Is it desirable for a country to attempt to establish a population that is homogeneous both culturally and biologically?

9. Of what importance to a population policy is the financial burden of rearing children?

10. Is it likely that age changes in a population may have serious social and economic effects?

11. Can you verify the following statement? "No population which has maintained a high standard of living and practiced voluntary control of reproduction has ever been able to carry on effective population replacement."

12. In what ways may a changing standard of living affect population?

13. Is there any evidence to support the proposed law that biologically and socially undesirable people tend to repress the reproduction of the biologically and socially desirable (i.e., a law in population resembling Gresham's law of debased money)? Consult, with caution, Carrel, A., *Man the Unknown,* p. 318. Harper and Brothers, New York, 1935.

14. Do our mores which advocate the preservation of the unfit actually operate to undermine our biological stock?

15. What are the principal determinants of birth rates?

16. What are the principal determinants of death rates?

17. Are dependent classes proportionately larger today than a century ago?

18. What social problems regularly occur in overpopulated areas? In underpopulated areas?

19. What are some measures (a) of optimum population? (b) of quality of population?

20. What immediate reforms may be introduced to achieve both these goals?

PART III

Specific Cultural Sources of Social Disorganization

INTRODUCTION

ANOTHER group of disordered social relationships may be observed in those problems wherein neither economic maladjustments nor bodily ailments are significant as causes or explanations. In general, this third class of problems may be identified by their specific cultural origins. They are so called because they may be located in that web of social relationships whose operations are dependent upon efficient economic culture but whose maladjustments arise most directly from other cultural activities.

Important cultural problems may be discovered by a number of non-economic standards. They include social problems arising from the two preceding sources, economic disorganization and ill health, when these problems are more distinctly related to the cultural environment in which they occur than they are to their economic or biological sources. They include social problems in the major institutions of the family, government, education, religion, morals, and social work. They include the typical social problems in a dynamic society of cultural comparisons and conflicts. They include problems of the primary group in proportion as its services are replaced by secondary group relations. In brief, this category illustrates the broad generalization that all social problems eventually become forms of disorganized group contacts.

It is, of course, true that the simple expedient of instituting a third classification of social problems does not answer the many questions of ultimate causation. To the convinced eco-

nomic determinist, the problems in this and the preceding section are simply by-products of economic status and organization. No one, however, denies the absolute necessity of a sound economic culture or the fact that important relationships of a non-economic character do occur in everyday living. Consequently, the assumption that human difficulties may emerge independently of their economic setting urges a search for causes and cures within a pattern of many socializing agencies rather than within any one set of these conditions, regardless of their spectacular or fundamental character.

The chapter introducing this section connects social disorders which may or may not be basically economic with questions of income and spending.

Chapter XI

STANDARDS OF LIVING

WHAT FAMILIES can and do live on is a topic of continuous interest to most people. The amount or distribution of a nation's income, however, has little or no meaning unless it is associated with its sources in different occupations and its adequacy in affording minimum standards of decency.

Costs of living have been a subject of general complaint for many generations. In his satire *Phormio,* Terence (190–159 B. C. ?) made one of his characters look enviously upon the good old days when prices were low and goods abundant. Ever since the wants of man have depended upon money and its purchasing power, there has been continuous dissatisfaction with the scarcity of comforts on most planes of living.

The problem of maintaining a satisfactory standard of living is practically universal. It is basically an economic problem. But equally basic is the non-economic culture of desires and satisfactions when incomes seem too small for comfortable living. In standards of living, there is a continuous interplay between economic and social culture, which cannot be neglected in the study of costs of living, planes of living, budgets, or standards. On the whole, it has been a problem of nearly every historical society and social class.

Often, however, standards of living are discussed as if they were wholly economic or social problems and not a combination of both. The economic approach is valuable and necessary. It fixes attention upon income, wealth, production, distribution, habits of consumption, and costs of living. Moreover these economic aspects of the problem are capable of objective study and measurement. Standards of living, on the contrary, are

apt to be viewed as entirely a matter of personal whim—a question of how to spend income for necessities, comforts, and luxuries. But they also can be studied objectively when they are examined within the limits of a given social and economic society or class and are regarded as a study in comparative human values.

In general, economic culture sets the limits and social culture determines variations in planes and standards of living. This point of view may be illustrated by the question: How adequate is an annual income of $1,800 or $2,000 for an average family? Young people sometimes raise this question in planning to marry. Parents are regularly engrossed with the question of income in maintaining their family on a reasonably efficient plane. Older people consider it in making provision for protection against retirement or old age.

The monetary basis of standards. When such inquiries and the search for replies are made with reference only to the question of total income, the issues which standards of living involve are always obscured. Although income is the most definite and probably the most important factor in the evaluation of standards, there are, in addition, two other major considerations. One of these is the real money value of income, as measured by its purchasing power or by costs of living. This is the second element—the economic—in the problem of standards. The other is the social aspect, namely, individual or group concepts of the necessities required for efficient and wholesome living. In planning either budgets or standards, the limits put upon income by different habits of consumption cannot be neglected. Social workers, for example, often report families who will expend a disproportionate amount of income for one item, such as household furnishings, including radio and victrola, or even insurance, to the utter neglect of routine necessities.

Poor Richard's solution of these problems proved satisfactory to another generation. He recognized the significance of income in the statement: "The Indies have not made Spain

rich, because her outgoes are greater than her incomes." He also allowed for choice or variations in necessities, but not enthusiastically:

> Silks and satins, scarlet and velvets put the kitchen fire out. These are not the necessaries of life; they can scarcely be called the conveniences: and yet only because they look pretty, how many want to have them! The artificial wants of mankind thus become more numerous than the natural. . . .

He says again, "What maintains one vice, would bring up two children." However, he omitted from his philosophy the rather important element of costs, stating, for example, "At the working man's house, Hunger looks in; but dares not enter." [1]

Poor Richard's philosophy, in other words, fails to recognize the relationship out of which the problems of standards of living arise—that between income, costs, and necessities. Obviously, no satisfactory or permanent settlement can be obtained by treating these as separate factors. Poor Richard, and some moderns, reach a compromise by cutting down on necessities; but this solution is also a failure because it reduces, rather than maintains, standards which are recognized as desirable.

One measure of social well-being assumes that certain minimum standards of economic and social welfare are indispensable. These standards are complementary, one depending upon the other. Consequently, it is useless to exaggerate the prior importance of either through an overemphasis upon economic factors, such as income and costs of living, or upon social aspects of needs or habits of consumption. The fact has already been noted that poverty or low income sets up insurmountable obstacles to the achievement of standards for a great majority of wage-earning families. Therefore, when a discussion of standards is begun by the inquiry—how adequate is an income of $1,800 a year for the average family?—the answer makes no contribution to our problems, because it involves a condition

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[1] Perry, Bliss (ed.), *Little Masterpieces*, pp. 138–143. Doubleday, Doran and Company, Inc., Garden City, N. Y., 1899. Quoted by permission.

contrary to fact. Relatively few families ever receive this amount with which to plan budgets and standards. This fact may be observed in the trends of real wages and weekly earnings during the last two decades of American economic experience. In the most prosperous year, the average industrial worker received less than $2,000, and even this amount assumes the impossibility of full employment throughout the year. For this reason, the problem of budgets and standards is at bottom a problem of eliminating poverty or of raising wages.

WEEKLY WAGES, ACTUAL AND ADJUSTED, AND COST OF LIVING

Years	*Actual Wages*	(a) *Index Number*	(b) *Cost of Living*	*Average Weekly Earnings Adjusted to Cost of Living*
1927	$27.53	103.5	124.7	89.4
1930	25.84	97.1	120.1	87.3
1935	22.23	83.5	98.7	89.3
1940	28.54	107.3	100.8	105.7
1942	40.03	150.4	117.2	135.8

(a) Index Number, 1923 = 100
(b) Base: 1935–1939 = 100

Source: Statistical Abstract, 1943, p. 148.

Viewed as a composite product of income, costs, and group needs, standards are both objective and measurable. They become highly subjective and immeasurable, however, when they are treated solely as variable needs and as open to choice. From this point of view, standards of living have been estimated without reference to available income and would require the redistribution of wealth, if this could be accomplished, in order to finance them. In the following summary, the economic and social aspects of standards will be combined and three topics considered: (1) the distribution of wealth and income (this will show the economic barriers to excessive variability in personal or group needs); (2) actual budgets indicating the spending habits of different income groups; and (3) illustrative planes and standards of living within those income groups.

Wealth and income. Standards of living are practically synonymous with economic and social status, both of which

are intimately connected with many social problems. The distribution of wealth and the distribution of income are consequently of significance, because they determine economic and social status to a large extent. Of these two economic factors, the distribution of income is the more discriminating index of social welfare. To know within limits how income is distributed is a necessary first step in the study of budgets and standards.

There is often confusion between wealth and income. Standards of living are considered low because they do not approximate the per capita amount of wealth indicated in statistical reports. It may be well to state that wealth in most of its forms is not distributable, at least in the same sense that income, its fluid product, is distributed. For this reason, standards are first compared with income, which is the individual's share in wealth and which is always much less than his hypothetical per capita ownership.

Both wealth and income, as economic concepts, are more easily described than defined. Most surveys or estimates of either make an introductory statement to the effect that one of the most troublesome problems is that of defining these commonly used terms. *Wealth* is recognized as an accumulation of goods or services and includes wealth possessed by individuals, by groups or the public, and social wealth, which is described as the total stock of material goods possessed by society at any one time.

Related to wealth, and at the same time distinct from it, is *income*. Wealth is the source of income. Income is a more restricted concept, limited to those goods or services which are measurable in terms of money. Thus, income is described as consisting of wages, salaries, pensions, rent, interest, dividends, and profits. Although large incomes usually signify great wealth, the two may occur independently. Some wealth may yield no income, and some income receivers may possess practically no wealth. Since one of the most obvious social facts is the division of population into economic classes, we

are interested more in the distribution of income than in the theoretical distinctions between wealth and income.[2]

It is desirable, nevertheless, to continue this distinction between theoretical per capita wealth and the actual distribution of income in a preliminary discussion of standards of living. When these amounts are compared over a period of years, they reveal most strikingly the financial basis of present-day economic class divisions. In the table below, the amount and per capita share of wealth and income are summarized from estimates and surveys which have been made since 1890. The most important contributions of this table are its indication of the ratio between wealth and income, and the trend of both. Throughout the period, income has remained constantly about 20 per cent of wealth, being slightly less than 20 per cent in 1890, rising to more than 23 per cent in 1929, and falling below 20 per cent in 1930.

WEALTH AND INCOME IN THE UNITED STATES

Year	Wealth		Income	
	Total (000 omitted)	*Per Capita*	*Total (000 omitted)*	*Per Capita*
1890	$ 65,037,091	$1,035	$ 12,082,000	$ 192
1900	88,517,307	1,164	17,965,000	236
1910	186,000,000	1,963	31,430,000	340
1920	353,035,862	3,255	73,999,000	695
1930	329,700,000	1,962	75,261,000	613
1935	.....	....	55,040,000	432
1940	.....	....	77,300,000	589
1945	353,035,862	2,676	176,000,000	1,257

Sources: The estimates for earlier years are from the works cited in the chapter bibliography by W. I. King, R. R. Doane, and John Slaughter; the estimate for 1945 is that of 1920 which is considered more accurate than the later figure of 1930.

The increases in wealth and income, indicated by the per capita amounts, are exaggerated by changes in the purchasing power of the dollar. According to estimates of the Federal Trade Commission, there has been a real increase in both income and wealth, but when allowance is made for variations

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[2] King, W. I., *Wealth and Income of the People of the United States*, Macmillan, New York. 1915, pp. 5–8.

in the value of money, this increase would not exceed 17 per cent during the last 20 years, which is slightly more than the increase in population during this period.[3]

Distribution of wealth. The actual amount of wealth in this country is of little significance, apart from its distribution between different income groups. But study of it may be useful in showing why there are extremes in the distribution of income, a topic which will be considered later. In order to continue comparisons over as long a period as possible, the distribution in 1890 will be quoted.

W. I. King's analysis of the distribution of wealth among 102,195 persons dying during the years 1912 and 1924 is cited as representative of the current distribution. Of this number, 57.4 per cent did not possess sufficient property to probate wills; the remaining 42.6 per cent represented persons with estates ranging from less than $500 to more than $1,000,000. And King wrote in summary: [4]

> The poorest half of the property owners apparently possessed only about 4 per cent of the wealth, though they received 19 per cent of the income. . . . Half of the wealth belonged to the richest tenth of the property owners.

A comparable summary is furnished by the Federal Trade Commission, showing the percentage distribution of wealth distributed among 43,512 estates. The distribution is given in Figure 8, and "shows that 1 per cent of the estimated number of decedents owned about 59 per cent of the estimated wealth, and that 90 per cent was owned by about 13 per cent of this number." [5] According to this estimate, 87 per cent of the people own 10 per cent of the wealth. This distribution cor-

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[3] Federal Trade Commission, *National Wealth and Income*, Senate Document No. 126 (1926), p. 51.

[4] King, W. I., "Wealth Distribution in the Continental United States at the Close of 1921," *Jour. Am. Statis. Assoc.*, Vol. 22: 151.

[5] Federal Trade Commission, *op. cit.*, p. 58. Also summarized in *Survey*, Vol. 41, pp. 120–124.

responds closely to Spahr's estimate made in 1890. At that time Spahr concluded that: [6]

Less than half the families in America are propertyless; nevertheless, seven eighths of the families hold but one eighth of the national wealth, while one per cent of the families hold more than the remaining ninety-nine.

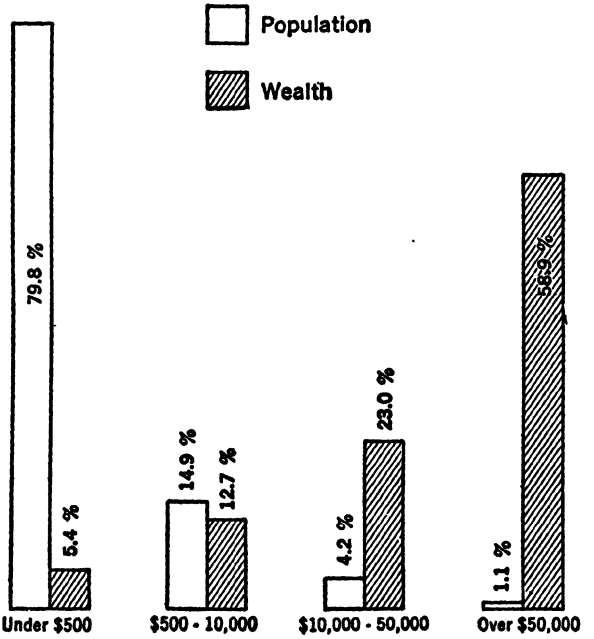


Figure 8. Distribution of Wealth in the United States as Shown by the Estates of 43,512 Decedents, 1912–1924. Source: Federal Trade Commission, *op. cit.*, p. 61.

A recent comparative distribution of wealth is given at the top of page 357. It supplements the foregoing studies by indicating the proportion of wealth possessed by different income groups. In commenting on this distribution, Doane stated that 83 per cent of the total liquid wealth in 1929 was controlled by individuals with incomes in excess of $5,000.

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[6] Spahr, C. B., *An Essay on the Present Distribution of Wealth in the United States,* Crowell, New York, 1896, p. 69.

DISTRIBUTION OF WEALTH AMONG INCOME CLASSES

Income Class	Per Cent Distribution 1921	1929
Under $1,000	4.14	3.76
1,000 to 5,000	42.69	39.49
5,000 to 25,000	27.84	27.65
25,000 to 1,000,000	24.06	26.86
1,000,000 and over	1.27	2.24
Total	100.00	100.00

Source: Doane, R. R., *The Measurement of American Wealth*, p. 33 (adapted). Harper and Brothers, New York, 1933.

Distribution of income. The unequal distribution of wealth is reflected in every analysis of income groups. Studies by Spahr and King in 1890 and 1910 may be used in comparison with more recent evidence. Both confirm the tendencies already noted—that a small number of families receive a large proportion of income, whereas a large majority have much

DISTRIBUTION OF INCOME IN 1890 AND 1910

Income Groups	Number of Families Spahr 1890	King 1910	Average Income Spahr 1890	King 1910
Under $1,200	11,000,000	22,830,000	$ 437	$ 732
1,200 to 5,000	1,300,000	4,830,000	2,223	1,803
5,000 and over	200,000	285,190	15,550	17,942
Total	12,500,000	27,945,190	.....	.....

Sources: Spahr, C. B., *op. cit.*, p. 128. King, W. I., *Wealth and Income of the People of the United States*, pp. 224-226.

smaller incomes than the per capita distribution of wealth or income (page 354) indicates. Similar results are shown in 1918, 1925, 1927, and 1933. A quotation from Spahr makes an effective analysis of his findings: [7]

More than five sixths of the income of the wealthiest class is received by the 125,000 wealthiest families, while less than one half of the income of the working classes is received by the poorest 6,500,000 families. In other words, one per cent of our families receive nearly one fourth of the national income, while fifty per cent receive barely one fifth.

[7] *Ibid.*, p. 128.

One of the most reliable sources of information on current income distribution is the national income tax returns.

INDIVIDUAL INCOME TAX RETURNS—1940

Income Classes	Individuals Reporting		Income Reported	
	Number	*Per Cent*	*Amount (000 Omitted)*	*Per Cent*
Under $1,000	1,941,122	13.2	$ 1,525,260	4.2
$1,000– 2,000	5,026,595	34.3	7,361,338	20.1
2,000– 3,000	5,264,991	35.9	12,583,632	34.4
3,000– 5,000	1,652,825	11.3	6,011,768	16.4
5,000– 25,000	728,450	4.9	6,390,074	17.4
25,000–1,000,000	51,427	0.4	2,617,911	7.2
1,000,000 and over	52	*	95,564	0.3
Total	14,665,462	100.0	$36,588,547	100.0

* Less than 0.01 per cent
Source: Statistical Abstract, 1943, p. 358.

The returns for 1940 correspond closely with those of previous years when allowance is made for variations in the value of money.[8]

Estimates of national income for 1943 and 1947 give the following distribution for its different sources. These estimates are based on an annual increase of 650,000 new workers, the withdrawal of about 5 millions (retirement, return to school, or the return of women to the home), and a total labor force of about 54 million workers.

NATIONAL INCOME IN BILLIONS OF DOLLARS

Sources	*1943*	*1947*
Wages, salaries, and labor credits	$105.2	$ 82.7
Earnings of self-employed farmers	12.3	9.8
Earnings of self-employed business and professional men	11.6	9.3
Interest	6.0	8.6
Rents, royalties, and dividends	7.8	7.8
Undistributed corporation profits	4.9	4.9
Total	$147.9	$123.1

Source: Mayer, J., *Postwar National Income*, The Brookings Institution, Washington, 1944, p. 11.

[8] For the better interpretation of income figures, the following statements are relevant. According to the Office of Price Administration, wholesale prices rose 39.6 per cent from the outbreak of World War II to 1945, and the cost of living rose 28.8 per cent during the same period. *Report to Congress*, 1945, pp. 4–5.

Wages. As far as the working population is concerned, wages are the best index to income. Before World War I, the wages of the industrial classes varied from $700 to $800 per year. These figures are estimates of family income, not of the wages of the chief income-receiver.

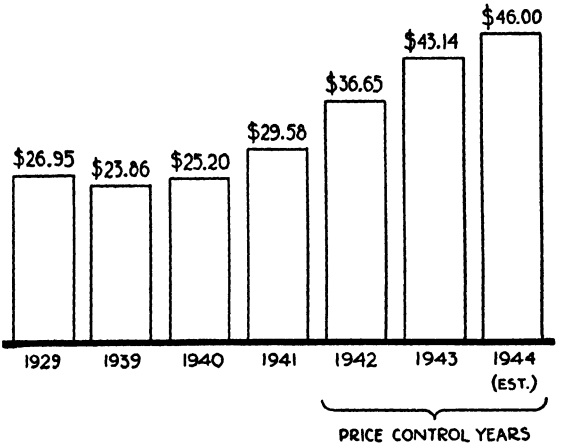


Figure 9. Earnings of Labor: Weekly Take-Home Pay of Factory Workers

Source: Office of Price Administration, Release March, 1945, p. 25.

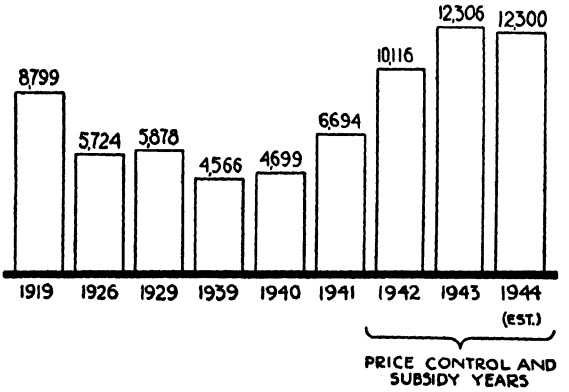


Figure 10. Farm Income: Net Income of Farm Operations (Before Income Taxes)

Source: Office of Price Administration, Release, March, 1945, p. 27.

In the distribution of wages to workers in manufacturing industries, the annual income of employed workers has varied from a low of $302 in 1869 to $2,390 in 1944.

Average weekly income for factory workers is shown in Figure 9, and in Figure 10 net farm income is given for the rural population.

A summary of general lifetime earnings supplies a good basis for the estimation of the monetary basis of most budgets or standards.[9]

AVERAGE EARNINGS IN SELECTED OCCUPATIONS

Base 1920–1936

Architecture	$3,820
Engineers	3,000–12,000
Accountants	4,000– 8,000
Physicians	3,000– 6,000
Lawyers	4,500– 5,500
Dentists	2,500– 5,000
College teaching	3,050
Journalism	2,120– 2,500
Library work	2,020
Ministry	1,980
Social work	1,650
Skilled trades	1,430
Public school teaching	1,350
Nursing	1,310
Unskilled labor	795
Farming	580
Farm labor	485

Weekly wage estimates are apt to be misleading when they are considered as total family income, because there may be other supplementary sources of income. Various studies have found, among lower income groups, other earnings, sometimes as high as 25 per cent of the father's wages. These include earnings of the mother, of older children, or contributions of boarders and lodgers. Notwithstanding variations in the amount of supplementary income, family income as a rule does not differ

[9] These averages are based on life-time earnings and are subject to corrections for unemployment, regularity of work, years of experience, duration of work life. Sources: Clark, H. F., *Life Earnings in Selected Occupations of the United States,* Harper and Brothers, New York, 1937; and additions from estimates by the National Bureau of Economic Research, Science Research Associates, and the U. S. Dept. of Commerce.

materially from the father's wages. This has been found to be the case practically without exception in families of four persons, while in larger families there is usually some supplementary income.

In assuming this distribution of income and wages to be representative of current economic status, it may be anticipated that standards or planes of living will vary considerably between different economic classes. Most families will possess budgets between $35 and $40 per week; while budgets above these amounts will be those of the middle and upper economic classes.

The distribution of wealth and income furnishes a realistic approach to studies of budgets and standards. Obviously, neither budgets nor standards can be estimated without constant reference to the actual distribution of money or to the distribution of income-producing wealth. Moreover, those basic financial facts supply two important guideposts: they may be used as indexes of social and economic well-being; and they may be considered as measurable criteria of the number of persons or families who live above, on, or below the poverty line. This review has also supplied another significant fact in summary: that during the last four decades there has been no radical change in the distribution of either wealth or income. Since wealth in most instances is not a fluid commodity, it is considerably less important than income. But when both are employed as criteria of economic class alignments, we have reliable evidence to conclude that the majority of American wage earners do not enjoy much economic security, and that a total family income of $35 to $40 per week is not a fictitious average upon which the budgets and standards of the industrial classes must be based.

Comparisons between contemporary and previous societies from this point of view are interesting but scarcely valid. Undoubtedly there has been some improvement in basic economic conditions, particularly in the elimination of the grosser forms of destitution. Economists are generally agreed that real wages

of the working classes have increased slightly in recent decades, although this increase has not been as great as exponents of our amazing prosperity would like to make out, nor as large among industrial employees and the rural population as other economic classes. At any rate, there is no evidence to justify the assertion that the rich are getting richer and the poor are becoming poorer.

A third supplementary conclusion is also worth mentioning. In reviewing family income and expenditures of the lower classes, standards of living are obviously less important considerations than sheer economic competence as revealed by expenditures. However, this conclusion does not lessen the importance of budgets or planned expenditures.

Economic basis of the social classes. In close accord with the foregoing divisions of the income classes are the distributions in the table below. For the years included in these comparisons, it shows the impact both of depression, war, and inflation upon the income-receiving classes. Even in the most prosperous years or during inflation, it does not conceal the narrow margin between the self-maintenance and the dependency of vast numbers of American families.

INCOME BASIS OF THE SOCIAL CLASSES

DISTRIBUTION OF FAMILIES WITHIN INCOME GROUPS

INCOME CLASSES	YEARS 1935	1939	1940	1942	1944
	Per Cent Distribution				
Under $1,500	59.3	75.5	50.6	35.2	19.0
$1,500–2,000	16.4	13.5	19.3	14.7	11.9
2,000–3,000	14.7	7.6	18.9	20.4	27.1
3,000–4,000	4.8	1.9	4.8	12.7	19.9
4,000–5,000	1.6	0.5	4.4	7.5	9.6
5,000 and over	3.2	1.0	2.0	9.5	12.5
Total	100.0	100.0	100.0	100.0	100.0

Sources: Estimates for 1935 are from the National Health Survey; the others are from U. S. Census reports.

In 1939, for example, the median income for urban families was $1,487. But half the families with children had incomes

less than $1,563, and half the families with three or more children had incomes less than $1,223.[10]

The financial security of rural families is even less favorable:

INCOME STATUS OF NON-RELIEF FARM FAMILIES—1935

Income Groups	Rural Families		All Families in the U. S.
	Non-Farm	Farm	
	Per Cent Distribution		
Less than $1,250	52.1	65.1	48.5
$1,250–$1,500	11.6	9.8	10.8
1,500– 2,000	15.6	11.8	16.4
2,000 and over	20.7	13.3	24.3
Total	100.0	100.0	100.0

Source: National Resources Committee, *Consumer Incomes in the United States*, Washington, 1938, p. 25.

With the gradual increase of wages during the War, one half of the urban families had net incomes of less than $2,700, compared with $1,900 in 1941. But, even under these apparently favorable circumstances, one fifth of the families had less than $1,500. The table on page 354, as well as the table on page 352, shows clearly the maldistribution of purchasing power in this country.

The study of family budgets. Prior to a determination of standards of living, two types of investigation have been employed in order to discover the facts underlying habits of consumption and spending: studies of family expenditures or budgets, and of retail prices or the costs of living. Both endeavor to supply the evidence which will measure the needs of families in different economic groups. Since the days of Engel and Le Play, these two approaches have been adopted in connection with wage investigations for the determination of minimum wages and the administration of poor-relief. They are also used as norms to measure living conditions, to improve living conditions, and to supply a factual basis for the scientific evaluation of standards of living.

The purpose of such budgetary studies is to show the limits

[10] Woofter, T. J., "Children and Family Income," *Social Security Bulletin*, Vol. 8 (1945) No. 1: 5.

placed upon theoretical standards by the distribution of income. Frequently, standards are set up without any reference to income. There is often a failure to observe that income, budgets, and consumption habits do not have wide variations within the different economic classes; instead, standards are treated as extremely variable and subjective. This point of view not only creates unnecessary confusion in an otherwise highly concrete subject, but circulates the notion that class standards or family budgets cannot be determined accurately because of the exceptional variation between families in their getting and spending.

One source of indefiniteness has been eliminated. In the distribution of income, a majority of families fall within limited margins; and when this group is subdivided, budgets or standards can be estimated with only slight deviations for the different items in expenditure. In the following section, these subclasses and their actual expenditures will be discussed. Moreover, from a study of budgets we can reach a conclusion similar to that in our examination of income: that expenditures or consumption habits vary within small and measurable class limits.

The budget is an inclusive term. It is a measure of economic well-being; it may represent a summary of actual expenditures, of costs of living, or of anticipated expenditures (standards). Because the budget may be either a scale or a plane of living as well as a standard, it is desirable to mention the chief differences in budgets. Actual expenditures constitute a plane of living, measured in terms of money or goods. Standards involve choice—anticipating what ought to be spent for different items in order to maintain a given level of comfort and efficiency. Most budgetary studies, as we shall see, are planes. A budget is a standard only when it makes adequate allowance for all expenditures and when those expenditures are selected and proportioned scientifically.[11]

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[11] Bernard, L. L., "Standards of Living and Planes of Living," *Social Forces*, Vol. 7: 190–202. Eliot, T. D., "Standards of Living, Planes of Living and Normality," *The Family*, Vol. 10: 87–93.

In order to make the budget of practical value in the estimation of standards, it is subdivided: (1) for different income groups, and (2) for the different items in expenditure. Income groups are not chosen arbitrarily, but cover families in the same occupational or economic class. Andrews, for example, mentions eight possible class divisions, which he calls "non-competing economic groups"; (1) substandard workers, (2) standard unskilled workers, (3) factory labor, (4) skilled trades, (5) clerical workers, (6) professional workers, (7) executives, and (8) the leisure class.[12] For our purposes, these classes can be reduced to four, since we are interested primarily in those wage-earning groups where, in the making of budgets, necessities figure more than choice. Of the different items, five occur in every budget: food, shelter, clothing, fuel and light, and a miscellaneous group. These items will be explained in the following sections, and others sometimes included will be mentioned in the analysis of upper income groups. Two tendencies are important in this examination: the ratio of income spent for those items by different economic groups; and the point at which the budget begins to equal a standard.

Types of budgets. The budgets named *supplemented* represent a plane of living in which income is temporarily or permanently inadequate for the simplest of physical needs, even with careful planning. They are called supplemented because families on this plane cannot exist without public or private charitable aid. When aid is not supplied, the family is exposed to the hazards of poverty, undernourishment, overcrowding, indebtedness, and illness. A supplemented budget is distinguished by the small expenditure for the miscellaneous item, which includes no surplus for recreation, education, or health services. Even the supplement by charitable societies covers only minimum physical requirements for health and efficiency. According to current prices, this plane represents a family income of $1,500 or less, varying with size of family and prices. In some investigations, a budget of this character is called the

[12] Andrews, B. R., *Economics of the Household*, New York, 1927, p. 85.

minimum of subsistence level, or the poverty standard. Both of these terms are inaccurate and misleading, because they represent neither a minimum level of subsistence nor a standard.

A *minimum normal budget,* often called the *minimum American budget,* is the scale of living ordinarily found among families of unskilled workers. It is the lowest plane consistent with the maintenance of physical health and efficiency. Although the miscellaneous item provides for a few cultural needs, there is no adequate margin for savings or insurance. That is the greatest deficiency of this budget. With no allowance for protection against emergencies, families in this class often sink below the poverty-line. In theory, this is the lowest scale on which families can be self-maintaining; no budget can go below the poverty-line without the sacrifice of some essential. For this reason, the line is used as the basis for grading standards in other groups. Incomes ranging from $1,500 to $2,000 ordinarily place families on this minimum normal budget level.

Minimum comfort budgets typify the standards of skilled workers—clerical and business employees with incomes between $2,500 and $3,500. Personal choice is permitted in the satisfaction of physical needs and in the expansion of social needs. The budget is adequate for savings and insurance, the high school education of the children, selection of clothing according to social standards, and possibly for home ownership. Expenditures for food do not differ greatly from those in the minimum standard budget, but there are increased proportions for housing, clothing, and miscellaneous items. Expenditures cover the needs of five persons, three children being required to perpetuate the race. Such a budget is a "minimum standard of wholesome living, not mere subsistence." Only a small percentage of skilled workers now enjoy this standard, which is advocated as the ideal for them.

The fourth plane of living, *comfort budgets,* approximates most nearly the theoretical standard of living. The comfort budget is the average standard of professional families, small proprietors, and minor salaried executives; incomes of this

class range to $5,000. Further attention to the expenditures of this group will be given in the discussion of higher-income classes.

This outline of four budgetary classes indicates the primary importance of incomes, costs, and choice or consumption habits in budgets or standards. Owing to variations in choice, no absolute rule can be made as to what families ought to spend, or where subsistence levels stop and standards begin. However, a review of actual expenditures does supply guides upon both of those subjects.

The following table, based upon dated budget studies, shows how income was apportioned in different groups and the leeway that prevailed in expenditure.

In the table, six budgets, representing the expenditures of different groups of families, are given. The first three were computed by wage commissions in Philadelphia, in Dallas, and by the U. S. Railroad Wage Commission, respectively. The fourth is a study by the U. S. Bureau of Labor Statistics, covering 12,096 families in 42 states; and the fifth and sixth are by

FAMILY BUDGETS

Time of Study	Average Income	Percentage Expenditures				
		Food	*Shelter*	*Clothing*	*Fuel and Light*	*Miscellaneous*
1916–1918*	$1,262.09	44.1	14.1	13.9	5.1	22.8
1917*	962.83	45.0	14.5	12.6	9.1	18.8
1917*	1,162.00	42.0	17.0	15.0	7.0	19.0
1918–1919*	1,513.29	38.2	13.4	16.6	5.3	26.4
1928**	2,433.91	31.8	19.6	11.7	5.3	31.6
1929†	1,720.00	32.3	22.6	12.2	6.0	26.9

* Natl. Indust. Conf. Board, *Family Budgets of American Wage Earners.* Report No. 41 (1921), pp. 4-32.
** Natl. Indust. Conf. Board, *Cost of Living in the United States, 1914–1929,* p. 163. New York, 1930.
† U. S. Bureau of Labor Statistics, "Standard of Living of Ford Employees," *Monthly Labor Review,* Vol. 30, p. 156.

the same Bureau, one covering 506 families of government employees and the other, employees of the Ford Motor Company. The table contributes two important facts to a discussion of budgets: (1) the proportion assigned to each of the five items—food, shelter, clothing, fuel and light, and miscellaneous;

and (2) the relative uniformity of these proportions despite differences in income, locality, and variations in the cost of living.[18]

Another point of interest in the formulation of standards is the variation in expenditures of families in the same economic group. Under normal conditions we anticipate and usually find considerable variation between different economic groups. If no variation occurs within any one income group or plane of living, even when a fairly wide income range is allowed in the economic definition of the group, there is material evidence of the restriction placed upon choice or group standards by the single factor of income. In the following summary, these ranges of expenditures—namely, the lowest and the highest percentage for each budgetary item—are given for two different income groups, with two illustrations of the ranges which occur in both groups. In the first group, the low income group, income varied from $600 to $1,900 and from $1,400 to $1,600 per year; in the median income groups, income varied from $1,200 to $2,500 and from less than $2,000 to over $10,000. The results in this table are similar to those of many other studies.

When the expenditures of different income classes are com-

VARIATION IN EXPENDITURES

Items	Range of Expenditures, Per Cents			
	Low Income Groups		*Median Income Groups*	
Food	39.0–49.8*	35.2–41.3**	27.2–40.2†	9.1–20.9††
Shelter	10.8–20.5	16.5–23.9	12.8–21.4	7.6–21.7
Clothing	9.3–16.4	11.6–14.0	10.1–14.1	4.6–12.0
Fuel and light	4.6– 7.2	3.7– 8.4	3.1–10.2	.....
Miscellaneous	14.3–30.1	19.2–24.3	17.8–36.0	36.4–57.1

Sources: * Beyer, Davis, Thwing, *Workingman's Standard of Living in Philadelphia.* New York, 1919.
** Natl. Indust. Conf. Board, *Wage Earner in New York and Other States,* p. 85. New York, 1930.
† U. S. Bureau of Labor Statistics, *Monthly Labor Review,* Vol. 30 (No. 2), p. 58.
†† Peixotto, J. B., *Getting and Spending at the Professional Standard of Living,* p. 133. New York, 1927.

[18] For a complete summary of these budgetary studies, consult Bossard, J. H. S., *Social Change and Social Problems,* New York, 1937. Chap. 10. Lough, W. H., *High Level Consumption.* McGraw-Hill Book Co., New York: 1935. Chart opposite p. 158.

pared, slight variations from the low and high proportions are found for the different items in the budget. This conclusion holds when the contrast is made between families in approximately the same income class, or when different income classes are compared. In other words, this summary indicates that families with fairly low and fairly high incomes are making standardized expenditures. If these expenditures are used as criteria of standards, we find that food costs are about 40 per cent of income, shelter 15 per cent, clothing 12 per cent, fuel and light 5 per cent, and the most variable item, the miscellaneous, 15 to 25 per cent. These proportions may also be used as measures of minimum expenditures, and upper-class standards may be defined in terms of qualitative and quantitative variations from these amounts.

For the minimum normal budget, each of the five items listed in the table is defined as follows: [14]

Food. The food provided must meet recognized dietetic standards in furnishing protein, fuel, mineral salts, and the accessory food substances in the quantities which researches in physiological chemistry indicate as necessary to maintain health.

Housing. Housing space must be above ground, dry, clean, and in good repair. Some estimates adopt the minimum requirement of one room per person.

Clothing. Clothing should be sufficient to protect the body and to provide for cleanliness and self-expression.

Fuel and light. A sufficient expenditure for cooking, light, and heating. The amounts allowed for this item vary considerably by localities and seasons.

Miscellaneous. Household supplies, sufficient for comfort, and a small allowance for transportation, recreation, health supplies, a newspaper, school supplies, and insurance.

From these definitions, the following facts are noted. Between different income groups, food is only slightly variable in

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[14] Adapted from Houghteling, Leila, *Income and Standard of Living of Unskilled Laborers in Chicago,*" Chicago, 1927. Chap. 6. Natl. Bureau of Economic Research, *Recent Economic Changes,* Vol. 1, pp. 24–76. New York, 1929.

quality, though highly variable in quantity and cost. Shelter and clothing are slightly variable in quantity, but highly variable according to social status. Fuel and light are slightly variable. Among miscellaneous items, expenditures for education, religion, and recreation are slightly variable, while expenditures for health, vacations, insurance, and savings are highly variable. The study of variation in budgets and income leads further to the conclusion that, when income and occupational or social status are given, standards of living can be determined with a small margin of error.

Ten other factors besides income are considered in budget making or in the evaluation of standards: [15]

1. Size of family.
2. Age and sex of children.
3. Occupation of the father.
4. Housekeeping skill of the mother.
5. Education of both parents and the standards of living in the homes from which they came.
6. Size of community, city, or town.
7. Marketing facilities and local costs of living.
8. Type of housing.
9. Social and religious customs affecting expenditures.
10. Personal choice.

These are the relatively intangible sources of variation in budget making. All are important, especially those which, like the size of family, have a direct bearing upon income, or those which can be measured quantitatively. When those ten factors are considered as a whole, it is surprising to note how most of the measurable items have been neglected in the studies of standards and how much overemphasis has been put upon the qualitative items of social customs and personal choice. It is probably correct to conclude that none of these items, singly or in combination, affects spending as directly as the one factor of income. Although this conclusion is partially demonstrated from trends shown on the next page no final conclu-

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[15] Andrews, B. R., *op. cit.*, p. 82. Elmer, M. C., *The Sociology of the Family*, Ginn and Co., Boston. 1945. Chap. 15.

sions as to the relative significance of these several determinants of standards can be decided until there are more studies which show the precise relationships between them and habits of consumption.

In the following table, the actual annual and percentage distribution of income is given for the sample of urban, industrial families, mentioned previously in the discussion of types of budgets.

AVERAGE MONEY EXPENDITURES OF FAMILIES AND SINGLE PERSONS IN CITIES, 1944

A. MONEY EXPENDED

INCOME GROUP	*Food*	(a) *Shelter*	*Clothing*	(b) *Household Operation*	(c) *Miscellaneous*
Under $1,000	$ 368	$231	$ 82	$ 74	$ 215
$1,000–1,500	506	285	157	97	324
1,500–2,000	646	328	231	124	443
2,000–2,500	747	379	268	141	503
2,500–3,000	908	424	353	193	633
3,000–4,000	1,034	484	456	232	737
4,000–5,000	1,147	546	621	297	1,028
5,000 and over	1,383	635	836	465	1,059

B. PER CENTS

Under $1,000	39.9	23.8	8.5	7.6	22.2
$1,000–1,500	36.9	20.8	11.5	7.1	23.7
1,500–2,000	36.5	18.5	13.0	7.0	25.0
2,000–2,500	36.7	18.6	13.2	6.9	24.6
2,500–3,000	36.2	16.8	14.1	7.7	25.2
3,000–4,000	35.1	16.4	15.5	8.0	25.0
4,000–5,000	31.5	15.0	17.1	8.2	28.2
5,000 and over	31.6	14.5	19.1	10.6	24.2

(a) includes fuel and light
(b) includes furnishings and equipment
(c) excludes taxes, war bonds, and insurance

Source: Monthly Labor Review, Vol. 62 (1946) No. 1, p. 2.

Over more widely distributed economic classes, similar trends are noticeable. In the following summary, the expenditures of families and unattached individuals (in billions of dollars) of the American population are distributed among the main items in the budget. This material indicates the uniformity in consumption habits of broad groups of families because of their limited economic capacity. It is also another evidence of

the uneven distribution of income from the standpoint of purchasing power.

From the spending habits of these families, one can deduce generalizations which correspond in part with those established by Engel in 1857. After an examination of budgets of Belgian and Saxon working-class families, Engel formulated the following four laws in the variation of expenditures between different income groups: [16]

1. The greater the income, the smaller the percentage outlay for food.
2. The percentage outlay for clothing is approximately the same, whatever the income.
3. The percentage for lodging or rent and for fuel and lighting is invariably the same, whatever the income.
4. As the income increases in amount, the percentage of outlay for sundries becomes greater.

In 1911, Streightoff suggested a reversal in two of these laws, noting from American conditions that expenditures for cloth-

CONSUMPTIVE EXPENDITURES OF FAMILIES AND UNATTACHED INDIVIDUALS BY BROAD ECONOMIC GROUPS (IN BILLIONS OF DOLLARS)

		Expenditures				
Group	Income	*Food*	*Home*	*Attire*	*Other Living*	*Total*
Wealthy	18.3	0.4	2.2	1.0	5.3	8.9
Well-to-do	8.7	0.7	1.8	0.8	2.3	5.6
Comfortable	12.9	1.9	3.3	1.5	3.4	10.1
Moderate circumstances	17.5	3.8	4.4	2.3	4.3	14.8
Minimum comfort	24.6	7.6	6.2	3.6	5.0	22.4
Subsistence and poverty	10.9	5.4	3.6	1.9	2.4	13.3
All groups	92.9	19.8	21.5	11.1	22.7	75.1

Source: Leven, Maurice, and others, *America's Capacity to Consume*, Washington, 1934, p. 88.

ing tend to increase with increasing income, while expenditures for housing and for fuel and light tend to decrease.[17] These revisions are confirmed by the data of the table on page 371.

[16] Streightoff, F. H., *The Standard of Living*, Houghton-Mifflin, Boston, 1911, pp. 12–13.

[17] *Ibid.*, p. 20. For supplementary laws, consult Lough, W. H., *op. cit.*, p. 101. Zimmerman, C. C., *Consumption and Standards of Living*, Van Nostrand, New York, 1936. Chaps. 5, 11, 15.

By a comparative analysis of incomes and budgets, several much debated problems in standards of living are clarified. Income data show that few families in wage-earning groups are at all concerned with standards, if standards imply some degree of choice in expenditures or in quality of articles consumed. Most wage earners fall below the minimum comfort budget, where standards first become apparent. They are chiefly concerned with budgets as planned expenditures.

Comparative budgets. Studies of income and budgets become most concrete when comparative examples are given of existing planes and standards. Either planes or standards represent a high or low scale of living when income (with due regard for the ten other factors to be considered) and expenditures are compared in the different economic classes. Relativity in economic adjustment is most apparent in substandard, median, and upper-class income groups.

Substandard or supplemented budgets. In general, the average family of five or more persons whose weekly income is less than $25 falls within the substandard class. Self-maintenance depends upon regular employment and the absence of emergencies. When income is less than $25 or is irregular, the family becomes dependent. The best example of the dependent family group is to be found among families aided by public relief agencies, and their plane of living is illustrated in the budgets prepared by such organizations.

A sample of the lowest estimated budget was prepared by Karl de Schweinitz from the records of 552 families who applied for aid to the Family Society of Philadelphia in 1925. These were families of unskilled and skilled workers, of whom 12 per cent regularly earned less than $20 per week and 14 per cent earned $40 or more. The weekly budget planned for this type of family (for father, mother, and three children), during their dependency, is given with a recent comparison: [18]

[18] De Schweinitz, K., "Are the Poor Really Poor?" *Survey*, Vol. 59: 518. For a comparable budget, see Kraus, A. L., "Budget Planning during an Emergency," *The Family*, Vol. 13: 56–59.

MARGINAL, SUPPLEMENTED BUDGETS—URBAN FAMILIES

	522 Families Philadelphia—1925 *Per Cent*	*130 Families U. S. A.—1944* *Per Cent*
Food	43.5	37.9
Shelter	34.4	23.8
Clothing	17.7	8.5
Household Incidentals	2.2	7.6
Miscellaneous	2.2	22.2
Total	100.0	100.0

During the same year (1925), the Bureau of Municipal Research of Philadelphia estimated that $38.15 per week, or $1,994.06 per year, was needed to maintain a minimum normal standard of living for this type of family. Of the 552 families that applied for aid, 88 per cent regularly earned less than this amount.

Likewise, for the group of urban families below the margin in 1944, the U. S. Department of Labor Statistics estimated that a minimum of $1,900 is required by the average family in addition to allowances for taxes and insurance.

Median budgets. Self-supporting families with incomes varying from $1,200 to $3,000 fall within the median range of budgets. In this group the difference between a plane and a standard of living is presented clearly.

In 1917 and 1918, a study of 260 self-supporting families of skilled and unskilled workers was made in order to determine their actual expenditures. The average income of this group was $1,262, the range being from $600 to $1,900; and the average number of persons per family was 5.6. This study is of material value in describing the monetary difference between the minimum normal and minimum comfort budgets. A standard, approximating the latter, was prepared as indicative of the needs of these families in terms of the price level.[19]

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[19] Beyer, W. C., and others, *Workingman's Standard of Living in Philadelphia*, Macmillan, New York, 1919.

A MINIMUM NORMAL BUDGET AND ESTIMATED COMFORT STANDARD

Items	Actual Expenditures		Estimated Standard	
	Amount	*Per Cent*	*Amount*	*Per Cent*
Food	$ 557.04	44.1	$ 660.09	40.3
Shelter	177.75	14.1	240.00	14.7
Clothing	175.64	13.9	299.43	18.3
Fuel and light	64.44	5.1	75.00	4.6
Miscellaneous	287.06	22.8	362.27	22.1
Total	$1,261.93	100.0	$1,636.79	100.0

This is one of the few comparative studies that give a precise measurement of standards in terms of income and costs of living. The gross differences between the actual and specified amounts may be considered an indication of the standards afforded by the minimum comfort budget.

An example of a high-type, median budget which could only be afforded by a few skilled workers is given by Miss Peixotto in her study of 82 families, the wage earners of which were members of the San Francisco Typographical Union. This is a study of expenditures during a period of one year, ending November 15, 1921. The average amount of income was $2,818.59, the range being $1,500 to nearly $4,000. The average family size, 3.4 persons, was much smaller than in the studies previously cited.[20]

A COMFORT STANDARD—82 FAMILIES OF TYPOGRAPHERS

Items	Expenditures	
	Amount	*Per Cent*
Food	$ 893.30	32.3
Shelter	426.92	15.5
Clothing	350.97	12.7
House operation	263.92	9.6
Miscellaneous	826.31	29.9
Total	$2,761.42	100.0

This budget represents a comfort level of living. The father's income was sufficient for family needs without assistance from the wife or children, although the wife did her own

[20] Peixotto, J. B., *Cost of Living Studies*, Univ. of California Press, Berkeley Calif., 1929. Publications in Economics, Vol. 5: 183–184.

housework. The families were well fed and well housed. However, there were few expenditures for luxuries or display. In the majority of cases there was a surplus for savings and insurance, in addition to an allowance for recreation and vacations. Children were able to remain in school through the high school course. Half of the families were contributors to the church. Judged by their expenditures, and especially the miscellaneous item, their standard approached that of the professional group.

A comparable budget, based on 1944 prices, presents a good comparison with the expenditures of this median budget. It was prepared for a family of four and is based on a weekly wage of $57. Its object was "to provide for the standard of health, decency, and moral well-being of a wage-earner's family."

BUDGET OF THE HELLER COMMITTEE

Items	Expenditures	
	Amount	*Per Cent*
Food	$ 920.97	31.1
Shelter	408.00	13.8
Clothing	279.73	9.1
House operation	117.54	4.0
Furnishings	15.80	0.5
Miscellaneous	681.81	23.2
Taxes	245.28	8.3
Gov't. bonds	295.13	10.0
Total	$2,964.13	100.0

Source: Labor Fact Book, No. 7, Labor Research Association, New York, 1945, p. 127.

Budgets of higher income groups. Until recently, studies of income and expenditure of higher income groups have been rare, because prohibited by the convention that good form requires a mystery in both. Lack of positive information has encouraged the tendency to exaggerate the factor of income and the potential range of consumption in these groups. Consequently, significant evidence of consumption habits in what is called the comfort standard has been concealed, as well as information concerning actual hardship which results from the endeavor to make relatively low incomes conform with social obligations. Budgets on this level are ordinarily planned for a man and wife with two dependent children, and are distin-

guished from foregoing budgets chiefly by the fact that they allow a wider range of choice.[21]

The study of 96 families of members of the faculty at the University of California, made in 1922, is illustrative of the middle-class, professional, or comfort standard. The total income of this group ranged from $1,800 to $16,000, although the majority had less than $5,000. Family size averaged 3.1 persons. Expenditures are given for this group in comparison with a similar study at Iowa State College: [22]

EXPENDITURES ON THE COMFORT LEVEL

Items	*University of California*	*Iowa State College*
Food	16.2%	14.1%
Shelter	15.8	15.7
Clothing	8.8	7.6
House operation	13.5	12.8
Miscellaneous	45.6	49.8
Total	100.0–	100.0

Even in families with these standards, choice did not play an important part in determining expenditures. According to the investigator, the chief determinants were age of the father, salary, income, and size of family. Only to a small degree did different theories of consumption have any apparent influence upon expenditures. A comparison of the different income groups in this class shows that expenditures followed Engel's laws fairly closely with respect to food, shelter, and clothing. The miscellaneous item, however, was an exception. As families approached the $4,000 level, this item decreased and the proportions for shelter and house operation increased.

The same conclusions were reached in the Yale faculty study.[23] It was found that professors were obliged to pay a

[21] Woodhouse, C. G., "How the Joneses Do It," *Survey*, Vol. 41: 146–150. "Standard of Living of a Professional Man's Family in 1816–1817 and 1926–1927," *Monthly Labor Review*, Vol. 29 (No. 6): 222–228.

[22] Peixotto, J. B., *Getting and Spending at the Professional Standard of Living*, Macmillan, New York, 1927, p. 123. Hoyt, E. E., and Meints, V. C., "Academic Incomes and Planes of Living," *Am. Econ. Rev.*, Vol. 22: 78–81.

[23] Henderson, Y., and Davie, M. R., *Income and Living Costs of a University Faculty*, Yale Univ. Press, New Haven, 1928.

disproportionately high percentage of income for housing. It was further shown that in these relatively opulent classes the plane of living required by professional standards did not leave sufficient surplus for domestic service or for the education of children, and that 45 per cent of the faculty had insufficient income for their standards.

The following summary of proportionate expenditures of comfort groups contrasts with the figures previously given for substandard and median groups; it presents the results of seven separate studies. The estimates in the table are for a family of four persons with an income of $4,800. It is to be noted that "house operation" is a more inclusive item than "fuel and light," which is used in previous statements, and that the chief identifying trait of a comfort standard is a high proportionate expenditure for house operation and miscellaneous items.

PROPORTIONATE EXPENDITURES ON THE COMFORT LEVEL—$4,800

Studies	*Food*	*Shelter*	*Clothing*	*House Operation*	*Miscellaneous*
Berkeley Faculty	17.3	17.2	9.4	13.1	43.0
Richard—1900	25.0	20.0	15.0	15.0	25.0
Metropolitan Life Insurance Company	22.0	23.0	15.0	14.0	26.0
Cleveland Society for Savings	21.3	25.0	15.0	13.7	25.0
People's Savings Bank, Pittsburgh	16.0	15.0	14.0	15.0	40.0
Bank of Italy, San Francisco	18.3	15.0	18.3	20.0	28.4
Pacific Oil Co.	25.0	18.3	11.7	13.3	31.7

Source: Peixotto, J. B., *loc. cit.*, p. 143.

Summary. A survey of economic competency through examination of prevailing income and standards of living leads to the conclusion that when both the latter are studied together, an accurate measurement of trends in social well-being may be computed. Standards lose their subjectivity, and variations in spending or in habits of consumption are found to be related to a series of known factors, of which the most important is family income.

The most serious objection to the foregoing material is that

studies are too scattered. Many more investigations are needed in the several major economic classes before generalizations can be reached as to the increasing pauperization or well-being of the masses. However, from the evidence already gathered there are fairly reliable measures of what proportions of income ought to be expended for respective items, at least within sufficiently narrow limits to be able to detect unusual cases of over- or underexpenditure, and of the proportions that indicate a standard, rather than a plane of living. Families within comparable income groups can use these proportions as guides to their own spending, because it is only in exceptional cases that gross variations could occur without the sacrifice of the "health and efficiency" requirements of a standard.

One of the surprising facts, which is shown prominently in the foregoing material, is the apathy of the public toward the many problems of standards. Few families are at all concerned with systematized spending habits, budgets, or with the common facts of consumption, although organizations of home makers and some commercial associations (for intelligent advertising) have recently given some attention to wastes in retail buying. Perhaps the chief reason underlying public indifference is the attitude already mentioned, which on the one hand tends to overemphasize income as the only important variable in planning budgets, or on the other tends to regard estimated standards as too subjective to be standards.

Scanty information concerning actual habits of consumption, and public indifference to the many problems involved in the making of standards, are paralleled by another equally serious deficiency: that no study of budgets, costs, or standards has ever represented more than a small sample of families and only a few income groups. This deficiency is typical of practically every social problem. Perhaps our educational system is partly responsible for our present attitude of secrecy toward earning and spending. The schools were reluctant to modify their curricula and hence to admit the educational significance of the practical arts. They are apparently going through a similar

educational lag in refusing to introduce the art of spending into the curriculum, which is surely as significant as the vocational training by which income is obtained.

Reforms connected with standards of living have been one-sided. They have stressed the hazards of low income but have avoided the tedious job of redirecting habits of consumption. They have been limited primarily to measures by which income might be increased or more equitably distributed. Among the most frequent of these proposals are consumers' coöperation, minimum wage legislation, "living wage" movements, stabilizing the dollar and purchasing power, organization of labor, and the "family wage," all of which are efforts to raise standards of living by increasing the purchasing power of the employee or his family.

In the future two additional movements may be anticipated. These will include efforts to educate the public concerning factors, other than income, which govern the organization of a budget or the raising of standards, and efforts to develop a more intelligent attitude toward habits of consumption.

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Questions

1. How does real income differ from money income?

2. How do index numbers make costs of living and wages more comparable?

3. What is the non-employed wife's contribution to household income? Is this included in estimates of national income?

4. What are recent estimates of national wealth and income in the United States? Compare them with estimates given for previous years.

5. Is there any connection between low income and public support of education, health, recreation, music?

6. What arguments for or against thrift can be derived from the distribution of income?

7. How much does it cost to maintain a child up to the productive age? Are there any non-economic factors which might explain the decreasing size of the average family? See Dublin and Lotka, *Money Value of a Man.* Ronald, New York, 1930.

8. Is there any connection between education and income? Between education and standards of living?

9. List various dispensable luxuries in the various income grades. Why do some students of family expenditures discourage the attempt to discover group standards by the average expenditures of different families? Is this a valid argument against the statistical use of averages? What is an average?

10. Is it reasonable to expect contributions to church and charity from low-income groups if they contribute to lodges or trade unions?

11. How necessary is insurance in all income groups?

12. What is the "family wage"? Why is it advocated? Consult Eliot, *American Standards and Planes of Living,* pp. 790–795.

13. Is it correct that standards are simply reflections of the *mores*?

14. What methods are proposed for the re-apportionment of income?

15. How would you proceed to estimate different items in the budget for a man and wife without children whose total weekly income is $25? For a man and wife with two children?

16. What are the current wage rates in the major industries of your community or state?

17. What are the average costs of living in your community? Consult recent numbers of the *Monthly Labor Review*.

18. What average standards of living are possible in your community according to your findings in questions 16 and 17?

19. Do you agree with the text that standards can be estimated objectively, if income and one or two other descriptive facts are given? What are those supplementary facts? Where in the budget does choice manifest itself most prominently?

20. Upon what items of a budget or standard would a complete social security program have the most influence?

Chapter XII

INSECURITIES OF THE AGED

LONGEVITY is often looked upon as a symbol of bodily vigor and social security. The number of people who survive beyond ages 65 or 70 is taken to be proof of a sound population. By itself, however, and especially in the experience of thousands of aged people, length of life cannot qualify as a test of successful living. Too frequently it is a liability, biologically, mentally, economically, and socially.

From the earliest historical records the aged have transgressed the Biblical limit of three-score years and ten. Similarly violated is the Psalmist's plea, "Cast me not off in the time of old age," or the proverbial statement credited to Erasmus, "Reverence is due things which are old." Few societies have ever recognized any corporate responsibility for the increasing numbers of the aged or for their protection. Or, if this responsibility has been recognized, societies have not been organized to provide that which the old need most: namely, social status—a feeling of being wanted, useful, or anything but burdensome. And modern society is no exception.

From the earliest historical societies to the present, old age has been feared. Even in philosophy there is little satisfaction to be found in the fact of being old. Contrary to the essay of Tacitus on old age, which praised it as a period of calm and leisure after the cares of middle life, Seneca called it a disease. And so it is. Old age has its own peculiar illnesses. It is distinguished by the gradual breakdown of physical vigor and the loss of resistance, endurance, and recuperative power which are essential to normal life.

Others have conceived of old age as a second childhood: "The old man is twice a child." It then becomes a mental problem. But throughout history the most serious problem of the aged

has been their economic dependency, and this may be interpreted as the result of their lack of social status. From this point of view, the most characteristic contemporary problem of the aged is almost wholly social.

Old age, consequently, is no certain sign of social progress. To achieve it is a dubious advantage for a majority of aged people, until society adopts complete measures for its care. As the proportion of old persons in the population increases, they may become an asset to the nation or a social menace, depending upon public policy and social plans.

Major problems of old age. As a physical, mental, economic, or social problem, old age has been the subject of many volumes, but there has never been one that could supply the basis of an adequate plan for its protection. Although the United States is called the richest country in the world, or the country of youth, it has an increasing number of aged persons who are totally dependent and for whom no remedy, economic or social, has been provided. In comparison with other industrial countries, the United States has been unusually backward in provisions for the financial security of its aged citizens—by poor-relief, pensions, or contributory social insurance.

Even with the Social Security program, only a few states have adequate laws or efficient administration for old-age assistance. As a result, the aged dependents have been cared for by the almshouse and by poor-relief, which are as modern as the Elizabethan Poor-Law. The triumph of civilization and science have yet to contribute to the organization of a complete social program for the aged. Both humanitarianism and medical practice have tended to increase their problems by interference with natural selection. Now they must devote some of their energies to an equal interference with the forces of social selection, in order to insure the economic security of the aged and the social security which is based largely upon economic independence.

Old age is a natural or normal condition. With one exception—the insecure cultural status of the aged—its pathologies

are the same as those which occur at any other age period, intensified by illness, family disorganization, unemployability, low income, and dependency. Under some forms of primitive social organization and in the Old World systems of patriarchal families, the aged had a definite and respectable cultural position. They were the elders, the carriers of folk-wisdom, the sages. This position was lost to the aged by the same physical and social processes which have multiplied their numbers. Accordingly, the chief social problem of modern society relative to the aged is to find some equivalent for that social position of usefulness. When physical impairments cause the retirement of the aged, these need by no means spell the end of their usefulness. Of this fact there are many illustrations.

Under any form of economic organization, only a proportion of the population is engaged in production. The power of consumption, however, is not so limited. We think of children and of old folks as consumers: the former as potential producers; the latter as having earned their keep by previous labor. Physically, mentally, and socially defective persons are consumers all the time and sometimes are never producers. But the care exercised for the latter is not at all comparable to society's responsibility for the young and the old. By contrast, one of the striking features of social welfare and reform is the relative neglect of the aged.

In a recent survey of the major problems of the aged, the following 4,007 conditions were found in a study of 1,935 aged persons:

PROBLEMS OF THE AGED

	Number	*Per Cent*
Inadequate homes	1,694	42.3
Physical illness	1,007	25.1
Economic need	623	15.5
Mental illness	352	8.8
Unsatisfactory family relations	260	6.5
Employment and other problems	71	1.8
Total	4,007	100.0

Source: Brunot, H. H., *Old Age in New York City*, Welfare Council, New York City, 1943. p. 41.

The social problems of this group are as varied as the several different classes of old people. And they are not problems which can be met by any one type of remedy. Economic competence, physical ability, mental capacity, and family adjustment must be taken into account. The economic is the major problem, because it is the most apparent. Moreover, prior to the factory system, economic superannuation or technological unemployment was practically unknown. But there are other equally important problems. Thus, no form of readjustment purely economic in character will solve all the problems of the aged. Physical and mental illness and lack of psychological adjustment and social adjustment present many serious difficulties. Compared with the latter, the solution of economic problems is simple. The others can be approached only through physiology, psychology, and sociology. But once economic security is gained, regardless of its costs, society will be well on the way to attack the problems of the aged from the other approaches.

The aged defined. A person is no longer as old as he feels. This has been apparent in recent years since so-called "industrial old age," which is not identical with chronological old age, has become an important problem. Originally, the chronological limit was placed at 70; at this age people experience a decline in their physical or mental abilities, though they are still capable of self-help within the limits of their declining capacities. Most systems of private pensions or endowments recognize a lower limit for retirement and make age 65 the dividing point. Sixty-five is chosen because vital statistics show that at this age there are marked increases in rates of sickness and death, and the average individual 65 years old has given 45 years of productive labor. Industrial old age is a more elastic concept, sometimes going as low as the late thirties, and it will be mentioned among the newer insecurities of the aged.

In the New York City Survey, referred to above, the youngest person of the 1,935 was 47, the eldest, 99.

Physiologically, aging is defined as interferences with normal

metabolic processes in individual cells, the results being reduced, slower, or impaired functions of the circulatory system, of the kidneys, and of mental responses. This definition is in agreement with the popular impression of old age, and, in statements of old people as to how they first noticed aging, they most often mention difficulty in working, nervous ailments, sense-organ impairments, greater need for sleep, fatigue, impaired memory, fears, and loss of confidence.

Old age or its symptoms have been defined in other ways. They deserve some notice because they refer to the important social problems which are lost sight of in economic considerations. Among the various theories of old age, none has attracted more attention than those that have attempted to determine the period when actual senility sets in, as judged by lack of achievement. Osler disturbed his generation and, later on, himself by his own judgment on this matter. Prior to his retirement from Johns Hopkins University to accept the Oxford professorship, Osler said: [1]

> I have two fixed ideas. The first is the comparative uselessness of men above forty years of age. . . . My second fixed idea is the uselessness of men above sixty years of age, and the incalculable benefit it would be in commercial, political, and in professional life if, as a matter of course, men stopped work at this age.

Both of these ideas were supplemented by the assertion that the bulk of human achievement in science, art, and literature has been the work of men under forty. Since this statement, many experts have explored history and *Who's Who* to refute it.

Whether or not there is a dangerous age when "life loses its zest," is perhaps too vague a question to merit consideration. Nevertheless, most biographies attempt an answer. Two quotations from Hall's *Senescence* are valuable because of the information they give concerning the special problems of the old. On the social status of the aged, Hall wrote: [2]

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[1] Quoted by Hall, G. Stanley, in *Senescence*, D. Appleton-Century, New York, 1922, pp. 3–4.

[2] *Ibid.*, pp. viii–ix

Resent, resist, or ignore it as we will, the fact is that when we are once thought of as old, whether because of mental or physical signs or by withdrawal from our wonted sphere of activities, we enter a class more or less apart and by ourselves. We can claim, if we will, certain exemptions, privileges, immunities, and even demand allowances; but, on the other hand, we are liable to feel set aside by, or to make room for, younger people and find that even the new or old services we have a new urge to render may be declined.

His self-survey of his own physiological status led him to the conclusion that: [3]

Physicians know very little of old age. Few have specialized in its distinctive needs, as they have in the diseases of women and children and the rest. Thus the older a man is, the more he must depend upon his own hygienic sagacity for health and long life. The lives of nearly all the centenarians I have been able to find show that they owe their longevity far more to their own insight than to medical care, and there seems to be a far greater individual difference of needs than medicine yet recognizes. Of the philosopher Kant, it was said that he spent more mentality in keeping his congenitally feeble body alive and in good trim to the age of eighty than he expended in all the fourteen closely printed volumes of his epoch-making *Works*.

In addition to these liabilities of old age, other characteristic traits are mentioned—the loss of initiative, deferred and unrealized hopes, waning enthusiasms, and unwillingness to sacrifice or to maintain high ideals. Paine's account of Mark Twain's opinion about old age is a good illustration of these characteristics: [4]

"Well, Rogers, I don't know what you think of it, but I think I have had about enough of this world, and I wish I were out of it."

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[3] *Ibid.*, pp. xiv–xv.

[4] Paine, A. B., *Mark Twain, a Biography*, Vol. 3, pp. 1137–1138. Harper and Brothers, New York, 1912. A further social characterization of old age, describing different periods and beginning with 65, is quoted by Frances Bardwell in *Social Service Review*, Vol. 4, p. 203:

"At that age we ceased to hurry; at seventy we discovered sunshine and lingered in it; at seventy-five we are fussy; at eighty, we demand; at eighty-five, we no longer demand, we have become a person who views the procession apart from it; at ninety, we wait apprehensively and expectantly; at one hundred we have a celebration and are congratulated; and from then on, the world seems to begrudge us our living."

Mr. Rogers replied, "I don't say much about it, but that expresses my view."

This from the foremost man of letters and one of the foremost financiers of the time was impressive. Each at the mountain-top of his career, they agreed that the journey was not worth while—that what the world had still to give was not attractive enough to tempt them—to prevent a desire to experiment with the next stage. One could remember a thousand poor and obscure men who were perfectly willing to go on struggling and starving, postponing the day of settlement so long as possible; but perhaps, when one has had all the world has to give, when there are no new worlds in sight to conquer, one has a different feeling.

Thus, old age involves more than social isolation, physical infirmity, or economic dependency. It is a period when the lack of a task, called by Emerson a life preserver, the inability to achieve recognition mentioned by Osler, or the utter futility of life referred to in Mark Twain's conversation appears in a perspective unrealized by youth or middle age. These are the essential problems of the aged, and in part they may be used as subjective definitions. From the objective point of view there are other facts mentioned in previous connections which perhaps confirm Osler's opinion that age 40 is dangerous and old. At this period unemployability, the third downward swing of the poverty cycle, inability to match standards and income, and the physical fact that the chronic, degenerative diseases begin to show themselves add to the problems of the aged.

How numerous are the aged? For an understanding of the numerical importance of the problem of the aged, three facts have to be considered. The first is that the aged constitute a relatively new problem. Only recently and in industrial countries have large numbers of the aged and dependent appeared. Their increase is traced to social and economic improvements and to medical advancement which, in combination, have brought about a remarkable decline in the mortality of younger age groups. In this country, the heavy immigration of adults during the last several decades has also been an important influence. The second fact has to do with the decreasing industrial opportunities of the aged, which make them

natural dependents, resembling children in this respect. From this fact, a third becomes obvious: the aged are not pauperized in the same sense as other dependents. This statement is supported by two items of vital statistics: the heavy concentration of the aged in certain age groups—over 70 per cent are within the age group 65–74; and their increasing mortality rate —there being practically no improvement in life expectancy in the upper age groups.

The aged are thus a new leisure class, not mentioned by Veblen, and the aged dependent are those who can ill afford this leisure. These facts serve as the bases for a minimum program of economic relief.

In this country, the number of aged persons is increasing both absolutely and relatively. The total proportion of the aged 65 years and over is now approximately 7 per cent of the population—nearly ten million people. The increase may be observed in a comparison of the per cents of previous decades. In 1920, the proportion was 4.7 per cent; in 1880, 3.5 per cent. Consequently, as a group, the aged are increasing faster than the general population.

NUMBER OF THE AGED—OVER 60 AND 65 YEARS
(Population figures in thousands)

Year	Total Population	Population 60 and Over		Population 65 and Over	
		Total Number	*Per Cent of Total Population*	*Total Number*	*Per Cent of Total Population*
1935	127,172	11,710	9.2	7,578	6.0
1940	131,954	13,878	10.5	9,119	6.9
1945	138,030	15,710	11.4	10,110	7.3
1955	146,030	20,380	14.0	13,400	9.2
1965	152,200	24,980	16.4	17,560	11.6

Source: Twentieth Century Fund, *More Security for Old Age*, p. 176. New York, 1937. Estimates are based on data of U. S. Census and the Scripps Foundation.

In the above table, the total number of the aged who were 60 years or more in 1940 was placed at 13,847,654, or 10.5 per cent of the total population. Those who were 65 and over numbered 9,119,314 or 6.9 per cent of the population. For

purposes of determining the increasing numbers of the aged and also the plans necessary for their aid, this table also gives estimates of the total number and per cents of the total population for both age groups during the next three decades.

Corresponding with this general increase, there has been a growth in the numbers of the dependent. For information on this incidence, we must rely upon scattered studies and estimates. The usual sources of data are the numbers of dependents in almshouses or studies made by old-age pension commissions of the degrees of dependency upon relatives or friends. J. Prentice Murphy estimated that in 1931 there were 1,600,000 aged dependents in the United States, about one fourth of all persons 65 years or over.[5]

This estimate of the total load of dependency among the aged agrees with the findings of several old-age pension commissions. The New York Commission on Old-Age Security estimated that in New York state one in every seven aged persons outside of institutions is dependent and that the children are unable to assume the burden of support. In 1925 the Massachusetts Commission on Pensions reported that 16 per cent of the population 65 years and over were receiving public assistance, a percentage which is practically identical with that found by an earlier canvass in 1915. Commissions in Ohio (1919) and in Pennsylvania (1923) came to similar conclusions.

Business depressions always make extraordinary increases in the number of the dependent aged. This subject will be discussed under *"The economic status of the aged,"* on page 396. Also, more specific information concerning the proportion of aged people in the states and territories of this country is given in the table on page 413. This material is presented in connection with the Social Security program.

Social hazards of old age. The foregoing account of the extent of dependency shows that the poverty of the aged is their chief insecurity. It is perpetuated by social standards

[5] "Dependency in Old Age," *Ann. Am. Acad.*, Vol. 154, p. 41.

which do not require adequate economic or social protection. Dependency of the parents is an impossible burden for the average family to assume, because it is complicated by physical and mental infirmities and by family friction due to economic pressure. In the old-fashioned family, particularly under an agricultural economy, the burden was distributed over a large family group. With the rise of cities and the small family system, the poverty of the aged is intensified. A substitute for this sharing of burdens over a wide group is probably the only method that will provide adequate economic security for the aged. It is too great a burden for private charity. Furthermore, it has been shown repeatedly that this is not a problem which can be met satisfactorily by individual families. Arguments that dependency in old age represents personal failure or imprudence during earlier years, however true, neither solve the problem nor conceal the fact that there are social and economic causes of dependency which the aged could not have foreseen or controlled. And these group factors in social unadjustment are not amenable to casual treatment.

A summary of the data already presented on income and costs of living gives adequate proof that the protection of the aged is not an individual problem. The first test of a family's economic stability is its average income compared with costs of living. For years, authorities have maintained after extensive investigations that the average family cannot maintain a reasonable standard of living with an income of less than $1,600 to $1,800 per year. We know that family income falls short of this standard, some industries paying considerably less than this minimum amount. The findings of the National Bureau of Economic Research that 98 per cent of the population receive annual incomes of less than $5,000 and that a majority of this number receives less than $2,000 fully substantiate this fact. If, then, adequate family support according to present standards and under full-time employment is doubtful, when the problem is complicated by unemployment, illness, and accident, the possibility of saving for old age is

remote. This situation lends weight to the argument that poverty in old age is a definite responsibility of the state.

With this conclusion in mind, Epstein summarizes the problems of the dependent and aged wage earner as two.[6] The first is that the dependent, aged wage earner is compelled to discontinue work at an early period in life, when he is not physically incapable of work, because he is unable to adapt himself to the speed of modern mass production. In the second place, for the reasons mentioned above, he is unable to provide for this extended period of idleness through individual savings. The minimum amount required for protection during old age is $8,000. which would furnish an annuity of about $800. The accumulation of this sum is an impossible task. These problems indicate three factors which are incidental to the poverty of the aged: (1) occupational displacement; (2) the economic status of the aged; and (3) their family status. Whether the ultimate responsibility for these problems is wholly individual or governmental can be decided in part by a survey of these topics.

Occupational displacement. For a variety of reasons, the trend of modern industry is toward the gradual displacement of the upper age groups. In agriculture, the professions, small business, and in public service there is no such tendency. Whereas farmers, lawyers justices, retail merchants, bankers, and manufacturers continue to work after the age of 65 in greater proportions than would normally be expected, scarcely one fourth to one fifth of industrial and mechanical workers are employed at this age.

The reasons are multiple. Standardized and mass production eliminate the need for experience and skill, which are the two primary assets of the older worker. Moreover, the speed maintained by automatic machinery is too great for the older men. Technical changes in industry and, consequently, technological unemployment have materially reduced the number of employees over 45 years of age. This maladjustment of the

[6] Epstein, A., *Facing Old Age*, New York, 1922, p 6.

older workers to new industrial processes has led many firms to adopt a hiring age limit, which is most disheartening to the worker because it makes chronological middle age the equivalent of industrial old age.

Another group of causes of occupational displacement is to be found in the several humanitarian projects introduced by industry precisely for the purpose of eliminating the hazards of old age. Five of the six following causes of the economic insecurity of the aging worker fall within this classification: (1) introduction of pension and group insurance plans; (2) cost of workmen's compensation insurance; (3) the increasing demands of industry for physical fitness and mental adaptability; (4) the lower wage cost of younger workers; (5) the policy of promotion within the company; (6) the displacing of men by machines.[7] Every one of these but the fourth represents an efficiency device adopted largely for the protection of the worker, but all of them in combination make the serious problem of occupational old age. Pension schemes, provided by industry for men 65 or over, qualify that the recipients of these pensions must have been employed by the concern for twenty to thirty years before retirement. In order to avoid responsibility for workers who could not fulfill this requirement, age limits are adopted which prevent the hiring of men who might become incapacitated prior to the time for retirement. Another factor, group insurance, which is being adopted by industry extensively, has a similar consequence—the lowering of age-limits—because of the higher insurance rates for older workers.

In a number of basic industries, definite age limits are observed in hiring. Usually the limit varies for degrees of skill, 50 being the upper age for skilled workers and 45 for unskilled. Although many industrial concerns deny the observance of any specific age limit, manufacturing and mechanical industries, transportation, and clerical employment show unusually small

[7] McAfee, J. E., "Middle-Aged White-Collar Workers on the Economic Rack," *Ann. Am. Acad.*, Vol. 154: 33. Epstein, A., "The Older Workers," *Ann. Am. Acad.*, Vol. 154: 28–31.

proportions of middle-aged or older workers because they hire primarily from the 25- to 44-year-old group. Evidence of the latter tendency has been found repeatedly by social agencies concerned with the problem of industrial old age. In a survey of the metal industries covering 15,453 men, the Massachusetts Department of Labor and Industries found extreme difficulty in placing applicants over 55 years of age, whereas the employment of men under 45 presented no serious problem.[8]

Economic status of the aged. One of the most elusive problems is to determine the economic status of the aged. The difficulty is caused by their distribution in several different public institutions, in private homes, or under the care of private relief systems or of relatives. Among the 16 per cent of aged dependents found by the Massachusetts Commission in 1925, the following sources of public support were recorded: military and civil pensions, private charities, and public institutions. However, over 65 per cent of those classified in the non-dependent group were being supported wholly or in part by others; and 17 per cent had no income. Children were mainly responsible for the support of this class.

The extremely precarious economic status of the aged is shown more fully by investigations of the income received by the non-dependent group. In 1926 and 1927, the industrial welfare department of the National Civic Federation made a

SOURCES OF SUPPORT OF THE AGED POOR IN MASSACHUSETTS—1925[9]

	Per Cent	
Non-dependent group		84.4
Dependent group		15.6
Military and civil pensions	8.0	
Public charity	3.5	
Private charity	2.8	
Public custodial institutions	1.3	
Total		100.0

[8] *Monthly Labor Review*, Vol. 30: 49; Vol. 26: 679–681. Mittleman, E. B., "The Displacement of Workers," *Am. Econ. Rev.*, Vol. 26: 81–83.

[9] Dublin, L. I., *Health and Wealth*, Harper and Brothers, New York, 1928, p. 163.

canvass of 13,785 persons, 65 years of age and over, residing in eleven cities of New York, New Jersey, Pennsylvania, and Connecticut. The survey was confined to those who are not ordinarily grouped among the dependent aged, since recipients of public pensions and inmates of public or private institutions for the aged were excluded. The findings of this canvass and those relative to the non-dependent group in Massachusetts are comparable. In both studies, 17 per cent of the aged had neither property nor income. Over 55 per cent held property valued at $5,000 or had annual incomes of $1,000. Since the Massachusetts survey covered both urban and rural communities, its findings were considered more representative of the probable number of non-dependent persons who would be eligible for state old-age pensions. But even among the total aged in the eleven cities, 32.8 per cent had less than $5,000 worth of property and an income of less than $300 per year. Complete reports were obtained on this group of 5,278 persons on the margin of poverty, and the distribution was as follows: [10]

650 were entirely self-supporting.
3,890 were supported entirely or in part by children.
738 were supported by relatives or friends other than their children.

Since almost all of the above group would eventually become eligible for a pension, a percentage ranging from 30 to 35 per cent may be assumed to be more accurate than the estimate of 25 per cent made by most old-age commissions. This would make a maximum of 1,618,096 eligible for pensions throughout the country. Few state laws now in operation remotely approach this figure. Another interesting side-light upon the economic status of the aged is indicated by the relatively small number (12 per cent) of persons who are entirely self-supporting by their own labor.

Other measures of economic insecurity among older workers are the extent of home ownership and the amount of wages. In

[10] Epstein, A., "Challenge of the Aged Poor," *Natl. Conf. Soc. Work*, 1925, p. 329.

the high-wage period of 1918, the Pennsylvania Commission found that 37 per cent of the aged earned nothing, while 43 per cent earned less than $20 per week. In spite of their low earning capacity, about a third of the aged own their own homes free from debt.[11]

Dependency of the aged. Old age becomes an increasingly significant factor when pauperism alone is considered. In Great Britain it is estimated that, out of every 1,000 men living at twenty, 500 will be living at age 65, and of this number two fifths will be paupers. It is further estimated that nearly half of all pauperism in England and Wales is caused by old age. The contribution of old age to poverty or lesser degrees of dependency is more difficult to estimate, because of the complication of other potential causes. In the records of social agencies, about 16 per cent of family dependency is traced to old age as the predominant factor.

In the United States, the extent of old-age dependency has been given the following amounts:

AGED PERSONS OF 65 YEARS AND OVER (millions)

		Dependents	
Year	*Total Number*	*Number*	*Per Cent*
1930	6.6	2.7	41.0
1935	7.5	3.5	46.6
1940	9.1	4.0	44.0

The Buffalo survey of unemployment stresses the significance of old age as a cause of dependency in its discovery that 31 per cent of the males between the ages 65 and 70 who were willing and able to work were unemployed. More extensive but similar in results are the reports of the Connecticut Commission, which showed the following, of all persons 65 years and over: [12]

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[11] "Extent, Distribution, and Causes of Old-Age Dependency," *Monthly Labor Review*, Vol. 50: 727.

[12] Epstein, A., *Insecurity: A Challenge to America*, Smith and Haas, New York, 1936. Chap. 26. New York State Dept. of Labor, *Unemployment in Buffalo*, Special Bulletin No. 172. Connecticut Commission to Investigate the Subject of Old Age Pensions, *Report on Old Age Relief, 1932*, Tables XXI, XXII.

34.8 per cent owned no property.
12.7 per cent owned property valued at less than $1,000.

47.5 per cent had property valued at less than $1,000.

33.6 per cent had no income.
15.7 per cent had some income, but less than $300 per year.

49.3 per cent had incomes less than $300 per year.

In the records of life insurance experience, it is reported that of 100 men who were examined at age 25 their status at age 65 was found to be:

1 rich
4 well-to-do
5 still employed
54 dependent
36 dead

Family status of the aged. Under current laws, children are obliged to contribute to the support of their parents except when it would cause them undue hardship. In the separation of the aged between the dependent and non-dependent (upon the public) groups, children represent the most important determining factor and the chief source of support. For this reason, childless couples are more often found among the inmates of almshouses. But one of the disadvantages of reliance upon family solidarity for the support of the aged is the fact that few children are able to assume the burden because they seldom rise above the economic status of their parents, who were unable to save for old age. Consequently, when a society is organized upon this basis, the children are prevented from accumulating the savings which are required for their own old age.

This fact was effectively demonstrated as a characteristic of the family status of the dependent aged in an analysis of 2,500 persons who applied for aid shortly after the Pennsylvania law was passed. The applicants, 90 per cent of whom were native born, had an average of nearly four children. The principal occupational classes of the children were as follows: [13]

[13] Epstein, A., "Family Status of Aged Dependents," *Am. Lab. Legis. Rev.*, Vol. 15: 30–31.

Occupation	*Per Cent*
Common labor	30.5
Miners, farmers, and farm labor	27.0
Skilled and semi-skilled	21.0
Housewives	9.0
Clerical, business, and professional	6.0
Disabled	3.0
Miscellaneous	3.5
Total	100.0

At the time of application, over 70 per cent of the applicants were dependent upon their children in these occupations; 25 per cent owned their own homes; and 18 per cent had an income from savings averaging $376.

Causes of old-age dependency. The plural causes of dependency of the aged range from gross environmental to specific individual factors. As in the case of general poverty, those factors overlap, and any division is useful simply as a means of showing relative frequency. (1) Among the individual causes are included the personal disabilities of old age, or old age itself, and the subjective characteristics of the person's early life—his thriftlessness, imprudence in expenditures, indolence, and intemperance. (2) Among the objective factors are the conditions mentioned in the foregoing chapters—the economic, physical, and mental hazards. In most emotional discussions, stress is placed upon the priority of one of these two groups as the major cause. But this is no longer a debatable issue. The conclusions reached by many investigations agree that while personal factors of inefficiency or depravity may result in dependency, most cases cannot be accounted for by personal differences. Old-age dependency as a whole is the consequence of social disorganization, and in many cases the subjective factors are effects rather than causes. The significant causes are low wages, unemployment, and industrial superannuation. For example, in explaining reduced age limits, manufacturers point out that the age limit is really not being lowered, but that a general reduction in the employment of workers by manufacturing industries is taking place and that this decline in employment has been going on for more than a decade.

Several studies show the relative significance of the individual and social factors. In Bardwell's summary of 1,129 cases of dependency, only 4 per cent could be accounted for by personal factors such as inefficiency or thriftlessness, and 14 per cent by intemperance. On the other hand, 68 per cent were

CAUSES OF DEPENDENCY IN OLD AGE—1,129 CASES [14]

Primary Cause	*Per Cent*
Physical defect	24
Mental defect	20
Old Age	18
Intemperance	14

explained by the characteristic disabilities of old age. All other cases were primarily the results of physical or mental defect. Similar conclusions were reached by the Pennsylvania Commission, which found nearly one half of its applicants handicapped by physical ill health or disability. The table below shows the results of two studies of the incidence of these impairments among persons 65 years of age or over. In his book *Poverty*, Kelso uses the term "old age" as the equivalent of poverty. With the table before us, we would be equally justified in making old age synonymous with ill health and physical defect. Moreover, old age itself contributes one fourth to one third of this dependency. It is conceivable that in-

CAUSES OF IMPAIRMENT OF THE AGED

Causes	Per Cent Distribution of Cases	
	2,195 Males, Massachusetts	*2,418 Males, Eleven Industrial Cities*
Old age	26.5	28.1
Chronic illness	13.7	18.2
Rheumatism	10.7	12.0
Diseases of the nervous system	8.6	7.7
Accident	8.4	5.5
Blindness	4.6	5.3
Deafness	1.3	1.9
Sickness, unspecified	21.5	4.6

Source: Monthly Labor Review, Vol. 30: 729.

[14] Bardwell, F., *The Adventure of Old Age*, Houghton, Mifflin, Boston, 1926 pp. 23–30.

creased emphasis upon public health may be instrumental in reducing a large proportion of the hazards. If this is so, it will be an important function of old-age pension boards to specialize in the health problems of the older groups.

Old age and illness. The incidence of illness is so great among the aged that it is really a major problem entirely apart from the dependency which is associated with it. Homes for the aged are actually shelters for the chronically ill. In sixty homes surveyed by the New York Welfare Council, more than half of the residents were chronically ill, one tenth to the extent of being bedridden. For all ages there is a constant sickness rate of about 2 per cent,[15] but for persons 65 and over the percentage is nearer 10. This extreme incidence causes increased loss of time and disability and tends to grow with age. Furthermore, the diseases of old age are the most serious, and the body is less able to cope with them. For these reasons it is probably true that the aged require more regular and more specialized medical care than is available in homes which attempt to serve all classes of the aged. This situation suggests the possibility that in the future homes for the aged will be divided, one half to serve those who are ill, and the others to provide for the social needs of the able-bodied.

THE SIX LEADING CAUSES OF DEATH IN OLD AGE

	Per Cent of Deaths
Organic diseases of the heart	24.1
Cerebral hemorrhage	13.6
Bright's disease	12.8
Cancer	10.2
Pneumonia	6.1
Diseases of the arteries	4.7

Source: Dublin, L. I., *op. cit.*, p. 158.

Types of aged people. The various personal and objective circumstances in the lives of old people furnish the basis for

[15] Dublin, L. I., *op. cit.*, p. 154. See also "Who are the Aged Poor?" *Survey*, Vol. 54: 342-343. (This article emphasizes the factors of improvidence and shiftlessness.)

the classification of their main types. No single class can be identified by the personal factors of stupidity, ignorance, or folly. Rather, a chain of circumstances, in addition to incompetency and failure, is responsible for the final issue—chronic economic insufficiency, forced changes in occupations, the disappearance of trades, improvident helpmates, sudden illness or death of the wage earner, abnormal burden of dependents, industrial accidents, foolish investments, and character defects. It would be difficult, for example, to classify the numerous cases of dependent women who have spent their lives caring for parents or relatives. It would also be difficult to classify the case of a woman who invested all her money in the musical education of her daughter, because she felt that her own musical talents had been neglected, only to discover that the girl could never establish herself as a musician.[16] Ordinarily, factors such as these are considered as a basis of sub-classification in connection with the sources of support available to the aged.

Such a classification is suggested by Epstein, who recognizes three major types: (1) the wealthy, whose only problem is social adjustment; (2) the great mass of the aged, who are theoretically independent because they do not seek aid but who are either near or below the poverty line (for this group economic as well as social protection is required); (3) the institutional and pauper classes, recipients of public or private custodial or outdoor relief. Rubinow has made a more extensive subdivision, indicating by the groups which are excluded the modern problem of old-age protection. His five classes are:

1. Those whose earning capacity remains unimpaired. Although this occurs exceptionally, it avoids the problem of dependency.
2. Retired persons who have sufficient savings. Rubinow states that this group is more common in this country than in any other, but less common than is usually assumed.
3. Those who are supported by their children, requiring a group solidarity which is apparently breaking down.

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[16] "The Dependent Aged in San Francisco," *Univ. of California Pub. in Economics*, Vol. 5, No. 1, 1928, Chap. 4.

4. Those depending upon public or private relief agencies.
5. Those depending upon superannuation schemes, industrial, civil, or military pensions.

Those who are not classifiable under any of these five classes represent the group that is dependent upon some other system for their relief. This group corresponds with Epstein's second class.[17]

Personal characteristics of the aged. When elders are so classified by type, serious social disorders can be discovered among the economically independent as well as among the impoverished. In addition to being financially secure, a few in this group may be healthy, enjoy a favorable social environment, and hold an honored position in the community. Others upon retirement may develop demoralizing traits of frustration and become seclusive because they have nothing to do. Or they may be overprotected which can be as damaging in some instances as loneliness. Or they may become the victims of anxiety states and other mental instabilities.

Notwithstanding the difficulty of meeting such needs, considerable headway toward the solution of these problems would be realized if it were possible to distinguish adequately the class of the economically dependent from those primarily in need of other social services. Then a thorough plan of treatment could be provided.

This plan, however, depends upon a knowledge of the conditions which identify the aged dependent. Such identifying characteristics might be used remedially to insure the economic and social adjustment of the individual; or preventively, perhaps in a system of adult education, to forestall preventable disabilities. Certainly, within such factors as age, sex, nativity, illiteracy (education), citizenship, mobility (or residence), occupation, marital status, and size of family, we should discover some combination of traits which would be more illuminating

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[17] Epstein, A., *Facing Old Age*, p. 22. Rubinow, I. M., "The Modern Problem of the Care of the Aged," *Social Service Review*, Vol. 4: 169–182.

than a statistical distribution of causes or a subdivision of types.[18]

In a study of 2,156 old people who were supported wholly or in part by relief agencies in San Francisco during the year 1925, we have such a picture of the aged, in this instance defined as those who are 60 years of age or over.

Age. Most of the 2,156 individuals became dependent between the ages of 60 and 75, dependency occurring, in the majority of cases, during the early portion of this period. More than one third were dependent at 60; 13 per cent before 60; and 8 per cent remained independent until after 80 years of age.

PER CENT OF TOTAL POPULATION REQUIRING AID

Ages	*Per Cent*
60 – 65	1.7
Over 70	11.5
Over 80	20.6
95 – 99	58.3

Sex. There was no outstanding sex difference, except in the care given by the community, men being cared for by public almshouses, women by private agencies.

Nativity. Two thirds of these dependents were foreign born, of the "old immigration." This ratio corresponds with the incidence of foreign born in the general population, and nativity is eliminated as a causative factor.

Illiteracy. Neither illiteracy nor language barriers occurred often enough to be regarded as of any causal significance. Education and training might also be classified as negative factors.

Residence. These individuals were neither non-residents nor floaters. Most of them came to this country in early life (the average age at immigration was 26 years), and spent their years of economic usefulness in this country. Moreover, only 14 per cent became dependent prior to the expiration of the period of 20 years necessary to qualify for residence in the community (5 years for naturalization and 15 years to establish residence).

Occupations. By far the greater part were common laborers,

[18] A summary of "The Dependent Aged in San Francisco," *loc. cit.*, Chap. 3.

with a liberal distribution of skilled workers. There were comparatively few from the professional, business, or clerical classes, and farmers were most successful in escaping dependency. Most of the dependent women were classed as housewives, representing the problem of widowhood; and among the unmarried the most frequent occupation was domestic service.

Marital status. Lack of family ties is one of the greatest sources of insecurity in old age. As shown in the table below, the proportion of the unmarried and of homes broken by death or by divorce is large by contrast with similar age groups in the general population:

Marital Status	Males		Females	
	Dependent Aged	*Total Population 65 Years and Over*	*Dependent Aged*	*Total Population 65 Years and Over*
Single	50.0	21.2	24.6	6.8
Married	11.9	49.2	7.2	21.9
Widowed	32.9	27.6	65.4	70.2
Divorced or separated	5.2	1.6	2.8	.8
Total	100.0	100.0–	100.0	100.0–

Size of family. Nearly 80 per cent of the group were childless, a descriptive characteristic which is found to be typical of the dependent, whereas, by contrast, the independent aged are infrequently without children. Among institutional inmates in Massachusetts there is three times the amount of childlessness that is found among the independent aged.

Summary. When a summary is made of the personal traits of the dependent aged, as distinguished from those of the independent, no characteristic appears as a positive factor in dependency except low economic status as judged by occupational history. This factor, the lack of marital ties, and childlessness are the three outstanding traits of the dependent aged which distinguish them from the general population. Superannuation thus becomes rather obviously a problem of the family and of family solidarity as well as one of economic competency.[19]

[19] Folsom, J. K., and Morgan, C. M., "The Social Adjustment of 381 Recipients of Old Age Allowances," *Am. Sociol. Rev.*, Vol. 2: 223–229.

Methods of protecting the aged. Two principles are the basis of protective schemes for all the needy and have a particular bearing upon the care of the aged. (1) We recognize that some form of planned, organized relief is required as an obligation of the majority who are able to work and earn toward the minority who have worked and earned. (2) Because of the acceptance of the family as a desirable institution, we cannot afford to permit its existence upon other than a wholesome basis. If at any period, the family is exposed to the hazards of poverty, its entire structure is endangered. The foundation of all protective schemes, therefore, is not a question of principle but of ways and means. Any one of the following plans can be justified in principle, if it is operated efficiently. The chief objections to the plans will be found to lie more in their management than in their theoretical possibilities. It is also well to point out that even in an ideal state, no one scheme is preferable to the exclusion of the others. For different types of aged persons, different protective agencies will always be needed, and there is no reason why several might not be enforced simultaneously.

The chief methods of supporting the aged which have prevailed in English-speaking countries are the "natural" plans, such as savings, earning power during old age, and support from children or relatives; the almshouse and other public institutions; private homes (endowed, or with admission upon a fee basis); public and private outdoor relief; non-contributory pensions (military, civil, and industrial, including fraternal and trade-union plans); contributory pensions under the administration of the state; commercial life insurance; and non-contributory old-age pensions. Of these systems, the almshouse, pensions, and old-age insurance will be discussed.

The almshouse. Almshouses or private homes have been the most characteristic method of protecting the dependent aged. Although the equipment of some of these institutions is entirely satisfactory, institutional care is by no means a complete social program. As in the case of children, institutions

will always be needed for a proportion of the aged. For those who are capable of other adjustments, additional systems will be required to permit normal relationships and activities in family and community life.

The defect of the almshouse which has completely obliterated its potential virtues is the fact that it has been used as the dumping ground for all types of the indigent disabled. Because of this condition, the almshouse interferes with the normal adjustment of the aged and is a considerable departure from their "normal and usual manner of life." Here we have the operating inefficiency which has branded the poorhouse as the next step to oblivion. Old people fear it for social reasons, when, as a matter of fact, its physical and economic standards may be much better than the standards which they can maintain in their own homes. Under present conditions the almshouse is condemned, when there is no logical reason why it might not fulfill an important function as a hospital for the sick, or as a colony for the partially disabled, or as an apartment for the more nearly competent.

Lack of segregation, inadequate facilities, mismanagement, too much institutionalization, dilapidation, and even indecency are the chief arguments against its continuance.

The poorfarm is presumed to be a place, supported by the local community, where the intelligent poor, unable to support themselves, may find comfort in their old age, and for the relief of the intelligent, indigent adults of any age. The general official classification of the inmates, however, is as follows: Paupers, insane, idiots, feeble-minded, blind, deaf mutes, drunkards, drug addicts, sufferers from chronic diseases, criminals, epileptics, children, prostitutes, mothers of illegitimate children. The poorfarm is our human dumping ground into which go our derelicts of every description. . . . It is idle, then, to imagine that social conditions in these institutions could be other than deplorable.[20]

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[20] Evans, H. C., "American Poorfarm and Its Inmates," *Am. Lab. Legis. Rev.*, Vol. 16: 244. "The Cost of American Almshouses," *U. S. Bureau of Labor Statistics*, Bulletin No. 386.

Admitting that the almshouse at its worst is nothing more than callous neglect of the aged, there are some points in its favor, other than those of economy, when it is operated efficiently. Furthermore, we must remember that the most fiery critics are those who are using its defects as arguments for some competing form of relief. Under institutional management, the great amount of sickness and disability among the aged is more readily treated. Another advantage of the almshouse is that it offers a more normal social life than would be possible under other plans, even that of placement of the aged among families. Often the principle of child placing is urged strongly for the treatment of the aged, this placement to be made possible by a system of pensions, but those arguments overlook the considerable differences between the needs of the old and those of the young, physically as well as socially. It is estimated by social workers that no more than 17 per cent of the aged poor would be able to get along successfully when placed. So much time has been spent in trying to achieve their economic solvency that we forget the serious problem of idleness. Under a colony scheme, work—or at least some system of self-help—could be provided, as in the instance of other partially disabled groups.

Pensions. Industrial pensions are of three kinds: contributory, partially contributory, and non-contributory or service. This movement for the protection of the industrial wage earner began in 1884, when the Baltimore and Ohio Railroad initiated its industrial pension policy. Although it has extended gradually to other industries, it is not a wholly satisfactory plan, either to the employer or to the employee. Even with recent adoptions, the number of pensioners is rather small. A detailed study of 194 business concerns with 2,500,000 employees found only 46,000 pensioners, who were receiving an average of $590 yearly. It is estimated that four million workers are covered and that there are about 80,000 pensioners who receive $50,000,000 annually from industrial pensions.[21]

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[21] Natl. Association of Manufacturers, *loc. cit.*, pp. 30–31.

The motive stimulating the introduction of industrial pensions is conceded to be primarily economic—the maintenance of the stability and efficiency of working personnel. However, since this scheme contributes to the welfare of the employee, it is valuable. In so far as it interferes with advancement by transfer to another concern or with the mobility of labor, there are objections to its requirements for a certain number of years of service. Until a change is made in this respect, a large number of workers will be ineligible, and the plan's purpose of achieving the welfare of aged employees will be largely defeated.

Organizations of employees have also been instrumental in extending protection to the older worker through the establishment of homes, mortuary funds, insurance, and pensions. In 1927, the American Federation of Labor drafted an old-age pension bill to be supported by organized labor. Pending the general acceptance of public responsibility for the aged, several trade unions have adopted methods to prevent their members from becoming public charges. Among the unions with old-age pension plans are those of bridge and structural iron workers, bricklayers, electrical workers, granite cutters, printing pressmen and printers, street-railway employees, and the railroad brotherhoods. Six unions also operate homes for their aged and disabled members.

Pensions have also been used extensively for public service employees by the national, state, and local governments. Pensions for persons serving with the military or naval forces were officially recognized by the national government in the law of 1776. State and local pensions are adopted most frequently for public employees in the extra-hazardous occupations. There was no system of pensioning under civil service until 1920. The gradual growth of this system is one of the chief arguments for a complete old-age coverage, on the assumption that old age itself is a hazard. In reality, these pensions are a form of deferred payment or a national but partial provision for old age. Serious objections are raised against the pension-

ing of special groups as a matter of social policy. The cost, moreover, is enormous by contrast to poor-relief, for which it is a substitute. An additional objection is that such pensions are distributed indiscriminately and violate elementary rules of ethical and actuarial practice. Other pension schemes, especially for teachers, have been provided whereby a fund is accumulated by the joint contribution of employer and employee, supplemented by endowment. The Teachers' Insurance and Annuity Association of America, founded under a grant from the Carnegie Foundation for the Advancement of Teaching, operates in connection with many colleges and universities of this country to supply annuities on a contributory basis.

Old-age pensions and insurance. Because the systems of contributory or non-contributory pensions already in existence include only a small proportion of the population subject to the hazards of old-age dependency, the movement for a national old-age pension law or for some system of social insurance has been under way for many years and in nearly every industrial nation.

Old-age pensions were first established in Germany as a part of the German National Insurance Plan, which was introduced by Bismarck as a prophylactic against the social democratic movement. Pensions were adopted under this plan in 1889 and were to be given without restrictions to those who reached the age of 70 and had paid premiums for 1,200 weeks. This is the contributory form of pension to which the employer, employee, and state contributed. Modified systems were introduced in succession by Denmark (1891), France (1905), England (1908)—following the example of her colonial possessions New Zealand, Victoria, and New South Wales—Newfoundland (1911), Sweden (1913), and more recently by other nations.[22]

The plans vary in their contributory or non-contributory character, in the restriction or qualifications for the pension, and in the amounts paid. Denmark, for example, differen-

[22] For a complete survey of old-age pension plans, consult report of the Twentieth Century Fund, *More Security for Old Age*, Chap. 3 and Appendix A.

tiated between the deserving and the undeserving poor, and required a residence of ten years and a record free from criminality and pauperism. In France, the system was never successful, because the contributions were too high to attract the majority of workers. In 1925, England made a radical modification of its pension system, making it compulsory, noncontributory, with no income qualifications, reducing the age limit to 65, and increasing the allowance. All these schemes are criticized because of the small amounts granted by the pension.

Movements to insure the economic independence of the aged were begun in the United States under the influence of the English system. By 1940, compulsory old-age insurance systems were in force for some or all workers in thirty countries. For some time, Great Britain had found it necessary to employ both old-age poor-relief and non-contributory pensions. In this country, no effort to duplicate these protections was undertaken prior to the appointment of the Massachusetts Commission on Old Age Pensions in 1907. This example was soon followed by several other states. Finally, the movement approached a nationwide scale in the proposal that the federal government should grant aid to states with pension plans.

The first old-age pension law, passed by Arizona in 1915, abolished almshouses and in their stead provided a pension of $25 and $45 per month, respectively, for men and women over 65 years of age. This act, however, was declared unconstitutional. Alaska adopted a similar plan during the same year. No further action was undertaken by the states toward this objective until 1923, when three states enacted pension laws (Nevada, Pennsylvania, and Montana).[28]

Concurrent with this legislative movement were a number of investigations during the 'twenties. As a rule, the proposals of this period advocated more extensive outdoor relief rather

[28] For a complete digest of legislative experience, consult the report of the Twentieth Century Fund, *op. cit.*, pp. 174–5. For recent revisions, see issues of the *American Labor Legislation Review*.

than institutional relief through almshouses. Two principles were finally accepted as essential to such legislation: (1) the adequacy of relief, and (2) the necessity of reduced administrative costs by efficient operation.

By 1934, twenty-eight states and two territories had old-age legislation variously identified by such terms as pensions, relief, assistance, and security. By the time of the enactment of the Social Security Act in 1935, thirty-eight states and two territories had such provisions for a total of 408,502 aged persons.

Those acts differ in many respects. Some are statewide, mandatory systems. Others are county, optional systems. There are different lower age limits, amounts of grant, and methods of administration. Also, many different sources of revenue are tapped. In recent legislative enactments, provisions are more inclusive in coverage and tend to be more liberal in the subsidy that is granted. Furthermore, there is little indication of the abuses originally feared and which were used for many years as the chief arguments against these grants. In general, they reduce the almshouse population and relieve private charity of a burden that was far too great for its resources. There is also considerable evidence of the social desirability of such legislation. Its success is apparent in improving general living conditions of recipients, in eliminating the demoralization of worry and dependency, and in systematized methods of organized public welfare.

The table on page 414 summarizes the provisions for old-age benefits under the Social Security Act for the states and territories. Although the factual material of the table is correct only for a limited time and is subject to change from all the variations suggested hitherto, it gives in a condensed form the extent of the problem of the dependent aged and the costs of their support.[24]

Under the Social Security Act, three types of provisions are

[24] Compare these figures with estimates for the year 1930, in *Public Old Age Pensions,* Natl. Association of Manufacturers, New York, 1930, p. 32.

OLD-AGE ASSISTANCE UNDER THE SOCIAL SECURITY ACT—JUNE 1945

States	*Number of Recipients*	*Average Monthly Payment*	*Number of Recipients Per 1,000 Population Aged 65 or Over*
Alabama	31,948	$15.51	209
Alaska	1,321	34.49	—
Arizona	9,431	38.55	349
Arkansas	27,906	17.99	233
California	157,876	47.32	243
Colorado	40,448	41.35	405
Connecticut	13,878	36.73	94
Delaware	1,297	15.84	57
Dist. of Columbia	2,434	31.89	51
Florida	40,815	28.88	280
Georgia	66,418	11.42	380
Hawaii	1,436	22.59	—
Idaho	9,638	30.22	268
Illinois	121,529	31.93	190
Indiana	55,184	25.61	181
Iowa	49,277	31.72	205
Kansas	28,087	28.82	169
Kentucky	48,190	11.46	237
Louisiana	36,445	23.65	276
Maine	14,894	29.59	182
Maryland	11,556	27.77	84
Massachusetts	74,561	42.76	185
Michigan	84,357	30.65	228
Minnesota	54,820	30.12	233
Mississippi	27,537	15.42	220
Missouri	100,406	23.36	287
Montana	10,733	31.10	262
Nebraska	24,108	28.74	210
Nevada	1,919	38.42	226
New Hampshire	6,545	30.03	131
New Jersey	23,576	31.74	71
New Mexico	5,843	31.81	225
New York	103,550	34.79	98
North Carolina	32,743	12.50	186
North Dakota	8,722	33.32	203
Ohio	118,242	29.85	199
Oklahoma	78,275	29.27	495
Oregon	20,040	35.37	187
Pennsylvania	82,675	30.00	108
Rhode Island	7,214	33.67	116
South Carolina	21,393	14.14	233
South Dakota	12,692	24.53	270
Tennessee	37,917	16.08	202
Texas	169,812	23.90	440
Utah	12,871	38.73	379
Vermont	5,158	22.30	143
Virginia	15,037	13.70	87
Washington	60,861	48.29	354
West Virginia	18,543	17.98	166
Wisconsin	44,923	29.14	171
Wyoming	3,359	36.30	227
Total	2,038,440	$29.46	202

Source: Social Security Bulletin, Vol. 8, No. 8 (1945) Table 6, p. 38.

planned for the aged: (1) grants or pensions, (2) a compulsory, contributory old-age insurance system for employed workers, and (3) a system of small annuities at cost for persons who want to purchase such protection for old age.

Federal old-age benefits, now enforced, follow the compulsory, contributory plan. They are financed by pay-roll taxes which are to be shared equally by employer and employee. Federal funds are available to states only when they have approved old-aged assistance plans. Because of administrative expediency, certain classes of workers are omitted from these provisions. There are also other omissions or defects which are criticized violently.[25]

At present, nearly 40 million people are insured under the Federal system of old-age and survivors insurance. Survivor insurance alone represents a sum of $50 billion in family insurance protection. The amounts of retirement benefits are variable, depending upon the length of the worker's wage record in covered employment. By 1945, benefits were in force for about 760,000 old people. In addition to this group, nearly 1 aged person in 5 is receiving aid on the basis of need under the Social Security Program or is in receipt of benefits under the Railroad Retirement Act or other local, state or federal plan.

The main objections to the current program for the economic security of the aged are the same as those which responsible groups have been making for several years:

1. Only slightly more than half of all gainfully employed workers are eligible to the Federal contributory system. It omits several classes of workers most in need of such aid in old age.

2. Minimum benefits are inadequate for a decent standard of living, viz., in 1945 the average monthly payment to retired workers was $23.81, and $29.00 under old-age assistance.

3. The financial problems, involved in managing the reserve funds, are still considerably confused and unsettled.

[25] Report of Twentieth Century Fund, *op. cit.*, Chap. 6, Part II, and Appendix E. (Specific provisions of the Social Security Act.)

4. Even with the subsidies from the federal government, the plans of some states are not acceptable and in many instances are poorly organized and administered.

5. The delay involved in getting the old person on the list of recipients is another source of constant criticism. At present, the average age of old people on assistance is above 75 years.

6. Furthermore, some individuals are disabled in their early sixties or earlier (or before age 65 when the act becomes effective) and are thus not provided for by the current coverage of this system. However, this objection has been met by the recommendation of the Social Security Board that coverage be extended to all gainful workers and to the risk of protracted disability.

Summary. The eventual system of old-age protection in the United States will depend upon a changed attitude of the public toward its responsibilities for the aged. Only on exceptional occasions is old age regarded as a natural social condition. For this reason, there are few serious studies of elderly people from the physiological, medical, economic, or social point of view. With the possible exception of rules for long life or rejuvenation, there is little positive information concerning rehabilitation or protection. Moreover, attention has been so engrossed with the economic problems of old-age dependency that the other major problem of social isolation has been overshadowed. A next step in the program for the aged must attend to the problem of social interests.

It is highly possible that this is a short-sighted point of view, that the aged can become productive if they are encouraged. The aged have counted within their ranks many individuals who have made outstanding contributions in business, art, and letters. Contrary to the opinion of Osler, many hold that a man fails to reach his complete maturity until he is sixty, and the following are illustrations of achievement after this age.

Sophocles wrote his *Œdipus* at ninety. Mommsen, the historian, despite the loss of his library by fire, continued to write his history of Rome until he was 83. Newton was active in his

studies until 85. Joseph Hooker, the botanist, worked almost to the time of his death at 87. Carlyle published the last volume of *Frederick the Great* at 69; Darwin published the *Descent of Man* at 62. Humboldt began work on his *Cosmos* at the age of 74 and completed the fourth volume at the age of 90. Weir Mitchell, who remained a practicing physician into the seventies, published thirty volumes and over a hundred essays and monographs. He wrote *Hugh Wynne* at 66 and *Constance Trescot* at 76. Among other writers noted for their productivity as well as their longevity were Bancroft, Longfellow, Bryant, Holmes, Cervantes, Goethe, Hugo, Howells, Hale, and Washington Irving. Gladstone at 83 said, when he was opposed on all sides by hostile groups, "I represent the youth and hope of England"; and Oliver Wendell Holmes was a justice of the United States Supreme Court in his nineties. William Watts Folwell, first president of the University of Minnesota, began a history of his state after his retirement and completed several volumes before his death at 96. Similar illustrations are numerous among prominent painters, sculptors, astronomers, jurists, naturalists, reformers, and philosophers.[26]

Old-age pensions or insurance are frankly class-limited, being designed to correct the social unadjustments of the mass of older workers and their families whose relative longevity is a new phenomenon. With increasing occupational displacement and specialization, we may anticipate an equivalent amount of irregular work and idleness among all upper age groups. This tendency must be counteracted by economic and social measures, both to prevent the soaring of poor-relief costs and as a matter of social responsibility of the group to the individual.

Undoubtedly some form of non-contributory old-age pensions will be the most satisfactory solution of the financial aspects of the problem, although it might appear under various admin-

[26] Thewlis, M. W., *The Care of the Aged,* Mosby Co., St. Louis, 1941. Chap. 3. Dorland, W. A. N., *The Age of Mental Virility,* Century, New York, 1908. Smith, N., *Masters of Old Age,* Young-Churchman, Milwaukee, 1905.

istrative organizations or names, such as retirement wage, annuity, or old-age compensation. One point to be emphasized is its non-contributory character; every successful plan has discovered that even small contributions by the insured prevent universal application. Similarly, when other restrictions are enforced, such as moral criteria, the program becomes inadequate.

Insurance is advocated especially for the aged because age is both a measurable factor and a calamity, and insurance is devised particularly for such risks. Moreover, under present conditions, when families are unable to save for an indefinite period of disability during old age and when the limits of this period are extended by industrial old age, the burden falls within the responsibilities of the state.

Administration of any relief program, once the financial grant is adequate, does not differ from the methods already being practiced in social case work. Under current social resources for the care of the aged, these methods include: [27]

1. Good investigation and intelligent placement.
2. Separation of the institution and non-institution cases.
3. Provision of more hospitals for the chronic sick at minimum price.
4. Painstaking supervision by state and local boards.
5. Friendly visitation.
6. The moral support of the private charitable agencies, and possible financial help to tide over special cases.
7. Responsible visitors to assist and advise the near dependent.

When a complete relief program has been instituted, two supplementary measures will deserve some attention in furthering its economic and social stability. One is the readjustment of our educational systems to minimize the disorganization resulting from technological change. This plan would also affect the individual causes of old-age dependency in so far as they are remediable. The second is some form of industrial reor-

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[27] Bardwell, F., *loc. cit.*, p. 209.

ganization or integration to minimize the social or group factors underlying this problem.

Under present conditions of rapid social change, no system of education during youth can possibly be an adequate training for life. Instead, a continuous system of education and re-education is required, extending into the adult years. Temporary specialization is advantageous, but it is also hazardous, especially when it makes the individual implastic and irresponsive to changes in his vocation. Educational readjustments, therefore, are needed for the neglected period of mid-life, even for college and technical graduates. To some extent, the Adult Education Movement and University Extension are beginning to assume responsibility for this program.

During business depressions, the lack of industrial integration reveals a further source of misery. Industry is carried on in unrelated, chaotic units; there is no concept of an economic community, of its needs and limits, or of the relation of one industry to another. For this reason, the aging compete with younger workers and are displaced by them. Under a community plan, room could be found for the aging long after their physical vigor begins to decline; their skills could be exploited; and the abnormal burden of poor-relief could be largely avoided by these social and economic adjustments. But such supplementary measures cannot be achieved by individual initiative; they are definite group responsibilities and include a broad research program of topics such as normal senescence, the biology of aging, physical and mental health of the aged, their special psychiatric problems, work capacity of the aged and the type of society which can use such capacities, and the education of the public to understand these problems.

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Questions

1. What systems for the protection of the aged are prevalent in your state and community? Who supervises public old-age relief?

2. Is it correct to assume that the problems of the aged are a public responsibility? Why?

3. Are old-age pensions or insurance one step toward socialism? What is the difference between a pension and social insurance? What different forms of social insurance are there? Where have they developed most fully?

4. Why is the United States lagging in the extension of social insurance? Is it equally backward in other forms of social legislation?

5. For what classes of the aged will institutions always be needed?

6. Contrast the relative efficiency of a complete program for the protection of the aged with old-age pensions; with public poor-relief; with the Social Security program.

7. What conditions in modern society have deprived the aged of the social status secured to them under patriarchal family organization?

8. Describe the almshouse at its worst and at its best. Are there any basic disadvantages pertaining to care by almshouses when well managed, other than the social stigma attached to them?

9. Is the charity of a non-contributory pension different from the charity of almshouses or public poor-relief?

10. What influence upon the trend of poor-relief costs does old-age insurance have?

11. In what sense is old age a form of "vicarious leisure"? How might this leisure be employed constructively? See Veblen, T., *The Theory of the Leisure Class*, Chap. 3. New York, 1894.

12. What economic and social conditions are making industrial superannuation? What other problems are associated with these conditions?

13. If you were asked to advise a person how to protect himself from the casualties of old age, what would your advice be?

14. What contributions can social case work make to the relief of the aged? Why is it assumed that voluntary private agencies cannot be responsible for this problem as a whole?

15. What progress has been made in controlling the degenerative physical diseases of old age? By rejuvenation schemes, such as the Steinach operation? (Consult the volume by Thewlis, M. W., in the bibliography.)

16. Would the insurance of families by commercial insurance companies, rather than of individuals, be a better protection for old age?

17. Is Osler's statement relative to achievements prior to 40 correct? What sources of data would you use to prove or disprove this idea?

18. Why are the aged increasing both absolutely and relatively?

19. It is estimated that the Townsend Plan of old age subsidy would require one half of the current national income. Is this cost, in your judgment, the major criticism of the Townsend Plan? Cite other recently proposed reforms of this type.

20. Is there any likelihood that the increasing proportion of elders in our population will eventually make drastic modifications in our culture (in religion, recreation, family, and so on)?

Chapter XIII

TRANSIENTS

TRANSIENCY is one type of social mobility. It is a direct result of improvements in communication, transportation, industrial and agricultural changes, and the relocation of labor or population. Temporary distress to large numbers of families and individuals is a usual consequence of these social changes. And for several periods in recent history, the numbers of the mobile population have been so great and their hardships so extensive that *the* problem of transiency has been a serious national concern.

Whenever mobility succeeds in creating greater social and economic adjustment, as in the redistribution of population or in meeting needs of industry, it is looked upon with favor. But when economic failure and personal demoralization occur, it is characterized as one of the prime problem-making conditions. Then, mobility itself becomes a problem requiring special community resources to improve the living conditions of transients and to protect them from exploitation.

In recent decades all classes of the population have become unusually mobile. Nearly one half of the families in this country are not limited to one locality by home ownership. Facilities for transportation are both cheap and abundant. And to supplement this mechanical encouragement to migration is the desire to improve economic status or to escape harsh economic circumstances.

In general, the transient population becomes a problem group when it is handicapped by problems of poverty, unemployment, ill health, or insufficient planes of living, and has no claim upon a community's social agencies. In the latter respect, the problems of transiency are unlike the problems of old age. In all

other respects, the problems of the transients and of the aged are practically identical. In both instances their problems are aggravated and made conspicuous by unstable industry, business depressions, and the breakdown of family ties (or of the primary group). The main difference is that the aging of a population is gradual and is like the movement from one social class to another. The transient, on the contrary, encounter problems of geographical as well as of social mobility, and those problems are noteworthy because of their rapid development.

Transiency, therefore, is a nondescript category. Transients are homeless people. Generally, too, they are unmarried and have no families. But these are only superficial symptoms of their underlying difficulties. The need for food or lodging is not peculiar to this group. "We are all tramps," says John Galsworthy, "when you come to think of it, unknowing what the day will bring forth, or where we shall sleep the night when it comes." [1] Likewise, transients as a class are overwhelmed by the uncertainties of a disorganized society and of their own mobility.

A further summary of the main problems of the transient depends largely upon point of view or approach. If you are a city physician, their illness and physical unfitness seem most important. This difficulty must be corrected before a program of rehabilitation begins. If you are a psychologist or psychiatrist, you regard them as personal examples of wanderlust, of a type of personality disorder marked by constitutional inferiority and degeneracy. If you operate a mission, they represent the unredeemed. As a citizen you regard them as "men without a country." From the standpoint of economics they become the labor reserve, casual laborers.

When an approach is made from the point of view of public welfare or social work, the circle is completed: they are the remnants of the modern disorganized family—deserters, runaways, non-supporters, truants, job seekers, tourists, and emigrants. In addition, they may be old or young, skilled or

[1] "Literature and Life" (a lecture at Princeton University, 1931).

unskilled, educated or untrained, bright or dull, migratory or stationary, law-observing or criminal, self-maintaining or dependent, and, from their own point of view, adjusted; from ours, unadjusted. In short, the adjectives "homeless" and "transient" are only partially descriptive of this social status. The individuals of this type are the isolated, those who are unattached to normal group relationships; they are excessively mobile, even though they remain in one geographical area; they are "broke"; and in a more general sense they are the surplus population, whose services are needed only in periods of strenuous economic activity.

The changing pattern of mobility. When attention is limited to the migratory tendencies of these people, transiency does not represent a new social problem. Transients are simply the modern disciples of many homeless types who have appeared at previous historical periods and under several guises —as sturdy beggars, vagrants, nomads, crusaders, pioneers, and colonists. They have been compared to the Arabian Bedouins and are called modern Ismaelites. Therefore, homelessness by itself does not constitute a social problem. A chief differentiating factor between the problem and non-problem cases is pecuniary. As Bonger has said: if you put money into the pocket of a tramp, he becomes a tourist. But this financial status should not be overstressed; homelessness is more than a problem of poverty. Nor is this condition a social problem because it is increasing. When deductions are made for other related problems—poverty, unemployment, business depressions, and illness—there is a large and fairly permanent group of casual and unsettled laborers and families.

At one time, the transient population could be classified under four groups: as tramps, hoboes, bums, and migratory laborers. The literature is fairly copious on the subject of these characters—as to their personality, philosophy, habits, strengths, and defects. But, as in fiction, more attention has been given to their unusual than to their everyday activities. In fact, the literature on the major class of the homeless, those

who are called casual laborers, is extremely scanty, perhaps because they are more numerous and less colorful than their individual representatives—hobo, tramp, and bum. The homeless as a literary concept are too limited and are more a bibliographical classification than a synopsis of persons with related problems. However, the homeless do furnish a cross-section of many combined social problems.

To those four groups, other classes must be added, especially the migratory family and the transient unemployed. It is this addition which complicates and multiplies the social problems of transiency.

Accordingly, transients must be defined in terms of their social status and their personal and individual characteristics, as well as by their financial condition. In the restricted use of the term, they are persons who have no homes, are residents of no community, participate in no particular industry, and have no intimate contacts with the resident population. Their contacts are limited to cheap lodging houses, municipal homes, private employment agencies, second-hand stores, pawnshops, industrial camps, and railroads. From the standpoint of residence, the homeless are those who have not lived in a community long enough to establish permanent habitation, as defined by the legal requirements of residence for poor-relief. From the standpoint of social relationships, the homeless are those who are not living with their own families or other families. Mrs. Solenberger adopted this interpretation: [2]

> The term "homeless man" might be applied to any man who has left one family group and not yet identified himself with another. It might include hundreds of men living in clubs, hotels, and boarding houses, and its use would not necessarily imply a forlorn or penniless condition. But for the purpose of this study the term will be used to designate those men of the homeless class who live in cheap lodging houses in the congested part of any city. . . .

Or from a more inclusive point of view, the transient includes:

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[2] Solenberger, A. W., *One Thousand Homeless Men*, Russell Sage Foundation, New York, 1911, p. 3. Wilson, R. S., *Individualized Service for Transients*, New York, 1935, pp. 9–10.

. . . the person or family who is in a community away from or without normal family, job, or community connections. In other words, he lacks roots in the community. . . . The common element . . . which affects treatment possibilities and problems is his status as a stranger in trouble who is without a definite home, family, or other group connection in the city in which he finds himself without knowledge of the city's resources.

However, mobility cannot be interpreted narrowly or confused with its demoralizing consequences. It is an aid to social adjustment for numerous groups. Among persons classified in *Who's Who,* for example, mobility is considerably more extensive than in the general population. But here it arises in consequence of the higher education and specialization of this group. When the transient population includes a large number of unskilled, poorly educated, young, and emotionally unstable people, mobility is rarely a process in social adjustment.

Homelessness and its problems. The literature on transiency is scattered among considerations of its separate problems —homelessness and industrial conditions, begging, work-relief, and social work treatment. Prior to the depression, there were only two complete studies of the problem as a whole. The first, by Mrs. Solenberger, is a case and statistical analysis of one thousand applicants to the Chicago Bureau of Charities during the years 1900 to 1903 inclusive. Since the history of the thousand men was traced before and after application, this study actually covered a decade. It is admittedly selective, being limited to the applicants in a charitable society, whereas other types of homelessness would be found at a municipal lodge, missions, a private lodging house, or a travelers' aid society. However, it is still the most extensive and representative examination of this subject. The second study, *The Hobo,* by Nels Anderson, is called in its subtitle "The Sociology of the Homeless Man," and may be described by its chapter topics: [8] (1) hobohemia, jungles, lodging house—the

[8] University of Chicago Press, Chicago, 1923.

home of the homeless; (2) getting by; (3) types of hoboes—their work; (4) health, sex life, citizenship; (5) personalities; (6) intellectual life; (7) songs and ballads, forums; (8) social and political hobo organization; (9) missions and welfare organizations. These two sources will be used in the classification of problems connected with homelessness, and also in several later connections.

There are many recent additions to the literature on transiency and homelessness, wherein homelessness is studied in connection with the mobility and distribution of population; with problems of transportation, employment, and seasonal work; with problems of the family and youth; with habitual migrants, migratory laborers, migratory families, newcomers, interstate migration, urban-rural migration, and political refugees; and also in connection with the need for a reconstructed social service program. These sources are classified in the bibliography of this chapter and will be summarized in the following sections.

Both homelessness and transiency are used, by Anderson and by Solenberger, as synonyms of many social unadjustments, all of which have to be considered when preventives are being elaborated. In addition to physical or mental factors, the homeless are the victims of unemployment, irregular work, technological changes in industry, seasonal labor, industrial accidents, changes in transportation and communication, public and private poor-relief, inadequate facilities for the care of the disabled and aged, improper and congested housing, and low standards of living. Other problems are those of begging, desertion, petty crime, commercialized amusements, inadequate education, and personal demoralization. There is no information to show what causal connections exist between homelessness and these conditions. The linotype caused the disappearance of the tramp printer, and the automobile is causing new groups of the mobile and homeless. As a subject in social interaction, this is an open field for investigation.

To cope with these "problems presented" several remedial

agencies have been organized to reduce or treat the homeless. These efforts to control consist of laws regulating mendicancy and street selling, establishment of lodging houses (with and without the work test) and missions, travelers' aid societies, mendicancy departments of charity societies, central registration of applicants for relief in the same community, passing-on regulations or transportation agreements of relief agencies located in different cities, free employment agencies, and agitation for a federal system of employment bureaus, soup kitchens, and breadlines in times of industrial depression, vocational rehabilitation, and labor colonies. Many reasons are given for the almost total absence of preventive measures, which reflects the public's lack of interest in this situation. One is the comparative independence of the homeless men and their apparent ability to get along by their own devices, even though their adjustment is recognized as abnormal. Public indifference is traced to a willingness to avoid community responsibility for those who are not citizens and have no immediate dependents. Social work has never gone extensively into the treatment of this group, because its mobility interferes with the application of case-work techniques. Furthermore, until recently the homeless were concentrated in non-urban industries, in lumbering, agriculture, and construction jobs. When they move to the city, they become a part of a large segregated group that does not attract public sympathy. Another factor explaining the lagging development of adequate relief is the total lack of organization among the homeless.

Types of transients. There are four different ways of classifying types of homeless individuals: (1) by their physical capacity or dependency; (2) by their steadiness at work; (3) by their mobility; and (4) by the treatment services required. Each of these divisions overlaps with the others and also suggests the immediate causes of the problem. The Transient Men's Bureau of the St. Louis Community Council has divided its work into treatment for three groups: (1) the seasonal worker who is unable to save enough to remain self-supporting through-

out the year; (2) young men and boys on the road for the first time in quest of adventure; (3) the professional migrant. A similar classification is recommended by the municipal lodging house of Chicago, which distinguishes able-bodied adventurers and physically defective laborers in addition to the foregoing groups. Both of these agencies use this classification in directing treatment.

Mrs. Solenberger's classification of types is considered the best outline of the stages that culminate in total personal demoralization: [4]

1. The self-supporting. This group consists of able-bodied men who are usually employed and who, regardless of their occupation, are normally independent.
2. The temporarily dependent are those who are unadjusted by causes which can ordinarily be eliminated. This class is recruited from the victims of business depression, from newcomers to the city, the sick, disabled, or the vocationally unadjusted. Groups 3 and 4 constitute individuals in this classification who have deteriorated.
3. The chronically dependent are men who, because of age, deformity, blindness, mental defectiveness, chronic illness, drugs, alcoholism, or some other personality disorder, are socially maladjusted, and who can never be rehabilitated completely.
4. The parasitic are men, either able-bodied or defective, who are dependent by choice. They may be confirmed wanderers, or stationary vagrants and beggars.

Mobility and steadiness or willingness to work furnish the following composite classification: [5]

Resident homeless:

1. The unemployed—seasonal or casual labor, the "home guard."
2. The unemployable.
3. The bum.

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[4] Solenberger, A. W., *op. cit.*, p. 10.

[5] Klein, P., *The Burden of Unemployment*, New York, 1923. Chap. 8. Speek, P. A., "The Psychology of Floating Workers," *Ann. Am. Acad.*, Vol. 69: 75.

Transient homeless:
1. The temporarily dependent—the hobo.
2. The chronic dependent.
3. The tramp.
4. Runaway boys and girls.

According to Anderson's distinctions, the hobo is a migratory worker who will always take work if it is available. The tramp is a migratory non-worker whose temperament calls for new experience without exertion. The "home guard" are local day workers and stationary casuals. The bum is a non-migratory "specialist at getting by." [6] These divisions are useful, both for purposes of census taking and for the organization of preventive programs.

Transients are classified in the following self-explanatory types by the Federal Transient Bureau: [7]

Homeless men. Local homeless, depression transients, migratory workers, family deserters, ex-criminals, fugitives from justice, physically or mentally handicapped, drug or alcohol addicts, released or runaway inmates of institutions, and seamen.

Girls and women. Hitch-hikers with definite objectives, job seekers, pregnant unmarried women, runaway girls, girl adventurers, girl delinquents, girls from disorganized families, prospective or deserted brides, and unstable or difficult personality types of women or girls.

Homeless youth. Unemployed young men who wish to lighten the burden at home, boy adventurers, youth from broken homes who find their home situation intolerable, runaways, boys of foreign parentage whose parents are of a different and clashing culture, and juvenile delinquents.

Families. Homeless tourists, job hunters, health seekers, job evaders or mendicants, mobile dependents, and emigrants from unproductive rural areas.

Approximations of the numerical importance of both the transient and the resident homeless place their total at one million for this country. During periods of business recession, this number increases and includes the newer types of transients.

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[6] Anderson, N., *op. cit.*, Chaps. 6, 7.
[7] Wilson, R. S., *op. cit.*, p. 10

Ordinarily, the casual labor group and the hobo type constitute the majority. One of the first enumerations of the Federal Transient Bureau found the following distribution in 809 communities: [8]

Men	304,169
Boys	16,538
Women	14,482
Girls	2,783
In roadside jungles	32,541
Total	370,513

The movement between these several classes obviously prevents accurate sub-classification, even if a complete survey were possible. From his Chicago study, Anderson showed that the concentration of this problem in a few large urban communities is its most serious aspect; whereas local begging and panhandling are by comparison of relatively slight consequence.

The most accurate sources of data concerning the numbers involved are the registration at public and private lodging houses and the Federal surveys.

On the next page are records of the Municipal Lodge in Providence, R. I., for various years from 1900 to 1943, when it was closed because of the decrease in unemployment during the War. The rates of increase and decrease are indexes both of fluctuations in the business cycle and of employment conditions. Since Providence is not a labor market and does not have a large number of migratory workers as do those cities from which workers are shipped to adjacent industrial or agricultural areas, these rates are also considered a reliable index to urban transiency.

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[8] Potter, E. C., *Transient and Homeless Persons,* Social Work Yearbook, Russell Sage Foundation, New York, 1935, p. 498. A more recent estimate has judged the numbers of the transient to be from 300,000 to 3 million, the variation in this range being due to the rapid turnover of individuals to be included in this population. This estimate in part is based upon a report of the Association of American Railroads which stated that there are between 10,000 and 20,000 illegal train riders on American railroads. Caplow, Theodore, "Transiency as a Cultural Pattern," *Am. Sociol. Rev.,* Vol. 5 (1940): 731–739.

ANNUAL TOTALS AND RATES OF FREE LODGINGS—PROVIDENCE, R. I.
RATES PER 1,000 POPULATION

YEARS	MUNICIPAL LODGE	
	Number	*Rate*
1900	4,433	25.2
1903	7,272	38.4
1908	7,794	36.4
1914	10,032	41.3
1915	10,589	42.8
1921	1,238	4.8
1924	3,106	11.7
1929	3,032	11.0
1930	5,032	21.2
1931	34,492	144.3
1932	87,896	365.4
1933	93,628	386.8
1934	84,560	347.3
1935	86,807	354.4
1936	85,897	348.5
1937	90,985	368.0
1938	84,985	337.7
1939	77,193	306.7
1940	58,259	229.8
1941	24,855	92.8
1942	22,674	87.4
1943 (closed May 15)	7,790	—

Source: Annual Reports, Municipal Lodge, Providence, R. I.

The next table gives the census of transient individuals and families for various months from 1933 to 1936 from the records of the Federal Transient Bureau. This is a sample of individual and family transiency during depression, a record which will not be repeated until the next downswing of the business cycle.

TRANSIENT INDIVIDUALS AND FAMILIES

Month and Year	*Total Cases*	*Unattached Persons*	*Family Groups*
Dec. 1933	174,047	131,188	12,158
March 1934	320,768	243,775	22,170
May 1935	426,210	332,513	27,034
Dec. 1935	19,592	17,546	2,046
May 1936	7,826	7,494	332
Oct. 1936	3,938	3,427	511

Sources: A Survey of the Transient, p. 47. Works Progress Administration, Washington, 1937. Reed, Ellery, *Federal Transient Program*, p. 21. New York, 1934.

Non-resident or transient families. Another type of homeless group, the transient family, is also explained by recent

changes in mobility and by social conditions facilitating mobility. Apart from its connection with family dependency, little is known about this problem. With cheap modes of transportation and the breakdown of primary group contacts which attach families to one locality, residence for a large number of families tends to become as changeable as jobs. Western states have found thousands of transient families within their borders for a short period each year. Many transient families follow the crops, starting with cotton in Louisiana and advancing to the wheat harvests of North Dakota. In Kansas during the year 1929, 7,000 transient families were reported as applicants for relief by a survey which was admittedly incomplete. In 1940, it was estimated that for the entire country 4 million people were on the road, of which 2 to 3 million were children.

Mobility, in other words, has become a new variable in family and child welfare. Under ordinary circumstances, the homelessness of families is the result of disasters—fires, floods, earthquakes, agricultural and industrial depressions—and seasonal labor. It does not usually include mass movements such as the northward movement of the Negro or the mass interregional migration to important industrial areas which is brought about by military necessity.[9]

The following types of homeless families may be distinguished:

1. The homeless tourist family.
2. The family of the job-hunter, the "cropper," the seasonal laborer, and the unemployed.
3. The family of the health-seeker, changing residence on account of real or imagined illness.
4. The job-evading or mendicant family.
5. The mobile dependent family, resembling the stationary dependent family and frequently engaged in selling as a disguised form of begging.

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[9] *Interstate Migration,* Report of the Committee to Investigate the Interstate Migration of Destitute Citizens, J. H. Tolan, Chairman, Washington, 1941. Parts III, IV, and V. Wilson, R. S., "Transient Families," *The Family,* Vol. 11: 243. Hathway, M., *The Migratory Worker and Family Life,* Univ. of Chicago Press, Chicago, 1934. Chaps. 3 and 5.

Other factors encouraging mobility are the establishment of free auto camps, the publicity given to travel by the "bigger and better cities," and the advance notice of jobs in different sections of the country. Auto camps, for example, have not proved to be much of an economic asset to the city supporting them. In many instances they attract the dependent family, and often resemble the jungles of the hobo.

REASONS FOR FAMILY MIGRATION—2941 FAMILIES

Reasons	*Number of Families*	*Per Cent*
Unemployment	1,705	58.0
Failure in farming	333	11.3
Inadequate earnings	308	10.5
Inadequate relief	146	5.0
Failure in business	142	4.8
Unable to find work in home community	113	3.8
Unwillingness to accept relief	46	1.6
Other economic reasons	148	5.0
Total	2,941	100.0

Source: Webb, J. N., and Brown, M. J., *Migrant Families*, Works Progress Administration, Washington, 1938. Table 29.

Transient families are almost without exception stranded families. As their types suggest, many have become adjusted through their mobility to an irregular and demoralizing economic existence. Family morale is broken down by high earnings for short periods of the year when the entire family is employed, by low standards, by release from routine labor, and by indiscriminate relief. They are continuously exposed to dependency during the off-seasons and rely upon public relief as a regular source of income while on the road. In many respects this demoralization is more serious than that of homeless men. Thousands of children are thus exposed to unusual health hazards, child labor, and interrupted schooling. Current regulations are also uncoördinated. Legal definitions of residence, passing on, and temporary subsidies from social agencies are of little social value in the treatment of this problem.

Transient women and children. With the exception of recent census reports which include unattached women and children, as well as families and homeless men, little is known

about the specific problems of transient women and children. In proportion as families take to the road, as indicated on page 433, the usual social problems of women and children are intensified. The numbers of women and children who are forced into a substandard existence solely because of their transiency cannot be stated. Seasonal labor always keeps a proportion of this group following the crops, a number that is vastly increased during depressions.

In general, the problems of transient women and children are similar to those found in broken families. In the case of women there are problems of unemployment, unmarried motherhood, desertion, delinquency, and unstable personality types. Among the children (21 years and under) there are similar consequences of mobility, in addition to the youthful adventurer type and children who find their homes intolerable because of parental conflicts. Hoy has estimated that 20 per cent of the women employed in this country are living away from their homes. Moreover, as in the case of homeless men, cheap transportation concentrates these individuals in a few large cities where their problems can scarcely be separated from those of the resident broken families and neglected children who constantly require the services of family and child welfare agencies.[10]

Characteristics of the homeless. The principal identifying characteristics of homeless men are revealed in the different immediate and remote conditions which accompany their problems. Sometimes one of these is a major cause or the precipitating factor, leading to indirect, cumulative causes that confirm the person in his dependency. Anderson lists among the major causes: (1) seasonal work and unemployment; (2) industrial inadequacy; (3) defects in personality (the psychopathic types); (4) personal crises, because of failure, disgrace, family conflict and disorganization; (5) racial discrimination; (6) wanderlust, desire for new experience, adventure and excite-

[10] Hoy, W. R., "Care of the Homeless in St. Louis," *The Family*, Vol. 9: 209. McMillen, A. W., "Migrant Boys," *Soc. Ser. Rev.*, Vol. 7: 64–83.

ment.[11] It will be noted that these causes are quite similar to the general causes of family disorganization.

Attitudes concerning subjective and objective causation also vary as much as the causes themselves. The following illustrate several opinions of investigators: [12]

From an employer: The men are too lazy to work; our laws, courts and police institutions are weak as regards loafing, begging, and stealing; and the charity organizations in the cities demoralize rather than uplift the men. . . .

From a charity worker: Hard and unhealthy conditions of work are responsible to a degree but, in the main, the men themselves are defective and responsible for their misfortunes.

From a preacher: The men have lost religion, if they would turn back to God, everything else with them would be all right.

From a labor leader: Industrial conditions, low wages, long hours, poor living, and so forth, are responsible for the casualization of laborers and the production of hoboes and tramps. There is nothing wrong with the men themselves.

From an educator: The main cause of casualization is the lack of training in general character building and in trade.

From a moralist: The main cause is drinking and prostitution.

From a student of industrial problems: A number of causes are responsible: rapid introduction of skill-replacing machinery, seasonal industry, irregular work, unregulated transportation of workers, and the fact that large numbers of casual laborers are needed by industry.

From a social worker: It seems highly probable that the dissolu-

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[11] Anderson, Nels, *op. cit.*, p. 61.

[12] Speek, P. A., *loc. cit.*, pp. 73–74. The following description of causes and classes of homeless men appears in the *Report to the Commissioner of Public Charities,* New York City, 1915, "The Men We Lodge," p. 10.

"The men we lodge at the Municipal Lodging House are as widely different as the transient guests of any New York City hotel. They are as different as the causes which have taken them away from the normal life of society. There are old men over seventy, young runaway boys, orphans and men who should be in the prime of life. There are strong men, crippled men, blind men and diseased men in urgent need of hospital care. There are casual laborers who have been idle less than one week; men who have failed in their business or profession; and vagrants who frankly avoid work. There are men who have spent their lives in New York City, and non-residents and aliens with no legal claim on the City's charity. There are temperate men, habitual drug users and inebriates; men who are normally minded, and men who are mentally defective. There are professional beggars and men who hold the beggar in contempt. There are white men and colored men; single men, married men in search of work, and family deserters; Catholics, Protestants and Hebrews. There is as wide a divergency among homeless men as there is among the rest of mankind."

tion of the transient population will proceed only as rapidly as business and industry can provide the employment essential to stability. To whatever extent this provision falls short, the transient problem will remain unsolved.

The homeless man is generally unskilled and unemployed, native born, over 40 years of age, unmarried, and poorly educated or with inadequate training. Furthermore, the incidence of physical disability and illness and the percentage of personality defects tend to be excessive within this group.

Other transients who are made unemployed and homeless by unfavorable business conditions resemble the typical homeless man, with the chief exception that they are drawn from more widely distributed economic classes. Consequently, they are younger on the average, and they have fewer physical disabilities. There are comparatively few women; not more than 3 per cent of unattached individuals were women in any of the monthly surveys, though 15 per cent of the heads of transient families were women. The majority are native white persons. Like the homeless man, too, there is little formal education or occupational skill among the depression transients. However, representatives of the higher educational and occupational classes did become more numerous as the depression increased. A second major difference between typical homeless men and transients is that many more of the recent transient population are employable and willing to work.[13]

Another resemblance between the conditions of transiency and homelessness is that in both cases most of the individuals come from urban centers. Rural transiency during the depression was small by contrast, and that which did occur came from towns of less than 2,500 population rather than from farms or villages. The general direction of the migratory movement was from the areas east of the Mississippi to western and southwestern regions. Moreover, like the mobility of homeless men in general, this transiency was more or less wasted effort since

[13] This summary is adapted from a report of the Works Progress Administration by J. N. Webb, *The Transient Unemployed*. Washington, 1935.

it was away from industrial sections where re-employment would be most probable as business improved.

Occupations of the transient. In a one-day survey conducted by the Welfare Council of New York, 14,000 homeless men were found in the Bowery district, of whom over 10,000 were unemployed. Nearly 75 per cent of these men were classed as semi-skilled or unskilled workers. This proportion is considerably higher than the numbers reported by previous studies, because of the excessive unemployment among these workers after 1929. The occupational distribution of the homeless in three comparable investigations shows that in a majority of the cases the men are usually employed as unskilled or semi-skilled workers.

OCCUPATIONAL DISTRIBUTION OF THE HOMELESS

	Per Cent Distribution		
Occupational Class	*New York Welfare Council— 14,000 Men*	*Solenberger— 1,000 Men*	*Church House, Providence— 540 Men*
Unskilled and semi-skilled ...	74.7	44.3	56.3
Skilled	22.0	21.3	30.2
Clerical and personal	3.0	11.4	12.2
Professional (and business) ..	0.3	9.5	1.3
Not given	—	13.5	—
Total	100.0	100.0	100.0

Sources: Welfare Council of New York, *New York Times*, Nov. 3, 1930. Solenberger, A. W., *op. cit.*, p. 135. Church House, Providence, R. I.

Carlton Parker's description of the typical casual corresponds with these economic and social characteristics of the homeless. He also presented some illuminating figures on the enormous labor turnover occurring within the casual occupations. In lumber and construction camps, harvesting, mining, canning, and orchard work, he found that some jobs extended only for a period of seven days and that the longest jobs rarely exceeded two months.[14]

[14] *The Casual Laborer and Other Essays*, New York, 1920, pp. 70–74. For comparable findings concerning the transient unemployed, see Webb, J. N., *The Migratory-Casual Worker*, Works Progress Administration, Monograph VII. Washington, 1937.

Nativity and age. In each of these three studies, the majority of the men were native born, 70 per cent, or nearly 10,000, of the New York group being in this classification. Of the Church House group, 80 per cent were native born, representing 30 different states of origin. The foreign born were recruited from 21 countries. The age distribution given for selected periods shows in each instance that homelessness is characteristic of the middle-aged. In Mrs. Solenberger's study there is further evidence in the greater concentration of the homeless among the younger age groups that recent industrial change has affected the middle-age classes more seriously.

AGE DISTRIBUTION OF HOMELESS MEN

Age Groups	*New York Welfare Council*	*Solenberger*	*Church House*
Under 20	1.3	11.7	1.7
Over 40	78.5	43.5	56.2
—50–60	18.0	11.8	19.0
—over 60	10.0	13.2	16.3

Marital status. Over 80 per cent of the men in the New York and Providence groups were single. Differences between the marital status of casual laborers and the transient unemployed are noticeable in the following comparisons: [15]

PER CENT DISTRIBUTION

	Solenberger	*Culver*
Single	74.0	79.4
Married	7.8	12.5
Widowed	11.6	1.5
Separated	4.9	—
Divorced	1.5	6.6
Unknown	.2	—
Total	100.0	100.0

The greater proportion of unmarried men and the high incidence of broken homes in both groups indicate that vagrancy, casual labor, homelessness, and transient unemployment are causally related to the wider problem of family disorganiza-

[15] Culver, B. F., "Transient Unemployed Men," *Sociol. and Soc. Res.*, Vol. 17: 525.

tion as well as to industrial depression. For example, the percentage of widowers in the Solenberger group is more than twice as great as the percentage of widowers in the general population. Furthermore, for comparable age groups, the proportion of married males in the general population (69.1 per cent) is nearly equal to the percentage of single men among these homeless groups.

Education and intelligence. Most homeless men possess only the minimum, common school education, and there are about equal proportions of illiterates and college graduates (5 per cent of each in the Solenberger group). This amount of illiteracy is considerably less than that in many selected problem groups. Moreover, intelligence tests have revealed many superior types among the homeless. Although a higher proportion of feeble-minded individuals appears among the homeless than among other selected occupational classes, Anderson is of the opinion that intelligence is not as decisive a factor in determining degrees of unemployability as other personality defects, such as emotional instability, chronic alcoholism, and drug addiction. The more serious mental disturbances, including feeble-mindedness, mental disease, and epilepsy, are considered to be primary causes in 10 to 18 per cent of the cases.

Physical health. Illness and physical defect figure more prominently among the problems of the homeless than mental defectiveness. While 90 per cent of these men are regarded as employable from this point of view and a majority are capable of hard manual labor, a large number are diseased or crippled. The table on the next page shows 722 instances of defect or disease reported among 627 men. Although many of these conditions were temporary or of minor consequence, they indicate that an adequate rehabilitation program depends to a great extent upon physical and mental hygiene.

The homeless aged. The aged, homeless dependents represent a cross-section of the problems of both old age and casual labor. They differ from the majority of the aged in that they have no permanent residence; in other respects the causes of

their dependency are the same. They differ from the majority of the homeless, since they have had previous records of steady work and their dependency in old age is ordinarily their first lapse from self-support.

Disability	*Number of Cases*
Mental and nervous conditions	150
Crippled	168
Blind and deaf	57
Defective health	73
Tuberculosis	93
Rheumatism	37
Venereal diseases	21
Other diseases	88
Aged	35
Total	722

Source: Solenberger, A. W., *op. cit.*, p. 36.

Even then, many consider their dependency as temporary until repeated failures to obtain employment force them into a permanent dependency. The most general and distinctive characteristic of this group is their complete social isolation.

The homeless aged, consequently, are practically identical with the aged. They differ radically from the homeless, being more similar to the general working-class population in their personal and social traits. More have married and had families; they are recruited from more widely distributed and skilled occupational classes; more have received some vocational education and training; and there is practically no illiteracy among them. There are also more with advanced technical or college degrees. Their closest resemblance to the homeless is that most of them have always been migratory, but until old age they have had good industrial records.

The chief problem of this class is their hybrid nature. They are old, destitute, and non-residents, and no social resources have been organized to take care of them. They are shunted around until they are segregated among the lowest types of poor-relief, whereas most of them could be rehabilitated by constructive social service. This is an unfortunate predicament, because they are really the victims of idleness, enforced

by technical changes in industry and competition with younger workers, more than of personal disability. Such problems manifest the folly of attempting to apply a residence requirement for poor-relief just because under sixteenth century conditions the English found this system adaptable to their local parish subdivisions.

The occupational experience of one elderly homeless man illustrates the sequence of events culminating in this joint problem.[16] Up to 40 years of age, he had been a barber, but was obliged to abandon his trade because of failing eyesight.

He first worked in a grocery store for two and one-half years, leaving for Hot Springs, Arkansas, because of inflammatory rheumatism. From there he went to New Orleans, working for one and one-half years with a bridge gang; then five months in a wheelbarrow factory. He returned to Cincinnati, his native city, for one month, and then left for Tennessee, where he worked for a month as a stationary fireman; next to Birmingham, where he worked as a railroad laborer; then to Memphis, St. Louis, and Kansas City for short periods. In Omaha, he drove a team for six months; then worked for three months as a laborer elsewhere in Nebraska. In Denver and Salt Lake City he found no work. At Portland he worked as a construction laborer and spent a year as a farm hand near this city. He went to California in 1915 for his health, and found employment for four months as a laborer; then to Stockton—no work. At Modesto he drove a team for six months; he thrashed beans at Santa Maria for six weeks; he worked with a bridge gang in Soledad for fourth months; after that he went to Los Angeles, but found no work. He then became a railway laborer in San Luis Obispo, and lost a finger in an accident which disabled him for a month without compensation. Sacramento, no work; Woodland, two months; Modesto, teaming. While working as a building wrecker, he broke his hip and was laid up for

[16] "The Dependent Aged in San Francisco," *Univ. of California Publications in Economics*, Vol. 5, No. 1, pp. 70–71, 1928. See footnote 14, above, for other cases.

six months without compensation. For the next three years he washed dishes at a construction camp during the summer months, and found odd jobs during the winter in Oakland and San Francisco. Since 1920 he has had irregular work in kitchens of construction camps. During the winter of 1924–1925 he returned to San Francisco and lived on his savings until he was forced upon the Salvation Army.

The work record and adjustments of this man differ considerably from the pathological experiences of younger casuals. Confirmed wandering is the chief characteristic of the latter, their work being incidental to their mobility. When social agencies attempt to rehabilitate them through employment, they find that steady work is incompatible with the chronic urge to move on. Thus, easy placement, which makes work available when it is wanted, has the effect of adapting this type of homeless to casual employment. No such risk occurs in the case of the aged group, whose primary problem is irregular work.

Business conditions and the homeless. The main types of homeless men, their personal and social maladjustments, the greater incidence among men and the middle-aged, and the casualties among the old stress the fundamental economic nature of this problem. All studies agree in concluding that major industrial conditions and periodic fluctuations in business are basically responsible. During periods of business depression, there are great increases in the numbers of the homeless; yet during normal periods industry depends upon a considerable number of seasonal and casual workers to supply excess labor needs. In the capacity of cheap, mobile labor, the homeless furnish an important service to industry. They are the last to be employed because they are untrained, and the first to be discharged because they are inefficient. Their characteristics of mobility, homelessness, lack of family obligations, low standards of living, and inability to plan for future emergencies are, in a way, advantageous—to their employers, who secure an ample labor surplus; and to themselves, because thereby they are reconciled to an abnormal life. Just as the

seasonal worker believes that it is impossible to work throughout the year, in a similar manner the migratory, casual worker becomes so accustomed to a hand-to-mouth existence that he often refuses steady work when it is offered.

The city is the camping ground for the migratory. Here they come in search of work or to spend the intervals between jobs. Labor exchanges, called slave-markets in hobo jargon, are established in those cities which are located conveniently to industries depending upon this labor supply, and the more exchanges there are, the greater the supply. Cheap lodging facilities and other needs of the homeless are also obtainable in these centers.

These cities are the first to experience the consequences of unsettled business conditions in increased numbers of idle men. When a business crisis occurs, all the pyrotechnics of human-interest philanthropy, radicalism, and the most crass forms of poor-relief develop. "Generals" march with armies of the unemployed to call upon governors or other officials to demand relief. Unemployment committees are organized to "make work," and private and public pocketbooks are taxed heavily by official agencies or by unofficial mendicancy. Clearly, the relation of business in general to homelessness in particular is a problem of fundamental importance in the organization of remedial or preventive programs. But from recent experience we know that such programs cannot be made overnight. Homelessness is a permanent problem under present industrial conditions. Consequently, if industry cannot be organized to dispense with the services of a large supply of surplus labor, then the major problems of the homeless are inevitable and some remedial system is imperative.

The municipal lodging house in cities that are labor centers serves the double purpose of supplying accommodations for the permanent group of casuals required by industry, and providing facilities for the accretions to this group during abnormal periods of unemployment. Under normal conditions, the registrations at these lodges fluctuate seasonally, being heavier

during the winter months. Cyclical variations from these normal loads have been used frequently as an index of general business conditions and of the need and trend of poor-relief. Several correlations have found a high degree of relationship between these registrations and indexes of factory employment, and this has led to the use of registration figures in the construction of dependency indexes. But under abnormal business conditions, such as those during the winters of 1914–1915 and 1930–1936, the lodging-house index becomes a less reliable criterion of either homelessness or dependency.[17]

This is because of the fact that there is no coördinated program for the care of the homeless during emergencies. Under abnormal business conditions, the number of unemployed casual and homeless workers increases enormously. Note in the figures of the Providence municipal lodge (page 433) the moderate increase during the business recession of 1914–1915, compared with the depression of 1908, and the enormous increase after 1930. Under these conditions the usual methods of caring for the homeless disintegrate. Missions and churches increase promiscuous giving and establish bread lines, without reference to the ability of charity agencies already organized to handle the problem. The independent operation of religious, secular, and public agencies is the principal obstruction to a well-developed program of community relief. In New York City during the winter of 1930–1931, there were 21 bread lines and soup kitchens and 13 missions, serving a total of 30,825 meals each day, and they were all acting independently of the municipal lodge and organized private agencies. Because of this competition in the name of charity and because of public hysteria, begging was encouraged, becoming a recognized if not a sanctioned method of private relief. The relief problem in New York City was further complicated by the *apple movement.* This measure was introduced as a special form of

[17] Stearns, M. E., "Correlation Between Lodgings of Homeless Men and Employment in New York City," *Jour. Am. Statis. Assoc.*, Vol. 24, No. 165A, pp. 182–190.

"made work" for the unemployed who had dependent families, but was used extensively by vagrants and homeless men as a means of obtaining extra cash.[18]

These relief agencies attracted unmanageable numbers of homeless men to New York, despite warnings circulated throughout the country about unfavorable employment opportunities. But the possibility of an easy living was an insuperable inducement. Experienced beggars lived in comparative luxury, while even the inexperienced were able to make a good living. There was no need of feature articles in the newspapers about how to live on 30 cents a day. The knowledge of available resources spread rapidly. The practice developed of sampling different bread lines and missions. By planning, some men were able to visit eight or ten different agencies each day. Lodgings were also free and abundant, but they had a great turnover because sampling occurred here as well as in the bread lines. Organized agencies during this period reported not only an increased turnover but also an actual decrease in numbers. In some instances they had a smaller intake than in the lightest summer months. To counteract begging, referral slips were distributed to men who begged for food or lodging. It was estimated that no more than 8 per cent of the men referred to organized agencies reported for assistance, and by actual count in one instance only 5 per cent of the slips were returned.

Depression, moreover, brought about a marked change in the personnel among the homeless. There were more high-type individuals and more of the socially inadequate (physically handicapped, neurotic, and aged), neither of whom were able to take advantage of the available but unorganized charities.

The average seasonal, casual, or migratory worker was conspicuous by his absence in agencies which offer real case work service, but made up a large part of the case loads of less well organized agencies. The latter group of agencies seldom attempt to meet

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[18] Hallwachs, G. M., "Decentralized Care of the Homeless in a Crisis," *The Family*, Vol. 11: 314–317. The following account of the New York City situation is taken from this source.

a man's total needs, but frankly depend on his supplementing by the use of bread lines.[19]

Applicants who did give unemployment as the cause of their dependency showed no inclination to accept work. The use of the customary "work test" by the organized agencies was continued with a higher rate of pay. Despite this inducement, there was a smaller number of applicants for work than in previous years. Few (only 5 per cent) worked the allotted time, and many failed to report when work was assigned. At one time, a group of 70 men standing near a bread line were offered work at $2.00 a day, and all refused.

The results of these uncoördinated efforts during periods of depression are unpredictable. Unquestionably the abandonment of case work methods and standards, the failure to use organized agencies, and the omission of registration and clearance are unjustified, regardless of the emergency. Bread lines, soup kitchens, and made work may be needed as last-resort measures, but most social workers agree that they are unnecessary. The total absence of individualization of treatment during a business crisis emphasizes the need for constant preparation, and the techniques to be employed in treatment can be devised only gradually by those agencies which are concerned with the permanent group of casuals that persists regardless of the business cycle. For both of these reasons, competition between experienced and hastily organized, inexperienced agencies generally defeats an integrated community-wide program of social work. And, as yet, such a program has not been proved to be impracticable.

The homeless as an urban problem. The economic sources of the problem of the homeless are scattered as widely as the industries depending upon homeless men, but the problem of relief is concentrated in the city, especially in a few cities adjacent to areas requiring seasonal and casual workers. Because of its accessibility, Chicago is called the "hobo capital." Ander-

[19] *Ibid.*, p. 316.

son has estimated that an average of 5,000 tramps are daily visitors to this city, making a total of 150,000 a year, while the numbers of migratory workers normally average about 300,000 a year. One fifth of the 700 hotels in Chicago cater to those homeless groups. Smaller numbers of mobile workers are found in Minneapolis, Kansas City, Omaha, St. Louis, Cleveland, Cincinnati, Pittsburgh, and other less central communities.

This urban problem, furthermore, is a restricted one geographically as well as socially, being usually concentrated within one area of the city. Various terms are given to this area—the slums, the area in transition, the non-family area, the lodging-house district, the emancipated area, or hobohemia. Here by a process of segregation the homeless man and the migratory worker find a place for themselves in association with equally isolated types. Park and Burgess have given the following description of this ecological division: [20]

> In the expansion of the city a process of distribution takes place which sifts and sorts and relocates individuals and groups by residence and occupation. The resulting differentiation of the cosmopolitan American cities is typically all from one pattern, with only interesting minor modifications. Within the central business district or on an adjoining street is the "main stem" of "hobohemia," the teeming Rialto of the homeless migratory man of the Middle West. In the zone of deterioration encircling the central business section are always to be found the so-called "slums" and "bad lands," with their submerged regions of poverty, degradation, and disease, and their underworlds of crime and vice. Within a deteriorating area are rooming-house districts, the purgatory of "lost souls."

Hobohemia and its neighboring sections constitute an area of:

> . . . deteriorated store buildings, cheap dance halls and movies, cabarets and doubtful hotels, missions, "flops," pawnshops and second-hand stores, innumerable restaurants, soft-drink parlors and "fellowship" saloons, where men sit and talk and which are hangouts for criminal groups that live in back of the slum.

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[20] Burgess, E. W., "The Growth of the City," in Park, R. E., and Burgess, E. W., *The City*, Univ. of Chicago Press, Chicago, 1925, pp. 54–56. Reprinted by permission.

Here many problems in personal and social disorganization center:

> . . . the criminal, the radical, the bohemian, the migratory worker, the immigrant, the unsuccessful, the queer and unadjusted. The migratory worker is attracted by the cheap hotels. . . . The criminal and underworld find anonymity in the transient life of the cheaper rooming-houses. . . . The bohemian and the unsuccessful are attracted by cheap attic or basement rooms. The radical is sure of a sympathetic audience. . . . The foreign colony . . . is found in the slum . . . because of cheap housing and little opposition to their settlement.[21]

Within this area, in competition with private lodging houses and missions, the municipal lodge has been the only public agency catering to the heterogeneous types of homeless men. It has failed to attract the majority, according to Stuart Rice, or to meet their chief needs, because its services have been too general. It has been unable to supply lodgings for the migratory worker as cheaply as some private hotels, equally well managed, and at the same time furnish the social service required by the sick, disabled, and aged. Accordingly, the program of the municipal lodge should be specialized so as to furnish employment services to the able-bodied through an application bureau, and make shelter merely a supplement to this primary need. Its second service should be devoted to the pathological and unemployable, for whom it should act as a custodial agency of first investigation, diagnosing cases and allocating them to other institutions. In this dual capacity, the municipal lodge is the only agency on the first line of defense between normal migratory workers and the virile attractions of the city that make casual employment and dependency into pathological forces.[22]

Getting-by. When some remedial social service is lacking, begging in its various forms becomes a minor but obnoxious aspect of this problem. Most casual workers either earn their

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[21] Zorbaugh, H. W., *Gold Coast and the Slum*, University of Chicago Press, Chicago, 1929, pp. 10–11.

[22] Rice, S. A., "The Failure of the Municipal Lodging House," *Natl. Municipal Rev.*, Vol. 11: 358–362.

own way or are able to get along by curtailing their expenditures and by occasional dependence upon free lodgings. Getting-by in its wider implications varies with the type of homeless man; it may:

> . . . mean anything from putting in a few hours a day at the most casual labor to picking a pocket or purloining an overcoat. It includes working at odd jobs, peddling small articles, street faking, "putting over" old and new forms of grafts, "working" the folks at home, "white collar" begging, stealing, and jack rolling.[23]

By no means do all homeless men engage in these practices. Of the 1,000 men in Mrs. Solenberger's study, 135 were chronic street or house-to-house beggars. From her own experience with these cases Mrs. Solenberger concluded that begging is the most demoralizing form of getting-by, that once tried it is practically impossible to rehabilitate the person through normal work, and that there is no objective necessity, except the individual's preference, for this recourse.

Mobility and the stranger. The segregation of homeless men, by occupation and by economic and social areas, has produced a sharply differentiated cultural group. Its pattern of culture conflicts with the prevailing mores, and is distinguished and explained by social distance, meaning the absence of those primary contacts and intimacies that occur in family groups or village communities. Mobility, physical isolation, and this conflict in cultures accentuate the social isolation of the homeless and, consequently, their problems.

The homeless, lacking contacts with any but their own kind, develop a culture that resembles that of the stranger. In social science the concept of stranger is used to explain the results of division of labor, vocational or class stratification, and geographical and social mobility. All of these factors are recognized to be direct causes of social differentiation. The stranger is both mobile and different. He has no social position in the community. Having little direct contact with the usual social institutions and mores, he is practically detached from community

[23] Anderson, Nels, *op. cit.*, pp. 40–41.

control, living in a world of his own making. Although this social explanation of the homeless is still largely within the domain of non-specific social theory—and, like all hypotheses, raises more questions than it solves—a description from this point of view helps us to understand the basic readjustments to be required of a preventive program.[24]

Summary—a preventive program. Although homeless and migratory workers do not present a problem at all comparable in its magnitude to the dependency and disorganization of families, in either normal or abnormal periods of employment, they do indicate a serious pathology in social relationships. No matter what measurement of normal living is adopted, the homeless man has to be expected. Since homelessness is not a major social pathology, only superficial remedies have been applied and there has never been any consistent effort toward prevention. This situation is unfortunate, for, as Klein says,[25] the homeless man:

> . . . supplies the opportunities of the grandstand philanthropist is grist for the mill of the yellow journal, confounds the economic theorist or industrial reformer, and is a godsend to the irresponsible agitator.

During recent years, and also in previous centuries, complaints have been brought at regular intervals against these unattached persons, but no effective measure for their control has ever been formulated. Previously, four experiments have been made: the homeless have been punishd as misdemeanants and vagrants, and sometimes flogged; they have been ordered to keep moving; they have been subjected to the work test; they have been given indiscriminate relief. Apparently we are still midway between the third and fourth remedies.

Social-service plans for rehabilitation are attempting to organize a complete program which will meet the needs of the different classes of homeless men and families—to break down

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[24] Park, R. E., and Burgess, E. W., *Introduction to the Science of Sociology*, Univ. of Chicago Press, Chicago, 1924, pp. 317–331.

[25] Klein, P., *op. cit.*, p. 150.

their isolation by readjusting broken family connections, to create contacts with normal social groups, and to minimize the risks of mobile labor. This program is separated into two related parts. One consists of those measures to be introduced during an emergency. The second deals with the wider aspects of transiency. Such a coördinated community program suggests the following procedures: [26]

1. Emergency Provisions

A. Routine organization.
   1. Organize a committee made up of representatives of agencies and individuals connected with or interested in the problem—which will survey the situation as to the needs and the adequacy of existing agencies to meet the needs, coördinate all efforts being made, and give necessary publicity to the program.
   2. Through such a committee endeavor to centralize, if possible, all relief measures through the organized agencies.
   3. If additional facilities are necessary, coördinate their efforts with those of the organized agencies, avoiding unnecessary duplication.
   4. Maintain present standards as far as is reasonable. If changes in policies must be made, let them be with the knowledge of the other agencies, and the recognition of the effects such changes will have on them.
   5. Bring pressure to bear on those determined to give indiscriminately, either to provide assistance through existing agencies or else to discontinue it.
   6. Force as much responsibility as possible on the city and state governments, particularly for food and lodging.
   7. Endeavor to gain the coöperation of the city police and public health departments in enforcing the vagrancy and other laws pertaining to the problem.
   8. Wherever possible, either apply existing "work tests" or organize new ones.
   9. Give enough publicity to such plans—through the press and possibly through special pamphlets put out for that purpose and distributed through the community to those in any way coming into contact with the problem—so that the proper disposition can be made of the detached man or family.

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[26] Wilson, R. S., *op. cit.*, pp. 16–39. Reed, E., *op. cit.*, Chap. 3.

B. Immediate provisions
   1. Reception and registration of transients.
   2. Classification of types according to their needs and the resources for treatment.
   3. Clearance through the Social Service Exchange.
   4. Transfer of the case to the proper agency.
      a. Provisions for physical care—housing, shelters, camps.
      b. Medical care.
      c. Work projects.
      d. Employment service.
      e. Religious, educational, and recreational resources.
      f. Inter-city coöperation for transportation and care.

The second portion of this program consists of nationwide preventives, and resembles or supplements other preventive agencies for such general problems as unemployment, poverty, industrial accidents, wasteful movements of population, readjustment of community-migrant relations, or coördination of national and local public and private agencies:

2. General Social Objectives

1. Establishment of a free, nationwide system of employment agencies.
2. Regulation of all private employment agencies doing an interstate business.
3. Plans for the regularization of employment: national relief by public works in winter and during periods of business depression; reduction of labor turnover; the decasualization of industry.
4. Establishment of social insurance against unemployment.
5. Transportation of migratory workers at low rates.
6. Extension of vocational training and guidance; adult education.
7. Organization of working-men's hotels by states and municipalities.
8. Establishment of farm colonies for the rehabilitation of the "down and outs," with medical facilities, and special workshops for the handicapped.
9. Organization of state and regional transient bureaus.
10. Development of trained personnel for transient work.
11. A program of camps and shelters with work projects.
12. Special provisions for young transients in order to relieve the pressure on the labor market.
13. Provisions for aged and sick migrants.

14. A program to prevent aimless wandering in conjunction with efforts to redistribute the population according to need for workers.
15. Loan funds for skilled migratory workers.
16. Adequate poor-relief and work relief in local communities.
17. A permanent transient bureau in the federal government.
18. An extensive research program.

This program is organized to prevent unnecessary mobility. Its principal objective is to adjust mobile groups, who are exposed to all the ill-effects of poverty, unemployment, and a substandard existence, as efficiently as possible. The assumption underlying the various specific undertakings and recommendations is that society exacts too high a price of certain social classes because of a mobility from which they cannot escape.

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Questions

1. In *Men on the Move,* Anderson states that hobohemia and the individual transient have been eliminated by technological advancements. What is the evidence that supports this conclusion?
2. How does transiency as a social problem differ from a mass-population movement as the latter developed during the years 1941–1945?
3. Is the novel *Grapes of Wrath* by John Steinbeck a sociological treatise?
4. How do homeless men adjust themselves during business crises?
5. Why is homelessness considered a social pathology, unlike the problem of the aged?
6. Can unemployment bureaus for the homeless furnish efficient placement services without increasing the problem that they are treating?
7. What are the chief remedial functions in social work for the homeless? What forms of social work are now engaged in this relief?
8. What are the primary obstacles to a preventive social-work program for the homeless?
9. Discuss the relative validity of arguments that the casual laborer is primarily a result of: (a) personal choice, or (b) of seasonal and irregular work.
10. Classify the chief causes of transiency as those which can be controlled by the person and those which cannot be so controlled.
11. What methods can be adopted to curtail labor turnover? Is there any evidence that technological changes in industry will eliminate casual labor?
12. What types of youth who reside in small towns are most migratory? Consult: Mauldin, W. P., "Selective Migration from Small Towns," *Am. Sociol. Rev.,* Vol. 5 (1940): 758.
13. What are the sociological characteristics of the slum?
14. From what nativities and social classes are migratory groups recruited?
15. Why are there more homeless men than women?
16. What are the primary causes and results of rural migration? Consult: Taeuber, C., "Migration and Rural Population Adjustment," *Rural Sociol.,* Vol. 5 (1940): 399–410.
17. R. E. Park, writing in *The City,* p. 158, states: "The trouble with the hobo mind is not lack of experience, but lack of a voca-

tion." Do you consider this distinction to be of sociological significance in the explanation of homelessness?

18. Why is mendicancy regularly classified as a misdemeanor and seldom enforced? What classes of beggars have been identified? Consult reference to Gilmore, H. W.

19. What is the connection between transiency and the primary group? Cite other sociological concepts that are pertinent to an explanation of transiency.

20. What types of social mobility do transient families represent?

CHAPTER XIV

BROKEN FAMILIES

DIVORCE, desertion, and widowhood are the three most obvious breakdowns in family life. They are stressed because of their frequent occurrence and need for immediate social treatment. Actually each is the result of a stream of personal and social disorganization. For this reason, it is well to study them as by-products of social change and of radical transitions in marriage and the family. Only upon careful analysis can they be separated from a number of tensions and conflicts which are jointly summarized under *Family disorganization* and *Family disintegration.* Broken homes emerge as patterns of social disorganization and unsuccessful personal interaction.

Characteristic sources of broken homes, in addition to their three major forms, are listed in the reports of family welfare and counseling societies. In this and in the following tables

PROBLEMS RELATED TO FAMILY UNADJUSTMENTS

CAUSES	FAMILIES	
	Number	*Per Cent*
Unemployment	6,596	56.7
Illness	1,653	14.2
Desertion	925	7.9
Death of husband	743	6.4
Insufficient income	574	4.9
Old age	264	2.3
Imprisonment of man	244	2.1
Divorce or separation	197	1.7
Non-support	184	1.6
Injury to man	169	1.5
Insanity of man	55	0.5
Orphanage	15	0.1
Blindness	11	0.1
Total	11,630	100.0

Source: Detroit Dept. of Public Welfare, *Annual Report,* 1927, p. 8.

the problems leading to or associated with the economic and social dependency of families are given. The table on page 459 presents major causes of family dependency. In the table below specific conditions in family disorganization are enumerated.

Sources of broken homes. The different conditions within the broken home do not reveal precise causal agencies in the process of family breakdowns. However, they do extend the problems of broken homes considerably beyond their spectacular termination in the statistical classifications of divorced, deserted, and widowed families. An illustration of the merging of these specific factors and of the process of family disintegration will be given for one family.[1]

FREQUENCY OF SPECIFIC FAMILY UNADJUSTMENTS

Unadjustments	Number of Families	
	New Haven	*Brooklyn*
Domestic difficulty	148	508
Parent-child conflicts	42	205
Poor household management	104	326
Widow with dependent children	64	341
Widower with dependent children	15	45
Illegitimacy	19	151
Desertion	56	386
Non-support	69	361
Imprisonment	36	157
Unfriendliness of relatives	60	415
Bad housing	31	255
Overcrowding	34	215
Total	678	3,395

Sources: New Haven, Conn., Organized Charities Association, *Fiftieth Annual Report*, p. 32; Brooklyn Bureau of Charities, *Annual Report*, 1926–1927, Table 46.

Most married adults who are given the opportunity to express an opinion concerning the satisfactions to be achieved in life admit that their first choice is to realize a happy married life. But in rapidly growing numbers this goal in not achieved

[1] Pace, C. R., *They Went to College*, Univ. of Minnesota Press, Minneapolis, 1941, p. 66. Woodhouse, C. G., "A Study of 250 Successful Marriages," *Social Forces*, Vol. 8 (1930): 511–532. Mental hygienists invariably consider that the chief causes of unhappy marriage are to be found in such evidences of adolescent behavior in the adult as ill-temper, moodiness, hypercriticality, lack of self-confidence, carelessness of the feelings of others, and in unconventional attitudes or conduct (in religion, sex, use of alcohol, or choice of recreation).

because of frictions arising from financial problems, temperamental and other clashes of personality, sexual adjustment, or the differing interests of either the husband or wife outside of the home.

These surface frictions are in turn associated with several basic indications of loose social organization and inadequate personality, the most prominent being the individual's physical and mental health, his education, his own family background, and, in addition, a host of interests, attitudes, and values.

Statistics of marital status do not show either the frequency or the severity of family breakdowns. In the United States during the last fifty years, there has been a small increase in the married, widowed, and divorced categories for both men and women fifteen years of age and over, and a corresponding decrease in the proportion of the single. In the last report of the Census, one fifth of all families in this country were broken.

MARITAL STATUS OF PERSONS IN THE UNITED STATES—15 YEARS OF AGE AND OVER

	Males			Females		
	1890	*1910*	*1940*	*1890*	*1910*	*1940*
Single	41.7	38.7	33.2	31.8	29.7	25.8
Married	53.9	55.8	61.2	56.8	58.9	61.0
Widowed	3.9	4.5	4.3	11.0	10.6	11.5
Divorced	0.2	0.5	1.3	0.3	0.6	1.7
Unknown	0.3	0.5	...	0.1	0.2	...
Total	100.0	100.0	100.0	100.0	100.0	100.0

Source: U. S. Census Reports.

An initial inquiry concerning the institutional and personal complications of the broken home should be directed toward the functions of the family as a social institution, the mores which insure its permanency, the historical varieties of family and marriage, and the problems or conditions relating to their evolution. In such a discussion, the following topics are usually considered as elements or processes in the breakdown of families. They are also regarded as proof that the old-fashioned family is inadequate, or as sufficient evidence that other prob-

lems must be solved before a satisfactory system of family relationships can be established:

1. Industrial changes:
   Economic insecurity.
   Technological unemployment.
   Occupational mobility.
   Employment of women.
2. Urbanization and urban overcrowding.
3. Mobility of population.
4. Changing standards of living and habits of consumption.
5. Changing social and economic activities of the home.
6. Changing legal and social status of women.
7. Reduction in the legal barriers to divorce and disappearance of the so-called stigma of divorce.
8. Trend toward the small-family system. Childless marriages.
9. Growing disregard for religious and moral dogmas; the demand for equality in the moral standards of the sexes.
10. Extension of popular education.
11. Inadequate preparation for home life.
12. Modern liberalism and individualism.
13. Revised concepts of the function of marriage and of personal happiness.
14. Inadequate opportunities for social contacts between the sexes.
15. Eugenics and birth control.[2]

Of all problems and changes in family life, divorce is given most attention. Since the family and the home are considered fundamental and permanent institutions, no change in their structure can be proposed without intense opposition. Changes have frequently occurred, however, in the organization of the family, especially in regard to marriage and the method of its dissolution. Obviously, all these changes are interrelated. Divorce can be evaluated justly only when it is considered in connection with marriage, the family, or the conditions that cause it. A review of these institutional factors in broken

[2] In the following pages a discussion of the connection between these topics and the broken home will be omitted except in so far as they are found to be its causes. For further reading on these topics, consult Elmer, M. C., *The Sociology of the Family*, Ginn and Co., Boston, 1945; Folsom, J. K., (Ed.), *Plan for Marriage*, Harper and Brothers, New York, 1938; Waller, W., *The Family: A Dynamic Interpretation*, Cordon Co., New York, 1938; Westermarck, E., *The History of Human Marriage*, Macmillan, New York, 1921. Other references may be found in the bibliography of this chapter.

homes is a necessary step to a study of personal or individual causes.

There is no essential difference between desertion, non-support, separation, and divorce in so far as their consequences upon family stability are concerned. But in desertion, because of its informality and peculiar legal status, society has a relatively new social problem to deal with. Technically, desertion occurs when either husband or wife leaves the home without informing the other as to his or her destination. Non-support occurs when the person legally responsible for the family's maintenance remains in the home but does not furnish adequate support. Thus, desertion and non-support are defined legally and economically. Finding the common law an inadequate provision to enforce proper family support, every state has passed laws making desertion, non-support, or abandonment punishable offenses. Desertion is also defined socially, generally by social work agencies, and because there is a difference between the legal and social conceptions of desertion and non-support, they are two of the most difficult problems for the social worker and probation officer. This specialization in definition and treatment—the legal problem being the problem of the deserter, the social problem being family dependency—has handicapped the study of these problems as one form of domestic discord.

In comparison with divorce and desertion, which are called social breaks, widowhood is a physical break in family solidarity. Each of these conditions may be directly economic, the result of economic upheavals, or of poverty and other indirect economic situations. From the woman's point of view they call attention to two basic considerations: (1) the industrial and occupational status of women in modern society, and (2) their social status as home makers. From a broader point of view, these problems call attention to any social change affecting the status of the family or the relationship of the sexes. Widowhood, in particular, is a primary cause of family and child dependency and may be regarded as a definite index of social un-

adjustment, especially when its extent and consequences are compared with efforts toward family protection—the direct prevention of widowhood by the elimination of its causes, and schemes for the adequate financial relief of dependent mothers.

A type of broken home—The Kennedy family. For twenty years or more, the Kennedy family has been in the care of several social agencies. The first application for assistance was made under the stress of debts, unemployment, and illness when the family consisted of four persons: mother, father, and two babies. During the intervening period, seven more children were born, and the problems of the family kept pace with this growth. Briefly, the family pattern is one of inadequate income, poverty, unemployment, and irregular work, poor housing, desertion and non-support, parental and cultural conflicts, hostile relatives, deficient education, inability to maintain normal recreation, alcoholism, and maladjusted personalities—a representative pattern of underprivileged people and the broken home.

The outstanding problem underlying the disorganization of this family was poverty. This condition is more easily diagnosed than explained, although there are many superficial factors that are sufficiently serious to account for it. A description of the man's occupational experience and of his average earnings indicates the degree of poverty under which the family was laboring and reflects some of the major reasons for the disorganization of the family's life.

On leaving high school, Mr. Kennedy was first employed as an apprentice in a local engineering concern. He kept this job until he enlisted in the Navy. At the age of 23 he returned to his home and found employment with another engineering establishment as a machinist's apprentice. From 1906 to 1912, he was connected with this firm as apprentice and finally as master toolmaker, when he was thrown out of work by the failure of the company.

Finding temporary employment with another firm in 1912, he stayed there for five months. As no permanent job de-

veloped, he deserted his family and found employment in another city, moving his family there later on.

With the high wages made possible by the War, the family was economically self-sufficient. However, they were not able to save, and when, later, wages were cut, Mr. Kennedy left his family in their new home and sought employment in another state. Then, shortly afterwards, he returned to his family because a strike had deprived him of work, and they moved back to their original home, where work as a machinist was obtained. The general depression of 1921 caused another period of unemployment. In 1922 this family of eleven persons was living on an average income of $18.00 to $24.50 per week.

The immediate conditions leading to the economic dependency of this family were: (1) unemployment because of the bankruptcy of his employers; (2) desertion, caused by a temporary job and the search for work out of town; (3) unemployment caused by a strike; (4) unemployment caused by a general business depression; (5) economic insecurity, caused by low wages and the additional expenses of the woman's confinements.

In addition to unemployment and irregular work, the man's record is one of many changes of employment. Prior to 1922, six different positions are noted. Between 1922 and 1926, there were fifteen changes of employment and thereafter, to the end of the case record, eleven changes, making a total of thirty-two. He left jobs voluntarily thirteen times with no other job in prospect. He left four jobs for better wages elsewhere, was discharged once, and was laid off fifteen times for one of the following reasons: bankruptcy of firm, job completed, slack work, labor trouble. His longest work period on the same job was six years. The rapid shifting of jobs after 1922 was due primarily to employment as a spare hand by small firms.

Though a capable worker, Mr. Kennedy has rarely received sufficient income to support his family adequately. During the War, when wages were unusually high, his earnings were sufficient. However, there is no record in the family's case history of his earnings while the case was inactive. Conse-

quently, the weekly wage rates mentioned here are a good index of the family's poverty. They are not a correct estimate of his ability as a worker, since many months of short-time employment, for which he was in no way responsible, cut down his average wage. From 1910 to 1912, he earned an average weekly income of $12.00 to $15.00. In 1922, he received from $18.00 to $24.00 per week, the amount varying with short-time and overtime. On the average, he is now earning about $30.00 per week; on various jobs this varies from $25.00 to $37.00. In other words, he has never, in his weekly earnings, deviated far from the average of the occupational group to which he belongs. On his recent trip to the machine shops of Cleveland, his weekly income was about $45.00. This average wage, compared with weekly needs required by the budget, presents a valuable summary of the economic problems in the Kennedy family.

JANUARY 21, 1926

Income: $32.50—man's wages.

Weekly budget:		
	Food	$19.80
	Clothing	9.75
	Fuel	3.30
	Insurance	.85
	Rent	4.62
	Total	$38.32 for 11 people.

Mr. Kennedy obtained the best job of his occupational career during the last six-year period of the family's recorded history. He was appointed superintendent of a large manufacturing concern. Here he stayed for a year and a half, earning twice as much as he had hitherto, and he proved his worth to the concern. He left for purely personal reasons, "because he was being spied upon" (as he told a psychiatrist). Since this job, he has drifted to various shops, never earning more than $35.00 per week. When last heard from, he was out of work.

The social history of this family is as irregular as its economic history. There is constant dependence upon family, medical, and child welfare social agencies. This dependency, however, is fully accounted for by the inadequacy of the man's earnings for a family of eleven. Economic hardship is also

evidenced by inadequate housing and room-overcrowding. Noise, squalid neighborhood, economic insecurity, overfatigue, and occasional alcoholic sprees contributed their share to the family's disintegration.

To complicate this disorganization, the man deserted his family five times, on each occasion just before the birth of a child. In spite of these difficulties and the inevitable accumulation of debts, the mother proved to be competent as a housekeeper and in the care of the children. Her worst trait was the reputation of being an "awful nag." As a result, there was a long record of bickering between husband and wife. Shortly after the fifth desertion, Mrs. Kennedy instituted proceedings for a separation through the Legal Aid Society upon grounds of desertion, non-support, alcoholism, and brutality. Her husband, thoroughly repentant, acknowledged the truth of these charges. He threatened suicide if the proceedings for separation were continued, and offered to return under any conditions which the court might establish. He promised that if he were permitted to return to his family, he would stop drinking and support them to the best of his ability. When this opportunity to reorganize the family without breaking up the home presented itself, the separation proceedings were canceled, and Mr. Kennedy was permitted to rejoin his family after a strict warning concerning the behavior that would be required of him by this concession.

Many constructive social services were rendered by social agencies. Regular grants were made to supplement the family budget. The family was moved from a crowded tenement area to a single house in the suburbs where the man could have a garden. The man's hobby, an interest in radio and machinery, was encouraged by getting him in contact with local engineers and through library resources. And scholarships were obtained for some of the children.

Health problems have presented themselves frequently. Mrs. Kennedy became ill and required hospital care on several occasions. Her irritability and nagging are still apparent. Mr. Kennedy missed several weeks from work early during this

period because of a recurrence of neuritis and an affection of the sciatic nerve. Later he complained of sleeplessness and worried about his physical condition. A psychiatrist is now studying his case.

No material change in the affairs of the Kennedys has occurred in response to conscientious and persistent case work. Throughout the entire record, there is no evidence as to the rehabilitation or prevention of anything in this problem family. Even at the peak of the man's earning capacity, and when the family income was supplemented by occasional earnings of the children, the family neither saved nor remained clear of debt. Emergency relief was needed several times. The latest move, reversing historical precedent, is the man's threat to seek a separation.

In a note to a social worker at this time, Mrs. Kennedy said:

> I am all discouraged. . . . It seems just when there is a chance to get ahead something turns up again. Twenty years of this same thing gets tiresome. . . . Please don't be angry with me for being so discouraged but I just can't help it. You know how it is here, if Mr. Kennedy's pay does not come in steady every week. We get behind right away and when it stops completely, it is awful. . . .

Summary of the Kennedy case. The objective manifestations of disorganization and demoralization in the Kennedy family are obvious. Frequent changes of employment, inadequate housing facilities, wretched neighborhood, vicious neighbors, low wages (compared with family needs), debts, no savings, lapsed insurance, desertion and non-support, drunkenness, cruelty, irritability, nagging, and periodical discouragement are on the surface. Economic insecurity is a general and fairly objective summary of this demoralization.[3]

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[3] This summary of the case is adapted from a record in the files of the Family Welfare Society, Providence, R. I., and is modified only by the elimination of identifying facts and by rearrangement. Compare with the Seldon family described by Libbey, B., *The Art of Helping by Changing Habit,* Natl. Conf. of Social Work, 1925, pp. 276–284. Numerous other case histories of a generally similar character are reviewed in Waller, W., *The Old Love and the New,* Liveright, Philadelphia, 1930, and in Mowrer, E. R., *Family Disorganization,* Univ. of Chicago Press, Chicago, 1939.

These conditions are cues to the case-work problems. The personal (biological, psychological, and social) make-up of the couple, which has yet to be reorganized in an intelligible pattern of problems, is the real cause. For the present, each of the above factors may be considered as an independent item in the domestic complex. Any one of them may be a cause, or simply a symptom or result. Outstanding disabilities are the low and irregular income, too many children, poor housing facilities, and casual employment. The seriousness of these conditions is proved by the frequency of their occurrence in other dependent families.

But neither the persistency of these factors, their seriousness, nor their combination is sufficient to account for this dependency. The agency's experiments in treatment for the last twenty years have produced no constructive result. Economic dependency has been removed on at least two occasions of fairly extended and well-paid employment. Earnings by the children have eased the continuous aggravation of this factor. Provision for better housing furnished a new physical environment. But the dependency has recurred. There remain for further investigation the personalities and cultural differences of the parents. The man's exalted ego, revealed in his inventions and letters, in his paternal solicitude for the education of his children and in their choice of vocations, furnishes a basis for further study.

The social problems in this case are easy to determine, and treatment has been provided extensively and intensively. The social work problem, a combination of personality, cultural, social, and economic conditions, is still to be formulated.

Historical background of divorce. For fifty years or more, the dissolution of the family by divorce has reflected rapid as well as basic changes in marriage and family customs. As phases of social pathology, these changes have received various interpretations. One group, viewing the negative influence of divorce upon the family and its related institutions, has branded divorce as unquestionably *the* national menace, and classifies it

as a major social problem. Others are less alarmed about its immediate significance, considering divorce more a symptom of serious unadjustment in the family than a condition leading to pathology. Both groups agree that divorce represents a crisis that follows naturally the rejection of the monogamous concept of marriage and a revolt against the old-fashioned family with its presumed permanency. They disagree, however, as to its characteristics of inevitability or desirability.[4]

In current tradition. Divorce may be considered from three angles. In its most usual interpretation it involves a transition to a less stable form of family life, heralded by such a temporary union as the companionate or trial marriage. Secondly, as a mode of personal adjustment, it may be regarded (especially for persons whose lives are unduly disturbed by such changes) as the necessary supplement to modern culture that parallels recent transitions in other institutions such as industry, leisure, education, and communication. And, incidental to the two interpretations mentioned above, divorce may be related to multiple social problems.

In a discussion of any of these approaches to divorce, dissension arises because of two opposing views on marriage. Marriage is either a permanent relationship which does not admit of any dissolution effected by human intervention, or it is one that may be dissolved for certain specific reasons. Neither of these views can be accepted entirely without qualification. The first is a contradiction of the fact that marriage never has been universally regarded as permanent. The second has the obvious weakness of not being able to include restrictions which will give flexibility to modern marriage without actually encouraging irresponsible unions.

A further source of confusion concerning both marriage and divorce is the fact that personal liberties and social obligations in these relations have always been at swords' points. If we regard either as a personal privilege and isolate it from the

[4] As illustrations of these different concepts, compare the works by Gwynne, W., *Divorce in America under State and Church*, Macmillan, New York, 1925; and Goldstein, S. E., *Marriage and Family Counseling*, McGraw-Hill, New York, 1945. Chaps. 1 and 11.

current restrictions imposed upon it by the group, only half of the problem, at the most, is being considered. Much of the literature on these subjects is beside the point, just as poverty and crime, as their treatments often indicate, are only half understood when they are interpreted merely in their individual connections. In addition, although it is a serious matter, divorce is often treated frivolously, as some contemporary novels or movies bear witness. Largely because of this confusion and superficial examination, the problems of marriage and divorce have been divided into separate categories of many ills rather than one or two related problems. That is, there are in this country at least forty-nine generic varieties of both, with subdivisions under each of these. This "legal-social medley" with its related problems has in turn become a conflict of principles —a moral issue in the place of a definable problem of social policy.

For this reason it is well to begin an analysis of divorce with a statement of the principles upon which marriage is based. If such an array of principles could be provided and accepted, then divorce might be discussed as a deviation from these norms, and accordingly sanctioned or condemned. Unfortunately for the clarity of this discussion, divorce has become a problem simply because no one series of principles underlying marriage is wholly acceptable to everybody. However, to have some definite basis for our discussion of the question, let us assume that the following five conditions are essential to marriage and that they may serve as a tentative description of the moral standards from which divorce is a radical deviation.

Essential Conditions for Marriage [5]

First, genuine marriage must be intended. . . . Since marriage is a natural institution, it must be taken for granted that those who marry intend the natural union with all its consequences, known or unknown, unless any of these be expressly excluded.

In the second place, the parties must be physically capable of the marriage union. . . . If . . . impotence be discovered after the

[5] Quoted by Gwynne, W., *op. cit.*, pp. 26–29. For the different kinds of legal divorce, consult Ringrose, H., *Marriage and Divorce Laws of the World*, Musson-Draper, London, 1911.

verbal contract has been made, this must be treated as null and void, and there is no marriage.

In the third place, the consent of the parties must be free, deliberate, and informed; otherwise there is no true contract. . . .

Fourthly, the parties must be free of any other tie of wedlock. This follows from the unity and indissolubility of marriage. . . .

Lastly, persons nearly akin to each other are incapable of intermarrying.

It is safe to assume that the groups opposing or upholding the permanency of marriage would accept all of these conditions in theory. Divorce enters as a problem in the third condition, because, in basing the validity of the marriage contract upon free, deliberate, and informed consent, one presupposes (according to the advocates of divorce) a condition contrary to fact.

When the status of divorce is considered in its institutional setting, the situation is at once complicated by the mores of several institutions, each referring to its own interests in the family. The law supplies a legal basis for marriage and divorce, but cannot serve as a general control because it is limited to contractual relationships. Moreover, the law, being relatively uninterested in ethics, is opposed by the church. For centuries religion has considered the family and marriage to be under its special jurisdiction, in opposition to state control. In addition, family, economic, and educational mores have important bearings also upon the legal and moral status of divorce. Although theoretically there is a moral institution which enacts codes for all institutions, and hence would avoid contradictory moral principles, actually the separate institutions create their own morals without as much reference to the others as might be desirable, as in the case of divorce. This institutional conflict is the chief reason for the classification of divorce as a social maladjustment.

In its personal setting divorce is considerably less complicated. A person contemplating divorce has changed his mind rather than his personal code of morality. The moral issue involved hinges upon the question: Are there any contracts or

social situations so intimately connected with group welfare that personal rights must be subordinated? Divorce is not necessarily a danger to marriage as an institution; but under the present condition of increasing divorce there is coming into being a changing form of marriage, a more flexible family, and possibly the need for a new type of social control to insure the permanency of marriage.

Earlier historical points of view. Among primitive and ancient peoples, wide variations occurred in divorce procedure, ranging from lax trial marriages to nearly permanent unions. But these customs were accompanied by equally dissimilar sexual standards before and after marriage, and for this reason it is impossible to generalize about the moral issues at stake. Although these systems are confusing because of their variety, there is no doubt as to the elaborate nature of unwritten law on the subject of divorce.

Among primitive people there were five customary practices. (1) In some groups both marriage and divorce were exceedingly loose arrangements. Marriage was frequently preceded by trial unions and could be dissolved without cause or formal action. (2) On the opposite extreme was the practice of indissoluble marriage, a custom prevailing among some of the lowest forms of savagery, the Australian aborigines and the Veddahs of Ceylon. (3) Another practice was divorce by mutual agreement; no cause was recognized as valid unless this agreement was reached. Childless marriages were the usual grounds for divorce under this system. (4) The absolute right of divorce was sometimes vested solely in the male, and was granted at will or upon slight pretexts. (5) A final general form of divorce granted an equal right to the wife.

Under any of the loose systems, property rights, family ties, religion, and moral codes tended to restrain extreme laxity. Moreover, among many of these tribes, divorce could be granted only for definite reasons, such as adultery or sterility. Often, marriage became indissoluble after children were born.

Ordinarily under every form of family group prior to the

small-family unit, emphasis was put upon family solidarity, particularly by the disposition of children and by economic restraints such as the loss of the dowry; and divorce was used conservatively. Under this emphasis marriage was subordinated to the family. In one of the earliest written codes, that of Hammurabi (King of Babylon, 2250 B.C.), divorce was allowed to both husbands and wives on the grounds of sterility, neglect, disease, or adultery, but with restraints as to the disposition of property and children.

According to early Christian teachings, divorce was not entirely condemned or forbidden. Divorce was sanctioned for one reason, adultery, but under no circumstances was remarriage permitted. On this theoretical doctrine, the views of the disciples were consistent, and Christianity has been one of the chief influences in favor of permanent marriage. However, marriage and divorce in the medieval church were also modified by Jewish and Roman practices. Under the patriarchal family of the Jews, divorce was the prerogative of the husband, and under the Romans of the Empire, divorce was allowed by mutual consent, in both cases with the permission of remarriage. The medieval church attempted to steer a middle course, resulting in the recognition of unfaithfulness as a valid reason for a husband's obtaining a divorce. The equal right of the wife to secure a divorce for this reason was not expressly stated. Various interpretations by the early church fathers and by the development of canonical law obscured the legal and religious right to divorce. In the first place, the church attempted to control marriage as an offset against Roman laxity. By the time of St. Augustine, the theoretical doctrine of indissolubility was accepted, but practice deviated from this extreme standard. Under the Christian emperors, legislation permitted divorce by mutual consent; for two centuries secular divorce was practically unmodified by Christianity, with the exception that the former Roman laxity was restrained on certain specific legal grounds. This combination of Jewish, Roman, and Christian doctrine was supplemented by German folkways, advocating

mutual consent; and, as a consequence, the general principle of permanent marriage was neglected.

With the gradual development of canonical law, the doctrine of the indissolubility of marriage was restored. By 1164, marriage was listed as one of the seven sacraments; and by 1563 (at the Council of Trent), the church claimed priority over the state in its right to solemnize marriage and control divorce. A distinction was made between real and invalid marriages; divorce or annulment and remarriage were allowed usually upon three grounds: adultery, desertion, and cruelty. This sacramental theory of marriage and of its indissolubility is the current Catholic doctrine.

During the Reformation, the religious and moral views of the Protestant leaders, especially Martin Luther, were instrumental in modifying the strict religious interpretation of marriage. Luther was particularly vehement in contending that marriage was a civil contract, and he was responsible for a liberalism in the civil codes that he would otherwise have been the first to reject. However, the theological concept of marriage continued, even among Protestants, well into the nineteenth century. English reformers were much more conservative than Luther, both concerning divorce and remarriage, with the exception of John Milton, who, anticipating many contemporary reformers, considered divorce an individual matter: [6]

> The just ground of divorce is indisposition, unfitness, or contrariety of mind, arising from a cause in nature unchangeable, hindering, and ever likely to hinder the main benefits of conjugal society, which are solace and peace.

According to this doctrine, a new issue has arisen, to the confusion of ecclesiastical and civil authorities alike, and it is responsible for the chief social problems of marriage and divorce. When marriage is based upon mutual love and divorce upon

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[6] Howard, G. E. A., *A History of Matrimonial Institutions*, Univ. of Chicago Press, Chicago, 1904, Vol. II, pp. 87–88. The foregoing history of divorce was adapted chiefly from this source: Vol. 1, Chap. 5; Vol. 2, Chaps. 11 and 15.

its absence, the inconsistency of the average legislation, which is restricted to a few objective reasons, becomes apparent.

These were the leading religious and secular views concerning marriage, divorce, and remarriage which were brought by the colonists to this country. Current regulations are not only tinged by these old-world backgrounds but are also the product of the different state legislatures, which have operated more or less without reference to each other.

Who is the divorced person? There are few published facts about the participants in unsuccessful marriages, and those which we have, describe the situation rather than the persons involved. Ignorance, sometimes called romanticism; unadjusting personal habits (immorality, laziness, alcoholism, or jealousy); mental differences; bad housekeeping; nagging; extravagance; physical deficiencies; age, religious, or nativity differences; low income; and sex are sufficiently specific in describing types of problems, but they are too intangible to identify the casuals in divorce. Even case studies of divorce fail to provide the golden key to successful courtship and safe marriages; nor have recent psychiatric studies found any justification for or solution to the mother-in-law complex.

The divorcé is becoming less a matrimonial freak and more a standard marital status. As the increasing number of divorced persons in the general population shows, their proportion has increased steadily since 1890. Although a greater number of women than men are classified in census reports as divorced, this fact is due wholly to the remarriage of divorced males. Since 1890, this difference has decreased, and the proportion of males has tripled while that of females has only doubled. The ratio of divorced women to divorced men is not so great, however, as the excess of widows over widowers, because divorce occurs very frequently in the younger age groups.

One of the first points brought out by these statistics is that age is the most prominent factor in the description of the typical divorcé, and it is a most important source of increasing divorce. The greatest increase in divorce has occurred among people in

mid-life, between the ages of 35 and 55; fewer divorces occur in the younger or older groups. For women, the maximum number of divorces is in the 35- to 44-year group, and for men in the 45- to 65-year group. Moreover, divorce occurs within a few years after marriage: about two fifths during the first five years, and two thirds before the first ten years. Although the number of divorced persons who do not remarry is large, in cases of remarriage the lapse of time is short, usually between three and four years.

Divorce is an urban phenomenon. With few exceptions, it is more frequent and is increasing more rapidly in cities than in rural communities. This regional difference is diminishing slowly and is being replaced by the migratory divorce, a form that is encouraged by lenient divorce legislation of some states and by the sex ratio of different sections of the country.

Divorce varies definitely among different nativities and religious groups. From the averages of selected states, it may be concluded that Negroes have the highest divorce rates; foreign-born whites have the lowest; and the native born of foreign parents have rates lower than the native born. These differences are explained also by religious and social customs. Divorce is considerably more frequent among Protestants. An exception to the urban characteristic of divorce occurs in manufacturing cities, whose lower divorce rates are due, presumably, to the unusually large percentage of the foreign born in the urban population and to the employment of foreign-born women; both of these factors correlate with low rates. These facts are sometimes used as evidence that easy divorce laws do not encourage laxity in marriage but that divorce is more the natural outcome of unadjustment due to early marriage and differences in cultural background. Except in the manufacturing city, divorce correlates with the increasing density and mobility of population.

Childless marriages are also characteristic of the divorced; the actual figures indicate that they are twice as frequent among divorced couples. The proportion of childlessness is much greater than that revealed by unselected families, which ordi-

narily show a proportion of less than 20 per cent without children. For this reason, children are considered to be a primary deterring factor. In one survey, nearly two thirds of the divorced were found to be childless: 57.1 per cent had no children, and 20.4 per cent had only one child. Low birth rates may, consequently, be taken as one symptom of various social and economic changes that are likely to stimulate divorce.

Divorce also correlates with other general conditions—with occupation, income, and education, and with periods of economic prosperity. It is most common in the same social circles which are distinguished by occupational insecurity and mobility and by high rates of mental disease, suicide, crime and delinquency. At its worst, divorce is used as an index of several of the pathologies. According to Dayton, the divorced have the highest rate of mental disease of all marital groups. And he concludes that they are also biologically inferior having higher sterility rates and a shorter life expectancy.[7]

In summary, the typical divorcé may be described as middle-aged, a resident of an urban community, native born, childless, and a Protestant. The implication that he had been married only a short time and is also a prospective bridegroom is more a compliment to than a reflection upon this social status.

Divorce rates. Different measurements of this domestic turnover show that divorces are distributed widely in all social classes. They occur with increasing frequency in countries that are experimenting with various social and economic reforms. Differences in the legislation of various states and nations also produce varying divorce rates. There is no one factor, legal, religious, ethical, or social, which is a complete and infallible diagnosis of the causes of divorce.

If divorce is a serious attack upon the stability of the home,

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[7] Dayton, N. A., *New Facts on Mental Disorders,* Thomas, Baltimore, 1940, pp. 218–220. Groves, E. R., and Ogburn, W. F., *American Marriage and Family Relationships,* Holt, New York, 1928, Chaps. 22–23. Bossard, J. H. S., and Dillon, T., "The Spatial Distribution of Divorced Women," *Am. Jour. Sociol.,* Vol. 40: 503–507. Bennett, H. C., "Are Divorced Women Different?" *Scribner's,* Vol. 92: 291–292. Weeks, H. A., "Differential Divorce Rates by Occupations," *Social Forces,* Vol. 21: 334–337.

there is the added danger that it is also one of the most frequent of modern crises. For several years prior to 1940, more than 20.0 per cent of all marriages were terminated in divorce. The total number of divorces granted, as reported by the U. S. Census, and recent estimates are given in the table below. These figures show the increasing trend, the tendencies to decrease in business depressions, and the sharp increases in periods of economic prosperity and in war and post-war years. Since 1880, divorce has increased five times faster than marriage and seven times faster than population.

Three comparisons by rates are used to indicate this increasing trend. Although no two rates show the same proportionate increase, because they are based upon different population groups, each is important as a check upon the others. One rate is obtained from the comparison between current divorces and marriages, and is often employed to prove "the rising tide of divorce." Thus, in 1888, there was one divorce in every seventeen marriages, and in 1900, one in every twelve marriages; in 1930, there was one divorce in every six marriages; in 1941, one in every five marriages; and in 1945, one in every three marriages. There is little value in bringing this comparison up to date on the basis of current high estimates of divorce, primarily because the marriages of one year infrequently terminate in divorce during the same year. Hence unrelated groups are compared. However, expressed as rates per 100 marriages, in the following trend from 1888–1946, there is no escape from the conclusion that marriages are broken abruptly and in vastly increasing proportions during an age of social unrest.

Year	*Divorces Per 100 Marriages*
1888	6.5
1890	7.0
1900	9.4
1910	10.3
1920	16.5
1930	16.0
1935	18.9
1940	21.3

Year	*Divorces Per 100 Marriages*
1941	22.4
1942	22.9
1943	23.1
1944	21.3
1945	25.5
1946	30.2

Sources: Hart, H., and Browne, H., "Divorce, Depression, and War," *Social Forces*, Vol. 22 (1943–44): 192–193. Davis, K., "Sociological and Statistical Analysis," in *Children of Divorced Parents*, Law and Contemporary Problems, Vol. X (1944): 718. Recent years are estimates.

If the trend indicated by the ratio per 100 marriages for the last five years should continue, more than one half of all marriages would be terminated by divorce in 1965.

NUMBER AND RATES OF DIVORCE

Years	*Number of Divorces*	*Per 1,000 Population*	*Per 1,000 Married Persons*
1887	27,919	0.47	0.81
1890	33,461	0.53	1.48
1900	55.751	0.73	2.00
1910	83,045	0.90	2.32
1920	170,505	1.60	3.95
1930	191,591	1.56	3.65
1935	218,000	1.71	...
1940	264,000	2.00	8.44
1945	382,000	2.72	...
1946	461,000	3.27	...

Sources: U. S. Bureau of the Census, 1940. Davis, K., *loc. cit.*, p. 718 for 1945 and 1946, and for the method of computing these estimates. The actual number of divorces in 1945 was considerably higher than this estimate, namely, 502,000 (instead of the estimated 382,000). Thus, in that year, the number of divorces was about 31 per cent of the total marriages (1,618,331).

A second and more logical comparison is the ratio of divorces to married persons. Over the period for which figures are available, the divorce rate has increased more than fourfold in this comparison—from 0.81 per 1,000 married persons in 1887 to 8.44 in 1940. However, these rates fail to distinguish those age groups which are actually contributing most of the divorce rate, from older groups whose marriages are less liable to result in divorce. In spite of this limitation, it is considered the most accurate of the three measurements.

A third commonly used rate, based upon the entire population, is given above, as rates of divorce per 1,000 population. Here again a steady increase is shown until 1940 and then the sharp upward turn of the war years. In both columns the

proportion of divorces is shown to be several times greater than the rates prevailing five decades ago.

The national tendency toward increasing divorce is also shown by international comparisons. Although an increasing rate is by no means limited to this country, few nations have equalled the rate of the United States. With one or two exceptions, the United States has for years exceeded all other countries in both volume and rate. International comparisons are, however, less valid than the preceding measures of increasing divorce primarily because of differences in divorce legislation and other differences in the economic, religious, and political status of the several national populations. When any nation experiences a comparatively high divorce rate, as have Russia (1920–1925), Japan, Austria, Australia, and New Zealand, the social background is usually one of rapid change. And divorce is the reflection of this change as it affects family mores and divorce legislation.

Grounds for divorce. From the foregoing conflict between church and civil authorities, between theoretical and practical expediency, and between personal and group rights, it becomes

NATIONAL DIVORCE RATES

	Divorces Per 1,000 Population 1921–1922	*Divorces Per 100 Marriages 1930–1935*
United States	1.5	16.4
Austria	...	14.4
Japan	0.9	10.1
France	0.8	6.6
Hungary	0.8	7.4
Germany	0.6	8.3
Estonia	0.5	...
Belgium	0.5	4.0
Switzerland	0.5	9.4
New Zealand	0.4	7.5
Netherlands	0.3	5.2
Denmark	0.3	8.6
Australia	0.3	3.9
Sweden	0.2	5.6
Norway	0.2	4.4
England and Wales	0.1	1.3
Canada	0.1	1.4
Scotland	0.1	1.5

Sources: U. S. Bureau of the Census, *International Vital Statistics*, Vol. 9 (No. 36) 1940: 444 (Column 1). Strachey, R., "Marriage and Divorce," *Political Quart.* Vol. 8: 93–94 (Column 2). Estimates in both are based upon the work of Samuel Stouffer and Lyle Spencer.

obvious that there is not necessarily any relationship at all between the legal reasons or grounds for divorce and its real causes. This separation would be ludicrous, if it were possible to discover the latter. But an even greater hindrance to consistent action or to a national policy of divorce is the differences between the regulations of the various states. In the different states and the District of Columbia there are forty-nine separate laws concerning both marriage and divorce, particularly unlike in their legal recognition of marriage and in their restrictions upon marriage and divorce. The persistence of common law is another source of confusion. In half of the states, marriages which are unlicensed and unrecorded are considered legal, or their legality is left to court decisions. And in equity courts not only is the attitude toward common law marriages variable, but sometimes the same court renders contradictory decisions. Obviously, under this loose interpretation of marriage there can be no national divorce legislation. To a considerable extent these differences indicate the archaic nature of legislation derived from European backgrounds and adapted to the needs of a frontier people.

There are nearly fifty different grounds for divorce, but no one state recognizes all of them. The most frequently cited legal reasons are adultery, cruelty, desertion, drunkenness, neglect to provide, conviction of felony, impotency, insanity, imprisonment, incompatibility, mental incapacity, pregnancy before marriage, and voluntary separation. Their interpretation also varies considerably among the different states. No court expects to grant decrees of divorce for other than these legal fictions, of which the following is an illustration. The wife based her action on the fact that she and her husband did not have the same friends and that he would not join her dinner parties.

"How did this affect you?" asked the judge.
"It made me rather nervous."
"Did you require the services of a doctor?"
"Yes, I did."
"That's enough," said the judge, "decree granted."

Lawyers go even further in their interpretation of these grounds, and a stock phrase often used by the divorce lawyer giving both the legal and the real reason is: "This man and woman will not and cannot live together." This elastic attitude toward divorce is indicated from another point of view by the peculiar status given to divorce in the New York State Constitution. Article I, section 9, is headed: "Divorce, Lotteries, Pool Selling, and Gambling, Laws to Prevent."

Whether increasing divorce rates are omens of good or of evil cannot be determined from an analysis of the common grounds mentioned above, except by assuming that divorce itself is an evil or by the discovery of its real causes. In other words, there is no logic in the present use of those grounds by the various courts. As divorce becomes easier to obtain, less serious charges are preferred and accepted by the courts. Thus, taking the country as a whole, cruelty has displaced adultery, and desertion is more frequently given as a reason than drunkenness. However, different states vary in their use of these grounds according to the limits of their statutes.

Conflict in divorce legislation. The chief similarity in the divorce legislation of most states is their use of a few major grounds. In nearly every other respect there are dissimilarities leading to serious complications. In many states the laws are inconsistent because they have become antiquated. South

DISTRIBUTION OF GROUNDS PREFERRED IN DIVORCE CASES [8]

Grounds	*Per Cent*
Cruelty	43.0
Desertion	28.0
Adultery	8.0
Non-support	4.0
Combined or Miscellaneous	15.0
Total	100.0

Carolina has no provision for absolute divorce. Virginia recognizes cruelty as a cause, but a legal separation of three years under court order must precede the divorce. Georgia requires

[8] This distribution of grounds for divorce is an estimated average for recent years. A synopsis of various state divorce laws may be found in several of the annual books of facts.

a verdict of two successive juries before absolute divorce is permitted, even in the case of adultery. Maryland does not recognize cruelty, either physical or mental, as sufficient grounds; nor does North Carolina include in its law failure to provide, cruelty, or drunkenness. New York admits no cause except an incontestable violation of the seventh Commandment and hedges this ruling with such absurd and impossible evidence that absolute freedom cannot be secured except by collusion and fabricated testimony—two legal entanglements which presumably make the divorce invalid. Similarly, the District of Columbia recognizes adultery as the only cause of absolute divorce and forbids the guilty person the privilege of remarriage except to the former mate.

Differences in statutory limitations, in "proof required," in length of residence, and in the period which must elapse before the interlocutory decree becomes absolute are chiefly responsible for the current conflict in divorce and for the westward movement of the matrimonially unsettled. In the residence requirement there are extremes from two years in some Eastern states to one year in most of the Western states, not including divorce-conscious Nevada with its present requirements of six weeks.

The Nevada law and that of one or two competing states, which commercialize divorce by short residence requirements, privacy, and minor legal grounds, necessarily depend upon other states for their business. While these experiments may be wholly beneficial in casting reflections upon the unnecessary restrictions of other states, they discourage the liberal movement in general and arouse hysterical opposition which connects gambling, free love, and home wrecking with divorce. Furthermore, the centralization of divorce in a few states causes conflicts between these easy laws and the marriage requirements of other states. When a divorced person returns to his own state and remarries, that state may declare his second marriage void under two circumstances: fabricated evidence and matrimonial domicile.

As a matter of abstract law, divorces secured by fabricated evidence—for example, in the establishment of fictitious residence—may be declared void in every state. Recent divorce scandals which have branded certain courts as "divorce mills" have originated from this practice. Such divorces are voidable in the home state; and the reason that more interstate divorces are not declared void for this reason is that the "full faith and credit" clause of the Federal Constitution establishes a comity whereby the decrees and judgments of the courts of one state are recognized as legal by other state courts. But this ruling does not cover fabricated evidence, collusion, or other frauds. Moreover, since every state has the right to determine the civil status of its own citizens, many of these divorces could be set aside, if the local courts or the defendants brought charges on the above grounds. The legal status of interstate divorces and of divorced persons is highly precarious, and the legality of remarriage or the legitimacy of children by subsequent marriages is equally questionable.

This situation has an important connection with the right to inherit property. Heirs by the first marriage may have the divorce declared void, thus making the second marriage bigamous and the children illegitimate. When attempts have been made to nullify divorces on grounds of fraud, they have usually been successful in every state.

A second source of voidable divorces is the legal fiction of "matrimonial domicile" established by the United States Supreme Court in the case of Haddock *vs.* Haddock (1905). This ruling held that: [9]

> . . . no State is bound to take as conclusive a decree of divorce as is granted to one of its citizens by a court of another state if the other party to the action was not present in court, or was not personally served with notice within the State where the action was tried.

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[9] Turano, A. M., "The Conflict of Divorce Laws," *American Mercury*, Vol. 17: 461.

Although most states have not enforced this decision, it has been applied by New York, Pennsylvania, Georgia, North Carolina, and South Carolina. Thus, the civil and criminal status of a divorced person and the legitimacy of the children by his subsequent remarriage are dependent upon the whim or bias of his local state courts.

Because of the two foregoing limitations, the easy divorces of some Western states, and Paris or Mexican divorces are regarded with suspicion. These sources of conflict led Turano to conclude: [10]

> Many divorced persons in the United States live in glass houses which will stand only so long as no one attempts to demolish them with legal pellets.

Referring to the same indefiniteness of the "once-married-always-married" rule, Arthur Train has written: [11]

> To this we owe our present predicament to which anyone who has secured a divorce can never be wholly at ease after marrying a second wife, lest he wake up some morning and find that he is married after all to the first.

And for this reason Train repeated *Punch's* advice to bachelors, making it equally applicable to the divorced who are contemplating remarriage—"Don't."

A national marriage and divorce law. One of the attempts to correct the confusion resulting from diverse state laws is the movement for a national divorce law, to be supplemented by a national marriage law. These laws are proposed as substitutes for the forty-nine different laws now governing marriage and divorce. The movement was begun as early as 1884, when the national Congress considered proposals for a constitutional amendment permitting national legislation on both subjects. At this time, opposition was raised on the score that neither marriage nor divorce could be handled satisfactorily by national

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[10] *Ibid.*, p. 462.

[11] Train, A., "On the Trail of the Bad Men," *Scribner's*, New York, 1925, pp. 317–318. Tappan, P. W., "Divorced in Reno, but not in New York," *Forum*, Vol. 104 (1945): 97–102.

legislation, because local legislation was too experimental to indicate the needs of the country as a whole. In 1906, a National Congress on Uniform Divorce Laws was called by the Governor of Pennsylvania, but no suggestion was made for federal action. The California Legislature in 1911 proposed an amendment to the federal Constitution, putting both marriage and divorce under federal control. Nearly every year from 1915 to 1922, similar amendments were proposed. In the latter year, the General Federation of Women's Clubs drafted a proposed law. These movements resulted in the Capper Bill of 1923. This national movement has been unsuccessful in securing legislative recognition primarily because the conflict is now reduced to the opposition to, or the advocacy of, easier divorce legislation.

The tendency of most proposals is to put greater emphasis upon divorce and to treat marriage as an incidental item. However, the objections ordinarily brought against divorce legislation apply also to marriage laws. The debate hinges upon the standards to be adopted. No progress has been made because no agreement can be reached as to whether the standard of a national law should be modeled after the states with the most or those with the fewest restrictions. Naturally, the advocates of divorce favor the laws now in operation in Nevada, Arizona, and other Western states. And the opponents of a national marriage law fear that the high standards now maintained in the administration of a few state laws would be materially lowered by inefficient federal administration and by failure to enforce specific mental and physical requirements for marriage now provided in the statutes of high-standard states. It is probably correct to assume that no immediate enactment of federal legislation will take place, because the people of this country represent extreme cultural variations. However, this statement does not imply that state legislation ought not to be revised. Politics in either of these issues presents a tremendous obstacle, because it plays upon emotions and upon probable consequences that might and do come to pass without

the intervention of law, such as family disorganization, godlessness, and companionate marriage. While a national law would be of inestimable value in eliminating the inconsistencies and conflicts of current laws, reformers are encouraged by the possibility of experimentation through state legislation, since this revised legislation will eventually furnish the basis of a national act. One conclusion is surely justified by the trend of the divorce rate: that additional restrictions would certainly run counter to obvious changes in our matrimonial institution.

Divorce by mutual consent. Although the basic requirement of a national or a state divorce law is still a matter of opinion, most proposals recognize mutual consent as the first step in the enactment of a sensible and applicable act. This conclusion is founded upon the experience of the courts in interpreting our present laws, which in many instances and in spite of legal technicalities grant divorce when in the judgment of the court divorce is needed. And yet, when free divorce is openly advocated or attempts have been made to establish it, there is profound public opposition. No proponent of mutual consent or free divorce has ever endorsed this basis of divorce without precautionary measures, however, such as restrictions to prevent unwise or hasty marriages, and a period of separation before the divorce becomes legally effective. Ordinarily, the person who is most concerned about wholesome marriage and family stability is also an advocate of free divorce.

But divorce by mutual consent is not a recent innovation. The Romans adopted it under social conditions closely resembling those of our own times. Napoleon made it a part of his Code Civil. It also appears in the present laws of Russia, Switzerland (non-Catholics only), Belgium, Rumania, Norway, Sweden, Denmark, Portugal, Japan, and in some provinces of Mexico. This type of legislation developed in countries where religious influence was not associated with temporal power, and also where social rather than ecclesiastical doctrine was accepted as the basis of marriage. Mutual consent, or free

divorce, means, in addition to the elimination of current restrictions, the recognition of maritally unadjusted persons; the absence of court fees and legal quibbling; the elimination of fraudulent testimony, collusion, and slandering. In short, freedom of divorce is really nothing less than the extension of a privilege always enjoyed by some economic classes. As Lord Bryce said with reference to divorce under the church: [12]

> It was easy, given a sufficient motive, whether political or pecuniary, to discover some ground for declaring almost any marriage invalid.

For some years Denmark, Sweden, and Norway have had national marriage and divorce laws. Divorce may be obtained by court action for one of several legal reasons, or by mutual consent. While the latter requires no court action, it is safeguarded by the requirement that the couple confer with the parish minister or some government official. If reconciliation is not effected, an agreement is reached concerning the custody of children and the division of property, and a decree of legal separation is given. After the couple has lived separately for a period, generally one year, a decree of divorce is granted. Since their introduction, these laws have apparently been successful and have had no serious consequences. Divorce is not considered an important problem, because it is judged only by legal criteria and not by moral or religious concepts. The majority of divorces are granted under the mutual-consent decree, and in none of the Scandinavian countries is the divorce rate high.

Free divorce is even more liberal in Soviet Russia. Corresponding with its other social reforms, Russia has completely revolutionized the nature of the marriage contract and the relations between the sexes. In the law of 1917, marriage was simply a matter of registration, and divorce was secured by the same method. The original divorce law stated that either person could obtain a divorce by application, after the marriage

[12] Westermarck, E., *op. cit.*, Vol. 3, pp. 330–331.

had been in effect for twenty-four hours. It was unnecessary to give cause or to notify the other person. Thus, divorce was considered almost exclusively a matter of personal right.

Under the revised code of 1936, these provisions have been amended slightly. If the divorce is not mutually desired, the partner applying for divorce must notify the other person, and the delay prior to the granting of the divorce is increased.

Moreover, the attractiveness of easy divorce is partially clouded by vigorous alimony regulations. These have been introduced to protect minor children rather than the wife. Upon the granting of the divorce, a hearing is set for the alimony case, and the custody of the children and the amount of alimony are determined. Alimony is never more than 50 per cent of the man's earnings, and it may be lowered at subsequent hearings. Theoretically, the wife also may be required to pay alimony, but she actually does so infrequently. There is no alimony dodging, because alimony is deducted at the source of payment.

Under the Russian system, both civil and common law marriages are legal; the latter resemble those of England and the United States, except for the fact that their legality is more easily established. But since it is to the advantage of the wife to have a recorded marriage, these presumably will increase. Nothing definite can as yet be concluded from the preliminary operation of this experiment in marriage and divorce. Perhaps in their economic restrictions the Russians have found the solution to the unstable family. At any rate, visitors to Russia have not reported any indication, under these laws and their safeguards, of the dissolution of the family as an established institution.

Causes of divorce. Recognizing divorce as a process involving two or more people in a given social situation, we have already seen that certain general social conditions are often used to explain this process either as causes or as associated factors. When the search for specific causes is made, it is necessary to analyze personal factors in the family situation.

Furthermore, personal factors which might be a sufficient causal explanation in one case might be wholly inadequate in another. Like its preceding processes of courtship and marriage, there are many adventitious and accidental factors; and these defy even psychiatric technique.

The general conditions which accompany divorce have been well explored. They are (1) economic conditions, (2) occupational status, (3) changes in family organization or in other social institutions, and (4) social mobility and urbanization.

Factors in personal interaction include individual and personal differences, which are largely the product of these conditions, such as religious, nativity, age, and cultural differences; sex difficulties; and ignorance.

General causes. Among the general causes, considerable attention has been given to the high correlation between periods of economic prosperity and rising divorce rates. Divorce rates were low for the period from 1866 to 1886, in which the years from 1873 to 1879 and 1884 to 1886 were periods of depression. From 1867 to 1906 Ogburn found a positive correlation of +0.70 for this country between divorce rates and prosperity. Similar high correlations have been found to occur with fluctuations in employment. But it is concluded that divorce is not so sensitive to economic variations as are other vital indexes such as births, marriages, and deaths. English statistics indicate the reverse of this relationship, owing to the infrequency of divorce in England and its limitation to the upper economic classes. The correlation in the United States indicates that problems of living costs and unemployment serve to strengthen family ties or to concentrate attention upon immediate family crises.[13]

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[13] Hexter, M. B., *Social Consequences of Business Cycles,* Houghton, Mifflin, Boston, 1925, Chaps. 6 and 8. Howard, G. E., "Matrimonial Barometer in Times of War and Peace," *Jour. Ap. Sociol.,* Vol. 7: 102. Groves, E. R., and Ogburn, W. F., *op. cit.,* pp. 355–356. Ogburn, W. F., and Thomas, D. S., "Influence of the Business Cycle on Certain Social Conditions," *Jour. Am. Statis. Assoc.,* Vol. 18: 334–335.

There are no adequate figures to show the specific relationship between divorce and the entrance of women into gainful occupations, or between divorce and the diminishing functions of the home, except in instances where childlessness or the duration of marriage may be used as such indexes. On the other hand, certain occupations which are also connected with social mobility and urbanization are closely associated with abnormal divorce rates. Actors, musicians, commercial travelers, telegraph and telephone operators, and physicians and surgeons have unusually high divorce rates, while low rates occur among farmers, blacksmiths, draymen, clergymen, and agricultural laborers.

In a summary of general causes of divorce, the trend of the divorce rate in Japan offers suggestive material. Japan was known as the land of quick marriage and quick divorce; and the Japanese divorce rate formerly exceeded the rates in all other countries, even the rate of the United States prior to 1915. Since 1884, Japan has had a decreasing proportion of divorces. This decrease is significant because of the opposite tendency in nearly every western nation, and because it has occurred in association with the same factors which are considered the causes of divorce in other countries: industrialism, increasing numbers of women in industry, changing family organization, and individualism.

Japan, like Soviet Russia, recognizes the legality of free divorce. Marriage is dissolvable by mutual agreement without legal interference, except in the case of persons who are under 25 years of age, who must have the consent of those who originally sanctioned the marriage. Under this arrangement, divorce is legally effected by notification of the registrar. Although divorce may also be secured by court decision, the majority of divorces are the result of mutual agreement.

Japan's decreasing divorce rate is accompanied by an increasing marriage rate. In 1884–1885, there was one divorce for every three marriages; in 1924–1925, one for every ten marriages. In an examination of variations in the divorce rate

throughout different provinces, the following factors were found to be associated with divorce:

1. The divorce rate is highest in the areas in which early marriage takes place.

2. It is higher, also, in districts that still retain the practice of having the married couple live with the man's parents. In 1912, Dr. Nitobe said:

> In a large proportion of our divorces, the cause is to be found not in the rupture of conjugal relations, but in the custom of a married son living under the same roof with his parents; in short, in the universally notorious relationship between a wife and a mother-in-law.[14]

3. In Japan, the urban divorce rate is higher than the rural rate, and it is higher in cities with a population of less than 50,000 inhabitants than in cities exceeding this size.

4. The rate is high, also, in seaport cities facing the Japan Sea. Here the climate is cold and severe, forcing large numbers of people to migrate annually for employment.

Although the decrease in divorce has been constant since the introduction of the new civil code in 1899, little causal significance is assigned to this law, since it retains the provision of mutual consent. Four general factors are recognized as of probable causal significance: the changing family organization, the improved social status of women, the extension of education, and industrialism.

These causes are apparently the general results of a changing economic and social order which marks the transition from the old to the new Japan. Most important are the factors listed as the changing "family system" and the increasing freedom of women.

In the last twenty-five years as much change in the condition of

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[14] This quotation and the accompanying material on Japan are taken from the following sources: Iwasaki, Yasu, "Why the Divorce Rate Has Declined in Japan," *Am. Jour. Sociol.*, Vol. 36 (1931): 568–583, and "Divorce in Japan," *Am. Jour. Sociol.*, Vol. 36 (1930): 435–446. See also, Toda, Teizo, "Divorce, A Comparative Study," *Contemporary Japan*, Vol. 2 (1933): 294–302.

Japan's women was made as it took Europe five hundred years to bring about.[15]

Under the old family system, marriage was an alliance between two families rather than a union of two individuals. "Falling in love" was considered an indication of mental and moral weakness, and the lack of opportunity for friendship between the persons to be married is used as an explanation of the former high divorce rate. Under present social conditions, free marriage, as well as free divorce, is recognized.

Increasing formal education and the influence of Christianity have been used to account in part for the improved status of women and for the rising average age at marriage; both of the latter are positively associated with a low divorce rate. Since 1872, illiteracy has been reduced to less than 5 per cent; and this factor, in addition to the philosophy of sex equality, is associated with the growing economic independence of women, a consequence of Japan's industrialism. A larger proportion of women than men are engaged in factory occupations—a unique industrial situation—and of the total female population, 13 per cent is gainfully employed. Japan, consequently, may be taken as an example of a country in which the asserted general causes of divorce in Western nations are cited as causes of decreased divorce.

> We may . . . go so far as to say that not in spite of, but because of, the industrial revolution, because of the liberation of the masses, because of the introduction of liberalism, because of the growing independence of women, the divorce rate has decreased in Japan.[16]

The foregoing discussion of general causes of divorce furnishes a substantial basis for the interpretation of specific, personal causes. Something other than recognized legal grounds is apparently responsible for increasing rates. For example, one study has shown from an analysis of 9,237 actions for divorce that (1) divorce tends to be granted to any couple,

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[15] Iwasaki, Yasu, *loc. cit.*, p. 443.
[16] *Ibid.*, p. 583.

provided they devote sufficient time and money, and (2) divorce litigation is primarily concerned with property rights, money payments or alimony, and custody of children.[17]

Personal causes of divorce. The investigation of personal factors in divorce invades the broader field of unhappy marriages, including the conditions that are responsible for divorce, separation, or domestic discord. Reporting on the study of 1,000 American women who are what might be called "the cultural American type—they are urban, of good family background and education, married to professional men of moderate income, each with one or two children," [18] Dr. Robert L. Dickinson concluded that 50 per cent were unhappily married and that the cause of their unhappiness was primarily sex or ignorance concerning sexual matters. Other factors frequently mentioned, such as occupation, income, management of children, or interference of relatives, were considered of secondary importance. How completely the two factors of sex and ignorance account for divorce requires more thorough examination.

Mowrer's investigation of the factors involved in domestic discord gives a more extensive array of probable personal causes. Judging by their frequency in 1,573 families, he concluded that there were fifteen significant variables leading to divorce: abuse, drink, irregular habits (such as gambling), mental deficiency, bad housekeeping, nagging, family interference, uncontrolled temper, jealousy, extravagance, stinginess, excessive sex demands, sex refusal, children by former marriage, and evil companions. Other factors which are less significant only because they occur less frequently are: immorality, affinity, laziness, physical deficiency, slovenliness, venereal disease, discipline of children, age differences, inadequate income, sex perversion, restlessness, religious differences,

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17 Marshall, L. C., and May, G., *The Divorce Court.* Johns Hopkins Press, Baltimore, 1933. Turano, A. M., "The Alimony Racket," *Am. Mercury,* Vol. 29: 237.

18 *The Outlook,* Vol. 158: 297.

and nativity differences.[19] Particular domestic problems are identified by combinations of these twenty-eight factors.

In Mowrer's study the blanket legal terms used by the courts are analyzed into their natural causes. Thus, in cases of divorce granted for desertion, the following natural causes are enumerated according to their frequency: [20]

Natural Causes of Divorce	*Per Cent*
Financial tension	40.2
Desertion for another	13.2
Dissatisfaction with home	10.9
Infidelity	10.5
Drink and cruelty	9.9
Refusal to leave old home	7.8
Irregular habits	4.4
Irregular work and drink	2.4
Forced marriage	0.7
Total	100.0

These personal causes of divorce are further summarized as tensions in the process of family adjustment. The four major tensions are described as: (1) incompatibility in response, (2) economic individualization, (3) cultural differentiation, and (4) individuation of life patterns. The divorce process is thereby reducible to the following symbolic pattern: loss of respect . . . . . pattern of life tension . . . . . cultural tension . . . . . economic tension . . . . . loss of respect . . . . . religious tension . . . . . sex tension.[21]

A personal confession showing one combination of these factors and the resultant pattern is reproduced in the following document: [22]

Our first mistake was in marrying too young. If we had waited another year or two, my wife would have had time to learn that she was inseparably bound to the church—the church that so wisely warns her children against "mixed marriages." As it was, we married during a lapse of faith on my wife's part, which made it

[19] Mowrer, E. R., *Domestic Discord,* Univ. of Chicago Press, Chicago, 1928, p. 40.

[20] Mowrer, E. R., *Family Disorganization,* Univ. of Chicago Press, Chicago, 1927, p. 63 (re. ed. 1939).

[21] *Ibid.,* pp. 196–226.

[22] "Divorce and After" (unsigned document), *The Nation,* Vol. 130: 211.

possible for her to assure me quite sincerely that the formal waiver of rights over the education of possible children, which I had to sign, would have no more force than I should choose to give it. I was too young—only twenty-three. . . .

The first child was on the way before the first year of our union had passed. The economic problem became acute and continued so through all the years that we remained together. . . . The frictions and anxieties that accompanied this family increase (there were six children in all) were aggravated by my ever-intensifying disapproval of the religious training to which the children were being subjected. . . . On the economic side, there was nothing in prospect for us but growing debts and ultimate ruin. There was at least a chance that the worst features of the threatening future might be avoided if we broke up the partnership and worked out a new solution.

In this broken home, there were several specific personal causes that illustrate each of Mowrer's four tensions, and a pattern or fusion of individual and cultural forces which gradually led to separation. Here, too, is an example of the manner in which personal and objective causes may be related. Neither alone could be considered of primary importance, but both became most unfortunately effective by their combination in this family.

Prevention. Any considerable reduction in the divorce rate can only be realized by accepting one of two alternatives. Either marriage must be regarded as indissoluble, in spite of its failures, or a thorough-going system must be introduced to eliminate the causes of divorce. The former measure would simply overlook family disorganization, considering the shell of conformity as more important. From this point of view, substitutes for divorce or current proposals for an experimental marriage would be taboo. But under no system of family reorganization would they be more than temporary expedients, because the tradition of relative permanency in marriage is founded not so much upon belief as it is upon the idea that it is a necessary prerequisite to the fulfillment of family responsibilities. Both companionate and trial marriages contain elements which should be a part of ordinary contemporary family organization; for example, the recognition of economic and

other conditions making child bearing unwise during the early years of marriage. However, these forms of marriage cannot be successfully introduced until divorce may be secured by mutual consent and the public learns to tolerate experimental marriage. The main source of danger and of public opposition lies in the bias toward sexual experimentation without the expectancy of permanent unions or child bearing. Until there are radical changes in family and ethical mores, reform must be directed toward other preventives.

The elimination of divorce depends upon the determination of rules which will serve as guides to successful family life both before and after marriage. This conclusion is based upon the third requirement for marriage stated by Gwynne: "The consent of the parties must be free, deliberate, and informed." To achieve this goal, attention must be fixed upon the social problems of marriage, "Cure marriage, cure divorce." If adequate information were available on the various aspects of marriage, instead of considering divorce inevitable or even desirable, it is highly probable that one might find divorce reduced to a small fraction of its present importance.

Howard mentioned four types of ill-advised marriages which are fodder for divorce mills. The first are "light-minded" marriages by immature persons; the second are "tainted" marriages of those who are physically or mentally unfit; the third are "pseudo-romantic" marriages, instituted on the basis of medieval chivalry and perpetuated in part by the Hollywood interpretation of love and the family; and the fourth consist of "risky" marriages, in which there may be several definite factors likely to handicap success.[23]

In addition to the accepted physical and mental qualifications for successful marriages, there are four major social problems involved in these ill-advised marriages. Early marriage or child marriage has figured as one of the important causes

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[23] Howard, G. E., "Bad Marriage and Quick Divorce," *Jour. Ap. Sociol.*, Vol. 6: 1–10.

of the broken home. Undue haste, clandestine marriages, and law evasion are other causes.[24]

Child marriage, for the most part, is a problem of girls; few boys marry before the age of 16. In this country, Richmond and Hall found over 600,000 marriages which could be classified as child marriages, one of the persons in each case being under 16 years of age. In some states, children are permitted to marry earlier than they may leave school or go to work, although under the common law such persons are unable to make a contract that is legally binding. Often the legality of child marriages is left to indefinite common law rules, or the marriage-license clerk is obliged to interpret whether or not existing laws are applicable to marriage licenses. This is a result of the historical unwillingness of states to exert too much control over marriage.

The chief cause of this problem is laxity in the issuance of marriage licenses and law evasion. Among 505 marriage licenses issued in Cleveland to girls under 18 years of age, over one third were procured simply because false ages were given. A suggested corrective is a minimum age limit for the issuance of marriage licenses: 18 for boys, and 16 for girls if the parents consent.

The problem in the social control of clandestine marriages is to strike a balance between the rights of the person and public welfare. A marriage is clandestine when it is contracted before the authorities legally entitled to the knowledge are informed; this practice indicates one of the valuable features of the custom, formerly enforced, of publishing the banns. As in the case of hasty marriages, a wide variety of motives is responsible for such marriages. Prematrimonial cohabitation or pregnancy is a frequent cause. A law known as the Secret Marriage Act has been passed in some states to meet situations arising from these marriages, providing for their secret licensing and registration. It is unsatisfactory to the extent that legal

[24] Richmond, M. E., and Hall, F. S., *Marriage and the State*, Russell Sage Foundation, New York, 1929.

sanction is given to common law marriages or to other extra-legal unions. Clandestine marriages often occur from the best of motives: to avoid the costs of expensive weddings, the humorous activities of helpful friends, or interference with professional study. Frequently, social agencies find marriages of this type among children who would be least suspected of such acts by their families. This type of marriage indicates the need for flexible legislation in the social control of marriage.

Hasty marriages—"marriage on the spur of the moment after drinking, marriage on a dare, prematrimonial acquaintance by correspondence only, marriage in a fit of pique, and marriage in jest" [25]—are frequently in the background of divorce and annulment. The administrative requirement of a waiting period between the issuance of the license and the marriage ceremony is enforced to prevent haste and its frequent consequences of misrepresentation or concealment of facts relative to age or physical condition. The chief objection to hasty marriages is that the persons concerned are unable to fulfill the elementary prerequisite of being *informed.*

Law evasion in marriage generally occurs through marriage outside the state of residence in order to avoid certain provisions of marriage laws, medical certification, or the prescribed interval between divorce and remarriage. Greater uniformity in marriage legislation between states is urged as a preventive against such law evasion.

Medical certification. A frequently suggested supplementary control over marriage is medical certification, which is also considered an indirect attack upon divorce. Strong disapproval of this measure has been voiced in every country where it has been proposed, because of the theory that persons about to be married should be informed as to each other's condition, and the decision of marriage then left to their own individual judgment. By the addition of a compulsory examination, this movement has become, in reality, an extension of the laws

[25] *Ibid.*, p. 151.

regarding physical qualifications, which prohibit marriage to persons not physically fit.

In 1913, Wisconsin passed a eugenic marriage law providing that no man should receive a marriage license unless he was certified by a physician to be free from venereal disease. A few states with similar laws include other physical defects and sometimes mental deficiency. Such laws are generally considered to be valuable in their educational influences, but they are criticized because of administrative deficiencies. In the original Wisconsin law, for example, women were excluded, examinations were inadequate, and the law could be evaded by marriage outside the state.[26]

At present, more than 30 states have premarital laws which require either a serological or physical test of both persons. Many states, however, have rejected the serological test for syphilis. Fourteen states have no premarital law. In its place they may require each applicant for a marriage license to present a sworn statement of freedom from venereal disease or they may restrict marriage "in the presence of any venereal disease during the infective or communicable stage." [27]

Summary. Family disorganization is a consequence of incomplete tests for successful marriage and of the absence of information by which permanent marriage can be insured. It is no proof that marriage is a failure. During the early stages of family development, primitive people regarded the family primarily as an economic group, and developed economic tests to insure its permanency. The man had to be the supporter and defender; the wife had to be capable of child bearing and of the hard work required by primitive living conditions. These requirements for family life became factors in sexual selection. If personal or emotional factors existed, they were not recognized as essential to successful matrimony.

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[26] Hall, F. S., *Marriage Certification for Marriage,* Russell Sage Foundation, New York, 1925.

[27] Nisbet, V., and Brown, C. P., "Premarital Laws," *Pennsylvania's Health,* Dept. of Health, Pennsylvania, Nov. 1945, pp. 2–30. Comparative summary of all state premarital laws.

Therefore, in its origins, marriage grew out of the family's need to extend common interests in food-getting and child rearing. This materialistic basis gave a stability to the family which has now disappeared with the separation of the domestic and economic institutions. Although marriage does not furnish additional tests of family stability, it makes a negative contribution in demonstrating that there is no historical reason why the modern family should attempt to adapt itself to any one theory of marriage.

This is precisely the trend which Rubinow considers to be one of the most wholesome signs of current family disorganization. According to this writer, people now look upon marriage "for better but not for worse" instead of in its original, dual possibility. Those who seek divorce do so not because they are dissatisfied with marriage in general, but because they are dissatisfied with a particular marriage. Increasing marriage rates, despite increasing divorce, are cited as a proof of this tendency.[28]

In addition to the fact that there are no workable tests or available data by which the person may exercise absolute precaution against the hazards of matrimony, Keller points out that no partnership is exposed to more possible causes of misunderstanding and incompatibility than the average married couple. If for no other reason, divorce will always be a necessary remedy for mistakes on this score, especially because the possibilities of unadjustment increase with the increasing complexity of our culture.

> There will always be, and ought to be, some of it (divorce). There will be the least of it where there is the minimum of frivolous lightness in contracting the matrimonial relation; and there will be less flightiness, here as elsewhere, if the young are taught about their duties and responsibilities, instead of about their rights to enjoy at the expense of others and of society at large. Our chief defect nowadays is failure to realize that self-limitation and self-discipline are at least as expedient as liberty.[29]

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[28] Rubinow, I. M., "Marriage Rates Increasing Despite Divorces," *Current History*, Vol. 29: 289–294.

[29] Keller, A. G., "Divorce," *The Outlook*, Vol. 154: 157.

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Questions

1. To what extent is divorce limited to certain economic and social classes?
2. Is marriage in its present form a permanent institution?
3. Should divorce be as free (as dissoluble by mutual consent) as marriage?
4. What different forms of marriage and the family have occurred in history? Consult Westermarck.
5. Is it reasonable to anticipate a time when family disorganization will be subjected to investigation rather than to trial in a court?
6. How extensively do Domestic Relations Courts meet the problems of family disorganization?
7. With what social institutions does the legal control over divorce come into conflict?
8. Are eugenic regulations concerning marriage indispensable? What are the minimum regulations now enforced?
9. To what extent can society protect itself against divorce by organizing premarital and preparenthood training courses? Are such courses possible?
10. What constructive services may the church, the family clinic, or mental hygiene contribute to the problems of divorce?
11. To what extent do child marriages occur in this country? On what different grounds may objections be raised against "ill-advised" marriages?
12. What are the chief elements of weakness in the administration of laws relating to marriage?
13. Is marriage a factor in both biological and social selection?
14. Does the postponement of marriage for educational or economic reasons interfere with satisfactory family adjustments?
15. What is the connection between age at marriage and adjustment relationships? Under what provisions may a proper age be designated as most likely to ensure success of the marriage?
16. What are the chief objections to common law marriages?
17. Do you agree that the essential conditions to marriage are essential? How might they be revised?

18. Does the moral issue of voluntary parenthood have any immediate connection with divorce?

19. Draft a uniform marriage and divorce bill, stating the requirements in each case. Is it possible to draft one law without reference to the other?

20. What is your opinion of the premarital hints for safety-first mentioned by Mowrer in *Family Disorganization,* p. 161?

CHAPTER XV

BROKEN FAMILIES—CONTINUED

IN FAMILY living there are evidences of instability in many apparently normal, adjusted homes as well as in nearly broken or actually broken homes. The disorders of such families differ both in type and degree. What the eventual outcome may be—whether it is a demoralized family unit or person—depends upon the resourcefulness and adaptability of the persons concerned.

Most of the causes of broken homes and most family disorders are relatively minor in importance. As single events they would not lead to irreparable family damage. But any family does have unusual difficulty in weathering marital or family upsets when these isolated factors cumulate and combine. Then the most usual result is a rupture of marital and family ties. This rupture is also a matter of degree. It is graded from the discordant household in which parents and children live together under constant tension, to the friendly separation, and to permanent separation in divorced, abandoned, or widowed families.

A changed social situation in the family is a matter of great importance to the student of family relations. Sociological study is interested in the nature of the change or disorder, what its sources are, and what attitudes accompany these changes.[1]

There are many forms of domestic crisis, conflict, and frustrations of personality in the family in addition to divorce, desertion, and widowhood. Such conditions are found in families

[1] Mowrer, H. R., *Personality Adjustment and Domestic Discord,* American Book Co., New York, 1935. Chaps. 4, 11. Mowrer, E. R., *Family Disorganization,* University of Chicago Press, Chicago, 1927. Chap. 4.

broken by suicide, illegitimacy, excessive mobility, separation, annulment, confinement in an institution, in families of common-law marriage and of widowers, and in families that are broken by the placement of children in foster homes. Since it is recognized that readjustments in all these domestic situations tend to be similar for the individuals who remain in the home, desertion and widowhood will be taken as typical causes of broken families. Both problems represent a drastic interruption of ordinary social relations in family life, and in their study or treatment the need for family conservation and counseling becomes obvious.[2]

But the need for first aid in the family, for counseling and treatment is even more necessary in those homes where relations are at the breaking point. Attention, therefore, is rightfully placed on studies of the near-broken home and on the evidences of what is tending to make a marriage or family unsuccessful. These sources of information are the foundation of the different social therapies which seek to reconstruct the family—whether the break in relations has already occurred or is pending.

Desertion as a social problem. Like divorce, desertion and abandonment are symptoms of many ills in marriage and the family. They may occur because of mismating or hasty and imprudent marriages, or they may develop from serious and unmanageable tensions in the contemporary family. Desertion is not a new problem. In its legal aspects, there is a record of penalties to repress it from the earliest of historical peoples.[3]

Desertion has been described as the poor man's substitute for divorce or vacation. It has also been called an escape mechanism from an unsatisfactory domestic life. It may be either or neither. Desertion is class-limited, appearing with no great frequency outside of median and low wage-earning

[2] Jennrich, Lorraine, *Case Work in Motherless Families,* Natl. Conf. Soc. Work, 1936, pp. 158–166. White, E. N., "Experiments in Family Consultation Centers," *Social Forces,* Vol. 12: 557.

[3] Reuter, E. B., and Runner, J., *The Family,* McGraw-Hill, New York, 1931. Chap. 5. Zunser, Charles, "Family Desertion: International Aspects," *Soc. Service Rev.,* Vol. 6: 235–255.

groups. In this respect, it differs from divorce and separation, and might be called an effort toward economic adjustment. It also may be temporary, chronic, or spurious (that is, pretended in order to secure poor-relief). Many different conditions have been cited as probable causes, and each of these must be examined thoroughly, because desertion is often viewed, like many other social problems, as a self-evident form of degeneracy.

Studies of desertion are apt to prove too much; they compare desertion with divorce and accumulate interesting facts which prove why the desertion probably occurs, but pay little or no attention to the presence of similar factors in normal, unbroken, and relatively adjusted families. The closest resemblance between desertion and divorce is the frequent endeavor to explain both situations in terms of one factor. However inclusive incompatibility, irresponsibility, personality maladjustments, and sexual difficulties may be as explanations, they do not begin to cover the whole subject of desertion or to summarize completely the fabric out of which marriages are made and broken. A further difference between widowhood, divorce, and desertion is that there are few champions for the rights and protection of the deserted family.

Characteristics of the deserted family. In spite of the fact that desertion has a definite legal status and is usually regarded as a criminal offense, there are few complete studies either of the deserter or of the abandoned family. Most studies are taken from the records of family welfare agencies or domestic relations courts, wherein poverty or criminality is merged with the fact of desertion. Possibly the Kennedy family, which was discussed in the preceding chapter, is typical of the problem of desertion and its miscellaneous origins. At any rate, its representativeness may be judged in part by the following identifying characteristics of deserters and their families.[4]

[4] Bucklin, D. R., "Broken Families," *The Family*, Vol. 11: 1–13; Colcord, J. C., *Broken Homes*, Russell Sage Foundation, New York, 1919; Erickson, M. H., "Some Aspects of Abandonment, Feeblemindedness, and Crime," *Am. Jour. Sociol.*, Vol. 36: 758–769; Eubank, E. E., *A Study of Family Desertion*,

Significant factors in family desertion.

1. Desertion is primarily a male characteristic. O'Neill and Glover reported a ratio of 86 men and 14 women in their sample of 100 cases.

2. Desertion arises primarily from mixed marriages—religious, nativity, and cultural differences.

3. It is not an occurrence which appears disproportionately among a few nativity groups; 17 nativities were represented in the above sample of 100 cases. But native-born contribute many more cases than foreign-born groups.

4. Deserters have had little formal education and only a small amount of vocational training. At the same time, there is no high rate of illiteracy in this group.

5. Deserters are predominantly a healthy group; there are no outstanding physical or health deficiencies.

6. Many deserters have had previous court records. In the study of O'Neill and Glover, 37 men and 3 women, or 20 per cent of the total, had court records.

7. Desertion appears most frequently among the younger age groups, chiefly among persons between the ages of 20 and 30. On the other hand, the majority of parents, representing non-broken homes in the records of social agencies, are above age 30.

8. Of religious groups, Protestants are by far the most frequent deserters, and desertion is more frequent among secular marriages.

9. Desertion is repetitive. Most studies report that over 50 per cent had deserted previously. In Miss Colcord's cases 87 per cent had deserted more than once.

10. Sexual incompatibility, though an indefinite phrase, becomes an important factor, being repeatedly mentioned in var-

Univ. of Chicago Press, Chicago, 1916; O'Neill, E. F., and Glover, R. J., "Report on a Study of 100 Cases of Desertion," *The Family,* Vol. 9: 287–291; McDougle, I. E., "Family Desertion in Baltimore," *Goucher Alumnae Quart.,* Nov. 1931; Patterson, S. H., "Family Desertion and Non-Support," *Jour. Delinq.,* Vol. 7: 249–282; 299–333; Zunser, C., "Family Desertion," *Annals, Am. Acad. Pol. and Soc. Sci.,* Vol. 145: 98–104.

ious studies as a fundamental cause. In this connection pregnancy is often stated to be a cause, yet pregnancy occurs in these homes no more frequently than in non-broken homes. In the deserter's home there is evidence of lower moral standards; there are more illegitimate children and more instances of extramarital sex relations.

11. Desertion is an urban phenomenon, occurring with housing congestion and overcrowded homes.

12. Desertion is highest among skilled and semi-skilled workers and low among unskilled and professional classes.

Factors not considered significant causes of desertion.

1. There is no evidence that hasty marriage is a cause. The period of acquaintance before marriage and the age at marriage are just about the same as in other families.

2. Desertion does not occur any more frequently among couples whose childhood homes were broken by divorce or desertion.

3. Although there is a small proportion of childless couples among deserted families, the size of family is not considered a significant factor. Family size describes a social or economic class rather than a cause of family disorganization. There is, however, a greater proportion of young children (under six years of age), because of the younger age of deserters, than in unbroken families.

Factors associated with desertion, in which the correlation is doubtful.

1. Interference of relatives. This factor is emphasized in some studies as causal; in others, it is treated as relatively insignificant. Most studies of dependent families as a class show that cases when relatives actually live with a family are few, but that their interference, as in opposition to the marriage, is mentioned more often than in the case of unbroken families.

2. The economic factor, meaning low income, is not regarded as an important cause. Although poverty in its basic

form of family dependency is not highly correlated, relative poverty (judged by the family's standards) is probably of some significance. Nor is unemployment regarded as a prime factor, because desertion increases as unemployment decreases. Poverty and unemployment are minimized by the greater emphasis put upon personal factors. Occupation, however, is highly correlated with desertion, especially mobile occupations and those which require work at night or at odd hours. The study by Miss Bucklin dissents from this general conclusion as to economic causes, and stresses unemployment as a cause. In the greater proportion of cases that she considered, desertion occurred during the search for work, and the strain arising from this condition she regards as of direct causal importance. Bucklin also cites interference of relatives, meaning contact with relatives (not their living in the home), dependency because of the large number of children, and the employment of the wife outside of the home, as significant causes.

3. Intelligence is another factor, the relation of which is doubtful. Some studies find that desertion is prevalent among people in the low intelligence levels. Others cite psychopathic conditions rather than differences in intelligence. There is a greater proportion of "queer" people among deserters than is found in unbroken families.

Extent of desertion. Since there are no national agencies and no one agency in the state or local community to deal exclusively with this problem, only indications of the incidence and trend of desertion can be given. In fact, the amount of desertion can be measured indirectly from its contribution to other problems more easily than it can be measured directly. The home broken by desertion is credited as being one of the primary causes of several problems. Prior to the establishment of the Social Security Program, when family welfare agencies were responsible for abandoned mothers and children, 10 to 13 per cent of the entire load of such agencies came from deserted families and nearly 20 per cent of their budget was

expended for their relief. The deserted home has also an important connection with the dependency and delinquency of children in institutions and courts, and with the large proportion of mothers in industry. In the records of three Boston relief agencies during the period 1918 to 1928, 8.8 per cent of the cases were those of deserted families: [5]

CONJUGAL STATUS OF 1,000 FAMILIES IN NEED OF PUBLIC AID, 1918 TO 1928

	Families	
Status	*Number*	*Per Cent*
Complete families	646	64.6
Deserted families	88	8.8
All others	266	26.6
Total	1,000	100.0

Of a group of 728 women in industry, 20 per cent had been deserted: [6]

CONJUGAL STATUS OF 728 WOMEN IN INDUSTRY

Status	*Number*	*Per Cent*
Married	328	45.1
Widowed	237	32.6
Deserted	146	20.0
Divorced	12	1.6
Single	5	0.7
Total	728	100.0

It is difficult to estimate the trend of desertion also, because the reports of social agencies cover only short periods, and evidence relative to the increase or decrease in the number of desertions is confused by changing definitions of desertion or by changing legal concepts of abandonment and public relief policies.

If allowance is made for these variations, the rates or per cent of desertion cases in family societies may be used to estimate the approximate frequency of desertion in the country as a whole. Devine reported for the decade 1900–1910 that 12 per cent of 5,000 cases handled by the Charity Organization

[5] Bucklin, D. R., *loc. cit.*, p. 3.
[6] Hughes, G. S., *Mothers in Industry*, New Republic, New York, 1925, p. 69.

Society of New York City were either deserted families or non-support cases. In his study of desertion cases before the Domestic Relations Division of the Municipal Court of Philadelphia, 1916 to 1920, Patterson reported a total of 9.7 cases of desertion for every 1,000 families in the city.[7] Figures for the three Boston relief agencies are available for over forty years, the amount of desertion being 8.8 to 10.0 per cent of the total number of dependent families from 1889 to 1893, and 9.3 per cent for the period 1899 to 1905. Both of these rates indicate a recent decrease in comparison with the proportion for the years 1918 to 1928, which is 8.8 per cent. This tendency to decrease has been noted by several social agencies, but according to Mowrer there is no evidence of the sort from the courts of Domestic Relations. Compared with other sources of dependency, desertion shows practically no tendency toward fluctuations of increase or decrease.[8]

In recent years, there have been about 100,000 families on the relief rolls of the Social Security Program because of desertion, abandonment, or non-support.

Classification of character types. The classification of deserters by types is useful as a summary of the general causes of family dependency, and in part to show the personal factors in desertion. To a limited extent, a knowledge of these character types serves also to distinguish between divorce and desertion. The classification in five types recognized by the Family Society of Philadelphia in 1902 was based upon the gradual development of habitual desertion and the possibility of case-work treatment. These types were: (1) the chronic deserter; (2) the reclaimable deserter; (3) the spurious deserter; (4) the half-excusable deserter; and (5) the un-get-at-able deserter. In Eubank's study, made a decade later, a classification of five types was also adopted. In addition to the chronic and spurious deserter, he described: (3) the intermittent husband types, of which there are two kinds, the periodic and the temperamental

[7] Patterson, S. H., *loc. cit.*, p. 260.
[8] Mowrer, E. R., *op. cit.*, pp. 90–92.

deserters; (4) the ill-advised marriage type; and (5) the last resort type. The last two tend to leave permanently, and consequently their cases are analogous to divorce.[9]

Personal causes of desertion. With recent advances in case-work technique—that supplemented by psychiatry especially—more accurate classifications of character types are made possible, taking into account various combinations of specific personal and external causes. As a step toward this more intensive analysis, Miss Colcord has suggested the following contributory factors: [10]

In the person:

1. Actual mental deficiency.
2. Faults in early training.
3. Differences in background.
4. Wrong basis of marriage, such as hasty, forced, mercenary, and common-law marriages.
5. Lack of education.
6. Occupational faults.
7. Wanderlust.
8. Money troubles.
9. Ill health, physical disability.
10. Temperamental incompatibility.
11. Sex incompatibility.
12. Vicious habits.

In the community:

1. Interference of relatives.
2. Racial attitude toward marriage.
3. Community standards—attitude toward marriage.
4. Lack of proper recreation.
5. Influence of companions.
6. Expectation of charitable relief.

In the study by O'Neill and Glover, the ten immediate conditions associated with desertion were, in the order of their frequency· (1) irresponsibility, (2) incompatibility, (3) alcoholism, (4) pregnancy, (5) interest in another woman, (6) unemployment, (7) wife's nagging, (8) suspected infidelity of

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[9] Patterson, S. H., *loc. cit.*, p. 311, and Eubank, E. E., *op. cit.*, pp. 37–49.
[10] Colcord, J. C., *op. cit.*, Chap. 2.

wife, (9) sexual incompatibility, (10) drunkenness.[11] The table below shows the distribution between broken and non-broken homes in which there is family friction of certain causal factors. This table makes a significant contribution in noting the excessive incidence of these factors in the deserted family.

FAMILY FRICTION IN BROKEN AND UNBROKEN HOMES

Causes of Friction	Per Cent Occurrence of Causes	
	Broken Homes	*Unbroken Homes*
Intemperance of man	15.0	4.0
Quarrelsome, abusive habits of man	14.4	3.0
Selfishness of man	12.0	1.2
Interference of relatives	12.0	1.0
Inadequate income	11.5	3.5
Differences in living standards	8.0	1.5
Sexual immorality of man	8.0	1.1
Wife seeking court action	8.0	0.9
Criminal record of man	8.0	0.9
Interest in another woman	6.8	0.5
Poor housekeeping	6.8	1.2
Nagging wife	5.0	1.2
Sexual immorality of woman	5.0	0.3
Other factors	9.5	—

Source: Bucklin, D. R., *loc. cit.*, p. 10 (adapted from Chart 8).

In this table, outstanding sex differences can be seen in the distribution of specific causes. Patterson also found similar differences in the cases before the Court of Domestic Relations.

Age and duration of marriage. The "perilous first five years" are even more hazardous in desertion than in divorce cases. In the foregoing studies, from 39 to 48 per cent of the desertions occurred within this five-year period. The occurrence of desertion at an earlier period than divorce indicates the presence of serious conditions of maladjustment which require early diagnosis and treatment. The proportion of men and women under 30 years of age in deserted families (from 39 to 54 per cent) corresponds closely to the proportion of desertions during the first five years of marriage.

Economic conditions and occupational status. Although opinion as to the influence of poverty and unemployment upon

[11] O'Neill E. F., and Glover, R. J., *loc. cit.*, pp. 289–290.

CHIEF CHARGES PREFERRED [12]

Husbands	*Wives*
1. Other men.	1. Abusive treatment.
2. "In-laws."	2. Alcoholism.
3. Drugs.	3. Other women.
4. Domestic incompetency.	4. Abusive language.
5. Alcoholism.	5. Stinginess.
6. Religious differences.	6. Drugs.
7. Step children and illegitimates.	7. Incompatibility.
8. Abusive language.	8. Laziness.
9. Extravagance.	9. "In-laws."
10. Incompatibility.	10. Gambling.
	11. Religious differences.

desertion is divided, and poverty is mentioned infrequently as a primary factor, occupational groupings are closely correlated with desertion. In Patterson's study the proportion of desertions among the major occupational classes was: [13]

	Per Cent
Skilled	26.1
Semi-skilled	21.8
Laborers	23.7
Clerks	9.7
Proprietors	5.3
Professional	1.6
All others	11.8
Total	100.0

The skilled and semi-skilled groups thus contribute a proportion of deserters which is considerably in excess of their distribution in the general population.

A summary of causes in 131 cases of desertion. The relative importance of different unadjusting conditions is indicated by a summary of the case records of 131 deserted families which were under the care of two family welfare societies in 1930–1931. The general classes of causes are those of the classification adopted by most case-work societies in the statistical analysis of their problems. They are used in the table on page 518

[12] Patterson, S. H., *loc. cit.*, p. 309.
[13] *Ibid.*, p. 278.

precisely as they were described in the analysis of unemployment in Chapter III. As physical disabilities there are variations in the bodily structure of the person, such as blindness, amputations, accidents, or crippled conditions. Biological disabilities include the physical illnesses. Psychological disabilities comprise two related personality defects: mental disease or defectiveness; and minor personality defects, alcoholism, drug addiction, or sexual immorality. The group with cultural disabilities includes unadjusted immigrants, husbands and wives between whom there are ethnic differences, illiterates, and those with related problems. Economic disabilities include debts, insufficient earnings, economic incompetency due to old age, and any factor relating to labor. Social disabilities take in a whole range of problems of interference with family adjustment, such as desertion, marital conflict, widowhood, imprisonment, and such comparatively minor social disorders as age, educational or religious differences, and disagreements arising from conflicts in personality, attitudes, use of leisure time, or spending of money.

As in the description of unemployment among families treated by relief agencies, these factors are used to identify the deserted family as well as the deserter. In the first two columns of the table the number and per cent distribution of these factors are given for the family; in the second two columns, those which specifically characterize the deserter. The table describes desertion as a social and psychological problem more than as a problem involving physical, biological, cultural, or economic disabilities.

This conclusion agrees with the general assumption as to the subordinate position of economic status among the immediate causes of desertion. It does not mean that poverty is not an underlying condition, but classifies it with unemployment, nativity, size of family, age at marriage, and other factors which are widely distributed among all types of dependent families. The priority of psychological and social factors holds for the general description of the deserted family or of the deserter. Among the psychological factors in the 131 cases,

GENERAL FACTORS ASSOCIATED WITH DESERTION

Disability	Family		Deserter	
	Number	*Per Cent*	*Number*	*Per Cent*
Physical	47	4.5	17	2.7
Biological	103	9.8	37	5.9
Psychological	309	29.4	235	37.5
Cultural	66	6.3	24	3.8
Economic	98	9.3	87	13.9
Social	427	40.7	227	36.2
Total	1,050	100.0	627	100.0

Sources: Family Society, Providence, R. I.; Pittsburgh, Pa.

the following occurred most frequently: alcoholism, personality problems, mental disease, cruelty, and abusiveness. Among social factors were non-support, delinquency, illegitimacy, unfriendliness of relatives, and poor work record.

Mental causes of domestic-relations problems. The psychological factors in desertion are stated in greater detail in a clinical study of 100 domestic-relations cases, selected at random from the cases on probation under the Recorder's Court of Detroit. In all of these cases, both the husband and wife were examined. The legal charges, resulting in the probation of these cases, are given below.[14] Although only 36 were cases of non-support, all illustrate the typical broken home. The persons involved were predominantly native born; their median age was 31; their average mental age was low, as is usual in clinic cases. There were few unskilled workers among the males, but a high incidence of unemployment among the non-support cases. Age at marriage and size of family were not significant factors. Only eleven of the wives were employed outside of the home.

Charge	*Number and Per Cent*
Non-support	36
Disturbing the peace	37
Assault and battery	20
All others	7
Total	100

[14] Flinn, H., and Jacoby, A. L., "One Hundred Domestic-Relations Problems," *Mental Hygiene,* Vol. 10: 732–742.

A distribution of the clinical findings in these 100 cases gives the following occurrence of psychological maladjustments: [15]

MENTAL FACTORS IN DOMESTIC-RELATIONS PROBLEMS

Mental Factor	Number of Occurrences			Per Cent Occurrence in Total Number of Factors
	Husband	*Wife*	*Both*	
Alcoholism	52	1	53	23.2
Inferior	30	52	82	35.8
Psychopathic	20	22	42	18.3
Feeble-minded	5	6	11	4.8
No psychiatric deviation	5	19	24	10.5
Neurosyphilitic	4	2	6	2.6
Epilepsy	3	2	5	2.2
Unclassified	2	4	6	2.6
Total	121	108	229	100.0

Source: Flinn, H., and Jacoby, A. L., *loc. cit.*, pp. 737–739.

In this distribution by married couples, there was no pair without some psychiatric deviation from the normal. The frequency of alcoholism among the males (43 per cent) and of inferiority and feeble-mindedness among the females (54 per cent) is apparently the most serious cause of broken homes, especially when the two difficulties are combined in the same household. This study indicates the uselessness of a legal disposition of domestic-relations problems unless it is supplemented by social and psychiatric supervision. Although the description covers other cases than those of desertion and nonsupport, it may be considered typical of the families from which the constant supply of desertion cases comes.

The problem of widowhood. If history were made and written entirely by women, the separation of social problems according to sex would certainly vary from that of the present in the allocation of widowhood, illegitimacy, unmarried mother-

[15] Definition of terms: "psychopathic" includes poorly defined groups classed under "psychopathic personality"; "alcoholic" means only those who manifest deterioration from alcoholic excess; "inferior," those whose intelligence quotient is between 60 and 75; "feeble-minded," those whose intelligence quotient is below 60; "unclassified" refers to those with definite neuropsychiatric disorders which do not fit into the usual classifications.

hood, and child dependency as major problems. But no revision by change of definition or point of view could sever the connection between family disorganization or dependency and the biological and social causes of widowhood. These are important problems because they indicate fundamental social maladjustments. Moreover, women have never been wholly inactive in the choice of those social and moral standards by which problems are identified as peculiarly theirs. In general, the special problems of men and of women are combinations of individual differences and social status, which become problems by variations in the social institutions and not wholly by inequalities in the mores that govern the social position of the sexes.

The problem of widowhood illustrates this multiple origin of social maladjustments. Over the conditions which determine their social status, and especially over their vocational opportunities and the economic status of the family, women have had little control. But this fact does not lead to the conclusion that the social problems of women have arisen because the world in which women live is man-made. Men have been equally powerless to control their own destinies when they are the victims of institutional disorganization.

The modern problems of women come from two sources: the changing status of the family and the rise of modern industrialism. Originally, the family was a self-sufficient economic unit. Although it no longer operates as an agency in economic production, the modern family has retained up to the present many important economic functions. Furthermore, it has been entrusted with the adjustment of many problems arising from the minute division of labor in industry and from the small-family system.

Industry has been especially dependent upon the family for the solution of problems for which it alone is directly responsible. Of this dependence, widowhood is an example. Conditions leading to widowhood, such as occupational disease, industrial accidents and other economic unadjustments, unem-

ployment, insufficient earnings, or old-age insecurity, are left to the family to relieve. Thus, although the family is no longer a productive unit and has no direct control over the industrial conditions that are responsible for many of its problems, it is still an important economic unit. Blood ties and family stability are fundamental to our modern system of production. For this reason, industry and the state compensate in part for the economic disorganization of the family; but the family still bears the greater share of the burden resulting from this economic and domestic separation.

Home making and the domestic status of women have been viewed from many inconsistent positions, and for this reason there have been many attempts to isolate the special problems of women. Home making has been recognized as an important national industry under most forms of family organization, but it is not so recognized by the U. S. Census or by contemporary estimates of wealth and income. At all periods of domestic history, woman and the family have occupied practically equivalent positions in the mores, but attitudes toward them have had little direct relationship to the actual domestic status of the woman. This separation is most apparent in sentimental or chivalrous attitudes concerning the home and motherhood in the abstract. But the gap between cultural conditions and sentiment has failed to reveal distinct "woman" problems.

In spite of the feminist movements during the last century, it is difficult to distinguish such problems from "man" problems. Generalizations concerning temporary sexual differences overlook basic individual and personal differences as well as economic and social class differences. The only problem of women sufficiently serious to be classified as a social pathology is widowhood, yet widowhood is in reality a combination of several social problems. It includes that class of women who have the double function of home making and home-maintaining. In addition, it relates to adult and child dependency, poverty, unemployment, illness and death, and the more signifi-

cant facts of family disorganization and of woman's insecure industrial status. From this point of view, therefore, widowhood is a community problem, as much a problem of men and of children as it is of women.

In historical or contemporary aspects, the social problems of widowhood are practically co-extensive with two social conditions: the insecure industrial and family status of women, and the problems of women in industry, both of which represent the institutional background of family dependency. The family, particularly the widow's family, is guaranteed by modern industry no freedom from economic dependency corresponding to the economic self-sufficiency enjoyed by single women and men. This situation is due in part to the breach between the family and industry, in part to the assumption that women form a new leisure class which is not supposed to be self-supporting. Widowhood, therefore, may be viewed as a family problem, the result of the system of the small family which is dependent upon the earnings of one worker; or as an economic problem, indicating the insecurity of the family through irregular wages, insufficient earnings of the widowed mother, or inadequate compensation under the Social Security Act.

Industrial and domestic status of women. Under primitive conditions, and practically without exception under every economic order prior to the industrialization of society, woman's social status was secure, both in industry and in the family. Woman has always been a worker whose services were as important as those of man. Although sex differences were recognized historically as a basis for specialization in industry or particular occupations as much as they are in the present, and although women were assigned "secondary positions" by societies in the past, there was never any question of their productive capacity or of their dependency.

Most people think of the dependence of the wife and children upon the earnings of the father as a time-honored custom. This belief is held to such an extent that the presence of women

and children in industry is cited today as proof of the destruction of the modern family system. History's version of the economic co-partnership between husband and wife gives an entirely different picture. The dependence of women and children upon the earnings of one male is a comparatively recent innovation. It is scarcely more than a century old, at least so far as the manual workers, who form the majority of the population, are concerned, and is more a product of industrial than of domestic changes.

Industrialism transferred the productive activities of the family to the factory. With this transition, women as a class lost their economic independence; they became dependent upon the wages of their husbands, and their labor was limited to domestic work. This economic change also accounts for the rise of the small-family system from the patriarchal or gross family (consisting of many relatives in one household), and for the insecure family status of single women, widows, and dependent children. "When woman ceased to be a producer, she became dependent." [16]

The social consequences of the industrial revolution entailed other changes in her social position. Marriage became a serious economic burden to the wage earner, rather than an advantageous coöperative enterprise. Women and children, who were largely self-supporting before, became "natural dependents." As a result, marriage itself came to be regarded as a source of livelihood from the woman's point of view. The employment of women and children, consequently, is no threat at all to the institutions of marriage and the family. In fact, any tendency toward employment is simply a return to the traditional industrial status of women. If, as Reuter and Runner contend, women become self-respecting as they become self-supporting, such employment is as much a matter of social necessity and personal choice as marriage or child bearing.

Social status of widows. That combination of economic and

[16] Reuter, E. B., and Runner, J., *The Family,* McGraw-Hill, New York, 1930, p. 435.

family relationships which gave a secure position to women, especially to widows, may be illustrated by the customs of non-industrial peoples under the patriarchal family system. Security in this sense does not mean a status acceptable to current mores or the absence of exploitation. As a matter of fact the status of widows presents one of the "saddest stories in the history of civilization," according to Sumner, who wrote: [17]

> In no other case have societies shown so much indifference to misfortune and innocent misery.

In the social organization and kinship system of the Bantu, a primitive African people, the impossibility of economic dependency of any individual was achieved through the following primary group relationship.

> Every one has many fathers, not only the man who begat him, or who was the husband of his mother, but all that husband's brothers, many of his cousins, and in fact all the men of his generation belonging to the same clan. In the same way the women of the same generation, or who are married to men of that generation and that clan, are all reckoned as mothers to the succeeding generation. . . .

The group relationships were not limited to the father and mother; they extended throughout the clan, and they conferred and imposed correlative rights and duties. Every member of the clan of the same generation as a given man or woman was his brother or sister, and "father" or "mother" to his children.[18] Here is an example of an organized society in which each individual has a permanent relationship to the group, and his security is as definite as the security of the group. Wives of the deceased were taken by the heir, and elderly women found protection in a son's household.

A similar protective system was enforced by the domestic mores of the Igorot: [19]

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[17] Sumner, W. G., *Folkways*, Ginn, Boston, 1906, pp. 387; 388–394.

[18] Hartland, E. S., *The Evolution of Kinship*, Frazer Lecture, Oxford Press, London, 1922, pp. 10, 11, 27, 28.

[19] Jenks, A. E., *The Bontoc Igorot*, Ethnological Survey, Manila, P. I., 1905, p. 70.

Most of the widowed live in the katyufong, the smaller dwelling of the poor . . . and . . . very frequently take their meals with some married child.

Orphans without homes of their own become members of the household of an uncle or aunt or other near relative.

There are few old and infirm persons who have not living relatives. . . . It is the universal custom for relatives to feed and otherwise care for the aged.

Another historical practice is the levirate. According to this custom of the Hebrews, the marriage of a widow to her deceased husband's brother was accepted as a right and duty. The widow and her children were thus assured of a protector and supporter. In point of origin, this custom is traced to polyandry, and also to the widespread desire among ancient people to prevent any family from becoming extinct. The patriarchal system of India offers a similar protection:

A woman during her infancy depends upon her father; during her youth, her husband; when her husband is dead, upon her sons; if she has no son, on the nearest male relative of her husband; for a woman ought never to govern herself according to her will.[20]

The Puritan method is described by Arthur Train in the following case: One John Cheney (1666) provided for his wife by leaving her:

. . . the libertie of dwelling in the house her lifetime [and by enjoining his eldest son] to maintaine her comfortably with meat and drink, linen, and wollen and other necessaries as her adg shall requier during the term of her natural life.[21]

These illustrations are typical of the economic security afforded by the closely knit social organization of small communities.

Prior to the industrial revolution, women and children as well as men were indispensable economic units in the struggle for existence. They continued to maintain their relative economic independence even during the early years of the factory system until checks were introduced by law and public

[20] Messer, M. B., *The Family in the Making*, Putnam, New York, 1928.
[21] Train, Arthur, *Puritan's Progress*. Scribner's Sons, New York, 1931, p. 27.

opinion which restricted their employment outside of the home. Under these conditions, there was no question of dependent mothers or widows. The working-class family was considered to be a unit of labor, each member's contribution being necessary and frequently not distinguished from the total family income. The widowed mother's occupational status did not change after her husband's decease. If she were unable to work, or if there were other dependents, the entire family (older sons, brothers, or other relatives) assumed the responsibility of support.

With industrialism, widowhood and dependency became equivalents, largely through the fortuitous combination of three poverty-making factors: low wages, inability to save, and the dependence of the small family upon the earnings of one person. No theory of wages has fully recognized this domestic revolution, except the proposed family-wage system. Wages are usually determined at approximately twice the cost of a man's support, the additional half being for the support of children. Although this theory admits that the domestic activities of the wife are at least equal to the cost of her support, it offers small consolation for the widowed family.

According to this summary of the domestic and industrial status of women and widows, the economic problem of widowhood is a function of three variables: (1) the changing economic status of the home and the consequent restriction of women to a few occupations; (2) the total dependence of the modern family upon the wages of one worker; and (3) the inability of the widow with dependent children to find employment which will furnish sufficient income for family support (the conflict between the maternal function of women, vocational training, and vocational opportunities). Since widowhood is a primary cause of dependency, the present domestic hazards of the family, in low income groups especially, fail to substantiate two common assumptions: that the average wage paid to a man is adequate for his family and that woman's place is in the home.

Actually, as already noted in previous connections, many families have other sources of income than the father's wage (two or more persons working), and in some families the employment of the mother is always necessary.[22] From this point of view, widowhood is simply one of the problems of poverty.

The social system which has made this problem of family dependency and yet has furnished no adequate method of group subsidy for the maintenance of widows and dependent children has been criticized in the following caustic terms:

> It was said to be an attribute of the Deity Himself that "He is the Father of the fatherless and defendeth the cause of the widow." To "visit the widow and the fatherless in their affliction" was to be part of the definition of true religion. One might expect to find in a nation bred on this kind of teaching that widows and orphans were a first charge on the good services of the community; that they were comforted, protected, cared for. One finds in fact that of all the innocent victims of our clumsy blundering social system, they are the most undeservedly humiliated and unnecessarily distressed.[23]

Industrial employment of women. The employment of women outside of the home is generally agreed to be purely an economic movement. Women work, and this is particularly true of married women, in order to supplement family income, even though male wage earners are working full-time. Other reasons assigned for this situation are the desire of the wife to improve the family's standard of living, the employment of women by industry as supplementary labor or as a labor reserve in periods of business expansion, or the substitution of women for immigrant labor.

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[22] In Miss Hughes' study of 11,073 families in Philadelphia, 55 per cent had other sources of income than the father's wage. Hughes, G. S., *Mothers in Industry*, New Republic, New York, 1925, p. 13.

[23] Rathbone, E. F., *The Disinherited Family*, Longmans, Green, London, 1924, p. 102.

Under ordinary economic conditions more than one fifth of all women in this country 15 years of age and over are gainfully employed, and nearly one fourth of this number are or have been married. The employment of widows needs no special consideration except that their presence in industry indicates the failure of society to give adequate recognition to the domestic and child-caring responsibilities of dependent mothers. The number of widows in industry, consequently, supplies one index of child dependency, poverty, and of unwholesome family life.

There are no satisfactory studies of the industrialization of women or of the extent to which family disorganization is a factor in this movement. According to scattered investigations of these topics by government bureaus and mothers' pension boards, widowhood contributes about 15 per cent of the total number of employed women. This percentage was found by a survey of four cities conducted by the Women's Bureau of the United States Department of Labor and is considered representative of the country as a whole. The proportion of gainfully employed widows, however, varies considerably from industry to industry and from city to city. The percentage of widows among the total gainfully employed women and of widows with dependent children is given for the four cities in the table. From 40 to 60 per cent of these widows were the sole support of their families; of the total 38,446 women included in this study, one fifth were the only income-receivers in their families.

Further evidence that the industrialization of women is not a transient movement is to be found in the total number employed. In the four cities, nearly 40 per cent of the women 14 years of age or more were employed outside of the home; three fifths of these women were more than 25 years of age, and more than one half had dependent children. Nearly 80 per cent of the entire group were homemakers as well as wage earners. The abnormal burden of this double function of the employed woman is the chief threat to family stability and re-

PER CENT OF WIDOWS AMONG THE TOTAL GAINFULLY EMPLOYED WOMEN IN FOUR CITIES [24]

City	Per Cent of Widows: *Among Total Number of Gainfully Employed Women*	Per Cent of Widows: *With Dependent Children*
Jacksonville, Fla.	20.4	39.8
Wilkes-Barre, Pa.	10.1	53.0
Butte, Mont.	17.4	49.3
Passaic, N. J.	7.7	60.7

Total number of women, 14 years or over.....100,084
Total number of women employed..... 38,446 or 38.4 per cent
Total number of employed widows..... 5,572 or 14.5 per cent

sults in an unknown amount of family damage. According to this report: [25]

There is something radically wrong with the economic situation in the country when so many mothers with a husband living in the family circle, presumably as chief supporter, are undoubtedly forced to engage in gainful labor.

In the next table the occupational distribution of widows in these cities is given. This table shows the chief forms of woman's work and is a crude index of the widow's economic status.

Extent of widowhood. About 15 per cent of the population in this country 15 years of age or over are widows or widowers, the number of widows being more than twice as large as the number of widowers. Considerable variation occurs in this ratio from state to state, and between rural and urban communities. The two general reasons given for the larger number of widows is the higher death rate of adult males in the younger adult age groups, and the greater rate of remarriage among widowers. In recent census reports, there has been a slight increase in widowhood, due largely to the increasing proportion of the population in upper age groups. This increase has little connection with the economic problem of widowhood, which is restricted primarily to younger women.

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[24] "Family Status of Breadwinning Women in Four Selected Cities," U. S. Dept. of Labor, Women's Bureau, *Bulletin No. 41*, pp. 1–20, 1925.
[25] *Ibid.*, p. 17.

OCCUPATIONAL STATUS OF WIDOWS—PER CENT DISTRIBUTION [26]

	Jacksonville, Fla.	*Wilkes-Barre, Pa.*	*Butte, Mont.*	*Passaic, N. J.*
Manufacturing	2.2	13.4	3.4	51.0
Selling trades	4.8	10.5	9.4	4.3
Telegraph and telephone	.4	—	.4	—
Clerical	4.1	2.0	5.4	1.3
Managerial and professional	3.0	3.3	3.3	2.7
Domestic	33.2	36.6	39.0	15.4
Working at home	52.1	34.2	39.1	25.2
Not reported	.2	—	—	.1
Total	100.0	100.0	100.0	100.0

The group of dependent widows and orphans takes in an annual toll of about 400,000 widows and 200,000 children under 16. From the records of social agencies, it is known that the greatest family damage occurs when fathers die between the ages of 25 and 45, because the family's need is greatest at this period. But these records do not furnish complete information concerning the total number of dependent widows. In general, widowhood is apparently decreasing as a problem of middle life and is increasing as one of old age and of the early years after marriage.[27]

Widowhood is also a function of several changes in the make-up of the population. It varies with the decreasing death rate, which in turn varies with the occupational distribution of the economic classes, with the increasing proportion of the married population, and with changes in the age distribution of the population. There is a larger proportion of widows in the city than in the country, which is explained by their easier economic adjustment in the city. There are fewer widows in manufacturing cities, however. Widowhood is also proportionately larger in those communities in which there are more women than men and in which a considerable percentage of the women over 25 years of age are employed. Widowhood is greater among the foreign-born whites and among Negroes than among native-born whites. The difference is explained

[26] *Ibid.*

[27] Metropolitan Life Ins. Co., *Statistical Bulletin*, Vol. 9, No. 9, pp. 7–8.

in part by age distributions and in part by higher death rates in these classes. The amount of widowhood, consequently, varies with sex ratios, with racial, age, urban and rural distribution of the population, and with marriage and death rates.

When widowhood was under the combined care of public and private social agencies (from about 1911–1935), it made up about 15 per cent of the total number of families under their supervision. Prior to the institution of mothers' pensions, this proportion was higher, making more than 30 per cent both of the load of relief societies and of the studies of mothers in industry.[28] In the summary (page 532) of the conjugal status of 1,000 clients in three Boston relief societies, the relative contribution of widowhood to dependency is given in contrast to that of divorce and desertion.

Under the Social Security Program, 136,000 mothers with dependent children under 18 were under the care of the different states in 1940. This number, in comparison with the total receiving public assistance, has maintained in recent years about the same ratio with other causes of dependency—widowhood and the dependency arising therefrom being about twice as frequent as desertion.

Causes of widowhood. The deaths mainly responsible for widowhood are due to a few major causes. In the age group of 25 to 44 years, when the death of the wage earner is most disastrous to the economic welfare of the family, nearly six deaths out of every ten among white male wage earners are due to four causes: tuberculosis, influenza-pneumonia, heart disease, and accidents. It is a significant fact for the ultimate reduction of this problem that each of these causes is preventable. With the two exceptions of pneumonia and tuberculosis, there have been no improvement in the social control of those causes of death. In the case of accidents, the decreasing rate of industrial fatalities has been favorable, but it is

[28] Anthony, K., *Mothers Who Must Earn*, Russell Sage Foundation, New York, 1914, p. 19. Bowley, A. L., and Burnett-Hurst, A. R., *Livelihood and Poverty*, Bell and Sons, London, 1915, p. 47. Devine, E. T., *Misery and Its Causes*, Macmillan, New York, 1920, pp. 175 and 204.

more than offset by automobile fatalities. For years, social workers and public health campaigns have emphasized the

CONJUGAL STATUS OF 1,000 FAMILIES—THREE RELIEF AGENCIES

Status	Families	
	Number	*Per Cent*
Married	646	64.6
Widowed	159	15.9
Deserted	88	8.8
Single	45	4.5
Divorced	28	2.8
Others	34	3.4
Total	1,000	100.0

Source: Bucklin, D. R., "Studies in the Breakdowns in Family Incomes." *The Family*, Vol. 11, p. 3.

health aspects of widowhood. Both agree that a preventive movement must begin with those diseases and physical defects of childhood which are responsible for the increasing toll from degenerative diseases during the early adult years.

CAUSES OF THE HUSBAND'S DEATH

	Mothers' Assistance Office, Pittsburgh, Pa., 1932	*Metropolitan Studies, 1928*	*Children's Bureau, 1923*	*Richmond and Hall, 1910*
Tuberculosis	10.8	22.7	18.9	28.8
Influenza-pneumonia	31.3	12.6	34.4	12.1
Heart disease	10.5	11.5	6.8	8.0
Accidents	8.7	14.2	9.3	16.5
Other causes	38.7	39.0	30.6	34.6
Total	100.0	100.0	100.0	100.0

Sources: Met. Life Ins. Co., *Statistical Bulletin*, Vol. 9, No. 9, p. 8. *U. S. Dept. of Labor, Children's Bureau*, Pub. 118, p. 142. Richmond, M. E., and Hall, F. S., *A Study of 985 Widows*, Russell Sage Foundation, New York, 1913, p. 13.

Family damage resulting from widowhood. The consequences of widowhood present a cross-section of many social problems. There are major questions of securing economic relief, especially in those states or communities where the grant under the Social Security Act is inadequate. There are also other economic problems such as inadequate savings and insurance, employment of the mother outside of the home, low wages, difficulty involved in finding part-time work, indebt-

edness, and problems in household management due to the mother's ignorance of financial matters. In addition, there are several hazardous social situations involved in widowhood: the neglect of children, placement of children in institutions or day nurseries, housing problems, inability of relatives to assist the family, problems of health and nutrition, and problems of child welfare.

The possible family damage resulting can be summarized under four problems. (1) Widowhood is a problem of poverty due to the loss of the husband's earnings. (2) In the absence of normal parental relationships, widowhood presents a cross-section of the problems of the broken home. (3) It is a severe strain upon family adjustment, both as the result of bereavement and as a problem in social readjustment. (4) And finally, the problem of securing income, involving the employment of the mother and children, exposes the family to many physical, mental, and social hazards.

The table below gives a brief summary of these problems for

GENERAL FACTORS ASSOCIATED WITH WIDOWHOOD

Disability	*Number*	*Per Cent*
Physical	211	16.8
Biological	243	19.4
Psychological	168	13.4
Cultural	162	12.9
Economic	312	21.9
Social	158	12.6
Total	1,254	100.0

Source: Mothers Assistance Fund, Pittsburgh, Pa.

323 widowed families. The classes of problems are the same as those in the table on page 518, and indicate the essentially economic nature of widowhood and its associated health problems.

One characteristic of the widowed and dependent family is its low income status even prior to the death of the father. In the group of 728 homes studied by Miss Hughes, almost three in every five of the men earned less than $25 per week, indicating the precarious economic position of the family, even when

the man is employed continuously. As a regular wage, this amount does not allow the minimum standards of health recommended by the lowest estimated standard of living. Other studies indicate a similar low income status of the widowed family, and practically no protection against emergencies; most of the families apply for aid within the first year after the husband's death.[29]

The second major problem is that of securing adequate income or of supplementing public or private relief. In the

WEEKLY WAGES OF HUSBANDS OF EMPLOYED MOTHERS

Occupational Divisions	Weekly Wages				
	Under $15	*$15–$25*	*$25–$35*	*$35 and Over*	*Total*
Manufacturing	9	80	70	10	169
Transportation	2	10	7	1	20
Trade and clerical	1	5	3	—	9
Public Service	19	4	2	—	25
Domestic and personal	3	14	7	—	24
Total	34	113	89	11	247
Per Cent	13.8	45.7	36.0	4.5	100.0

Source: Hughes, G. S., *op. cit.*, p. 67.

quest for employment, the widow's problem would not differ from the general problem of employed women, if she did not have the further responsibility of maintaining her home and children.

In addition, the widowed mother is handicapped by her lack of vocational skill and by her inability to become skilled through trade training. Consequently, she is forced into unskilled occupations with the longest hours and the lowest wages. The Bureau of Municipal Research of Philadelphia found that of all women in industry, widows and deserted mothers had the lowest incomes, whereas those women whose need for work was less urgent were among the highest income groups.

[29] Nesbitt, F., "Standards of Public Aid," *U. S. Dept. of Labor, Children's Bureau*, Bulletin, No. 118, 1923. Richmond, M. E., and Hall, F. S., *op. cit.*, p. 17. Luck, M. G., and Cummins, A. B., *Standards of Relief in California, 1940*, Univ. of California Press, Berkeley, 1945. Marcus, G. M., "Reappraising Aid to Dependent Children," *Social Security Bulletin*, Vol. 8 (1945) No. 2, pp. 3–5.

Experienced social workers recognize that the average widow cannot maintain her family upon a minimum standard of living unless assisted by relatives, lodgers, child labor, or unless the family has residence in a state where the maximum grants under Social Security are provided. They are also unanimous in condemning certain sources of income as undesirable because of their demoralizing influences upon the family: poorly paid home-work; full-time employment of the mother outside of the home, unless there is a caretaker for the children; any form of outside work, if there are five or more children under 16 years of age in the home; any work that the mother is physically incapable of performing in addition to her domestic duties; income from male boarders and lodgers; or the work of children between the ages of 16 and 18 if their school records are good and they leave school simply to add to family income. When these sources of income are cut out, there is practically no opportunity for the widow among the favored occupations because of the scarcity of part-time work and because of her age.[30]

Employment of mothers outside the home is also regarded as dubious economy because of its effect upon their health and upon the welfare of children in the home. One of the chief arguments for adequate public aid to dependent mothers, regardless of their marital status, is derived from the general acceptance of the fact that the absence of the mother from broken homes correlates closely with truancy, with other forms of juvenile delinquency, and with other problems of children.

Unadjusted, unbroken families. The family which is not getting along well either because of poorly adjusted husband-wife relations or parent-child relations is generally a result of the social contacts and changes or personality developments which are normal in the growth of all families. Unless a dis-

[30] Frankel, E., *Source of Income in Families,* Natl. Conf. of Social Work, 1927, p. 254. Malitsky, M. C., "Resources of Widow and Child Beneficiaries in Seven Cities," *Social Security Bulletin,* Vol. 8 (1945) No. 11, pp. 14–26. U. S. Social Security Board, *Families Receiving Aid to Dependent Children,* Washington, 1942. Part II. Family Income. Woofter, T. J., "Children and Family Income," *Social Security Bulletin,* Vol. 8 (1945) No. 1, pp. 4–9.

order can be traced to some physical, mental, or emotional upset such as those discussed above in Chapters VI–VIII, the primary sources of most domestic friction and misunderstanding are to be located in (1) the management of family income, (2) budgeting, (3) planning leisure-time activities, (4) accommodation of personal and family life to outside groups, (5) the demands of the father's occupation on his time and interests, and (6) the same for mother if she is employed outside the home.

These aspects of incipient domestic friction have been studied from many points of view.[31] A review of these studies will be omitted in preference for a brief consideration of (1) those conditions of personality which represent the type of behavior and attitudes that are favorable to well adjusted marriages and families and (2) the more critical sources of marital disorders.

Indexes of successful marriage. During the years prior to marriage, an individual establishes various habits and attitudes which have been found to ensure stability in domestic relations after marriage. In either sex, the best matrimonial prospect is the conventional, conforming person; or, in other words, the individual who has been generally successful in various social contacts prior to marriage is the one who is most likely to be successful in marriage.

Specific characteristics of such persons are (1) early life in a conservative community preferably rural or suburban; (2) education in accordance with his occupational and social status; (3) a record of steady employment, and most favorable in this connection is a job that does not require travel and that is socially approved; (4) a background that is moderately religious; (5) membership in two or more social groups; (6) courtship that is not hurried; (7) the individual is the conforming type in that he can adjust to a variety of institutions and is not characteristically critical; (8) a conventional attitude toward

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[31] Hill, R., and Becker, H., (Eds.), *Marriage and the Family,* Heath, Boston, 1942. Folsom, J. K., *Plan for Marriage,* Harper and Brothers, New York, 1937. Himes, N., *Your Marriage: A Guide to Happiness,* Consumers' Union, New York, 1940. Goldstein, S. E., *Marriage and Family Counseling,* McGraw-Hill, New York, 1945.

sex without unusual reactions of disgust, shame, or ignorance; and (9) a childhood background in a reasonably successful family.

After marriage, important factors for the development of successful family relations are similarities between husband and wife in social interests, education, intellectual enjoyments, ideals concerning the use of money, and in shared responsibilities.

The opposite of these qualities, or the sources of marital conflict, are revealed in the domestic problems which come to the attention of a marriage-counseling agency. Usually these difficulties are fears, feelings of guilt concerning sex, personality frustration, and conflicts concerning friends or relations. More complicated problems include sexual questions, sterility, adoption, unwanted pregnancy, or questions as to the proper guidance of children.[32]

Practically without exception, the men and women who appear in the records of such counseling agencies or of domestic relations courts are described by such traits of personality as moody, emotionally tense, dominating, preoccupied by inferiority notions, irregular and unmethodical in their work habits, inclined toward extremes in attitudes concerning religion, sex, politics, or what the family and marriage are supposed to be.

Most studies agree that these are the personal and social sources of the major family problems and for most broken homes.

Summary. Desertion and widowhood may be added to other problems of the broken home because of their disruptive influences upon family life. Like divorce, they interfere with the intimacy, continuity, and duration of family contacts. And in these respects they occupy an important place among the problems that are most resistant to social treatment. Although a large percentage of broken families may be reunited

[32] Mudd, E. H., "An Analysis of One Hundred Consecutive Cases in the Marriage Counsel of Philadelphia," *Mental Hygiene,* Vol. 21 (1937): 202.

or, in the case of widowhood, may be rehabilitated, there is no conclusive evidence that the basic problems of the broken home, once they have developed, can be solved. In the record of the Kennedy family, for example, even after twenty years of continuous study it is impossible to state with any degree of certainty the precise factors making this a disorganized home. The inability to organize satisfactory remedial or preventive measures is due in part to the fact that domestic discord is the result of serious conditions which cannot be diagnosed before irreparable damage has been done, and in part to public opposition to the only cures that will remove the causes.

The treatment and prevention of desertion. The various remedies and preventives most frequently applied to desertion are: (1) a federal marriage and divorce statute with uniform legislation by the states; (2) prevention of hasty and ill-advised marriages; (3) ethical and hygienic instruction in home and school as to marital and parental duties; (4) organization of desertion bureaus; (5) vigorous enforcement of the law; (6) organization of family courts with probation departments and psychiatric clinics.[33] In other words, divorce and desertion require just about the same treatment.

Treatment techniques most frequently used by case-work agencies are: reference to the court of domestic relations, birth-control or sex-hygiene instruction, medical examination, psychiatric examination, drink cure, ordering and forbidding, auto-suggestion, persuasion, housekeeping instruction, deportation, and conferences in which husband and wife are brought together. Little success is obtained through these measures, as the group of 1,573 cases of domestic discord discussed by Mowrer indicates. The outcome of these cases at the conclusion of the record shows a high proportion of broken homes, regardless of the original causes of the discord or of treatment techniques employed.

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[33] Liebman, W. H., "Some General Aspects of Family Desertion." *Jour. of Soc. Hygiene,* Vol. 6: 212.

OUTCOME OF TREATMENT [84]

Outcome	*Number*	*Per Cent*
Desertion	379	24
Discord	966	61
Divorce	78	5
No record of discord	84	5
Adjustment	66	4
Total	1,573	100–

Summarizing the possibilities of adjustment or reconciliation, this writer concludes that treatment is most effective during the first year of discord and that the probability of securing adjustment thereafter diminishes. In cases of recurrent desertion, there is practically no hope of rehabilitation. The outcome also varies according to the combination of factors revealed by the diagnosis. In social-work experience, it has been found that four factors—nagging, family interference, sex refusal, and inadequate income—can be effectively treated, whereas alcoholism still defies the resources of the social worker.

The treatment of desertion is considerably handicapped by being divided among several different agencies. Family welfare societies, public poor-relief agencies, mothers' pension boards, and children's organizations are concerned with the dependent family; family courts, probation departments, and the police, with the deserter. In 1911, the National Desertion Bureau was organized in connection with the National Conference of Jewish Charities, to act as a clearing house for all agencies concerned with this problem. The Bureau attempts to effect reconciliations by coöperation with various social and legal agencies, to arrange for separate support, to coördinate the activities of agencies in various states in their search for deserters, and to defend or contest cases when the best interests of the family require such action. It also acts in an advisory capacity to assist in the solution of legal questions relative to domestic relations.[85]

[84] Mowrer, E. R., *Domestic Discord,* University of Chicago Press, Chicago, 1928, pp. 91 and 105.

[85] Zunser, C., *loc. cit.,* p. 98.

The next step in the control of desertion becomes identical with that of divorce. Obviously, social work is unable to make its treatment measures effective, because the problems of desertion are too far advanced when the family comes to the attention of the agency, and because social-work resources are scattered over several independent agencies. The inability to readjust broken homes, the fact that desertion, most often limited to the lower classes, is more a process in cultural transition than a specific problem, and the ineffectiveness of legal controls bias efforts at prevention. Moreover, the connection between desertion and other basic social pathologies, such as casual labor, unemployment, economic insecurity, and excessive mobility, implies that this form of family discord can be reduced more effectively by direct measures to eliminate these associated problems than by the extension of remedial agencies. Recent attention to the high incidence of factors in personal demoralization among deserters lends weight to this conclusion.

Public relief to widowed and abandoned families. Under the current Social Security Act, national provisions have been made to take care of the basic economic needs of families with children who are deprived of parental support by death, incapacity, or by the continued absence of either parent from the home. In the latter case, the children must be living with a parent or with close relations.

Prior to the establishment of this Act in 1935, all states had established some form of family relief under Mothers' pension plans. Before the introduction of these pensions, widows or abandoned families had no other recourse than public or private poor-relief. Mothers' pensions introduced a different theory of family care, when in some states, beginning in 1911, grants were made for the support of dependent mothers and children in their own homes.

This movement was one of several different experiments in social legislation, enacted in the last generation, for the state subsidy of the family. Other enactments included compulsory education, child labor legislation, control over infant and

maternal welfare, and regulations concerning the employment of women.

The rapid spread of mothers' aid legislation was due to the growing recognition that it is poor national economy to separate mothers and children for no other reason than poverty. Likewise, the other social legislation of this period operated to remove possibilities of the economic exploitation of women and children and to minimize the family burdens and possible family damage that inevitably arise from the death, illness, unemployability, or other personal problems of parents. By ensuring economic solvency, the law intended to maintain family stability, to protect the health and morals of children, and to allow the mother to engage in work that would not interfere with her primary job of home making.

In actual operation the different state laws fell far short of these expectations. Appropriations were insufficient and varied widely between states. Some states were not well covered because the plan was optional with counties. Political administration was lax and often inefficient. And attention was fixed so vigorously on its economic aspects that problems in social work treatment of families were frequently ignored. In many localities, mothers' pensions became merely a substitute for poor relief.[36]

The Social Security Program has tried to improve on the experience gained by these earlier laws. In 1939, the Act was liberalized both in its monthly grants and in the inclusion of children up to 18. Now more than three fourths of the States are coöperating with the program in matching Federal grants.

In 1945, the average monthly grant for the country as a whole was $47.46. It varied from states such as Massachusetts, California, and Pennsylvania where the average grant was $80 per month to a minimum of $20 to $25 in some of the agricultural states.

Since the dependency occurring with widowhood is essentially

[36] Davis, A. J., "Evolution of the Institution of Mothers' Pensions in the United States," *Am. Jour. Sociol.*, Vol. 35: 573–587.

a problem of poverty, it is obvious that supplements to these grants are necessary in order to minimize the handicaps by which the widowed family is put to a disadvantage. Usually three disadvantages are stated in order to stress these needs. (1) Under contemporary social organization there is no provision by which the domestic burdens of the widowed mother can be lightened if she is obliged to work outside of the home. (2) Resources for child care to compensate for the economic handicaps of the dependent child are still undeveloped. (3) In the organization of the nation's industry, no consideration is given to the special needs of the widow for part-time work.

In each of these respects, the problems of widowhood are intimately related to problems already discussed. They can be reduced or ultimately removed by the same measures that are proved to be effective remedies for the problems included in the first two sections of this book. Poverty, illness, industrial accidents, and the inadequate financial security of the family through savings or insurance are the primary factors in family disorganization and in the preventable problems of widowhood.

The treatment of unadjusted families. Proposals for a sensible plan of family counseling include measures to describe the nature of family problems and to trace them to their causes. The object of this study is to clarify relatively obvious sources of family tension or friction and then to put the responsibility of adapting treatments upon the people involved. Among the various proposals to achieve this goal are study groups, institutes on marriage and the family under varied social or community agencies, and a series of graded courses in colleges and universities. For the more personal problems, provisions are made for premarital conferences and specific counseling. In each of these procedures, operational techniques closely resemble the social case-work process of investigation and diagnosis as the basis for recommended treatment.

The legal approach is more general and is concerned with the law of Domestic Relations and specifically with marriage and divorce laws or other social legislation that may affect

marriage and the family. In this approach to family problems, solutions are obstructed by obsolete legislation, inadequate administration, and incompetent administrators. These deficits and omissions stress the need for trained jurists and court personnel.

The psychological approach is one broadly of mental hygiene with its several specialties of psychiatry, psychoanalysis, and psychodrama. Here again emphasis is placed upon personal attitudes or conduct and the object of each therapy is to re-educate and re-orient the individual so that he can live within his sphere of social contacts which no system of treatment can do much to change. Occasionally, this approach may be more generally social and concern itself with disorganizing agencies (in the community, occupation, leisure groups or in culture as a whole) that may seem to be associated with an individual disorder.

In none of these plans or approaches is there any fixed system of treatment, but the treatment plan is a variable one, much after the order of case-work techniques, to meet the needs of different persons, couples or families in different social situations.[37]

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[37] Illustrations of these different plans are given in the volume by Goldstein, S. E., cited above, Chap. 14. See also pp. 420–424 for a proposed training course in the art of family counseling, and references to Eliot, T. D., and Mowrer, H. R., in the bibliography of this Chapter.

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Questions

1. What are the major differences between desertion and divorce?

2. How does social work proceed in the investigation of desertion?

3. Why are the factors in the family history prior to the first desertion considered more significant than the events preceding subsequent desertions?

4. Is it possible for a person who has contracted a common law marriage to be a deserter? What is meant by the "quasi-legality" of such marriages? What is the status of common law marriages in your state?

5. What diagnostic factors does Mowrer suggest for the analysis of domestic discord? See "Domestic Discord," Chap. 4.

6. Under what circumstances is probation preferable to a prison term as a means of readjusting domestic discord?

7. What contributions can psychiatry make to this problem? What can a family clinic contribute?

8. Do you consider desertion more a solution of social problems

than a social problem? Why is desertion called a "process"? Is desertion a case of social pathology?

9. What is the National Desertion Bureau?

10. Why is desertion associated with a decline in primary group controls?

11. If you were investigating a case of desertion, what facts would you try to obtain (a) concerning the man (deserter), (b) concerning his wife, (c) concerning the home?

12. Compare widowhood with desertion and divorce as family problems. Which, in your opinion, is potentially the more dangerous?

13. What recent gains in health protection will eventually reduce the problem of widowhood?

14. What is the present ratio of married women who are employed? Is it greater or less than that of 20 years ago? What effect did the war have on woman's industrial position?

15. Into what occupations usually considered those of men have women recently entered? Is there a compensatory movement of men into domestic trades?

16. By what transitions did mothers' pensions come to include types of dependent mothers other than widows? Do they include all dependent mothers?

17. Why did private social agencies object to mothers' pensions? How does the system of private relief differ from public relief?

18. What forms of social insurance would be effective agencies in remedying or preventing the problem of widowhood? Is mothers' aid a form of social insurance?

19. How do the problems of widowers differ from the problems of widows?

20. Is commercial insurance an adequate protection? How much insurance can families in different income groups afford to carry?

21. Is the subject of funeral costs of any importance among the problems of widowhood? Gebhart, J. C., *Funeral Costs.* Committee on Costs of Medical Care, Miscellaneous Contributions, No. 3.

22. Are employers justified in discriminating against the employment of married women? Does the work of married women tend to cut wages?

23. Does the family wage rest upon sound economic practice?

24. What social and conventional standards prevent women from participation in industry on an equal plane with men?

25. Should wages be paid to both men and women in accordance with their family responsibilities?

Chapter XVI

CRIME: TYPES OF CRIME AND THEIR FREQUENCY

THERE ARE three questions that are uppermost in the minds of people who are interested in the problems of crime and in their solution. First: what is crime? Second, who are criminals and what social conditions are producing them? Third, how may society introduce the proper methods to prevent these costly and demoralizing social acts?

What crime is. According to reports of the Federal Bureau of Investigation, criminal conduct is so widespread that there are at present 4 to 5 million people who are willing to take the chance of arrest and punishment for the gain to be derived from some illegal act. Of this population, nearly 20 per cent are less than 21 years of age. This entire group is responsible for 1,500,000 serious crimes.

These national reports make the character of crime even more specific by noting that a major crime is committed in this country every 20 seconds, a murder every 40 minutes, a robbery every 10 minutes, a burglary every 2 minutes, and a larceny every 44 seconds.

When the social costs of the total crime bill are added to the money costs of maintaining police and prisons, the estimated minimum crime bill is $15 billion each year according to J. Edgar Hoover.

A spectacular record is that of Chicago with a total of 5,000 homicides during the last 18 years. This is an average of more than one a day for the first decade and then a slight decline for the later period to less than one every two days.

Both from the point of view of the public and the criminal population, crime is often looked upon as an organized business.

In answer to the first question: What is crime? it soon becomes clear that criminal conduct is not a fixed and unchanging form of behavior. It varies with the number of laws and with their enforcement. It also varies with interpretations of the law and with the enactment of new laws which make illegal many acts that previously were regarded merely as unsocial or immoral. This interpretation and new legislation are the sources of the *new criminality.*

Who criminals are.[1] *Big business* is represented in crime by such individuals as Willie Bioff and Jimmie Hines. Bioff, a convicted blackmailer and pander, was called as a government witness to testify against his associates on a charge of attempting to shake down $1 million from the movie industry. For this service, he was released from a prison sentence of ten years. Hines, a Tammany leader, political fixer, and numbers racketeer, was finally sentenced to two years for four felony charges and to two years on another eight felony charges, the terms to run concurrently making the total penalty, with time off for good behavior, two years and eight months. In 1944, he was paroled after serving three years and ten months.

Official crime has a long and gruesome record. A superintendent of the Detroit Police Department was sentenced to a term of five years for accepting graft in connection with a $500,000 baseball pool. At that time, he was also under indictment for Federal income-tax evasion and for being implicated in handbook and policy rackets.

Military crime. Not unlike the famous case of Major Marlin and the millionaire battalion, convicted of black-market dealings with French civilians, is the home-front story of Colonel Joseph Cavella, U. S. Quartermaster Corps. In connection with his duties at the Santa Ana Airbase, he tried to sell garbage, milk, and laundry contracts and to obtain a cut on the post's barber shop. He was convicted of conspiracy to defraud the government.

[1] The illustrations in this and the following sections are from newspaper and magazine reports.

Joseph V. McGee, also of military fame, became a hero in his home town because he was court-martialed for striking German prisoners. Released under pressure from civilian sources, he was shown to have been convicted on nine previous occasions for such offenses as insubordination, drunkenness, and damaging government property. Eleven days after his release from the slapping incident, he was arrested for being absent without leave. This is an example of the typical repeater.

Racketeer. A minor figure in Chicago's record of crime was Lawrence Mangano. He began modestly as a gambler and burglar and operated for twenty years in an inconspicuous role compared with gang leaders. During this period, he was arrested 200 times but was never convicted because, in his own words, "I always had good lawyers." In private life, he had the reputation of being a good husband and father and generous to his friends. When he was shot in a street fight, he died without revealing the names of his killers. Then investigation revealed that one of the reasons for his killing may have been the extension of his activities, such as motion-picture extortion, narcotics, cigarette hijacking, or holding out on the gambling syndicate.

A more commercial career among gangsters is the life of Louis Buchalter, reputed to have been the manager of Murder, Inc. He began as a delinquent stealing from tradesmen in New York's East Side. He graduated into racketeering operations on a large scale and eventually believed that he had changed racketeering into a normal method of business transaction. Eight years after having been convicted of the murder of a trucker, he was electrocuted, completing a career during which he was said to have been responsible for 79 other murders.

In the name of charity. In Manhattan, three ex-convicts, dressed as clergymen, established a mission and began a series of charitable undertakings which completely won over the sympathies of their beneficiaries. If families needed clothes, fuel, or money, the mission provided. The "clergy" who paraded as officials of the American Catholic Orthodox Church gave ice cream, cokes, and automobile rides to the children. All three

officials and the sexton had been arrested previously for many felonies, but before they were apprehended in this instance on a charge of collecting money under false pretenses, they had enjoyed ten years of soliciting money for a boys' camp, a nursery, and a shelter that never existed. They had letterheads with the names of many prominent people who knew nothing of the project, and to provide supplementary resources for charity, they sold gambling devices properly fixed so that the mission usually won. Even after their conviction, the neighbors were not convinced of their wrongdoing but viewed the offenders as contemporary Robin Hoods.

A preliminary answer to the second question as to who the criminal is furnishes a cross-section of many social classes and many types of behavior. Most of these acts were obviously intentional and hence criminal. Much of it, however, is sheer ignorance, carelessness, or an evidence of a low and befuddled culture. In further answer to the question, society has tried to identify the criminal and to distinguish between criminal and non-criminal but equally dangerous conduct. Practically without exception, in these quests for information, the studies of criminology stress the importance of the social backgrounds of people who are in conflict with the law.

Prevention. In answer to the third question, society is challenged with the task of constructing a social program of prevention. The object of this program is twofold, to diminish the number of criminals and to protect law-abiding citizens. In both instances, crime, criminals, and crime-producing social conditions are considered to be the general indications of social and personal disorganization.

The tendency of both crime and criminals is to repeat. This fact alone is enough to show that prevention has played no significant role in historical or current programs of rehabilitation. For this reason, three points of view are regarded as indispensable to a well-organized attack upon the roots of crime problems: (1) to seek out and remove the conditions which induce people to rely on law-breaking as their mode of social

adjustment; (2) to make as comprehensive an attack upon crime in high places as upon the petty criminals who now are the majority in courts and prisons; (3) to fix public attention on the pre-criminal and pre-delinquent population so that prevention may be ensured by being applied at the most favorable time for the re-education of the potential criminal.

The new criminality. A different approach of criminology looks with the objectivity and completeness of the preventive point of view upon crime as any violation of trust, public or private. It includes sharp commercial practices, cut-throat business organization or methods, national and inter-national combinations to control trade, violation of ordinary ethics by elected or appointed leaders who are supposed to be above bribery or using their position for personal gain, or engaging in activities which may not be against any particular law although they may threaten public welfare. Obvious forms of the new criminality are white-collar crimes, war crimes, gangsterism, and the following specific examples: [2]

Defeat for the Missouri. When the battleship *Missouri* was opened for public inspection as a part of the general victory celebration, school children, forearmed with pliers and wrenches, stole nearly everything that could be removed and carried away. They hacked off name-plates, scratched their initials on enamel surfaces, wrote their names on bulkheads, and even tried to remove the plaque which marked the spot where the Japs surrendered. They accomplished what the enemy failed to do: the ship had to go to the yard for repairs.

The greatest figure in America. Boston elected as its mayor a man who was already a Congressman and under indictment for using the mails to defraud. Later he was convicted of this offense and sentenced to prison for a term of 6 to 18 months and fined $1,000. Once before he was imprisoned for violating the Civil Service Act and on another occasion was forced to

[2] This approach to crime is explained fully in references in the bibliography of this Chapter to Barnes and Teeters, Cantor, Morris, Sutherland, and Taft.

return to the city $42,629 which he had taken as graft. Shortly after his election as mayor, he was met at a railroad station by a crowd of 1,000 people and was greeted by their spokesman as the greatest figure in America.

When are drugs drugs? Sleeping pills are used by a small number of people each year as an easy method of suicide. Many others use them for other illegitimate purposes as a substitute for alcohol or as a stay-awake drug. Although most of the drugs used in such pills are sold on a doctor's prescription, it is estimated that a large number of the 2 million pills sold each day in this country are distributed without prescription by unprincipled druggists.

Literature and the press agent. Critics who had the first round with *The Manatee,* a novel by Nancy Bruff, wrote of it "no order, no command over material, no style," a book typical of "the born non-storyteller." Yet with the aid of a $50,000 publicity campaign, this novel sold 52,000 copies and became a best-seller. After this distinction, another review said: "A first novel by a writer of unmistakable talent." To gain perspective on this method of misleading the public, an English review of *Forever Amber* is appropriate. This critic said: "It is tedious, bad writing, and worse taste."

Value received. In Colorado, school teachers were paid $110 a month while sheepherders received $140. In spite of this discrepancy, the teachers did not protest until the state announced that it had a surplus of $10 million which it proposed to use in road construction. Then the protest of the teachers was heard throughout the country and revealed that one fourth of the 850,000 schoolteachers in this country receive less than $100 per month and 25,000 of them, mostly in rural areas, get less than $50.

Financial genius. Ivan Krueger was the financial wizard of his brief age. He was the world's match king, and a director or manager of numerous national and international concerns. Fourteen years after his death by suicide, it was revealed that

he had swindled the public of $560 million and that all his companies were bankrupt. A report of 171 pages was needed simply to list the financial maze of fraud, forgery, and plunder of a man whose funeral was attended by international leaders in business and government.

Sport. The Pennsylvania State Game Commission through its executive director expressed shock over the number of deaths among hunters during the 1945 season, when 24 persons were killed in hunting accidents. During the big-game season, 258 bears and three persons were killed and several other hunters were wounded. In addition, 15 cubs were killed illegally. On the deficit side of this record is the fact that two of the three persons killed were not hunters but workmen on or near a highway. It shows what a narrow margin there is between sport and manslaughter or between ignorance and negligent crime.

In the new criminology, crime is understood most fully when it is regarded as a phase of community organization. More and more the criminologist is winning adherents to the point of view that crime, criminals, and efficient protective systems are problems of the entire community. This conception of the social origins of crime redirects attention to causal patterns of crime-producing factors.

The nature of crime. Like antisocial behavior as a whole, crime is a liability to any organized society. It originates from many causes, most of which are institutional, since crime is defined in terms of legal and moral standards. Therefore, the general saying holds that crime increases with the number of laws enacted. But it is also connected with other institutions—with industry, the family, church, and school, and with many other personal and impersonal causes. When crime is viewed as a personal problem, basic elements in biological and mental characteristics are listed as causes. When crime is viewed as a social problem, it is considered to be a natural deviation from standards accepted as normal by the majority. This combined

origin brands crime as a typical social problem like poverty or disease, a persistent, self-generating condition. For this reason it has flourished in spite of severe punishments.

Crime is now recognized as primarily a social product. But criminal law, stressing freedom of will, intent, responsibility, guilt, and innocence, has not supported this interpretation. We know by comparison that there were relatively few crimes in primitive society, and that crime increases with every additional prohibition in social evolution. Now, one of the most important questions is: when is an act illegal, or when is an individual guilty of a crime? Originally, crimes were regarded as definite acts. Blackmail, burglary, assault, and murder were crimes to be punished by fixed penalties. This point of view is changing. There is a growing tendency to draw no absolute line between criminal and antisocial behavior. The most definite fact about all crimes is that society considers them illegal under certain circumstances. These modifications are the chief sources of confusion, both in the application of criminal law and in the definition of specific crimes.

Recent emphasis upon the criminal as a person and upon crime-producing situations (the subjective and objective approaches) and less emphasis upon abstract criminal law have clarified these problems. They are now being recognized as clinical problems, to be diagnosed, as in the case of illness, with regard for personal differences, and to be treated accordingly. In the past, society has approached the treatment of crime from two directions, employing violent, inflexible punishment, or overflowing sentimentality. Neither of these systems has been effective. Consequently, an understanding of crime as a modern social problem rests upon our differentiation between legal and illegal behavior, our knowledge of criminals, and our ability to control those social processes responsible for law-breaking.

Crime as the spectacular and unusual. An approach to the problems of crime through an analysis of routine cases destroys a considerable portion of the mystery, romance, and sensational-

ism which cling to the popular conception of crime engendered by newspaper publicity and by fiction. As a social problem, crime is measured by the continuous number of routine cases. These, and not the well-advertised, prominent cases, are the chief symptoms of general social disorganization and of the inability of people differing in their social and cultural status to live together harmoniously.

An examination of the records in criminal courts gives the lie to the fiction that crime is spectacular and unusual. Most cases are not unusual, but are drab and uneventful. These, moreover, are widely distributed among different social groups, appearing consistently with those who are also unadjusted by other social problems. Organized crime, such as racketeering and ganging, puts crime upon the same plane as any other threat to public order. Glorified and heroic criminals (the Robin Hoods), the conviction of innocent people, "railroading," police brutality, and third-degree methods are really minor aspects of the major problem. Accounts that treat only these aspects are apt to be of negative value because they create "a sporting interest in crime and justice" and conceal the real problems in crime suppression. This neglect of average crime is typical of "true crime" stories. They are confusing because of their emphasis upon the legal aspects of crime, unsolved crimes (unsolved by the courts), or the adventurous careers of the master mind.[3]

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[3] The following is a list of volumes containing studies of spectacular and unusual crimes:

Bierstadt, E. H., *Curious Trials and Criminal Cases.* Garden City Publishing Co., New York, 1934.

Briggs, L. V., *Manner of Man That Kills.* New York, 1921.

Carey, A. A., *Memoirs of a Murder Man.* New York, 1930.

Clapper, Raymond, *Racketeering in Washington.* Page, Boston, 1933.

Cooper, C. R., *Ten Thousand Public Enemies.* Boston, 1935.

Eaton, H., *Famous Poison Trials.* London, 1924.

French, J. L., *The Book of the Rogue.* New York, 1926.

Great Unsolved Crimes. Hutchinson, London, 1935.

Gibbs, A., and others, *New York Murders.* Duell, Sloan, and Pearce, Inc., New York, 1944.

Gollomb, J., *Scotland Yard.* London, 1927.

Irving, H. B., *A Book of Remarkable Criminals.* New York, 1926.

Jesse, F. T., *Murder and Its Motives.* New York, 1924.

Kahn, Samuel, *Sing Sing Criminals.* Dorrance, Philadelphia, 1936.

The Hickman case illustrates the public's attitude toward crime as a spectacular and personal problem rather than as a social product. After a long career of delinquency, Hickman was finally convicted and hanged for murder. Yet long before his final offense, there were many indications of his probable fate. First of all, he came from a broken home and did not receive adequate parental care. While in the public schools he showed abnormal behavior trends but received no treatment, in spite of the fact that his mother was known to be psychopathic. He came before the courts as a juvenile delinquent charged with forgery; yet his case received no special study or attention. When he finally committed murder, newspaper publicity aroused public resentment against him without de-

Kingston, C., *Dramatic Days at the Old Bailey*. London, 1923.
————, *A Gallery of Rogues*. London, 1924.
Laurence, J., *Extraordinary Crimes*. London, 1931.
Lawes, L. E., *Twenty Thousand Years in Sing Sing*. Burt, New York, 1932.
Logan, G. B., *Rope, Knife and Chair*. London, 1930.
Mackenzie, F. A., *Twentieth Century Crimes*. Boston, 1927.
Minot, G. E., *Murder Will Out*. Boston, 1928.
Pearce, C. E., *Unsolved Murder Mysteries*. London, 1924.
Pearson, E. L., *Studies in Murder*. New York, 1924.
————, *Instigation of the Devil*. New York, 1930.
Poynter, J. W., *Forgotten Crimes*. London, 1930.
Reik, T., *The Unknown Murderer*. Prentice-Hall, Inc., New York, 1945.
Sargent, P. W., *Rogues and Scoundrels*. New York, 1925.
Stevens, C. L. M., *Famous Crimes and Criminals*. London, 1924.
Sutherland, S., *Ten Real Murder Mysteries*. New York, 1929.
Thomson, Basil, *The Story of Scotland Yard*. Doubleday, Doran, Garden City, N. Y., 1936.
Trowbridge, W. H. R., *Seven Splendid Sinners*. New York, 1924.
Van Cise, P. A., *Fighting the Underworld*. Houghton Mifflin, Boston, 1936.
Wallace, W. S., *Murders and Mysteries*. Macmillan, Toronto, 1931.
Wyndham, H., *Crime on the Continent*. London, 1928.

Biographies and Autobiographies

Allen, Trevor, *Underworld*. McBride, New York, 1932.
Black, J., *You Can't Win*. Macmillan. New York, 1926.
Callahan, J., (pseud.), *Man's Grim Justice*. Sears, New York, 1928.
Conwell, Chic, *The Professional Thief*. Univ. of Chicago Press, Chicago, 1937. (Ed. by E. H. Sutherland).
Lawes, L. E., *Meet the Murderer*. Harper and Brothers, New York, 1940.
Lowrie, D., *My Life in Prison*. Lane, London, 1912.
McGrath, E. F., *I Was Condemned to the Chair*. Stokes, New York, 1934.
Rashleigh, R. (pseud.), *Adventures of an Outlaw*. Cape, London, 1929.
Tasker, R. J., *Grimhaven*. Knopf, New York, 1929.
Tufts, H., *Autobiography of a Criminal*. Duffield and Green, New York, 1930.
Williams, H. S., *In the Clutch of Circumstances*. Appleton, New York, 1922.

scribing his social case history, and the courts denied the submission of his case to a board of psychiatrists.

When this type of case is compared with cases of psychopathic criminals, such as Constance Kent, Marie Jeanneret, or Leopold and Loeb, or with other unusual crimes, such as that of Professor John W. Webster, Daniel Sickles, Eugene Aram, Charles Peace, Dr. Thomas Neill Cream, or William Palmer, criminology loses the simplicity conferred upon it by the criminal law. While these unusual cases are useful in showing variability in crime and punishment, they do not cover with any degree of adequacy the most numerous problems of crime which overload court dockets and overcrowd our prisons. Such problems can be discovered most directly by contrasting one of these unusual cases, the Borden case, for example, summarized by E. L. Pearson in *Studies in Murder,* with the crime, court procedure, and final disposition in a routine case.

Crime as a form of social adjustment. Before crime and its controls can be wholly understood, mores, particularly legal mores, and their relation to human conduct must be taken into consideration. One of the unpleasant lessons which every individual must learn about our mores and laws is that they have never been unvarying controls, nor are they applied in the same manner to all social classes. Some groups are hedged in by mores and responsibilities infinitely more stringent than the average requirements of law.

The law has generally made exceptions for certain classes, including children, women, the feeble-minded, and the insane. But in addition, there are entire economic and social classes that live below the law, if not illegally. It is highly probable that acts condemned by law represent the normal behavior of such groups. In consequence, the presumed uniformity of the law or the equal responsibility of every person is a major source of vagueness in the definition or enforcement of law. In spite of our theoretical democracy, human equality, and individual responsibility, people differ in their responsibilities as well as in their ability to conform. For some groups mere obedience

to law would cause an immediate loss of caste; for others, law observance represents an achievement which is incompatible with their habitual conduct. Social workers often report cases of bigamy, desertion, and non-support in which court action would be worse than useless. Similarly, our divorce rate goes up in some states for the legal reason of adultery, with no corresponding court records of the latter offense. Regulations with regard to gambling, traffic violations, prohibititon against alcohol, perjury, blasphemy, and other regulations in law demonstrate this gap between standards and law observance.

These differences must be remembered in defining law or in judging the effectiveness of crime suppression.

One source of unusual concern in connection with crime is its persistency or rapid increase. Yet no equivalent interest is aroused by the same rise and ebb in other forms of social conduct. Dancing, fashions in dress, the use of tobacco by women, card playing, and other leisure-time activities or other social conventions, operate upon the same socio-psychological plane as delinquency and crime. In some instances, they have been violently opposed, morally and legally. Changes in these forms of behavior, or their response to social or legal restraint, furnish laboratory examples of the effectiveness and ineffectiveness of law as a form of social control when it is applied to acts considered criminal.

Types of crime. Crime is most readily defined by an enumeration of the specific offenses that are considered by society as contrary to public welfare. Crime is any violation against public policy, and especially against the criminal law. According to Bonger: [4]

> A crime is an act committed within a group of persons that form a social unit, and whose author is punished by the group (or part of it) as such, or by organs designated for this purpose, and this by a penalty whose nature is considered to be more severe than that of moral disapprobation.

[4] Bonger, W. A., *Criminality and Economic Conditions*, Little, Brown, Boston, 1916, p. 378.

Since law is specialized both by definition and by application, the general nature of crime is best described by distinctions between civil and criminal law, criminal law and equity, felonies and misdemeanors, and delinquents and criminals. These distinctions show, furthermore, that the chief legal problem of courts and lawyers is to determine the real intent of the law.

Civil and criminal law. Based upon common or unwritten law, two systems of written law have evolved, and offenses are codified according as they are considered to be primarily against the person or the group. Civil law deals with offenses against the individual, while criminal law deals with offenses against the public. This distinction is, of course, neither wholly valid nor clear-cut. It fails to differentiate between the relative seriousness of specific offenses, or to recognize that an offense may fall within both categories. Injuries against individuals are prosecuted by the civil courts as torts. Crimes, as injuries against the public, are prosecuted in criminal courts.

Criminal law and equity. Criminal law consists of prohibitions against specific acts. This is its major variation from the civil law. It prohibits such acts as murder, burglary, specific nuisances, or other acts, all of which are strictly defined. It also provides definite penalties. Unlike the civil law, the criminal law contains no inclusive prohibition against acts which might be injurious to social welfare. Accordingly, some acts may be legal and yet more serious than those which occur within the criminal law. The criminal law was originally intended to have universal and equal application to all offenders. It was soon recognized, however, that this was both unjust and impracticable, and there arose equity courts to allow deviations from codes in exceptional cases. Equity, consequently, is an attempt to adjust the law to special classes of persons or situations. The juvenile court is one of the best illustrations of the operation of equity in the administration of criminal law. To a limited extent, equity is also admitted in the adjudication of offenses by adults through the use of parole and probation systems and indeterminate and suspended sentences.

Felonies and misdemeanors. Crimes are further classified by

the criminal law into two categories: felonies and misdemeanors. The more serious crimes are called felonies; the less serious, misdemeanors. In general, variations in penalty are implied. The distinction between felonies and misdemeanors has, however, practically disappeared in criminal theory, largely because it has served no useful purpose either in distinguishing the actual seriousness of particular crimes or in furnishing a satisfactory basis for the treatment of individual offenders. However, as will be shown in the next chapter, one disposition frequently used by the courts in meting out punishments is to reduce a felony to a misdemeanor. As long as this practice is recognized by the law, felonies and misdemeanors are valid categories.

Criminals and delinquents. These variations in the application of criminal law to different kinds of conduct indicate efforts to adjust law both to individual differences and to persons in different social groups. Theoretically, such revisions endeavor to clarify the definition of what is meant by legal "intent" or responsibility, or what, broadly interpreted, is right or wrong. At present the distinction between criminals and delinquents is the basis of the separation between adult criminality and juvenile delinquency. Although delinquency usually refers to the offenses of children, it is also expanded to include offenses of other groups who could not be considered intentional or voluntary criminals, such as the feeble-minded and psychopathic. Both concepts remain under the criminal law because of the recognition that they cover acts which the state must control.

In summarizing the characteristic elements of crime as a form of social and personal maladjustment, Sutherland points out four descriptive traits to be included in any definition: (1) Crime is constantly changing in content. (2) Specific crimes are acts prohibited by a group with the power to enforce observance. (3) Crime may be either an act of omission or an act of commission. (4) It consists of an overt act and a culpable intent.[5]

[5] Sutherland, E. H., *Principles of Criminology*, Lippincott, Philadelphia, 1939. Chap. I.

General and specific crimes. There is no uniform system of registering crime comparable to the United States Death Registration Area, nor is there one classification of general and specific offenses that is being used by the different states in their statistical enumeration of the types and frequency of crime. Usually, for purposes of statistical analysis, four group designations are employed: crimes against the person, against property, against sex morality and public order, and a miscellaneous category for rare or variable offenses. In order that a uniform system of reporting may be achieved, the United States Bureau of the Census recommends the following specific group designations, the figures in parentheses indicating the number of subordinate offenses under each caption.

CLASSIFICATION OF CRIMES—U. S. BUREAU OF THE CENSUS [6]

1. Homicide (3)
2. Rape (7)
3. Robbery (6)
4. Assault (15)
5. Burglary (8)
6. Forgery (6)
7. Larceny (4)
8. Carrying weapons (4)
9. Sex offenses except rape (11)
10. Non-support or neglect of family (7)
11. Violating drug laws (3)
12. Violating liquor laws (6)
13. Driving while intoxicated (2)
14. Drunkenness (5)
15. Disorderly conduct (5)
16. Vagrancy (5)
17. Violating traffic or motor-vehicle laws (all local laws)
18. Violating municipal ordinances (all local laws)
19. Others (17)

The table on page 564 supplies one example of the number and percentage frequency of the general classes of crime. It covers the docket records of criminal cases and indicted individuals in two counties of urban Rhode Island from 1897 to 1927. Since these data will be used in the later discussion of specific crimes, the subordinate offenses under each of these categories are enumerated. It is to be noted that crimes against property and public decency are the two groups of violations most frequent when court records are employed as

[6] *Instructions for Compiling Criminal Statistics,* pp. 5–8. U. S. Dept. of Commerce, Bureau of the Census, Washington, 1927. For another classification, consult *Uniform Crime Reporting,* Chap. 5. International Association of Chiefs of Police, New York, 1929.

an index. If prison records were given, there would be a greater percentage of violent crimes against property or the person, while police records of arrest would show a greater proportion of minor offenses and misdemeanors.[7]

1. Against the person
   - Murder
   - Manslaughter
   - Assault with dangerous weapon
     - Assault with intent to kill
     - Assault with intent to murder
     - Poisoning food
   - Assault and battery

2. Against property
   - Breaking and entering
   - Larceny
     - Receiving stolen goods
   - Robbery
     - Assault to rob
   - Burglary
     - Having burglar's tools
   - Forgery and embezzlement
     - False pretenses
     - Blackmail
     - Extortion

3. Against sex morality, public order, etc.
   - Adultery
   - Rape
     - Assault to rape
   - Age of consent
     - Carnal knowledge
   - Nuisance
     - Exposing person
     - Selling obscene literature
     - Common gambler
     - Selling liquor to minor
     - Bigamy
     - Malicious mischief
     - Putting girl on exhibition
     - Attempt to commit sodomy
     - Crime against nature
     - Concealing birth
     - Abortion
     - Pandering
     - Seduction
     - Transporting for prostitution

4. Miscellaneous offenses
   - Violation of game law
   - Practicing medicine without a license
   - Disturbing religious meeting
   - Falsely impersonating agent of another
   - Obstructing officer
   - Lottery
   - Sunday sale of liquor
   - Sale of liquor by druggist
   - Perjury
   - Obstructing railroad track
   - Unlicensed victualler
   - Arson
   - Itinerant vendor
   - Selling diseased cow
   - Defacing building
   - Throwing stones at engineer
   - Attempt to escape from prison
   - Driving off horse
   - Impersonating officer
   - Destroying ballot
   - Illegal voting
   - Unlicensed boxing match
   - Unwholesome provisions
   - Boarding infants without license
   - Criminal libel
   - Ten-hour law
   - Counterfeiting money
   - Promoting policy
   - Conspiracy
   - Mayhem
   - Driving off automobile
   - Habitual criminal

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[7] The Rhode Island data are retained in this revision because they show a complete record of thirty years of every case before the criminal courts from indictment to completion. Official statistics are rarely as complete and moreover they often change the basis of their enumeration. As will be noted from the trend of national statistics, the fluctuations in the Rhode Island figures follow closely the results of more recent surveys both in the frequency of total crime and in the changes of specific offenses. The Rhode Island classification is simply an enumeration of crimes on record. It is not suggested as an ideal classification or as a substitute for the Census classification.

Is crime increasing? The volume of crime is a subject upon which there ought to be reliable data. It is necessary, for example, to know whether crime is increasing or decreasing, and whether one community is producing more or less criminality than other communities of comparable size and make-up. Although several measurements of crime may be used to determine trends, such as arrests by the police, convictions by courts, or the number of persons imprisoned, none of these is an absolute index of its total extent.

One difficulty in the census of crime can be traced to the fact, already mentioned, that our conception of what constitutes a criminal act is a changing one. Furthermore, local variations in the enforcement of the law or in the efficiency of police,

GENERAL CLASSES OF CRIME, RHODE ISLAND, 1897–1927

	Cases		Defendants	
Offenses	*Number*	*Per Cent*	*Number*	*Per Cent*
Against the person	2,267	18.2	2,436	15.4
Against property	5,695	45.6	8,081	51.0
Against sex morality ...	3,190	25.6	3,579	22.6
Miscellaneous	1,319	10.6	1,737	11.0
Total	12,471	100.0	15,833	100.0

Source: Indictment and Docket Records, Superior Court of Providence and Bristol Counties, R. I.

court, and prison systems prevent the discovery of state and national crime rates. Indeed, Mark Twain's observation concerning the area of West Virginia—that because of its uneven topography, no one could ever be sure of its precise extent—applies to the volume of crime. There are two other obstructions to an exact quantitative census of crime. Many crimes are concealed or undetected and consequently are not enumerated. The second is the overemphasis placed upon spectacular crimes. The intense emotional interest aroused by murder or the activities of gangsters leads to the more careful enumeration of the spectacular than of routine cases. Yet the latter are by far the more numerous, and, in their eventual effects, unquestionably the more serious. Moreover, the disappearance of some crimes (from the records) or the rise of new

crimes for relatively short periods handicaps the numerical analysis of trends.

On the basis of available records, the annual toll of 1,500,000 crimes in this country is not typical. Although this was the record in 1940, the averages given below for the period 1931–1944 are a more approximate indication of the trend of crime. This record shows that, in addition to a general reduction in

SERIOUS CRIMES IN THE UNITED STATES

Offenses	Average Yearly Number of Offenses		
	1931–34	*1935–39*	*1940–44*
Murder and non-negligent manslaughter	1,991	1,687	1,664
Manslaughter by negligence	1,410	1,199	1,247
Rape	1,681	2,222	3,060
Robbery	24,125	17,022	15,142
Aggravated assault	13,601	13,764	16,675
Burglary	106,821	94,840	93,634
Larceny	231,005	249,561	265,442
Auto theft	99,721	65,426	61,238
Total	490,355	445,721	458,102

Source: Uniform Crime Reports, Vol. 16 (No. 1) 1945: Table 3, p. 9.

serious criminality, certain specific offenses such as murder, manslaughter, robbery, burglary, and auto theft also decreased to contribute in part to the reduction of general trend.

Of one fact we can be certain. The reports of crime, particularly of "crime waves" in the newspapers, must be interpreted cautiously. In Massachusetts during the year 1926, there was an unusual disturbance about the enormous increase in crime. But when this increase was measured by the cases begun in the lower courts, it was found to be only one half of one per cent, after the factor of population growth was eliminated.

The index most frequently employed is that of the number of persons imprisoned, ordinarily the total prison population, although annual commitment rates are sometimes used. The total prison population expressed as rates per 100,000 population over the period 1904 to 1940 shows a constant increase in the crime rate. This measurement of crime has been criticized because it fails to show other crimes than those which merited

NUMBER OF PRISONERS IN STATE PRISONS AND REFORMATORIES

Year	*Total Number*	*Rate per 100,000 Population*
1904	57,074	69.1
1910	68,735	74.7
1923	81,959	74.0
1926	91,669	80.6
1930	120,496	104.4
1933	137,997	118.5
1936	144,180	114.7
1940	171,626	128.0

Source: Prisoners in State and Federal Prisons, 1926. U. S. Bureau of the Census, Wash., 1929, p. 6. U. S. Dept. of Commerce, "Statistical Abstract," Washington, *Annual Reports.*

prison sentences. Hence, police statistics of arrests or crimes reported to the police are considered more accurate.[8]

In the table below the trends of the classes of crime in the table on page 564 are shown by five-year intervals as rates per 100,000 population. These represent court convictions and hence do not include all arrests. The most important contribution of this table to our knowledge concerning the extent and the trend of crime is its indication of marked fluctuations of increase or decrease in particular classes of crime at different periods. In other words, while the table is not additional evidence of the steady increase in total crime as given by prison records or of increase in the three major classes of crime, it does show periodic fluctuations as the numerical basis of crime waves.

TREND OF DIFFERENT CLASSES OF CRIME, RHODE ISLAND, 1897–1927; RATES PER 100,000 POPULATION

	Crimes Against							
	Person		*Property*		*Sex Morality, Public Order*		*Miscellaneous Crimes*	
Years	*No.*	*Rate*	*No.*	*Rate*	*No.*	*Rate*	*No.*	*Rate*
1897–1901	382	22.8	1,257	75.1	748	44.7	139	8.3
1902–1906	404	21.1	1,190	62.3	515	26.9	186	9.7
1907–1911	406	18.8	1,244	57.6	416	19.3	149	6.9
1912–1916	417	17.9	1,258	54.2	289	12.4	303	13.0
1917–1921	397	16.1	1,841	74.7	513	20.8	395	16.0
1922–1926	430	16.5	1,291	49.5	1,098	42.3	565	21.7

[8] For a criticism of these indexes, consult Sutherland, E. H., *op. cit.*, Chap. 2; Warner, S. B., *Survey of Criminal Statistics in the United States*, Chaps. 1–3, Washington, 1929.

The preceding table also shows that nothing definite can be stated about the volume of crime as a whole until the trend of specific crimes is examined. Otherwise, crime waves are explained in a typically journalistic manner as caused by the War and its consequences, decadent morals, prohibition, the automobile, unemployment, family disorganization, inefficiency of the police and courts, misuse of the pardon and parole system, and crime news. Dean Pound argues against any one or all of these "mass explanations," stating that crime increases or decreases because of factors which are responsible for all other types of social change: [9]

> Our crime wave coincides with an economic golden age. . . . I argue that we have more crime per capita than the British for the same reason that we have more automobiles, more telephones, more ton-miles of freight moving, and more horse power of electrical energy per capita.

For the country as a whole, taking prison rates as the basis of judgment, there have been increases during recent years in violations of liquor laws, forgery, robbery, larceny, assault, burglary, and rape; and decreases in public intoxication, disorderly conduct, vagrancy, prostitution, violations of drug laws, and homicide. Decreases also have been noted in juvenile delinquency. A study of delinquency rates in 14 cities made by the Children's Bureau found that in nearly all cities rates were lower in 1925 than in 1915, with similar reductions in commitments to institutions.[10]

Like the crime of adults, juvenile delinquency is a more significant problem in its tendency to respond quickly to demoralizing influences than in any constant trend of increase or decrease.

Costs as an index. Another measurement of the crime rate may be obtained through an approximation of the direct and indirect costs of crime. Most commentators on this subject

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[9] Pound, R., quoted in Haynes, F. E., *Criminology*, McGraw-Hill Book Co., New York, 1935, p. 8.

[10] "Prisoners in State and Federal Prisons, 1926," *loc. cit.*, p. 10.

agree that the crime bill is enormous, but there have been no studies of costs for the entire country over an extended period. Consequently, estimates are computed from fragmentary evidence and in recent years have varied from 6 to 15 billion dollars for the United States. This variation comes from the estimates of indirect costs. Direct costs of crime include the support of law-enforcement agencies. Indirect costs include the more or less intangible losses and wastes resulting, such as the maintenance of persons in the non-productive enterprise of crime suppression and the incalculable losses of life and property. Probably the most accurate estimate of direct costs is that of the Wickersham Commission, which found an aggregate total of more than $1,119,000,000 annually.[11]

An estimate of the total costs of crime amounting to over 12 billion dollars is itemized by Best as follows: [12]

Losses through frauds	$1,270,000,000
Property losses	1,160,000,000
Cost of law enforcement	4,000,000,000
Waste of crime	6,503,000,000
Total	$12,933,000,000

The direct costs of the administration of criminal law for Rhode Island are given in the next table, which shows the trend of crime from 1920 to 1930. This table was prepared for the Wickersham Commission and followed its manual in classifying administrative and criminal costs. In column 1, the total costs, criminal and administrative, for the state, counties, and six cities are given. In other words, the per capita costs in column 3 do not represent total costs but are a close approximation thereto, since the towns omitted do not constitute a large

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[11] *National Commission on Law Observance and Enforcement,* Report No. 12, Washington, 1931. Note by contrast the figures for 1924, Mayer, Joseph, "Crime in the Commercial Field," *Sci. Monthly,* Vol. 24, p. 422. The items included in the Wickersham report may be found in the *Manual for the Studies of the Cost of Administration of Criminal Justice.* Washington, 1930.

[12] Best, H., *Criminology and the Criminal Law,* Macmillan, New York, 1930, p. 151. Hawkins, E. R., and Waller, W. W., "Critical Notes on the Cost of Crime," *Jour. Crim. Law and Criminol.,* Vol. 26: 679–694.

INCREASE OF CRIME MEASURED BY COSTS. RHODE ISLAND, 1920–1930

Years	(1) Total Criminal and Administrative Costs	(2) Total Criminal Costs	Per Capita Costs Deflated (3) *Total*	(4) *Criminal*
1920	$2,472,157	$1,819,792	$2.09	$1.48
1921	2,594,810	1,894,843	2.76	2.02
1922	2,710,710	1,968,963	3.07	2.23
1923	2,781,891	1,986,420	3.03	2.16
1924	3,017,625	2,185,443	3.24	2.36
1925	3,286,439	2,362,578	3.24	2.33
1926	3,583,006	2,618,452	3.43	2.50
1927	3,729,930	2,692,537	3.61	2.60
1928	3,853,267	2,790,890	3.73	2.70
1929	4,026,008	2,942,774	3.78	2.76

Source: Auditors' reports of the state and cities. Deflation index, Retail Food Price Index, *U. S. Bureau of Labor Statistics,* Bulletin No. 495.

proportion of the population. The total costs of crime given in column 2, and the per capita costs in column 4, represent only the costs of criminal law enforcement, omitting administrative costs, traffic costs, and the civil work of police courts and other administrative agencies.

In the columns of deflated per capita costs, a steady upward trend is shown during the entire decade. The slight reverse fluctuation noted during the period 1924–1925 was due to a filibuster movement in the state legislature, during which appropriations were not made to state agencies. The probable accuracy of these figures as an indication of the increase of crime may be estimated by a comparison with the table on page 566 or with Figure 11, both of which demonstrate an increase during the period covered.

From a summary either of the movement of crime or of its costs, it is probably fair to assume that crime is increasing slightly but at a decreasing rate.[18] This conclusion can be made more intelligible by reference to the trends of specific crimes.

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[18] Watts, R. E., "The Influence of Population Density on Crime," *Jour. Am. Statis. Assoc.,* Vol. 26: 12–13.

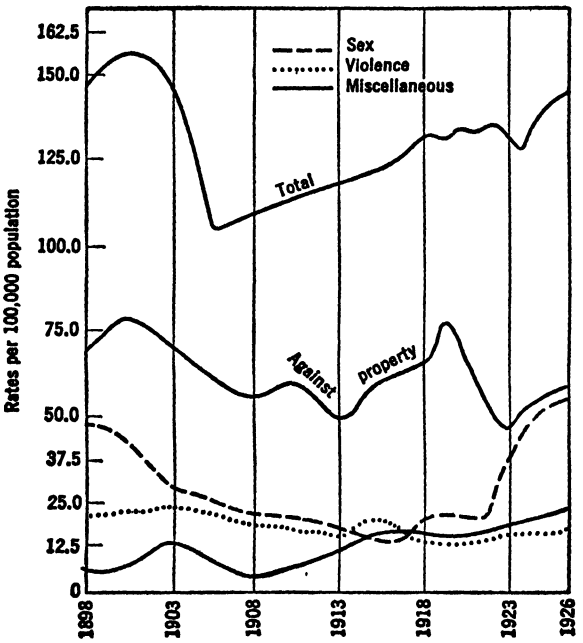


Figure 11. Frequency of Crime, per 100,000 Population, 1897–1927, Three-Year Moving Averages. Source: Tables on pages 566, 571, 572.

Frequency of specific crimes. Figure 11 and the next three tables give the incidence of general classes of crime, already referred to, by five-year intervals. These tables are useful in comparing the frequency of specific crimes. They also show that crime waves are made by variations in a relatively few crimes and that spectacular crimes, such as homicide, burglary, and robbery, are not significant numerically. A summary of these tables makes an important contribution in showing the types of human behavior which are not controlled by law or suppressed by our penal system. Since these tables represent crime rates in urban Rhode Island, they are representative of crime in a densely populated and highly industrialized community with a large number of foreign-born groups.

Although the conclusion reached in the last section as to the increase of crime is generally accepted, it is difficult to prove. However, it is easy to show that opportunities for crime are increasing with the extension of urban civilization, because urbanization usually involves the legal prohibition of acts previously restrained only by the mores. If an increase is traceable to crusades for law enforcement, it may be of little or no significance. If, on the other hand, the volume of crime means an actual increase in offenses against public order and security, it becomes a major social problem. For this reason, a study of particular crimes is worth while, especially to observe their trend and probable causes.

The first table below shows the incidence of specific crimes against the person. Of the four offenses (murder, manslaughter, assault with a dangerous weapon, and assault and battery), assault with a dangerous weapon is by far the most frequent offense, constituting 78.5 per cent of the cases. Murder and manslaughter are relatively infrequent, despite the advertising that they receive, while assault and battery ceased to be an offense in the records of the Superior Courts after 1912.

The table on page 572 tabulates the five major crimes against property. Here two crimes—breaking and entering, and larceny—are the most frequent, making up 80 per cent of the cases. The others are comparatively rare. Though the spectacular crimes of burglary and robbery increased during the period, they are less than 10 per cent of the total.

INCIDENCE OF CRIMES AGAINST THE PERSON, RHODE ISLAND, 1897–1927; NUMBER OF PERSONS INDICTED

Years	*Murder*	*Manslaughter*	*Assault with Dangerous Weapon*	*Assault and Battery*
1897–1901	15	3	271	93
1902–1906	16	4	230	154
1907–1911	22	26	354	4
1912–1916	42	10	365	—
1917–1921	37	22	338	—
1922–1926	46	43	341	—
Total	178	108	1,899	251

INCIDENCE OF CRIMES AGAINST PROPERTY, RHODE ISLAND, 1897–1927; NUMBER OF PERSONS INDICTED

Years	*Breaking and Entering*	*Larceny*	*Forgery and Embezzlement*	*Burglary*	*Robbery*
1897–1901	632	508	77	28	12
1902–1906	739	360	52	24	15
1907–1911	933	146	69	46	50
1912–1916	939	89	104	42	84
1917–1921	1,145	295	111	99	191
1922–1926	731	124	180	104	152
Total	5,119	1,522	593	343	504

The third group of crimes, those against sex and public morality, consists of twenty different offenses. It is unnecessary to tabulate each of these specific crimes separately, because most of them occurred rarely. This is the reason for the excessive frequency of the general charge of nuisance, which is a miscellaneous caption (see footnote 7, p. 563). This offense includes what is ordinarily called disorderly conduct. Although it is impossible to separate the specific sex offenses included, their probable frequency can be measured in part by the rarity of other offenses, rape and violation of the age of consent law being 3 and 11 per cent of the total, respectively. Adultery did not appear in the records of this court after 1909.

The last group of offenses, the miscellaneous, is made up of a variety of crimes classified under one caption for the sake of expediency. Their total rate is shown in the table on page 566. Most of these crimes occurred rarely, in a few instances as single offenses. For this reason, their incidence does not merit separate analysis. During the first half of the period under

INCIDENCE OF CRIMES AGAINST SEX MORALITY, PUBLIC ORDER, ETC., RHODE ISLAND, 1897–1927; NUMBER OF PERSONS INDICTED

Years	*Nuisance*	*Age of Consent*	*Rape and Assault to Rape*	*Adultery*
1897–1901	637	44	14	53
1902–1906	434	33	6	42
1907–1911	353	51	10	2
1912–1916	236	32	21	—
1917–1921	409	93	11	—
1922–1926	942	124	32	—
Total	3,011	377	94	97

consideration, the most frequent crime was "driving off horse" and in recent years "driving off automobile." Such a crime is apparently as continuous as the urge to mobility, the technique of the latter being the variable, not the crime.

Each of these tables stresses the fact that from the standpoint of numbers the volume of crime is recruited from a few frequent offenses which are not ordinarily considered serious by either the court or the public. If research eventually shows that we limit our conception of serious criminality and our attempts at regulation to rare but spectacular crimes, the problem of suppression may be reduced to the elimination of antisocial behavior in general instead of our present fruitless quests to discover and remove the causes of particular crimes.

Figure 11 gives the trend of each group of crime. The curve of all the crimes gives no evidence that crime as a whole has increased in Rhode Island from 1897 to 1927. There has actually been a slight decrease, if the two peaks of crime, those of 1900 and 1925, are taken as indexes. More significant, though obvious, is the conclusion that crime decreased noticeably from 1900 to 1912 and increased from 1913 to 1927 and that, even with the use of the moving average, the annual fluctuations are pronounced.

The cause of these fluctuations becomes apparent in the curves of the special groups of crime. The trend of crimes against property follows the trend of the total very closely until 1920, when there was a sudden and distinct downward movement. Crimes against sex morality and public order began at a fairly high level, decreased until 1915, and since then have increased sufficiently to compensate in the total volume of crime for the decrease in the crimes against property. Crimes against the person have decreased slightly over the whole period. While this decrease is probably due to the disappearance of "assault and battery" cases from the records, it may indicate that the use of violence is diminishing.

The trend of miscellaneous offenses has been gradually upward, which may be accounted for by the fact that this group

includes all new crimes, of which "driving off automobile" is by far the most numerous. Why crimes against property, that is, "breaking and entering" and "larceny," decrease after 1920, and crimes against sex morality increased, it is impossible to state. It violates most of the popular impressions concerning the direction of crime and must be left as an open question until more is known about causes of crime and the machinery of the courts.

More extensive surveys of crime, including an urban population of 57,000,000 people, report the following numbers of serious offenses:

Known criminal homicides	6,390
Cases of rape	4,106
Robberies	37,967
Assaults	26,178
Burglaries	177,381
Larcenies	371,796
Automobile thefts	121,045
Total major offenses	744,863

This total does not include forgery, embezzlement, counterfeiting, receiving stolen goods, sex offenses other than rape, arson, drunken driving, or other serious and minor crimes.

Causes of crimes. No topic in the literature of crime has received more attention than the causes of criminal behavior. Theoretical or probable explanations have neglected few conditions in the individual or environmental life history of the criminal—he is a born type, biologically determined, instinctive, the product of physiographic factors such as climate, or of social processes such as imitation-suggestion. Thus, human depravity, physical differences, inheritance, and mental and social differences appear prominently in causal analyses.

When the particularistic and general theories of causation are analyzed, two trends are apparent in recent evaluations. Individual causes are being replaced by the social; *the cause,* by multiple factors. In his summary of various single explanations, including those of heredity and mental and economic conditions, Sutherland points out that sex and the broken

home are about as significant as any single cause and that their contribution is less fundamentally causal than that of the factors which accompany them in a complicated social situation.[14]

In the search for the causes of crime, criminologists and social philosophers in general may be divided into two schools of thought. The first and the earlier, from an historical point of view, is the classical school. The second is called the "positive school."

Classical writers based their theory of crime upon the hypothesis that it is a matter of individual volition, the criminal weighing the advantages of crime against the possibilities of punishment. Under this social philosophy, punishment was severe and arbitrary. Since crime was a matter of innate depravity, reformation could be secured only by deterrence. This theory prevailed during the rise of current legal philosophy and has continued to be the basis of criminal law.

Positivism does not represent a uniform explanation of crime so much as a break from the classical emphasis upon its voluntary character. The positive school includes a number of different theories, all of which are integrated by their stress upon non-volitional causes. This change in emphasis occurred gradually during the nineteenth century and consisted chiefly in directing the attention of students from the study of crime to the study of criminals. For this reason, all recent criminologists may be classified as positivists, regardless of their different points of view.

Mercier's emphasis upon temptation and opportunity as causes illustrates a point of view midway between the classical and the positive explanations: [15]

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[14] The following analysis of the causes of crime is adopted from the following sources except when other references are given: Barnes, H. E., and Teeters, N. K., *New Horizons in Criminology*, Prentice-Hall, New York, 1943. Part II. Best, H., *op. cit.*, Chaps. 22–36. Gillin, J. L., *Criminology and Penology*, D. Appleton-Century, New York, 1935. Chaps. 1–13. Haynes, F. E., *op. cit.*, Chap. 2. Lunden, W. A., *Statistics of Crime and Criminals*, Stevenson and Foster, Pittsburgh, 1942. Sutherland, E. H., *op. cit.*, Chaps. 4–8.

[15] Mercier, Charles, *Crime and Criminals*, Holt, New York, 1919, pp. 25, 253–254.

What we are now concerned to recognize is that criminal action, like all other action, is compounded of two factors—instinctive impulsion . . . and reasoned action.

My opinion . . . is that crime is a function of two variables, viz., a certain temptable disposition on the part of the person who commits crime, and the temptation to which he is subjected; and that the more of one of these factors that is present, the less of the other is needed to bring about the result. In short, crime is due to temptation offered to temperament. This being so, crime is to be diminished, if at all, by diminishing temptation, including opportunity, and by modifying temperament. If my doctrine of the causation of crime is correct, there is no other way. Legislation can do little to diminish temptation to crime, but it can do much to diminish opportunity.

There are three subdivisions under which the principal theories of the positive school regarding causation may be outlined:

1. Physical and biological causes.
2. Psychological theories.
3. Environmental explanations.

Physical and biological explanations. Lombroso introduced the positive approach to the causes of crime by the isolation of criminal types. According to this theory, crime is the result of atavism or reversion to primitive man. Lombroso's contribution, therefore, was his study of criminals rather than crimes. He did not trace causes to heredity, nor did he stress environmental influences. His notion of the physical basis of criminality occurred to him during the examination of the skull of a famous brigand:

At the sight of that skull I seemed to see, all of a sudden, lighted up as a vast plain under the flaming sky, the problem of the nature of the criminal—an atavistic being who reproduces in his person the ferocious instincts of primitive humanity and the inferior animals.

Briefly summarized, this theory holds that criminals are a distinct type. They may be identified by such physical stigmata as asymmetrical cranium, long lower jaw, flattened nose, scanty beard, and low sensitivity to pain. Lombroso was thus

concerned with the physical, organic, and mental description of the "true criminal," as distinguished from normal persons, pseudo-criminals, or unintentional criminals. He did not regard these stigmata as causes of crime but only as symptoms of physical or mental disorders underlying criminal behavior. Although under the pressure of criticism several modifications of this theory were made during his lifetime and later by his followers, Lombrosianism is still representative of the single-cause explanations.

In spite of its exaggeration, Lombroso's theory made a distinct contribution in stating four facts which are recognized as valid by later criminological investigations: (1) that many criminals are abnormal; (2) that it is necessary to make a multiple approach to the problems of crime, through several sciences; (3) that treatment or reform must be as varied as are criminal types; (4) that the inductive method is indispensable.

An attempt by Goring, an English prison physician, to check Lombroso's physical explanation, disproved the theory of anatomical differences, merging it with the broader theory of biological and hereditary causation. Goring examined 3,000 English convicts, measuring the various physical traits mentioned by Lombroso as indicative of criminality. No significant differences were found between this group and the non-criminal population, except that the convicts were slightly shorter in stature, weighed less, and were possibly of inferior intelligence. Goring concluded that "there is no such thing as a physical criminal type." [16]

His results led to the substitution of heredity for physical explanations. Goring's correlations between criminality and inherited traits became the basis for later attempts to prove that crime appears in families according to Mendelian ratios. As a result there was an overemphasis upon heredity and defective intelligence. Investigation failed to reveal specific inherited traits of criminality or any relationship between the

[16] Goring, C., *The English Convict*, Wyman, London, 1913. Foxe, A. N., "Heredity and Crime," *Jour. Crim. Law and Criminol.*, Vol. 36 (No. 1): 11–16.

criminal behavior of successive generations in the same family, but it was a valuable stimulus in the search for causes by directing research into several new channels. Hereditary studies necessarily led to the examination of environmental factors and eventually were so combined through the extension of statistical and case studies as to form the present multiple explanation of crime.

Psychological causes. Closely resembling the physical and hereditary explanations are those which reduce crime to a mental condition. Many representatives of this group have concluded with Mr. Docley that crime is the special prerogative of the simple-minded. Although extravagant claims have been made for the priority of psychopathic conditions as causes, nothing definite can be stated concerning them until the nature and origin of the psychopathies are better understood. For the time being we can use the following as a radical example of a one-sided and unproved hypothesis: [17]

> All criminals have "a defective affectivity." All cases of "defective affectivity" are the result of a defective lower mind. This means literally that there is a structural defect in the tissues of the lower mind. . . . The criminal is, therefore, a person who is stupid or feeble-minded or insane, not on the side of intelligence, but on the side of emotions.

As many writers opposing this particular theory of criminality have shown, the chief objection to it is that mental abnormality is considered synonymous with crime, and hence is its primary cause. Moreover, the facts concerning these "psychopathic" criminals have been gathered from criminals in institutions rather than from criminals as a class or by comparison with the non-criminal population. Until the latter contrast is made and the general population is found to be relatively free from mental abnormalities, mentality cannot be considered as the only cause. Sutherland states that both mental disease and

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[17] Strother, F., "The Cause of Crime: Defective Brain," *World's Work*, Vol. 48: 282, 286. See also Chapters VIII and IX, above, for the respective contributions of mental disease and feeble-mindedness to crime.

crime may be methods of adjusting to social situations, or results of social interaction. Consequently they cannot be known fully until they are studied in connection with the social relationships from which they have developed.

Environmental causes. Factors omitted by the foregoing explanations of crime, or used to supplement them, have been included under the broad term "environmental." Among primary environmental factors often connected with crime are conflicting moral codes, variable cultural standards, ineffectiveness of law or public opinion as controls (by contrast with the force of the mores in primary groups), substitution of secondary for primary group relationships, isolation, mobility, segregation, lags and inefficiencies in such social institutions as the family, the church, and the school. Such specific items as the home broken by desertion, divorce, death, or loss of parental control, neighborhood and community disorganization, absence of wholesome recreation, poverty and its consequences, occupation, illiteracy, alcoholism, drug addiction, physical defects, and illness are to be included. These are sufficient to show that "environment" omits few of the conditions which have at one time or another been cited as prominent causes of crime. Their specific nature also indicates why the confirmed advocate of primary physical, biological, psychological causes does not take them seriously.

Yet environmentalists, like the others, have supported single factors and one-sided theories. This point of view is well illustrated by the economic explanation, a notion supported by Bonger and many earlier social philosophers. Bonger contends that economic conditions, namely, methods of production and distribution, are sufficient as ultimate causes of crime. Criminality, in other words, is an economic phenomenon. While other causes may be the predisposing or immediate factors, they can be traced eventually to defects in social organization resulting from economic inefficiencies. Bonger states: [18]

[18] Bonger, W. A., *op. cit.*, p. 669.

If it were principally the consequence of innate human qualities (atavism, for example) the pessimistic conclusion that crime is a phenomenon inseparably bound up with social life would be well founded. But the facts show that it is rather the optimistic conclusion that we must draw, that where crime is the consequence of economic and social conditions, we can combat it by changing those conditions.

Thus, Bonger makes our economic system the explanation not only of economic crimes such as theft and fraud, but also indirectly of crimes of violence, of sexual, political, and pathological crimes.

Recent trends in the social sciences do not support this or any other effort to interpret social phenomena as the effects of one cause. Criminality is now generally considered, like other social facts and problems—poverty, mental disease, divorce, and the like—to be the result of many causes. For this reason there is no fundamental difference among the scientific explanations of causes, whether the approach is made through an examination of physical, biological, psychological, or social data.[19]

Summary. No review of the causes of crime leaves the student in a very contented frame of mind. It is useful, however, to show that many definite and foolish notions have been accepted. These include the instigation of the devil, atavism, heredity, environment, and particular biological, economic,

[19] Ellis, H., *The Criminal,* pp. 296–297. Scribner's, London, 1890. Ellis summarizes the environmental point of view as follows:

"Criminality, like insanity, waits upon civilization. Among primitive races insanity is rare; criminality, in the true sense, is also rare. Conservatism and the rigid cult of custom form as distinct a barrier against crime as they do against progressive civilization. . . . Like insanity, criminality flourishes among migrants, and our civilization is bringing us all more or less into the position of migrants.

"But the problem of criminality is not thereby rendered hopeless. Rather it is shown to be largely a social fact, and social facts are precisely the order of facts most under our control. The problem of criminality is not an isolated one that can be dealt with by fixing our attention on that and that alone. It is a problem that on closer view is found to merge itself very largely into all those problems of our social life that are now pressing for solution, and in settling them we shall to a great extent settle it. The rising flood of criminality is not an argument for pessimism or despair. It is merely an additional spur to that great task of social organization to which during the coming century we are called."

and social explanations, degeneracy, epilepsy, psychological obsessions, emotional instability, influence of the foreign born, imitation, and the like. Their variety is proof that little can be known about crime except from the analysis of specific cases. No social problem is more deeply imbedded in cultural differences than is crime. Hence its study offers a challenge to the student in his critical choice of evidence or in his support of untested hypotheses.

Crime remains largely within the unknown, both as to its nature and as to its remedy, because of our human bias toward fixed ideas. For this reason we will continue to suffer from statements such as that by Judge Kavanaugh, who holds that it is:

> . . . a demonstrable, scientific truth, that it is not the weakness of the human mind that makes a criminal, but the wickedness of the human heart.

Equally unsound is the wholehearted disavowal of this belief by Harry Elmer Barnes: [20]

> There is not the slightest iota of freedom of choice allowed to either the criminal or the normal citizen in his daily conduct.

More realistic are the specific causes reported from the studies of actual cases. In a review of 500 murder cases, the Metropolitan Life Insurance Company traced 50 per cent to fits of temper and to trifling causes in general. Similarly, Morris has given the following as the criminal's own conception of the causes of his crime (a report on 250 cases): [21]

	Number of Cases		*Number of Cases*
Needed money	43	Bad associations	9
Intoxication	40	Lost head	8
Denies guilt	37	Business difficulties	7
Can't explain	26	Accident	7
Fight	17	Sexual difficulties	7
Marital troubles	13	Miscellaneous reasons	36

[20] Kavanaugh, M. A., *Criminal and His Allies,* Bobbs-Merrill, New York, 1928, p. 62; Barnes, H. E., *The Repression of Crime,* Doubleday, Doran, New York, 1926, p. 24.

[21] Morris, A., "Criminals' Views on Crime Causation," *Annals, Am. Acad. Pol. and Soc. Sci.,* Vol. 217 (1941): 141.

Social aspects of crime. Although no one factor except illegal conduct distinguishes criminals as a class, a summary of those conditions generally indicative of crime is a useful supplement to a review of causes. Numerous classifications of criminals have been made as a step in this direction. None of these is wholly satisfactory, but they do show the variety to be expected in this problem. The criminal types usually listed in these classifications are single offenders, habitual criminals, recidivists, criminals by chance and by opportunity, professional, political, and psychopathic criminals. Root has suggested a psychological classification of crimes involving: (1) sustained and prolonged premeditation; (2) temporary premeditation; (3) impulse acts; (4) coincidental cluster of events; and (5) habitual dereliction.[22]

From statistical and case studies, typical characteristics of vast groups of the criminal classes have been found in connection with age, sex, residence, nativity (race), intelligence, education. economic and social status.

Age. Adolescence and the early years of adulthood are the periods of greatest criminality. Crime reaches its maximum in the age group of 21 to 24, gradually increasing from the age of 10 and decreasing to the age of 44, after which the decrease is rapid. In recent reports of state and federal prisons, from 40 to 60 per cent of the prisoners are under 25 years of age. Statistics of arrest and convictions show the same general tendency. Among prisoners, the rate per 100,000 population is highest for males 20 years of age and for females 19 years of age.

It is in the younger age groups, moreover, that serious offenses occur most frequently. Prison commitment records in-

[22] In addition to previous sources the following are used in this section: Root, W. T., *A Psychological and Educational Survey of 1916 Prisoners in the Western Penitentiary of Pennsylvania*, p. 34. Pittsburgh, 1927; Burrows C. N., "Criminal Statistics in Iowa," *Univ. of Iowa Studies*, Vol. 9, No. 2, 1930; Duncan, O. D., "Population of the Texas Penitentiary," *Am. Jour. Sociol.*, Vol. 36: 770–781; Erickson, M. H., "Relationship Between Crime and Intelligence," *Jour. of Crim. Law and Criminol.*, Vol. 19: 592–635. Kratz, A. H., *Prosecutions and Treatment of Women Offenders and the Economic Crisis; Philadelphia, 1925–1934*, Univ. of Pennsylvania Press, 1940. Chap. 3.

dicate that burglary, larceny, forgery, fraud, rape, and trespassing are often the crimes of persons under 20 years of age. The age group 21 to 24 has the highest rate for homicide, robbery, disorderly conduct, assault, carrying concealed weapons, gambling, adultery, prostitution, and malicious mischief. Fraud and forgery are highest in the group from 25 to 34 years.

For many years attention has been directed toward this early origin of crime as proof of the need for prevention, especially during the unsettled period between school and marriage or occupational adjustment. One point repeatedly brought out in studies of criminal careers is that most criminals begin as juvenile delinquents. This fact is substantiated in the several investigations by Healy and is the conclusion of Goring's study of the habitual criminal.

Sex. The social nature of crime is revealed again in its distribution among the sexes. Judged by arrest or prison records, crime is considerably less frequent among females. Approximately 9 times as many males as females are committed to prisons. Statistics of arrests in Massachusetts show a greater disparity, males figuring more often than females by a ratio of 15 to 1. In an analysis of crime in Canada during the years 1891 to 1930, it was found that 95 per cent of the crimes were committed by males.

There is also a difference in the types of crimes committed by males and females. Women are usually involved in offenses against sex morality, vagrancy, or violation of the drug laws. These sexual offenses explain the high incidence of female crime among persons under 20 years of age.

PRISONERS RECEIVED, STATE AND FEDERAL PRISONS AND REFORMATORIES

Year	*Males*	*Females*
1910	26,222	1,510
1923	35,216	2,369
1930	62,957	3,056
1935	62,569	3,154
1939	62,629	3,395
1941	61,440	3,190
1942	52,594	3,468

Source: U. S. Dept. of Commerce, *Statistical Abstract*, Annual Reports.

Crime as an urban phenomenon. Most studies of urbanization show a positive correlation between crime and the density of population. This trend, however, does not mean an absolute difference in the ratio of criminality between city and country, because the urban increase is largely due to the number of minor offenses possible. The city represents a combination of many factors favorable to this urban-rural difference. In addition to rural migration to the city, the breakdown of primary group contacts in large populations, more laws and stricter enforcement than in rural communities, there are such matters to be considered as urban mobility, the sharp contrasts between culture groups and between economic standards, lack of recreational facilities, and the presence of commercialized vice and amusements.

In his study of the relation between population density and crime, Watts concluded from Canadian rates during the period 1891 to 1930 that crime increases at a greater rate than population. During these years, population increased 115.9 per cent, in contrast to a 639.7 per cent rise in crime. In the judicial districts with the largest cities, the crime rate averaged 500 per 100,000 population; in the least populated areas it did not exceed 90. Prison commitment records for the United States show a high proportion of commitments from cities, over 75 per cent, especially from migratory classes. There is also considerable evidence that a large number of convictions occur among interstate migrants.[28]

Crimes increasing directly with the density of population are violation of drug laws, habitual offense, burglary, robbery, larceny, embezzlement, possession of stolen property, and general sex offenses.

Nativity. Although statistics of arrests and commitments show a high rate of criminality among the foreign born, Sutherland is of the opinion that foreign birth is not a major factor in crime. Two reasons are generally given for this opinion.

[28] Clinard, M. B., "Rural Criminal Offenders," *Am. Jour. Sociol.*, Vol. 50 (1944): 38–45.

Immigrants are usually adult males. Consequently, crime rates should be computed according to the proportion of adults in the population when comparisons are made with the native born. Moreover, immigrants usually settle in cities where either their economic status or the absence of normal home life might be decisive factors. When allowance is made for their distribution in the adult population, local studies of crime show in general that the foreign born have a lower rate of criminality than the native born for arrests, convictions, and commitments.

This conclusion holds for serious crimes as well as misdemeanors. Some foreign groups do have disproportionately high rates for certain crimes; for example, Italians and Mexicans for crimes of violence. A more important nativity trend, however, is the high rate of criminality among the children of foreign-born parents. Of the three groups, native born, foreign born, and native born of foreign or mixed parentage, the last has the highest crime rates. In other words, in criminal records this group is closer to the native born of native parents than to the foreign born.[24]

Practically all observers have found an excessively high rate of crime among Negroes. The study of the Western Penitentiary of Pennsylvania found 575 Negro prisoners instead of the

NATIVITY OF PRISONERS—UNITED STATES

	Per Cent Distribution		
	1926	*1936*	*1942*
Native white	67.7	68.1	63.6
Foreign-born white .	7.9	5.2	6.5
Negro	21.4	25.4	28.6
Others	3.0	1.3	1.3
Total	100.0	100.0	100.0

Source: "Prisoners in State and Federal Prisons," U. S. Dept. of Commerce, *Annual Reports.*

42 which would have been the normal quota according to Negro distribution in the population. This is a frequency

[24] Taft, D. R., "Nationality and Crime," *Am. Sociol. Rev.*, Vol. 1: 724–736. "Negroes in Crime," *Jour. Crim. Law and Criminol.*, Vol. 36 (No. 4): 272–274.

thirteen times greater than that of the white population. It is also admitted by these observers that statistics of Negro criminality are more unreliable than those of other groups. Negroes are arrested more frequently at least for certain offenses, and are more easily convicted than are the whites, largely because of racial discrimination. Poverty, lack of education, residence in the worst sections of the city, low housing and living standards, and the inadequate care of Negro defectives are further reasons assigned for this criminality. Consequently, instead of racial comparisons and explanations, economic status and social inferiority account for this difference in the races.

Intelligence. Variations in intelligence and mental defects no longer hold the prominent position formerly given to them as causes of crime or as descriptive of the criminal. Although estimates of mental abnormality (including feeble-mindedness and mental disease) are high among the prison population, their range is too extensive—varying from 10 to 50 per cent—to be convincing. Similarly, the incidence of feeble-mindedness among juvenile delinquents is no longer cited as a major cause. Most investigations of recent date conclude that the usual association between crime and mental condition is not justified. In a comprehensive survey of the extent of feeble-mindedness among criminals, Zeleny found that 3.8 per cent of criminals are feeble-minded in comparison with a percentage of 2.1 feeble-minded persons within the general population.[25]

These studies have failed to distinguish significant mental differences between the criminal and the general population. Earlier opinions to the contrary are explained through the absence or inadequacy of tests or by the fact that they were applied to selected groups. Two important contributions as to

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[25] Zeleny, L. D., "Feeble-mindedness and Criminal Conduct," *Am. Jour. Sociol.*, Vol. 38: 576. Wilson, J. G., and Pescor, M. J., *Problems in Prison Psychiatry*, Caxton Printers, Caldwell, Idaho, 1939. One half of the prisoners included in Wilson and Pescor's survey were considered normal mentally; 4–15 per cent of the prison population were judged to be psychoneurotic. Here, too, the chief difference between mentally normal and abnormal prisoners was in the nature of their crimes, the former engaging more than the latter in crimes of dishonesty.

the relationship between crime and mental condition are to be found in the connection between mental status and certain types of crime, and in the more frequent detection and arrest of the defective criminal.

Educational, economic, and family status. Crime is associated positively with illiteracy and inadequate education, poverty, and the broken home.

Illiteracy is twice as great among prisoners as among the general population. But illiteracy is no more important than is inadequate education. Haynes states that less than 4 per cent of the men at the Anamosa Reformatory in Iowa had a complete high school education and that less than one in 500 had a complete college education. The average educational attainment of these men was less than that of the sixth grade. Offenses also vary with degrees of education. Assault, homicide, and violation of liquor laws are numerous among illiterate prisoners, while those who have attended college are committed for embezzlement, fraud, and forgery in a large proportion of cases.

While economic or occupational status, like age or sex, may be wholly incidental in their association with crime, such conditions as low wages, irregular employment, family instability, and moral hazards do make high contributions. In the Texas penitentiary study, 76.8 per cent were urban workers, and there was a much larger proportion of unskilled workers than of the upper urban classes whose work is steady.[26] Prison records for the entire country support this economic basis of crime, showing a close correlation between low income and unemployment and convictions. In the report of the Chicago City Council on Crime, the statement is made that the penal institutions of that city are filled with:

> . . . poor and petty criminals . . . who were sentenced . . . in the great majority of cases . . . because of their poverty and were committed because they were too poor to pay the small fines imposed upon them.[27]

[26] Duncan, O. D., *loc. cit.*, pp. 777–778.
[27] Quoted by Haynes, *op. cit.*, p. 3.

High rates of crime are found for both adults and juveniles among persons unadjusted because of abnormal family relationships. Case studies of juvenile delinquents show that from one third to two thirds come from homes where these exist. Among adult criminals, few of whom had a normal family life prior to their commitment, there is a high percentage of divorce and desertion. Thus, the early separation from parents, poor and overcrowded homes, divorce, desertion, and inadequate parental control are considered important supplements to inferior economic status.

MARITAL STATUS OF PRISONERS IN STATE PRISONS AND REFORMATORIES—1942

	Per Cent Distribution	
Marital Status	*Males*	*Females*
Single	58.3	69.8
Married	33.1	21.2
Widowed	2.9	5.8
Divorced	5.6	3.2
Total	100.0	100.0

Source: Statistical Abstract, 1944–45, p. 5.

These factors describe the salient characteristics of the individual criminal. In general, he is a young man, a native born, an urban resident of average intelligence, who is handicapped by inadequate education, irregular working conditions and poverty, and by broken family ties. Although each of these traits identifies sources of criminality, none may be regarded as an absolute cause. They show rather pointedly the small use of current punitive systems, and direct attention to other methods of treatment that might well be exploited as resources against crime.

Crime during crises. There is no evidence that crime tends to increase greatly in time of war. Specific illegal acts have been shown to vary widely under the influence of any disorganizing social influence. This is true of excesses in economic dependency, unemployment, labor unrest, and depressions. Many times the particular types of misbehavior under these conditions of distress are not called criminal. Often, too, the

facts about both the conduct and the causes are suppressed. Under the strained social relations of war, the primary characteristic of crime is to become different as indicated by such occurrences as profiteering, selling inferior goods to the armed services and to the public, artificial shortages, combines to regulate production, black marketing, and cartels.

Most of the specific crime which does develop is an indication of social unrest that follows interruptions of family life, the mobility of population, and overcrowding. On the whole it falls within the interests of the new criminology.[28]

Summary. In recent years criminology has matured rapidly, becoming less speculative and more concrete. This trend is largely the result of two methods in the several sciences of criminal investigation: (1) case investigation and (2) statistical studies of individual delinquents and of the administration of criminal justice.

Although statistical studies are limited generally to correlations between numerical indexes of arrests, convictions, or the prison population and major environmental conditions, such as migration, poverty, unemployment, prices, and temperature, there are also statistical analyses of the criminal and non-criminal population covering the individual and social traits which distinguish the two groups.

Case studies differ from the statistical approach in two respects. They insist upon the examination of the criminal as a unit rather than upon the study of isolated factors, and include, first, an examination of the objective situation in which the delinquency arose, and, second, a reconstruction of the mental processes leading to the delinquency, either through clinical study or through the delinquent's own interpretation of his behavior. Clinical observation of the delinquent as a person, originally adopted by William Healy, attempts to

[28] "Delinquency and the Community in Wartime," *Yearbook*, Natl. Probation Assoc. (Ed. by Marjorie Bell), New York, 1943. Hentig, H. von, "Juvenile Delinquency and Adult Disorganization," *Jour. Crim. Law and Criminol.*, Vol. 35 (No. 2): 8292. Reckless, W. C., "Impact of War on Crime, Delinquency, and Prostitution," *Am. Jour. of Sociol.*, Vol. 48 (1942): 378–386.

understand and readjust delinquent conduct through a complete examination of family history, developmental history of the person, home and neighborhood, mental and moral development, physical measurements, medical examination, mental tests, psychological analyses, and descriptions of the delinquency.

Both of these methods are limited. General hindrances to their reliability are found in the impossibility of discovering facts and in their inaccuracy, especially when statements are obtained from arrested or convicted persons without adequate verification. Moreover, some factors in the processes of crime cannot be measured, and some which are measured are not compared with a control group representing the general population or that portion of the population from which delinquents are generally recruited. Even autobiographies, presumably unrestrained confessions, show excessive conformity to the mores in omitting details of vital importance.[29]

These limitations have led to the suggestion that further information concerning crime must be found by a study of the criminal "in the open" or by comparison of complete records or representative samples of the delinquent and non-delinquent populations.

The examination of crime through statistics and case studies is facilitated by two well-known characteristics of its distribution. We have already noted that criminal behavior tends to be concentrated in a relatively few types of illegal conduct. In addition, crime is further concentrated within a relatively small proportion of the population and in definite geographical areas. The first of these characteristics is called "recidivism"; the second, "delinquency areas."

Recidivists, repeaters in crime, constitute a large portion of criminals arrested, convicted, and imprisoned. Because of imperfect methods of identification and the lack of coördination

[29] Consult Coffey, John, "Thief's Progress," *Outlook*, Vol. 154: 203 and subsequent issues. There are equally superficial analyses in some of the autobiographies mentioned in footnote 3 above.

among penal agencies between states or within the same political area, the precise amount of recidivism is unknown. From records of arrests and commitments, the average is stated to be more than 50 per cent. In other words, half of our criminals are plural offenders. Recidivism not only explains crime waves and the persistency of serious crimes, but is also helpful in identifying that portion of the criminal population which indulges in crime as a business, and in distinguishing those criminal types who, because of abnormal mental and social traits, require other than current methods of restraint.

In the twenty-year period covered by the Missouri Crime Survey, recidivism increased 100 per cent, and 31.9 per cent of the prisoners in the Missouri Penitentiary were serving second terms. An illustration of this failure of courts and prisons to detect the habitual criminal is shown in the following record: [30]

Charge: Burglary and larceny.
Age: 30.
Convicted: 9–8–25, 25 years.
Previous record:
4–29–24 Convicted of larceny from person. Sentence, 2 years; released 6–28–25.
12–6–19 Convicted, charge not stated; sentence, 5 years; released 11–5–22.
3–7–16 Convicted of robbery, first degree. Sentence, 5 years; released 9–12–19.
9–5–12 Convicted of robbery, third degree. Sentence, 2 years; released 3–14–14.

Recidivism occurs most frequently among the young, among those with relatively little education, among the single, and among those who are engaged in certain types of crime (professional and psychopathic criminals). Case X, quoted by R. F. Yeomans as an illustration of the failure of our judicial and penal systems, is typical of the psychopathic criminal: [31]

Case X—This woman, sixty years old, was sent to the Boston State

[30] *Missouri Crime Survey,* Macmillan, New York, 1926, p. 527.
[31] "Who are the 'Criminal Insane'?" *Mental Hygiene,* Vol. 14: 687.

Hospital from the Suffolk County Jail, where she had been held on a complaint of drunkenness. She had been examined by the court psychiatrist at the request of the sheriff.

In two months she was returned to court as recovered from an alcoholic psychosis, and was sentenced to three months at the state farm. This was the twenty-second sentence that she had served. In less than ten years she had had nine commitments to state hospitals. Her court record from 1905–1927 shows a total of 91 arrests, 88 for drunkenness, one for night walking, one for "bootlegging," and one for escaping from a penal institution. At the present time she is at the state farm serving her twenty-sixth sentence. The length of time that she spends at the state farm has varied from three days to seven months. The intervals between terms have varied from five days to ten months, in ten cases being under one month in length. She is known to have twenty-three aliases, so that some of her record may not be included in this review.

Zones of criminality. Crime, like physical disease, becomes infectious and spreads under the stimulus of favorable conditions. Hence, the discovery of delinquency areas is an important step in establishing social and judicial prophylaxis or quarantine stations. According to studies in Chicago and other cities, this zone of criminality is identical with the zone in transition, an area just beyond the central business district which is in the process of being absorbed for business or industrial purposes. This region is distinguished by deteriorated housing, overcrowding, low living standards, disorganized family and community life, and the absence of constructive social forces.

This zone is the nucleus both of adult crime and juvenile delinquency. No other district has an equal crime rate of serious or minor offenses. Recidivism is also a product of the conditions associated with this area.

When case studies and statistics are combined, the most significant factors in a causal pattern of criminality are: (1) the percentage of foreign born, (2) the percentage of the offspring of foreign born, (3) sex ratios, (4) the amount of rent paid, (5) changes in wages, (6) income status, (7) the number of church members, (8) change in the rate of population growth,

(9) religious and family status, (10) marital status, (11) work record, and (12) personality traits and attitudes.[32]

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[32] Gillin, J. L., "Backgrounds of Prisoners," *Am. Sociol. Rev.,* Vol. 2: 204–212. Ogburn, W. F., "Factors in the Variation of Crime Among Cities," *Jour. Am. Statis. Assoc.,* Vol. 30: 12–34. Wood, A. L., "Social Organization and Crime in Small Wisconsin Communities," *Am. Sociol. Rev.,* Vol. 7: 43. Young, P. V., "Scientific Study of Young, Occasional, Urban, Male Offenders in the 1930's," *Am. Sociol. Rev.,* Vol. 5: 596–609.

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Questions

1. What sciences are contributing to the growing legal and social distinction between the criminal and the delinquent?

2. How much responsibility for crime can be traced to society? To the person? Cite illustrative cases.

3. From your knowledge of cases such as those cited in the volumes referred to in footnote 3 in this chapter, what are your conclusions as to the inability of society to solve some crimes? What methods of investigation or changes in social policy can you suggest to remove these difficulties?

4. What are specific contributions of biology, psychology, and sociology to the study of crime?

5. Does the direct per capita cost of crime exceed the costs of such public agencies as education, public health, public recreation, and poor-relief?

6. Do cyclical fluctuations in specific crimes contribute to our knowledge of their causes?

7. What reasons have been assigned for the greater proportion of criminality in the United States than in England?

8. What method did Lombroso use in his study of the criminal? What scientific methods have been substituted for this method?

9. Why do most classifications of criminals prove useless? Suggest a classification based upon (a) our current knowledge of causes, (b) available treatment resources.

10. By reference to autobiographies and case studies of criminals, what conclusions do you reach as to the relative contributions of heredity and environment to criminality? What are some of the limitations of autobiographies?

11. The following causes of crime were cited in the Memphis survey (pp. 97–99) as typical of the layman's point of view: (1) disregard for law by the upper classes; (2) vice; (3) bootlegging; (4) the eternal triangle; (5) political corruption; (6) bad social habits and too much leisure; (7) women; (8) gangs. How would you evaluate these opinions?

12. What plan would you suggest to obtain more accurate statistics of crime? Is a crime registration area feasible? Should crimes be subdivided, like the causes of death, into primary and secondary groups?

13. What specific offenses usually explain crime waves?

14. How does a technical analysis of crime differ from the approach found in the description of spectacular crimes? (Compare *Crime and the Community* with Pearson's *Studies in Murder.*)

15. What is the relationship between education and crime? Is there any evidence that education is contributing to lawlessness?

16. In what respects may crime be considered a form of social adjustment?

17. To what major social processes is criminal conduct usually traced?

18. How does mobility affect (a) the forms of crime, (b) their control?

19. Why are some forms of antisocial behavior not defined as crimes?

20. What do patterns of criminality indicate as to origins of crime? As to causes? As to remedies?

Chapter XVII

CRIME: THE CONTENT AND FREQUENCY OF PUNISHMENT

MOST people regard the police, courts, and prisoners from one of two points of view. Too many or too few criminals are arrested, and too many or too few are convicted; and prisons are either hell-holes or summer resorts. Between these extremes, the concepts of justice, of the protection of society against lawlessness, and the notions of the prevention and the adequate treatment of crime are generally obscured. As a matter of fact, neither the origin nor the function of punishment is given much attention by the public. Although there are eloquent protests against the rising orgy of crime, and demands for reform, little public concern is manifested about the actual content of punishment or its effectiveness.

The solution to the prevention of crime, therefore, depends as much upon a change in the public attitude as upon the discovery of more effective systems of detection and treatment. To the layman, *law* means criminal law; *penalty* means injury; and *reparation* can be secured only by passing more laws. Courts are still regarded as a source of entertainment. This superficial interest is exploited, and crime is approached on the same level as the average newspaper column upon health or the affairs of the lovelorn.

Until this point of view is corrected, punishment or other administrative dispositions of crime will be considered goals in themselves. This concept is in direct contradiction to the legal theory upon which the criminal law is based. For a century or more, such writers as Beccaria, Blackstone, Paley, Romilly, and Feuerbach have held that the legal theory of punishment is justified only in so far as it prevents crime.

In its connection between law and crime prevention, punishment serves the double purpose of reducing crime and of protecting the public. If punishment fails in either of these purposes, or if defects in the administration of the criminal law actually encourage criminality, there is sufficient evidence that law and its administrative agencies are inefficient or are incapable of performing the functions for which they are supported. On the question of legal technicalities, here is one personal opinion: [1]

> . . . look at my own case: arrested eleven times in seventeen years and served but two terms—a two-year "stretch" and six months of a sixteen-year term. "Dutch" Anderson was arrested seven times in twelve years and served but two terms. . . . Jack ("Legs") Diamond was arrested twenty-three times in sixteen years with but one conviction, a term in the reformatory. How did we do it? Sharpshooting lawyers, crooked politicians and soft-hearted men and women who viewed us as poor boys who never had a chance when we were juveniles.

Changing concepts of punishment. Punishment originated in the desire for revenge against personal injuries, but was gradually assumed as an obligation of the state. Thus, it consists of two concepts: a restraint, to be exercised by the majority over the individual; and pain or suffering, which is calculated to deter a repetition of the offense. The specific objectives of punishment are to put the criminal, either permanently or for a fixed period, where he can do no further harm; to instill in the criminal, and other persons as well, a fear of committing crime; and to reform the criminal in so far as that is possible.

In general, three types of penalty have been enforced: (1) physical torture; (2) social degradation, banishment, transportation, and imprisonment; and (3) financial losses. The history of these penalties shows considerable ingenuity in their application but little or no effort to make them adaptable to the offense or the person. Fines, for example, were originally assessed to compensate the injured person. They were grad-

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[1] Callahan, Jack (pseud.), "Colleges for Crooks," *Outlook*, Vol. 158: 140.

ually taken over by the state under its right to tax, and are used today in some offenses as a substitute for imprisonment.

In their historical applications, punishment and especially cruelty were employed indiscriminately.[2] Inanimate objects, animals, and the dead were subjected to the same penalties that were presumed to regulate the behavior of man. This extensive use of cruelty was due to the theory that crime was either a matter of personal choice or the result of evil spirits. The punishment of witchcraft is an illustration of the latter theory. A section in the laws of Cnut indicates the same spiritual interpretation of crime. For a repeated offense, this code states: [3]

> Let there be no other bot (fine) if he be foul (at the ordeal) than that his hands be cut off or his feet, or both, according as the deed may be, and if then he have wrought yet greater wrong, then let his eyes be put off, or his nose and his ears and the upper lip be cut off; or let him be scalped . . . so that punishment be inflicted and also the soul preserved.

Thus, the history of crime resembles the history of medicine, with its bleedings, cuppings, purgings, and blisterings. Both were in search of a panacea for little-understood ills.

The chief difference between contemporary and medieval penology is the current effort to make the penalty fit the person as well as the crime. But no panacea has been discovered,

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[2] Evans, E. P., *The Criminal Prosecution and Capital Punishment of Animals*, pp. 206–207. Dutton, New York, 1906. "Medieval penal justice sought to inflict the greatest possible amount of suffering on the offender and showed a diabolical fertility of invention in devising new methods of torture even for the pettiest trespasses. The monuments of this barbarity may now be seen in European museums in the form of racks, thumbkins, interlarded hares, Pomeranian bonnets, Spanish boots, scavenger's daughters, iron virgins and similar engines of cruelty. Until quite recently an iron virgin, with its interior full of long sharp spikes, was exhibited in a subterranean passage at Nuremberg, on the very spot where it is supposed to have once performed its horrible functions; and in Munich this inhuman instrument of punishment was in actual use as late as the beginning of the nineteenth century. The criminal code of Maria Theresa, published in 1769, contained forty-five large copperplate engravings, illustrating the various modes of torture prescribed in the text for the purpose of extorting confession and evidently designed to serve as object lessons for the instruction of the tormentor and the intimidation of the accused."

[3] Ives, George, *A History of Penal Methods*, S. Paul and Co., London, 1914, pp. 8, 70. Stearns, A. W., "Evolution of Punishment," *Jour. Crim. Law and Criminol.*, Vol. 27: 219–230.

and the new criminology covers a multitude of half-accepted doctrines. The chief modifying factors in modern penology are the emphasis upon the social causes of crime and, incidentally, the changing attitude toward individual responsibility. Both combine in their efforts to prevent crime through other controls than those embodied in the criminal law.

Criminal law is considered too inflexible, and its penalties too rigid, to cover the various problems of modern crime. At the same time, its administration through several uncoördinated agencies is cited as an important source of inefficiency and abuse. These deficiencies are traced in part to the dependence of law upon the theory of individual responsibility, but no one has ever been able to set up the limits of responsibility for different classes of persons or to prove that there is no individual responsibility. However, major reforms in the actual operation of penal agencies are traceable to the gradual acceptance of limited responsibility. Perhaps the most drastic of these suggestions is that criminal law should be restricted wholly to the settlement of legal questions and should be separated from the punishment or treatment of crime. Under this plan, punishment would be a case problem for a board of experts.[4]

Administrative agencies.[5] While in theory modern penology stresses treatment rather than punishment, it really

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[4] For arguments for and against individual responsibility, consult Farrar, C. B., "Criteria of Responsibility," *Jour. of Crim. Law and Criminol.*, Vol. 21, No. 3, pp. 438–445; Kenny, C. S., "Outlines of Criminal Law," pp. 501–502, Cambridge Univ. Press, 1925. Other references in the *Jour. of Crim. Law and Criminology* are: Vol. 19, No. 2, pp. 181–295; Vol. 20, No. 1, pp. 88–101; and Vol. 21, No. 2, pp. 267–296.

[5] Unless other sources are given, the following have been used in this summary: Bates, S., *Prisons and Beyond,* Macmillan, New York, 1936; Brown, E. L., *Lawyers and the Promotion of Justice,* Russell Sage Foundation, New York, 1938; Clemmer, D., *The Prison Community,* Christopher, Boston, 1940; Fosdick, R., *American Police Systems,* Century, New York, 1920; Haynes, F. E., *The American Prison System,* McGraw-Hill, New York, 1939; McKelvey, B., *American Prisons,* University of Chicago Press, Chicago, 1936; Pound, R., *Organization of the Courts,* Little, Brown, Boston, 1940; Rapport, V. A., "State-Wide Police," *Jour. of Crim. Law and Criminol.*, Vol. 30 (1940): 706–711; Smith, Bruce, *Police Systems in the United States,* Harper and Brothers, New York, 1940; Sutherland, E. H., *Principles of Criminology,* Lippincott, Philadelphia, 1939; Vollmer, A., and Parker, A. E., *Crime and State Police,* Univ. of California Press, Berkeley, 1935.

differs from medieval systems less in this respect than in its multiplication of administrative agencies. In general, definite reforms have been realized in the abandonment of cruel and unusual punishments. But opposed to this humanitarian trend is the possibility that the criminal may avoid punishment entirely, even after arrest and conviction. This is an administrative problem, because of the lack of coördination between the several agencies to which the various steps in the process of punishment are assigned.

Administrative agencies consist of three principal divisions: the police, the judiciary system, and the prison. Each of these divisions contributes to or controls punishment. The police are organized in local, state, and federal units. Detective and identification divisions and detention institutions are connected with one or more of these units. Courts are concerned with the prosecution, and under their jurisdiction there are several specialized courts: police or lower courts; and superior, family, and juvenile courts; they also control the prosecution and the jury. Punishment is usually connected with one of the penal institutions (prisons, reformatories, or juvenile homes) or with probation and parole systems.

The disposition of a case by any one of these agencies does not vary materially from earlier forms of punishment. Penalties most frequently employed are: a fine, a fine plus a short imprisonment, an imprisonment for various terms, an indeterminate sentence, a life sentence, a death penalty, a deferred sentence, or probation and parole. Possibly an incompleted trial should also be mentioned as a form of punishment. This disposition and others will be listed among customary methods by which the docket is cleared, although they may not fall logically within a classification of penalties.

The police. Being on the first line of defense between society and the criminal classes, the police fulfill several important functions in the detection and prevention of crime and in the enforcement of the law. This is a comparatively new subdivision among administrative agencies; the first organized

force was that of New York City, which was established in 1844. Police functions are classified into two principal divisions, the administrative and the criminal. Administrative functions consist broadly of non-criminal activities, such as traffic control, licensing, special squads, and other supervisory work. All activities directly connected with the prevention, the suppression, and the detection of crime are listed under the criminal division.

In the performance of either of these functions, the police occupy an unenviable position. They are obliged to determine what laws are to be enforced, when a law is broken, when an arrest must be made, and what conditions must occur to prove a case in court. Because of this wide range of power and discretion, the police settle many cases out of court. This practice and their inability to obtain legal evidence of guilt are two serious loopholes in an effective system of crime suppression. The chief problems of police administration are to define the limits of police powers and to recruit a police personnel which is capable of exercising the discretion allowed by these powers. As a matter of fact, the police are called upon to perform many tasks which they are neither trained nor specifically authorized to do, simply because the strict enforcement of the law would overload the courts.

Moreover, the police are frequently held responsible for the entire prevalence of crime. They are chiefly criticized because they are the most obvious agents in law enforcement or because of their wide range of power. Incidentally, criticism constantly arises over particular methods used by the police which the public does not understand. This statement is especially true regarding direct public contacts, as for example, in the police application of the lecture system, although the criticism applies to traffic enforcement, which is an administrative rather than a criminal function of the police.

Three major police problems are: (1) the few arrests made in comparison with crimes reported as known to the police; (2) the disposition of cases by the police; and (3) the caliber of

police personnel. Each of these problems is connected directly with inefficiencies in other administrative agencies, especially with problems of prosecution.

One of the chief defects in the current organization of the police is the relatively small proportion of criminals who are apprehended. Published reports or studies of the ratio of arrests to certain crimes known to the police are not numerous, but these indicate that arrests infrequently take place in more than one of every two reported crimes. Of the 744,863 major offenses enumerated in Chapter XVI, page 574, three fourths of the offenders were never apprehended and arrested.

The best method of measuring the effectiveness of the police is to compare the number of offenses cleared by arrest with the total number of offenses known to the police. It is important that the offense rather than the offender should be used as the unit, because the number of arrests is likely to be greater than the number of offenses. In Detroit, for example, there were 8,654 arrests in 1928 for 5,541 offenses, but 3,815 persons arrested were dismissed without prosecution.

The following ratios are shown for four cities, indicating the relative effectiveness of the police against different types of crime. Note the striking variations, whether cities or crimes are compared: Buffalo with a ratio of 64.1 and Detroit with a ratio of 29.7 have the highest and lowest percentages of efficiency. Different ratios show either the efficiency of the police or the difficulty in apprehending certain types of offenders. In addition to low rates for each of the four offenses cited, automobile thefts also had exceptionally low clearance rates.

CRIME CLEARANCE RATES IN FOUR CITIES

(Ratio of offenses cleared by arrest to the total number of offenses in each group.)

City	Per Cents				
	Homicide	*Robbery*	*Burglary*	*Larceny*	*Total*
Detroit	76.8	49.8	54.9	23.9	29.7
Cleveland	91.7	29.5	23.7	33.5	45.3
Baltimore	94.2	56.4	31.6	33.6	39.6
Buffalo	23.3	45.0	56.0	67.6	64.1

Source: Mead, B., "Police Statistics," *Ann. Am. Acad.*, Vol. 146, p. 81.

Even lower rates occur in England and Wales, as the following comparison with St. Louis shows:

RATIO OF ARRESTS TO CRIMES KNOWN TO THE POLICE

Crime	Per Cents	
	England and Wales	*St. Louis*
Burglary	25	8
Embezzlement	47	17
Forgery	37	8
Larceny	59	6
Manslaughter	100	32
Murder	64	
Robbery	80	11

Source: Relation of the Police and the Courts to the Crime Problem, p. 6.

A second criterion of police effectiveness is the disposition of offenders in the lower or municipal court. One example of these dispositions is given by the Memphis Crime Survey, which included a total of 21,999 arrests for the year 1925. This record shows that more than 46 per cent were dismissed and another 46 per cent were fined; less than 8 per cent were left for other dispositions usually considered to be punishment. This distribution is our first indication of the actual content and distribution of punishment. It is typical of the experience of many cities and holds for felonies as well as for misdemeanors.[6]

DISPOSITION OF 21,999 ARRESTS—MEMPHIS, TENN.

Disposition	Offenders	
	Number	*Per Cent*
Dismissed	10,134	46.1
Fine	10,231	46.5
Held over to grand jury	1,246	5.6
Referred to other authorities	153	.7
Referred to federal authorities	46	.2
Referred to local police magistrates	189	.9
Total	21,999	100.0

Source: Bruce, A. A., and Fitzgerald, T. S., "A Study of Crime in the City of Memphis, Tennessee," *Jour. Crim. Law and Criminol.*, Vol. 19, No. 2, Part 2, Chap. 5.

These inefficiencies of the police have been explained by their persistent use of antiquated methods. In his comparative study

[6] Heinzen, H., and Rypins, R. K., "Crime in San Francisco," *Jour. of Crim. Law and Criminol.*, Vol. 18: 75–91.

of European and American police systems, Fosdick calls attention to this fact. In addition, he and many others have expressed the opinion that a more efficient organization of the police depends upon higher standards in the selection and training of police recruits.

The Survey of Criminal Justice in Cleveland came to the conclusion that the quality of police personnel is largely responsible for ineffective police work. During this survey, the entire police force was examined by the Army Alpha Intelligence Tests. The results of the examination showed a strikingly low proportion of men in the upper intelligence levels, among both officers and patrolmen. Of the entire force, only 3 per cent were in grade *A,* and 13 per cent in grade *B.* These proportions were exceeded by Army privates. Furthermore, one fourth of the patrolmen were classified in grades *C—, D,* and *E;* this fact meant that they were incapable of completing the third school grade. Detectives fared worse than any other group in these tests. There were none in grade *A;* 27 per cent were in grades *B* and *C+;* and nearly 25 per cent were of markedly inferior intelligence.[7] This situation emphasizes the need for police training schools and better methods of selecting and promoting recruits.

Other police problems are: the absence of effectual rural police; the lack of coördination between urban and state systems, especially in the case of mobile criminals; political control and appointments; personnel problems, including insecure tenure and low pay; and the absence of preventive police work.

The problems of the police, in the words of one policeman, are stated bluntly in the following: [8]

> The whole trouble is that the policeman is ordered by law to stop too many things. We have to watch people's morals. We have to protect them like babies instead of like grown-ups.
>
> In the newspapers now the policemen are being blamed for

[7] *Relation of the Police and the Courts to the Crime Problem,* Natl. Crime Commission, New York, 1928, pp. 17–18. Crime clearance rates and per cents are also given in *Uniform Crime Reports.*

[8] "All Cops Are Grafters," (unsigned), *Outlook,* Vol. 157: 590–591.

everything. I think all this dishonesty and racketeering is not so much because the police are incompetent, but because the people are worse today than they ever were. If anything goes wrong, a law is passed; then the citizen thinks his responsibility has ended; the police have the job from then on of enforcing the law. In my own city there are over 1,500 laws which I can arrest people for breaking. If we tried to enforce even half the laws that the people break we would lose our jobs in a day.

I found out it was the easier way just to take the five dollars and tear up the tag at once. I don't feel wrong about taking a few dollars. In a way, it's like a fine. All the wealthy men in their big cars know someone with pull and get out of being fined by the judge anyway, so why shouldn't I make them pay on the spot? . . . I don't call that graft. The man in the automobile is doing the grafting. If I didn't take his money he would give it to someone else for helping him get out of a twenty- or fifty-dollar fine. If you want to know the truth, I don't see how you can blame a policeman for picking up a little easy money now and then. A policeman isn't any better than anyone else—nor worse.

The courts: the judicial treatment of crime. As the foregoing discussion shows, the police is essentially an apprehending agency. Although it exercises control over some punitive powers, the effectiveness of the police is reduced considerably as shown by the comparison of offenses known to the police and the number of arrests:

OFFENSES AND ARRESTS

BASED UPON REPORTS OF 79 CITIES WITH A POPULATION OF 13,493,387

Offense	*Number Known to the Police*	*Number of Arrests*
Homicide	1,260	1,080
Rape	1,299	923
Robbery	12,217	4,867
Assault	5,907	4,003
Burglary	44,248	14,990
Larceny	130,780	26,218
Auto theft	19,235	4,208
Total	214,946	56,289

Source: Uniform Crime Reports, Vol. 12 (no. 1) 1941. Adapted from Table 13.

Courts are the first significant agencies in the distribution of penalties. In the following section, all the dispositions assigned to 15,833 defendants, including penalties, are recorded. This

material was discussed in the table on page 564 to show the frequency of types of crime. The disposition assigned by the court in each of these cases is given in the following table. While this material shows the actual content of punishment, it may also be used to test the efficiency of the courts: (1) in the repeated application of similar penalties to different crimes; and (2) in the proportion of incompleted cases, which is called the mortality record of the courts.

Each type of disposition shown by this table requires a brief explanation. The general forms of punishment, now assigned by the courts, have already been stated. They usually consist of three dispositions: fines, imprisonment, or release (probation and deferred sentence). Other dispositions include the categories: "Not guilty" and "Incompleted."

If the defendant is found "Not guilty," theoretically, at least, the case is no longer of interest to the student of crime. In practice, however, there are many instances when cases that receive this disposition are of primary interest, because they present the most colorful aspects of crime: conditions which make it impossible to establish legal guilt. In the following classification, those defendants who were found "not guilty because of insanity" are also included in this group, but such cases are fairly infrequent, being 22 in number. One half of these dispositions were made in murder cases.

The "Incompleted" group includes those cases in which trial was never begun or never completed. In the docket records, such cases would appear under the following captions: "Capias ordered and issued," "Nol pros," "Jury disagrees," "Indictment quashed," or there would be no entry describing the development of the case. "Bail" is reserved to designate those cases, regardless of the time when they occurred, in which no disposition was made other than "Released under bail." They may be combined logically with the incompleted group. "Deferred sentence" includes those defendants who were assigned this penalty without regard to an earlier report in the record that indicated another offense for which they were committed or

given another deferred sentence. "Fine" includes two other types of disposition: "Fine and short sentence" and "Fine and costs." For the purpose of brevity, those released on probation and the few who were committed to the reform school for juvenile delinquency are combined; the latter constitute only 2.4 per cent of this group.

Defendants who were given prison terms are classified under

DISPOSITION OF CRIMINAL OFFENSES—RHODE ISLAND, 1897–1927

NUMBER OF PERSONS PUNISHED

DISPOSITION	*Offenses Against*				
	The Person	*Property*	*Sex Morality, Public Order*	*Miscellaneous Crimes*	*Total*
Not guilty	110	60	32	30	232
Incompleted	536	474	305	195	1,510
Bail	—	512	578	206	1,296
Deferred sentence	529	1,951	1,559	694	4,733
Fine	227	175	288	123	813
Probation or reform school *	190	1,946	304	150	2,590
Prison terms:					
Under one year	—	1,750	271	198	2,219
One year or more	823	1,213	242	141	2,419
Life	21	—	—	—	21
Total	2,436	8,081	3,579	1,737	15,833

* Of the total number of defendants under this classification, 2.4 per cent (378 defendants) were sentenced to the Reform School.

Source: Indictment and Docket Records, Superior Court of Providence and Bristol Counties, Rhode Island, 1897–1927.

three captions according to their sentences: "Under one year," "One year or more," and "Life." The last group consists entirely of murder cases, since there is no death penalty in Rhode Island.

It is necessary to add that only the first disposition made by the court in completed cases is recorded. Because the reader will be interested in finding out how the court treats different types of offenders, this classification does not overweigh the punishments assigned to recidivists. It furnishes a picture of the frequency with which defendants are found not guilty and cases are incompleted, and in the completed cases, of the frequency with which different sentences are employed.

Summarizing the total number of dispositions found by the

court during this period of thirty years, 232, or 1.5 per cent, of the defendants were found not guilty. This per cent is an enlightening commentary on a great majority of the cases that come before the Superior Court, of which the chief function is not to determine guilt or innocence but to discover some means of disposing of or punishing the defendant. Interpreted in this light, the actual disposition, treatment, or punishment takes on a new meaning and renders itself open to evaluation on a very vulnerable point, if the disposition is supposed to do what in theory punishment professes to do; that is, to deter criminal behavior or to exercise a moral influence upon potential criminals. The questionable character of each type of disposition is apparent in the uniform treatment of a variety of problems and people.

Of the remaining cases, 2,806, or 17.7 per cent, of the total were incompleted, or the defendants were released on bail. This type of disposition is the mortality record or the proportion of losses. Those individuals who received a slight punishment (a fine) or who were given another chance (deferred sentence and probation) include 7,758, or 49 per cent of the total defendants., Prison terms of variable lengths were assigned to 5,037 individuals, or in 31.8 per cent of the cases. The general frequency of the different types of judicial dispositions is as follows:

	Number	*Per Cent*
Defendants found not guilty	232	1.5
Incompleted	2,806	17.7
Released	7,758	49.0
Imprisoned	5,037	31.8
Total	15,833	100.0

The frequency of these dispositions in the various categories of offenses is expressed on the next page. Attention to these frequencies, with particular reference to the incidence of the crimes to which they apply, will be helpful in evaluating the effectiveness of the various judicial methods. In the first column, crimes against the person, most of the defendants were

charged with "assault with a dangerous weapon." Of these cases, 4.5 per cent were found not guilty; 22 per cent were incompleted; 38.8 per cent were released; and 34.7 per cent were imprisoned. In the second column, crimes against property, which are primarily cases of "breaking and entering" and "larceny," 0.7 per cent were found not guilty; 12.2 per cent

DISTRIBUTION OF CRIMINAL OFFENSES—RHODE ISLAND, 1897–1927
PER CENT DISTRIBUTION

	Offenses Against				
DISPOSITION	*The Person*	*Property*	*Sex Morality, Public Order*	*Miscellaneous Crimes*	*Total*
Not guilty	4.5	0.7	0.9	1.7	1.5
Incompleted	22.0	5.9	8.5	11.2	9.5
Bail	—	6.3	16.2	11.9	8.2
Deferred sentence	21.7	24.1	43.6	40.0	29.9
Fine	9.3	2.2	8.0	7.1	5.1
Probation or reform school	7.8	24.1	8.5	8.6	16.4
Prison terms					
Under one year	—	21.7	7.6	11.4	14.0
One year or more	33.8	15.0	6.7	8.1	15.3
Life	0.9	—	—	—	0.1
Total	100.0	100.0	100.0	100.0	10.00

were incompleted; 50.4 per cent were released; and 36.7 per cent were imprisoned. Of the crimes against sex (column three), 0.9 per cent were found not guilty; 24.7 per cent were incompleted; 60.1 per cent were released; and a prison term was given to 14.3 per cent. Of the miscellaneous group (column four), which is concerned primarily with minor thefts, 1.7 per cent were found not guilty; 23.1 per cent were incompleted; 55.7 per cent were released; and 19.5 per cent were imprisoned.

When each group of crimes is analyzed with particular reference to the type of crime that is most frequent, several general conclusions are obvious. (1) The proportion of defendants who are considered not guilty is very small in each group and diminishes accordingly as crimes are popularly considered of minor consequence. (2) The number of defendants whose cases are incompleted is large enough and varies enough between the groups to raise the suspicion that the mortality of a

case is due to other reasons than lack of sufficient legal evidence to convict. (3) In the proportion of defendants who are released through a system of fines, deferred sentence, or probation, which is by far the most usual form of disposition in each group, the question immediately is raised: To what extent are these vehicles of control adequate treatment of the many problems to

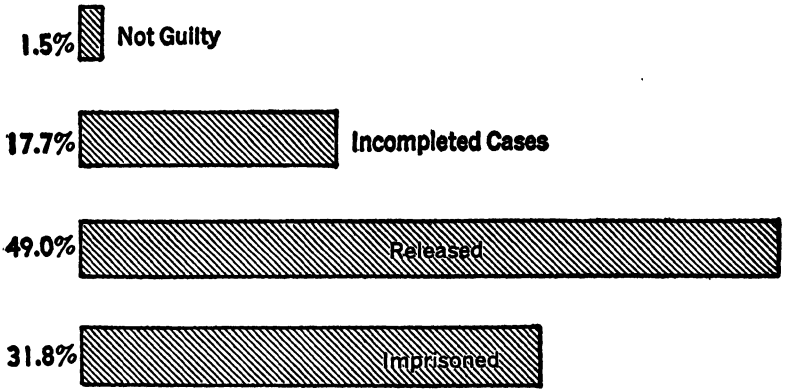


Figure 12. Relative Frequency of Various Dispositions.

which they are applied? In the case of an offense against sex or public order, is there any reasonable connection between the usual treatment (deferred sentence) and the repetition of the offense? (4) A final conclusion, and one that is from many points of view the most interesting, reveals the comparative infrequency with which prison sentences are assigned. Ordinarily, imprisonment is considered a certain protection for society against the people who indulge in crime. Yet in a great majority of the cases it requires more than one offense to incur the risk of a prison sentence.

This disposition of criminals by the courts raises many questions about the content and purpose of punishment that cannot be answered at present. Every defendant whose crime merits attention from the superior court is a problem. Is the court, with its legal concepts and rigid punishments, equipped to deal adequately in any respect with such defendants? Is it a wise

public policy that metes out deferred sentences or any other legal treatment without special study of the individual case? Law was one of the first bodies of knowledge to make "cases" the basis of its policies and is apparently going to be the last to make case analysis of individuals the basis of its treatment. Many authorities tell us what law and the courts are supposed to do: to punish, to correct, to prevent, and to control. Under their present organization, there is no doubt that improvement has ample opportunity to show itself.

The greatest difficulty, inherent in each of the methods of treating criminals, is that we do not know whether or not they work as they are supposed to. We are earnestly concerned with the task of preventing crime, and yet there is no assurance in the administration of criminal justice that this objective is within the scope of our present methods.

Robinson maintains that the very concept of punishment is a handicap to the judicial treatment of crime and that justice is a dissociated personality, for he says: [9]

> Any one who has had an opportunity to examine the individuals who pass through our criminal courts knows that no two are alike. . . . Yet we subject them to pretty much the same dull routine.

In this summary of the frequency of crimes and the disposition of the various grades of defendants, the fact that stands out glaringly is the indiscriminate use of certain methods of punishment. There is no evidence that any method is more desirable than another, and yet certain ones are constantly being employed simply because they always have been used or because there is a lack of sufficient ingenuity to devise other procedures.

It probably is not prudent to generalize from a single case, but one incident that occurs in the above records deserves special comment in this connection. A defendant was charged under the indictment "Habitual criminal" and was given a deferred sentence.

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[9] Robinson, L. N., "The Content of Punishment," *Ann. Am. Acad.*, Vol. 125: 299–282.

A review of a similar number of cases of women defendants (15,219) records a comparable laxity in the operation of the courts. Of this total, 51 per cent of the cases indicted by the Grand Jury for serious crimes were eliminated by the courts and 49 per cent of the cases were given the following dispositions:

	Number	*Per Cent*
Probation	4,650	62.0
Jail sentence	2,285	30.5
Fine only	514	6.8
Other	53	0.7
Total	7,502	100.0

Official treatment of specific offenses also resembles the record of the Rhode Island Courts. Offenders most often dismissed include those indicted for assault, embezzlement and fraud, sex crimes, and burglary. Offenders most infrequently brought to trial include those indicted for forgery, gambling, prostitution, robbery, carrying deadly weapons, murder, and drug violations.[10]

In résumé, there are two conclusions from this study of the frequency of crime and punishment that merit attention. First of all, in each group of offenses, there is one type of crime which constitutes the greatest proportion of frequencies. These types in combination are responsible for an increase or decrease in crime rates. Our interest in these special crimes ought to be sufficiently keen to enable us to determine their causes and to formulate effective controls. Secondly, there is every indication in the rigid adherence to customary legal practices that punishments are assigned indiscriminately, that we are prone to treat crime and not the criminal. If these conclusions are correct, it is proper to raise two questions: (1) how effective is the present system of judicial dispositions in repressing the most frequent of modern crimes, and (2) how completely does this system attack the causes of crime? Reference

[10] Kratz, A. H., *Prosecutions and Treatment of Women Offenders and the Economic Crisis, Philadelphia, 1925–1934*, Univ. of Pennsylvania Press, Philadelphia, 1940, p. 75.

to one group of crimes, offenses against the person, will be helpful in an approach to these problems.

Disposition of violent crimes. Society is naturally very much concerned with the causes of violent crime. Although several major causes are suggested in criminological literature, "crimes of passion," as they are called, have not lent themselves to clinical study. For the most part, obvious causes, such as economic conditions, sale of firearms, psychopathic mentality, and the like, are cited, with no reference to specific causes or to the combination of associated factors in individual cases. If attention is limited to crime against the person, it is apparent that the spectacular crimes of murder and manslaughter have received much consideration, although such crimes are relatively infrequent in the total incidence of violent crimes. Principally for this reason, many of the books on criminal problems suggested in Chapter XVI are very inadequate pictures of crime. Dealing solely with spectacular crimes and even disregarding frequency within this sort of crime, their contribution is literary rather than scientific, because they stress the unusual and in most instances the unsolvable aspects of crime. They add little or nothing to our knowledge of causes or to a system of punishment that would have repressed such crimes. It is necessary to turn from the spectacular to the usual types of violent crimes against the person, if the real causes of violence are to be discovered or if society wants to establish a sound program of treatment.

The next table indicates the relative frequency of crimes against the person that succeeded or failed to effect a homicide. Legally, there is a considerable difference between them. Actually, there is little. From the standpoint of the treatment of the person as a delinquent, there is none.

Of the violent crimes listed in the table, the trend of certain crimes can be distinguished. The number of defendants indicted for murder has increased annually during the last thirty years. Manslaughter has also increased but has fluctuated more than murder and is generally less frequent. Both concern a

PUNISHMENT OF CRIMES AGAINST THE PERSON—RHODE ISLAND, 1897–1927

Disposition	Murder		Man-slaughter		Assault with Dangerous Weapon		Assault and Battery	
	Number	*Per Cent*	*Number*	*Per Cent*	*Number*	*Per Cent*	*Number*	*Per Cent*
Not guilty	29	16.3	26	24.1	49	2.6	6	2.4
Incompleted	33	18.5	43	39.8	404	21.3	56	22.3
Fine	2	1.1	—	—	182	9.6	43	17.1
Deferred sentence	3	1.7	9	8.3	488	25.7	29	11.6
Probation and reform school	—	—	—	—	137	7.2	53	21.1
Prison terms:								
Life	21	11.8	—	—	—	—	—	—
Other terms	90	50.6	30	27.8	639	33.6	64	25.5
Total	178	100.0	108	100.0	1,899	100.0	251	100.0

lesser number of defendants than those arraigned for assault with a dangerous weapon. There is a marked fluctuation in the yearly incidence of the latter offense, and apparently it is decreasing in frequency, although the disappearance of cases of assault and battery, as mentioned previously, obscures the discovery of any specific trend. Over the entire period, violent crimes against the person show a tendency to decrease more constantly than any other class of offense. Does this mean an actual decrease in the number of violent crimes, a redefinition of the law, or a tendency to condone certain kinds of violence?

In the disposition of these defendants, there is every indication of the same implastic legal treatment previously mentioned. For example, in the number of defendants who were indicted for murder or manslaughter and who were found not guilty, there is some evidence that legal and not actual guilt is in question. These proportions are emphasized when they are compared with the relatively small number of defendants who were found not guilty on indictments for the use of violence in cases which did not result in homicide; namely, in cases of assault. Again, there is a large number of incompleted cases and of defendants who are given another chance. Because crimes against the person are considered more serious than some of the other crimes, a larger proportion of the offenders

are given prison terms. But even with the threat of imprisonment or other sentences, the question that remains to be settled is: In what respect does such treatment of violence cure the lawless or prevent others from engaging in the same activities?

The menace to society in crimes of violence against the person is not so much that resulting from the occasional murder or manslaughter as that brought into play by the frequent use of violence, which is resorted to apparently for a number of unknown reasons. Because cases of assault are the most frequent types of crime against the person, and because the problems of restraining homicide (murder and manslaughter) are intimately connected with the general problems of violence, one case which typifies the origin of many cases of assault and of quasi-murder is presented from a recent newspaper report as a good instance of the difficulties involved in securing legal or any other disposition:

WOMAN ASKS NEW CHANCE FOR HUSBAND

After being slashed with a razor, Mrs. ———— wants her husband given another chance. . . .

After the assault on his wife, [the man] cut his own throat and was in a critical condition. According to the wife, her husband received a gash in the head during the World War and since that time "moonshine drives him crazy" but he is "a good and kind husband when sober, which he is most of the time."

Although she is always in fear of him when he is drunk, she wants him to have another chance. The argument between the couple which resulted in the indictment was the result of the wife's refusal to give him money and, as she started to run away, he drew a razor and assaulted her. . . .

It is for this class of people that society must provide more than legal treatment, if in the long run it is ever going to develop adequate control over the criminal. Whether or not the courts will give another chance, is the immediate problem. The whole matter requires a careful study of criminals as delinquent persons and not as legal persons. A number of factors condition and complicate any final disposition.

"Mortality" and its causes. The belief is widely accepted that the efficiency of the courts cannot be evaluated by the single criterion of convictions. Other agencies or administrative devices are held to be equally responsible for losses or mortality at this point. Moley states that the court records of mortality reflect the lack of coördination between police, magistrates, prosecutors, judges, and jurors.

The fact remains, moreover, as a tremendous handicap to law enforcement, that many processes leading to and including trial favor the defendant more than the prosecution. In Chicago during the year 1926, the courts made the following disposition of 12,543 arrests for felony: [11]

Released without punishment	85 per cent
—in the preliminary hearing	49 per cent
—in the grand jury	11 per cent
—in the trial court	20 per cent
—after guilt was established	5 per cent
Total receiving some punishment	15 per cent

The failure to secure convictions when there is practically no question of guilt may often be traced to the varied functions of the prosecutor. When the travel of a case from arrest to final disposition is reviewed, the prosecutor assumes a position of vital importance. He is sometimes described as the real police surgeon, being connected with the mortality of cases in every administrative division of the law.

The prosecution of criminal cases is almost wholly within the control of the prosecuting attorney. At the beginning of a case, by refusing to issue a warrant, he may determine whether it will be continued or stopped. By this power, he exercises considerable control over the activities of the police. Furthermore, in most states, he takes an active part in preliminary hearings and in coroners' inquests. He may take a case from the magistrate's court directly to the grand jury. Or, by his refusal to participate, the case is likely to be lost in the magis-

[11] Moley, R., *Politics and Criminal Prosecution*, G. P. Putnam's Sons, New York, 1929, p. 31. Gehlke, C. E., "Statistical Studies in Crime," p. 84 in Rice, S. A. (Ed.), *Statistics in Social Studies*, Univ. of Pennsylvania Press, Philadelphia, 1930. Baker, N. F., "The Prosecuting Attorney," *Jour. Crim. Law and Criminol.*, Vol. 26: 647–678.

trate's court. Discontinuance or mortality of cases listed under the caption "Dismissed for want of prosecution" is due directly to the activity or negligence of this officer.

In some states, he is totally responsible for the indictment of felony cases; in others, where indictment is secured by a grand jury, the prosecuting attorney not only dominates the grand jury but draws the indictment for their uncritical approval. He interviews witnesses, examines evidence, and bargains with the defense over the plea to be offered, and in the actual conduct of the case largely supersedes the judge, even to determining the charge that is to be given to the jury. In addition, he is frequently consulted by the judge in the determination of sentences and by parole authorities in granting pardons or paroles. He may also begin one stage earlier and engage in police work, such as investigating crimes, gathering evidence, and making arrests.

According to the Missouri Crime Survey, the relative importance of the prosecutor's office and other administrative agencies is shown by the final outcome of cases. In this study, 50 per cent were eliminated by the prosecutor, 12 per cent by the judge, and 38 per cent by all other agencies.

Subsidiary factors in the mortality record of the courts are the use of nolle prosequi, reduced charges, abuse of bail, and the antiquated indictment.

"Nolle prosequi" originated as a method of clearing the docket, when mistakes had been made, in order to reduce the number of cases pending. This method of disposition is a formal entry in the docket record whereby the prosecuting officer declares that he "will no further prosecute" the case. Although this procedure was originally limited to unusual cases as a check against injustice, it has been employed freely in large numbers of cases. In fact, the Cleveland Survey reported that a "blanket nolle" is sometimes authorized, by which hundreds of cases are dismissed at once.

Opposition to this practice has caused several restrictions upon its use and has resulted in the bargaining for pleas of

guilt by a reduction of charges or by promises of leniency. Under this procedure, a felony may be reduced to a lesser felony or to a misdemeanor. At times, bargaining is carried on through a promise of early parole. In New York state during 1926, 37.5 per cent of the cases were changed to lesser offenses by this method. Reducing the original charge has gone on extensively in this state to avoid the strict interpretation of the Baumes Law, which provides that the fourth conviction on a felony charge shall be given a life sentence. The reduction of charges as a method of avoiding punishment is also illustrated in the 12,543 felony prosecutions in Chicago. Although only 2,449 indicted persons were convicted, 1,855 were convicted on reduced charges and only 594 on the original charges. Of this entire group of 12,543 persons, 3.1 per cent were punished for the offense originally charged in the indictment.

Abuse of bail is another source of incompleted cases, and especially of delays in trial. There are two reasons for the abuse of the bail system. One is that bail is not immediately collectible. This makes delays possible at a small cost, usually less than $10. In the second place, after judgment has been declared in cases of forfeited bail, the amount collected is negligible. The Missouri Survey found that 9 per cent of the forfeited bonds were reduced to judgment and that only 6 per cent of the amount reduced to judgment was collected. In Cleveland, three fifths of one per cent of forfeited bail was collected.

The reasons given for this small collection are that many of the bonds are intrinsically worthless and that the machinery to enforce collection is inadequate. One professional bondsman is described by the Missouri Survey in the following terms: [12]

1. His property was mortgaged for more than its assessed value.
2. He was delinquent in local and federal taxes.
3. He had a police record of 12 minor charges.

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12 "Relation of Police and Courts to the Crime Problem," *loc. cit.*, pp. 25–29.

4. With property valued at less than $60,000, he was permitted to become surety for $670,295 in one year.

Another instance of antiquated and abused machinery is the wordy indictment, which, as Arthur Train explains, is due to the early system of paying by the word for the drafting of legal documents. An indictment serves the purpose of informing the defendant of his crime and of recording the point at issue. Indictments may be very long, and cases may be reversed if there is any deviation from its legal form. The involved nature of the indictment furnishes an excellent opportunity for contention in court and for appeals and delays because of technical errors. During a ten-year period in Missouri, twenty-eight cases were reversed because of technical errors in the indictment.

It can be fairly stated that not a single one of the errors complained of, for which any of these twenty-eight cases were reversed, substantially affected the merits of the cases or deprived the defendants of any rights which they should have enjoyed under a fair system of criminal procedure.

Such minor errors as the omission of the word "the" or the improper spelling of a man's name are grounds for delay and reversal.

To obviate this source of injustice, it is necessary to simplify the wording of the indictment making it consist simply of the charge and to refuse formal motions for appeal for reasons unconnected with the guilt or innocence of the accused. Some states have already adopted a simple form of indictment, as did England years ago.[18]

Arthur Train gives the following example of a case in which delay was secured by a faulty indictment, although the error involved no question of innocence. He was called upon to prosecute a case of bigamy in which the man had married a woman, *A*, in New York. The defendant already had a lawful wife, *B*, in Chicago. The defense argued that *B* was not his lawful wife since he was married previously to a woman

[18] *Ibid.*, p. 30.

in Iowa. Through this triangular defense, an acquittal was secured upon the precise charge of the original indictment. This decision is additional evidence for the belief that the more criminal a person is, the less likely it is that he can be convicted and punished under current legal machinery.[14]

In his volume *Forgotten Crimes*,[15] J. W. Poynter furnishes a similar illustration. William Sheen was charged with the murder of a baby alleged to be "his infant son, William Sheen, alias Beadle." According to testimony and the registry of births, his child was Charles William Beadle. Therefore, the attorney for the defense contended that there was no proof that the child mentioned in the indictment was the child who had been murdered. The jury was instructed to return a verdict of "not guilty of killing as laid in the indictment." He was charged again for the same offense, and the crime was described in thirteen different ways and named differently in each, in order to avoid this flaw in the original indictment. On this charge the prisoner contended that "he had already been tried and acquitted for the murder of the same child as the one described in the present indictment." The jury returned a verdict that the child was known by "Charles William Beadle" as well as by other names, and the prisoner was discharged.

Massachusetts has made a significant innovation, which avoids some of these breakdowns in the machinery of justice, through the provisions of the Briggs Law. This law requires a competent mental examination, prior to the trial, of individuals who are indicted for capital offenses and of others who have been convicted previously of a felony. This procedure has many advantages. It furnishes the court with important information, thus reducing delays and costs. The "battle of experts" is eliminated. It also points to socially desirable dispositions. In addition, lawyers, prosecutors, and judges are trained to appreciate the need for individualization in the operation of

[14] Train, A., *On the Trail of the Bad Men*, Scribner's Sons, New York, 1925, pp. 314–315.

[15] Macaulay, New York, 1930, pp. 77–81.

justice. In actual operation, however, the effectiveness of this law is considerably reduced by the tendency of courts to disregard the findings of the mental examination and to commit some offenders who are mentally defective to penal institutions.[16]

Prisons. There is no clearer proof, says Healy, of the nonexistence of an applied science in the study of criminality than in the figures of recidivism or in the failure of our penal agencies. This statement is especially applicable when the specific functions of prisons are analyzed. The prison serves three purposes—to confine, to reform, and to deter—which are not only contradictory but which actually prevent the permanent segregation of the habitual criminal.

Although no studies have succeeded in furnishing reliable estimates of the value of imprisonment, neither the testimony of prison officials nor that of inmates puts a high premium upon its achievements. Considering the prison as a last-resort method for the protection of society, Sutherland recommends that this form of punishment be used sparingly according to the nature of the individual criminal, and that sentence should be for life, except in special cases. His opinion is based upon the only information now available concerning the efficiency of prisons, such as rates of recidivism, or upon such conclusions as those of Glueck, who found that 80 per cent of the inmates confined in the Massachusetts Reformatory were not reformed five to fifteen years after their release.

Failure of the prison is traced to several outstanding defects, other than that of its multiple and non-specific functions. Inefficiencies in prison administration and untrained personnel constitute a primary source of ineffectiveness. Mass treatment by inflexible routine, which is necessary for purposes of economical management, succeeds only in adapting the inmates to the prison, intensifying their loss of social status and their isolation, and preventing an exercise of personal choice fundamental

[16] Overholser, W., "The Briggs Law of Massachusetts," *Jour. Crim. Law and Criminol.*, Vol. 25: 859–883.

in the gradual training of the person to live in society. Other specific defects are unemployment or idleness of prisoners and unsatisfactory living conditions, both of which interfere with the reformatory objectives of the prison, misuse of disciplinary measures, ineffective educational classes, inadequate medical supervision, and a general failure to adapt available resources of the prison to rehabilitation.

Although the trend in modern penology is toward individualization in treatment, any one of these general or specific defects in prison management defeats the realization of this goal. For some years, prison officials have declared in favor of small prisons housing no more than 500 inmates. Nevertheless, overcrowding of much larger prisons is generally prevalent. In fact, this condition is typical of most penal institutions, prisons, reformatories, and county jails. In some instances, overcrowding has exceeded normal capacity by 200 per cent and is cited to be largely responsible for prison riots and for the description of prisons as places where inmates:

1. Live in idleness at the expense of the taxpayer.
2. Learn vice, immorality, and crime.
3. Degenerate both physically and mentally.

CAPACITY AND OVERCROWDING OF PRISONS

Federal Penitentiary	*Capacity*	*Prison Population 1928*	*Amount over Capacity*	*Per Cent of Excess*
Leavenworth, Kan.	1,700	3,416	1,716	200.9
Atlanta, Ga.	1,843	3,176	1,333	172.3
McNeil Island, Wash. ..	669	873	204	130.5

Source: Butler, A. W., "Prisoners and Prisons," *Ind. Bul. Charities and Corrections*, No. 175, Oct., 1929.

Perhaps for these reasons, the fact that few persons who are arrested and convicted actually receive prison terms is ultimately favorable to the control of crime. In one state survey, conditions of unusual laxity were uncovered. A warden was found to be supplying prison labor to private enterprises outside the prison and was eventually suspended for this offense. A manager of a prison shop was convicted for the sale of prison

supplies to the public. One prison was described as the Ritz-Carlton among penitentiaries, and the following specific charges were made: (1) the real authority of the prison was maintained by a group of important convicts; (2) these individuals were assigned special cells from which they bought and sold the preferred prison jobs, controlled betting on ball games, prize-fights, and horse races and participated in the profits from manufactures and concessions of the prison; (3) they were entertained by prison authorities outside of the prison, going to theaters and sporting events in official cars; (4) they were permitted to visit houses of prostitution on the outside and to have women visitors in the prison; (5) furloughs and escapes could be purchased.[17]

Public skepticism concerning the value of current penal methods may be due in part to such revelations and in part to the belief that imprisonment confirms the inmate in his criminal career or that early release defeats the purpose of imprisonment. There is no greater inconsistency in these points of view than in the tendency of the courts to assign the penalty of imprisonment in a minority of criminal cases, even for felonies. At any rate, the practice of assigning short prison terms, in addition to early release, makes it impossible to determine the influence of the prison as a reforming or deterring agency.

Few prisoners serve their full terms; most of them are released before they have served half of their sentences. There are various methods by which release may be effected. Generally, these consist of parole, commutation of sentence, and pardon.

In theory, pardon is used only when the prisoner is found to be innocent of the crime for which he was committed. Actually, it is employed for many other reasons, such as sickness, age of the offender, family's need of prisoner's assistance;

[17] Wilson, J. G., and Pescor, M. J., *Problems in Prison Psychiatry*, Caxton Printers, Caldwell, Idaho, 1939. Chap. 12. Simpson, R. M., "Prison Stagnation since 1900," *Jour. Crim. Law and Criminol.*, Vol. 26: 870–882. "Time Served in Prison Compared with Legal Sentences," *Jour. Crim. Law and Criminol.*, Vol. 27: 661–667. McKelvey, B., "The Prison Labor Problem," *Jour. Crim. Law and Criminol.*, Vol. 25: 254–270. Robinson, L. N., *Should Prisoners Work?* Winston, Philadelphia, 1931. The survey is a news report.

and it is used sometimes as a reward for becoming a witness of the state, to relieve overcrowding, and for other reasons wholly unrelated to the reform of the individual or his capacity to re-enter society.

This abuse of the systems of pardon and parole holds for major as well as minor offenses. From 1838, when the Rhode Island State Prison was opened, to the year 1927, 236 persons were sentenced for the crimes of murder, manslaughter, or assault with intent to kill. Of this total, 76 were committed for life (murder in the first degree); 39 for long terms (murder in the second degree); 120 for manslaughter; and one for assault with intent to kill. However, the use of pardon or parole has made considerable alteration in the actual sentences of these persons. Thus, of the persons sentenced for life, 48.7 per cent were pardoned after serving an average of 13 years. In the case of second-degree murder and manslaughter, average sentences of 18.9 years and 8.3 years, respectively, were reduced by pardon and parole to an average of 4 years.

PARDON AND PAROLE IN HOMICIDE CASES—RHODE ISLAND, 1838–1927

Homicide	*Pardoned*	*Paroled*	*Total*
Murder, first degree	48.7%	—	48.7%
Murder, second degree	20.5	15.4%	35.9
Manslaughter	25.8	15.0	40.8

These records show that the maximum penalty for violent crime is another legal fiction. In their provisions for early release, prisons are failing in the elementary reason for detaining the person and are actually undoing the work of the courts. This situation is due largely to the incompatibility of the three functions of the prisons, which collectively interfere with the efficient fulfillment of any one of them.

"Parole" is a conditional release from prison after a portion of the sentence has been served. Although the general principle upon which parole is based is the assumption that the person is capable of adjusting himself to society under supervision, few states observe this limitation. New York state, for example, grants parole to all prisoners; with the exception of unusual

cases, eligibility for parole has no requirement other than the time element. Frequently, parole is introduced because it is cheaper than imprisonment.

Considerable attention has been given in recent literature to an analysis of the success and the failure of persons on parole. Although it is impossible to name any combination of factors which guarantees that an individual will be ready for parole, case studies have shown that several conditions have some predictive value in determining success or failure. From a study of 3,000 men paroled from three Illinois institutions, Burgess concluded that first or occasional offenders are good parole risks and that the habitual or professional criminal is rarely successful under parole. In this study of 263 consecutive paroles, Borden found 28 factors that were useful correlates of parole success. Factors correlating with failure on parole, in addition to prior criminal record, are abnormal mental conditions, irregular work records, unsatisfactory prison records, and parole under family or neighborhood conditions similar to those under which the original criminal activity occurred.[18]

Conditions that are favorable to good social adjustment in the community also supply the guides to a rehabilitation program for prisons. According to the studies mentioned in footnote 18 and the several studies of the Gluecks, the more important among these socializing factors are: (1) the educational status of the individual's parents; (2) intelligence of the offender; (3) the stability of the family (absence of conflict or broken family relations); (4) industrial skill and occupational record of the offender; (5) grade achieved in school; (6) economic status of

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[18] Burgess, E. W., "Factors Determining Success or Failure on Parole," *Jour. of Crim. Law and Criminol.*, Vol. 19 (No. 1), Part 2, Chaps. 26–29; Borden, H. G., "Factors for Predicting Parole Success," *Jour. of Crim. Law and Criminol.*, Vol. 19 (No. 3), pp. 328–336; Witmer, H. L., "The History, Theory, and Results of Parole," *Jour. of Crim. Law and Criminol.*, Vol. 18 (No. 1), pp. 24–64. Davis, Jerome, "Towards a Rehabilitation Quotient for Penal Offenders," *Social Forces*, Vol. 14: 530–537. Laune, F. F., "The Application of Attitude Tests in Parole Prediction," *Am. Sociol. Rev.*, Vol. 1: 781–796. Sampson, L. W., "After Careers of 424 Paroled Wisconsin Criminals," *Jour. of Crim. Law and Criminol.*, Vol. 25: 607–620.

the offender's family (parental); (7) absence of a record of childhood delinquency or school misconduct; and (8) little or no mobility.[19]

Summary. In an as yet unknown number of cases, current methods of punishment or control may result in rehabilitation. This result may be achieved because of the prisoner's improved health, education, vocational skill, or mental outlook. For the great majority of prisoners, less hopeful results are all too evident.

Crime prevention, therefore, rather than repression or punishment should be the objective of penal agencies that are being guided by the new penology. Likewise, numerous social institutions other than those directly concerned with law enforcement become important supplements in a preventive program. As most criminologists point out, crime cannot be abolished entirely because new forms of illegal acts will develop from changing enconomic and social conditions.

Although it is impossible to state precisely what new conditions will supplant the causes of contemporary lawbreaking, they will probably arise from increasing population, urbanization, and the changing social standards that accompany a new and different culture. Emphasis upon research and sound social planning can anticipate many of the newer crimes and to a considerable extent modify their causes. From this approach problems of crime, both in their origin and treatment, do not differ from any other problem in social control.

For the time being, the first steps in crime prevention should be directed toward a revision of criminal law and its administrative agencies.

One of the most noticeable obstructions to legal reform is the excessive fecundity of our lawmaking organizations. Laws are passed with little or no attention to their effectiveness, many being unenforceable. As a result, the average person

[19] Glueck, S. and E., *Criminal Careers in Retrospect*, The Commonwealth Fund, New York, 1943, pp. 268–275. Hakeen, M., "Glueck Method of Parole Prediction Applied to 1,861 Cases of Burglary," *Jour. Crim. Law and Criminol.*, Vol. 36: 87–97.

is unable to know all the laws or even those which the police choose to enforce.

During a recent five-year period there were passed over 62,000 laws, State and Federal, to interpret which required 65,000 decisions of courts of last resort, filling 630 volumes; our legislative harvest is upward of 15,000 statutes per annum.[20]

A few examples of this type of legislation, cited by the same writer, include:

1. A law forbidding more than one person bathing in or occupying a bathtub at the same time.
2. The circumference of a circle shall be three times its diameter.
3. Major surgery . . . shall be defined to mean the performance of those surgical operations attended by mortality from the use of the knife or other surgical implements.
4. All shooting, hunting, playing, horse-racing, gaming, or other sports, exercises, or shows, upon the first day of the week and all noises disturbing the peace of the day are prohibited.

A second deficiency in the administration of the criminal law is the ineffectiveness of punishment because of its infrequent application. In addition to the probability of escaping detection and arrest, the criminal, when arrested, has five possible ways of avoiding conviction and, when under trial, has access to nine ways of avoiding the full legal penalty for his crime. After arrest, he may not be held by the police. If held for preliminary hearing, his case may be discharged, dismissed for want of prosecution, or not billed, or he may be permitted to plead guilty to a misdemeanor. If he is placed on trial, the trial may result in failure to convict. If he is convicted, his sentence may be suspended; he may be released on bail which can be forfeited; an appeal may set aside the verdict; he may be released by a second trial; a sentence less than the maximum established by law may be secured, or he may be placed on probation. If he is sentenced to prison, he may be pardoned or paroled. This lack of coördination led

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[20] Train, Arthur, *op. cit.*, pp. 153, 160–169.

to the following characterization of administrative needs: [21]

> Instead of this loosely built rail fence through which criminals can break seemingly at will, what is needed, to use the language of the farmer, is "a fence, horse high, bull strong, and hog tight."

The following are significant trends in the recent modification of criminal law:

1. Paring down the indictment so that it describes only the offense, with no elaboration of details.
2. Substitution of information for the indictment. This procedure eliminates the grand jury.
3. Gradual abandonment of trial by jury, especially in cases of misdemeanors. This change is being introduced more through the pressure of business than a changing belief in the justice of trial by experts.
4. Trial by jury is being speeded by entrusting the selection of jurors to trial justices. Provision is also made for alternate jurors to prevent mistrials by illness or death of the regular jurors.
5. Admission of expert testimony.
6. Rise of the public defender.

Significant developments in the changing attitude toward punishment include:

1. Increasing recognition that crime prevention depends upon individualization of treatment.
2. Introduction of preventive agencies in the community, such as behavior clinics, visiting teachers, juvenile courts, and various facilities under schools, recreational, and social work organizations.
3. Efforts to forestall crime by eliminating the deteriorating influences of disorganized communities. Discovery of predelinquents. More adequate facilities for the treatment of problem children.
4. Combining the prison policy of restraint with educational

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[21] "Relation of the Police and the Courts to the Crime Problem," *loc. cit.*, p. 10.

and training programs whereby the prisoner may be rehabilitated during his prison term.

5. The movement to put legislation upon a scientific basis whereby the findings of the social sciences, medicine, and psychiatry may be incorporated in the law.

6. Introduction of case work in each stage of the offender's custody.

7. Extension of supervised parole and probation.

8. More adequate criminological researches and resources of research, such as the Chicago Area Project.

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Questions

1. What are the specific functions of each administrative agency engaged in the enforcement of the law?

2. (a) Trace the ordinary procedure of a case from arrest to final disposition. (b) What is the mortality (or loss of cases) in each of these divisions? (Consult Moley, see footnote 11 above, Chap. 2.) (c) What are the technicalities which permit these losses?

3. Why are the police unable to arrest and to obtain legal evidence against a greater proportion of criminals?

4. How are the police recruited and trained? What police methods did Vollmer introduce in Los Angeles? (Consult Haynes, pp. 93–94.)

5. What punishments or substitutes for punishment are under the control of the courts?

6. What does the disposition "Not guilty" mean in its various uses?

7. Under what conditions is a deferred sentence justifiable? Do you agree that it might be given in some cases of violence without incurring the risk of a second crime?

8. What are the principal causes of incompleted trials? How do legal concepts of justice contribute to this mortality of cases?

9. How may technicalities arising from the indictment be eliminated? (Consult Sutherland, pp. 250–259.)

10. Under what conditions is probation used rather than a prison sentence? Trace the rise of probation. In what ways is probation analogous to social work?

11. Upon what various theories has punishment been based? Is there any historical evidence that brutal punishment has been an effective deterrent agency?

12. Why have theories relative to individual responsibility been decisive factors in theories of punishment? What is the current psychological status of individual responsibility?

13. Have systems of self-government in prisons been successful? (Consult Sutherland, pp. 421–425.)

14. When sterilization is employed in the repression of crime, do its advocates assume that criminal tendencies are hereditary? In what states is sterilization practiced?

15. In what administrative agencies connected with the police courts and the prisons can the methods of social case work be employed?

16. What individual and social characteristics are highly associated with successful parole? (Consult Borden, *loc. cit.*, in footnote 18, pp. 328–336.)

17. How successful are current systems of prison labor?

18. Does the indeterminate sentence decrease penalties?

19. What provisions does society now lack for the social adjustment of ex-prisoners?

20. In the light of scientific criminology, how would you formulate a preventive program?

Chapter XVIII

JUVENILE DELINQUENCY

CHILDREN as well as adults can be bad citizens. This conclusion is of outstanding importance when the ordinary difficulties of the behavior-problem child are traced to their possible outcomes in the personality defects and demoralization of adolescence and the early adult years. Statisticians say that 2 per cent of all children have unusually severe behavior problems, that 80 per cent of this group become delinquent, and that 80 per cent of juvenile delinquents become criminals.[1]

The record of social disorders during the early years of childhood becomes an important clue when attention is given to the enormous proportion of criminals who are in the age-group 16–21. This fact alone is sufficient to convince almost everyone that there is something exceptionally wrong in a population or a society that can produce so many maladjusted youth.

Causes are not hard to find. Practically without exception the adolescent boy or girl who breaks the law and is taken into the custody of the courts has had the same childhood background—an early life in a broken home or in a family where social relationships have been inadequate, in neighborhoods of cultural conflict and poverty where delinquency is more nearly the tradition, where recreation is insufficient, and where this combination of factors leads to a training in unacceptable forms of behavior.

There is little that is normal or spectacular about the person who is delinquent or the nature of his delinquency. As a

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[1] Barnes, H. E., *Society in Transition.* New York: Prentice-Hall, Inc., 1939, p. 715.

rule, the reported increase of vicious and degraded types is as unfounded as the enormous waves of delinquent acts.

Newspaper reports are rarely typical of the ordinary conduct of the juvenile population. That is, third-grade children rarely assault each other with knives, nor do thirteen-year-old children often commit murder or operate houses of prostitution. These are the unusual acts that serve to stress the problems of delinquency as a whole but they are more illustrative of mental deficiency or bad adult example than they are of behavior problem children.[2]

Similarly, reported increases of 10 to 100 per cent in delinquency must be deflated. These increases always occur where statistics are kept but become more understandable where urban populations are dislocated by unusual social conditions, families are mobile and broken, children enter occupations prematurely, and demoralizing contacts and attractions outnumber the usual amusements and play-activities of children.

The juvenile revolution. The tardy discovery that delinquency is simply the forerunner of adult criminality has led to two questionable opinions. One holds that the key to the solution of all criminality is to be found in the solution of the delinquency of children. The other contends that delinquency is not criminal at all but simply one manifestation of the youth movement—a revolt against the bigotry and intolerance of an adult generation.

Neither approach to delinquency is of much value. In fact, the only concrete effect resulting from these extreme views has been to heap uncritical blame or unmerited praise upon youth.

Baby robbers, boy murderers, beggars, and truants personify the demoralizing aspects of the juvenile revolution. Thus, delinquents represent a cross section of adult crime, and delin-

[2] For a survey of conduct disorders (usually called delinquent) which are fairly common among adolescents and adults who are not called delinquent, see the comparison by Porterfield, A. L., "Delinquency and its Outcomes in Court and College," *Am. Jour. Sociol.*, Vol. 49: 199–208. Compare the cases in Thurston, H. W., *Concerning Juvenile Delinquency*, Columbia Univ. Press, New York, 1942. Chap. 2. Harrison, L. V., and Grant, P. M., *Youth in Toils*, Macmillan, New York, 1938.

quency becomes the frontier of crime. The interpretation of all crime as an outcome of conditions resembling youthful resistance to any form of regulation is important only when it is qualified by the statement that children are more often the victims than the active agents in revolt. Lillian Brand, a teacher in one of our state schools for the delinquent, writes as follows: [3]

> These are my problems: Frank, the feeble-minded; Dave, the idiot (I believe); Fred, the baby robber; John, the lazy; Conception, the truant; José, the thrill seeker; and poor tempestuous Don. . . . These and other delinquents I have by the wholesale. Like most others of their kind, they are nervously unstable. They get excited, they laugh, they weep, they love, they hate—all over nothing. One day they hate that which they loved the day before, and vice versa. This emotional instability seems characteristic of delinquency.

The publicity given to the activities of youthful lawbreakers is significant because it does call attention to the major problems of children. But this interest is not a matter of recent origin. For more than a century, society as a whole has been in revolt against the application of adult standards to children. One achievement, through a combination of humanitarianism and social science, is the recognition of degrees of delinquency. Another is the recognition of different types of delinquents and consequently of limited responsibility in regard to delinquencies. Prior to this movement, adult and juvenile offenders were subjected to the same legal codes and penalties. With the gradual distinction of social as well as individual differences, the terms "delinquents" and "delinquency" were used to define modifications of legal and social responsibility. This reformation of thought, as a matter of fact, has succeeded in emphasizing the social origins of crime more than any preceding philosophy of individual rights or obligations.

Similarities in crime and delinquency. Delinquency is separated from adult crime by an imaginary division, based

[3] "Delinquency by Wholesale," *Atlantic Monthly*, Vol. 146: 353. Compare with MacKaye, M., "Youthful Killers," *Outlook*, Vol. 151: 3–6.

upon the assumption that age is a correlate of increasing responsibility. This may be a debatable issue, as are most references to responsibility, but it is not an important one. Juvenile delinquency involves more than one aspect of the general crime problem. Crime is apt to be a chronic disease which is self-limited, like delinquency, by age. Delinquency represents this disease at its onset and in its curable stage. This analogy needs no defense, if we recall for a moment the heavy toll of recidivism. Possibly the ultimate solution of crime, as of most physical diseases, will be located in its early diagnosis among children. There is an equal possibility that cures may be effected at this period by methods which would be of slight value when the criminal person had matured.

In addition to early onset, crime and delinquency have many other features in common. The matter of age is significant, because it stresses the correlation between youth and the violation of legal and other codes. Rates of recidivism are high in both groups. Crime and delinquency are fairly similar in their distribution between economic or social classes. Consequently, their administrative problems regarding repression and prevention are identical. Other comparable traits are their evident and serious economic and social wastes, the complete failure of detention institutions in the treatment of their subjects, and the current inability to distinguish absolute types of potential criminals among either juveniles or adults. Because of the last point of similarity, criminologists are prone to make crime essentially a product of social conditions, and hence preventable. The possibility of prevention is further indicated by the fact that there is a fairly definite sequence between juvenile delinquency and adult criminality. If a person is able to complete his apprenticeship to adulthood without developing criminal habits, he is almost certain not to begin thereafter.

This summary of comparable traits between crime and delinquency indicates their difference as one of degree only. It contributes also to our understanding of the crime wave. The

basis of the crime wave is actually a matter of age. Its upward movement begins in youth; increases through the adolescent years, reaching its peak during the first two or three years of maturity; and declines gradually from this period until 40, after which its decline is rapid.

Juvenile delinquency is viewed solemnly, not because of any special difficulty inherent in its diagnosis or treatment, but because it reflects other forms of social disorganization which are its causes. Delinquency includes more than the direct violation of rules approved by society. Lying, stealing, truancy, running away from home, precocious sex habits, and a host of minor offensive behavior traits are forms of delinquency, or their immediate symptoms. But, underlying these conditions is the breakdown in familial, educational, economic, and other social processes that starts the delinquent on his career of lawbreaking. No interpretation of delinquency can separate it from these causes. Moreover, when we realize that fully three fourths of the children in our schools do not complete their elementary or secondary education without manifesting some of these characteristics of delinquency, the problems which are usually called those of delinquents become really the problems of children in general.

This approach to delinquency agrees with the current legal point of view and connects it with the general problem of child welfare. The delinquent child, therefore, is primarily a social problem and only secondarily a legal charge.

Juvenile delinquency defined. Recent definitions, both legal and social, are united in making "delinquency" the equivalent of "problem children." This elastic interpretation covers those children who actually violate laws and are subject to arrest or court supervision and others whose behavior is not illegal but delinquent. From this point of view, delinquency is a definition of social rather than legal status. Indeed, if the same elastic definition were given to crime, few adults would escape being classified as criminals.

Most state laws accept this interpretation of delinquency, be-

cause it grants to the state the power to direct those children whose contacts or behavior may lead to serious offenses. Although the application of this law is limited by the economic or family status of problem children, it is a significant first step toward the prevention of delinquency. The result is obvious when the current law is compared with a law that must wait until a delinquent act is committed before a child is considered a ward of the state. Specific offenses are not significant in the legal or social description of the delinquent as a person. He may have violated some law in being a truant or a thief; he may have formed associations which are considered undesirable; or he may be "incorrigible." However, the modern concept of juvenile delinquency is synonymous with "behavior-problem children." Such children are differentiated from others of their age and cultural group by undesirable habits, personality traits, or behavior in the home, the school, or the community which may handicap their social usefulness and make a normal degree of adjustment impossible.

In this generic use of the term, "delinquency" is defined by an enumeration of the "rights of children" and by a statement of children's problems. Both show that the "good-bad" attitude which is usually associated with delinquency has been eliminated. In fact, an enumeration of the problems interfering with child welfare serves to prove the failure of society to secure for the child his rights. Children's rights represent standards in child welfare. Frequently, as in the case of the urban child, they are simply substitutes for those advantages which are natural to a small-population group. According to the Children's Charter, these rights include: (1) a normal home, meaning a safe, sanitary dwelling place, adequate standard of living, and wholesome parental relationships; (2) preventive and protective care of health; (3) an education that is graded according to individual abilities; (4) vocational guidance and training; (5) training of children and parents for successful parenthood, home making, and citizenship; (6) economic security; (7) intelligent treatment when problems occur; and

(8) a community which recognizes and ensures these essential protections.[4]

Deviations from these standards are recognized as significant problems. They are intimately associated with delinquency in that they are important factors in the situations which produce delinquents. Accordingly, the broken home, the overpopulated home (too large a family in comparison with its income), infant mortality, parental neglect, the employment of mothers outside of the home, economic dependency, physical and mental defects, illegitimacy, detrimental leisure-time activities, and child labor are either causes of delinquency or in some way associated with it. Delinquency has been studied more than other problems of children primarily because of its connection with adult crime, but the repeated occurrence of these other conditions within the life of the delinquent has directed increasing attention to them. This clustering of problems indicates that child-welfare work in general is a preventive of delinquency, whether it be administered against it directly through behavior clinics and probation or indirectly through the organization of community resources, such as child guidance, family welfare, child health, or play and recreation movements.

The evolution of this contemporary attitude toward juvenile delinquency may be summarized under the following trends:

1. One of the most important among the increasing number of children's rights—the right to be treated differently from adults under criminal law. The recognition of limited responsibility has been extended to cover both the offenses for which a child may be held responsible and the treatment or penalty to be administered.

2. The rise of special institutions and courts for the treatment of delinquents.

3. The distinction between delinquency and crime is due in part to the fact that delinquency is considered less danger-

[4] "The Children's Charter," *White House Conference on Child Health and Protection,* pp. 46–48 (adapted). D. Appleton-Century, New York, 1930.

ous to group welfare than crime and in part to society's recognition of its own responsibility for many conditions leading to the delinquency of the child.

4. In the early and informal application of state supervision, a wider variety of problems and children are reached than would be provided for under the criminal law.

5. Legislation extending the definition of delinquency is an illustration of the gradual increase of state rights to protect the child, changing the legal status of the child and diminishing the former absolute control of parents.

Juvenile delinquency is defined specifically in two ways: one refers to types of behavior; the other includes a variable age group.

In the first phase of this definition, delinquency includes conduct and associations as well as violations against the law. By these additional provisions, the state exercises a control over many protective agencies, both remedial and preventive. A summary of various state codes shows that the following conditions are regarded as delinquency: violation of law; incorrigibility; association with thieves or other antisocial persons; vagrancy and idleness; trespassing; immoral conduct or the habitual frequenting of places known to encourage such conduct; running away from home; habitual truancy; begging; addiction to drugs and alcohol; or any act liable to endanger self or others. Contrasted with crime, delinquency need be no more specific than association with persons or conditions known to contribute to delinquency.[5]

The second qualification, age, is equally elastic. Age limits usually range from the years 8 to 16. Under the lower limit, a child is generally considered incapable of delinquency. At 16 or above, the excuse of irresponsibility because of youth rarely holds. This range is supposed to be the developmental period during which the person is learning to adjust himself to society. Exceptions do occur, but only in the case of unusual

[5] Callcott, M. S., *Principles of Social Legislation.* Macmillan, New York, 1932, p. 262.

crimes or because of extenuating personal characteristics of the offender.

Age and conduct, therefore, become even more specific descriptive factors when they are connected with other conditions such as mentality, home conditions, or economic status.

An effort to define the general characteristics of delinquency is useful only when our contemporary attitude toward them is sharply differentiated from the popular concept of badness in children. Caution must be exercised in our interpretation of increasing or decreasing delinquency. Another equally important precaution is our limitation of this concept. Too frequently we are apt to find the good child a rarity and, when he does occur, to regard him as a suspicious case.

There is no evidence that the treatment of juvenile delinquency is changing, except in our attitude toward the responsibility of the group for child welfare. There is evidence that juvenile delinquency is increasing only because social and economic conditions productive of delinquency are increasing, especially with urbanization and its accompaniments.

In former generations, bad boys, by their own confessions, were no less frequent or no less of a nuisance than they are today. But their badness differed both in its geographical distribution and in its opportunities to attract public attention. From the point of view of our reformed delinquents of another generation, we find that their badness became a matter of literary significance and an economic asset. Huck Finn, Peck's Bad Boy, Judge Shute's confessions, and the early record of Thomas Bailey Aldrich are simply illustrations of delinquency under an informal social organization. Now, with the institutionalization of this informality under the juvenile court, badness is delinquency, and research organizations forestall the authorship of a coming generation by their collections of anonymous life histories.

Identifying traits of delinquency. Although it is impossible to furnish a description of the delinquent child as a type, the repeated occurrence of delinquency under similar conditions

does supply a close approximation to a delinquent type. These conditions must not be interpreted as causal, but simply as elements in the delinquency process. A composite picture of the behavior-problem boy presents a summary of the following predelinquent and delinquent traits:

1. The behavior-problem boy is a frequent offender, truancy being his most usual offense.

2. He is retarded educationally and has little or no interest in ordinary classroom activities.

3. He is generally defiant of all authority, and prone to temperamental excesses.

4. Nearly one half of all problem boys have court records. Likewise in many of the families of delinquents one or both parents had criminal records. Some studies put the total percentage of family delinquency as high as 85 per cent of all members.

5. He is a physically healthy type, tending to be slightly overdeveloped in comparison with the general school population.

6. He is mentally inferior; the median intelligence quotient of the problem boy is 75. In some families nearly one third of the parents, brothers and sisters are found to be mentally defective.

7. His home life is often abnormal, either broken or overcrowded. The home is generally below the average of the neighborhood. One study found that only one third of the homes could be described as wholesome. On the contrary, one third were homes broken by death or the absence of one parent, and nearly all the others were described as abnormal or injurious from the standpoint of parental control. Parents as a rule had little or no formal education and in nearly one third of the families one or both parents were illiterate.

8. He is frequently the oldest boy in the family. Although little is known about position in the family and delinquency, studies of only children give some evidence that this social characteristic may be significant as a deterring factor.

9. The father's occupation is usually unskilled or semi-skilled. In the 1945 re-survey by the Gluecks, 68 per cent of the families were in the lowest self-supporting economic circumstances and nearly 10 per cent were entirely dependent on poor-relief.

10. The mother is often employed outside of the home.

11. The family is mobile.

12. The problem boy is not inclined to work during his leisure time, even though the family is dependent.

13. He is generally addicted to the use of tobacco.

14. He is unprepared for life vocationally, either by public or by disciplinary schools.

Of course, not all delinquent groups duplicate this list of traits. In general, behavior-problem children are in a predelinquent stage which is closely connected with truancy; and truancy is regarded by most psychiatrists as the kindergarten of crime. Healy is of the opinion that society will not be able to control delinquency and crime until it is able to control truancy. In his own studies, he found that 32 to 43 per cent of his different delinquent groups began their delinquency as truants. This sequence is corroborated in follow-up studies of delinquency.

A study of 251 boys who had been in the New York Truant School disclosed that six years after release, at the average age of 21 years, only 50 per cent had been without subsequent court records. Of the 251, 30 per cent had acquired adult court records, 16 per cent having appeared as minor offenders in the Magistrates' Courts and 14 per cent as major offenders in the Criminal Courts.[6]

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[6] *Crime and the Community.* Crime Commission of New York, Albany, 1930, pp. 20–45. The above summary is adapted from: Alper, B. S., and Logan, G. E., "Delinquent Child in Pennsylvania Courts," *Mental Hygiene,* Vol. 20: 598–604. Bingham, A. T., "Delinquency in Adolescent Girls," *Jour. Crim. Law and Criminol.,* Vol. 13: 494–586. Banham-Bridges, K. M., "Factors Contributing to Juvenile Delinquency," *Jour. Crim. Law and Criminol.,* Vol. 17: 531–580. Bodin, N., "Do Problem Children Become Delinquents and Criminals?" *Jour. Crim. Law and Criminol.,* Vol. 37: 545–559. Glueck, E. T., "Culture Conflict and Delinquency," *Mental Hygiene,* Vol. 21: 46–66. Owens, A. A., *The Behavior-Problem Boy,* Pub. by author, Philadelphia, 1929, pp. 125–129. Sletto, R. G., "Sibling Position and Juvenile Delinquency," *Am. Jour. Sociol.,* Vol. 39:

Although the statement is often made that more than one half of all delinquent boys are the product of economic, social, mental, and moral conditions, these factors are not satisfactory identifying traits in a causal analysis. For example, they do not explain why certain families foster criminality, while others living under the same conditions do not. Before such general conditions may be employed to diagnose the origins of delinquency, they must be combined with a thorough examination of the personal characteristics of the delinquents.

Apparently delinquency is most clearly defined when it is considered as a process of segregation. Each offense by the delinquent separates him from normal group contacts and places him in associations favorable to asocial conduct. No one trait is sufficiently comprehensive to account for the process by which delinquents become a separate social class. But there are combinations of traits which are useful in the diagnosis of the process and in predicting the outcome of treatment of such a person. Delinquent boys as a class have been described as follows: [7]

> They are unpopular, unstable emotionally, tending toward cowardice or bullying; they indulge in a great variety of other delinquencies in addition to thefts; they have practically no ambition; they tend to associate with other inferior individuals and gangs; they are fond of thrilling forms of play; they get along poorly with their teachers, and they are in conflict with their home settings.

The following delinquent and predelinquent traits in a study of 246 boys supplement this description. Characteristic behavior traits of problem children include: [8]

> Cruelty to other boys, cruelty to animals, threats to kill or hurt, bullying, immorality with other boys, masturbation, filthy language, quarrelsomeness, defiance, disobedience, resentment toward

657–669. Sullenger, T. E., *Social Determinants in Juvenile Delinquency*, John Wiley and Sons, New York, 1936. Weeks, H. A., "Male and Female Broken Home Rates by Type of Delinquency," *Am. Sociol. Rev.*, Vol. 5: 601–609.

[7] *Crime and the Community*, p. 95.

[8] Tyson, D. K., "A Study of Certain Behavior Traits of Young Delinquent Boys," *Jour. of Juv. Res.*, Vol. 14: 281.

discipline, stealing, lying, cheating, conceitedness, selfishness, laziness, seclusiveness, poor sportsmanship, self-pity, gloominess, tendency to cry, feelings of inferiority, day dreams, instability of mood, destructiveness, swearing, temper tantrums, inattentiveness, flightiness or distractibility, suggestibility, delusions, and hallucinations.

The ten outstanding traits are laziness, disobedience, resentment toward discipline, inattentiveness, quarrelsomeness, lying, swearing, filthy language, instability of mood, and bullying (listed in the order of their frequency).

Causes of delinquency. In recent studies, the causes of delinquency are located in combinations of personal and social characteristics. The determining cause is a group of factors, and delinquency is a result of training. In spite of the fairly general acceptance of this conclusion, there are also many particularistic (one-sided) explanations. Mental condition, especially feeble-mindedness, poverty, bad companions, nativity, and other unit factors are considered (to the point of being ridiculous) independent causes by some investigations. In contrast with these so-called "clear-cut" explanations, the emphasis of psychology and sociology upon a delinquency pattern is regarded as wholly theoretical. The following judicial explanation of crime and delinquency is an illustration of this conflict in logic as well as in methods of investigation: [9]

> The presiding judge of the First Criminal Court, in sentencing a number of youths ranging in age from 16 to 20, asserted that in his experience gasoline and liquor were to blame for the excessive degree of crime among the city's youthful offenders. The remarks of the jurist from the bench are significant and worthy of note: "Most crime nowadays is committed by boys from 15 to 25 years old. Fifteen years ago criminals brought before the bar were from 35 to 65. The youths see bootleggers and moonshiners in big autos and fine clothes. Envious, they get guns and become hold-up men."

Clinical studies of the delinquent do not support these obvious explanations. From a variety of analyses of the delinquent in court, in clinics, and in detention institutions, de-

[9] Bruce, A. A., and Fitzgerald, T. S., "A Study of Crime in the City of Memphis," *Jour. Crim. Law and Criminol.*, Vol. 19, No. 2, p. 76.

linquency appears to be a product of habit formation; and particular habits productive of delinquency are considerably more numerous and less spectacular than the literary characterizations of the idealized criminal.

In his study of *The Young Delinquent,* Burt mentions 170 distinct factors in the delinquency process. At least 70 of these are major causes, even though in most cases a few in combination seem to be the principal factors. Comparing delinquent with non-delinquent boys, one finds that the former differ from the latter most strikingly in presenting a greater number of predisposing conditions; the average ratio is 9 or 10 factors among delinquents to 3 among non-delinquents. Delinquency, in other words, is not the consequence of exposure to predisposing conditions, which do not affect non-delinquents, but it is the surrender to a great number of these conditions. This fact is shown clearly in the percentage distribution of Burt's major causes among both groups. The per cents also indicate the relative importance of these conditions between delinquent and non-delinquent boys.

Listed in the order of their importance, Burt enumerates the

BURT'S SUMMARY OF THE MAJOR CAUSES OF DELINQUENCY [10]

	Per Cent Distribution	
	Delinquents	*Non-Delinquents*
Hereditary Conditions:		
Physical	53.1	31.8
Intellectual	35.6	8.2
Temperamental	42.2	19.7
Environmental Conditions:		
Poverty	85.5	53.9
Defective family relations	131.3	35.2
Physical conditions	145.1	84.5
Psychological conditions	380.4	111.3

following specific causes of delinquency: (1) defective discipline; (2) general emotional instability; (3) family history of

[10] D. Appleton-Century, New York, 1925, pp. 578; 62–63. Per cents over 100 represent summations, indicating the number of times that groups of factors occur in the two classes. The table is only a partial reproduction of Burt's findings, showing differences between delinquents and non-delinquents.

vice and crime; (4) intellectual dullness; (5) detrimental interests; (6) developmental conditions; (7) defective family relationships; (8) bad companions; (9) family history of insanity; (10) poverty and its concomitants; (11) physical infirmity of the child.

Similar results have been found through comparisons of delinquent and unselected groups in this country. The most thorough studies of children are being made by behavior clinics, child-guidance bureaus, and institutions with case-work facilities for the maintenance of continuous records. In addition to gross environmental factors, these studies indicate that early association with bad companions, sex, mental retardation, personality defects, school unadjustments, and poor types of recreation are primary causes in the delinquency pattern. These causes, direct or probable, are summarized extensively in the clinical reports of the Judge Baker Foundation. In the table below, the percentage incidence of each of these causes in one group of 4,000 cases shows how the causes merge in the making of delinquency.

DIRECT AND PROBABLE CAUSES OF DELINQUENCY

Causes	Per Cent Distribution Series	
Directly Causative	*I*	*II*
Mental conflict	5.7	6.2
Adolescent instability	18.4	15.5
Extreme social suggestibility	7.6	3.8
Early sex experiences	10.4	11.8
Bad companions	64.0	67.0
Motion pictures	1.7	.9
Love of adventure	2.1	3.9
Other Probable Causes		
School dissatisfaction	9.8	8.6
Vocational dissatisfaction	1.9	3.8
Sudden impulse	—	7.2
Obsessions	0.8	6.8
Street life	11.6	11.5
Poor types of recreation	21.4	20.4
Formation of habit of delinquency	3.5	8.6
Premature puberty	2.9	3.3
Physical conditions	3.7	7.5

Source: Healy, W., and Bronner, A. F., *Delinquents and Criminals*, Macmillan, New York, 1926, p. 281. By permission of The Macmillan Company, publishers.

Causal analyses of delinquency are valuable because they illustrate different approaches to the solution of the problem of delinquency. In recent years, several books on child guidance and children's problems have been published which indicate differences in point of view and in suggested treatment. In spite of these differences, there is practical agreement in their causal explanations as well as in their methods of investigation. Ordinarily, two methods are employed in clinical studies of the delinquency process. One, the life-story method, is a description of the individual offender from his own point of view. The other is the social case-history method.[11]

Types and prevalence of delinquency. The characteristic forms of juvenile delinquency are relatively few in number. There are, however, significant variations between sex and age groups. Stealing is the most frequent offense; it includes larceny, burglary, and automobile thefts. Other offenses against property are not numerous. Offenses against social regulations are also frequent, including unspecified delinquency and incorrigibility. Offenses against the person are few, even when sex offenses are added to this group.

Differences between the offenses of boys and those of girls consist primarily in the excessive incidence of sex offenses among girls. The chief offenses of boys are larceny, incorrigibility, and burglary; those of girls are incorrigibility, immorality, and running away.

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[11] Life histories: Shaw, C. R., *Delinquency Areas,* Univ. of Chicago Press, Chicago, 1929. ———, *The Jack-Roller,* Univ. of Chicago Press, Chicago, 1930. ———, *The Natural History of a Delinquent Career,* Univ. of Chicago Press, Chicago, 1938. Chaps. 1–3. Thomas, W. I., and D. S., *The Child in America,* Knopf, New York, 1928. Thrasher, F. M., *The Gang,* Univ. of Chicago Press, Chicago, 1936.

Case histories: Brill, J. G., and Payne, E. G., *The Adolescent Court and Crime Prevention,* Pitman, New York, 1938. Glueck, S. and E., *Criminal Careers in Retrospect,* The Commonwealth Fund, New York, 1943. Chap. 2. Hartwell, S. H., *Fifty-five "Bad" Boys,* Knopf, New York, 1931. Healy, W., and Bronner, A. F., *Delinquents and Criminals,* Macmillan, New York, 1926. Joint Committee on Methods of Preventing Delinquency, *Three Problem Children,* New York, 1927. Shaw, C. R., and others, *Brothers in Crime,* Univ. of Chicago Press, Chicago, 1938. Chaps. 1 and 2. Thurston, H. W., *Concerning Juvenile Delinquency,* Columbia Univ. Press, New York, 1942. Chap. 7. Young, P. V., *Social Treatment in Probation and Delinquency,* McGraw-Hill, New York, 1937. Chaps. 1 and 2.

TYPES OF JUVENILE DELINQUENCY, LISTED IN ORDER OF FREQUENCY

	Percentage Frequency		*Percentage Frequency*
Delinquency, unspecified	74.5	Other sex offenses than rape	5.5
Larceny		Disorderly conduct and vagrancy	
Incorrigibility		In danger of leading immoral life	
Burglary		Rape	
		Forgery	
Auto theft	15.3	Violation of liquor laws	4.7
Immorality		Homicide	
Truancy		Drunkenness	
Running away		Carrying deadly weapon	
Robbery		Violation of traffic laws	
Violation of parole or probation		All other offenses	
Assault			

Source: Classification in reports of the U. S. Children's Bureau.

Age is a significant factor in this sex distribution, indicating the operation of different causes of delinquency. Offenses committed by girls under 12 years of age correspond more with the offenses of boys than do those of older girls. Acts of carelessness or mischief (unspecified delinquency) decrease from the lower to the higher age groups, whereas sex offenses and violations of liquor or drug laws increase in both sex groups. Boys are classified in the incorrigible category at earlier ages than girls; few of the latter become delinquent under the age of 10. Truancy in both sexes occurs most often between the ages of 14 and 16. Stealing continues to be the most frequent offense of boys in all age groups, but the forms of stealing vary with increasing age.

Another significant discovery is the fact that most arraignments for stealing include several boys. This suggests the factor of ganging in petty thefts. Among older boys not only does the form of stealing vary from that of younger ones, but the number who are jointly connected with an offense decreases with increasing age and experience.

In recent studies of juvenile delinquency, the following conclusions have been reached. There is a comparative rarity of delinquency as a serious problem, when its frequency is judged by arraignments in court. The minor character of the offenses

with which children are charged is a noticeable feature of the cases. Approximately one third of the boys and one half of the girls are brought to court because of conflicts with parental authority.

Approximately 200,000 different children come before the juvenile courts of this country each year. This number is only a small proportion of the children who become involved in delinquent acts but who are cared for by some other agency than the juvenile court. It is, moreover, an even smaller proportion of the children who present problems of personality or behavior.

Accordingly, the actual number of children arraigned, or delinquency rates, do not give accurate estimates of delinquency and its problems. These figures must be corrected not only because of age and sex differences which have already been noted, but also for urban and rural differences, and for the racial or nativity distribution of the population. In addition, the rates of different states or regions vary because of differences in the age limits over which the courts have jurisdiction, the area (urban or rural) covered, the problems coming under the jurisdiction of the courts, and the development of other children's welfare agencies in the community. Marked increases in juvenile delinquency during the war appeared in communities having a large increase of population though in most areas these increases were temporary. The failure of court statistics to reveal these increases is due in part to the compilation of reports and in part to the practice in some cities of clearing delinquency cases through other social agencies and in some instances through the public schools.[12]

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[12] For a discussion of the statistical incidence of delinquency, consult *Social Work Yearbook,* Russell Sage Foundation, New York, 1945, pp. 214–229. Neither actual figures nor rates can be given for a period of years because the reports of the Children's Bureau are based upon a different number of courts. See also, Abbott, Grace, "Juvenile Delinquency Statistics," *Jour. Crim. Law and Criminol.,* Vol. 17 (No. 2), pp. 167–172. Deardorff, N. R., "Some Aspects of Juvenile Delinquency," *Annals, Am. Acad. Pol. and Soc. Sci.,* Vol. 125: 68–78. U. S. Dept. of Labor, Children's Bureau, *The Child,* Vol. 9 (No. 12), pp. 23–24. Wiers, P., "Wartime Increases in Michigan Delinquency," *Am. Sociol. Rev.,* Vol. 10 (No. 4): 515–523. Lunden, W. A., "War and Juvenile Delinquency in England and Wales, 1910–1943," *Am. Sociol. Rev.,* Vol. 10 (No. 3): 390–393.

INCIDENCE OF JUVENILE DELINQUENCY

REPORTS OF 28 COURTS—1929–1942

Years	Boys		Girls	
	White	*Negro*	*White*	*Negro*
1929	24,633	4,953	4,856	1,304
1930	26,010	5,428	4,703	1,370
1931	25,036	5,587	4,208	1,338
1932	22,559	5,510	3,626	1,217
1933	22,525	5,847	3,392	1,199
1934	21,154	6,107	3,563	1,309
1935	19,117	6,765	3,328	1,313
1936	16,577	6,015	3,018	1,117
1937	19,381	6,982	3,294	1,333
1940	12,673	3,901	2,233	796
1941	15,632	4,405	2,619	828
1942	17,121	4,334	3,342	996
	Boys—Total		Girls—Total	
1943 (a)	62,803		14,483	
1944 (a)	61,159		13,904	

Sources: U. S. Dept. of Labor, Children's Bureau, *Juvenile Court Statistics*, Bulletin No. 250 (1940), p. 41 (28 courts reporting). *The Child*, Vol. 8 (No. 6), p. 8. Omission of the years 1938, 1939 is due to the compilation of reports of more than 28 courts. (a) Source: *Juvenile Court Statistics*, Release Feb. 24, 1945—reports of 69 courts.

Factors correlated with delinquency.[18] Whether delinquency is interpreted generally to include all problems of children or specifically to mean a group of offenses committed by children, it is found to be intimately associated with several major social problems. The correlations between such conditions and delinquency have been used in the description of the delinquent as a person. They are also employed in the analysis of causes. However, it must be remembered that the association between delinquency and poverty, broken homes, gangs, inadequate recreation, employment, and educational or mental status may not be definitely causal. For this reason, criminologists are interested in experimenting in the isolation of delinquency patterns—in discovering an environmental situation favorable to delinquency in which numerous factors are conducive to producing this condition. The situational ap-

[18] The material in this section is summarized from the volumes by Glueck and Glueck, Sullenger, Healy and Bronner, and the New York Crime Commission, to which specific reference has been made above.

proach, moreover, does not minimize efforts to discover specific personal causes but regards the elimination of social causes as the most direct step that can be taken in a preventive program.

Studies of the delinquent as a person are unanimous in the conclusion that delinquency is the outcome of social stratification and selection. The almost uniform type of background of delinquents, in so far as their environmental contacts are concerned, confirms this assumption, and to some extent it explains the personal characteristics which brand the delinquent as a type.

Poverty and delinquency. Poverty and its accompaniments cannot be separated from the problem of delinquency. The delinquent lives under conditions of extreme poverty. In a majority of cases, the family is periodically dependent upon social service agencies. A large proportion of families are chronic dependents. In one group of 251 boys who were under the supervision of the Juvenile Court, 75 per cent came from families under the care of relief-giving societies. Thus, poverty, meaning housing congestion, irregular income, unemployment, employment of both parents, excessive family mobility, and broken homes, represents a complexity of factors which are practically synonymous with delinquency.

This low economic status may be described by correlates of poverty affecting income. In their study of 500 criminal careers, the Gluecks found that 63 per cent of the fathers of delinquents were unskilled or semi-skilled workers, that 57 per cent of the homes were under the care of some social agency, and that 14.8 per cent were dependent to the extent of requiring aid from public poor-relief agencies. This is not an unusual sample of delinquent groups. In the majority of cases, such families do not have an income of more than $20 per week, which is the average income of dependent families. In addition, economic hardships incidental to this low income status are aggravated by the large number of dependent children. Delinquent children are usually members of large families. In the 251 cases referred to above, there were 5.1

persons per family, an average corresponding to the usual size of dependent families.

Another striking characteristic, differentiating the delinquent from the non-delinquent homes, is the large proportion of broken homes among the former. No single factor stands out more prominently in relation either to the severity of the offense or to the degree of criminality. While the term "broken homes" includes homes broken by death, desertion, and divorce, it also includes a complex series of defective parental relations.[14] The frequency of abnormal family backgrounds has led to the conclusion by Healy and Bronner that the home is the first line of attack in the problem of crime. Among 2,000 cases of repeated juvenile delinquency, only 7.6 per cent of the delinquents were found to be from good homes. Commenting upon this distribution of normal and broken homes, Healy and Bronner state: [15]

> If we ruled out the families in which there were such clearly unfortunate features of home life: poverty, great crowding or very unsanitary surroundings, extreme parental neglect or extreme lack of parental control, excessive quarrelling, alcoholism, obscenity, immorality or criminalism, mother away from home, mentally diseased parent in the home, . . . we found the figures for Boston to be 10.3 per cent, for Chicago 5 per cent.

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[14] Weill, B. C., *The Behavior of Young Children in the Same Family*. Cambridge, Mass., 1928. In this book the following factors in broken homes are classified:

Economic pressures:
Insufficient income unaided, insufficient income aided, mother working out, father out of work, undigested wealth.
Disabilities:
(a) Physical: deafness, blindness, crippling, invalidism or acute illness.
(b) Mental: mental defect in parent or child, neurosis, and psychosis.
Maladjustments:
Social: racial, nationality, religious, and conventional differences; foster home, institution home, home broken by divorce, death of either parent, imprisonment, hospital commitment, or desertion.
Disgraced home, acute or chronic immorality.
Poor personal relations:
Domination by one member, interfering relative, favoritism, unwanted child, clash of authority, parental dissension, oversolicitude, overseverity, neglect, jealousy, step-parent, parent ineffectual.

[15] Healy, W., and Bronner, A. F., *op. cit.*, p. 129. By permission of The Macmillan Company, Publishers.

Other studies confirm the rare association between normal home conditions and delinquency. They conclude: (1) that the majority of criminals and delinquents come from broken homes; and (2) that the percentage of broken homes in delinquent groups exceeds by far the percentage in the general population. In one group of 145 prisoners, 68 per cent were from broken homes. In a group of 11,176 cases before the probation department of the New York Children's Courts, 56 per cent were from broken homes. Shideler estimates that 25 per cent of the children of this country live in homes broken by death, desertion, separation, or divorce, but that among delinquents this proportion varies from 40 to 70 per cent. When other characteristics of broken homes are included, the percentage is increased. Thus, in the Gluecks' study, 84 per cent of the 500 delinquents came from "abnormal and deleterious home situations." In his study of *The Delinquent Boy,* Slawson found a high proportion of abnormal marital relations among the parents of his different groups, ranging from 39 to 72 per cent of the total, whereas only 20 per cent of the school children in the public schools of New York City were from broken homes.[16]

A summary of the family status of 785 delinquent boys shows the incidence of gross unadjusting factors. More than 50 per cent of these boys lived in exceptionally abnormal homes. If Miss Weill's specific criteria of abnormality were employed in the analysis of the remaining families, many of these would also be classified as abnormal. This connection between poverty, broken homes, and delinquency led the New York Crime Commission to conclude that families high in housing congestion, low in income, and high in criminal background or in lax standards of behavior tend to be connected with high rates of delinquency.

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[16] "Crime and the Community," *loc. cit.,* pp. 161–162. Lumpkin, K. D., "Parental Conditions of Wisconsin Girl Delinquents," *Am. Jour. Sociol.,* Vol. 38: 232–239.

FAMILY STATUS OF DELINQUENT BOYS

Family Status	162 Boys		623 Boys	
	Number	*Per Cent*	*Number*	*Per Cent*
Parents living together	55	34.0	311	49.9
Parents living together (both employed)	21		—	
One parent dead	24		104	
Desertion	11		15	
Step-parent	20	62.9	101	49.1
Foster parents	6		20	
Divorced	4		44	
Separated	2		22	
Illegitimacy or feeble-mindedness	10		—	
Not stated	5	3.1	6	1.0
Total	162	100.0	623	100.0

Sources: Records of Sockanosset School for Boys, Rhode Island. U. S. Dept of Labor, Children's Bureau, Bulletin No. 230 (1926), p. 23.

Delinquency, employment, and leisure-time activities. Next to broken or disturbed family contacts, associations formed during leisure time, at work, or in the quest for amusement are rated as major secondary determinants in delinquency. They may be considered incidental to the poverty situation or as direct causes of it. They refer to the neighborhood as the second primary group in the formation of delinquency and to neighborhood work as an important link in its prevention.

From this point of view, delinquency is a correlate of certain neighborhood areas. The Crime Commission of New York found ten or twelve areas in New York City which might be called breeders of crime. These sections are typified by poverty conditions, already mentioned, and, in addition, by excessive employment of children in street trades, ganging, and commercialized recreation, and the almost total absence of wholesome recreation. Although it is difficult to trace a direct causal relationship between these conditions and specific cases of delinquency, they do indicate that an integrated community background is required: (1) to break down the processes of isolation and segregation in these areas; and (2) to furnish

wholesome substitutes for the advantages or adventures secured by delinquency.[17]

Street trading, which usually includes newsboys, bootblacks, and errand boys, is simply one more item in the composite picture of delinquents. It attracts boys already predisposed to delinquency by home or neighborhood conditions. It also indicates that group of children who are in need of protection if they are to become law-abiding citizens.

Street trades satisfy the lure of adventure, the desire to have spending money, and the need for recreation. Although surveys in many cities reveal that delinquency among juveniles engaged in street trades has been only from three to ten times as great as the rate among non-working boys, such occupational experiences are merely symptomatic of other difficulties in the lives of these children. They are usually associated with such conditions as truancy, retardation in school, irregular work at late hours, overwork, demoralizing contacts with adults, and breakdown of home controls. A summary of several studies by the United States Children's Bureau, showing the relationship between street trades and delinquency, states on this point: [18]

> Street trades, however, do undeniably make the child independent of his parents with regard to meals and amusements and, to this extent, break down the controls of home life.
>
> The boy who has learned how to earn a living on the street figuratively, and sometimes literally, tells his parents to "go to the devil." He does not have to appear for meals, no matter how appetizingly they are prepared, when the hot-dog stand and the soda parlor invite him to spend his dimes—and frequently the sandwich supplied to him by the corner delicatessen is every whit as good as the delicatessen supper his working mother would furnish him. Nor does he have to plead and whine for a "nickel fer de pitchers." He goes to shows as often as, and perhaps oftener, than the home boy. Workers with delinquent boys will corroborate the fact that the youngster who has learned to earn a living on the streets is a

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[17] Hayner, N. S., "Delinquency Areas," *Am. Jour. Sociol.*, Vol. 29: 314. Taft, D. R., "Selective Influences of Areas of Delinquency," *Am. Jour. Sociol.*, Vol. 38: 699.

[18] Quoted in "Crime and the Community," *loc. cit.*, p. 146.

hundred times harder to direct into more normal channels than the boy who merely plays on the street. The child who works at an afterschool job and brings his weekly salary home, it should be stated, is no such problem.

In various specific studies, newspaper selling has been made one of the chief occupational factors in delinquency. For this reason, it is argued that the influence of the press upon crime is more obvious through its incentive to street selling than through its injurious suggestions in crime news. Concerning the latter, there are no positive or scientific correlations. In regard to the former, however, there is evidence of a high correlation. The contribution of newsboys to the total incidence of juvenile delinquents is given as one illustration of industry's responsibility for crime. While street selling by newsboys reflects the competition between different publishers more than an antisocial policy, it also indicates that a more social point of view in commodity distribution, even at a higher cost, might be cheaper in the long run. At any rate, it would eliminate one direct stimulus to delinquency.

Gangs are also connected with delinquency, because in Juvenile Court records several boys are usually arraigned for the same offense. A "gang," however, is described by Thrasher as a play group, not as a delinquent group. It becomes delinquent when it is a by-product of social disorganization or because there are no opportunities for spontaneous play. Ganging, therefore, may be a major factor in delinquency, but it is no more causal in the delinquency process than are newspapers. Obviously, the elimination of ganging is only remotely connected with the prevention of delinquency. Two methods have been employed, hitherto, in this work, consisting of attempts to repress the gang or to isolate the individual from the gang. It is suggested by Thrasher and others that a substitute for either of these procedures might well be an attempt to rehabilitate the gang as a whole through a combination of individual and group guidance.

Investigations of delinquent gangs make two significant con-

tributions to our knowledge of the delinquency process. They show that delinquency occurs when there is no opportunity for recreation and no adequate community program for supervised play. They also show that one of the most specific causes of delinquency occurs in the efforts of boys to "kill time."

The connection between delinquency and such specific community liabilities as the absence of playgrounds has long been used as an argument for the extension of the recreation movement. In his Omaha study, Sullenger found that 90.4 per cent of the homes of delinquents were located half a mile or more from the nearest playground. Gangs and delinquency, therefore, might be accounted for through the absence of opportunities for play and guidance.

This contention is supported by several facts. Most delinquencies are committed during the child's spare time. Serious are the consequences, sometimes, of untutored, self-directed efforts to play, and many are the wrongs committed to obtain the resources for leisure-time activities. In the Omaha study, which included 1,145 delinquents, 55 per cent of the offenses resulted from the search for some form of recreation. Delinquent acts, furthermore, do not differ materially from the behavior of non-delinquent children. The chief difference is the scene of the activity. For these reasons, the Playground and Recreation Association of America has expressed the opinion that juvenile delinquency could be reduced from 75 to 25 per cent in the areas of greatest delinquency by properly directed recreation.

The principal argument against this preventive is its cost. However, the average cost to the community for each case of juvenile delinquency should be considered as a counterpoint to such an argument. This cost probably could not be adequately estimated without including many intangible items. Institutional costs, nevertheless, are definite, amounting to about $400 per year for each offender. By contrast, a year-round recreational program could be furnished at a cost of 7½ cents per child, according to Sullenger's estimate. This

figure was computed from data regarding a demonstration playground conducted in one of the most delinquent areas of Omaha. Two general results were obtained from this experiment: first, an increase in attendance, and, second, a 10 per cent decrease in delinquency. These results led to the conclusion that children prefer directed play under trained leaders, that such play is a preventive of juvenile delinquency, and that its absence is a determinant of delinquency.[19]

Delinquency and the school. Since the majority of delinquent careers begin with truancy, the school occupies a strategic position as a preventive agency. One of its responsibilities is the early detection of predelinquent cases. But this is not an ordinary school function. It requires specialized resources and a trained staff in order to identify those personal and social characteristics which predispose a child toward delinquency. Therefore, the schools cannot be criticized for their adherence to academic routine, unless these facilities are supplied. The school made its first departure from the restricted historical function of education in giving attention to the child's physical health. Now, through the visiting teacher, special classes, and the school clinic, the mental, economic, and social adjustment of the child is becoming an additional part of the school's responsibility.

Delinquency is one aspect of what is called the school's mortality problem. In this usage, "mortality" refers to those problems which interfere with the school's major obligation of educational adjustment. Both crime and delinquency are evidences of school mortality because of their intimate association with ignorance and illiteracy. In this sense, they become immediate educational problems.

Several advantages are derived from this definition of school mortality and its associated problems. One has been to point out the potential social services of the school. In the definition of the school as a social agency, efforts have been made to social-

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[19] Sullenger, T. E., *op. cit.*, Chap. 2.

ize the curriculum. This adjustment of the curriculum to the child has led to the isolation of special problems, called "school-child unadjustments," to the organization of special schools and classes, and specifically to the recognition of intelligence as a factor in retardation and delinquency. Although this

MENTAL STATUS OF 4,000 DELINQUENTS

	Per Cent Distribution
Normal mentally	72.0
Clearly feeble-minded	16.2
Subnormal mentally	7.7
Psychoses	1.1
Psychopathic personality	3.0
Total	100.0

Source: Healy, W., and Bronner, A. F., *op. cit.*, p. 273.

trend toward a socialized education is never vigorously opposed, it is obstructed by the rigidity of present curricula, by the inability to provide educational facilities for cultural and personality differences, as well as for mental differences, by antiquated laws enforcing attendance, and by insufficient physical equipment, especially in recreational facilities.

The emphasis upon the newer functions of the school has also revised our attitude toward intelligence as a factor in delinquency. Feeble-mindedness or low intelligence no longer holds its former dominant position as a cause of delinquency. In the classification by intelligence of 4,000 delinquents, this fact is clearly substantiated by Healy and Bronner (see table above). Low intelligence and retardation are not eliminated as causes; but they become most significant when they are combined with poverty, broken homes, emotional instabilities, and other personal problems. Slawson's study of delinquency was made with specific reference to this point. He showed that the most obvious deficiency of delinquent boys is their low rate of abstract intelligence and that they equal non-delinquents in mechanical aptitude. This discovery led Slawson to the conclusion that the school can eliminate delinquency most di-

rectly by adapting its curriculum to the capacities and interests of its different groups of children.[20]

The failure of the school in its avowed responsibility of educating the child becomes apparent in any summary of the school history of delinquents. In the various census reports of delinquents in institutions, the following proportions of school attendance are recorded:

	Per Cent Distribution
Never attended school	1.2
Elementary school	90.8
High school	7.0
Trade school	0.5
Other schools	0.5
Total	100.0

Juvenile delinquents are distinguished from the general population in this inventory by educational differences more than by differences in intelligence. They have, for example, a higher rate of illiteracy and of non-school attendance. Moreover, there is a larger proportion here with less than a seventh-grade education than there is in the population at large. This educational factor combines the problems of school mortality and delinquency as joint products of a time period in the life of the delinquent when the school can exercise the most effective preventive measures.

Disposition or treatment of delinquency. There is little difference between the judicial treatment of delinquency and of crime. In both instances, courts adhere to a few legal methods of disposition. Consequently, these judicial dispositions are no more favorable to the prevention of delinquency than they are to the prevention of crime. One reason given for the failure to control either crime or delinquency is that too much reliance is placed upon the powers of the courts.

[20] For a summary of studies relative to the mental status of delinquents, consult Glueck, S. and E., *After-Conduct of Discharged Offenders*, Macmillan, New York, 1945. Louttit, C. M., *Clinical Psychology*, Harper and Brothers, New York, 1936. Glueck, E., "Mental Retardation and Juvenile Delinquency," *Mental Hygiene*, Vol. 19: 568. McClure, W. E., "Intelligence of 600 Juvenile Delinquents," *Jour. Juv. Res.*, Vol. 17: 35–43.

The other is that courts persist in treating offenses and not offenders.

The limited resources of the courts are shown in the table below, which also shows that the general nature of judicial dispositions does not vary greatly from the penalties assigned to adults. In this summary of dispositions, the characteristic treatment of offenders is dismissal, probation, commitment to an institution, or assignment to some children's agency. A few offenders are fined. Dismissed cases include cases closed without further action on the part of the juvenile court, cases over which the court has no jurisdiction, cases placed under the custody of parents, or cases committed to institutions with judicial commitment suspended. "Other dispositions" include miscellaneous methods, such as the assignment of the case to some other court or the placement of the child under the supervision of some individual other than a probation officer or parent.

DISPOSITION OF DELINQUENCY CASES BY THE COURTS LISTED IN ORDER OF FREQUENCY

Dismissed, adjusted, or held open without further action	Restitution, fine, or costs
Child supervised by probation officer	Other dispositions:
Child committed to an institution	Referred to another court
Child referred to another agency	Runaway returned
	Disposition not reported

Source: Dispositions in the records of the U. S. Children's Bureau reports.

While, in theory, probation is the modern method of treatment and is the principal constructive effort of the court to prevent crime, its results vary considerably in practice. One comment upon probation states: [21]

> The time spent in visits to the homes of probationers varies, but the average amount of time given by probation officers to the making of these visits is from ten to fifteen minutes.
>
> Probation officers may have all the elaborate definitions of what probation is that they may care to have, but fundamentally, probation is simply changing the habits of individuals and enlarging their group relationships. If the probation officer and probationer meet only occasionally, and home visits are infrequent and brief,

[21] "Crime and the Community," *loc. cit.*, pp. 90–91.

can it logically be expected that the conduct of probationers will be revolutionized because they have learned the magic word "probation"? If probation supervision has been superficial and ineffectual —and superficial and ineffectual probation supervision is due generally to the failure of the proper fiscal authorities to provide for an adequate staff of probation officers—and the offender does not change his unsocial habits, have the court, the probation officer, and society given him a fair chance to make good? Probation technique must advance beyond the stage of ordering and forbidding, and this advance will be made only when communities provide adequate probation service.

There is, as a matter of fact, little case-work treatment in probation or in detention institutions. To a limited extent, however, as indicated by the proportion of other dispositions, child welfare agencies with case-work facilities for diagnosis and supervision have been used for this purpose.

When the Juvenile Court was established at the beginning of the present century, it was regarded as a "sure cure" of crime. This presumption was necessary in order to secure public support, because not even the most fanatic advocate of the Juvenile Court believed that it could deal with more than one group of problem children; namely, the delinquent, and hence with more than one aspect of delinquency. Experience has shown the Juvenile Court to be as powerless as other courts to modify domestic, economic, or community factors in delinquency. Although there are few objective methods of measuring its effectiveness, the persistency of delinquency does not supply a hopeful index of its success. The court, however, cannot be branded as a failure; it operates under three distinct handicaps: [22]

> First, it reaches only a small proportion of the child offenders in any given community; second, it reaches the majority of them at too late an age for the effective utilization of social therapy; third, it lacks the facilities to administer sound social therapy, save in rare cases.

For these reasons, the Juvenile Court is a limited agency of

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[22] *Ibid.*, p. 83.

control rather than a defective one. The most critical standard of its efficiency is its probation service.

There are two trends in the present treatment of delinquency. The first consists of efforts to reach the problem child in the predelinquent stage. The second advocates the study and treatment of the offender as a person, a method which it is almost impossible to carry out under the present limited facilities of the court. While both involve the problem of determining the agency or agencies which are best equipped to assume these responsibilities, their actual workingout is largely a question of social policy or of local community resources. Some authorities urge that the public school, reinforced by visiting teachers and behavior clinics, should be the nucleus upon which these efforts are constructed. Other candidates for this work are private social agencies specializing in problem children, child-guidance clinics, and mental hygiene societies.

These multiple approaches to the problems of delinquency are supported because no single system of treatment has been found to be highly associated with successful outcomes. The high rate of recidivism is partial proof of this failure. In their study of 1,000 delinquents, the Gluecks discovered that 88 per cent continued their delinquent careers during a five-year period after treatment had been completed. Furthermore, there was little or no connection between type or length of treatment and rehabilitation. The most satisfactory adjustments, according to the Gluecks' findings, take place in those cases which need treatment the least, namely, when parental discipline is favorable, there is no record of misconduct in school, the first arrest occurs at a late age (15 to 17), and there is immediate clinical study.[23]

In their several reviews of the careers of delinquents, the factors found by the Gluecks to be most predictive of successful adjustment in the community are: [24]

[23] Glueck, S. and E., *One Thousand Juvenile Delinquents,* Harvard Univ. Press, Cambridge, 1934, pp. 167, 183.

[24] Glueck, S., and E., *Criminal Careers in Retrospect,* The Commonwealth Fund, New York, 1943, pp. 252–260.

1. Nativity of parents and offender
2. Time parents have been in the U. S.
3. Education of parents
4. Grade attained in school
5. Number of children in family
6. Age at first delinquency
7. Criminality or delinquency in family
8. Economic status of family
9. Intelligence
10. Age began to work
11. Age at leaving home
12. Family relationships
13. School retardation
14. Conduct in school
15. Industrial skill
16. Membership in a gang

Customary treatments suggested after clinical study generally recommend that the delinquent should be (1) kept in his own home under supervision of a social agency, (2) assigned to a parental school, (3) placed in a foster-home, or (4) confined in a correctional institution or detention home. Other recommendations are health care, psychiatric supervision, vocational adjustment, educational correctives, or "other constructive direction."

This review of dispositions employed by the court and of other possibilities in treating the problems of delinquency calls attention to a fact which characterizes most social problems: that society is slow to attack a problem early, to apply other than routine correctives, or to make its campaign nationwide.

Summary. In the suggestions which are made for the prevention of delinquency, several salient facts are revealed concerning its present status in social science and social work. Its connection with children's problems in general calls attention to its multiple causes and to the fact that it is more a consequence of other social problems than a distinct social problem in itself. These relationships with other problems stress external, environmental factors in the home, the neighborhood, and the school which are considered its principal causes. But they do not supply any analysis of the processes out of which delinquency grows. Owing to this limited approach, delinquency may be regarded as a multiple problem, a pattern to be factored. Consequently, its treatment or prevention cannot be stated other than as a problem in social research.

Ordinarily, two factors are given major importance in various independent investigations: unfavorable home or parental relations, and low intelligence. As a process, delinquency is

described as one outcome of breakdowns in group solidarity. In other words, any social change that weakens the primary group or increases social mobility tends to become a factor in the pattern of delinquency.[25]

As a reflection of social disorganization, delinquency is associated with three general social problems, each of which may be used in the definition of delinquency.

1. Delinquency is a problem of poverty, in both its relative and its absolute aspects. This fact is clearly revealed in the isolation of delinquency areas and in the work of social agencies. In the reports of these agencies, a constant proportion of delinquency cases is found among the children of dependent families. From this angle, delinquency is a problem of poor-relief, broken homes, and other accompaniments of poverty. Its treatment, therefore, should not differ materially from approved methods of family rehabilitation. Since this aspect of delinquency makes it become the responsibility of many different social agencies, it presents a proof that an integrated community program of social work is sorely needed.

2. Delinquency is a problem of employment and recreation. Here delinquency is revealed as a typical urban problem. Studies of employment and recreation indicate the deleterious influences of idleness or of unwholesome work or play activities. The city offers few opportunities for normal behavior of children in either work or play, whereas its incentives to socially disapproved conduct are numerous. The persistent correlation between delinquency and community disorganization suggests one of the most immediately necessary reforms in a preventive program. For younger children more facilities for play are needed; for adolescents more facilities for vocational guidance and placement. Clearly, these needs may not require new community organizations, but their fulfillment is dependent upon the extension and integration of those com-

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[25] Sutherland, E. H., "Social Process in Behavior Problems," *Proceedings, Am. Sociol. Soc.*, Vol. 26: 55–61.

munity agencies already in operation, provided they have adequate facilities to take care of such work.

3. Delinquency is a reflection of faulty and incompleted education during the primary and secondary school years. This conclusion is shown by our records of school mortality and retardation, and in part by the mental status of delinquents as measured by intelligence tests. Intelligence alone is no infallible cue to the problems of delinquency. It is important, however, when it is united with the two preceding factors of basic poverty and unwholesome social contacts. Vocational education and guidance appear again in this connection as prophylaxes against delinquency.

Because of the basic problems which delinquency implies, constructive programs pay slight attention to law or to methods of its enforcement. Their emphasis, instead, is placed upon general social well-being and upon efforts to discover conditions which predispose to delinquency at an early period in the child's life. This approach suggests individual case study and treatment.

> We may best regard the field of delinquency and crime as one for human engineering, and the work to be done analogous to that required for any other engineering project.[26]

In accordance with this point of view, Healy and Bronner suggest the following procedure in the study and prevention of delinquency:

1. The education and training of personnel for research and treatment.
2. Collection of facts concerning the frequency and causes of delinquency.
3. Research as to the nature of these causes and as to methods by which human behavior may be controlled.
4. Development of a professional literature, in order to exchange the results of research.
5. Extensive case study of each delinquent.
6. Improvement of techniques of treatment.

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[26] Healy, W., and Bronner, A. F., *op. cit.*, p. 230.

7. Extension of resources in treatment, especially through trained personnel.
8. Coördination of administrative agencies.
9. Education of the public concerning the problems of the delinquent.

The preventive scheme, suggested by Cyril Burt, agrees with each of these proposals. Burt states in conclusion that: [27]

Society must aim at prevention as well as at cure. Housing, medical treatment, continued education, the psychological study of children in the schools, improved industrial conditions, increased facilities for recreation, the cautious adoption of practicable eugenic measures, and, above all, sustained investigation into all the problems of childhood—these are but a few of the countless needs to be supplied, if delinquency in the young is to be not merely cured as it arises, but diverted, forestalled, and so far as possible wiped out.

As a prophylaxis against delinquency, Sullenger recommends the organization of those agencies which will insure the rights of the child. Accordingly, every child should have: (1) a normal home; and (2) other primary contacts, such as boys' clubs, playgrounds, Boy and Girl Scout organizations, and church, which will be effective substitutes for the adventurous appeal of delinquency. In addition, those agencies which are wholly destructive, such as certain forms of commercialized recreation, should be eliminated by community organization and the scientific administration of social service.

On the basis of their findings from clinic and court studies, the Gluecks recommend: [28]

1. The need for a consistent and unified children's code.
2. The development of a scientific attitude on the part of the court as to the problems involved, clinical resources in treatment, and the social possibilities of effecting readjustment.
3. Improvement of hearings by having the probation officer present and verbatim records.
4. Systematic review of each case by the judge and probation officer.
5. Selection of court personnel on the basis of aptitude and professional training.
6. Complete records of treatment processes.

[27] *Op. cit.*, p. 587.
[28] *One Thousand Juvenile Delinquents*, pp. 244–252, 260–279.

More general suggestions include:

From the social point of view
1. Recognition of delinquency as a community problem.
2. Coördination of child welfare agencies.
3. Control over community conditions, such as amusements.
4. More provisions for recreation.
5. Liberalizing public assistance laws for health, education, vocational guidance, mental hygiene.
6. Coördination of correctional system.
7. Establishment of specialized training schools.[29]

From the legal and administrative point of view
1. Reorganization of the judiciary and administrative machinery for the treatment of the delinquent.
2. Adequate personnel.
3. Separation of pre-delinquent and delinquent children.
4. Organization of a nationwide system of judicial control and treatment.
5. Reorganization of police, judicial methods, and penal and reformatory institutions.
6. Removal of artificial distinctions between those who are classified as delinquent and those whose conduct is equally injurious to public welfare.[30]

Thus, delinquency is recognized as a social responsibility, and a well-coördinated scheme for the prevention of delinquency involves: (1) child guidance; (2) organization of preventive resources to attack the problem at its origins; (3) coördination of municipal, county, state, and national correctional and protective agencies; and (4) detention, if it is considered necessary, of sufficient duration so that educational or reformatory measures may be effective, or, as may be required by some cases, provisions for permanent segregation.

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Questions

1. In what respects do juvenile delinquency and adult criminality differ legally and socially?

2. List the factors which occur most frequently as probable causes of delinquency. Is there any significant difference between the problem boy and the juvenile delinquent?

3. How does the delinquency of boys differ from that of girls? Would a program organized to meet the needs of boys be equally preventive in the case of girls?

4. Show how the criminal is almost always the product of conditions which appear in juvenile delinquency.

5. What are the relative contributions, differences, and limitations of life histories and case records in the scientific approach to crime?

6. What preventive agencies are now in operation to treat the problems of delinquents? Where should the work of these agencies begin in order to be most effective? What agencies (either proposed or in existence now) could be most successful as a preventive medium? What agencies are purely remedial?

7. Is there any scientific evidence that some juveniles might well be subjected to permanent detention? What is the source of this evidence?

8. What group contacts of children have high and low correlations with juvenile delinquency?

9. Is juvenile delinquency increasing? What does the trend of juvenile delinquency indicate as to its probable causes?

10. Do the specific offenses for which juveniles are brought to court contribute anything to our understanding of the social forces involved in the delinquency pattern?

11. Would the cost of adequate child guidance exceed the current costs of delinquency? By what methods may these costs be estimated and compared?

12. Enumerate different forms of treatment which might be used to reduce delinquency if expense were no consideration.

13. How may family-welfare societies, schools, and social settlements contribute to a preventive program?

14. It has been stated that "the greatest potential possibility of the neighborhood playground lies in its informality and freedom of access." How may these objectives be achieved?

15. What is the authority or jurisdiction of the juvenile court in your community?

16. What probation standards are observed in your community? Are probation officers trained for their specific tasks?

17. On the assumption that there is no single cause of juvenile delinquency, and hence no single remedy, construct a community program for its treatment.

18. How would you proceed to show that newspaper publicity (crime news) is or is not related to the prevalent types of juvenile delinquency?

19. What is the general sociological explanation of delinquency?

20. What is the Borstal system?

PART IV

An Approach to Social Planning

INTRODUCTION

PROBLEMS in social analysis and planning resemble the problems of the engineer. In both human and mechanical engineering, human needs suggest what ought to be done, and the materials and forces of nature set fairly well-prescribed limits upon what can be done. There is further resemblance in the fact that planning of any type is essentially the acceptance of scientific laws and principles.

The first law of planning is methodical study. Only by chance or accident, and then in exceptionally rare instances, is a problem ever solved by any other procedure. Equally essential is a careful examination of the proposed plan. This investigation calls attention to the fact that solutions may fail (even when they are correct theoretically) because they are inexpedient, or because the method by which they are applied is inappropriate.

An engineer or planner in social relationships is limited at the outset by relatively inflexible habits and attitudes which are called human nature and by the costs, both financial and social, of his proposed solution. Frequently, however, in the history of social reform, these precautions are overlooked. The story of reform is often one of incorrect and inapplicable social plans. According to many authoritative social theorists, the possibility and limit of social planning are wholly discoverable within the human materials and forces which are to be changed. ". . . The telic activity of socially organized men is an effect of the efficient causes at work in societal genesis. . . ." [1]

[1] Giddings, F. H., *The Scientific Study of Human Society*, Univ. of North Carolina Press, Chapel Hill, N. C., pp. 170–171.

According to Giddings, the essential aims of current social planning are:

1. The achievement of security and material abundance.
2. The socialization of the population.
3. The assurance that variates from a standardized human type will be encouraged, thus stimulating discovery, invention, experimentation, and other evidences of human resourcefulness.
4. The development of adequate personality—of responsible, self-determining, and intelligent people.

Values, such as these which are instrumental in the observation and detection of social problems, come into play again in directing the interest of the public toward their solutions. The specific social plans in turn come into being and succeed or fail largely as a result of competing groups, interests, and policies.[2]

[2] This consequence follows from Reuter's interpretation as to the basic nature of a social problem: "Anything is a social problem that people treat as such." Reuter, E. B., *Sociology*, Dryden Press, New York, 1941, p. 224. Compare this point of view with Soule, G., *The Strength of Nations*, Macmillan, New York, 1942. Chap. 10. The Problem of Values.

CHAPTER XIX

TYPES OF SOCIAL PROBLEMS

ONE WAY to detect the basic nature of a society's problems is by comparison. Comparisons are often made between different social groups in the same culture, between different cultures, or, most distinctly of all, between human and sub-human groups. In general sociology, it is often convenient to describe and analyze such concepts as human nature, instinct, habit, interaction, or collective behavior by observing their similar or equivalent development among groups of animals. Likewise, in an introductory survey of what social problems are, it may prove valuable to examine comparable situations in sub-human groups.[1]

Frequently, both literary and scientific observers have adopted this method of approach. Bernard Shaw once said that no human being, except for the first nine months of his existence, is able to manage his affairs as well as a plant. This is one way of saying that man is not a robot who can be controlled automatically, or that his life is less stereotyped than that of a plant.[2]

The approach by observation and comparison. From the general point of view of culture and cultural trends, such analysis and comparison add weight to the conclusion that no formula for the making of the perfect citizen has as yet been

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[1] Woodward, W. E., *The Way Our People Lived,* Dutton, New York, 1944. Botkin, B. A., *A Treasury of American Folklore,* Crown, New York, 1944. Hooton, E. A., *Apes, Men, and Morons,* Putnam, New York, 1937. Wheeler, W. M., *Social Life Among the Insects,* Harcourt, Brace, New York, 1923. Espinas, A., *Des Sociétés animales,* Baillière, Paris, 1878.

[2] Quoted by Lippmann, W., *Public Opinion,* Macmillan, New York, 1927, p. 27.

produced.[3] The lack of management in human affairs can be partly remedied, according to the textbooks, by social education. But no book states how much can be accomplished by this method, or how more efficient management can be obtained while our average citizen is earning a living, marrying, rearing children, and pursuing the rights and privileges guaranteed to him by our several moral codes.

The comparison between human and plant life furnishes in broad outline the main characteristics of social problems and of the reforms which are proposed to solve them or to eliminate their ill effects.

When attention is limited to human life exclusively, the problems of human societies are soon found to be tied up with culture and its changes. One reason why human activities often seem to be mismanaged is that social problems appear more rapidly and change more completely during the lifetime of the average person than does his capacity for adaptation. Another reason is that, because of our several moral codes, there are no absolute principles by which good or bad management or adaptation can be determined. Obviously, plants are exposed to neither of these hazards. But a third explanation differentiates even more strikingly between the habits of men and those of plants. Human problems, as they are identified in the present, do not pretend to exhibit the whole truth concerning man's responsibilities and shortcomings. It is this lack of clear-cut identification and definition of social problems, as much as unknown or uncontrollable causes, which interferes with the study and solution of social problems.

There are many resemblances between social problems and the newspaper concepts of man's successes or failures. (As a matter of fact, most newspapers are textbooks in social problems.) Although few readers of the daily press realize it, they are being exposed to the usual facts which a course in social

[3] For differences in point of view, compare: Hauser, H., *The German Talks Back*, Holt, New York, 1945. Huxley, A., *The Perennial Philosophy*, Harper and Brothers, New York, 1945. Traxler, A. E., *Techniques of Guidance*, Harper and Brothers, New York, 1945.

problems tries to organize. True, the newspaper's curriculum and its questions and answers do not correspond in every detail to the typical academic course, but the essentials are there. From headline to classified advertisements, man's needs, his disabilities, his plans, and his failures are given fairly precise definitions; and from those definitions his social problems are determined. Indeed, the only significant difference between a newspaper and an accredited university course is that the former deals with the facts of social problems as news.

The newspaper, according to Walter Lippmann, covers only the "bald facts when the life of anyone departs from ordinary paths." Its quest for these facts is limited to certain places.

> It is at these places that marriages, births, deaths, contracts, failures, arrivals, departures, lawsuits, disorders and calamities are made known.[4]

Consequently, as a text upon social problems, newspapers do not pretend to mirror social conditions completely, but only those obvious aspects for which society has a definite system of collecting information. In other words, news upon any subject, such as "income, wages, industrial conditions, educational opportunities, unemployment, monotony, health, discrimination, unfairness, restraint of trade, waste, backward peoples, radicalism, and rights or privileges," is not supposed to contain absolute facts. It represents two approximations to those facts: namely, the facts which are collected, and the judgments of editors concerning their significance.

Thus, in comparing news and social problems, we find that both are prone to deal with bald facts. Both, in turn, are considered to be deviations from ordinary events which occur in certain places. They are not descriptive of an entire sequence of events or of a total situation, but only of parts

[4] Lippmann, W., *op. cit.*, quoted by permission of The Macmillan Company. In the following analogy, the newspaper point of view is adapted from Chapters 23 and 24; quotations or sections paraphrased are from pages 338, 341, and 343. News and social problems receive slightly different treatment in the following: Dos Passos, John, *State of the Nation*, Houghton Mifflin, Boston, 1944; Wylie, P., *Generation of Vipers*, Farrar and Rinehart, New York, 1942. But both are illustrative of different methods of observation.

thereof (and frequently these parts are unrelated), because there is no definite system of record keeping. Therefore, some extraordinary events fail to become news or social problems, either because the facts are not collected or because they are considered by the editorial staff not to be classifiable in these categories. When social problems are examined separately, we recognize public opinion or the mores in place of the editor as the arbiter in their determination, and social problems become defined exceptions in any condition of human life which departs radically from our mores.

Social problems, as well as news, may be described in the following manner: [5]

> Unless the event is capable of being named, measured, given shape, made specific, it either fails to take on the character of news, or it is subject to the accidents and prejudices of observation.

If the term *social problems* is substituted in the above statement for *news,* we have an accurate picture of the process by which a social problem is detected and named, or completely overlooked.

It is useless, therefore, to approach the problems of man by a summary of the efficiency of plants, or by any other comparison than that of human groups. From the foregoing limited interpretation of social problems, it is obvious that they are what men think they are. For this reason, further contrast between men and plants is not justified until we have a representative sample of the opinions of plants concerning their own mismanagement.

A course in newspaper social problems. When you study newspapers and social problems, you find that both agree in omitting fundamental facts for one or both of two reasons: facts are not interesting, or they are too debatable. Newspapers rarely put leading issues in the headlines. Often, these issues are omitted entirely, for either of the two reasons stated. An academic course in social problems is faced with the same dif-

[5] Lippmann, *op. cit.,* p. 363. Quoted by permission of The Macmillan Company.

ficulties. Fundamental issues, which ought to be defined easily as man's major problems, are confused, on the one hand by inadequate methods of social investigation, and on the other hand by emphasis upon a one-sided description of the problem to be solved. The fact that all social problems may be defined accurately and solved completely in theory often predisposes the student to neglect practical obstacles to social reform. Consequently, some problems or parts of problems are omitted, either because they involve disputable facts or because they are uninteresting. Nevertheless, the interesting and indisputable aspects of social problems are usually the least relevant. They, like news, are only superficially correct, if true at all, and hence unreliable. Facts, in the case of news or social problems, usually contain little popular interest.

"Bacteriologist discovers organism causing influenza," becomes a headline. It is succeeded by comments (pro and con) from physicians, bacteriologists, and public health authorities. This statement represents news, but not a fact. Denials also are published (being the truth), but they are not given a conspicuous place in the news columns. What we do not know, however, represents in many instances the most important news—as well as basic social problems.

This selective character of news and social problems calls attention to the fact that they are essentially moral products. Their definition by mores or opinion proves this point. If there were but one moral code, the process of selecting or defining social problems and news would be a simple matter. Under our existing plural codes, it is an everyday occurrence for newspapers to accept advertisements which are out-and-out falsehoods. For example, a medicine will be advertised to be good for an incurable disease. Many other instances might be given of such contradictory statements. Similar contradictions illustrate one of the most puzzling aspects of social problems: we define standards of well-being, tolerate conditions which prevent individuals from securing these standards, and then brand the result as a major social problem.

There are other analogies between news and social problems. Newspapers observe the elastic law of choosing news "fit to print." This standard of selection varies as much as any measurement used to determine social problems. Newspapers operate between two forces: on the one hand is the constant fear of the law of libel; on the other is the pressure of competition for "scoops." Students of social problems are confronted with identical hindrances. They waver between the publication of colorless reports—which are accurate but will go unread—and the interesting but wholly misleading "human interest" aspects of their subject.

In the newspaper account of a recent psychological experiment, there was no description of laboratory technique, number of experiments, number of cases examined, or the probable error involved. But the public was informed that stenographers should have salad with an abundance of mayonnaise dressing for their luncheon, as a protection against the fatigue of urban noise. Noise may be a social problem; mayonnaise dressing may be a solution; but it is highly possible that both are variables, not cause and cure, and that their operation varies with the individual. This is a commonplace illustration of the gap which may exist between the public's conception of a problem and an applicable social control. In the field of social problems, overpopulation and birth control are comparable examples.

Practically every social problem runs the risk of having some connection with a human interest story, and hence is likely to be misinterpreted. If a sociologist is sincerely concerned with the problems of the modern family, and, let us say, collects clinical records of marital problems, he must beware of his public. As likely as not any publication of his prospects or conclusions will be interpreted, "Sociologist establishes love clinic."

Social problems, consequently, are highly selected topics. They are largely predetermined by what one group of censors thinks the public wants. They do not represent the whole

truth, but signalize a fact, an event, or a condition upon which men agree. They do not represent exact knowledge, because they are a mixture of opinions, subjectively established, and of facts, issues, and forces which are imperfectly recorded. In concluding this analogy between social problems and news, a final quotation from Walter Lippmann's description of the latter is applicable: [6]

> Institutions, having failed to furnish themselves with instruments of knowledge, have become a bundle of "problems," which the population as a whole, reading the press as a whole, is supposed to solve.

Or, to paraphrase this statement, institutions are a bundle of social problems which demand solution, and the chief obstacles to their solution are the institutions which make these social problems.

Let us continue this theoretical approach to the institutional sources of social problems by reviewing our newspapers' interpretation of modern social problems. These practical examples will supply the chief identifying terms which are used to classify them as types. Since each item is of the year 1933, altogether they show what conditions are called problems, what conditions can and do disappear, what problems become more or less severe, and what problems can be eased only to return again with their former intensity.

A survey of news items discovers such captions as: [7]

1. Overpopulation is problem in China.
2. Italy gives prizes in population drive. Low birth rate alarms Italians.
3. Finds death rate raised by slump.
4. Health of jobless is found impaired.
5. 35% of deaths laid to heart ills.
6. Childbirth deaths held 65% needless.
7. Nazis plan to kill incurables.
8. 15,608 new cases of cancer cited.
9. Marriages in 1932 hit all-time low.

[6] *Ibid.*, p. 363. Quoted by permission of The Macmillan Company.

[7] Fairchild, H. P., *Survey of Contemporary Sociology*, Nelson, New York, 1934. p. 6 ff.

10. Babies sold for adoption.
11. Child work permits show big decrease.
12. Farm income falls 57% in three years.
13. "White-collar" men form 28% of idle.
14. Robberies in lead in nation's crime.
15. Public tolerance called crime ally.
16. 40% of crime traced to youths.
17. Mob kills 2 indicted Negroes.
18. Rackets linked to politics.
19. $750,000 lottery uncovered in raid.
20. Increase in needy tenfold in 4 years.
21. 4,000,000 idle to be hired.
22. Work authorized as drought relief.
23. Bonus march menaces capital.
24. Relief breakdown charged by needy.
25. Minimum wage sought.
26. Unrest of labor on union question.
27. Tear gas ends riot.
28. Farmer-Laborites now openly "red."
29. Nazis to control all cultural life.
30. New drive aimed at Jews.
31. Doctors attack state medicine.
32. Doctors condemn health insurance.
33. 85,000 churches listed as "feeble."
34. 3,500,000 children deprived of education.
35. Ministers divided on anti-war stand.
36. Obscenity scored in 3 best sellers.
37. Social insurance declared menace.
38. Leaders analyze leisure problem.
39. Consumers fight new retail code.
40. Predicts collapse of our civilization.

These news items summarize bald facts, superficial observations, opinions, half truths, comparisons, predictions, and editorial or other hopes and fears. This is the field covered jointly by social problems and the press. It covers those facts and hypotheses which are apparently correct, which are considered sufficiently important to merit attention, and which are passed upon by group censorship.

Even with these limitations, the foregoing news events may be used to describe the salient characteristics of social problems. In the first place, they name conditions which, singly or in combination, are recognized as significant deviations from the

ordinary. They disclose, therefore, our essential social problems and their primary origins. At the same time, by reference to comparisons and minimum norms of well-being, they indicate those measurements which may be used as positive criteria to brand certain conditions as desirable, and others as undesirable.

In addition to these contributions, our newspaper course in social problems furnishes a classification of major problems by type. There are, for example, primary social deficiencies arising from economic conditions, from physical and mental handicaps, and from inefficient cultural or social relationships. These deficiencies summarize more or less completely those personal or group factors from which social problems emerge. Consequently, they are either social problems or their immediate causes. While it is true that any division of social problems by type creates an artificial classification—since it fails to show how any one problem or its causes may be related to other social problems—we may avoid the futility of one-sided analyses by assuming multiple causation. When this precaution is adopted, the division of social problems by types proves its usefulness; first, in disclosing the chief fields of social research when social problems are an object of scientific interest, and second, in directing attention toward probable solutions.

Of course, some authorities would argue that none of these illustrations represents one of our real social problems. Looking at the world as a mechanism of cause and effect, they prefer to reserve the caption "social problems" exclusively for those major conditions which are the essential causes of social inefficiency. In other words, a social problem is not a social problem until its causes are clearly delineated or its solutions clearly stated in theory. There is considerable value in this point of view, because it narrrows the range of human relations to be included in this study. Why should we not revise the above news items and classify them under a few major categories? Instead of charity and poor-relief, let us call the problem industrial disorganization or uncontrolled human breeding.

Instead of unemployment or a plan for its subsidy, let us refer to the unequal distribution of wealth, overpopulation, a surplus of labor, or uncontrolled breeding. Is it not true that efforts to raise the standard of living are simply palliatives aimed at the more equal distribution of income or the removal of other barriers to social adjustment?

A similar attitude may be adopted with reference to particular problems of health (physical or mental) and to our various kinds of cultural inefficiency. Why not classify the former as problems of population, and the latter as problems of social disorganization? This generalizing attitude serves the purpose of isolating major zones of human disabilities. It certainly evades the accusation that social problems are concerned with minor or obscure issues, but it also neglects other salient factors which are essential to a discovery of the causes and consequences of social problems.

The climax of this manner of thought is reached in the designation of *the problem, the cause,* and *the solution.*

General social problems. Ordinarily, social problems are those personal or group abnormalities which manifest themselves when people live in groups. They are, in other words, no more specific than the problems of normal human groups, or than problems normal to human groups. Poverty and unemployment are, by way of illustration, chronic social problems. They have occurred historically and in contemporary society under many different forms. They are non-specific. To be made intelligible, from the standpoint of either causes or cures, they must be separated into their several different types.

Group judgments, or the mores, therefore, are the variables which isolate specific social problems. Some social problems are wholly anatomical or biological disabilities, differences in intelligence or in emotional make-up. But none of these conditions causes social problems or becomes a social problem until group criteria are applied to it. Originating from an entirely different source are cultural unadjustments, manifested by atypical habits or conduct; yet these also become social prob-

lems by the same group criteria. In both of these general classes of problems, and also in their origins, we note that any problem may be recognized as a distinct social problem or as a cause of problems. Consequently, any social problem may be solved by one of two methods: (1) by the elimination of its physical or social causes, or (2) by the modification of the group criteria which are used to differentiate between the normal and abnormal.

Social problems are those abnormal conditions appearing in group life which are considered dangerous and intolerable. Group association and coöperation have advantages which must be preserved. Social problems are regarded as threats to these favorable aspects of association, and hence they must be eliminated to safeguard society. As intolerable conditions, society seeks to prevent their occurrence; as dangerous conditions, society seeks to control or remove the groups in which they originate. Prevention usually requires changes in social organization. Since this is always a painful process, remedial adjustments are more frequently resorted to. Through either preventives or remedies, social problems may be identified. They are recognized in general as factors or causes of social disorganization, and specifically as unadjustments, maladjustments, or pathologies. Each of these synonyms of social problems indicates different degrees of social disorganization, and hence different causes and the need for different readjustments. Social problems are made specific by their connection with definite criteria of the intolerable or dangerous.

This interpretation of social problems suggests two obvious handicaps to their scientific solution which are apt to be discouraging. In one class of problems, the human relations involved in their making are so intricate that, though the problems may be described and defined with reasonable clarity, they cannot be traced to any manageable sequence of causation, and their solutions are probably impossible. These may therefore be called normal human problems, because they appear to be inevitable products of group relationships, arising or disap-

pearing as human relations change. Then, there is a second class of problems, dissimilar to the first in that they can be fully traced to their origins in personal or group inefficiencies, but similar to the first in being equally resistant to social control. Problems such as these defy solution by current methods and materially extend the scope of social problems and research.

The chronic, persisting social problems are usually the most abstract, and at the same time the most interesting. Investigation into the reasons for their recurrence is stimulated by two motives: (1) the desire to understand more fully one or more aspects of the human relationships which these problems affect, and (2) the desire to furnish a scientific basis for social reform. Lest the student be indifferent to the former and skeptical as to the latter possibility, it is important to remember that the two handicaps to social research indicated above have their counterpart in every form of scientific study. Pathologies of plant life can be fully described without adequate causal explanation. Similarly, a few physical ills of human beings can be treated when their causes are unknown, while others can be fully traced as far as their causes are concerned but must run their course without any remedy or prevention from medical science. Identical characteristics in social problems are simply indicative of the major importance of this field of human research.

This brief introduction furnishes the one most descriptive adjective applicable to the nature of social problems: (1) they are complex. The heterogeneous mixture of causes and problems must be subdivided into specific types of problems in order to be understood or treated. In addition to classification, there are other means by which the problems may be identified. Reference has already been made to the fact that problems are (2) defined in terms of normal living conditions. This definition is always an elastic one, meaning "normal" to certain cultural standards at a given time and in a given place. Social problems, in other words, are determined by changing stand-

ards of human welfare. It is for this reason that they are (3) traced to multiple causes, and are defined frequently less in terms of pathology than as (4) social adjustments which are necessary for the prevention of pathologies. A final characteristic of social problems is that they (5) involve a large number of people.

Social problems, then, may be described in terms of those five characteristics. They are natural phenomena, representing the social unadjustments of a large number of persons. They are defined by the society in which they occur as abnormal, and reforms or solutions are sought by society for its own well-being.

Major and minor social problems. Further efforts to describe the scope of social disorganization resort to general classifications. One procedure classifies social problems as major or minor. This division recognizes problems to be of major significance because of their history, or because they affect large numbers of people. Minor problems, on the other hand, refer to those conditions which are rare or relatively recent. Major social problems may be stated as definite liabilities, such as famine, war, epidemics, overpopulation, disasters, immigration, racial conflict, competition, ignorance, and housing congestion. They may also be reviewed as goals to be achieved, such as economic surplus, peaceful settlement of international disputes, public health, eugenics, controls over population growth and mobility, legal reforms, city planning, improvement of leisure-time, community organization, elimination of race friction and economic wastes, and improved educational facilities.

A second classification of social problems also recognizes two general divisions: personal and group problems. Problems due primarily to personal causes and to some extent within the person's control are put in the first category. Group problems, by contrast, refer to those unadjustments which affect vast numbers of people, and which are not susceptible to control by individual action. These are called the major problems in

this division, and are identical with those similarly designated in the preceding classification. This distinction between social problems as primarily those of the individual or of the group is useful in a causal approach, but no one has clearly stated the relationship between them—whether personal disabilities, for example, are the causes or the results of group disabilities. Within recent years, however, there has been an increasing interest in this approach, which has been used in many sociological and psychological investigations.

These procedures are each too general a method for the division of social problems. The chief argument in their favor is that they encourage causal analyses. The chief objection is that they raise more theoretical questions than they are able to answer. Perhaps the newspaper method of naming discrete problems is preferable. At any rate, the newspaper method suggests a classification by types, and indicates the relationships between these types.

How social problems are measured. Social problems may also be classified into their chief types by the norms or standards that are employed in their definition. This division usually takes the outstanding trait of any problem as the basis of its classification, whether the trait is the social problem, its primary cause, or its consequence. By this approach, a middle position is taken between spectacular problems, which are overemphasized by the tabloids, and the major problems of the social theorist; neither type, however, usually amounts to much in the long run.

Social problems are classified in this manner by comparisons. In the society of our own day, we compare the rich and the poor, the well and the ill, the intelligent and the dull, the literate and the illiterate, or the law-abiding and the criminal. These are obvious distinctions between well-being, which we call social adjustment, and social failures or misbehavior, to which we assign the term social problems or social maladjustments. Scores of other contrasts might be mentioned, each involving a problem and a desired solution. In each contrast,

a lower limit is employed as an index, either of a social problem or of its causes or results. Rarely does a physical disability or a social condition gain the recognition of this group censorship until it has become a serious numerical obstruction to group welfare.

Every society has its own interpretation of the content and range of its problems. Owing to uniformities of human nature in all countries and at all times, basic social problems have always been the same. The Bible is an original source book of many contemporary conditions which are branded as undesirable. These conditions may be traced historically as persistent evils within organized society.) One of the most direct methods of determining social problems in contemporary society is by comparison of present cultural groups. Thus, we speak of the social problems of the Chinese, of Russia, of Negroes, of immigrants, or of a primitive tribe. Some problems cut across all these groups. But, each culture also will have distinctive exceptions in its own catalogue of problems. Variable standards of well-being observed by these different societies are the final indexes of the problems. Similarly, variations in the range of social problems will arise from differences between the social classes which compose one culture. An important exception to either of these generalizations occurs when two or more cultural groups merge and the culture of one is used as an index of the well-being of all. Pertinent examples of this occurrence in our own country are to be found in our present Negro and immigrant problems.

From an historical summary of personal and group disabilities, four general criteria may be selected as measurements of normal social conditions: (1) economic criteria of man's material well-being, (2) biological criteria of physical health and efficiency, (3) biological and psychological criteria of mental fitness, and (4) cultural criteria (other than economic) of personal and group maladjustment. Deviations from these criteria become the symptoms of social problems and are approximately indicative of their causes. We adopt these criteria on the

assumption that the size of a man's income, his health, intelligence and mental condition, and his cultural contacts are primary factors determining his opportunities for personal achievement or failure.

Criteria of social welfare.

1. *Economic:* Distribution of wealth and income; wages; money income; costs of living; standards of living; regularity of employment; working conditions; hours of labor; occupational hazards; pauperism; family dependency; child labor; housing congestion; economic wastes; economic conflicts.
2. *Biological:* Vital rates—birth rates, death rates, sickness rates; longevity; life expectancy; special mortality and sickness rates—infant and maternal mortality, incidence of tuberculosis, influenza-pneumonia, heart disease, cancer; incidence of physical defectiveness—blindness, deafness; accidents—fatal and disabling; incidence of minor disabling illnesses.
3. *Biological and psychological:* Incidence of mental diseases, organic and functional; incidence of feeble-mindedness—idiocy, imbeciles, morons; illiteracy; school attendance; "school mortality"; suicide rates; incidence of mental ill health (non-hospital cases), and minor personality unadjustments.
4. *Cultural:* (a) Family disorganization—divorce rates, child dependency, dependent widowhood, the aged dependents, migratory families, marriage rates. (b) Crime and delinquency—crime rates; rate of convictions, imprisonment, probation and parole; rates of juvenile delinquency. (c) Use of leisure—amount of leisure time, leisure-time activities, public recreational facilities, membership in various community or fraternal groups, commercialized amusements; use of public library; per cent of family budget spent for advancement. (d) Social service—administrative organization of public and private social work; public and private expenditures for recreation, social work, and education.

These criteria are suggested tentatively as being sufficiently objective to supply an outline of our major social problems. Of course, they are incomplete, partly because they represent only those facts which have been considered important enough to be recorded, partly because many of them are exposed to the bias of personal interpretation or even of partial record. In spite of these limitations, they are by no means arbitrarily selected. Our failure to enumerate more tangible indexes of social welfare is due largely to their ethical make-up. Some

criteria, however, are fairly absolute, such as health, longevity, occupational security (absence of industrial hazards), absence of economic want, mental health, marriage and family stability, and law observance. But even these are subject to opinions when society attempts to establish within any one criterion degrees which are to be regarded as normal. On the whole, they supply the only method by which we can measure a community's share in well-being or ill-being. Correspondingly, a person's quota of these deficits or assets furnishes the most objective analysis of his physical or cultural status.[8]

Specific social problems. A classification of social problems under these criteria differs from those classifications which connect problems directly with some breakdown or inefficiency in the social institutions. It also fails to state, simply by outline, what are major and minor problems, and what are essentially personal or group problems. This compromise is adopted because no problem is wholly structural or functional. When the other methods are employed, major causes or reforms are assumed before a problem is analyzed. Upon investigation, we may find that no one problem falls completely under the division to which it is assigned. If this is the case in the majority of social problems, we have ample proof that no classification is of much use for detecting causes or suggesting remedies.

[8] Research students seek to discover a minimum number of these indexes which will give a speedy indication of a community's desirable or undesirable status. Thus, from the point of view of both positive and negative values, C. F. Schmid suggests such a combination as (1) mobility of population; (2) composition of the population; (3) health conditions; birth, death, and sickness rates; (4) home ownership; (5) extent of residence in hotels, etc.; (6) building construction; (7) land values and rents; evictions; (8) distribution of the chain store; (9) dependency rates; (10) pauper deaths and deaths from alcoholism; (11) child labor; (12) extent of homelessness and transiency; (13) wage rates; (14) crime, delinquency, suicide, vice, ganging; (15) family organization and disorganization; (16) membership and participation in church, civic organizations, fashionable societies, and other groups or institutions. Schmid, Calvin F., "Criteria for Judging Community Organization and Disorganization," *Proceedings, American Sociological Society,* Vol. 27: 116–122. While E. L. Thorndike suggests the same approach by compiling evidences of sound social adjustment suggesting (1) per cent of literacy; (2) circulation of magazines; (3) per capita value of schools, parks, and other public property; (4) expenditures for different items of the budget; (5) health resources. Thorndike, E. L., *Your City,* Harcourt, Brace, New York, 1939, pp. 189–190. ———, *Human Nature and the Social Order,* Macmillan, New York, 1940, pp. 427–428.

Moreover, if a problem is classifiable under each of these divisions, there is some evidence to show that it is probably a major problem.

Social problems arising from economic sources:
- Poverty.
- Unemployment.
- Occupational hazards.
- Income and standards of living.
- Family dependency and poor-relief.
- Housing.
- Women and children in industry.
- Labor conflicts.
- Population, quantity, quality, mobility.

Social problems arising from biological sources:
- Physical illness:
  - Deficiency diseases, malnutrition.
  - Communicable diseases.
  - Infectious diseases.
- Social hygiene.
- Physical defectiveness:
  - Blind, deaf, crippled.
  - Minor physical defects.
- Problems of public health.

Social problems arising from mental sources:
- Mental disease:
  - Neuroses.
  - Psychoses.
  - Epilepsy.
- Feeble-mindedness.
- Mental hygiene.
- Personality maladjustments.
- Alcoholism.
- Suicide.
- Mendicancy.
- Drug addiction.

Social problems primarily cultural:
- The aged.
- The homeless.
- Divorce.
- Desertion and non-support.
- Widowhood.
- Adult crime.

Juvenile delinquency.
Administration of penal agencies and institutions.
Unmarried mothers.
Illegitimacy.
Racial conflict.
Public recreation.
Problems of immigrants.
Urbanization.
Rural problems.
Religious conflicts.
Problems of children.
Vocational guidance.
Adult education.

This list furnishes a representative sample of contemporary social problems. Although it might be extended to include other difficulties, additions would consist largely of reforms or of causes of problems.[9] Each sub-group presents a more or less homogeneous array of problems coming from different sources. They are homogeneous to this extent: the social-economic problems are more akin to typical economic problems than they are to others in this list; social-health problems are more related to health or biological problems than they are to economic, psychological, or cultural problems; and so on. No one problem in any group is necessarily restricted to its major caption. For example, poverty may result from a business depression and be purely economic, or it may result from tuberculosis (biological), mental instability (psychological), or inadequate vocational training (cultural). Similarly, mental disease or physical illness may be a product of occupational hazards; and old-age dependency, which is classified as cultural to indicate an institutional deficiency (adequate protection for the aged), might also be the direct consequence of problems in the three foregoing categories.

This filiation or causal connection between the various problems points to three definite relationships between them. In the first place, each is called a social problem because it de-

[9] Lundberg, G. A., and others, *Trends in American Sociology*, Harper and Brothers, New York, 1929, pp. 375–378.

notes a condition which is universally recognized as a serious social unadjustment or as a cause of dependency. Secondly, almost any of these problems may be a consequence of many others. This conclusion is of slight value when the immediate task is one of personal rehabilitation, for the relief of emergencies may demand attention to superficial, personal factors. But, in the problem of community organization or mass reform, it is imperative that every scientific method or approach be used to determine basic causes. When such methods are employed, the investigator often reaches the conclusion that a problem is too complex to be solved. Hence, we recognize the validity of remedial as well as preventive reforms. A third relationship, traceable to this combination of causes, is found in the assumption that, if we could eliminate certain problems, others would disappear automatically. This hope has been the chief stimulus to social reform and to the description of social ills as primarily the consequences of one cause.

When social problems are studied by means of the criteria used to define them, and their incidence is given, we have a fourth general relationship. Whether or not any of the conditions previously mentioned is to be considered serious and a major problem is usually determined by its frequency. Therefore, when an index shows that a problem is increasing, the upward trend is considered a certain cause for alarm. However, the fact of increase is not an infallible criterion. Some of our most serious problems, such as the major causes of death, are decreasing; yet we do not consider them minor or solved problems. They remain in the list of major disabilities because they do not decrease faster. Ordinarily, however, a decreasing incidence is assumed to be proof of social control. However, many of our problems cannot be measured by this simple device. Some, for example, are cyclical, like poverty and unemployment; others show no perceptible tendency to increase or decrease, such as homicide, suicide, and illegitimacy. Problems of this kind are usually the most difficult to study or control. Whenever a problem behaves erratically in its nu-

merical incidence, we may be fairly certain either that it is not a problem, or that it is a group of problems which must be subdivided for further analysis. Divorce, for instance, is increasing. Most societies consider it to be a serious problem that destroys the family. On the other hand, the increase may be only an indication that our rapidly changing culture is moving toward a new form of family. If this point of view is correct, divorce is less a problem than a symptom of problems.

More serious than these fluctuations, from the standpoint of scientific investigation and comparison, are those problems for which we have no quantitative indexes. We classify them as problems through precedent, because other textbooks have recognized them. Yet, when the literature is examined, there is little evidence to justify this disposition. The characterization of such social problems as indefinite or subjective requires no elaboration.

The field of applied sociology. As a science, sociology is concerned with group phenomena: namely, social relationships and the basic factors in social evolution which affect them. Within general sociology, there are several specialized divisions, such as social origins, social evolution, social psychology, social organization, and social pathology. Applied sociology is also a major division of sociology and is connected with each of the foregoing divisions, as well as with the sciences which are associated with sociology in the study of man.

Applied sociology is frequently defined from two points of view: one view makes it identical with social pathology, and the other with the field of social problems. Both definitions are correct historically, but they can be understood only when sociology is traced to its origins in the philosophy of history or in social reform movements. In current developments of applied sociology, neither point of view is wholly satisfactory. Applied sociology is more extensive than social pathology, but it does not claim exclusive jurisdiction over the field of social problems.

Other sciences (physical and social) and the social arts are

equally concerned with social problems. It is therefore necessary to delimit the range of practical sociology. Since it is now generally recognized that any social problem may fall within the province of many sciences and arts, the particular contribution of each of these studies is no more important than its relationship to the others in coöperative research. The chief difference between applied sociology and the social arts is that the former is primarily interested in tracing how social problems develop from defective or unadjusted social relationships. Social arts, by way of contrast, are exclusively concerned with the treatment of problems which have their origin in any source of personal or group maladjustment.

Since sociology is described as the study of group relationships or of any condition which modifies them, applied sociology and social problems are connected directly by maladjustments arising from cultural conflicts, and indirectly by maladjustments arising from other sources. Applied sociology seeks to define these problems, to identify their principal characteristics and causes, and to suggest what might be done remedially or preventively. Such analysis necessarily involves prediction concerning the outcome of social reforms or what will occur if prevailing conditions are unchanged. All the social sciences and arts emerged from similar historical backgrounds, because they were dealing with similar problems. Their relationship has continued into the present, and their current separation represents only a complementary division of labor.

The definition of applied sociology by Lester F. Ward is a clear-cut description of its scope and limits. According to Ward, applied sociology is a science, not an art. It does not apply sociological generalizations, but shows how they may be applied. Ward's position is summarized by his theory of social telesis, which means conscious planning. In other words, men are intelligent enough or can become sufficiently intelligent to organize and control their own social life. Social telesis, therefore, seeks to regulate those social arrangements which were left hitherto to trial and error, and "applied sociology

. . . proceeds upon the hypothesis that the artificial is superior to the natural." [10] More recent definitions confirm this general point of view, making applied sociology the equivalent of those useful generalizations of group behavior which are applicable to the solution of social problems; or, according to Parmelee, applied sociology furnishes "a scientific basis for the art of social improvement." [11]

The field of applied sociology is further delimited by current definitions of social problems and by the frequency of these problems. There are two facts concerning their incidence and distribution which simplify research: one is their concentration by geographical areas; the other is their tendency to occur with unusual frequency in the same social classes. From community surveys, the records of social agencies, and public institutional data, we know that the most serious social problems are concentrated largely in the same social groups, and that these groups are located in fairly definite geographical areas. To the first of these characteristics we may apply the term "overlapping" or "convergence." Study poverty, tuberculosis, or family disorganization, in all of their manifestations, and it will be found that practically every social problem occurs with each of these as cause or result.

The second characteristic (the geographical concentration of social problems) has been shown clearly by community surveys of prevalence. It has recently created a new division of sociological analysis (the ecological), which is sometimes defined as a field of sociology or as a method of social research. In previous chapters, several references are given of the ecological distribution of specific problems.

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[10] Ward, L. F., *Applied Sociology*, Ginn, Boston, 1906. Shenton, H. N., *The Practical Application of Sociology*, Columbia Univ. Press, New York, 1928, p. 35. Dealey, J. Q., *Sociology, Its Development and Applications*, D. Appleton-Century, New York, 1920. Professor Dealey states Ward's position as follows: "There are . . . certain sociological teachings which, rightly understood and applied, may aid society in the formation of a telic policy looking forward toward the elimination of social defects. At least the statement of these teachings may suggest the general direction in which society must look, if it would lighten its present heavy burden of taxation and misery," p. 381.

[11] Lundberg, G. A., and others, *op. cit.*, pp. 352–353, 374. Parmelee, M., *Poverty and Social Progress*, Macmillan, New York, 1921, pp. 7–8.

In the incidence or frequency of a few problems for which there are quantitative norms, we have a useful supplementary key to the range of applied sociology. According to a variety of sources, the following indications of numerical incidence illustrate the social and geographical concentration of social problems:

1. Poverty—10 to 30 per cent of the total population. In the most prosperous years, the proportion of income receivers who earn enough to make income tax returns is about 8 per cent.

2. Unemployment—2 to 15 per cent of the gainfully employed.

3. Industrial accidents—7 per cent of the industrial population are injured each year. The industrial accident rate of the United States is higher than that of any other industrial country. In the National Health Survey of 1935–1936, the estimate was made that people in the age-group 25 to 64 lost on the average about ten days per year because of illness or disability from accidents.

4. Ill health—one-fortieth of the population is ill to the extent of being bedridden, and for every person who is bedridden there are two whose efficiency is materially reduced by chronic disease. On the average, there are two million ill persons in this country each year, at a cost of two and one-half billion dollars.

5. Venereal diseases—8 per cent of the population is stated as a conservative estimate of the prevalence of these diseases.

6. Physical defects (plus economic dependency)—1 per cent of the entire population.

7. Mental disease—4.5 per cent of the entire male population, or one in every 22 males, become hospital patients; one in every 10 males becomes mentally ill at some time during his life.

8. Feeble-mindedness—conservative estimates of the extent of mental deficiency range from one half of 1 per cent to 2 per cent of the entire population.

9. Widowhood—there are 5 million widows in this country, a great proportion of whom do not have adequate means of support for themselves and their children.

10. Old-age dependency—25 to 35 per cent of all persons 65 years and over are wholly or partly dependent.

11. Divorce—every year over 400,000 couples are divorced in this country, making the rates about 1 in every 5 marriages.

12. Crime—one person in every 100 of the population in this country has been convicted of crime; 5 in every 100 have been arrested. An estimate even more severe than this has been made by the American Bar Association, namely, that one in every 37 persons in this country is a criminal and that one major crime is committed every 22 seconds. The United States has the largest prison population (in proportion to population) of any country in the world.

13. Juvenile delinquency—on the basis of the reports of 462 courts serving 36 per cent of the population, it is estimated that nearly one per cent of the nation's 17 million children between the ages of ten and sixteen pass through the juvenile courts as delinquents each year.

14. Education—the National Education Association found from a survey of the population 25 years and over that 4 per cent have never attended school, 13 per cent have not completed fourth grade, 56 per cent have only an eighth grade education, and 75 per cent have not finished high school.

Summary. Social problems are generally defined as inequalities in contemporary social organization. These inequalities may be primarily economic differences in material well-being, or they may refer to physical, mental, or social differences. In the four inclusive types of social unadjustment or of personal disabilities, we have a simplified basis for the classification of major problems and for the discovery of their causes and results. Perhaps the most important summary fact concerning all social problems is that society as a whole is preoccupied with their elimination; they are thus made a major field of social research. A second generalization is that

almost every social problem represents a cross section of each of the four types.

This relationship and interdependence of social problems and their causes are frequently illustrated by Darwin's story of the cats and the clover, which points out the sequence between several apparently unrelated phenomena. Clover is cross-fertilized by bumblebees; consequently, bumblebees are an important determinant in the production of clover. Mice prey upon the nests of bumblebees, destroy them, and thus reduce the crops of clover. But cats hunt and destroy field mice; hence, the more cats in neighboring villages, the fewer mice, the more bumblebees, and the better the crop of clover. "And the more kindly old ladies there are in the village, the more cats there will be." [12] A comparable sequence and causal relationship appear as inseparable elements in the causes and cures of social problems.

From their correlated and interdependent character, the five typical characteristics of social problems may be isolated. These are: (1) their complexity, each problem being a medley of causes and results of problems; (2) their definition as exceptions to norms of well-being; (3) their multiple causation; (4) the need for readjustment or reform; and (5) the large number of persons who are victimized by them. From each of these five points of view, any one social problem develops under many different circumstances and within a wide range of maladjusted persons. Consequently, no one person or volume can deal exhaustively with the scores of personal and group disabilities which have become at various times man's major problems. They necessarily must be reviewed in segments.

The separation of the sciences, which deal with selected aspects of these problems, and of the social arts, which furnish treatment for different pathological conditions, is the most direct confession of the complicated character of the problems.

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[12] Adapted from Lippmann, W., *The Phantom Public*, The Macmillan Co., New York, 1925, pp. 31–32.

On account of this separation, it is well to adopt a multiple or correlated approach in their analysis.

Another summary adjective characterizing most social problems is "contradictory." Social problems are necessarily complicated because they have not been studied completely (incomplete historical records), or because of their multiple causation. There is also much needless complication because of their ethical implications. Almost every problem is a composite of objectively measurable conditions and of subjectively determined norms or mores.

When the national government, during the years 1930 to 1932, was trying to introduce an economic policy which would relieve the two problems of increasing unemployment and increasing taxation, the following statements were made to indicate the government's attitude (ethical impression) toward these objective situations: [18]

1. The only sound fiscal policy is to reduce the expenditures of the government to the last cent.
2. The Federal government must make its contribution to expanded employment so long as the present situation continues.
3. These are times when with the large deficit facing the country even meritorious projects can, must, and will be deferred.
4. The Federal government is taking its part in aid to unemployment through the advancement and enlargement of public works in all parts of the nation.

These four statements represent one economic policy by a government confronted by a mixture of problems. "Boil all this down," commented the *Outlook,* "and what we have is the self-contradictory statement that the government must save money so as to relieve the taxpayers, but must spend money so as to relieve the unemployed."

Self-contradictory statements are common occurrences in the therapy of lawyers, psychiatrists, doctors, educators, and preachers, as well as in politics and social work. In the literature of social problems, we find that thrift is recommended as the only resort available to the individual for self-insurance against

[18] *Outlook,* Vol. 159: 263.

poverty. We also read that thrift is impossible for the economic classes which should practice it. Congenital syphilis is a cause of feeble-mindedness. Feeble-mindedness is a causal factor in the spread of venereal disease. The United States is the wealthiest country in the world; increasing wealth in this country is accompanied by an increase in the numbers of poverty-stricken people. Paresis is a result of syphilis, but Negroes who, as a class, have a high percentage of syphilis, do and do not have a large incidence of paresis. Desertion declines with increased unemployment and with the downward swing of the business cycle; desertion is caused by the effort of the father to get employment, and hence is a temporary sacrifice of family obligations in order to insure the permanency of the family.

These are typical "problem situations." They may be paralleled by all social problems. Note that the contradiction in these instances is not about the general undesirability of the situation or the need for solution, but arises from indefiniteness as to particular solutions for particular classes. Sometimes the contradiction is caused by lack of adequate information; this can usually be corrected by further research. But the real problem rests upon the decision as to whose welfare shall be fostered, whether it is to be that of field mice or village cats. This difficulty has been in the background of major historical and contemporary social problems: for example, economic freedom, political equality, and prohibition.

In one of his plays, Terence describes a young man who is disconsolate because he has been refused by the young lady with whom he is in love. "Ah!" says the young man in the presence of his slave, "I must think logically." To which the slave replies, "'To think logically when in love is to say, 'this person is rationally insane.'" The study or solution of social problems veers dangerously toward this paradox.

For this reason especially, social problems must be studied methodically and from many angles. The student must avoid the easy solution, which delights in assuming conditions con-

trary to fact. The latter privilege is reserved to journals of opinion and social reformers. Moreover, the student must not fail to be a social interpreter. In a theoretical summary of social problems by A. W. Small, we read: [14]

> Whatever social problem we confront, whatever persons come into our field of view, the first questions involved will always be: To what groups do these persons belong? What are the interests of these groups? What sort of means do the groups use to promote their interests? How strong are these groups, as compared with groups that have conflicting interests? These questions go to one tap root of all social interpretation, whether in the case of historical events far in the past, or of the most practical problems of our own neighborhood.

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Questions

1. How do human social problems differ most markedly from problems of sub-human groups?

2. In what respects do these types of problems differ in their susceptibility to (a) study, (b) treatment, (c) prevention?

3. In what important way is culture always connected with human social problems?

4. Is it true that there are several competing moral codes which give varied definitions of the same social problem? Are morals and mores equivalent terms?

5. Name some historical social problems which are no longer considered of serious consequence. Why were they classified as serious by previous generations? When did they cease to be recognized as problems?

6. What various kinds of problems have been classified as *the* social problem?

7. Classify several problems as major or minor. Are major problems those of the group? Is group disorganization the primary cause of personal problems?

8. Can you suggest certain social situations which have most of the characteristics of social problems but are rarely defined as social

problems? Why does society hesitate to identify such conditions as problems and yet attempt to treat them indirectly?

9. What are the essential elements in a social problem? Prepare a list of social problems that occur in your local newspapers and identify the essential elements of each.

10. Restate some of the problems given in the newspaper list as at least two different types of social problems. What moral judgment are you employing in each restatement?

11. Analyze any problem discussed in preceding chapters from the standpoint of (a) its complexity; (b) the social relations involved; (c) its causes; (d) persons affected by it; and (e) the proposed solution.

12. What is the central task of social reform, according to Fairchild? See *Foundations of Social Life,* p. 257.

13. What criteria of personal and group adjustment does Folsom include in his barometer of social welfare? Note reference above, *Culture and Social Progress,* pp. 251–252. Why does he consider certain indexes to be unreliable criteria of social problems?

14. Are the economic costs of problems a significant criterion of their seriousness? How would you proceed to discover the costs to society of any social problem?

15. Is a problem always serious when it is increasing in frequency and unimportant when it is decreasing?

16. When any social science tries to solve a social problem, what are some obstructions that usually prevent solution?

17. Are all social problems the problems of applied sociology?

18. Are all the problems of applied sociology social problems?

19. What general techniques does society possess for the solution of social problems?

20. What social services are organized in your community to aid unadjusted persons or groups?

CHAPTER XX

THE NATURE OF SOCIAL PROBLEMS

MINOR irritations or unfulfilled desires are often used to illustrate the beginnings of typical social problems. Most people are able to take care of these difficulties without advice from the experts. Nevertheless, as superficial as they may appear, these minor disorders do resemble most social problems in the entire sequence of their development from varied and often hazy origins to outcomes of an extremely odd and unpredictable nature.

What these difficulties are is made specific by the following report on the common troubles that people have.[1] They include personal needs or aversions: how to avoid baldness, the desire to gain or lose weight, how to acquire good posture, beauty needs, how to put on make-up, how to get rid of an inferiority complex, the desire for distinction, how to become a public speaker, wanting to get married or, if married, worries about the good faith of husband or wife, finding lost relations or friends, how to bring up children, how to adopt a child or occasionally how to be rid of an unwanted child, how to break undesirable habits, how to get a better job, how to sell one's self, how to be born again, how to develop a dynamic personality, loneliness, spiritual and religious worries and problems.

Though apparently superficial in character, the extent and the seriousness with which these problems are regarded, may be judged in part by the numerous social resources and prac-

[1] Steiner, L. R., *Where Do People Take Their Troubles,* Houghton Mifflin, Boston, 1945. See also Wallin, J. E. W., *Minor Mental Maladjustments in Normal People,* Duke University Press, Durham, N. C., 1942.

titioners that are in business to answer questions or supply treatment. They include experts in divine and metaphysical psychology, human relations counselors, advisers to lonely hearts, radio programs of experience, newspaper and magazine columnists, good-will courts, mail-order clinics and universities, character analysts, marriage brokers, introduction services, escort bureaus, correspondence clubs, healing cults, new thought therapies (their leaders being dignified by such degrees as Ms.D.; Ps.D.; D.S.B.; L.T.; B.S.D.; F.R.E.S.), numerologists, astrologists, colleges of divine metaphysics, exponents of yoga, theosophy, and telepathy, fortune tellers, mediums, and graphologists.

Subjective and objective approaches. Troubles of this personal variety may be compared with general conditions of social maladjustment or pathology to establish the difference between subjective or individual problems and objective or institutional problems. The latter are generally noted by such references as the social debtor classes, the dependent, defective, and delinquent, the socially inadequate, the submerged tenth, upper and lower classes, deteriorated areas, political corruption, family disorganization, psychopathic personalities, or group conflicts. These are common academic expressions, descriptive of the principal types of social relationships in which there are unadjustments.

In the vocabulary of the "man in the street," identical situations are recognized and labeled as undesirable. The man in the street speaks of hard times, of the Blank family as a tough lot, of so-and-so as a hoodlum, a numskull, or a good-for-nothing; and, on the contrary, of good times, society people, the best families, and our leading citizens. Correspondingly, his geography is social. He divides his community into sections, balancing Dogtown, Shoo-Fly Village, and Goat Alley with Puritan Heights, the Country-Club District, and Sheridan Boulevard.

These academic and popular terms refer to the same social conditions. Both look at social problems from the same point

of view. They indicate that any social problem is a matter of comparison and is derived by measurements or opinions concerning the normal. They also show that no condition becomes a problem until entire groups of persons are found with the maladjustment or pathology. Moreover, each problem is characterized by a composite mixture of emotional and objective elements. But neither of these con pts defines social problems in general, and consequently ea fails to outline a clear-cut field of social research.

Normal and abnormal. Defining social problems as a whole, the academic writer states: [2]

> All social problems turn out finally to be problems of group life, although each group and each type of culture has its own distinctive problems.

By the average man, this definition is interpreted to mean that, when something is wrong with a person or with many persons, the entire group is involved with these wrongs, directly in defining them as abnormalities, indirectly perhaps in their causation. Consequently, he is willing to join forces with the theorist to find out what is wrong and why, and to secure right if this is possible.

To the theorist, this definition means that there are general classes of social problems, all of which manifest themselves in defective group relationships. He defines problems in terms of the group in order to include the problems of persons (which might exist independently of group contacts) and the variable standards or opinions that any group may employ in its own classification of problems.

This connection between social problems and group life refers to their immediate and remote sources. Problems occur with social stratification and with the shifting of group relations or interests. Many attempts have been made to elaborate an inclusive theory of social problems, especially to explain their rise and persistence. Those theories refer to

[2] Park, R. E., and Burgess, E. W., *Introduction to the Science of Sociology*, Univ. of Chicago Press, Chicago, 1924, pp. 47–48.

economic and occupational stratification and to social change, isolation, mobility, and cultural and individual differences. Consequently, if social problems are to be explained in their several meanings, we must explore their sources in the individual as well as in the group, in order to include the maladjustments or pathologies that various historical groups have classified as problems.

Social problems, therefore, are abnormalities in social relationships. As a generic concept, these deviations from the normal may be subdivided into two categories, consisting of pathologies (disabilities in the physical or mental make-up of persons within the group) and of maladjustments, which are the equivalent of social disorganization (inefficiencies or conflicts in the social institutions). The distinction between individual pathology and social disorganization is necessary at the outset to ensure a scientifically valid approach to the many different manifestations of socially approved or censored relationships.

Main classes of social maladjustment must be distinguished, for the obvious reason that the several synonyms of social problems are not precisely equivalent. Such terms as social pathology, social unadjustment, or social disorganization are often used interchangeably. In their most acceptable usage, however, these terms are limited to different orders of social fact. Some writers, too, have confused the general meaning of social problems by mixing problems and their causes or problems and their treatment. Since many problems are difficult only because they are not subdivided in this manner or because they have not been thoroughly investigated, an excessive strain is put upon the social theory which pretends to include causes and treatments as well as the problem itself.

An example of these difficulties in social study is found in the problem of population. Population and almost any biosocial problem of health are mixtures of medical, moral, economic, and social maladjustments and of different syste treatment. These illustrations also clarify the statem

nearly every social problem is important because it means a relatively unstudied social situation.

Types of social abnormality are most easily distinguished by classification. Since pathologies may be due either to social disorganization or to individual causes not social in nature, social problems as a whole are generally classified into three categories according to their primary origins. One class of problems includes maladjustments between groups and the physical world. The second consists of individual differences that result in the inability of the person to adjust himself to either his physical or his social world (the pathologies). The third includes cultural unadjustments as causes of maladjustments. This group of problems is by all odds the most serious. They are the most numerous and, since they are products of man's own creation, are exceedingly difficult to eliminate. Obviously, each of these classes of problems is defined by different standards of the normal or of the subnormal.

Civilization and social problems. All social problems eventually become problems of the group because they manifest themselves primarily by cultural differences. When problems are defined or diagnosed in terms of culture, civilization becomes the chief variable in their making. Civilization means the endeavor to control natural forces and processes which, if they are unchecked, are man's enemies. Any civilized society is exposed to all kinds of natural calamities—droughts, earthquakes, famine, pestilence, and so on—and these are the principal physical and biological causes of group problems. Incidental to this formation of barriers between man and nature, civilization sets up a social organization (its various social institutions and administrative agencies). Social organization, in turn, becomes another major source of problems, those distinctly made by man. Since the social institutions are never static, their constant change is a primary cause of maladjustment and pathology. There is no guarantee that organized society will prove congenial to all persons. Consequently, civilization, with its changing social situations and with its unusual demands

upon human nature, exceeds many individuals' capacity for adaptation. Sometimes it requires the sacrifice of entire groups.

Thus, problems arise from the two processes of natural and social selection. Some of them, explainable in terms of physical or biological abnormality, involve a relatively small but constant number of persons. On the other hand, there are some problems that have no physical or biological explanation. Social selection is considered the cause or the foster-parent of these group problems. Parsons accounts for the origin of most of our problems by stating that "human beings have not learned how to live together under conditions of civilization." [3] He also is optimistic about the eventual solution of such problems: "No problem created by society is too difficult for human intelligence equipped with knowledge." In other words, the test of civilization is its ability to eliminate the cultural origins of problems in defective social relationships. This test also includes the control exercised by civil customs over biological or mental defects arising from the conflict between social and natural selection. Many contemporary philosophers disagree pointedly with the assertion by Parsons that society can solve any problem which it creates. Regardless of this disagreement, it may be well to recall MacIver's statement that nature solves no problem which man creates. If this conclusion is justified, it furnishes the most direct challenge to civilization and social reform.

In the preceding chapters, different group problems have been separated into three divisions. This classification differs from what might be called the natural rise of social problems because its subdivisions are not mutually exclusive. It is primarily a summary of contemporary problems upon which some information is available. Since historical and international (political) problems are excluded, many of the most

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[3] Parsons, P. A., *An Introduction to Modern Social Problems*, Knopf, New York, 1924, pp. 73–74. MacIver, R. M., *Community: A Sociological Study*, Macmillan, London, 1917, p. 242 ff.

frequently mentioned causes of problems are omitted. However, it does provide a basis for the interpretation of social inequalities or abnormalities that civilized groups recognize as major problems. One entire division of problems, the physical (those arising from maladjustments between man and his world), is omitted because it consists largely of problems in engineering or of problems that, from the standpoint of remedy, are problems in poor-relief. Applied sociology or the social sciences in general are either unrelated to their causes and solution, or are related only indirectly.

Attention, therefore, has been given to the following:

1. *Our economic failures.* These include the inability of social organization to effect an adequate distribution of material goods. This group of problems is placed first, because they are the nearest approach to primitive man's essential struggle with nature for mere physical maintenance. Economic planes of living are probably more equal and secure in modern society than during any preceding historical period, but the social consequences of the modern struggle for existence do not differ greatly from those of previous societies. These consequences appear in a wide variety of cultural unadjustments.

2. *Our physical and psychological inequalities,* caused by individual differences or by a social organization that is unable to protect the individual against the hazards of modern life. Social problems, originating from physical or mental causes, are evidences of both biological and social selection. They may be regarded, therefore, as problems or as causes of problems. Generally they are both, and in either instance the elimination of the cause or the solution of the problem requires more than cultural readjustments.

3. *Our cultural failures,* arising primarily from inefficiencies in social institutions other than the economic. These include a vast number of miscellaneous group liabilities in the family, state, school, or in any other organized activity. These group problems may be the direct result of causes classifiable under

economic, physical, or psychological divisions, or may be the result of cultural conflicts between the social institutions. Cultural maladjustments furnish the most distinctive characteristics of human groups, but they differ among groups because of varying standards, attitudes, and interests. For this reason, one of the first questions raised by sociologists when they begin the analysis of problem persons is: to what groups do these persons belong?

The enumeration of problems classifiable under the foregoing three divisions affords the most direct interpretation of their meaning. The general nature of social problems also becomes apparent by historical contrasts. Thus, looking at a primitive society, we distinguish the following as social problems: slavery, human sacrifice, the inferior status of women, sexual promiscuity, alcoholism, superstition, abortion, laziness, and extreme disregard for sanitation.[4] In ancient and medieval history, problems incidental to an expanding and mobile population came to the foreground. These included political, economic, and social class conflicts; slavery, serfdom, tenantry, and wage labor; piracy and warfare; migration and colonization; organization of national states; taxation; conflicts between church and state; conflicts between other organized groups, such as capital and labor; and, on a small scale, urbanization.

From a contemporary point of view: [5]

> We have the problems of poverty and dependency, crime and delinquency, sickness and physical handicap, unemployment and discontent, ignorance and inefficiency, dissipation and wanton waste, and scores of other social ills which blight and mar the prosperity and progress of society.

Among these scores of ills we might include housing problems, exploitation, community disorganization, ugliness and filth, pollution of rivers and harbors, vocational competition be-

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[4] Smith, W. C., *The Ao Naga Tribe of Assam.* London, 1925. Jenks, A. E., *The Bontoc Igorot,* Chaps. 2, 3. Ethnological Survey Pub., Vol. 1, Manila, 1905.

[5] Gillin, J. L., and others, *Social Problems,* Century, New York, 1928. p. 38. Re-ed. D. Appleton-Century, 1943.

tween men and women, vocational education and placement, urban congestion, noise and smoke abatement, graft, racketeering, non-voting, birth control, homeless families, non-family groups, malicious advertising, propaganda, quackery, commercialized amusements, sex and behavior problems, and numerous conflicts among our social institutions.

By the contrasts between primitive and contemporary cultures, the general nature of social problems is made clear. They are conflicts in cultural organization, arising in one direction from too rapid or too lagging change in social institutions, and resulting in the clash of tradition and custom. In another direction they arise from individual handicaps that are not adapted to the requirements of prevailing cultures. These maladjustments and pathologies are defined by civilization, and consequently they become the general responsibilities of civilized groups. However, no one homogeneous cultural group would admit its liability to all of these unsocial conditions. Some suspicious social conditions remain midway between the normal and abnormal because they are debatable and not unanimously condemned as problems. These include some of the most interesting social situations, because they indicate problems and reforms in the making.

General classes of problems. As a field of scientific investigation, general classes of problems may be approached through the techniques suggested by the topics under which they are classified, such as the economic, biological, mental, or cultural. They are also studied as personal or group problems. From either point of view, one primary class of social problems consists of specific disabilities of persons. As a rule, such are easily detected, and the community will unanimously classify them as undesirable social conditions when its attention is called to them. A second class of social problems is to be found in the unadjustments of entire groups. But group disabilities are generally abstract because they may not be distinguished by obviously unusual individuals. Group problems, therefore, are relatively indefinite and are more a common

source of debate than of methodical research. As suggested above, personal and group problems are frequently defined by calling the former "social pathology" and the latter "maladjustments," or the normal results of social change. However, no such distinction occurs outside of textbooks. In society, those two types of problems appear in combinations.

If we follow the several approaches suggested in Chapter XIX, the divisions of major and minor social problems will be found useful for analytical purposes. But in social research or social reform, technical methods cut across both of these categories. Social case work, for example, which specializes in the study of personal problems, is forced to examine the origins of these problems in unadjusted groups. Social group work or social reform is equally dependent upon personal records or the study of social pathology.

The meaning of social problems is most readily detected by eliminating these theoretical divisions between problems or investigative techniques. Major problems of group disorganization, such as overpopulation, migration, "race suicide," or dysgenic breeding, are threats to the well-being of entire communities. Minor problems, such as overcrowding, casual labor, decreasing birth rates among the upper or well-to-do classes, or feeble-mindedness, represent no immediate possibilities of extensive social distress. Nevertheless, these minor liabilities are the danger signals and, frequently, the direct results of major group problems. The precise relationship between disabilities of persons and of groups, from the standpoint of either their causes or their consequences, can be determined only after careful inquiry. Important questions directly connected with this relationship are:

How do social problems arise?

What are their causes?

Are they to be traced eventually to disabilities within the person or do they occur because of general social disorganization?

What counteractive agencies may be introduced as remedies or preventives?

In addition, we must recall the possible origin of problems from sources beyond man's control, generally from natural calamities. While most social problems may be susceptible to human control, there are some that can be provided for only by social adjustments to nature, and never by cures or solutions.

Frequently, hopeless misunderstanding arises concerning the nature of social problems because they are all considered from the same point of view. Thus, no distinction is made between social problems and their causes, or their results. All are treated as equivalent projects in social research. When this generic concept is adopted, no differentiation is made between problems to be analyzed and problems to be treated. In other words, the problems of science and of the applied arts are considered identical. In the social sciences, by way of illustration, no distinction is made among sociological problems, social problems, and problems in social reform.

This hodgepodge appears in the following emotional reaction: [6]

> But the fact is that we know far less about crime than disease; we know far more about the causes of typhoid fever and malaria than about the predisposing factors in embezzlement and burglary. Perhaps the reason is that scientists have been studying the one and sociologists the other.

This failure to differentiate between the problems of science and the problems of the practical arts is a common error. It may be due to the inability to perceive that many problems can be wholly scientific and yet contain many unknowns and no solution, or it may be an effort to inject humor into a monotonous treatise. The above quotation may be restated to read:

But the fact is that we know far less about the common cold than about typhoid fever; we know far more about the causes

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[6] Munro, W. B., *The Government of American Cities*, Macmillan, New York, 1926, p. 64.

of relatively infrequent diseases than about the causes of some diseases that disable thousands of people and result in premature death or invalidism; we know far more about the causes of venereal disease than we do about its treatment, and far more about its treatment than about its prevention. Or, we might add, we know much about the causes and course of many diseases and yet are unable to effect any control over them. The reason may be that problems are different. Perhaps some can be studied scientifically, with a complete statement as to their causes, but on account of lagging developments in techniques of treatment or of social arrangements that prevent the application of treatment, we have no solution. The distinction, therefore, is not between scientists and sociologists, both of whom, in theory at least, may treat their data objectively, but between problems to be studied and problems to be treated. This is an important distinction. Crime, for example, like disease, may be broken up into its sub-classes and traced fully to its causes in social pathology and social disorganization. But this study does not solve the problems of crime, nor does it forestall the rise of new causes of crime. Crime persists as a serious social problem for the same reasons that illness persists. In each instance, we may be able to detect causes, but we are unable to remove them. So far as crime and social reconstruction are concerned, no social science or art is wholly separated from the responsibilities arising from this problem and its control.

The case of Ralph Gibbs. A brief outline of one case will simplify the foregoing discussion. It describes general classes of problems, their origins, and consequences. At the same time it will distinguish between problems presented and problems to be treated. This case is adapted from a social service record. Although the social agency was concerned primarily with the treatment of symptoms of problems and not with the problems or their causes, the information gathered by this record covers most of the personal and group problems that generally appear in a classification of major and minor social problems.

Consequently, this case will be useful as an illustration of generalizations to be stated later concerning social problems as a class. Since the individual studied represents many social pathologies that would be considered unusual or atypical by any historical group, the case is also a fair sample of social pathology in general. It does not present any serious doubts as to causes or as to necessary treatment, if treatment were possible. By contrast to this combination of personal inadequacies, another case will be presented in which there are no equivalent pathologies and in which solution might be obtained by a minor change in the cultural criterion of social normality. This problem-case will illustrate social disorganization rather than the pathologies of the individual.

Ralph Gibbs [7] was born in Hingham, New York, on March 12, 1906, the illegitimate son of Mary Gibbs, 18, and Louis Johns, 21. His parents did not marry each other, although both were married later. During his infancy, the child was cared for in a boarding home. When he was two years old, he was taken into the home of his maternal grandmother.

His grandparents were apparently high-grade, middle-class folk. Mr. Gibbs, the grandfather, was a real-estate agent; he owned considerable property in a good residential section and was successful in his investments. A short time prior to his death in 1925 (from cerebral hemorrhage), Mr. Gibbs had a nervous breakdown and was a patient for a few months in a hospital for mental diseases. There was no record of economic dependency in this family and no pathologies other than the single instances of illegitimacy and mental disease.

Ralph's mother, now Mrs. Victor Stone, was employed as a government clerk before her marriage. She was married in 1912 and divorced in 1918. After her divorce Mrs. Stone was again employed as a clerk. At none of these periods did she have any personal supervision over her illegitimate son's care or training in the grandmother's home.

[7] Summary of a case from the records of the Providence Family Welfare Society, Providence, R. I. A few identifying facts are changed.

Ralph began his career of delinquency at an early age. He was a chronic truant from school and ran away from home twice. He was committed to the reform school for the first time at the age of fourteen, when he had reached the seventh grade in school. He was paroled and returned to the reform school twice during the next two years for repeated minor offenses. Finally, at the age of 16, he was transferred to the county jail because of a vicious attack upon a night watchman of the reform school. From early childhood, Ralph had a history of epileptic seizures, and while at the jail he was diagnosed by a visiting psychiatrist as "criminally insane." For this reason, he was transferred to the state hospital for mental diseases, and after a period of observation was paroled to his mother. Less than a month after this parole, he shot and dangerously wounded a policeman who had discovered him in an attempted burglary. For this offense, he was sentenced to prison for nine years on the charge of assault with intent to kill.

While in prison he became totally blind as the result of an epileptic seizure. In January, 1927, he was paroled to his grandmother. The next month he was admitted to a local hospital for observation to determine if the injury to his eyesight were permanent. A mental test, given during this period of hospitalization, indicated a mental age of 15.9 years (chronological age, 21.1 years), and an intelligence quotient of 105. His blindness was diagnosed as incurable.

At the hospital, Ralph was given instruction in rugweaving. Upon his discharge, an association for the blind became interested in his vocational readjustment. This association provided him with a loom and established a small workshop, also assisting him in marketing his products. Since he could not perform all the processes of weaving without the aid of sighted persons, the shop became a rendezvous of several of his former cronies. This situation led to complaints, and a local social agency undertook the analysis of his problems.

In the summer of 1928, while on a vacation in a neighboring state, Ralph met a young woman whom he was later

forced to marry. They lived together for only two months; the wife and baby are now living with the wife's parents. In addition to this continuous misconduct, Ralph made a total failure of his business, despite liberal financial grants from the association for the blind. He incurred many debts and was unable to account for the income from rugs that he or his friends had sold. While under the care of the social agency, he displayed complete willingness to impose upon his friends or the social agencies which were aiding him. Attempts to rehabilitate this man through occupational therapy were useless.[8]

The following is a summary of the social problems presented by the case of Ralph Gibbs:

Economic:
Dependent person.
Business failure.
Indebtedness.
Physical:
Physical defectiveness—blindness.
Mental:
Mental disease—psychopathic person, emotional disturbances.
Epilepsy.
Mental retardation.
Cultural:
Unmarried mother.
Illegitimacy.
Family disorganization—divorce, desertion.
Truancy and other behavior problems.
Juvenile delinquency.
Adult crime.
Demoralizing group contacts.
Inadequate education.

This case illustrates fairly comprehensively most of our major social problems. The personal problems of this man, their causes, or their results consist of epilepsy, blindness, mental subnormality, sexual immorality, delinquency, crime, dependency, vocational maladjustment, and indebtedness. Group

[8] For comparable cases consult: Queen, S. A., and Gruener, J. R., *Social Pathology*, Crowell, New York, 1940, pp. 4, 50, 107, 131, 135, 137, 229, 254, 288.

problems in the background were a broken home, illegitimacy, and parental neglect. It is interesting to note that poverty does not assume a prominent causal position in this case. There was no poverty in the mother's or grandmother's home, and in the man's personal problems, economic dependency is the result of blindness, mental instability, and occupational inefficiency.

A single narrative of this character does not warrant many generalizations, nor is it possible to state precise causes or the sequence existing between causes and results. For general purposes this may be characterized as a case of social maladjustment arising from several pathologies. Causation may be assigned tentatively to a complex of physical, biological, mental, and social conditions. One pitfall to be avoided is a one-sided explanation by means of one class of causes. It might be possible to trace causation to group disorganization. If we employ the theory of economic disorganization proposed by Bonger, the personal factors in this case history might be assigned to sexual immorality, induced by an industrial system that deters early marriage and disrupts family relations. This approach eliminates personal responsibility. With equal accuracy, other one-sided explanations might be given, such as defective inheritance or low intelligence, and emphasis would thus be put directly upon personal rather than group factors. However, under the existing technical organization of social work agencies, it is impossible to explore each of these probable causes. For this reason, such problems as Ralph Gibbs' might also be explained by the failure of social institutions to make an early diagnosis of its misfits and to furnish adequate institutional supervision for them.

A classification of social problems. The following outline of social problems illustrates each major division under which various personal and group problems are classified. This classification is the one devised by the study, *Recent Social Trends.* It is called the framework of America's national social problems, in which both the primary sources of problems and their specific

types are given. These sources of main groups of problems are subdivided into four categories: (1) maladjustments between man and his physical world; (2) problems arising from individual physical and mental differences and from the inadequate social control of biological heritage; (3) problems connected with inefficient or conflicting social institutions; and (4) problems in social readjustment or social policy.[6]

An Outline of Major Social Problems

I. Problems of physical heritage.

1. Depletion of mineral resources to the point of scarcity.
2. Wasteful use of minerals.
3. Conservation of these resources.
4. Use of inexhaustible sources of power.
5. Exhaustion of mineral resources and erosion of soil.
6. Abandoned land and associated problems of agriculture.

II. Problems of biological heritage.

1. The problem of numbers (the problem of quantity of population):
   The declining rate of growth.
   The prospect of a stationary population.
   Population policies and the optimum population.
   Distribution and density of population.
   Urban growth and congestion.
   City and regional planning.
   Movements of population and associated problems of transportation and economics.
2. The problem of quality:
   Selection and control of biological stock.
   Prevention of the breeding of dysgenic types.
   Birth control.
   Restriction and control of immigration.

III. Problems of social heritage.

1. Problems associated with invention and the communication of inventions:
   Planning, regulation, and control of inventions.

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[6] "Recent Social Trends," *Report of the President's Research Committee on Social Trends*, Vol. I, pp. XL–LXXV. McGraw-Hill, New York, 1933.

Technological changes.
2. Problems of economic stability:
Business cycles and depressions.
Unemployment.
Financial losses.
Real and money incomes.
Production for markets.
The purchasing power of consumers.
3. Problems in economic planning.
4. Government regulation of property and business.
5. Public ownership.
6. Problems and organization of wage earners.
7. Standards of living.
8. Problems of consumers and changes in habits of consumption.
9. Rural problems arising from changes in technology, communication, and economic organization.
10. Problems of minority groups—discrimination, injustice, and inequality of opportunity.
11. Family disorganization and the tasks of reorganization.
12. Conservation of childhood.
13. Changing social and occupational status of women.
14. Housing problems.
15. Educational problems; the adjustment of the school to social change.
16. The changing rôle of the church.
17. The breakdown of moral codes, and the changing of social attitudes.
18. Problems of increasing leisure:
Recreation.
Commercialized amusements.
Exploitation of the arts.
19. The operation of public and private social welfare services.
20. Institution of a complete program of social insurance.
21. Increasing the resources of medical practice.
22. Control of crime and the organizations of criminals.
23. Development of effective governmental organization:
Increase of governmental functions.
Regulation of graft and the spoils system.
Extension of governmental control over business.
The costs of government.
Taxation.
Improving the efficiency of administrative officers.
24. Law-making.
25. Structural organization of government.
26. Problems of democracy.
27. International relations.

IV. Problems of social policy.

1. Voluntary integration and reorganization of social life, including especially its economic and political forms.
2. Recognition of the importance of science.
3. Recognition of the interrelationships of technology, interest, the social institutions, and social purposes.
4. Continuous research, formulation of concrete plans of social action, and successful administration.
5. Clarification of human values.

The foregoing enumeration defines social problems by classification. It is presented at this point as one complete summary of those problems that are mentioned in many contemporary studies. Regardless of overlapping or incompleteness, it suggests the range of data to be included by a definition of social problems. Attention, moreover, is directed to the extensive number of causes that are associated with various personal and group unadjustments.

Social problems defined. From the point of view of this classification of major and minor problems and of personal and group problems, a social problem is: [10]

> . . . (1) any difficulty or misbehavior of a fairly large number of persons which we wish to remove or correct, (2) which attracts the attention of a considerable number of competent observers within a society, (3) and which may best be solved by some measure or measures applied to the problem as a whole rather than by dealing with each individual as an isolated case. . . .

This definition makes two general contributions to the study of social problems. In the first place, it states why certain maladjustments and pathologies become social problems, while others equally deteriorating do not. Secondly, it indicates the principal restrictions upon social reform. In the entire range of social problems (ancient and contemporary) there are four sources of mortality in the definition of a personal or group condition as a social problem (mortality meaning the failure of

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[10] 1. Frank, L. K., "Social Problems," *Am. Jour. Sociol.*, Vol. 30: 463.
2. Case, C. M., *Outlines of Introductory Sociology*, Harcourt, Brace, New York, 1924, p. 627.
3. Hart, H., "What Is a Social Problem?" *Am. Jour. Sociol.*, Vol. 29: 349.

an abnormal condition to be recognized as a problem): (1) it may not fall within the classification of misbehavior or difficulty because of inadequate criteria (physical, biological, psychological, economic, or social) of the atypical; (2) it may not affect a sufficiently large number of persons to be deemed worthy of attention; (3) hence it may fail to attract the interest of competent observers; (4) finally, it may be sufficiently indefinite and subjective (personal) to be unsusceptible to group reform. For any or all of these reasons, we find that social problems and social reforms tend to be associated with obvious or standardized conditions of social ill-being and not with those conditions that selected groups or visionary reformers might define as social problems. Consequently, as a field of social research, social problems have always been limited to a fairly narrow range of social unadjustments.

Elements common to all social problems. A social problem is often referred to as dealing with a complex, changing, and disorganized field of human misfits and failures. To a certain extent this characterization is correct, especially when the personal consequences of these problems are stressed. Previously, attention has been given to the personal aspects of problems by reference to their contradictory nature. But there are also certain uniformities in all social problems, constant factors that may be discerned by observing the distribution of problems among certain social classes or by contrasting the typical personal and social traits of victims who represent different problems.

In the foregoing analysis of problems, separately or by major divisions, we noted frequently that poverty, for example, might be defined in terms of ill health as well as by economic condition, that mental disease may be in some instances more a problem of physical than of mental illness, and that a typical cultural problem, such as family disorganization, may have its roots in a variety of physical, mental, or economic problems. And in cultural problems particularly, a social problem sometimes is no more intricate than a temporary definition, as the

social problem of witchcraft, and may be eliminated by changing mores.

These interrelationships between specific problems stress uniformities that are frequently overlooked when attention is given wholly to the personal aspects of problems. In fact, after many different kinds of maladjustment or pathology have been discussed, these uniformities stand out more prominently than differences or complexity. They deserve some consideration, because they facilitate a survey of problems in general without depending upon a theoretical definition or upon personal case studies. Furthermore, when a problem and its causes are separated from efforts at reform or prevention, this analysis supplies the factual data required for the prediction of outcome. It furnishes the only method whereby problems can be traced to their elementary causes in personal or social disorganization, and hence will eventually supply a basis for social reform.

1. *Multiple causation.* The fact of plural causation has been illustrated in each of the foregoing chapters. No social problem is the consequence of one cause. Ordinarily, it is the result of a chain of circumstances. For this reason, we find ourselves unable to reduce social problems to a simple causal analysis. Frequently, an extensive list of probable causes is the closest approximation to actual causes. However, in individual cases and in some types of community disorganization, a major or predominant cause may be isolated. Such a cause may be stated in general terms as heredity, economic status, or political condition, or specific factors may be enumerated, such as blindness, epilepsy, or mental deficiency. These causes approximate the primary and secondary causes in the realm of physical disease. They may also be classified as direct and indirect causes.

Ordinarily, as in the case of Ralph Gibbs, no one cause is so useful or illuminating as an enumeration of several probable causes. When these are related to each other in a causal sequence, we have a pattern of factors, and any social problem

may be defined in terms of several complementary causes. This topic will be discussed more fully in Chapter XXI. If the problems in the case of Ralph Gibbs are considered in their personal and group relations, they illustrate each of these generalizations concerning the elements common to social problems as a whole.

2. *Widespread incidence.* A constant referred to specifically in the definition of social problems is their widespread incidence. It recalls two salient characteristics already mentioned —their geographical distribution and their occurrence under various forms throughout many similar social groups. In previous chapters we have already noted that different problems tend to arise within certain economic and social class limits and that some problems are practically limited by definition or by treatment to one sex, age, nativity, or economic group. In spite of these limitations, their widespread incidence is always apparent. The following statements illustrate the extensiveness of the typical social problem:

1. The loss of time from occupational accidents is equivalent to an entire year's work of 900,000 men and women.
2. One third of the nation's young men were rejected in the selective service draft because of physical or mental defects. Of those accepted, 8 of every 10 had at least one defect. By June, 1944, 4,217,000 men had been rejected.
3. Despite the lowering of maternal mortality in recent decades, it is estimated that half of the current deaths are preventable and that infant mortality could be prevented in at least 25 per cent of the cases.
4. Opposition to health insurance (for which 50 per cent of the people in a national poll expressed a willingness to pay) is still maintained by such different opponents as patent medicine companies and the American Medical Association.
5. Of the 37 million dwellings in this country, 46 per cent have no private baths. Three per cent of urban families live in houses so substandard as to endanger their health.
6. Low salaries of the white-collar group add to this hazard of urban families. In the wholesale and retail trade, the weekly wages of 2,936,000 employees of the white-collar group ranged from $21.26 to $41.20 per week in 1944.
7. Three million boys and girls, 14 to 17 years of age, are em-

ployed, often only through a high rate of violations of laws relating to child labor. This group, consequently, is either running the risk of a deficient education or is attempting to carry the double burden of school and work.

These conditions become even more indicative of the widespread character of most problems when it is realized that they prevail during a period when the productive capacity of industry reached its highest peak, when more individuals were employed, when work was steady and wages high and when families enjoyed a comparatively adequate standard of living.[11]

3. *Interlocking.* A striking feature of social problems which is indicated in part by their widespread incidence may be spoken of as their "interlocking" character. Problems not only appear in similar groups, but they also accumulate within the same group. One social problem precipitates another, or one social problem is the apparent cause of others. This interdependence of biological, mental, and cultural problems is the underlying reason for the statement that social problems are self-generating or cumulative. It also explains the constant search for major problems, basic causes, and preventive reforms.

The following case, a description of Rowntree's poverty cycle, is an illustration of this constant:

John was born in a poor family, the eldest of several chil-

[11] Haber, W., "Economic and Social Readjustment in the Reconversion Period," *Natl. Conf. Social Work,* 1945. pp. 26–44. A comparable summary of conditions following World War I by Lapp, J. A., *Justice First,* D. Appleton-Century, New York, 1928. p. 3, states: More than 1,250,000 people in the United States spent a part, or all, of last year in the institutions for dependents, defectives, or delinquents. One or more in every hundred of the total population of this country were thus confined. An untold number, running to 4,000,000 or 5,000,000, received partial or complete support from public or private agencies; 500,000 children were supported by public and private benevolences. Nine million and a quarter workers were sick and absent from work for more than two months—almost a quarter of these for more than six months. An unknown number suffered severe accidents resulting in disability or death. Probably 100,000 people went to their last resting place in a paupers' field or were buried by charitable funds. Such is the bald account of the results ot our social institutions, and that is not all—only the most severe kinds of distress being here listed. Millions more suffered partial disabilities, handicaps, and disasters requiring personal charities. It is a fair estimate that fully 12,000,000 of our people suffer every year from poverty or from its near approach.

dren. He was obliged to leave school and to seek employment as soon as he reached legal working age, in order to add his wages to the family budget. Soon tiring of this bondage to his family and following the tradition of his parents, he married early, although he had no skilled vocation, nor had he worked regularly prior to his marriage. His wife, who had come from a similar home, worked in a factory up to the time of her marriage. Neither had been able to save. But this economic insecurity did not admonish them to question their right to marry.

They rented a cheap tenement and furnished it on the installment plan. John was laid off shortly after his marriage, and since he had no savings, debts began to pile up. In the meantime the first child was born, a midwife attending the mother. The child was insured, as were both parents. In spite of economies, the family was obliged to move to a less desirable house and community. All were undernourished. The mother had no knowledge of child care, of food values, or how to prepare a meal. A second child was born. Undermined physically, the mother became seriously ill, requiring hospital care. When she returned home with careful directions as to the medicine which the dispensary had furnished, she did not comply with the instructions. John had by this time become a chronic casual laborer, accustomed to long periods of idleness. He began to drink. Other children were born with a regularity that cut down the family budget to the minimum. Charitable aid became a necessity.

This is a typical social-work problem. It is the result of several social problems and indicates their interlocking character.

4. *Relativity.* Corresponding with the foregoing descriptive factors is the identification of general and specific problems as relative. This adjective implies that no problem can be stated in absolute terms but is conditioned by prevailing cultural standards. The various criteria of problems suggested in Chapter XIX do not define unvarying social conditions. In-

stead, they recognize degrees of economic, physical, mental, or cultural competency. When contemporary problems are compared with those of a preceding generation, this fact becomes self-evident. It is equally apparent in contrasts between different cultural groups, such as Chinese and Americans, or between different classes in the same community.

Relativity suggests multiple causation. Moreover, in the analysis of special cases, it indicates that causes vary because of personal or social differences. What are causes in one case may in others become, for example, social problems or results of problems. As in poverty, crime, morals, or education, the selection by each social class of its own criteria of these conditions demonstrates their relativity.

5. *Inevitability and persistency.* Because of the fact that some problems have occurred in every historical society, their characterization as persistent and inevitable can be justified. Many problems fall within these categories because they are recurrent and because they arise from conditions over which society has no control. In some instances, such as the problems under the first two divisions of the preceding outline (problems arising from man's dependence upon his physical world and population problems), we have a source of chronic unadjustments. In others, however, the outlook is less hopeless. When problems arise from unadjusted social relationships, they are generally susceptible to human control. The chief obstacles in this group of problems are the complexity of the relationships involved and the unwillingness of competent authorities to interfere with them. The persistence of some cultural inequalities, such as poverty, lends weight to the contention of the numerous pessimists who deny that civilization is capable of solving the problems which it creates.

6. *Subtlety and secrecy.* Many social problems, like those of medicine or psychiatry, are not diagnosed until they have reached a pathological stage. Since social problems by definition include human misbehavior or failure, most problems contain an element of the pathological. For this reason,

reformers stress prevention rather than remedy, in order to check the development of such problems before they become pathological. Characterizing a problem as subtle or concealed refers generally to its causes; it is often a problem which competent authorities are loath to define as social. Perhaps the best examples of this type of problem are those which arise from one class of causes but manifest themselves in cultural unadjustments, such as socio-health problems.

7. *Disastrous consequences.* In general, the outcomes of the social pathologies are disastrous and are well illustrated by any social work case. Unless society develops remedies to safeguard individuals against the pathologies, the consequences are also inevitable. The constant number of persons requiring the services of our public welfare institutions proves this point, as well as the need for reform. Each social problem, as the previous chapters show, involves a number of demoralizing consequences, and these consequences are usually employed as the traits by which the problem is defined and classified.

8. *Moral character.* By definition, social problems consist of two elements: an objective situation and an attitude. Since this definition includes moral judgment twice, (1) in the isolation of the situation as a problem and (2) in the remedy to be applied, we cannot eliminate the human factor of choice, which is the chief differential between the problems of physical science and of social science. Even though the moral element in social problems is made the equivalent of mores, it is none the less ethical. We thought of liquor prohibition as a moral problem, but poverty, unemployment, illness, old-age dependency, and divorce are equally moral, both in the standards employed in their definition and in the remedies suggested for their solution.

9. *Experimental reforms.* A definition of a social problem is usually accompanied by proposed reforms. In other words, both the problem and the reform represent an experimental critique of standards in social well-being. Reforms, too, may be considered social problems (problems in social reconstruc-

tion). In an elementary analysis, however, it is well to distinguish between the problem and the reform which is supposed to be its treatment. Few writers make this distinction, preferring to consider problem and treatment as inseparable. The connection between social reforms and problems will be discussed in Chapter XXIII.

Problem situations. Each of the constants discussed above is equally descriptive of personal or group problems, of pathologies or maladjustments. They are most apparent in problem cases like that of Ralph Gibbs, which illustrates an obvious and chronic pathology. Here the social problem becomes concrete through the discovery of many personal handicaps. As a social problem, this case represents a combination of social maladjustments and individual differences. Reform or prevention in this type of social unadjustment depends upon the ability of science to eliminate the personal causes or to compensate for them by social readjustments. Social problems remain unsolved for either of these two reasons.

Most social problems cannot be reduced to such obvious pathologies. They are more closely related to the disorganization of social institutions. In this general type of problem, prevention or reform cannot be achieved by changing the person, as the following case illustrates. Here is an example of a "problem situation," as it is called, in order to distinguish it from a pathology, which is the direct result of personal or individual causes.

As a social problem, illegitimacy may be the consequence of pathologies or of maladjustments. Hence, it may be traced to individual causes, or it may arise from social disorganization due to conflicts between our several social institutions or moral codes. It fulfills each requirement in the theoretical definition of a social problem and illustrates each of the elements just described as constants in the identification of social problems. By contrast with the life history of Ralph Gibbs, the story of Laura Dempsey suggests no comparable personal liabilities. Both cases represent defined unadjustments, arising

from entirely different causes. Because of these differences in causes and problems, the division of problems by major types, as pathologies and maladjustments, makes an important contribution to the technique of social reform and social reorganization.

The case of Laura Dempsey.[12] Laura Dempsey and her four illegitimate children were referred to a family welfare society shortly after the birth of the fourth child. Hitherto, this young woman had been able to support her family with the help of her mother, a widow, with whom she lived. This case was referred by a hospital social service department to a family welfare agency for financial assistance during the mother's convalescence. The aid was continued by the family agency after the mother's convalescence, because she could not earn enough to support all of her dependents.

As a part of its routine, the family agency undertook a study of this family and of Laura as a person. After prolonged investigation, the agency concluded that dependency was the chief problem in this case, and that illegitimacy would never have become a problem in the life of this young woman if some person or agency had been interested in her problems during adolescence. Because of this conclusion, the agency decided to keep the family together and to coöperate with the mother in the solution of her personal and financial problems.

In other words, investigation revealed no pathological conditions. As a result of prolonged interviews, medical examinations, and intelligence and psychiatric tests, nothing of significance was found to account for her abnormal sexual conduct. At least, there was no measurable pathology. The psychiatrist reported:

> She ranks considerably above normal adult intelligence, as indicated by her school record. . . . I cannot find any indication of a psychopathic state any more than of a defective one.

[12] This record is adapted from a case in the files of a family agency in New England. For comparable cases and social-work treatment, consult Breckinridge, S. P., *Family Welfare Work in Metropolitan Community*, Part 6. Chicago, 1924; Queen, S. A., and Gruener, J. R., *op. cit.*, Chap. 18.

Medical examinations also disclosed no evidence of pathology

Consequently, it was necessary to look for an explanation of this case in the girl's social history. The Dempsey family lived in a small New England factory town. Laura was the elder of two children, being 14 years older than her brother. Her father was a skilled mechanic and was able to maintain a fair middle-class standard of living. He was reported to be very strict with his children, forbidding dancing and card playing. He died shortly after Laura had graduated from high school. During this period at home, Laura's social contacts were limited to associations in school and church. She took an active part in church affairs and played the piano at the young people's meetings.

During her high-school years, Laura had planned to enter a normal school, in order to become a teacher. She was already registered for this training when she was obliged to give up these plans to seek work in a factory. Finding employment in a neighboring town, she left home and became a boarder in the family of a young woman who worked in the same factory. Here, she became acquainted with the girl's brother, who was separated from his wife. This young man became the father of her two oldest children. According to the social agency's findings, this relationship might have been called a common-law marriage, since it indicated a premarital arrangement which is not unusual in some cultural groups.[18] Apparently they had intended to marry but delayed because of the man's marriage and the family's religious opposition to divorce.

This young man died shortly after the birth of the second child, an event which shifted a dubious relationship to one of unmarried motherhood. Laura continued to live with his family until the factory in which she worked moved to another community. Because positions were scarce, Laura retained her

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[18] Sumner, W. G., and Keller, A. G., *The Science of Society*, Yale Univ. Press, New Haven, 1927. Vol. 3, Chaps. 41–44, especially pp. 1553–1563.

job by moving to this community with her children, her mother, and her brother. During the next three years, the third and fourth children were born.

Concerning these births, the social case history obtained fairly complete records. Yet, in spite of their evidence to the contrary, the social agency was unable to condemn Laura as a person unfit to care for her children. Accordingly, the agency made three plans: (1) to keep the family together; (2) to supplement the mother's earnings and, if possible, to obtain normal social and recreational contacts for her; and (3) to obtain support through legal action from the fathers of the third and fourth children.

These plans show that, as in the preceding case, social work problems differ materially from social problems. Social work problems are concerned primarily with the results of social problems which cannot be attacked directly by current social work techniques.

The agency's plan to keep the family together worked out favorably. Laura had an excellent work record but was unable to support the family of seven persons (including her mother and her brother) by her own wages. In carrying out the other plans, the agency was unable to accomplish its goals. There were no community agencies for young women, including the church, which would hold out a warm welcome to her after her record was known, and relatives refused to befriend her. Furthermore, legal proceedings were never begun, because the Legal Aid Society stated that the possibility of obtaining legal support was doubtful, owing to the mother's repeated lapses.

These failures of the social agency furnish indirectly an explanation of Laura Dempsey's initial problems; namely, her inability after the birth of the first two children to find normal social contacts, except with persons whom she met at work; and consequently her acceptance of a sexual code which borders upon promiscuity. The psychiatrist, at any rate, refused to consider her sexually promiscuous, and likened her to a normal

married woman, referring by this simile particularly to her common-law experience. Because of its study of her social history, the family agency agreed with this conclusion.

This case of illegitimacy is cited for two purposes: (1) to indicate a social problem in which there are no discoverable personal disabilities (pathologies) which might account for the unsocial conduct (by contrast to illegitimacy due to feeble-mindedness or to psychopathic conditions); and (2) to illustrate the several typical constants in our social problems. Here is a typical moral problem, which has materially altered the lives of the persons involved. It developed over a period of several years without becoming known to any social agency. Illegitimacy is apparently inevitable, even though it is not comparable in incidence to major problems like poverty or unemployment. Its relativity is well illustrated, since the problem status of this girl might have been removed by marriage. The interlocking character of this problem and its multiple causes are shown by its connection with the death of the girl's father, the necessity to seek work, her lack of vocational preparation, her associations at work, and her life as a boarder away from home.

In addition to these potential causes in social maladjustments, there is a sequence of social problems as results of illegitimacy: problems of child welfare, the social status of the fatherless family of illegitimate children, the question of permitting this family to remain together, qualifications for motherhood in a family of this type, the unmarried father (legal status of men and women), the social adjustment of unmarried women, health problems, women in industry, poverty and poor-relief, and, when prevention is considered, the general problem of sex.

These are problems which, in conjunction with the fact of illegitimacy, need to be studied.

Summary. Social problems as a whole cannot be reduced to a simple statement of either their causes or their results except by reference to their theoretical implications. In theory,

there are two principal types of problems: pathologies and maladjustments. These types subdivide social unadjustments into:

1. Problems arising primarily from individual disabilities.
2. Problems arising primarily from faulty and inefficient institutional organization.

The two divisions also suggest the relationship between the types of social unadjustment. Problems classifiable as either pathologies or maladjustments are related concepts, much as person and group are related. This fact has led social scientists to consider them as aspects of the same social processes. Thus, maladjustments may arise from pathologies, and vice versa. Moreover, general classes of problems and particular problems are traceable to several causes, may be judged by variable social standards, and require multiple reforms.

When we generalize about social problems as a whole, we find that many different social theories are connected with them at every stage of their analysis. These theories are confusing until they are associated with particular problems and until they are connected with the analysis of causes, problems, or reforms. In both of these general classes of social problems, we have problem individuals and problem groups.

Social problems are a correlate of a complex and institutionalized society. As society increases its control over the individual, opportunities for the appearance of personal or social misbehavior and failures increase. Individual differences are aggravated by institutional changes; and institutions themselves set up new and sometimes contradictory standards of normality.

These two divisions of problems also furnish the basis for two general types of reform. In the pathologies, we find the need for efforts to eliminate individual causes of problems or for social readjustments to compensate for these handicaps. Since maladjustments are not necessarily related to individual deficiencies, we also have the need for mass reform.

When problems and reforms are connected in this manner, the first step in the analysis of each problem is an attempt to

describe it as a related pattern of factors. By this identification of problems, the necessary readjustments or reforms are most clearly suggested.

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Questions

1. Do changing social standards exercise any influence upon the increase or decrease in the number of social problems?

2. Do changing social standards affect individual pathologies (physical illness and mental disease) as well as pathologies arising from social disorganization?

3. What is the difference between individual pathologies and social maladjustments? Are they sometimes related causally? Cite illustrations. Do you consider this distinction of assistance in the analysis of social problems?

4. Why do primary groups become disorganized? Are all social problems related directly or indirectly to primary group liabilities?

5. What is the difference between social problems in primitive and in contemporary societies?

6. Do the problems included in this book agree with the general definition of social problems?

7. Does this definition assist the student in the search for causes?

8. When problems are classified by contrasts, such as those of the person and the group, major and minor, social unadjustments and maladjustments, social disorganization or pathology and social change, what is implied by each of these paired expressions?

9. To what type of problem in each of these pairs of terms do the following quotations refer?

(a) Oswald Spengler: "The progress theory of the Nineteenth Century is buried, . . . all that is left to us is to hold on, struggle on, and not resign in view of the sad future. . . ."

(b) Dean Inge: "Civilization contains within itself the seeds of its own dissolution, and irreparable disaster is by no means impossible."

(c) H. G. Wells: "An absolute collapse of (modern civilization) is not only possible—it is probable."

(d) Bertrand Russell: "The capitalistic system is failing, under pressure."

10. Contrast the contemporary causes of unrest with those responsible for social revolutions in Greece, Rome, Spain, and Russia.

11. Are the cases cited in this chapter covered by the definition of social problems?

12. Is suicide a social problem? If it is a social problem, how would you classify it according to the paired expressions in question 8? Is it a result of both individual differences and social change? Give examples of probable causes in both categories.

13. Does illegitimacy comply with the nine factors outlined as typical of every social problem? Criticize these constants, using any problem discussed previously. Why is the characterization of a social problem as a moral one open to criticism?

14. Why must any problem be approached by experimental reforms?

15. What reforms would you propose for the treatment of the cases mentioned in this chapter?

16. Formulate a definition of social problems. In terms of this definition, how would you classify our contemporary social problems?

Chapter XXI

HOW SOCIAL PROBLEMS DEVELOP

ONE explanation of the constant occurrence of the same social problems year after year is that they grow out of personal disorders and defects. A second explanation prefers to trace their origin to the defects and inefficiencies of man's social institutions. In addition, there are varieties of other explanations. They range from the elementary and mostly inaccurate, such as those referred to in footnote 1 of the previous chapter in answer to the everyday questions of ordinary people, to the universal theories of world upheaval and chaos.

A summary of the primary characteristics that all social problems share—whether these problems are of the person, of groups, or of world society—indicates that their most obvious descriptive traits are aspects of growth. The most acute disorders in each of these categories arise from conflicts in the growing process. And these conflicts can be best understood by careful study of agencies affecting this process as well as of the persons, groups, or entire populations that are the victims.

An inquiry into the problems of pre-school children is one of the most helpful ways in determining sources of problems and why they develop. If the problems of young children are not the result of accident, then one or more of four conditions are usually sufficient to explain any of their difficulties. These conditions are: (1) deficient inheritance; (2) specific defects in child care; (3) mismanagement in habit development; and (4) insufficient social or play life. These sources usually suffice to explain problems that are presented to the clinic (the worst cases) or the ordinary problems that parents complain about in the pre-school or school-age child.[1]

[1] Morgan, J. J. B., *Child Psychology*, Farrar and Rinehart, New York, 1934, Chap. 5.

Likewise, when a survey is made of the problems in adolescence, two revealing discoveries are made. The first is that the problems of this age-period resemble the problems of the pre-school child, the only difference being that of age and the greater liability of the individual to failure because of the more exacting demands of social life. The second is the inference that pre-school children who are problem-children become adolescent problem-children.[2] Social problems of adult years are similar to these, indicating the same characteristics of origin, onset, development, and intensification.

Origins of problems in social relationships and changes. Any social problem, such as suicide, war, or community decay, may be used to illustrate primary origins. From this inclusive point of view, the problem under observation may be defined in general terms as a result of the loosening or tightening of social regulations over the individual. If the social interpretation is sufficiently complete, a problem can then be connected with a societal pattern of disorganization. This pattern is societal in scope because it can be fully described only by a number of non-social correlates, such as geographical conditions, seasonal changes, individual differences and other biological factors, as well as the usual social determinants of economic or occupational status, technological changes, educational achievement, intelligence, social status, and family solidarity.

These physical, biological, social, and personal correlations point out the principal sources of social problems. By no means, however, do they provide a blueprint of direct causes or of the many processes which problem behavior involves.[3]

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[2] The common social problems of the adolescent years are (1) defects in physical growth, (2) lack of vitality, and illness, (3) poor health habits, (4) school failure, (5) failure to use money intelligently, (6) unpleasant relations with parents, teachers, or friends, (7) sex problems, (8) religious problems, (9) disciplinary problems, (10) personality defects, (11) inability to make proper social contacts, (12) too much or too little recreation. Strong, R. M., *The Role of the Teacher in Personnel Work,* Teachers College, Columbia Univ., New York, 1935, pp. 175–186.

[3] Warner, W. L., and Lunt, P. S., *The Social Life of a Modern Community,* Yale Univ. Press, New Haven, 1941. See also the other volumes in this series

For both of these reasons it is necessary to make a twofold approach to every example of social disorganization. One is concerned with causes, the other with processes. This double attack is simplified by the observation that all problem situations arise from living together. They are to be found in social relationships and in the changing processes through which each social relationship is constantly moving.

Or, more specifically, people are different; they may be socially unrelated. When a social problem arises because of conditions that may be traced to either of these general and specific sources, causes occur which must be understood and controlled. Even though this procedure can be followed accurately in each step of a social study, and a problem can be separated into its causes, and can be defined precisely in terms of its individual, social, or non-social component elements, neither this procedure nor the understanding that it gives necessarily furnishes a method of solution or control. Accordingly, an elementary requirement in the study of social problems is the ability to distinguish between social problems and their solution, or between their objective causes and their moral consequences.

Although in many instances the social sciences can trace problems to their probable causes, they do not possess a knowledge of causes at all comparable to the cause-and-effect sequence of physical science. There are many excuses for this deficiency, all of which come back to the original definition of social problems as personal or group conflicts. All, in turn, reach the conclusion that social science does not know the individual or group life sufficiently well to describe those conditions which necessarily or invariably produce maladjusted persons and groups. This fact explains the controversy as to basic causes and the different opinions as to social reorganization and treat-

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for this point of view. Lynd, R. S., and H. M., *Middletown in Transition*, Harcourt, Brace, New York, 1937. Chap. 13. Fink, A. E., *The Field of Social Work*, Holt, New York, 1942. Chap. 10. For a comprehensive review of social backgrounds: Curti, Merle, *The Growth of American Thought*, Harper and Brothers, New York, 1943.

ment. No analysis of the sources of social problems can be undertaken without reference to the infancy of social science or to the wide range of phenomena included by this science.

When, however, the assumption is granted that causation is multiple and complex, the next step is to divide the field of social problems into research problems. Taking the individual person or group as our unit of investigation, we may divide these problems into two related categories: (1) evolutionary problems, which are described as the normal products of social change; and (2) their consequences. Hitherto these problems have been labeled "maladjustments" and "pathologies."

These problems and their origins are connected by Hankins as related aspects of the same social phenomena and processes. He also indicates why it is difficult to trace them to specific origins.

As Hankins says,[4] social problems:

> . . . rest on a knowledge of human nature, biological and psychological, on a knowledge of the laws of the interaction of men on each other singly and in groups, and knowledge of the laws of man's interaction with his physical environment. . . . Man's biological nature is little known. . . . Psychology is in its infancy, and yet our whole scheme of education and every sort of child training is dependent on its development. . . . We are equally deficient in our knowledge of the general trend of cultural evolution.

According to this analysis, social problems are, or originate from: (1) individual differences and personal degeneration; (2) group differences and social disorganization; and (3) cultural changes.

Years ago and in a different type of society, Plato recognized the same problems and the same general origins. Accordingly, he divided the population into social classes upon the basis of individual and group differences, and he constructed an integrated social organization in order to minimize cultural sources

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[4] Hankins, F. H., *Introduction to the Study of Society*, p. 6. Macmillan, New York, 1928. By permission of The Macmillan Company, publishers. For a restatement, see the revised edition, 1935, pp. 4, 10.

of unrest. Though his solutions (*The Republic* and *Laws*) proved to be too theoretical for his contemporaries, they do supply an outline of the origins of problems in the interaction between individuals, groups, and culture, comparable to that mentioned by Hankins.

In a contemporary approach to the development of social problems, we analyze their direct manifestations in group conflict. This analysis may proceed by generalization, reducing the factors involved in social interaction to general origins, or by an enumeration of many specific conditions. Through generalization, social problems are divided into physical, biological, mental, social, or cultural factors, and into combinations thereof in their individual or group manifestations. These relatively independent factors may be analyzed further as subdivisions of heredity and environment. When problems are treated by an extensive enumeration of specific causes or origins, heredity, environment, and combinations of both are simply subdivided. In both of these procedures, efforts are made to state the problem in terms of constant or independent factors and dependent variables.

Primary sources. Illustrating these procedures and the summary by Hankins, different writers have begun their analyses of social problems by breaking them up into types, connected directly or indirectly with heredity or environment. From their varied interpretations [5] we learn that:

1. Social problems have their fundamental causes in the strife for survival of organic mechanisms long since adjusted to primitive wants but now subjected to complex conditioning factors arising from cultural change.

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[5] (1) Dunham, F. L., *An Approach to Social Medicine,* Williams and Wilkins, Baltimore, 1925, p. 83. (2) Parsons, P. A., *An Introduction to Modern Social Problems,* Knopf, New York, 1924, p. 72. (3) Wolfe, A. B., *Readings in Social Problems,* Ginn, Boston, 1916, p. 1. (4) Davenport, C. B., *Heredity in Relation to Eugenics,* Holt, New York, 1911, p. 80. (5) Sorokin, P. A., *Social Mobility,* Harper and Brothers, New York, 1928. Adapted from Chap. 14. (6) Nearing, Scott, *Social Adjustment,* Macmillan, New York, 1911, pp. 340–341. (7) Ogburn, W. F., *Social Change,* Huebsch, New York, 1923, p. 287. (8) Frank, L. K., "Social Problems," *Am. Jour. Sociol.,* Vol. 30: 463.

2. No civilization has yet solved the problem of adjusting its population to its material resources.
3. In the long run the basic social problem is that of population.
4. Barring a few highly exceptional conditions, poverty means relative inefficiency, which in turn usually means mental inferiority.
5. The heterogeneity of individuals . . . is an eternal fact and an unquestioned one. Physically, morally, and intellectually, individuals are heterogeneous. From this heterogeneity, the phenomena of social stratification and social inequality originate.
6. The causes of maladjustment are thus primarily economic and social. While the personal element plays a part in creating maladjustment, it is but an insignificant part.
7. A great many social problems, such as war, crime, sexual phenomena, and disease, arise because of the inability or difficulty of the original nature of man to adapt itself to modern conditions and cultural standards.
8. Each social problem is specifically related to particular social conditions or social factors; namely, one or more social institutions.

Specific origins. From this series of generalizations, we have confirmation of the foregoing primary origins of social problems. They arise in connection with one or more basic factors in social evolution. These factors are regarded for purposes of analysis as relatively constant and are correlated with a number of dependent variables. In this analysis, both types of problems (maladjustments and pathologies) are described as natural phenomena; that is, natural to social organization and cultural change, rather than as accidental phenomena.

Introductory texts in the social sciences usually begin with a similar general analysis. This analysis proceeds to an enumeration of specific factors in order to familiarize the student with the several variables which are connected with group adjustment or unadjustment. When a study approaches society from the point of view of its organization, the specific factors include: (1) the historical origins of society; (2) its physical, biological, mental, and cultural bases; and (3) its present form. When attention is given primarily to cultural change, social processes are analyzed, including: (1) human nature and personality; (2) society and the group; (3) isolation; (4) social contact; (5) social interaction; (6) social forces; (7)

competition; (8) conflict; (9) accommodation; (10) assimilation; and (11) social control.[6] In both of these approaches social disorganization and unadjustment are aspects of natural processes. Social problems, in other words, are an accompaniment of social disorganization or social change. Consequently, from either point of view they are regarded as problems in social control.

All the problems of social life are thus problems of the individual; and all problems of the individual are at the same time problems of the group.[7]

Social problems and their origins may be classified under the following outline:

1. *Units of social investigation:*
   a. Individual.
   b. Person and group.
2. *Factors in socialization:*
   a. Social organization—the social institutions—social stratification.
   b. Social change—the social processes—social mobility.
3. *Social readjustment,* control, or reform.

This outline defines social problems and traces their developments in terms of: (1) individual differences; (2) group differences; and (3) cultural changes. When the separate factors or processes included by these categories are combined, we have as a supplementary analysis of social problems various theories of personal degeneration, social disorganization, and cultural lags.

Origins in individual differences. In the search for causes of social unadjustments, especially of the pathologies, considerable attention has been given to individual differences. Social problems involve deviations from either normal individual or

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[6] Approach through the analysis of social structure: Davis, J., and Barnes, H. E., *Introduction to Sociology,* Heath, Boston, 1927. Hankins, F. H., *op.* cit. Approach through the analysis of social processes: Park, R. E., and Burgess, E. W., *An Introduction to the Science of Sociology,* Univ. of Chicago Press, Chicago, 1924. Ogburn, W. F., and Nimkoff, M. F., *Sociology,* Houghton Mifflin, Boston, 1940. Parts 3, 4, 5 and 7.

[7] Park, R. E., and Burgess, E. W., *op. cit.,* p. 57.

cultural criteria. When an individual through any obvious, measurable deviation from the normal is handicapped in his capacity to adjust himself to his environment, these handicaps are regarded as significant causes or origins of social problems. Individual differences refer chiefly to heredity as the general origin of problems and include physical, biological, and mental deviations. Although each of these differences may be modified by environment, they are used from the hereditary point of view simply to indicate an individual's native inability to comply with average social norms of competency.

Types of Individual Differences [8]

1. *Anatomical structure:*
   - *a.* Gross physical features:
     Height, weight, body size, size and shape of head.
   - *b.* Finer anatomical measurements.
2. *Individual differences in physiological variables:*
   - *a.* Gross physiological variables:
     Physical strength, endurance, susceptibility to fatigue, lung capacity, strength of circulatory system, gross motor control, motor coördination, speed.
   - *b.* Finer physiological functions:
     Basal metabolism, speed of nerve conduction, chemical constituents of gland secretions, chemistry of certain body fluids.
3. *Psychological variables:*
   - *a.* Sensory.
   - *b.* Individual differences in motor variables.
   - *c.* Instincts and emotions.
   - *d.* So-called higher mental processes.
   - *e.* Generalized capacities: intelligence, musical ability, mechanical ability.
4. *Integral variables:*
   Individual differences due to the organization and coordination of the foregoing variables. Such differences are called personality or character (honesty, persistency, suggestibility, unselfishness, attitudes, interests, prejudices, moral judgments).

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[8] May, M. A., "The Adult in the Community," from *Foundations of Experimental Psychology*, pp. 748–768 (Murchison, C., ed.). Clark University Press, Worcester, Mass., 1929.

Gross variations in any of these anatomical, physiological, and psychological conditions are usually accepted as positive correlates of social subnormality. There are, however, within what is roughly called the normal population, no accurate correlations between relatively minor variations and personality or social status. This generalization also holds for relationships which are frequently supposed to be constant—between differences in physiognomy, race, or sex and social traits. Although measurements and tests of physical, mental, and emotional differences are being perfected, they are unable as yet to differentiate absolutely between inherited and acquired traits. For this reason, much of the literature concerning individual differences and social problems is open to criticism. We have already noted in the section on physical and mental health that physical and mental differences (inherited or acquired) play some part in the development of personality and social adjustment. But their precise contribution to individual or personal incompetency is largely undetermined.

However, we are interested for the time being in the study of individual differences in order to know their approximate distribution in a normal population and to discover their frequency in problem cases, regardless of their origins.

Theory of personal degeneration. Individual differences might well be excluded from a study of social problems, if theories of unadjustment and pathology were not based upon them. Notwithstanding the loose and undetermined connection between these organic differences and social success or failure, there are many explanations of personal degeneration and the disorganization of entire communities which assume that these correlations are proved. No classroom discussion ventures far into a problem without reference to them in their connection with inherited unit traits or "inherited tendencies." Accordingly, mental defects, tuberculosis and other physiological pathologies, and a generalized viciousness are considered basic, constant, and independent factors in pathology and maladjustment. This emphasis upon organic sources of re-

stricted individual capacity fails to recognize that such differences may be results of social interaction as well as causes of social problems.

Theories of personal degeneration, either physical or social, must be approached skeptically in order to avoid the dualism which separates the individual from his group contacts, or to prevent one-sided causal explanations. Cooley's theory of degeneration is an enlightening one in both of these respects. In his outline of the sources of degeneration, he regards the person and society as inseparable units, pointing out that adjustment and unadjustment are related and relative phenomena rooted equally in personality (however originating) and in social conditions.

When a theory of social problems is constructed from this point of view, it can be seen that any form of social maladjustment or social pathology may arise independently of organic individual differences, being instead the consequence of natural social processes. Cooley's emphasis is put upon the equal importance of social interaction and individual differences or upon the equal contribution of the person and the group to problem situations. He would separate neither person and group nor heredity and environment,[9] because:

> Degeneration . . . is part of the general organic process of life. Every wrong has a history, both in the innate tendencies of individuals and in the circumstances under which they have developed. We no longer feel that we understand crime and vice when we know who are practicing them, and how, but we must trace them back to bad homes and neighborhoods, want of wholesome play, inadequate education, and lack of training for useful work. And we need to know also, if we can, what kind of hereditary outfit each person brought into the world with him, and how it has reacted to his surroundings.

Origins in group differences. When attention is directed toward social maladjustment or disorganization, not necessarily pathological, group or cultural differences are employed in the causal analysis of social problems. These factors include

[9] Cooley, C. H., *Social Process*, Scribner's, New York, 1918, p. 156.

heredity but refer particularly to differences within a population arising from environmental (physical, biological, or social) interaction. They include cosmic, physiographic, geographical, biological, mental, cultural, and social conditions which in various combinations explain the cultural status of a community or nation. These phenomena are studied by the social sciences from the standpoint of the relationships existing between them, while the applied scientist is interested in them either separately or in combination as basic causes of the maladjustments of groups.

Factors in Group Differences [10]

Physiographic and geographical:

1. Cosmic changes, such as glacial epochs, earthquakes, storms, phenomena of gravitation, ocean currents, or any other cosmic agency which operates independently of human influence.
2. Geographical factors—contour and surface, including mountains, coast lines, valleys, rivers, lakes, oceans, deserts, and soil.
3. Climate—temperature, humidity, successions of the seasons.
4. Inorganic resources—minerals, metals, structural materials.

Biological:

1. Microörganisms, parasites, and insect pests.
2. Plant life, supplying food, clothing, and structural materials.
3. Animal life.
4. Natural biological processes—heredity, reproduction, growth, fertility (fecundity), natural selection, struggle, assimilation, adaptation.
5. Race and population.

Mental:

1. Hereditary behavior patterns.
2. Habits and special skills.
3. Intelligence.
4. Attitudes and interests.
5. Traits of emotion and mood—compensatory traits.
6. Character.

Cultural and social:

1. Acquired behavior patterns (also included under the mental)—folkways, mores, conventions.
2. Language and communication.
3. Invention and industrial skills.

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[10] Adapted from Hankins, F. H., *op. cit.*, rev. ed., Chap. 5. See also Bernard, L. L., "A Classification of Environments," *Am. Jour. of Sociol.*, Vol. 31: 318–332.

4. Genetic or domestic organization—marriage and family.
5. Political ideas and practices.
6. Scientific knowledge.
7. Moral and ethical regulations.

Theory of social disorganization. Theories of social disorganization are constructed from combinations of individual and group differences in social interaction. Cooley's attitude toward the organic or reciprocal relationship of these factors leaves no doubt as to his concept of social disorganization. In his writings, social disorganization is the joint product of personal degeneration and group unadjustments.

Social disorganization has also been traced to the independent operation of almost any of the foregoing individual or group factors (heredity, race, population, geographical location, disease), or to particular social institutions or customs (industry, law, religion, family, and so on). This treatment of obviously related conditions as independent factors is no longer considered a scientific approach to the matter. Sorokin makes this point in his definition of sociology as the science which seeks to study the relationships or correlations between all types of social and non-social phenomena.[11]

In the writings of W. I. Thomas and his co-worker, Znaniecki, a theory of social disorganization is presented which differs slightly from Cooley's general concept. These writers contend that social disorganization, and hence social problems, may occur without personal degeneration either as a cause or a result. The converse is also true: individuals may become maladjusted and demoralized within a relatively stable social organization. According to this theory, therefore, maladjustments and pathologies need not be related aspects of the same

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[11] Sorokin, P. A., *Contemporary Sociological Theories,* Harper and Brothers, New York, 1928, p. 761. Sociology is a "study, first of the relationship and correlations between various classes of social phenomena (correlations between economic and religious; family and moral; juridical and economic; mobility and political phenomena, and so on); second, that between the social and non-social (geographic, biological, etc.,) phenomena; third, the study of the general characteristics common to all classes of social phenomena."

social processes. Social disorganization may be defined as: [12]

> . . . a decrease of the influence of existing rules of behavior upon individual members of the group. . . . Social disorganization in this sense has no unequivocal connection whatever with individual disorganization, which consists in a decrease of the individual's ability to organize his whole life for the efficient, progressive, and continuous realization of his fundamental interests. An individual who breaks some or even most of the social rules prevailing in his group may indeed do this because he is losing the minimum capacity of life organization required by social conformism; but he may also reject the schemes of behavior imposed by his milieu because they hinder him in reaching a more efficient and more comprehensive life organization.

This theory is applied in the study of *The Unadjusted Girl,* in which delinquency is described as a result of individual differences, pathological in character, or as a mode of normal adjustment to an abnormal situation.

Theory of the cultural lag. An important contribution to the theory of social maladjustment and pathology is made by Ogburn in his concept of cultural change. Social disorganization, according to Ogburn, arises from two primary sources. One is the continuous unadjustment between man and culture, or between nature and human nature. The second is the change in and the maladjustment among different parts of culture. In order to explain the latter origin of social disorganization, the concept of the cultural lag is proposed.

This theory is based upon the major hypothesis that culture is in a continuous state of change. But, since all culture is interdependent, a variation in one element of culture requires a modification of all its other forms. Consequently, if it can be demonstrated that a significant portion of our cultural heritage tends to change rapidly, while other and related cultural products change slowly, the result is disorganization and conflict between dependent and independent cultures. From this cultural change, two probable sources of social problems

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[12] Thomas, W. I., and Znaniecki, F., *The Polish Peasant,* Badger, Boston, 1920. Vol. 4, pp. 2–3. Thomas, W. I., *The Unadjusted Girl,* Little, Brown, Boston, 1924.

arise: (1) that which occurs when rapid change is taking place throughout our customs or institutions; and (2) that which occurs when parts of this culture change at variable rates of speed.

Cultural lags are measured by contrasting the rates of change in material and adaptive culture. Material culture, or those elements in our cultural heritage which are necessary for survival, include material objects or methods used in man's adjustment to his physical world. Machinery, food, and methods of transportation are examples. Adaptive culture includes marriage, the family, religion, and other forms of social organization, and mores or customs which presumably must be adapted to material culture and its changes. Ogburn's theory of the cultural lag holds that material culture changes more rapidly than adaptive culture and precedes changes in the latter. It is presented as a hypothesis, however; not as a proved and invariable sequence.

Social problems are traced to lags which are constantly arising between material and adaptive cultures. For example, changes in industry occur without corresponding adjustments in law, the family, education, or public health. Or, problems arise because certain institutions cling to forms, practices, or beliefs which are no longer useful. Crime is cited as an example of a problem due in large measure to the slowness with which law and governmental machinery are revised to meet the complex relationships of modern economic life. Similarly, divorce or other domestic problems are traced to a family organization and code which are better adapted to a rural, agricultural economy than to the needs of an industrial, urban economy. In like manner, social problems are connected with other institutions and are explained in part by the breakdown of traditional ideas before they can be revised and adapted to material culture, and in part by the survival of obsolete beliefs and practices.

Cultural change from this point of view becomes the major cause of social maladjustments. Whether Ogburn's theory of

the relationship between material and adaptive culture is proved or disproved, this conclusion is probably correct.[13]

Cultural change, as a primary factor in the generation of social problems, is emphasized from a different approach by L. K. Frank. Contrasting social and other problems as subjects of study for solution, Frank contends that a social problem is distinctive in that it not only requires an examination of cause and effect relationships, but in that it is chiefly an endeavor to eliminate effects without altering their causes. A social problem represents institutional inadequacies. These inadequacies can be removed or solved. But solutions are infrequently forthcoming because they are usually not acceptable to the several institutions which make the problem.

Social problems, as mentioned in the paragraph above, arise because of conflicts within or among the practices of social institutions. A practice tolerated by one institution and forbidden by another is an instance of this anomalous situation. Thus, institutions such as industry or the family encourage activities which are contradictory. Hence the conflict and the problem, because there is no solution which would be satisfactory to both institutions. The unique character of social problems is located in this conflict.

Housing is given as an example of the cultural lag. A housing shortage becomes a serious social problem, not because of any material scarcity, but because of difficulties inherent in our entire economic organization. We choose to retain this economic system rather than to introduce changes that would abolish the housing problem. Similarly, under present marital codes, marriage among persons ill suited to the task of parenthood is legal and moral. Regardless of consequences in infant mortality, increasing numbers of physically and mentally in-

[13] Ogburn, W. F., *op. cit.* For graphical analyses of cultural lags, consult Chapin, F. S., *Cultural Change,* D. Appleton-Century, New York, 1928, p. 314. For a criticism of Ogburn's theory, consult Sorokin, P. A., *Contemporary Sociological Theories,* Harper and Brothers, New York, 1928, pp. 741–746. For a defense: Herman, A. P., "An Answer to Criticisms of the Lag Concept," *Am. Jour. Sociol.,* Vol. 43: 440–451. Schneider, J., "Cultural Lag: What Is It?" *Am. Sociol. Rev.,* Vol. 10 (No. 6): 786–791.

competent individuals are brought into this world, and in spite of soaring poor rates, society forbids the application of knowledge which might eliminate these problems. At the same time, as noted in remedial agencies, it is willing to support partial cures.

This connection between social problems and cultural changes emphasizes the relative fixity or plasticity of certain institutions. The common element in social problems, however, is a moral conflict—a clear recognition of undesirable social conditions, a manifest inclination to avoid them, and yet insufficient interest to revise institutions, customs, or habits which are basic causes. From a summary of the solutions proposed to eliminate any of our social problems, it is clear that "a social problem is an enterprise in finding ways of getting something done or prevented, while not interfering with the rights, interests, and activities of all those who are involved in the failure to do, or the persistence in doing, what is the subject of the problem." [14]

Summary. When social problems are considered generically, in their connection with individuals, groups, and social organizations, their origin is traced to five specific, though related, factors. These are physical, biological, mental, and cultural factors, and their fusion in cultural change.

Social theory has not come to any definite agreement as to the primacy of one or more of these factors or as to the precise way by which problems originate in social interaction. For this reason, theories as to the origins of social problems, of

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[14] Frank, L. K., *loc. cit.*, p. 468. Cultural explanations of problems lead directly to the several mass hypotheses of a general social disintegration. The chaos theory of society has had many supporters. It holds that the elements of its own destruction are an integral part of the growth of society and that society cannot forestall this doom regardless of intellectual efforts. The law of Brooks Adams is a statement of human tragedy on so vast a scale that ordinary social problems become insignificant. Several other philosophers of cultural or societary change have stated the same essential point of view (Spengler, Toynbee and the geopoliticians). Adams, Brooks, *The Law of Civilization and Decay*, Knopf, New York, 1943. Published originally in 1895. Sorokin, P. A., *Man and Society in Calamity*, Dutton, New York, 1942. ———, *The Crisis of Our Age*, Dutton, New York, 1941. Wells, H. G., *The New World Order*, Knopf, New York, 1940.

personal degeneration, or of group disorganization must be regarded as hypotheses to be tested. Such theories can be made more explicit through the collective evidence of case studies, statistical investigations, and social surveys.

To the extent that social problems represent genuine problems of science, they must be studied, as other scientific problems must be, in their cause-and-effect relationships. Much of the data of social problems is susceptible of such analysis and offers valuable material for the examination of the interaction between the individual and the group, of the relationships between them which make social life, and of the rates of cultural change. On the other hand, so long as social problems represent a half-way stage of partial reforms and of unrelated causes and effects, they are scarcely eligible to the category of science. So long as they are in this stage, they must be treated as moral problems, such as our contemporary problems of divorce, poor-relief, old-age pensions, social insurance, parole, and housing.

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Questions

1. What are the chief differences between the problems of physical science and of social science?

2. Are social problems susceptible of scientific analysis?

3. How would you explain unemployment and divorce in terms of (a) Cooley's theory of personal degeneration, (b) Thomas' theory of social disorganization?

4. Are the statements quoted in this chapter relative to primary sources of social problems one-sided? Contradictory?

5. What is the theory of cultural lags?

6. Do you accept the hypothesis that material culture changes more rapidly than adaptive culture?

7. What is Sorokin's criticism of the cultural lag as it is presented by Ogburn?

8. Enumerate examples of resistance to cultural change. Consult Lynd and Lynd, *Middletown,* Chapter 29.

9. Do cultural lags appear in all of the social institutions?

10. Would a static society have social problems?

11. How does the concept of cultural lag explain social disorganization? Personal degeneration? Do you agree with Cooley that personal degeneration may be a consequence of group disorganization? Do you agree with Thomas that both may occur independently?

12. Can you explain suicide in terms of personal degeneration? Group disorganization?

13. What is the relationship between primary groups and social problems? Between secondary groups and social problems? Consult MacIver, R. M., *Social Causation,* Chap. 5.

14. How do primary groups become disorganized? What is substituted for disappearing primary groups?

15. By what methods may the social scientist study and measure group differences?

16. What is social mobility? Social stratification?

17. Are social problems ever the causes of social problems?

18. In *Civilization and Its Discontents* (Freud, Sigmund, New York, 1930) the following statement is made:

> "We gave the answer [to the question why it is so hard for mankind to be happy] when we cited the three sources of human suffering, namely, the superior force of nature, the disposition to decay of our bodies, and the inadequacy of our methods of regulating human relations in the family, the community, and the state." (p. 43.)
>
> "To the third, the social source of our distresses, we take up a different attitude. We prefer not to regard it as one at all; we cannot see why the systems we have ourselves created should not rather ensure protection and well-being for us all." (p. 44.)

(a) Is Freud right in his explanation of the causes of social problems?

(b) Do you agree with him as to our reluctance to accept modifications of our social system?

19. What are the specific disruptive forces to which the chaos theory of social problems refers?

20. Is a world war an example of the chaos theory?

CHAPTER XXII

THE SCIENTIFIC STUDY OF SOCIAL PROBLEMS[1]

A PRIMARY axiom of the social sciences is that all human problems are problems of science. But this accepted point of departure does not define precisely those types of human needs which may be included within the present limits of scientific method. Debate is usually concerned with the prospects of science in the study and solution of social problems. It is essentially a question of the ability of current research methods to cope with the subjective facts of human experience as well as with the objective facts of the physical world.[2]

Because the social sciences find both types of facts in every social problem, there are four immediate handicaps to scientific study:

1. The ill-defined nature of the typical social problem. At the outset its examination requires a survey of many varying conditions and depends upon the collaboration of many different disciplines.

2. The tendency of experts to view a problem in the light of their own observations or from some one particular tangent.

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[1] This survey of scientific procedure in the study of problems is a brief preface to specific methods and techniques, examples of which are cited in footnotes and the bibliography. An adequate statement of most current problems from the standpoint of their sources and prevalence is given in the *Encyclopaedia of the Social Sciences,* and from the standpoint of public and private social work administration in the *Social Work Year Book.*

[2] With the renewed interests of government in science because of war and post-war needs, this point of view is brought to public attention much more emphatically than ever before in the history of government. Oddly enough as a matter of contrasted opinions as to what science is and can do, the public leadership which makes the statement that "war first starts in the hearts of men" limits its scope of science to physics, chemistry, physiology, and medicine. Consult, *Report on Science Legislation to the Senate Committee on Military Affairs,* Natl. Science Foundation, Report No. 8. Washington, 1946.

3. The difficulty of obtaining adequate evidence.
4. The moral value through which each social problem is identified and defined.

At present, consequently, the procedure of social study is organized to avoid these obstructions and to establish a field of inquiry within the limits of its own subject matter and of valid techniques in research.[3] This routine includes:

1. The examination of sources of information.
2. The development of a systematic approach.
3. Adaptation of available methods, both general and technical, to the problem.
4. The definition of a problem and the limiting of conclusions of the study to a framework of observation, established by sources, approaches, and methods, in such a way that the problem and the conclusions may both be tested by repeated observations.[4]

Sources of information. A first step in the study of social problems is a careful survey of the literature. The literary or documentary approach is necessary because any problem in its initial presentation is a complex of many social and non-social conditions. The collection of a bibliography serves several

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[3] Social problems and their study have been submitted to a number of exacting sociological critiques, for example: Carr, L. J., *Delinquency Control,* Harper and Brothers, New York, 1941. Chap. 2. Science, Technology and Social Problems. Fuller, R. C., and Myers, R. R., "Some Aspects of a Theory of Social Problems," *Am. Sociol. Rev.,* Vol. 6: 24–31; ———, "The Natural History of a Social Problem," *Am. Sociol. Rev.,* Vol. 6: 320–327. Mills, C. Wright, "The Professional Ideology of Social Pathologists," *Am. Jour. Sociol.,* Vol. 49: 165–180. Reuter, E. B., *Sociology,* Dryden Press, New York, 1941, pp. 70–73; 223–228. Sutherland, E. H., "Social Pathology," *Am. Jour. Sociol.,* Vol. 50: 429–435.

[4] In spite of a scientific heritage (in the physical sciences) which has tended to limit the prospects of methodical inquiry to one group of facts, namely, those which may be measured, for more than a century the social sciences have contended that their subject matter and problems contain the essential requirements for methodical study which are the capacity to be observed, repetitiveness, and the possibility of proof. For a brief statement by an early sociologist, consult Spencer, Herbert, *The Study of Sociology,* Chaps. 1, 2, 3. D. Appleton-Century, New York, 1896 (original edition, 1873). For a recent interpretation of scientific procedures, the scope of science, and the essential qualities of the scientific worker, consult Cannon, W. B., *The Way of an Investigator,* Norton, New York, 1945. Dr. Cannon lists on p. 43 the following necessary traits for research: curiosity, imaginative insight, critical judgment, thorough honesty, a retentive memory, patience, good health, and generosity.

purposes. It indicates the scope of the problem and aspects thereof which have been examined frequently or that are relatively neglected. In this manner, it helps on the one hand to eliminate duplication and on the other to show phases of the problem which defy present techniques of social research. Further examination of relevant monographic materials follows the method of documentary or comparative research, thus permitting finally the testing of conclusions.

The chief value in this approach to the literature is its indication of sources of information which are most complete and reliable for particular problems. A student soon learns to distinguish between journals of research and journals of comment or opinion, between agencies sponsoring or conducting research and even between individual contributors from the standpoint of their scholarship and ingenious use of methodical devices.

Reliable and frequently used sources are governmental reports and the journals of the learned societies.[5] The following are selected lists of these publications:

SOURCES IN GOVERNMENTAL PUBLICATIONS

Item Number	
	Agricultural Department
A 1.9	*Farmers' Bulletins*—non-technical treatment of agricultural and household subjects
A 1.23	*Journal of Agricultural Research* (semimonthly)
A 1.10	*Yearbook*
A 55.25	*Commodity Information Series*
A 55.12	*Consumers' Guide* (biweekly)
A 36.15	*Agricultural Situation* (monthly)
	Chemistry and Soils Bureau
A 47.5	*Soils Surveys*
	Experiment Stations Office
A 10.6	*Experiment Station Record* (monthly)

[5] *Classified List of United States Government Publications.* U. S. Government Printing Office, Washington, D. C., 1936. See also *Monthly Catalogue* for changes.

Item Number	
	Extension Service
A 43.1	*Annual Report*—extension work in agriculture and home economics
A 43.7	*Extension Service Review* (monthly)
	Food and Drug Administration
A 46.12	Service and Regulatory Announcements, Food and Drug
	Weather Bureau
A 29.6	*Monthly Weather Review*
	Central Statistical Board
Y 3C33:2	General Publications
	Civil Service Commission
CS 1.6	Instructions and Information for Applicants and for Boards of Examiners
	Commerce Department
C 1.13	*Elimination of Waste* Series
	Census Bureau
C 3.26	*Birth, Stillbirth, and Infant Mortality Statistics*
C 3.24	*Census of Manufactures* (biennial)
C 3.35	*Census of Religious Bodies*
C 3.47	*Financial Statistics of Cities*
C 3.49	*Financial Statistics of State and Local Governments*
C 3.46	*Marriage and Divorce Statistics—Annual Report*
C 3.60	*Mental Defectives and Epileptics in State Institutions*
C 3.59	*Mental Patients in State Hospitals* (biennial)
C 3.40	*Mortality Statistics—Annual Report*
C 3.54	*Physicians' Pocket Reference to International List of Causes of Death*
	Federal Employment Stabilization Office
C 26.2	General Publications
	Foreign and Domestic Commerce Bureau
C 18.33	*Distribution Cost Studies*
C 18.14	*Statistical Abstract of the United States*—a condensed review of commerce, industry, population, finance, etc.
C 18.35	*Survey of Current Business* (monthly)
	National Bureau of Standards
C 13:22	*Journal of Research of National Bureau of Standards* (monthly)

Item Number	
	Patent Office
C 21.3	Classification Bulletins—classification of subjects of invention
	Economic Security Committee
	Emergency Conservation Work
	Employees' Compensation Commission
EC 1.9	*Safety Bulletins* (monthly)
	Farm Credit Administration
FCA 1.10	*News for Farmer Coöperatives* (monthly)
	Federal Emergency Administration of Public Works
	Housing Division
Y 3.F31:12	*Bulletins*—relative to housing conditions and problems
	Federal Emergency Relief Administration
Y 3.F31:8	*Monthly Report*—work programs, relief statistics
	Federal Home Loan Bank Board
Y 3.F31:9	*Federal Home Loan Bank Review* (monthly)
	Federal Housing Administration
Y 3.F31:32	*Insured Mortgage Portfolio* (monthly)
	Interior Department
	ANNUAL REPORTS OF VARIOUS INSTITUTIONS
	Education Office
I 16.3	*Bulletins*
I 16.26	*School Life* (monthly)
I 16.54	Civilian Conservation Corps, *Vocational Series*
I 20.8	*Indian Schools*
	Interstate Commerce Commission
IC Iacci.3	*Accident Bulletins*
	Justice Department
J 1.5	*Official Opinions of Attorneys General*
J 1.14	*Uniform Crime Reports* (quarterly)
	Prisons Bureau
J 16.1	*Annual Report*—detailed information concerning federal prisoners

Item Number	
	Labor Department
	Children's Bureau
L 5.20	Publications—concerning children, infant mortality and other children's problems
	Employment Service
L 7.14	*Employment Service News* (monthly)
	Immigration and Naturalization Service
	Labor Standards Division
	Labor Statistics Bureau
L 2.3	*Bulletins*—about wages, hours, prices, unemployment, industrial accidents, workmen's compensation, labor laws, etc.
L 2.6[a5]	*Changes in Cost of Living*
L 2.9	*Employment and Pay Rolls* (monthly)
L 2.10	*Labor Information Bulletin* (monthly)
L 2.6	*Monthly Labor Review*
L 2.6[a2]	*Retail Price* (monthly)
	Women's Bureau
L 13.3	*Bulletins*—laws, wages, hours, standards of employment
	National Academy of Sciences
NA 1.5	*Memoirs*—monographs on various subjects
	National Emergency Council
	National Labor Relations Board
	National Mediation Board
	National Resources Committee
	Pan American Union
PA 1.6	*Bulletin of Pan American Union* (monthly)
	Public Health Service
FS 2.19	*National Negro Health News*
FS 2.7:58/49	*Public Health Reports*
FS 2.9:24/12	*Venereal Disease Information*
	Resettlement Administration
Y 3.R31:2	*General Publications*
	Smithsonian Institution
SI 1.1	*Annual Report*
	Social Security Board
FS 3.6:3	*Old Age Insurance*
FS 3.3:6/11	*Social Security Bulletin*
FS 3.108	*Unemployment Compensation*
FS 3.16:943	*Public Assistance*

Item Number	
FS 10.7:27	*Vocational Rehabilitation Office*
	Treasury Department
T 1.11/2	*Treasury Decisions*
T 63.207	*Money*
T 22.23/1	*Internal Revenue Bulletin*
T 22.17:111	*Income Tax*
	Veterans Administration
VA 1.8:547	*Decisions*
VA 1.9:20/2	*Medical Bulletin*

JOURNALS

American Economic Review (quarterly)
American Journal of Psychiatry (bimonthly)
American Journal of Public Health (monthly)
American Journal of Sociology (bimonthly)
American Labor Legislation Review (quarterly)
American Political Science Review (bimonthly)
American Sociological Review (bimonthly)
[The] *Annals of the American Academy of Political and Social Science* (bimonthly)
[Applied] *Sociology and Social Research* (bimonthly)
[The] *Family* (10 issues yearly)
Jewish Social Service Quarterly
Journal of Adult Education (quarterly)
Journal of the American Statistical Association (quarterly)
Journal of Criminal Law and Criminology (bimonthly)
Journal of Education Research (9 issues yearly)
Journal of Educational Sociology (monthly, September to May)
Journal of Experimental Psychology (bimonthly)
Journal of Personality (published 4 times yearly)
Journal of Social Hygiene (9 issues yearly)
Marriage and Family Living (quarterly)
Mental Hygiene (quarterly)
Milbank Memorial Fund Quarterly
National Municipal Review (monthly)
Occupations (8 issues yearly)
Population Index (quarterly)
Population (Journal of the International Union)
Public Opinion Quarterly
Rural Sociology (quarterly)
Social Forces (quarterly)
Social Research (quarterly)

Social Security Bulletin (monthly)
Social Service Review (quarterly)
Sociometry (quarterly)
Survey (midmonthly) and *Graphic* (monthly)

There are numerous research reports in the publications of national and international research organizations, both public and private, and of similar organizations in smaller geographical divisions.[6] Other sources, generally directed toward specific fields of interest, may be found in the publications of general organizing agencies, such as the following:

American Council of Education
American Council of Learned Societies
American Council on Public Affairs
National Research Council
Social Science Research Council
Federal Council of Churches—Department of Research and Education

and in the journals or monographs of national societies, of which a selected list includes:

American Association for Adult Education
American Association for Health, Physical Education, and Recreation
American Association for Labor Legislation
American Association on Mental Deficiency
American Association for Social Security
American Birth Control League
American Committee for the Protection of the Foreign Born
American Eugenics Society
American Farm Economic Association
American Foundation for the Blind
American Foundation for Mental Hygiene

[6] For national organizations sponsoring research in various fields, consult the directory *Public Administration*, published annually by the Public Administration Clearing House, 1313 E. Sixteenth St., Chicago, Ill. These organizations are classified alphabetically, by fields of interest, and by states. Another source of public and private agencies is the *Social Work Year Book*, published annually by the Russell Sage Foundation, New York City. For International Organizations, consult *A Directory of International Organizations in the Field of Public Administration*, published by Joint Committee on Planning and Coöperation, Brussels, 1936. For the research interests and scope of the Foundations, consult *American Foundations and Their Fields*. Raymond Rich Associates, New York, 1942. For governmental agencies less than statewide in scope, consult *A Directory of Organizations Engaged in Governmental Research*. Gov-

American Heart Association
American Institute of Criminal Law and Criminology
American Library Association
American Medical Association
American Parole Association
American Prison Association
American Public Health Association
American Social Hygiene Association
Birth Control Federation of America
Brookings Institution
Consumers' Research, Inc.
Eugenics Research Association
Family Welfare Association of America
Governmental Research Association
Human Betterment Foundation
Industrial Relations Counselors
Institute of Human Relations, Yale University
Institute of Public Administration and Bureau of Municipal Research
Judge Baker Guidance Clinic
Labor Bureau, Inc.
National Bureau of Economic Research
National Child Labor Committee
National Housing Association
National Municipal League
National Prisoners' Aid Association
National Probation Association
Public Administration Clearing House
Scripps Foundation
Tax Research Foundation

Among recent additions to the field of social study are the numerous bureaus of social and economic research, which are usually connected with a university or a social work agency, and bureaus of municipal research.[7]

Approaches in the study of social problems. Many writers have found it convenient to begin an analysis of all social prob-

ernmental Research Association, Chicago, 1936. International Labor Office, *Yearbook of Labor Statistics.* Council of State Governments, *The Book of the States,* Chicago. Pub. biennially. Library of Congress, *Checklist of State Publications,* Washington, D. C., Pub. monthly. Masters, R. D. (Ed.), *Handbook of International Organizations in the Americas,* Washington, D. C., 1945. Midge, I. G., *Guide to Reference Books,* Am. Library Assoc., Chicago, 1936. Special Libraries Assoc., *Special Library Resources,* Vol. 1, New York, 1941.

[7] *Recent Social Trends,* Vol. II, Chap. 28. McGraw-Hill, New York, 1933.

lems by considering them as products of one major cause, as functions of one major problem, or as deviations requiring one primary form of social reorganization. This procedure has been adopted in good faith for purposes of emphasis, or to call attention to neglected sources of social maladjustments. Thus, such titles as *Poverty and Social Progress, Health and Social Progress, Human Efficiency and Levels of Intelligence, Culture and Social Progress,* and *Social Organization* develop an analysis of social normality and abnormality through one central theme.[8] Ordinarily, such approaches are comprehensive in scope, and make adequate allowance for other factors not included in the title by considering them complementary or secondary origins of personal and group disorganization. This type of approach covers a variety of major factors in social evolution, such as population, race, heredity, eugenics, business, politics, religion, and education. There are, however, extremists who have overemphasized and thus misused each of these approaches, and the student must be cautioned against one-sided interpretations of man's problems.

One handicap to adventures in the social sciences is the fact that no social problem has ever been solved. Consequently, there are no definite guide posts for the organization of research and no single approach or tool of investigation which can be regarded as entirely reliable. The social sciences and arts are still dependent upon general and experimental investigations, both in methods of study and in techniques of treatment. When, by the invention of tacking, sailing vessels were able to travel against the wind as well as with it, new achievements became possible by this improvement. The social sciences must advance by similar modifications of their tested methods, until they can supplant the latter by inventions which permit

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[8] Parmelee, M., *Poverty and Social Progress,* Macmillan, New York, 1921. Binder, R. M., *Health and Social Progress,* Prentice-Hall, Inc., New York, 1921. Goddard, H. H., *Human Efficiency and Levels of Intelligence,* Princeton Univ. Press, Princeton, 1920. Folsom, J. K., *Culture and Social Progress,* Longmans, Green, New York, 1928. Bushee, F. A., *Social Organization,* Holt, New York, 1930.

more direct approaches to their problems. Since the one definite fact underlying all social problems is that they have multiple causes, most writers agree that several approaches must be used in order that all causes and their several combinations may be examined.

Parmelee suggests a combined approach of this nature to the special problem of poverty. With poverty used as an economic index of social ill-being, other problems are related to economic status as causes or results. This procedure might be adopted in the analysis of any problem. On the one hand, it recognizes that one problem is intimately connected with many other problems; on the other hand it endeavors to trace one problem to its plural causes. This range of many causes includes: [9]

1. Anatomical causes.
2. Physiological causes.
3. Mental causes.
4. Moral causes; any deviation from conduct which is socially valuable.
5. Causes in social organization: (a) restrictions placed upon individual freedom; (b) rigid or implastic social forms which meet the needs of the majority, but which for their enforcement require the sacrifice of some groups.
6. Causes in physical environment.

According to this point of view, any problem is the result of several causes and hence requires as many approaches as there are causes. It is usually directly connected with one group of causes, but may be conditioned by all of the others. Since these causes are interdependent and operate in combination to make relative problems, we have degrees of physical, mental, moral, or social unfitness. These combinations of causes shape each problem into a distinctive pattern, and the task of the investigator is to unravel or factor this pattern.

In the original edition of *Social Pathology,* a study that rejected the single cause approach to problems in favor of a

[9] Parmelee, M., *op. cit.,* Chaps. 1, 2.

multiple approach, the authors conceived the following combined point of view: [10]

1. Religious and moral
2. Biological and medical
3. Psychological and psychiatric
4. Economic
5. Sociological

This division of labor is continued in a later revision with the exception that the religious and moral approach is replaced by the general caption "non-scientific approaches."

In both editions of this work, the authors conclude that no social problem can be wholly understood through any one approach, or other subjective evaluations, because one approach stresses but one source of unadjustment, neglects indirect or secondary causes, and is biased toward a one-sided explanation. Thus, in the religious and moral approach, personal causes are credited with too much weight. A particular problem is explained by personal responsibility or irresponsibility, when both the problem and the personal attitudes involved can be more fully interpreted as results of an objective situation. This elementary confusion of cause and effect is illustrated by early concepts of crime or of mental disease as consequences of human depravity. Laziness and shiftlessness as causes of poverty, and incompatibility as a cause of divorce, are comparable examples of this approach.

Similarly, biological explanations emphasizing inheritance or acquired physiological differences, and psychological explanations emphasizing variations in intelligence, mental disease, feeble-mindedness, or other defects in personality, are prone to be too inclusive. They avoid less direct but more accurate diagnoses in selecting as primary cause and immediate approach what may be only superficial manifestations of the actual problem.

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[10] Queen, S. A., and Mann, D. M., *Social Pathology*, Crowell, New York, 1925. Chap. 1. Rev. ed., Queen, S. A., and Gruener, J. R., Crowell, New York, 1940. Chap. 3.

Economic and sociological approaches can be equally one-sided. An economic theorist, such as Marx or Bonger, is willing to make all social problems the consequences of an inefficient economic system. Such economic determinism has withstood considerable criticism simply because a person's economic status is intimately connected with most of the human problems which he has to face. However, the principal weakness of this approach is that it proves too much. Sociology's contribution is twofold and stresses the origin of problems in defective human relationships. The general point of view of sociology is that social problems originate in inefficient social institutions, and can be removed only by social adjustment of these institutions. More narrowly interpreted, sociology approaches these problems as the maladjustments of particular groups which have inadequate or demoralizing social contacts. From this point of view, readjustment demands the reorganization of community or neighborhood groups or of an individual's life-philosophy, rather than the reorganization of defective social institutions.

The authors of *Social Pathology* suggest that social problems can be understood only by a correlation of each of these approaches. Their attitude is based upon the hypothesis that no problem can be traced to its multiple causes until all the factors enumerated by Parmelee are considered. Frequently this correlation of social and other phenomena is confused with sociology and made the substance of the sociological approach. Although the interpretation of sociology as a correlating science corresponds with its earlier definition as the science of sciences, the origin of this conception is explained by its historical contact with philosophy. Most contemporary sociologists accept the more modest responsibility outlined in the preceding paragraph. Few are willing to argue that sociology is distinguished from other sciences through this approach by correlations, that it has a monopoly on the field of social problems, or that social reform is its special province.

A precise example of the sociological approach is given in

the works of Franklin Giddings. For complete sociological study he recommended three procedures: (1) the delimitation of the field of observation by regional, temporal, or categorical (conceptual) limits; (2) exploration by careful sampling; (3) measurement. There are two objectives in Giddings' routine: one seeks to preserve a comprehensive view of the problem as a whole and to bring it into its proper relationships with the complexities and changes in the organization of a society; the second seeks to avoid distorted perspectives and overemphasis upon the abnormal by fitting all findings into a pattern of social adequacy.[11]

The aim of this method is explanation. Consequently, it is necessary to discover:

1. How social objects change, either singly or in combination.
2. The locale of this change, and its time sequences.
3. The speed of change.
4. The reason for change.
5. What happens to a particular social object when some other set of changes takes place.

These are the starting points of social discovery.[12]

The application and scope of the sociological approach are well illustrated by case studies and statistical investigations of problem persons and groups. Case studies examine social problems in their personal manifestations. In *Social Pathology,* several case records serve to introduce and delimit each problem prior to an analysis of its more general factors. This method is concrete and is excellent for illustrative purposes. But, unfortunately, there are few cases which can be used as peculiarly representative of one problem. As a rule, cases only show that one case is a cross-section of several problems. Thus case studies are apt to oversimplify subsequent analyses which must necessarily precede suggested reforms. As a matter of fact, most reforms are abstract in that they have little

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[11] Giddings, F. H., *The Scientific Study of Human Society,* University of North Carolina Press, Chapel Hill, N. C., 1924. p. 165 *passim.*

[12] Giddings, F. H., *Studies in the Theory of Human Society,* Macmillan, New York, 1922. pp. 295–298.

relationship to the cases which they are presumed to treat. Generally speaking, the textbook device of citing cases is a substitute for slumming expeditions or for visits of inspection to public welfare institutions. Through them, the students are able to see victims of our social problems. But they are apt to miss the problems.

Statistical investigations, especially social surveys, furnish one of the best sources of information concerning social problems in their personal or community aspects. They avoid the selection and particularizing which are the obvious handicaps of the case method. Many surveys, for example, do not approach social problems directly, but make them a by-product in the general examination of a community's assets and liabilities. In addition to these general community surveys, there are many specific surveys of health problems, poverty, unemployment, working conditions and associated economic problems, of mental health, vagrancy, crime, housing, and the like. Surveys are also conducted of constructive social agencies, of institutions, and of problems in social reconstruction.

Methods of social study. The elements of all systematic investigation are honesty, objectivity, and critical judgment. No method, however precise it may be, can compensate for errors in these qualitative requirements. In social exploration, the student (1) must know that there is a tendency for biased judgment and must introduce correctives therefor, (2) must discover all accessible facts and arrange them systematically, and (3) must cultivate attentive observation.[13] In the words of J. B. S. Haldane: [14]

> . . . a good half of most research consists in an attempt to prove yourself wrong. Intellectual honesty . . . is the most essential of the habits which the scientist, whether professional or amateur, must form.

Upon the basis of this critical framework, all social observa-

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[13] Webb, S. and B., *Methods of Social Study*, Longmans, Green, New York, 1932. p. 31.

[14] *Possible Worlds*, Chatto and Windus, London, 1930. p. 174.

tion and explanation are concerned with the identification of social facts. These facts and their elements defy simple analysis. Often they extend beyond the range of quantitative statement and measurement. It is the object of social study to make allowance for different orders of facts in their development and in their interplay within societal patterns.[15]

There are six commonly accepted tests of reliability by which a valid methodology may be assessed. These are: (1) the usefulness and applicability of the information to the problem under consideration; (2) the allowance for bias or the personal equation; (3) the method of sampling; (4) a clear statement of basic hypotheses and assumptions; (5) the consensus of competent observers; and (6) repeated verification.

The general methodology of social investigation includes the following: (1) definition; (2) classification; (3) testing by standard units of observation; (4) verification by comparison and experiment; (5) interpretation and generalization; (6) prediction.

Precise technical instruments are:

1. Historical and geographical methods.
2. Life history and other documents.
3. Case study.
4. Case analysis.
5. The interview.
6. The survey.
7. Statistical methods.
8. Experimental methods.
9. Mathematical methods of measurement.
10. Sociometric devices.
11. Ecological methods.
12. Regional analyses.
13. Census procedures.
14. Census-tract tabulation.

Problems largely beyond the scope of precise methods. Notwithstanding the fact that a problem may be both interesting and important, many major problems remain outside the possibility of immediate scientific analysis. Examples of such problems may be found in *Recent Social Trends* and in the spontaneous reactions of college students. Often the interest

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[15] MacIver, R. M., *Society*, Farrar and Rinehart, New York, 1937. pp. 474–478. On pp. 477–478 there is an illustrative analysis of the problem of crime.

and importance of these problems grow in proportion as they continue to evade logical analysis.

Intemperance and prohibition are classical illustrations. They stimulate violent emotional responses. They are noteworthy because of a dearth of verifiable evidence. They can scarcely be classified within the scope of any one field of study because no one can state certainly whether they are basically economic, physiological, psychological, legal, or social problems.

Comparable examples that resist current methods of observation, recording, generalization, and prediction are:

1. Justice in the distribution of income.
2. Selection of people for positions of importance because of their competence.
3. Business depressions.
4. Social consequences of inventions.
5. Qualities of population that should be preserved by a planned policy.
6. Social effects of urbanization.
7. Why pathological types of personality continue to thrive.
8. Why society cannot train citizens who will live in harmony with its conventions.
9. Why people are so susceptible to manias without any factual basis for their beliefs.
10. Racial antipathies.
11. Effects of social status and stratification upon personality.
12. Why one set of contacts apparently will produce different types of groups and personality.
13. Exploitation.
14. Qualities of students indicating the likelihood of success in later life.
15. Characteristics making for vocational success.

These problems are difficult for the same reasons that many social problems tend to resist precise examination. They are objects of prejudice and partisan convictions. They are oversimplified. They are complicated by lack of adequate evidence. They are colored too extensively by adhesions of moral value.

Examples of methodical social study. The best illustration of systematic investigation in the social studies is that which is sufficiently explicit in its organization to permit repeated

verification and hence proof of its conclusions. Research of this type, consequently, approaches a limited field of observation. It states exactly the nature of its conceptual point of view, sources, and methods.

There are many examples of the possible varieties of such procedure.[16]

In these studies, the type of problem or subject matter is less significant than the entire systematic approach. Ordinarily, this approach adopts one of two general points of departure. It attacks vague and subjective problems by the use of objective tests, or it subdivides a complex problem into its several objective divisions. An illustration of both procedures is the following study of fatigue.

Human problems of industrial fatigue. Considerable interest in the general subject of fatigue has been stimulated by its several manifestations in industry. At the outset, it was observed that fatigue is as much a consequence of human ignorance concerning the conditions under which work may be carried on efficiently as it is the result of monotonous and

[16] Bogardus, E. S., *The New Social Research,* Miller, Los Angeles, 1926. Chap. 1 (a race relations survey.) Bossard, J. H. S., and Boll, E. S., *Family Situations,* Univ. of Pennsylvania Press, Philadelphia, 1943. (A study of child behavior.) Brearley, H. C., *Homicide in the United States,* Univ. of North Carolina Press, Chapel Hill, N. C., 1932. Chap. 10. (Methods.) Burgess, E. W., and Cottrell, L. S., *Predicting Success or Failure in Marriage,* Prentice-Hall, Inc., New York, 1939. Burgess, E. W. (Ed.), "Case Studies of Social Institutions as a Method of Research," in *Personality and the Social Group,* Univ. of Chicago Press, Chicago, 1929. Davidson, P. E., and Anderson, H. D., *Occupational Mobility,* Stanford Univ. Press, Stanford, Calif., 1937. Chap. 1 (Methods). Elmer, M. C., *Social Research,* Prentice-Hall, Inc., 1939. Chaps. 2, 10, 12, 15. Hill, R., "An Experimental Study of Social Adjustment," *Am. Sociol. Rev.,* Vol. 9: 481–494. Kirkpatrick, C., "Factors in Marital Adjustment," *Am. Jour. Sociol.,* Vol. 43: 270–283. Palmer, V. M., *Field Studies in Sociology,* Univ. of Chicago Press, Chicago, 1928. (Procedures in the study of leadership.) Phelps, H. A., and Baker, E. M., "Costs of Social Service," *Social Forces,* Vol. 9: 67–71. (Analysis by time series.) Reckless, W. C., *Vice in Chicago,* University of Chicago Press, Chicago, 1933. Reed, Ruth, *The Illegitimate Family in New York City,* Columbia University Press, New York, 1934. Chap. 1 (survey methods.) Richmond, M. E., and Hall, Fred S., *Child Marriages,* Russell Sage Foundation, New York, 1925. Chap. 1 (methods of analyzing social legislation.) Shaw, C. R., *The Jack-Roller,* University of Chicago Press, Chicago, 1930. Chap. 1 (the life-story method.) Thrasher, F. M., *The Gang,* University of Chicago Press, Chicago, 1936 (methods of studying social groups.) U. S. Bureau of Labor Statistics, *Urban Study of Consumer Purchases,* Preliminary report, Feb. 8, 1938, Washington, D. C. (methods of sampling.) Webb, S. and B., *op. cit.,* Chap. 8 (the study of an institution.)

prolonged labor or of work under a high-speed schedule. Fatigue, therefore, is more than a physiological condition. In addition, it is complicated by the mechanics of production, the health and temperament of the worker, and of "fatigue toxins." [17]

At first, the human problems of fatigue were oversimplified by laboratory reports upon the nature of physiological fatigue. It was assumed that these laboratory investigations would furnish a sufficient background for the continuation of its study in industry. Discover the sequence out of which fatigue develops, and it is highly probable that a solution can be found, for example, as in the sequence of work, fatigue, remedy. The simple remedy suggested on the basis of laboratory tests, namely, the administration of acid sodium phosphate, was found to be of little use.

In studies of industrial fatigue, no simple sequence and no single cause or remedy could be discovered. Under industrial conditions, fatigue is a complex condition varying widely in different occupational groups and industrial situations. It is also highly variable in terms of individual and personal differences. For these reasons, three primary problems were identified: (1) the difficulty of isolating muscular fatigue from such factors as intelligence and skill; (2) the problem of separating physical and mental fatigue; (3) the development of tests to distinguish fatigue from its various causes and associated conditions.

With industrial fatigue defined as the reduced capacity for doing work, the following tests were employed to measure the degree of fatigue.

1. Variations in output and quality of work.
2. Lost time.
3. Labor turnover.
4. Sickness and mortality.

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[17] Mayo, Elton, *The Human Problems of an Industrial Civilization*, Macmillan, New York, 1933. Chap. 1.

5. Accidents.
6. Degree of effort expended.

Upon the correlation of the results of these studies with laboratory reports, the nature of industrial fatigue may be summarized under the following conclusions:

1. Fatigue is not one condition but a variety of conditions.
2. Fatigue arising from excessive activity of the body as a whole or from the use of certain muscles is accompanied by an increase in lactic acid and temporary inability to continue the activity.
3. Fatigue arising from depletion of fuel reserves is accompanied by a low level of blood sugar.
4. Fatigue in an environment of high temperatures is measurable by an increase in the heart rate.
5. Fatigue differs among individuals, varying with (1) general nervous coördination and ability or skill and (2) the individual's capacity for work.

Further information concerning fatigue is supplied by the more technical studies of (1) hours of work and rest pauses, (2) atmospheric conditions, (3) vision and lighting, (4) vocational selection and specific aptitudes for different occupations, (5) posture and physique, (6) industrial accidents, and (7) time and motion studies.

This method illustrates three procedures in social study. It approaches a complex, subjective problem by dividing it into its several minor problems. It attacks these problems indirectly. It employs every available objective test.

Summary. The essentials of scientific social study are (1) a delimitation of the problem, (2) a systematic approach, (3) an adequate sample, (4) the use of methods and techniques which are appropriate to the problem and the evidence. and which may be applied validly to comparable situations, and (5) verification and prediction.

It is possible to reduce these essentials to two primary tasks

of social exploration. One is concerned with the methodical collection and arrangement of facts. The other is the task of analysis and interpretation. Obviously, to comply with the demands of competency in research, these facts must be both relevant and complete.

No summary of scientific method can escape this requirement of competent research, or evaluation. Evaluation, or critical judgment, is implied in the two procedures of analysis and interpretation. It also appears in each of the five essentials of systematic social study.

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Questions

1. What is the scientific method?

2. Is the aim of all scientific procedure to achieve explanation?

3. In what ways may the methods of physical and social science be regarded as identical? As distinct?

4. Can you cite examples of studies of subjective data by objective methods?

5. Are there valid grounds for prediction in the field of social problems?

6. What are the principal obstacles to the adaptation of scientific method to social problems?

7. Is valuation or evaluation only characteristic of studies in the social sciences?

8. Make a list of some of the "non-scientific approaches," such as those suggested by Queen and Gruener, and point out their chief fallacies.

9. How may a student judge the scientific validity of a research project in social problems?

10. How may a student ascertain the adequacy of source materials?

11. What American Foundations encourage and support research in social problems?

12. How would you decide that a statement of fact was objectively derived or was a product of biased judgment?

13. What is critical judgment?

14. Make abstracts of a few of the articles or sources referred to in footnote 16 indicating precisely the technique that is being followed.

15. Criticize or evaluate the study of industrial fatigue.

16. What is the scope of the government's research program? How completely does it include the social problems of a post-war period?

17. Do you agree with Dr. Cannon's interpretation of the prerequisites for sound scientific work? See reference in footnote 4, above.

18. Does the requirement of good judgment appear more significantly in social than in physical research?

19. Why do some sociologists object to the term, social pathology?

20. Analyze the social problem of housing. Is it an economic, legal, engineering, or social problem?

CHAPTER XXIII

SOCIAL ACTION AND REFORM

The time has come for adequate action.[1] Crisis is a notorious breeder of reform movements. Social diagnosticians come to the rescue with many kinds of hopeful remedies. For every problem they agree that some immediate action is needed —adequate action for a more secure basis of social living.

Searches for remedy or reform have one aim in common—the desire to solve problems. A plan for social guidance generally takes one of two forms: it may propose a broad program of social reconstruction or it may be less pretentious and consist of efforts to eliminate the causes or disastrous results of specific problems.

All programs of social reconstruction may be classified as a phase of social organization and control. In this sense, it is unnecessary to make an extensive survey of human society to note that planning is by no means a product of modern crises. Social planning may be traced to the earliest of ancient civilizations. In such establishments as the religious institution of

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[1] This summary of reform is adapted from the following sources: Barnett, S. A., *Towards Social Reform.* New York, 1909; Case, C. M., *Outlines of Introductory Sociology,* Chaps. 45, 46. New York, 1924; Davis, Jerome, *Contemporary Social Movements.* New York, 1930; Epstein, A., "The Soullessness of Present Day Social Work," *Current History,* Vol. 28, pp. 390–395; Glover, William, *The Groundwork of Social Reconstruction.* Cambridge, Eng., 1922; House, F. N., *The Range of Social Theory,* Chaps. 17, 32, 34. New York, 1929; Huxley, T. H., *Social Diseases and Worse Remedies.* New York, 1891; Kraus, A. J. I., *Sick Society.* Chicago, 1929; Lasker, B., "What Has Become of Social Reform?" *Am. Jour. of Sociol.,* Vol. 28, pp. 129–159; McCarthy, Justin, *The Epoch of Reform.* New York, 1882; Ross, E. A., *Principles of Sociology,* Chap. 45. New York, 1920; Russell, Bertrand, *Icarus, or the Future of Science.* New York, 1924; Todd, A. J., *The Scientific Spirit and Social Work,* Chap. 1. New York, 1919; Wolfe, A. B., *Conservatism, Radicalism, and Scientific Method,* pp. 237–241, 304–333. New York, 1923; Zorbaugh, H. W., *The Gold Coast and the Slum,* Chap. 12. University of Chicago Press, Chicago, 1929; and the bibliography of this chapter.

Babylonia, the military system of Alexander, empire-building of Egypt and Rome, and the many utopian projects which date back to the Hebrew prophets, the scope and possibilities of planning become evident.[2]

Current examples of social planning seem to be novel and distinctive largely because of their comprehensive applications. Contemporary social reform movements are actually unique in contrast to many historical reforms because of: (1) the size and complexity of the problem for which they propose a program; (2) the large number of people involved; (3) the magnitude of financial costs; (4) the apparently radical changes in customs and mores that are required; and (5) the introduction of foresight and method.

A constant difficulty in the search for adequate social action is its non-specific nature. In one sense, a social plan is associated with the objective, cause and effect process of science. From another (and especially the historical) perspective, planning is an offspring of humanitarianism. From either point of view, a program of social change occupies a dubious position. It is not fully acknowledged as the legitimate child of the applied sciences or of the practical arts.

Essentially because of this lack of precise objective, planning is often a hotbed of good intentions. The search is for a final answer once and for all instead of theorizing, compromise, or "muddling through." This point of view has been well summarized by Glover:

> Well-meaning persons may possibly here raise an objection, and say, "This is no time for theorizing. The matter is urgent, and calls for immediate action. The world will not be reformed by thinking about things, but by doing them."

In each of its practical manifestations, reform, as a method of solving problems, arrives at this crossroad. Advocates of social

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[2] Hertzler, J. O., *The Social Thought of the Ancient Civilizations*, Chaps. 1, 10. McGraw-Hill, New York, 1936. MacKenzie, Findlay (Ed.), *Planned Society*, Part I. Prentice-Hall, Inc., New York, 1937 (planning in primitive, ancient, and medieval societies).

reform propose different routes, both in theory and in action. On the one hand they suggest the relief of personal wrongs and hence emphasize personal rehabilitation. On the other hand, they adopt the long view and subscribe to a non-specific social amelioration. This dualism is a stumbling-block in all reform movements, be they major or minor. Reformers and reforms are in entire agreement up to the point of proposing reconstruction. They differ in the direction which reconstruction must take and in its management.

In spite of its many handicaps, planning or reform is in agreement upon one thesis: the time has come for adequate action. This statement supplies the theoretical and practical setting of social reform. Of course there is no agreement upon the type of social action to be introduced, how it is to be carried out and when, for whom the reform is organized, or by whom it is to be applied. But reforms must be timely. Whether the reform is to be immediate and practical, or long-time social planning (theoretical), is the major question underlying projects in social reconstruction. Because of this element of uncertainty in its formulation, reform represents a discrete group of social problems and a major field of social investigation.

This instability of social reform has been a sore spot in its history, both to its advocates and to its enemies. Huxley's point of view is worth remembering, simply because it submits reform to the calculating scrutiny of common sense. Huxley was not only skeptical as to the value of most reform measures, but was bitterly opposed to the methods of social reconstruction advocated by Booth and other evangelists of the late nineteenth century, because their reforms were definite, while their problems were indefinite. He argued that under such circumstances reforms were quite likely to be inapplicable and worse than the situations to be clarified. He illustrated his point by the following story about himself. One morning he had a breakfast appointment and, having overslept, he hastily summoned a cab, saying to the driver as he jumped in, "Now drive fast, I am in a hurry." "Whereupon," Huxley tells us, "the

driver whipped up his horse and set off at a hard gallop. Nearly jerked off my seat, I shouted, 'My good friend, do you know where I want to go?' 'No, yer honnor,' said the driver, 'but, anyway, I am driving fast.' I have never forgotten this object-lesson in the dangers of ill regulated enthusiasms." [3]

Types of social planning. Planning is a recently popularized term to cover precisely those social actions which were formerly discussed as reforms. Consequently, planning will be considered synonymous with reform in this analysis. They are similar (in theory at least) since both are dependent upon the same degree of intelligent investigation. Moreover, it is customary in either case to suggest alternative forms of proposed action with some detail as to probable consequences if a given program is adopted.

All programs of constructive social change are based upon the assumption that society is organized, or is capable of being organized, to treat or to prevent its problems. The main sources of confusion are found in the choices of particular plans and goals.

Social groups can usually be convinced of their own shortcomings, but they are less open to suggestion when exact procedures of reformation are proposed. In his story, *The Blanket of the Dark*,[4] Buchan has given literary recognition to this uncertainty in social guidance. A priest and a soldier are discussing the current problems of England. Both are agreed as to the problems requiring remedy, but they cannot agree upon the remedy. When the soldier adopted the analogy of a broom to sweep away the social evils of the nation, the priest expressed a qualified agreement:

> I would use the broom—a stiff broom. But I would not burn down an ancient dwelling whose walls are sound because there is filth in some of the rooms.

Planning is based upon the doctrine that man can control or ameliorate those social conditions which are recognized as

[3] Huxley, T. H., *op. cit.*, p. 108.
[4] Houghton Mifflin, Boston, 1931, p. 183.

maladjustments. According to this point of view, it means reshaping toward the goal of social improvement.

> We vanquish smallpox, typhus, diphtheria, the bubonic plague—why should we not endeavor to banish such social maladies as pauperism, prostitution, juvenile delinquency, child exploitation, trampery, mob violence, family disintegration, religious antipathy and race antagonism? [5]

Social reshaping through other methods either supplements or opposes planning and reform. Usually, reform is compared with social evolution and social revolution. Gradual transformations, called social evolution, are considered too slow and too indefinite; revolution is considered too abrupt, costly, and indiscriminate. Both reform and revolution are sometimes defined as the external manifestations of social changes which have already occurred through social evolution. Both reform and specific social plans are attempts to hasten or to direct social evolution without the hazards of revolution.

The doctrine set up in opposition to social reform is usually *laissez faire* rather than social revolution. It advocates a minimum of restraint upon individual and group behavior, and hence a minimum of reform. It is still a leading opponent of reform but, because of the successful operation of many types of reform, it generally appears at present as a substitute for reform. Of equal importance to *laissez faire* are the obstacles to reform that arise because it has many meanings and because no one reform is able to solve the problem which has brought it into being.

Laissez faire may be considered one type of reform or one of its meanings, though negative in character. Its goal, to let well enough alone, has led to the characterization of this system of social reconstruction as the "ostrich method" of reform. Whenever humanity is confronted with an unusual and disturbing problem, it is inclined, following the *laissez-faire* procedure, to hide its head. Its "adequate action" is inaction or neglect. This policy requires no intellectual explanation. In

[5] Ross, E. A., *op. cit.*, p. 545.

fact, the attitude of the *laissez-faire* advocate, namely, one of indifference to what is actually transpiring, is frequently as emotional as the attitude of the most rabid humanitarian.

A second type of reform is the investigative, which aims to create a solution and to attack the probable causes of problems.

A third type of reform is the reverse of this procedure, namely, the development of solutions without reference to problems or their causes. These reforms are usually called panaceas and are comparable to medical cure-alls. Utopias which construct a social world contrary to fact are illustrations.

These three types indicate that reform may mean the achievement of goals (by *laissez faire* or by panaceas) or the abolition of evils. Reforms, consequently, may be affirmations or prohibitions. In its dictionary usage, reform means:

> To put or change into a new and improved form or condition—removal of faults or abuses—to restore to a former good state, or bring from bad to good—to induce or cause to abandon an evil manner of living and follow a good one—to amend, correct, improve.

In addition, therefore, to let alone, its meanings are as varied as to abolish, to improve, and to prohibit.

Since reform is employed in each of these meanings, it has the same scope and purpose as a social plan. It is a type of social diagnosis and it includes a program. Like any social plan, too, it is as reliable or unreliable as the investigation from which it is derived. Neither reform nor planning has ever received a clear-cut theoretical statement or more than superficial attention from the social sciences and arts. Each, however, is a type and method of social change, two characteristics not to be overlooked by the sciences and arts which are concerned with social change.[6]

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[6] Chapin, F. S., "Social Theory and Social Action," *Am. Sociol. Rev.*, Vol. 1: 1–11. On a comprehensive scale it is further illustrated by such mass plans as: use of natural resources, migration and settlement of people, highways and transportation, housing, zoning, industrial development, public works, public education, agricultural adjustment, employment, fiscal and investment policy, international relations, health, and recreation.

Specific programs in social change. Concrete examples of planning and reform are numerous throughout recent history. Their diverse interests and objectives are apparent in the following contemporary illustrations and in the list of suggested programs and therapies which are outlined in Appendix Two.

1. Control of money, prices, and credit.
2. Consumers' coöperation.
3. Federal Farm Board.
4. Federal Trade Commission.
5. Great Plains Drought Area Committee. Soil Conservation.
6. National Labor Relations Board.
7. National Resources Board.
8. Organization of labor.
9. Public Works Administration.
10. Pure Food and Drugs Act.
11. Tennessee Valley Authority.
12. Urban zoning and planning.
13. Society for the Advancement of Management.
14. Business Corporations.
15. Trade Associations.
16. Labor Unions.
17. Farmers' Societies.
18. Chambers of Commerce.
19. University Research Councils.
20. National Bureau of Economic Research.
21. National Economic and Social Planning Association.

Social significance of planning. These examples indicate three distinctive types of social planning. Planning may involve no more than one definite project, such as public spending to promote recovery, the enactment of an immigration law, the establishment of a central banking system, or reforestation to prevent erosion. It may be a nationwide scheme, including a number of related projects such as those just enumerated. It may be a complete reorganization of a nation's economic, political, or social life, as in the plans of socialism or the totalitarian state.[7]

Limitations upon the scope and objectives of any plan, regardless of its extensiveness, generally originate in the serious-

[7] Galloway, G. B., and others, *Planning for America*, Holt, New York, 1941. pp. 18–26, and Chaps. 25–28.

ness of the problem to be treated or in the importance of the cultural heritage which is to be altered. For one or the other of these reasons, the usual obstacles to planning are conflicts arising from (1) dissimilar economic interests, (2) variant cultural patterns, (3) the meaning of the facts which are basic to the organization of the policy, or (4) the interpretation of the eventual outcome of the policy.[8]

The adaptability of a program (or the interpretation of its significance as a valid instrument of social change) may be determined by raising three questions. These questions enter into the preliminary analysis of every social plan:

1. How much of a problem can be analyzed and solved?
2. What other related problems will be solved?
3. What other problems will be created by the plan?

Of these questions, the first is by all means the most important.

The object and significance of social planning may not be measurable to any important extent by its solution of problems. But it does set a minimum requirement of that which is adequate social action, namely, that it should be able to present what the problem is a little more clearly.

Solubility of problems, physical and social. The fact of man's superior achievements in the analysis of physical phenomena has resulted in an unfortunate predicament for the study of social change. It has created a dualism in the scientific approach to man's problems and an unnecessary separation between scientific methods and the problems of the natural and social sciences. This dualism is ridiculous and might well be dismissed, unmentioned, if it did not divide students into two opposing groups, one of scientists and one of pseudo-scientists. It is also amusing to note how this division has been carried over into the social sciences, separating the pure from the applied, whereas the orthodox, physical scientist doubts the possibility of any such division within the social sciences, assign-

[8] Lorwin, L. L., and Hinrichs, A. F., *National Economic and Social Planning*, Washington, 1935, p. 444. (Mimeographed.)

ing both to the limbo of metaphysics. Thus, with the contrasts of natural versus social science and of natural social science versus applied social science, it is fairly difficult to decide how the planned study of social change can adapt itself to any scientific procedure.

In the actual formulation of a social program, this scientific dualism is more an imaginary than a real obstacle to the solution of social problems. The significant question is not whether man can control nature and is enslaved by culture, but whether or not the materials and problems of social science are objectively measurable and unemotional. In other words, can the social scientist coöperate with the social planner in the objective study of subjective materials?

Solubility of physical problems. Let us consider the abstract point of view of the physical scientist toward his problems and their solution.

> The engineer . . . has definitely solved all the physical aspects of the problem (of social well-being). No longer are we the playthings of uncontrollable natural forces. We have come into a working agreement with Nature, and she is ready to furnish an abundance of good through our ministrations, without severe physical exertion on the part of any one.
>
> In addition to this it would seem reasonable to suppose that the same investigation of and adjustment to natural laws, and the same critical analysis of the conditions of the problem which have served the engineer in the physical field, should produce results of comparable effectiveness in the social environment. Similar methods should be similarly useful.[9]

This is a brief and pointed challenge to the methods of social science. The case of physical science rests upon the argument that the problems of social science are paradoxical, contradictory, and senseless. Why cannot social science be practically applicable and extend its rôle of analysis to that of supplying basic principles and information essential to the solution of its problems? The answer is given in two phrases: unlike the

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[9] Flanders, R. E., "Engineering, Economics, and the Problem of Social Well-Being," *Mechanical Engineering*, Vol. 53: 99–103.

problems of physical science, those of social science "are swamped with *vested interests* and *emotional reactions*."

Solubility of social problems. The answer of the social scientist to this challenge has never been wholly satisfactory. Generally, he has depended upon the rather doubtful claim that social phenomena are more complex than physical phenomena. Perhaps he should assume another attitude toward the comparative effectiveness of physical and social science and contrast the problems in these two fields. In this comparison, he can defend his own lack of achievement through the relative insolubility of his problems.

Social problems have been described as insoluble for three reasons. First, social scientists now realize that their techniques of observation and analysis—their science—are limited to cause and effect relationships. But no scientist laboring under these limits is able to state whether the result of a proposed action will be good or bad. Second, there is no basic system of social ethics or social welfare which supplies a functional criterion of "what ought to be done." Third, any proposed social change has a number of other effects than those which were intended. It is impossible to state scientifically whether some of these effects may not be worse than the problem which originally stimulated the change. For these reasons, the methods of abstract or pure science break down in the survey of social problems.

In other words, social problems are the outgrowth of unplanned social evolution. The social engineer, unlike the physical engineer, is not faced with problems created by nature but by those resulting from social interaction. He comes into a world in which economic organization, political machinery, family systems, educational, moral, religious and sanitary customs and beliefs are already established. His is the double function of substituting new for old ideas and of convincing the majority of the preferability of the former. Instead of dealing with mechanical stresses and strains and the mechanism and motion of inanimate objects, he is concerned with different units and hence with different problems. But

these problems of social science are no more paradoxical, contradictory, or complicated than the units which are being studied. When mores are adopted as the subject matter of social science, they can be studied with due regard to all the rules of science. That change or reform cannot be introduced with equal scientific precision may be due to the fact that men dislike to be treated as experiments, or it may be the same sort of difficulty that has impeded the practical application of engineering—difficulties inherent in social organization.

Consider, for example, the tasks of the physical engineer in the construction of a road. Physical rules involved in such building are scientific. He has adapted materials and methods to natural laws, but in no way has he been able to repeal any of the laws of nature. Now, let the physical scientist apply identical methods to the social problems of road building. Is the road necessary? What communities shall it connect? How much should it cost? Should the contractor employ local labor or import cheaper labor? At this point, the physical engineer begins to sympathize with the problems that the social scientist or reformer is studying. He becomes less convinced that the investigation and methods of the physical field are similarly useful in the social field.

There are scores of comparable situations that indicate that the problems of physical and social science are different. For example, when a skillful surgeon saves a life by a timely operation, or when a public health official protects an entire community, how much should be paid him as a public benefactor? A slightly different situation is presented by the tariff. Economists have been in agreement for some years that any tariff is detrimental to the material well-being of all countries affected by this legislation. When more than a thousand economists recommended the rejection of a proposed tariff act, their petition was ignored. Was this failure to effect social reform a reflection upon the methods and data of social science or upon the type of problem with which it is dealing?

In the light of such comparisons, it is probably fair to con-

clude that social problems are problems in re-education. They can be partly solved by changing habits. They can be solved satisfactorily in theory, as physical problems are solved, by the close observance of natural laws. But in their practical applications, social problems are relatively insoluble; that is, only parts of them can be solved. If this conclusion is correct, social plans must be examined in the light of their remedial and preventive prospects.

Remedial planning. The division of reforms into two main groups, one of remedies, the other of preventives, is suggested when various social programs are compared. In general, a remedial plan is identified by its failure to eradicate the major causes of a problem or by its emphasis upon minor issues. One of the chief criticisms made of all types of reform is their remedial character. This designation is invariably correct, for reasons already given. When a social plan is forced to restrict itself to parts of any problem, because of limits enforced by mores or by the specific drawback of financial costs, it is usually applied as a remedy.

There are few definite criteria by which various reforms can be divided into these two categories without specific analysis of the underlying circumstances and of their effectiveness. Accordingly, the following list of typical reforms may be remedial or preventive, depending largely upon the auspices under which they are sponsored and the efficiency of their administration.[10]

Economic reforms:
Unemployment insurance.
Family wage.
Other cultural reforms:
Removing slums and housing congestion.
Mothers' pensions.
Old-age insurance.
Prison reform.
Extending recreational opportunities.
Health reforms:
Safety movement.
Health education and insurance.

[10] For other examples, consult Appendix Two.

Sterilization.
Birth control.
Mental hygiene movement.

As a rule, if a remedial plan attempts to eradicate a basic or major problem by recommending a constructive substitute, it is preventive. Social insurance, international arbitration, and eugenics are illustrations. Following the same generalization, all prohibitions may be deemed remedial, since they stress eradication without necessarily formulating satisfactory substitutes for the custom or habit under fire. But this generalization may be modified by the concrete results of any experimental reform.

Plans to solve problems. "Modern social reform movements," says Todd, "represent a series of concrete efforts to define the rights of man." [11] Reform in this sense aims at the relative solution of problems by formulating an indictment of social wrongs and by obtaining modification of the social institutions which are responsible for them.

If social problems are relatively insoluble because the standards by which they are judged vary, then no reform is more than a progressive endeavor to speed up social change in harmony with the rights of man. This is probably the most precise relationship between a social problem and a reform proposed to solve it. Poverty, for instance, is called an unsolved problem, because it is unsolved by any contemporary reform. Upon analysis, however, we note that each generation solves poverty in part. But when this solution is carried over to the next generation, it is no solution at all because a new definition of poverty is being applied. Similar illustrations may be derived from the field of illness, physical or mental, or in our cultural unadjustments. Thus, more refined criteria of problems recognize new social wrongs, and it is the task of the reformer to educate the public to admit the desirability of more refined standards. For this reason, the reformer is at once both the social engineer and the exponent of the new ethics. Like the reformer Parkhurst, he accepts the state-

[11] Todd, A. J., *The Scientific Spirit and Social Work*, p. 2.

ment that publicity is the only real solution of social problems.

A practical illustration of the effectiveness of reform as solution may be observed in the hypothetical application of eugenics. In theory, eugenics is both a preventive reform and a method of solving social problems.

> Eugenics is incomparably the greatest concern of mankind. . . . We should endeavor to show that eugenics supplies the most effective and permanent solution to the problems that have been so ineffectually dealt with hitherto by physicians, public health officers, social workers, clergymen, and reformers,—the problems of combating disease, disability, defectiveness, degeneracy, delinquency, vice and crime.[12]

Eugenics, however, is not a complete reform, but must be supplemented by many other reforms. Applied to the feeble-minded, only 11 per cent of feeble-mindedness in the next generation would be eliminated, because 89 per cent of feeble-mindedness is derived from a large carrier group.

> If the original number of the feeble-minded was 330,000, in the next generation the number is about 293,700. . . . It has been computed that if we start with a proportion of one feeble-minded individual per thousand of the population, then by preventing the propagation of all feeble-minded individuals, it will require about eighty-six generations, or some two or three thousand years, to reduce the proportion to one feeble-minded person per ten thousand of the population. In the main, the 11 per cent reduction at the first generation is what is accomplished by stopping the propagation of the feeble-minded.[13]

Thus, in actual application, eugenics is not only a slow process, but is far from being a complete reform. In the first place, eugenics (the achievement of better biological stock) cannot succeed without a corresponding improvement of social stock. Finally, no eugenic reform which is simply biological in its provisions can ever hope to solve our socio-health problems without many non-biological supplements.

Plans to prevent problems. The preventive character of planning is to be found in its agreement on, and achievement

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[12] Jennings, H. S., in *Intelligent Philanthropy*, p. 285. (Faris, Laune, and Todd) University of Chicago Press, Chicago, 1931.

[13] *Ibid.*, pp. 290–291.

of, the major goals of social reconstruction. These general or approximate goals are identical to the criteria employed in the measurement of social problems, and hence are stated in terms of: (1) the elimination of needless waste and poverty; (2) the prevention of physical and mental disease; (3) the eradication of cultural sources of suffering; and (4) the extension of personal rights.

Any plan, organized to achieve one or more of these general goals, is theoretically a preventive movement. There are few preventive reforms, for the same reason that there is little preventive medicine. Neither society nor the person discovers what problems require treatment until they become pathological. Then, the imperative need is usually for treatment of symptoms, not of the problem. We may anticipate preventive reforms in social reorganization when our major problems can be described in terms of diagnostic factors which can be detected prior to the actual development of pathologies.

An illustration of the course to be followed by society in its development of preventive reforms is given in part by the cases cited in the foregoing chapters. From a summary of these cases, two generalizations may be made. First, planning is most successful and most preventive when the problem presented offers no pathological factors which must first be removed, as for example, the cases of widowhood and illegitimacy. Second, reform is almost hopeless when a case is pathological, or when the causes of its pathology are ineradicable either because science knows no method of solution or because the solution violates the mores. The case of family desertion, of Ralph Gibbs, and the family with an excessive amount of mental disease mentioned in Chapter VIII, are illustrations. That type of planning suggested in the definition of social problems as mass reform would be effective in situations comparable to those included in the first generalization. Situations classified under the second, however, fall outside the scope of reform and consequently commend themselves to the personal services of social case work.

Planning as social adjustment. Another interpretation of social planning and reform is problem solving, frequently in the limited sense of discovering the solution before the problem is known. The proposition of direct planning to bring about social adjustment was popularized by G. K. Chesterton. He believed that the vital social problems of any age are not the evils to be suppressed but the means by which they can be eliminated. In other words, the outstanding problem is the quest for adjustment.

This conclusion agrees completely with the foregoing usages and applications of "social improvements." It is also in harmony with acceptable definitions of social problems. But Chesterton reached this conclusion by a curious reasoning process and with a final assumption that puts reform completely under the control of the prophets. Any analysis of modern social problems, according to this writer, follows a fixed routine. It starts with statistics of the problems discussed, and is followed by a summary of the obstacles to solutions. Its concluding chapter is invariably called "The Remedy."

> It is almost wholly due to this careful, solid, scientific method that "The Remedy" is never found. For this scheme of medical question and answer is a blunder; the first great blunder of sociology. It is always called stating the disease before we find the cure. But it is the whole definition and dignity of man that in social matters we must actually find the cure before we find the disease.[14]

Reformers. If Chesterton's observation is right, some consideration should be given to reformers and their potential contribution to the solution of social problems.

The reformer has occupied many different positions in the history of human affairs. He has been a fanatic, a sentimentalist, an idealist, an opportunist, a radical, a professional busybody, and a practical leader. In each of these roles, widely separated personalities have been found, as well as among the advocates of many different reforms. Prohibitionists, diet-

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[14] Chesterton, G. K., *What's Wrong With the World,* Dodd, Mead, New York, 1910. p. 1.

faddists, Fundamentalists, eugenists, blue-law advocates, salvationists, vegetarians, spiritualists, and "intellectuals" illustrate a few of the movements, fads, cults, sects, manias, and epidemics which make reform and reformers excellent laboratory material for psychopathology.

Among the distinct types of reformers, three are worth mentioning. The first, regardless of the nature of his reform, builds his program upon a foundation of moral indignation. His belief in his cause and in himself is absolute. To this individual, there are only extremes: right is right; wrong is wrong; there is no possible middle position. Dr. Mary E. Walker, for example, was convinced that if women wore men's clothes all the evils of life would be eliminated. This reformer can visualize only the paramount necessity of her own proposal, and her method of application duplicates the Shakespearean spirit:

> Lay on, Macduff,
> And damned be him that first cries, "Hold, enough!"

Carrie Nation's philosophy was a sample of this evangelism. Lowell, himself an abolitionist, once characterized this class of reformer in the following manner: [15]

> They treat ideas as ignorant persons do cherries. They think them unwholesome unless they are swallowed stones and all.

The second type of reformer is the practical leader. His objectives are definite. He is usually unhampered by personal prejudices. He never advances far beyond the group with which he is working and is quick to see the need for modified policies. His is the closest approximation to a depersonalized and socialized movement. But his reforms do not endorse the Chesterton method.

As a whole, these classes of reformers, both ancient and contemporary, have been recruited from a large number of con-

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[15] Quoted by Fuess, C. M., "The Irritating Qualities of Reformers," *Atlantic Monthly*, Vol. 147: 744–750. See also Fuller, L., *Crusaders for American Liberalism*, Harcourt, Brace, New York, 1939.

servative persons who wish to live decent lives and to help others in this direction. But they are not fully aware of the goals which they are seeking or how these goals may be achieved, of the consequences of their reform measures or of the motives compelling their efforts. Even professional reformers, theorists, and radicals do not differ widely from this pattern. Reform, judged by reformers, is not an integrated movement which can be analyzed by definite criteria of goodness and viciousness, but a series of overlapping movements. For this reason, the ideal reformer has been described as one who combines the investigative techniques of the scientist with the idealism and ardor of the revolutionist.

In surveying all their characteristics, the weakest trait of reformers has been their observance of Chesterton's suggestion in a consistent ability to be hampered in no respect by facts. Their most commendable trait, by way of contrast, is their universal sincerity. These two characteristics associate reform and reformers with the subject matter of social problems in more or less the same manner in which newspapers make a contribution to their study. Both create an interest in these problems. Hence, they fasten public attention upon them much more effectively than most educators are capable of doing, and consequently both make no small contribution indirectly to the advancement of social welfare.

A third class of persons who advocate social change includes the competent scientist working in the field of applied science. There is no mystery in his routine. It is substantially the procedure outlined in the preceding chapter under *Methods of Social Study*. These methods of fact finding are neither subtle nor unexplainable. They waive all claim to miracle making. As a matter of fact, the relationship between social theory, research, and their applications has been clearly stated for several generations. Auguste Comte wrote on this point: [16]

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[16] Quoted by Kraus, A. J., *op. cit.*, p. 20. See also, Woolston, Howard, "American Intellectuals and Social Reform," *Am. Sociol. Rev.*, Vol. 1: 363–372.

Nothing really essential and enduring can be accomplished in the practical field when its theoretical implications are not clearly worked out or at least well on the way toward solution.

Summary. In both social reform and planning, two meanings require constant examination: foresight and improvement. The aims to which these tests direct attention are efficiency and security in the conduct of social affairs. Throughout the history of schemes for social reorganization, the outstanding thesis is that the plan should improve more than it destroys.

The possibility of scientific planning. Is it too much to believe that we have finally reached a stage of creative intelligence and that we can determine "where we are going, where we want to go, how and for what we wish to live"? Can we substitute what Ward called *collective telesis* for *social genesis?*

For a brief and concise answer to this inquiry, Henry Carey's comment on the possibilities of applied science is worthy of attention. Writing in 1857, he said: [17]

> That department (of science) which is denominated Social Science treats of the laws which govern man in the effort for developing his own powers, and thereby obtaining entire control over the great forces of nature, at each step gained turning her batteries against herself with a view to make her subjugation more complete. The object of its teachers is that of indicating what have been the obstacles which, thus far, have prevented progress, and the means by which they may be diminished, if not removed. Careful study of these laws would satisfy philosophers that war, pestilence, and famine were the result of man's errors, and not of errors of the Creator—the Great Being to whom we are indebted for existence having instituted no laws tending to thwart the objects of man's creation; reformers, that nature always works slowly and gently when she desires that man shall profit by her action, and that man would do well to follow in the same direction—one of the greatest of all precepts being found in these two most simple words—*festina lente.*

More specific answers to this advice depend upon the ability of social science to achieve the standards of social well-being that are the criteria of social problems and, negatively, to pre-

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[17] Carey, H. C., *Manual of Social Science,* pp. 529–530. Philadelphia, 1888.

vent those conflicts and destructive influences that make social abnormalities. Folsom modestly summarizes the present range of this ability under three forms of social action: [18]

> (1) We may move individuals out of or into the situation temporarily or permanently. (2) We may rearrange the situation, leaving the same individuals there, but changing their rights and duties, or their activities. (3) We may leave the same individuals in the same relationships but change their attitudes.

The necessary bases of scientific planning are (1) sound social theory and a critical examination of all proposed ideologies, (2) social prognosis—the forecasting of probable results, (3) the establishment of a planning board with trained personnel, and (4) a statement of conclusions and opinions by this board in such a way that alternative results of different types of social action may be known.[19]

From the foregoing, it may be noted that social problems and social reforms or plans have three traits in common:

1. Both are formulated or defined in terms of prevailing standards of social welfare or ill-being.
2. Both refer to the causes and effects of deteriorating living conditions which do violence to the mores.
3. Both represent important fields of social research and may be considered problems of social investigation.

Most people go through life undisturbed by such considerations. They do not question the customs or beliefs of their time, nor are they at all distressed by its problems.

There are many men and women, however, who are sincere in their desire to assist in the removal of gross human inequalities. But they are bewildered by the complexity of the social organization to be changed and are discouraged by their ap-

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[18] Folsom, J. K., *Social Psychology*, pp. 633–635. Harper and Brothers, New York, 1931. Compare with Ross's canons of social reform, *op. cit.*, pp. 549–554.

[19] Chapin, F. S., *loc. cit.*, p. 11. Galloway, G. B., and others, *op. cit.*, p. 6. Here the stages in planning are: 1. Determination of objectives to be sought. 2. Research to understand the problem. 3. Discovery of alternative solutions. 4. Policy-making, the choice between alternatives. 5. Detailed execution of the chosen alternative which is known in physical planning as the lay-out or design.

parent inability to substitute good for evil. At least these sincere minorities think in these terms. And because they have not traveled the narrow road of science, they find themselves marooned in their thinking or random activities, rejecting the dogma of the radical and the dreams of the utopian. In addition, they are wholly confused by the aloofness of the scientist. Lest science be as sterile as its competitors, it too, perhaps, requires some reformation.

Broadly stated, the objective of the study of social problems is to discover how to eliminate undesirable social conditions and how to extend desirable social conditions. While it is true that no social problem can be analyzed or partly solved without the aid of highly specialized experts, it is equally true that no solution can be effectively introduced without the coöperation of a large number of sympathetic though untrained persons. Until science and art reach this point of coöperation, at least two encouraging suggestions can be made to this portion of our public. No social problem is as bad as its arch-enemy, the reformer, would have us think, and no social plan accomplishes the good which its advocates claim, or the harm which its opponents fear.

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Questions

1. What is the difference between a social plan and a social panacea? Cite illustrations of both.

2. How would you classify the Townsend Plan for old-age pensions? Is it soundly conceived or is it essentially utopian?

3. What is the doctrine of *laissez faire?*

4. List a number of current plans that are now being discussed in the newspapers.

5. Select one of these plans and analyze it in terms of its adaptability to the problem which it is supposed to affect.

6. Make a study of some specific nationwide project, either governmental or private, and estimate its value and success.

7. What are the chief social obstructions to the general acceptance of a proposed improvement?

8. What is the responsibility of the trained scientist with respect to the applications of his science?

9. To what extent is a sound plan dependent upon accurate social diagnosis? Accurate social prognosis?

10. What are the scope and prospects of applied sociology?

11. Compare some of the suggested plans for the prevention of unemployment that are referred to in the bibliography of Chapter 3.

12. Why are some plans or reforms called utopian?

13. Can you suggest illustrative problems for which plans might

be validly conceived without a knowledge of the causes of such problems?

14. Why has the work of most social reformers failed to survive?

15. What are Ross's canons of social reform?

16. On the basis of Galloway's recommended steps in planning, organize a plan to insure adequate housing.

17. How may the physical limits of a problem restrict the scope of a social plan? Compare reforestation to prevent erosion and a plan of your own choice to minimize juvenile delinquency.

18. If a plan fails to reduce the problem for which it was established, is the plan always wrong?

19. What is H. G. Wells' point of view concerning the social needs of the new world?

20. Compare his conception with Willkie's, *One World.*

APPENDIX I

OUTLINE OF CLASSROOM TOPICS

THIS PLAN is suggested to assist in the orderly arrangement of classroom discussions, assigned readings in, or outside of, the text, class reports, and reviews (written or oral). The first list of topics is organized upon the main outline of the text. The second column, of alternative subjects, deals with more varied topics and is recommended as a method of introducing more comprehensive social interpretation.

Class Periods	Topics and Assignments	Alternate Topics
1–2.	*Classes of problems and problem-people.* Chap. I.	Sociology and social problems.
	Problems associated with poverty. Chap. II.	
3.	Economic correlates.	Historical survey of poverty.
4.	Health and mental correlates.	Poverty and cultural change.
	Unemployment. Chap. III.	
5.	Types and incidence.	In primary and secondary groups.
6.	Family consequences.	The Social Security Act.
	Occupational hazards. Chap. IV.	
7.	Causes and types of accidents.	Modern economic organization.
8.	Causes and types of disease.	Preventive programs.
	Depressions. Chap. V.	
9.	Economic and social factors in depressions.	Theory of depression.
10.	Correlated problems.	A planned society.
11.	Oral review or class reports.	
12.	Written review.	
	Physical illness. Chap. VI.	

Class Periods	Topics and Assignments	Alternate Topics
13.	Illness as a population problem.	The physical and vital basis of society.
14.	Social consequences.	Preventive programs.
	Physical defectiveness. Chap. VII.	
15.	Age and defectiveness.	Biology of population.
16.	Occupation and defectiveness.	The social hygiene movement.
	Mental diseases. Chap. VIII.	
17.	Mental causes of social problems.	The mental basis of population.
18.	The frequency of mental disease.	Social psychiatry.
	Mental deficiency. Chap. IX.	
19.	Intelligence, normality, and abnormality.	Personality.
20.	Social problems of mental deficiency.	Eugenics.
	Population. Chap. X.	
21.	The standard population.	Laws of population growth.
22.	Substandard populations.	Population policies.
23.	Review.	
	Standards of living. Chap. XI.	
24.	Budgets and standards.	Family organization.
25.	Wealth and income.	The family wage.
	The aged. Chap. XII.	
26.	Occupational problems.	Population significance of aging.
27.	Health and mental problems.	The problem of security.
	Transiency. Chap. XIII.	
28.	Industry and transiency.	Horizontal mobility.
29.	Family status of transients.	Vertical mobility.
	Broken families. Chaps. XIV–XV.	
30.	Divorce.	The family and social classes.
31.	Family disorganization.	Personal and social isolation.
32.	Proposals for family rehabilitation.	The ecology of family disorganization.
33.	Review.	
	Crime. Chaps. XVI–XVII.	

Class Periods	Topics and Assignments	Alternate Topics
34.	Types of crime and criminals.	Social conflict.
35.	Social sources of crime.	Community disorganization.
36.	Organizations to prevent crime.	The uses of sociology in the study of crime.
37.	Successes and failures in the administration of social treatment.	
	Juvenile delinquency. Chap. XVIII.	
38.	Social correlates of delinquency.	Behavior and social status.
39.	The juvenile court.	Ecology of delinquency.
40.	Review.	
41.	*Types of social problems.* Chap. XIX.	
42.	*Nature of social problems.* Chap. XX.	
43.	*How social problems develop.* Chap. XXI.	
44.	*Scientific study of social problems.* Chap. XXII.	
45.	*Social action and reform.* Chap. XXIII.	

According to the option of the instructor, this course may be shortened both in time and in the number of problems covered by concentrating upon about ten problems.

Appendix II

OUTLINE OF SUGGESTED TREATMENTS

THE FOLLOWING outlines of remedial and preventive social reforms are arranged under general captions corresponding with the classification used in this book. Apart from this organization, the compilation is not intended to be complete or systematic. Each list includes general programs which have already been introduced fully or partly in some countries, as well as recommended treatments. Consequently, both the main captions and the various examples of particular social therapies are selected for their illustrative significance. As far as practicable, specific and technical treatments are minimized and duplication is avoided.

In reviewing these suggestions, the student is challenged by the observation (which is abundantly sustained in historical records) of the ineffectiveness of most treatment programs and by the constant need for the invention of more critical methods of study and control.

For Problems Associated with Occupation and Economic Status

Forecasting and planning in industry.
Standardization and simplification of production.
Diversification of products.
Manufacturing for stock.
Producing for an established market.
Stabilization of business, wages, interest, rent, and prices.
Stabilization of real estate values.
Control over speculation.
Establishment of social credit.
International economic organization.
Suppression of war.
Extension of foreign trade.
Creation of purchasing power.
More even distribution of purchasing power.

Increase of consumers' loans.
Rural rehabilitation and resettlement.
Public works.
"Industrial Adjustment"—the plan of Mordecai Ezekiel. (See bibliography, Chapter XI, page 380.)
Industrial control over all manufacturing and allied processes so that there will be no interruption in work, such as a deficiency of raw materials.
Adjustment of industrial and labor relations.
Stimulation of consumer demand in off-seasons.
Scientific management.
Control over, or abolition of, child labor.
Minimum wage.
"Living-wage" movements.
A national minimum standard of living.
Consumer coöperation.
A national economic council.
Departments of industrial psychology in industry.
Broader training for employees.
Vocational guidance.
Insurance against unemployment.
Employment exchanges.
Unemployment reserves.
Subsidies to mothers and children.
Sharing work.
Work relief.
Reduction of working day and week.
Legislation to control interest charges and loans.
Rebuilding blighted housing areas.
New housing projects.
Subsistence homesteads.
Home Owners Loan Corporation.
Organization of labor.
Group insurance.
Installment selling.
Mothers' pensions.
Provision of class prices for necessary goods to prevent undernourishment.
Community chests, and extension of other forms of community organization.
Adequate standards of relief.
Increased facilities for social work in case and group work.
Increased preventive health work.
Educational extension for older children.
Increased recreational facilities.
Special educational and recreational facilities for young children.

Regulations, Controls, and Preventives of Business Cycles

Raising import tariffs.
Controlling foreign exchange.
Inflation of currency.
Stimulation of purchasing by installment buying.
A program to increase purchasing power.
Stabilization of prices by bank policy.
Regulation of price cutting.
National regulation of currency.
Maintaining a flexible price system.
Curtailment of production.
Quest for markets in export trade.
Development of new industries.
Technological improvements.
Creating new wants.
Stimulation of speculation.
Promotion of imperialistic military or commercial enterprises.
Institution of emergency governmental work programs.
The measurement of commercial expansion, forecasting, and the adaptation of business to this index.
Maintaining a flexible governmental budget.
Reviving competitive enterprises.
Unemployment insurance.
Long-range planning of economic and social institutions.

For Problems Associated with the Physical and Mental Status of the Population

Individual health insurance.
Compulsory sickness insurance and other methods of spreading the cost of illness.
Socialized medicine.
Public and private clinics: group clinics, the pay clinic, community health service.
Public diagnostic laboratories.
Government hospitals.
United States Public Health Service.
Public health nursing.
Community health centers.
Child health centers.
School health work.
University health service.
Preventive medicine.
Improved dietetics.
Progressive extension of Pure Food and Drug Act.
Control of specific communicable diseases.

Publicity to educate concerning the degenerative diseases.
Adequate medical care for families.
Well-baby clinics.
Industrial medical service.
Workmen's compensation.
Health conservation contests.
Isolation of vaccines to prevent disease.
Discovery of filtrable viruses.
Quarantine for the venereally infected.
Compulsory treatment of the venereally infected.
Suppression of prostitution.
Personal hygiene.
Social hygiene.
Compulsory reporting of all communicable diseases.
Prevention of marriage of the venereally infected.
Pensions for the blind.
Placement facilities for the employment of the handicapped.
Child-labor legislation.
Campaigns against accidents.
Special schools and classes for the handicapped.
Sight-saving classes.
Speech-correction classes.
Early diagnosis and treatment of defects.
Vocational training.
Occupational therapy.
Workshops and sheltered employment.
Education of workers concerning occupational diseases.
Physical and mental examination of workers prone to accidents.
Research concerning the sources of the handicapped.
Special relief legislation.
Scholarships for the education of the handicapped.
Home teaching of the handicapped.
Registration of the handicapped.
Open-air schools.
Day camps.
Emotional hygiene.
Emotional catharsis.
Mental hygiene.
Psychiatry.
Psychiatric social work.
Mental health clinics.
Clinical psychology.
Research in the psychology, neurology, physiology, and medicine of mental problems.
Attitude therapy.
Special attention to the psychiatric needs of children and other special groups; school clinics, behavior clinics.

Psychoanalysis.
Special mental hospitals and bureaus of mental health.
Special recreational facilities.
Endocrinology: endocrine therapy.
Correction of nutritional deficiencies.
Control of alcohol and habit-forming drugs.
Hydrotherapy.
Occupational therapy.
Drug therapy.
Pyrotherapy (heat treatment).
Physiotherapy.
Suggestion therapy.
Re-education.
Parent-teacher education.
Training teachers in mental hygiene.
School counselors.

For the Social Control of Mental Deficients

Registration and identification.
Mental testing.
Absolute segregation of persons with hereditary defects.
Segregation in institutions.
Supervision.
Colonization and parole.
Training in self-direction.
Character training.
Special classes.
Prevention of reproduction.
Research in the hereditary and eugenic aspects of feeble-mindedness.
Occupational training and placement.
Psychotherapy.
Glandular therapy.
Physiotherapy.
Habit training.

For the Problems of Population

Eugenics: negative application to reduce the number of the defective; positive application to increase the number of the superior.
Institutional segregation of all defectives.
Sterilization.
Birth control.
Control of abortion.
Financial assistance to the biologically superior.

Special aid to superior farm families.
Endowment of motherhood.
State aid to children.
Higher taxation for childless couples and unmarried persons.
Regulation of immigration.
Redistribution of population.
Education of the public concerning the social consequences of changes in population.
Decentralization of population.
City housing programs.
Institution of nurseries and pre-school facilities.
Introduction of activities of birth restriction into the field of child welfare.
Payment of salaried groups on the basis of family responsibility.
Further tax exemptions for families with children.
Special educational scholarships.
A uniform population policy for all industrial nations.
Special activities to raise the birth rate:
  Preference for married men with families in industry.
  Reducing or abolishing the income tax for large families.
  Marriage loans.
  Family allowances.
  Housing provisions with accommodations for children.
  Special attention to the non-economic problems of parenthood.
Reforms to change the contemporary attitude toward marriage and the family.
Reforms to achieve an optimum population.

For Problems Associated with the Cultural and Social Status of the Population

Home economics.
Budget studies and planning.
Old-age pensions: non-contributory pensions.
Old-age insurance.
Life insurance.
Annuities on a cost basis.
Savings.
Retirement wage.
Poor-relief grants.
Public institutions: efficient institutional provisions.
Endowed private homes.
Adult education.
Occupational adjustment and therapy of the aged worker.
Research in the physiological, medical, and social problems of old age.

For the Transient

Reduction of labor turnover.
Regularization of industry.
Regulation of transportation facilities.
Interstate agreement for transportation.
Vocational guidance.
Classification of types of homeless.
Institution of working-men's hotels.
Farm colonies.
Loan funds.
Municipal lodging house.
Transient camps, with remunerative work.
Housing for migrants.
Legislative control over private employment agencies.
Legislative control over vagrancy and begging.
Abolition of flop-houses and missions.
Recreational facilities.
Special work projects.
A section for the transient in a Department of Federal Welfare.
Abolition of settlement law regulations.
Revision of the poor law.

Rehabilitation of the Family

Reorganization of marriage legislation.
Medical certification prior to marriage.
Secret marriage act.
Sterilization of individuals unfit for procreation.
Marriage loan fund to encourage the marriage of the physically fit.
Minimum age for marriage.
Prevention of child marriages.
Waiting period between application for marriage license and marriage.
Ethical and hygienic instruction in the schools.
Education for parenthood and homemaking.
Family counseling.
Sex education.
Minimum marriage period before divorce may be sought.
Making abandonment a federal offense.
National desertion bureau.
Uniform marriage and divorce legislation.
Maternal and infant hygiene.
Sickness and maternity insurance.
Provisions for minimum standards in housing accommodations.

Home loans.
Family wage or allowances.
Family social work.
Child placing agencies.
Family courts with mental clinics.
Recreation.
Visiting teacher.
Day nursery.

Crime and Delinquency

Public defense of the accused.
Indemnification by the state of persons falsely accused.
State bureaus of crime prevention.
Trained criminologists.
Revision and simplification of the criminal law.
Revision or elimination of the jury system.
Improvement and extension of prison labor systems.
Indeterminate sentence, including indeterminate parole period.
Use of expert testimony in trials.
Scientific tests for the accuracy of testimony in trials.
Financial restitution by criminal or delinquent to injured person.
Habitual criminal acts, requiring long-term sentences for recidivists.
Legal-aid societies.
Educational programs in prisons.
Industrial and farm colonies.
Self-government systems in prisons.
Sterilization of certain criminal types.
Mental examination of all persons indicted for capital offenses and of recidivists before trial.
Employment of trained personnel in each division of law-enforcing agencies.
Reorganization of the police: separation from politics, preventive police work, development of larger units of organization.
Reorganization of jails and detention systems.
Elimination of the abuse of the bail system.
Classification and individualization.
Probation.
Parole.
Tests to determine the effectiveness of treatment systems.
A uniform children's code.
Juvenile court with clinical resources.
Trained judges and other personnel.
Juvenile detention homes.
Foster-home placement.

Institutional placement.
Constructive supervision.
Leisure-time programs.
Recreational facilities.
Supervised athletics.
Social control over commercialized amusement.
Group and settlement work.
Slum clearance and housing programs.
Family rehabilitation.
Parent education.
Compulsory school attendance.
Visiting teachers.
Child guidance clinics.
Special classes.
Habit clinics.
Vocational guidance.
Citizenship training.
Wider use of school plant.
Wider use of church plant.
Council for better motion pictures.
Socialized police systems.
Summer camps.
Case study of each delinquent.
Complete record of treatment process.
Community organization and regional planning.
Coöperation among all child welfare agencies.
A coördinating agency for child welfare.
Development of community resources according to the needs indicated by the findings of court and clinic.
Specialized care for particular types of delinquents.
Permanent segregation of some offenders.
General program to reduce community disorganization.

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