

HEALTH

The First Fifty Years

WITHIN a few days newspaper headlines blazoned one of their periodic announcements that American girls were condemning themselves to early graves because they smoked cigarettes, or wore thin silk stockings and low-necked dresses, or danced too much and ate too sparingly. That the story below gave scant basis for the alarms sounded by the headlines is comparatively unimportant from the point of view of popular psychology, for those headlines echoed a firm popular misconception which is as unscientific as it is prevalent. Put in general terms, it might be stated this way: Americans have lost the ability of their pioneer forefathers to survive hardship and attain a ripe old age; civilization has sapped vitality; we moderns live sickly and die young.

Fortunately the accuracy of that generalization can be determined quite objectively without reliance upon the prejudice which fosters it or the optimism which combats it. Public health, as a conscious, organized aim, has a history of half a century, and this year, 1924, which has registered the completion of half a century of one of the pioneer state health departments—that of Michigan—brings forward a number of reviews of public health progress, in terms of human life, which may be consulted as objective measuring sticks.

It is hard for us, who take Boards of Health for granted, to realize that a half century does bound most of their history. There was a sanitary survey in 1849 in Massachusetts, due to alarm over the cholera epidemic in Europe; New Orleans, which lost 8,000 of her 50,000 inhabitants from cholera in 1832 and 1849-50 enacted a law in 1855 establishing a board of health. By 1870 more lasting efforts were apparent. In 1869 Massachusetts established a board with more comprehensive duties and powers. California followed the next year. 1872 saw the establishment of the American Public Health Association, and the following year the start of work in Michigan. The cholera epidemic of 1873 and that of yellow fever, which devastated the southern states in 1878, called attention to the need for some central sanitary organization, and in 1878 Congress created a National Board of Health to investigate the causes and prevention of communicable disease, to indicate meas-

ures of national importance and act as a center for information. This body went out of existence when funds for its support failed of appropriation, and its functions were taken up by the United States Public Health Service in 1883.

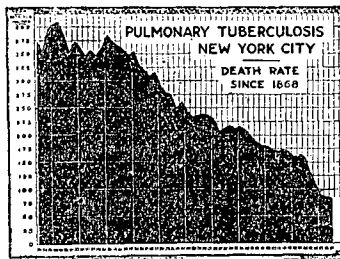
Even in those early years the public health movement was trying to build its practice upon a sound basis of scientific experiment, though in the light of later knowledge, some of the experiments sound amusing enough. In Michigan, during the seventies, the State Board of Health sent out a questionnaire to physicians all over the country asking if in their experience, it seemed likely that tomatoes caused cancer. At that time tomatoes were grown in flower gardens as ornamental plants and known as "love apples."

By a process of reasoning unfortunately not yet obsolete, the new habit of eating them was declared popularly to be the cause of the disease. Another questionnaire on diphtheria disclosed the fact that the majority of the physicians of that time considered it not contagious, but due to sewer gas. It was with great difficulty that the Board of Health tried to popularize the idea that tuberculosis was communicable after Koch discovered the tubercle bacillus. Monkeys were used in another experiment to try to find out whether or not pneumonia was due to ozone in the air, since it occurred most frequently in winter when ozone is the most abundant; the only result was the conclusion that cold air made monkeys hungry but apparently did not cause them to contract pneumonia!

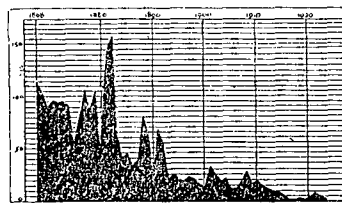
However, it is by the actual numerical records that social control of the public health is to be gaged most accurately. As few extensive and continuous records can be traced back of 1870 in this country it is, of course, impossible to prove statistically that men are healthier and longer-lived creatures now than in the days of the colonies, but a visit to any old New England graveyard, with its pitiful rows of tiny headstones, and its frequent records of the death of "wife and mother," in her early twenties or thirties, gives ground for solid doubt. The cause of one-tenth of all the deaths in New York City in the first two decades of American independence—smallpox—has practically ceased to exist in that city.

However, since the burst of interest

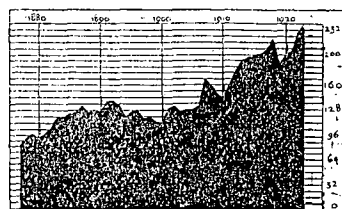
Ups and Downs in the Health of New York



Pulmonary tuberculosis has steadily decreased in New York City since 1868



Scarlet fever shows jagged peaks until 1891, but in common with many other menaces of child health, has since come under control



The diseases of middle age show an upward trend. Heart diseases reached in 1923 a ratio of 232 deaths per 100,000 population

Charts from N. Y. Tuberculosis Assn. and Bulletin of N. Y. Dept. of Health

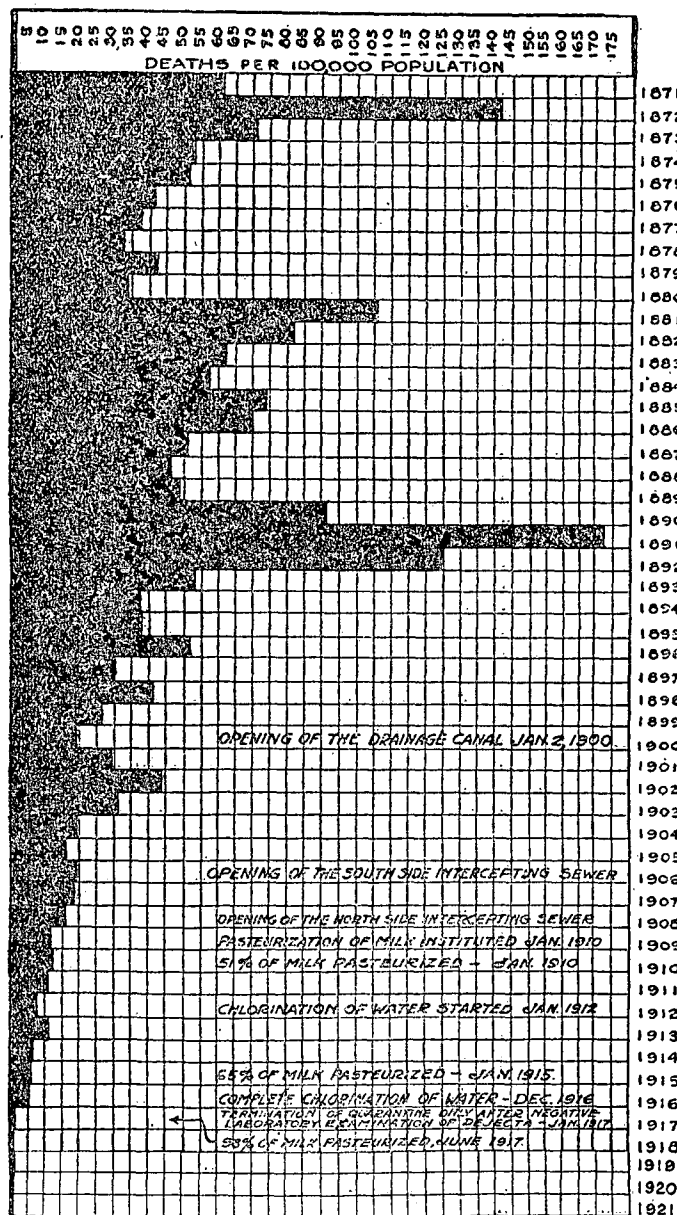
and activity which followed the Civil War the records are clear reading. Progress in eradicating certain specific diseases, notably tuberculosis and typhoid fever, is so well known that it is hardly necessary to do more than point to recent graphic records of the gain in certain communities. Yellow fever and cholera have disappeared from the records; smallpox has become almost a clinical curiosity in well organized communities; diphtheria takes only a fraction of its former toll. The saving in babies' lives is well-known; gloomy predictions that babies would be carried along through the first year only to swell the mortality lists a little later, are contradicted by such compilations as the one published recently by the Department of Health of New York City, which shows a continuous decrease in the deathrate of the whole group of children under five years. For apparently the added knowledge and care which saved the lives of 17,900 babies in New York City last year (lives which would have been snuffed out if an infant mortality rate so recent as that of 1898 had prevailed in 1923) not only have prevented death, but also have resulted in better health for the children who survived. The "expectation

of life" has been stretched for each one of the seven ages. In fifty years the general deathrate of New York City has been reduced by 61 per cent, and the deathrate of children under five by 81 per cent. On the basis of New York's present population, that saving of 61 per cent means the lives of 116,000 people in one year.

More interesting, however, than the number of deaths prevented is the added measure of life in the United States brought about by these advances in public health and sanitation. At the time of its fiftieth anniversary the American Public Health Association called attention to the lengthening span of life in England and this country and expressed the conviction that the next half century might see it increased by twenty years. In a recent paper, Dr. Louis I. Dublin, statistician of the Metropolitan Life Insurance Company, declares that approximately eighteen years have been added to the average American life span since 1855; four years of this gain were achieved in the decade 1910-20. The average American baby has at birth an expectation of 58 years of life. This record is surpassed by New Zealand with an expectation of 60 years, and Australia, Denmark, Norway, Sweden and possibly Holland. The record of this country, however, is hampered by a mixture of racial stocks, some of which, such as the Negro and the Irish, have a much lower average longevity than the older native stocks, the English, Italians and Jews in this country. Charts worked out by Dr. Dublin show that the life line has been stretched appreciably in other parts of the world—England, France, Switzerland, Sweden and Germany. Children of today may reasonably expect a life nearly twenty years longer than the average of the time of their grandfathers, whether in this country or in Europe.

In any progress, however, there are eddies and backwaters. While the high point of the half century's progress has been the saving of the lives of babies under one year, there has been very little improvement in the saving of the lives of babies *under one month*. For a time, about 1910, it seemed as though there was actually an increase in the death rates of middle-aged people; studies based on later statistics show, however, that the age group 45-64 has also shown a marked decline in mortality over the whole period since 1900. It is predicted that this decrease will continue even more markedly as the children who have been spared scarlet fever, diphtheria, "growing pains" and other diseases of childhood which used to be taken as a matter of

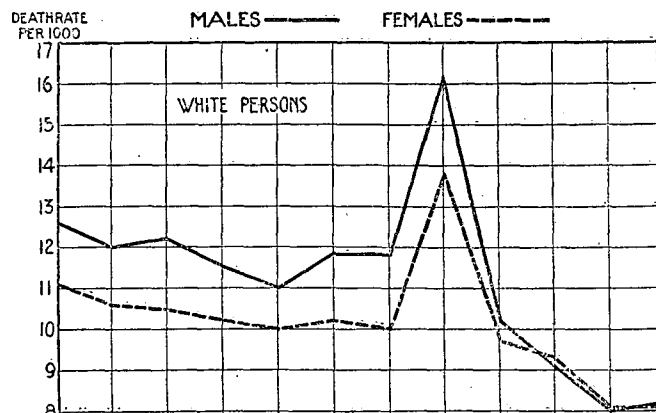
CONTROL OF TYPHOID FEVER IN CHICAGO, 1871 TO 1921



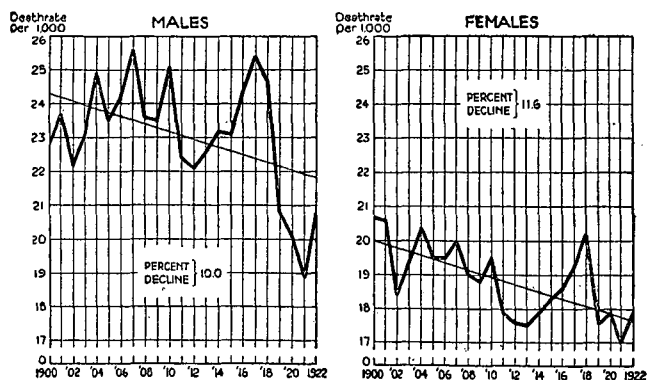
Chicago Department of Health Weekly Bulletin

MEN VS. WOMEN

For the first time in history the death rate of women tends to exceed that of men. This graph shows the experience of the Metropolitan Life Insurance Co.

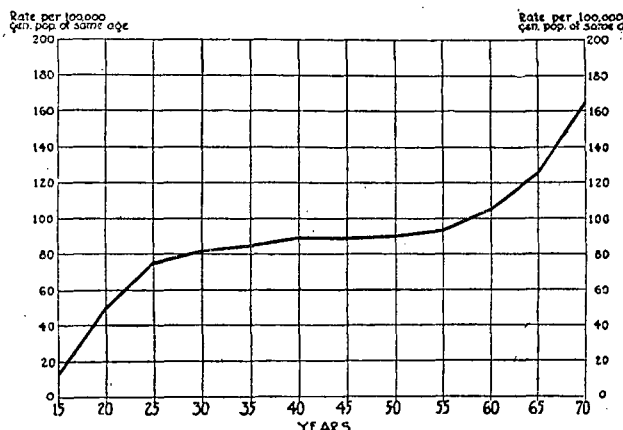


The lives of middle aged people as well as babies are being saved. This graph shows the trend of mortality at ages 45 to 64 years, charting the death rate per 1,000 among males and females in New York State, 1900 to 1922



Reprinted from Statistical Bulletin Metropolitan Life Insurance Co.

The older age groups, however, show the highest rates for the onset of mental disease. Distribution by age groups in persons admitted to institutions for the insane. This graph shows first admissions in New York State, 1920



Reprinted from State Hospital Quarterly, February, 1924

course, grow up to maturity without the damaged hearts and veins and kidneys which so frequently develop long after the original diseases and often are first noticed when they make havoc in middle life. As more people live to reach middle age and old age, the diseases of these periods, as has been pointed out frequently, will inevitably seem more frequent; we hear more of cancer, heart disease, mental disease and the like than in the good old days when the average life was forty years!

One member of the statistical family, however, has been hardly more than holding her own, and it was on this fact that the newspaper scareheads previously referred to, were based. It has ordinarily been an all but universal phenomenon in civilized countries that at every age the deathrate of women was considerably lower than that of men. In this country a reversal of that state of affairs began to be evident about 1918, and in 1920 records of the Metropolitan Life Insurance Company show that the deathrate for insured women (which is probably a fair indication of general conditions) actually was higher than that of men. This increase is limited chiefly to the ages 20-34. It has been suggested that the increase in the number of young women employed in factories, especially during the period of the war, was responsible for producing an incidence of disease, especially of tuberculosis, more nearly approaching that of the industrialized male population than ever before had been evident. On the other hand the Metropolitan Life Insurance Company points out that this is the child-bearing period, and that the United States is notorious for its excess mortality among women from causes related to pregnancy and child-bearing. This explanation, which implies inadequate care during the prenatal period and confinement, may explain in part the lack of improvement in neo-natal mortality—deaths of babies under one month—which frequently result from conditions present at or before birth. At any rate the condition among young American women is an anomaly in an otherwise bright picture of public health which de-

serves the efforts at study now directed toward it.

The life span of Methuselah is a goal of the future, not a glory of the past.

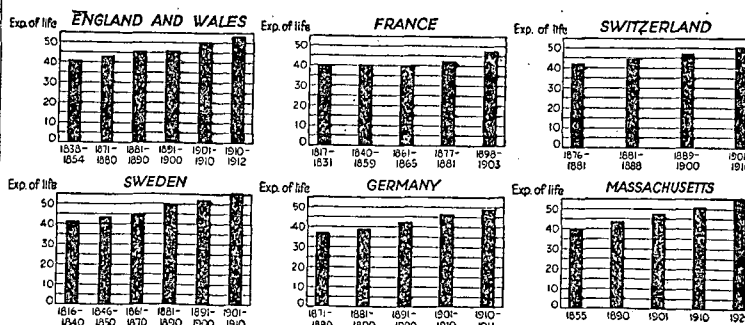
M. R.

Too Common Colds

ONCE again common colds have been incriminated as the chief cause of time lost from school through illness. A study of some thousands of children in Hagerstown, Maryland, conducted by the United States Public Health Service, shows that in the second half of the school year 1921-22 and all of the school year 1922-23 common colds, excluding sore throat, tonsillitis, bronchitis, influenza and other respiratory disorders, accounted for more than twice as many lost days as any other form of illness, and for nearly three times as many cases of illness as the highest competitor, headache and neuralgia. Fargo, North Dakota, which is busy demonstrating health, has adopted the expedient of excluding children with colds from the public schools in an effort to check the spread of such infections. While it has not

TREND OF LONGEVITY DURING THE NINETEENTH AND TWENTIETH CENTURIES

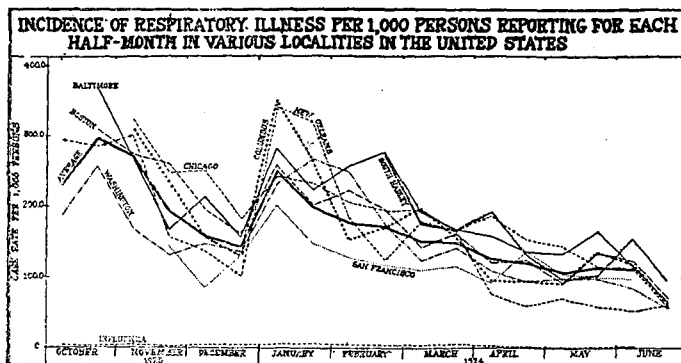
Expectation of Life at Birth in Principal Countries at Various Times



More than fifteen years added to the life-span in Massachusetts between 1855 and 1920. Between 1910 and 1920 the increase was more than four years.

AN INCREASING LIFE-SPAN IS A MARK OF ADVANCING CIVILIZATION.

Courtesy of the Metropolitan Life Insurance Co.



THE SIMILAR COURSE OF COLDS IN EIGHT CITIES

yet been possible to demonstrate the result of the regulation statistically, Dr. B. K. Kilbourne, the City Health Officer, and Maud A. Brown, Director of Health Education in the schools, feel that it has been distinctly worth while in improving the general condition of the children.

First reports are just in from the extensive epidemic study of colds and other respiratory disorders which the United States Public Health Service is making, using college groups in various parts of the country, and the families of officers of the Army and Navy, the Public Health Service and the faculties of the selected colleges, as subjects for study. Most striking so far is the discovery of the remarkable seasonal parallelism of colds in widely separated parts of the country. Next comes more revelation of the frequency with which they cause illness even in young and presumably healthy groups. Only 10 per cent of a group of students in Boston had escaped without at least one illness between October 15, 1923 and March 31, 1924, and the average for the whole group was nearly two colds per person.

IN this study, as in an earlier one by the Metropolitan Life Insurance Company, it was found that there are two distinct peaks in the curve which shows illness due to respiratory disorders—one with the first sharp autumn weather, the other in January or February, when the more serious affections, such as pneumonia, reach their highest point, making the first quarter of the year the most hazardous season to the lives of both babies and adults. The seasonal cycle of the pneumonias can be demonstrated with surprising exactness. (See *The Survey*, January 15, 1923).

On April 1, 1924, Pittsburgh began an interesting attempt to control pneumonia, which caused more than a quarter of all deaths due to disease in that city in 1923, by making all forms of it reportable and quarantinable. This measure aims to limit the spread of pneumonia by direct contact, to educate the public as to the communicable nature of the disease, and obtain reliable statistics of its incidence in all forms for the sake of further study. In announcing the new regulation, which demands, among other things the placarding of the houses of patients with pneumonia, the Board of Health quotes the opinions of two leaders in the field of public health:

"If pneumonia were a new disease it would be regarded as 'contagious' and its spread would be guarded against by isolation."—Milton J. Rosenau, M.D.

"If every physician—and other attendant on the sick—exercised well known precautions and did not carry infection from one patient to another, or permit such infection

to be carried, the mortality from pneumonia would be greatly reduced."—Victor C. Vaughan, M.D.

Pittsburgh's experience during this winter and spring will be worth watching.

Organizing for World Health

"WHY?" an American visitor in Geneva inquired recently, "Should the League of Nations concern itself with matters of public health and social welfare, when presumably its purpose was wholly and solely to prevent war?"

Two paragraphs from publications prepared by the Information Section of the League, best reply to this question, which doubtless is puzzling others besides those who have actually visited Geneva. The first paragraph gives a concrete definition of the League itself and states,

"The League of Nations is an association of States that have accepted certain international obligations with the object of preserving peace, and *have undertaken to cooperate in matters of international concern* by their signature of the Covenant of the League," (the italics are mine).

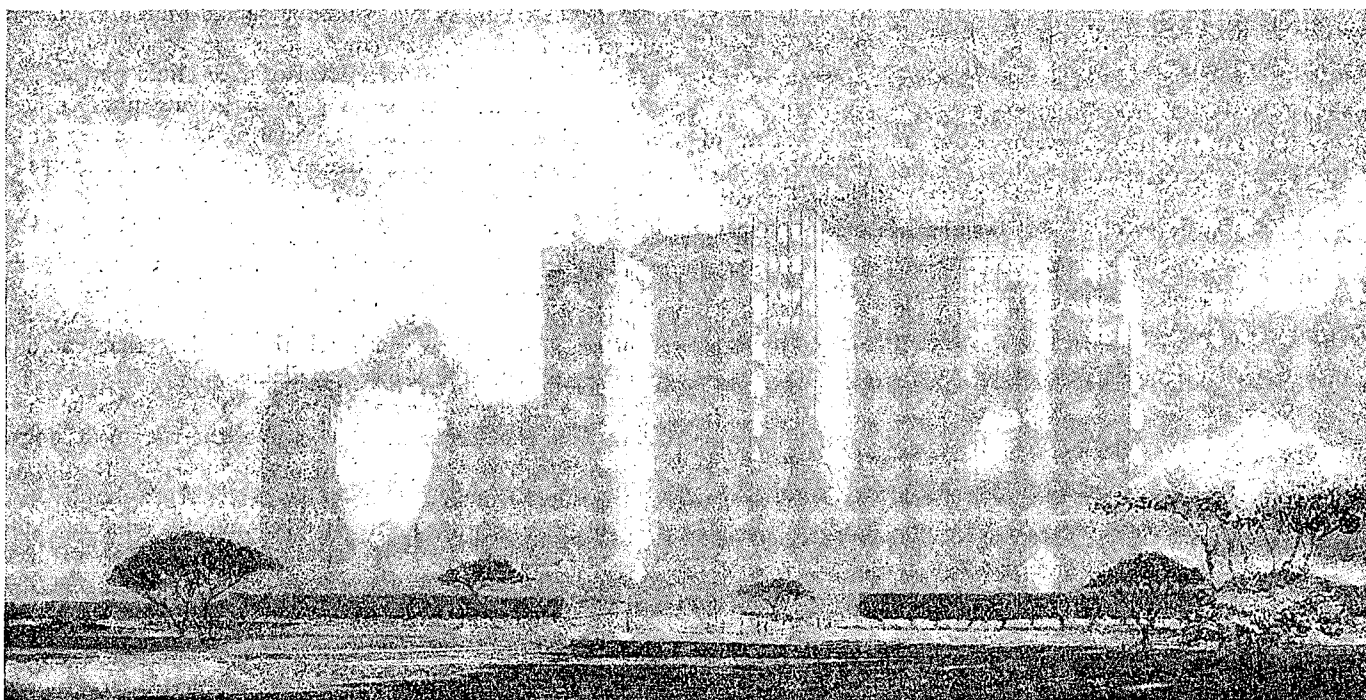
The second paragraph defines the work of the Health Organization in a nutshell.

Inter-governmental health work cannot encroach on the activities of national health administrations, nor can it embark on purely theoretical enterprises leading to no practical action. Within these fairly wide limits the object of the Health Organization is to advise the Council and Assembly of the League, in all international questions of public health, to establish closer relations between the health services of different countries, to act as a clearing house on public health questions and finally, to help bring about the agreement necessary for all international action in public health matters. *The whole purpose of this work is practical usefulness in the field of international relations.*

At present the Health Organization has three divisions—an Advisory Council, a Health Committee and a Health Section. The Committee of the Office International d'Hygiène Publique acts as the Advisory Council, dealing with matters submitted to it by the Health Committee and in turn initiates and transmits to the Health Committee questions that may be advanced by such a procedure.

The Health Committee, composed of sixteen members, among whom are representatives of the International Labor Office, the Pan-American Sanitary Bureau and the League of Red Cross Societies and two Americans, Surgeon General H. S. Cummings and Dr. Alice Hamilton of the Harvard University Medical School, acts as an advisory organ to the Council and the Assembly of the League, on all matters pertaining to health. Its worth is subject to the approval of these two bodies as that of the other technical organizations. The Health Committee is likewise responsible for the policy on technical questions of the Health Section. The latter is the executive organ of the Health Organization, forming a part of the Secretariat of the League. Its medical director is Dr. Ludwik Rajchman, a Polish physician and bacteriologist.

The activities of the Health Organization since its establishment in 1921 have been varied and remarkable in their extent. Practically its first step was to annex the already existing Epidemic Commission, which had been appointed by the League Council in May, 1920, to work with the Health Administrations of East Europe in their efforts to control the typhus and relapsing fever epidemics in that part of the continent. In their work they carried out such



GROUP BUILDING FOR THE PRESBYTERIAN HOSPITAL AND THE COLUMBIA SCHOOL OF MEDICINE

Plans for this new building to be erected at 165th Street and Broadway, New York, are to combine the best features of more than 120 modern hospitals which have been studied during the past three years. They were evolved under the direction of a joint administrative board by James Gamble Rogers, architect of the Memorial Quadrangle at Yale. Since the project was commented upon in *The Survey* for December 1 it has been announced that a psychiatric center will be built by New York state as a part of this great medical

center. The new unit will take the place of the present Psychiatric Institute, which has limited facilities for research in its present quarters on Ward's Island; funds are already available through the \$50,000,000 bond issue voted last year by New York state for the improvement of the state hospitals. Great advantages are anticipated through the contact of psychiatric workers with general medicine. Through the outpatient departments of the medical center it will be possible to get in touch with persons suffering from the early

forms of mental disease when there is the greatest chance of cure, but when the aid of a psychiatrist is seldom sought. The psychopathic hospital will have beds for from 150 to 200 patients under observation to be selected from all parts of the state because of the interest and importance of their cases in the study of methods of preventing and curing mental disease, and in training physicians to treat it. A heartening example, this, of the cooperation of the state with two great privately endowed institutions for the common welfare.

measures as the organization of quarantine stations, the equipment of hospitals, instituted measures for cleansing and disinfecting and supplied such necessities as food, clothing and motor transportation. Their efforts represented the first experiment in international sanitary cooperation on an extensive scale.

Following this phase of the activities of this Commission, which resulted in the establishment of a permanent sanitary defense along the entire western Russian frontier, an agreement was drawn up between the Commission and the Soviet authorities by which it was made possible for the members of the Commission to be officially recognized and be granted diplomatic privileges by that Government, facilitate close cooperation between the Commission and the Soviet Health authorities.

Following the war in Asia Minor, upon the request of the Greek Government, two members of the Epidemic Commission were sent to Greece. Working with the Greek health authorities, they organized a vaccination campaign among the refugees. About eighty Greek physicians, medical students and hygiene inspectors were recruited for this campaign and distributed among the refugee camps. In the neighborhood of 550,000 refugees were in consequence vaccinated against smallpox, cholera and enteric fever.

Another interesting service of the Health Organization is that of Intelligence covering a varied and rapidly broad-

ening field. Much of this intensive development has been made possible by an agreement with the International Health Board of the Rockefeller Foundation, which has contributed \$32,840 a year for five years toward its maintenance. The direction of this service has been carried on consecutively by two Americans, Edgar Sydenstricker, statistician for the United States Public Health Service who was followed by Dr. Otto R. Eichel, director of the Division of Vital Statistics of the New York State Department of Health. It issues reports on the epidemiological situation of these countries from time to time and publishes monthly an *Epidemiological Intelligence Bulletin*. The latest and one of the most important developments under this service is the plans being made to establish in Singapore, a Far Eastern Intelligence Bureau. This has also been made possible by a contribution from the International Health Board of an amount not to exceed \$50,000 for the first year and \$125,000 for a five year period.

Under this branch of the Health Organization comes also the collecting of information from the health administrations of the various nations on their methods of collecting and compiling vital statistics. A series of "interchanges" or group conferences, participated in by vital statisticians and epidemiologists are being held in connection with this phase of the service. Another series of conferences with medical statisticians have been conducted for a limited num-

ber of officers of the health services of various governments, giving them an exceptional opportunity to study the application of statistical methods and practice at certain institutions and public record offices.

During 1923 five interchanges for medical health officers, who were commissioned by their government to study the public health problems and their solutions in other countries, were held. One of these interchanges was held in the United States and was composed of twenty-four medical officers representing eighteen countries.

Special studies in cancer, tropical diseases, malaria and epidemic diseases in the Near East are likewise being carried on. A special inquiry has been made into Far-Eastern ports, for the purpose of studying the different methods being enforced for sanitary, anti-epidemic and quarantine regulations, in an effort to prevent the spread of disease by sea-borne traffic. The mission engaged in making this inquiry was headed by Dr. F. Norman White, assistant director of the Health Section and formerly Sanitary Commissioner with the Government of India. The findings of this commission will be particularly useful as a basis for a conference between the various powers for coordinating and tightening sanitary and epidemic measures in the Far East. In view of the fact that sea-borne diseases from the Far East have been one of the bitterest foes of sanitary authorities all over the world, this mission and its findings are looked upon as an especially valuable contribution of the Health Organization to the promotion of international health.

MARIE JACQUES EICHEL

Self-Support for Health

ALMOST unique as a neighborhood organization for selling cooperative service of preventive medicine to middle-class families, the Manhattan Health Society (described in *The Survey* for October 15, 1923: *The Health Club*) has been followed with interest and hope by those who believe that normally people should buy their own health services as they buy their own food and clothing. It opened in June, 1922, underwritten and guided by a Committee on Community Organization which represented the Maternity Center Association, working with the New York Diet Kitchen Association, and Henry Street Visiting Nurse Service and a number of individual health workers. For an annual fee of \$6 a person, or \$16 for a family, it provided supervision of pregnant women, assistance at confinement other than doctors' services, health supervision of babies and of children from two to six, and visiting nurse care for sick persons of all ages.

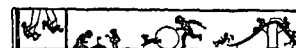
With 5,000 members the Manhattan Health Society would have been self-supporting, according to analyses of the cost of other nursing and clinical services. But in its two years it had written only 728 individual and family memberships. Moreover, on October 1, 1924, the subsidy provided by an anonymous donor to see the undertaking through its period of organization, came to an end. It looked as though the experiment might have to be concluded with the obituary of many intelligent efforts—"Too far in advance of the education of the public."

However, the actual likelihood that the society would close its doors stirred up a lively concern in its members which the mere announcement had failed to arouse. A mass

meeting of members was called by some of those who had appreciated keenly the gap which the society filled for families above the financial level of free clinic patients, but still too limited in means to pay for private nursing or to call the doctor except for serious illness. Members agreed to turn over to a committee of themselves the funds on hand which might have been returned for unexpired memberships, thereby releasing the "Anonymous Donor" and the Committee on Community Organization from further financial responsibility. Officers and a board of directors were appointed from the membership group, and it was voted to keep the flag waving with all the services that could be carried on with the money available.

This present temporary organization is soon to be incorporated as the Cooperative Health Center of Washington Heights. The most extensively used parts of the full program—supervision of babies and pre-school children, including corrective physical exercises—have been retained. The basis of support is individual memberships at \$10 a year, supplemented by returns from some special event organized by the members each month to raise a reserve fund to meet possible deficits, and also to gain publicity. November saw a Better Baby Contest, advertised by posters in the shops and moving picture theatres of the neighborhood, which carried the story and brought in new members. In December there is to be a theatre party. It is hoped that eventually the whole program of the Manhattan Health Society can be restored.

New York is a hard nut to crack in any new effort in community organization. The constantly shifting population of any of its neighborhoods, the infinite variations of race, class and traditions found in any small area make it especially difficult to arouse a community spirit. The excellence of the nursing organizations in the district which provided service free or at a nominal cost made it difficult for many people at both boundaries of the society's financial zone to understand that a health center could and should exist as a self-supporting venture, though there has been the fullest cooperation on the part of the nursing organizations. The committee which directed the demonstration feels that a considerable degree of popular education is necessary before a complete program can be made to carry itself. The demonstration, however, has attained its most important objective: it has aroused a responsible local determination to go on, which will be followed with keen interest by health and community workers. A detailed analysis of the experience of the Manhattan Health Society, compiled by Mrs. Olive B. Husk, who directed the greater part of the demonstration period, will be reported in a later issue of *The Survey*.



NEW JERSEY announces that the 226 communities now are at work in its Continuous Child Hygiene Program supervised by the State Department of Health. (See *The Survey*: February 15, 1924, *The Continuous Child*; also March 15, 1924.) The towns of Closter, Demarest, Cresskill, Norwood and Northvale, Bergen County, and the borough and township of Princeton have assumed full responsibility for the salaries and expenses of their teachers of child hygiene, while financial responsibility for sixty-three of the ninety nurses supervised by the state's Bureau of Child Hygiene has been assumed by the local communities at the conclusion of a successful trial of the child health program.

EDUCATION

New Folkways

IN the seventeen years that have elapsed since the publication of Professor William Graham Sumner's *Folkways; a Study of the Sociological Importance of Usages, Manners, Customs, Mores and Morals*, the word "folkways" has become an accepted part of our language. None the less, the exceptional significance of the concept of folkways for the interpretation of our social experiences is not yet generally recognized. It throws a flood of light upon all our institutional usages, manners, customs and morals, and especially upon the customs and morals of education and the schools. It is probably not too much to say that apart from an understanding of the impact of our ancient and contemporary folkways upon the life of today, the processes of education and the position of the school cannot be understood. And such an understanding is not possible apart from some appreciation of the history of our folkways, both European and American.

All primitive groups are controlled by their ancient folkways—the ways of the ancestors, handed down from the immemorial past, unchanged, as they believe. Folkways vary from group to group, of course. It is useless to inquire as to the "origin" of the folkways of any group: they are the slow accumulation of the ages of group experiences, both accidental and intentional, under the varying circumstances of life. "Consciousness," however, had little more to do with developing them than it had to do with developing the capacity of our hearts to beat rhythmically. "Reason" had little share in making them; hence, they seem eminently reasonable to the untutored mind—that is, to the mind that has been primarily made by them. The experience of the group has given to them a sacred quality: the group has survived—it still exists. Hence, its ways have been "right." The stamp of divine approval is upon them. They have thus taken upon themselves something of the permanence of the hills; they have achieved the sacredness of the processes of nature, and are no more to be interfered with by "science, falsely so called," than is the circulation of the blood! In short, they *are*—and we are made by them in ways we little suspect; they *are*—and they remain, however much we may attempt, by taking thought, to change them!

The group and its folkways antedate the existence of the individual. Hence, all social change must be change within the folkways, must get itself accepted by and organized into the folkways and must, therefore, to that extent, mean the organization of *new folkways*. All "reformations" must be re-formations of the folkways. "Reforming" the individual while allowing him to continue within the unchanged folkways has never accomplished much. All revolutions are turnings over of the folkways—if they succeed, or, to the extent that they do succeed; and they must set up and establish new folkways if they are not to fail in the long run. In short, the folkways *are*—and change must always fight an

offensive battle against them, offensive in more ways than one!

None the less, all folkways are, more or less continuously, subjected to processes of attrition. Every change in the environment of a group calls for some compensating change in the structure of its folkways. All children are dangerous to the folkways; all criminals and outlaws must be watched and segregated; all geniuses are to be regarded with extreme suspicion. Any "cross-fertilization" of the folkways of two or more groups, such as our great cities provide in the intermingling of immigrant groups, is bound to be continuously disintegrative of the old folkways of the groups concerned; and the "contagion" is not unlikely to spread. Hence, "aliens" are always a factor of danger in the nation. War, travel, books and periodicals, all means of communication, science and inventions: all these beat directly and, often, with terrific impact upon the structures of the old folkways. The automobile is an excellent illustration of the ways in which what seemed at first a fairly simple mechanical contrivance has become an instrument for the disruption of the folkways of ages. Of course, the most important invention, from this point of view, that the world has ever known, is the steam engine. The "industrial revolution" has been struggling with the folkways of all the historic past for a century and a half. In certain areas, that revolution has been almost completely successful. In many industrial cities, especially with certain industrial groups, all the older folkways are essentially gone, though nothing effectively significant has been developed to take their place: only disillusionment and sophistication have taken their place—in the negative sense of the word.

CONDITIONS in Europe for a century or two before the discovery of America had been tending to develop rebels against the Mediaeval folkways, which had bound church, state, industry and social organization into what seemed for a time to be a final, impregnable order of the world. The newly discovered continent offered an escape for such rebels as did not care to fight the battle out on the old soil. America was very largely colonized by individuals and groups that were in rebellion against the absolutisms (all folkways are always absolute) of the Mediaeval church, the Mediaeval state—or its later representative, as in England, the absolutistic national state—or against the harsh folkways of the aristocratic and feudal social and industrial order—rebels against some phase of the iron folkways of Europe.

That is to say, the American pioneer was in most cases a rebel—against something; hence, in the American wilderness, he felt himself "free." He was an "individual"—in a sense scarcely known before by any considerable number of men. If he was interested in religion, he felt himself free to set up a new religion "in accordance with the dictates of