ALCOHOLISM, PROHIBITION AND BEYOND

BY PEARCE BAILEY, M.D.

It has always been difficult for a physician to square his conscience in opposing any measures which gave even a faint promise of doing away with such evils as alcohol is responsible for. It has been especially difficult for one whose practice and experience have been such as mine.

As a student of Kraepelin, the most scientific and original of alcohol's enemies, I learned, years ago, how indisputable are the proofs, experimental and others, which show that alcohol, even in small quantities, impairs temporarily the finer intellectual qualities; and thirty years of special practice in a "wet" city like New York have made me only too familiar with every phase of the havoc that the abuse of alcohol plays with the mind. And who has lived thirty years anywhere without having had brought home to him, to his head and his heart, the wastage that drinking brings about? Without having seen it either in his own family or among his friends and their children? Without having personal knowledge of the accidents, crimes, unhappy homes and poverty that go along with it?

But in spite of all the facts, I could never convince myself that legislating alcohol out of existence was the best means of meeting the problem; certainly not before restrictive measures, especially as to time and place of sale of intoxicants, had been given a fair trial. In the first place I always knew, although not as well as I know now, that alcohol is not responsible for all the crimes in the calendar, although all are imputed to it; and in the second place, it seemed to me a risky experiment to wrench out of existence abruptly, on a set date, any substance which for centuries has been so fixed in human customs as alcohol has. For it is, after all, a sacramental symbol of religion, a part of the ceremonies connected with marriage, birth and death, and of many of the

celebrations which stir and unite people's souls. It seemed psychologically impossible for a radical operation like that to take place without an extremely unwholesome reaction. What the reaction will be,—social unrest, criminalism, resort to drugs—no one knows. When laws get too blue, it is said, vice is not obliterated but is merely thrust under ground for a time. Perhaps this whole matter will eventuate as one of those "phantom" operations in which no operation is performed really, although the patient's mind is relieved by the operation having been gone through with in appearance.

It would seem that a change in the Constitution for the purpose of improving our morals could only have been justified on the ground that the thing legislated against was not only the nation's most immediate moral peril, but a peril that was becoming more threatening.

Now the evidence is that drunkenness has been decreasing rather than increasing. There are far fewer drunken men to be seen on the streets nowadays, and certain statistics compiled by Dr. H. M. Pollock of the New York State Hospital Commission show that alcoholism in New York State at least, has been fading away in recent years.

Alcoholic insanity, which results from years of inveterate drinking, may be regarded as an index of the amount of intemperance in a community. The percentage of these cases among the first admissions to the State Hospitals of New York has steadily fallen from 10.8% in 1909, to 5.6% in 1915. During the next five years ending June 30th, 1920, there was a further decline to 1.9%. During the nine years, 1909–1917, when alcoholic insanity was decreasing, there was no decrease of the insanity rate in the State, but on the contrary an increase. From 1917 to 1920, there was a slight decrease in the number of admissions, but the present insanity rate is still higher than it was in 1909. These statistics do not stand by themselves, but are corroborated by those which record the percentage of intemperate habits among first admissions. Of these, the percentage reported as using alcohol to excess was in 1909, 28.7%, in 1916, 18.5%, in 1920, 12.2%.

But what more than anything else convinced me that the emotional energy which resulted in the Eighteenth Amendment might better have been expended in other directions, are certain fundamentals coming to light as the results of the first country-wide health survey recently entailed by the mobilization. These results show that things far more deadly than alcohol undermine our national peace and morality, and that it is against them, first of all, that reconstructive efforts should be directed. Many of the facts to be presented in this paper are new, and were not available before prohibition became an assured fact. Before presenting them, as they concern national degeneracy, a word must be said as to what causes a race to fail to attain its maximum achievement, and, failing that, to decline.

The dream of enforced prohibition is a new, regenerate race; but, being a dream, it proceeds before having arrived at a real understanding of what causes a race to degenerate. Degeneration is a loose term at best, but may be defined as a racial weakness in physique and morale which becomes progressive through heredity. Alcohol by itself does not bring it about. If it did we would find that Great Britain and France, where the per capita consumption of absolute alcohol is considerably greater than with us, would be more degenerate than we are. Recent events do not sustain such a theory. As far as physique is concerned, pathologists, while they realize that alcohol favors the development of certain diseases and makes others worse, are becoming more and more chary about naming it as the sole cause of any physical disease; and the statistics to be presented in this article show conclusively that, so far as the military strength of the nation is concerned, the direct physical injury done by alcohol is practically negligible.

Morale is a question of mental states, and the quality of these states is shown in feeling and manifested in behavior. It is still to be shown that hard-drinking countries are deficient in those mental qualities which produce patriotism, efficiency, progressiveness; and on the other hand, those peoples—Buddhists, Mohammedans, Brahmins, Hindus, pledged to total abstinence by their religious creeds—have contributed little to the material progress of the world. Lowered morale evinces itself in discour-

agement, depression and inactivity, and, when organizations are concerned, in disloyalty. All this is contrary to the native tendencies of the bulk of mankind. Man is optimistic by nature, and when, without immediate, tangible cause, his optimism fails him, when his morale declines, the abnormal should always be looked for to explain it. The pathological factors most easily identified in the decline of morale are the nervous disorders, constitutional for the most part, which impair the functions of the mind and the stability of the character. Among these disorders are insanity, mental deficiency, nervous diseases and their borderline types. The statistics upon which this paper is based show that in every thousand physically sound American young men of a given age period, there are twenty too much invalided from such nervous causes to be soldiers, while there is less than one unfit from alcohol.

Through heredity, alcohol is rated high as a degeneration-inducing factor, but wherever it appears as such, other factors in degeneration are apt to be present. A considerable proportion of vagabonds who drink are feebleminded or epileptic, or came into the world strongly predisposed to insanity. The history of inebriety in the forebears of drug addicts and alcoholics is high,—60 to 80%. But inebriety as a family taint is less frequently encountered in epilepsy and insanity than a history of nervous and mental disease. The idea that drunkards are primarily predisposed individuals must have been in Voltaire's mind when he said "*Qui se donne un maître est né d'en avoir un.*"

A hereditarily defective nervous system, however, does not make a man drink of necessity. Mental defectives are born such, but they are not conspicuous as users of alcohol; and the American negro who carries about the average burden of neurotic heredity does not become alcoholic.

The entrance examinations of the Army, 1917–1919, have shown that for certain age-periods, chronic alcoholism is at the bottom of the list of those diseases and abnormal states in which heredity is most evident, and which, independently of economic conditions, are responsible for most of the idleness, poverty and despair of the world. The disorders mentioned existed in men physically sound and otherwise acceptable for military service.

The possibility of studying the question on a large scale was created by the foresight of the late Major General W. C. Gorgas, Surgeon General of the Army, who in July 1917 established in his office a division which throughout the war directed all matters pertaining to nervous and mental diseases, including alcoholism and drug addiction, occurring in the United States. The statistics quoted here, which will shortly be published in full as part of the medical history of the war, are chiefly derived from the activities of this division, and a word must be said at the outset as to how they were collected and tabulated.

The first thing the division did was to prepare for the examination of recruits. It secured the services of qualified specialists from all over the country, to serve under commission and contract. These special medical officers, called neuro-psychiatrists, were rapidly detailed to all points of recruitment and were in every cantonment when the first draft quotas arrived. They were recognized by commanding officers as their most reliable assistants in their subject, and soon became integral to the system of camp examinations, where all cases of nervous and mental diseases were passed on by them, either as examiners or members of or witnesses at disability boards. The results of their examinations were recorded on special forms which had been prepared for the purpose by that experienced statistician, Dr. Horatio M. Pollock. The record form provided spaces for all information desired. No option was left to the examiner who made them out, as each question was printed and could be answered by a "yes" or a "no", a cross, or at most two or three figures or words. The purpose was to eliminate individual error, to have results uniform and reducible to statistical form rapidly.

Each special officer was required to fill out a record form for each case that passed through his hands, and to forward it to the Surgeon General's Office. All records, on arrival at the Surgeon General's Office, were immediately inspected, and, when found incomplete, were returned to the camp with orders that they be corrected. From time to time, inspectors visited the camps and corrected any difficulties that might have arisen. The records in hundred-thousand lots were classified and reduced to statistical form, and finally finished in May 1919. At different

compilations they showed remarkable agreement in essential particulars.

It is difficult to conceive how statistics which concern human beings in huge aggregations could be collected more systematically or more accurately. It was an intensive experimental inquiry into national degeneracy among men in given age periods, of which the conditions and contingencies were foreseen and provided for. The individuals who carried it out were thoroughly versed in their subject, and enthusiastic for the work they were doing. They were not swayed by sectional prejudice, and had nothing to prove, one way or another. All operated under strict orders. The work had to be done, and was done, as planned.

My personal admiration for the splendid achievements of these able and conscientious officers does not lead me to the belief that the system was 100% perfect. Some cases undoubtedly eluded their vigilance, especially during periods of extraordinary recruitment, when the labors they were called upon to perform were beyond human capacity. For example, many cases were accepted at first which should not have been accepted, but except when overseas orders followed enlistment within two or three weeks (the average training period of troops who went overseas was six months), such men were ultimately discovered, and are included in the present statistics.

Neither were the record forms complete for all the cases identified. There were 72,000 neuro-psychiatric cases identified and reported, but in about 5% the data was incomplete in one or more particulars, owing to defects in mail, records lost, officers suddenly transferred, etc.

The statistics as to alcoholism concern only those in whom steady drinking had resulted in a chronic intoxication profound enough to have constituted a disabling condition. Thus, as used here, the term "chronic alcoholism" implies more than intemperance; the term "alcoholic," more than a drinking man. An "alcoholic," in the sense of the Army, was a man who had become so disabled through alcohol that the Army, for the most part, did not consider it a profitable undertaking to reconstruct him. It did, as a matter of fact, accept ten per cent of alcoholics, either for treatment or for some duty; but ninety per cent were recom-

mended for rejection or discharge. These were identified almost immediately—71.6% within one month, 85% within six months. How many intemperate men were accepted for service and made good under the conditions of it, we have no means of knowing; we only know the number of those whose habits had brought about disabilities incompatible with the bearing of arms.

Neither do we know how many of the men who went overseas became alcoholic under the less stringent regulations as to alcohol which prevailed in France. We know that the number could not have been large, however, as the hospital at Savenay, through which all cases invalided home passed, did not find it necessary to keep statistics as to alcoholism, as it did for conditions like insanity which were frequent.

At the military points of enrollment—viz.: at recruit depots and camps—there were 2150 recommendations for rejection or discharge for alcoholism and alcoholic insanity. To estimate the total of unfit alcoholics for the entire mobilization it is necessary first to add to this number the total rejections at local boards as reported by the Provost Marshal General. The Provost Marshal General did not distinguish between alcoholism and drug addiction, but grouped these together under the term inebriety in a sum of 2007. If one may assume that of this 2007, 1050 were alcoholics, the grand total of alcoholics, of approximately 3,500,000 men examined, would be 3200 or less than 0.1%, or less than one in every thousand.

This number is astonishingly small, far below any estimate that the present writer had made himself, or had heard made by others. It is so small, in fact, that it at once creates the belief that alcoholism occurring among soldiers as young as ours were, must be less frequent than when observed in a population containing older men; that the army contained alcoholics in the making, too young to be so actually, but who, given time and opportunity, would become so.

Such a possibility receives certain support in two ways. First, from the present statistics, it appears that the average age of alcoholism was above the average age of recruits; and second, that a relatively long period of drinking is necessary for the development of alcoholism.

The age distributions of alcoholics were as follows:

	Per Cent
Under 20 years	0.7
20 to 24 "	8.0
25 to 29 "	29.1
30 to 34 "	36.0
35 and over	26.2

According to an estimate based on a preliminary report of the Provost Marshal General of registrants in Class 1 between the ages of 21 and 29, 62% were below 25 years of age and 38% were above. Thus, nearly two-thirds of the registrants of Class 1 were at an age when alcoholism was infrequent as per above table. As a matter of fact, the alcoholics were much older than any other neuro-psychiatric patients. For example, while 36% of them were between 30 and 34 years, only 13.3% of the drug addicts had attained that age period. They had been drinkers for long periods, 82.5% having a history of indulgence for more than five years, 13.7% for from one to five years. Only four of the total number gave the date of beginning as since entering the service.

These two considerations limit to a certain extent the possibility of inferring from these statistics how frequent alcoholism is among male adults in the country as a whole, but not as much as at first sight appears. The reason for this is that while the majority of the alcoholics of the Army were above the average age of the draft, approximately half of them were not drafted men, but volunteers, a group averaging older than the draft age. This excess of alcoholism among volunteers confirms previous experiences. Applicants for enlistment have always had a high percentage of intemperate men among them. As a class, drinkers are easily swayed by appeals to the emotions, easily aroused by music, easily diverted from a none too straight path by the sight of such a stirring symbol as flutters outside of recruiting offices. They grasp at chances to make good, and, not greatly checked by the bonds that hold others back, flock to the Army, partly from idealism, partly because they realize that they are not making good, and the Army offers a fair fighting chance.

If the volunteers were excluded, the alcoholics disclosed by the draft examinations, 1261, leaves a number so small that when one

considers that 2,750,000 draft examinations were made, there is small room for doubt that alcoholism in this country is not, per se, a serious menace to the health of young men. This is true, even if only one-third of the draft had reached the age most favorable for the development of alcoholism.

This would seem to establish a new knowledge in relation to the extent of pernicious drinking in this country. In temperance campaigns, statistics drawn from countries other than our own are often made use of as applying to us. For example, Helenius quotes statistics to show that in England and Wales one-third of the population are drinkers before twenty years of age. The present statistics show the absurdity of applying any such figures to the United States.

The present statistics attain their highest degree of accuracy when they deal exclusively with neuro-psychiatric conditions which have been referred to as the chief factors in degeneracy, without reference to outside considerations such as troop strength, etc. There are complete analyses of 69,394 neuro-psychiatric cases divided up into nine different groups. Of these groups the highest was mental deficiency with 21,858 cases, or 31.5%; and the next to the lowest was alcoholism with 2150 cases, or 3.1%. Alcoholism was approximately ten times less frequent than mental defect, which is the index of a people's stupidity, six times less frequent than neurasthenia and allied disorders which more than any others create apprehension and idleness, four times less frequent than insanity, three times less frequent than epilepsy. The rejections of those individuals, who, though not feeble-minded, are unstable, undependable, have scant idea of right, and have never learned the meaning of obligation, exceeded those of alcoholics by nearly 4000. These persons, half psychopathic, half criminal,—drawn to the life by St. John Ervine in the hero of *Jane Clegg*,—are the greatest menace to the Army, as they are to the peace of a civil community. There were a few less cases of drug addiction than of alcoholism.

For the purpose of aiding the reader by offering him a standard of comparison, the facts concerning alcoholism, the most talked about of neuro-psychiatric conditions, will be contrasted with those of mental deficiency, the most frequent and least talked about.

A word must be said here as to what mental deficiency is, as even the most intelligent people rarely realize what it means.

A mental defective is one who cannot get along by himself very well, because his brain has never developed. Whatever his age may be, his mind remains that of a child, and, like a child, he needs constant supervision, constant example. Without it he is sure to make trouble for himself or for others. In the schools he does not get on, and so drops behind his class or is turned out and then may be found asleep in the hayloft or leaning up against the town pump. In social life he is the chameleon, taking on the color of his environment. In good homes, he follows, for the most part, the same moral conduct as that of his parents. In disrupted evil homes, or where he has no home at all, he becomes the petty offender, the thief, the boy who sets houses on fire. He is everyone's tool, the dupe of the predatory classes, the stool pigeon for crooks, the prostitute not clever enough to elude the police. The social difficulties created by mental defectives concern the higher grades or morons. The idiot is no problem at all, except in the matter of custodial care. The morons are the real trouble-makers, as at first they easily pass for merely dull people. In the neuro-psychiatric examinations, the higher grades, with reasonably good records, were accepted. Consequently the number of mental defectives actually rejected is far below the actual number in the draft. For example, concerning a hundred privates who arrived at an embarkation camp, fully enlisted and supposedly ready for overseas service with a hospital unit, the Commanding Officer of the Unit wrote as follows: "Of the one hundred enlisted men, eleven are unable to read or write or sign their name to the payroll; twenty-one can sign their name, but are unable to read or write and are ignorant, illiterate and mentally dull; three have been transferred from this unit as imbeciles." Such were the men detailed by necessity to take care of our sick and wounded in France!

The general opinion that alcoholism and mental deficiency go hand in hand, that the drunkard is defective and that the simpleton eventually fills a drunkard's grave; that both combine together to bring about the poverty and misery of the indigent classes, finds little support from these examinations of the Army.

The two conditions operate separately for the most part, and no two conditions which limit the normal function of the human mind are further apart in their clinical and social characteristics. Only nine per cent of the mental defectives of the Army gave a history of intemperance, and forty per cent were abstinent. Mental defect preponderates in rural communities (73%). Nowadays it is the more enterprising who quit the farm for the factory—the more sluggish stay at home to intermarry and to interbreed. Alcoholics are rovers, as is shown by their giving a history of venereal disease more frequently than any other neuro-psychiatric class, except drug addicts,[1] and by having double the number of divorces among them. In mental deficiency there is a 53.7% history of neuropathic heredity, as compared with 39.7% in alcoholism. In education, alcoholics compare favorably with normal soldiers, while with the defectives the comparison is as follows:

	Alcoholics	*Mental Defectives*
No education	4.8%	41.1%
Grades	84.4	58.0
High School	8.4	.5
College	2.2	.1
Others	0.2	.3

Mental deficiency was found associated with alcoholism less frequently (6.8%) than with any other neuro-psychiatric conditions and glandular trouble with the exception of drug addiction.

The great social differences between alcoholism and mental deficiency come to view when the statistics of different localities are compared. From the total of the neuro-psychiatric diagnoses, there was established a distribution-rate for the United States and for individual States for each of the nine different neuro-psychiatric groups. The United States distribution-rate, among whites, was 3.5% for alcoholism and 29.2% for mental deficiency. That is, of all cases of nervous and mental disorders among whites from all over the country, 3.5% were alcoholic, and 29.2% were mentally defective. How any individual State compared, in respect to any particular disorder, with the country-wide average, is quickly determined by comparing that State's

[1] Alcohol has heretofore been credited as the chief extraneous factor in the spread of venereal disease.

distribution rate for that disorder with the rate for the United States. When such comparisons are made it appears that alcoholism and mental deficiency, while not mutually exclusive, do not flourish in greatest abundance in the same communities and peoples. In the States where one exceeds the United States rate, the other sinks below it. For example, there were 19 States which exceeded the average 29.2% rate for mental deficiency, and not one of these exceeded the 3.5% alcohol rate. Of these 19 States, 9 exceeded the 29.2% rate by more than 10%, and all of these fell far below the United States alcohol rate.

Table showing 9 States which exceeded the U. S. rate of 29.2% for mental deficiency by more than 10% and which fell below the U. S. rate of 3.5% for alcoholism.[1]

	Mental Deficiency U. S. Average 29.2%	*Alcoholism* U. S. Average 3.5%
Arkansas	43.7%	0.2%
Kentucky	41.4	2.9
Maine	51.5	2.5
Maryland	44.9	3.0
New Mexico	41.4	0.9
North Carolina	46.7	0.7
South Carolina	43.4	1.1
Tennessee	43.0	0.8
Virginia	45.5	1.0

There were 17 States which exceeded the average U. S. 3.5% rate for alcoholism, and none of these exceeded the United States mental deficiency rate.

The apparent antagonism between alcoholism and mental deficiency observable in the different States, is carried out without exception in the different races. No one of the eighteen races classified which exceeded the average 29.2% rate for mental deficiency failed to fall below the 3.5% average rate for alcoholism. For example, there were no cases of alcoholism found among Mexicans, who contributed 257 cases of mental deficiency. The Greeks had 67 cases of mental deficiency and only six cases of alcoholism.

[1] The distribution-rate is given only as to whites, inasmuch as the negroes have so few alcoholics and such an excess of mental defectives. This table shows the lack of foundation for the frequent statement that the high incidence rate of mental defect in certain Southern States is due to the negro population. Also, Maine, the leader in mental defect, had no negro mental defectives.

Table showing 17 States which exceeded the United States rate of 3.5% for alcoholism, and fell below the United States rate of 29.2% for mental deficiency.

	Alcoholism U. S. *Average* 3.5%	*Mental Deficiency* U. S. *Average* 29.2%
Arizona	5.0%	15.0%
California	6.0	22.0
Connecticut	5.7	26.7
Delaware	8.7	22.8
Illinois	7.0	19.9
Massachusetts	8.8	25.7
Minnesota	4.9	22.2
Montana	3.7	16.7
Nevada	18.3	18.3
New Hampshire	4.4	27.7
New Jersey	3.6	27.5
New York	4.3	19.9
Pennsylvania	6.0	27.0
Rhode Island	7.2	29.2
Wisconsin	3.9	27.0
Wyoming	7.8	21.8
District of Columbia	3.7	16.1

Following the same method of neuro-psychiatric totals as has just been employed, six out of 13 classified foreign born, namely: Canadian, Dutch, Swiss, Irish, Scandinavian, English Scotch and Welsh, exceeded the 3.5% United States rate for alcoholism. In all of these foreign-born the distribution of mental deficiency was below the United States rate of 29.2%, the rate for the Irish being 28.4% and for the English Scotch Welsh 9.3%. Conversely, the foreign-born with an excess of mental deficiency without exception fell below the 3.5% alcohol rate.

The antagonism between alcoholism and mental defect is brought out with special emphasis in the statistics concerning negroes. Alcoholism among negroes practically did not exist. There were only 29 cases in all, too small a number to justify any deductions as to the general characteristics of alcoholism in the African race. But the number of negro mental defectives was 4055.

While generalizations from statistics are always perilous, it seems as though the evident antagonism between mental defect and alcoholism might admit of some such explanation as the following:

It may be assumed that a relatively high percentage of mental defect in a community lowers the level of general intelligence in that community for the following reasons. For each person in a community who presents a pronounced degree of mental defect (say a mental age of or below that of a child of eight years, which was the standard test for rejection in the army), there are at least ten who, while perhaps not definitely classifiable as feeble-minded, are sluggish, backward and dull. (See Terman, *The Measurement of Intelligence.*) Thus a community with, let us say, 20 defectives per 1000 population, is worse off, from the point of view of intelligence, than at first sight appears. For, in addition to its actual defectives, it would have 200 backward persons per 1000, whereas a community with 10 defectives per 1000 would have only 100 backward persons per 1000, and would have 100 more per 1000 of persons of good average intelligence than the other.

There would be a tendency for communities to show, in greater or less degree, other things being equal, a behavior reflecting the degree of mental defect distributed in them. That is, communities with a high degree of mental defect would tend to exhibit more of the characteristics of defectiveness than communities with low degrees of mental defect. In these former we should look for the tendencies to have no large cities and not to be alcoholic. In addition, we should expect to find in them, as compared with the country at large, a greater communal immaturity and credulity, a facility in following the propaganda of leaders,[1] and a backwardness in meeting the problems which demand thought and vision and outlays for distant but important results. On the other hand, communities which fall below the average for mental defect would show more restlessness, initiative, progressiveness, originality. They would be endowed with an excess of energy and would seek artificial outlets for it, alcohol among them. It may be that alcoholism is the price they must pay for their superior endowments.

It seems evident that the means of securing for a nation those

[1] Since the days of the erratic temperance orator, John B. Gough, Maine has been conspicuous in prohibition in the Eastern States. It is interesting to note that there were 22.23 mental defectives per 1000 draftees from Maine, as compared with 9.24 per 1000 draftees from New York. (See *Defects in Drafted Men*, Government Printing Office, Washington, D. C., 1919, page 101.)

qualities of progressiveness which it most needs to keep its place in the world, are the means which will raise the general average of its intelligence. Prohibition will not do this, for prohibition seems to have little effect on the mental defectives who lower the general intelligence.

Take the Southern States. Among the first to endorse prohibition, they have always been behindhand in their provision for their defectives. Prohibition will not solve their negro problem or greatly ameliorate it, as long as they fail to prevent the wholesale propagation of defectives and refuse to provide means by which the higher grades may be trained for useful employments.

Unless such measures are undertaken, prohibition might as well not exist, so far as the racial welfare of the negro is concerned.

For political reasons, perhaps, legislators keep themselves uninformed about such factors in racial decline as mental deficiency, epilepsy and insanity, all more frequent than chronic alcoholism. It would be a gifted propagandist, indeed, who could raise a wave of popular enthusiasm over these gruesome conditions. And yet, moral reforms launched by small groups, without efforts at real reconstruction, make one think of Rousseau, who told parents what they should do, while he left his own children for others to care for.

It would seem that one menace of such country-wide propaganda as resulted in the Eighteenth Amendment lies in the sense of righteousness which results from it, which fosters the idea that further action, for a long time at least, is unnecessary. The people delude themselves into believing that when prohibition is enforced the country will need no more saving; and legislators, hard of hearing before, become stone-deaf to the arguments which represent that the problems of degeneracy will not have been met by the removal of alcohol.

PEARCE BAILEY.

HALTING AMERICAN DEVELOPMENT

BY WILLIAM McCLELLAN

AMERICA'S machinery for production and distribution is badly dislocated. This is a patent fact. Factories there are in abundance. The amount of skilled and semi-skilled labor has been greatly increased by the war impetus. The proportion of gold held in this country is greater than ever. But there is a startling condition of ineffectiveness in much of the industrial world. There is a foreboding inconsistency in the staggering collapse of transportation and other utilities, while investors of the country have been plunging into industrials. There is reason to fear that the foolish and shortsighted antagonism of the shippers against the railroads has done more than interrupt mere money-making. The present exhortation to boom foreign trade and investments arouses misgivings, under the circumstances. What is the real state of the country, and what may be expected? The readjustment in wages and prices now under way, with the consequent halt in production due to the uncertainty in the minds of buyers as to final price levels, has not destroyed the illusion of general prosperity. The average American believes that the industrial machine has merely stopped for minor adjustment and will soon be humming again. Can it be possible, then, that America's national and local development is menaced?

Immigration, huge in amount and various as to races, was the outstanding feature of the development of the United States in comparison with other new countries. Hardly less important was the order in which the races came, first from northern Europe, then southern, and finally eastern. During a century and a quarter, this immigration was a magnificent contribution of human wealth brought to maturity at the expense of Europe. It provided an abundance of labor full of enthusiasm, ready and willing to do any amount of hard work. These human units