



# The Common Welfare



A MERRY tale of the bathtub and a glimpse into one way of making history emerge from a buzz of correspondence concerning the paragraphs on the Cleanliness Institute which were published in *The Survey* of July 15 (p. 408). Here Dr. John H. Finley was quoted to the effect that the first example of this popular American institution was installed in Cincinnati in 1842, and that in Boston volunteer bathing was forbidden by ordinance as late as 1848. At once an anxious reader from Baltimore wrote in to report that a leading citizen of that city, H. L. Mencken, declared that he himself had invented these statements and had published them with the intent to discover how far a succulent legend could be spread. The source of Dr. Finley's information was a member of the staff of the Cleanliness Institute, who had left for Switzerland to attend an international conference on faith and order. Other members of the organization undertook to run to earth the genesis of American plumbing. The data had been taken from an article published in a serious monthly magazine in October, 1926; but back of that they appeared in a volume entitled *The Story of the Bath* published in Chicago in 1922. The publishers were questioned: their source was "a well-known authority, Mr. H. L. Mencken." At present the research department of the Cleanliness Institute, suspending further mention of this interesting bit of folk-lore, is engaged in making a search of pre-Mencken literature and an extensive collection of post-Mencken publications which have accepted these dates, including popular encyclopedias and "several authoritative social service works." *The Survey's* original correspondent suggests hopefully that it would be a great joke if it could be established that these were the facts after all, but Mr. Mencken, promising a full history of the Great Bathtub Controversy in a volume now in press, challenges all comers and adds that he is thinking of offering a case of Brauneberger 1917 to anyone who can prove that these "facts" were published anywhere in the world before his article appeared.



NEW chapters of the story of youth in the city streets lie implicit in the survey of Negro children in New York City just published by the Joint Committee on Negro Child Study in cooperation with the National Urban League and the Women's City Club of New York. San Juan Hill, Harlem and the other colored neighborhoods of New York have seen an unwonted rush of immigrants during the past ten years, country-bred, from the farms and villages of the South and the West Indian islands. In the wake of each immigrant tide court records show an increase in delinquency among the children of that particular group,

registering the painful readjustment which is likely to fall heaviest upon the young members as families are crowded into the least desirable homes and parents forced to pre-occupy themselves with the stern business of eking out a living under new and strange conditions. For the Negro this has been intensified by the fact that there are only certain districts where he may live, that many of the amusements and outlets provided for other races are closed to his children. In Harlem, literary Negro Heaven, the home of jazz, blues, and the night clubs where white people seek amusement, the proportion of delinquent and neglected Negro children is from four to six times as great as among the white population of New York City. They are seldom really bad—these "delinquent" children. Among white boys the two most common charges are stealing and burglary—for Negro boys disorderly conduct and desertion of home. Their story calls insistently for the remedies the report suggests—chief among them more chance for play, more friendly help for "mild" delinquents, opportunities for the use of schools and school yards after hours, Saturdays and in summer. Of fifty children picked at random only one had known any organized recreation.



ON the doctors devolves the ultimate responsibility for the forward march of public health. Yet if their efforts are to be effective, they must be backed and supplemented by a host of lay workers, official and voluntary. From time to time misunderstandings have arisen in one camp or the other. Physicians have been known to complain that the health and social agencies rush ahead without wise scientific leadership—perhaps even toward "state medicine"—or that these bodies are fostering an abuse of free medical diagnosis and treatment which operates unfairly toward the private practitioner. The non-medical health workers, on the other hand, sometimes have charged that doctors hold jealously aloof from constructive social movements, that they do not keep in touch with the rapidly advancing field of public health and criticize what they do not understand. Undoubtedly in some cases there has been some truth in such charges as these. Yet far more often the trouble must be laid to misunderstanding, a misunderstanding the more natural since there has been no regular organized means of contact between these two related, yet distinct professional groups.

For this reason special interest attaches to the report recently approved by the House of Delegates of the New York State Medical Society and the Board of Managers of the State Charities Aid Association and its state and local committees on tuberculosis and public health. This report, summarizing the experience of nearly two years' informal experiment, gives not a final solution of the re-

spective rights and duties of the medical profession and the voluntary agencies, but a working plan which has proved successful in use. Its backbone lies in the cooperation of the county organizations of both groups, through representation on each others' boards of directors, through joint committees and joint meetings. It is recommended that new or drastic changes in the policies of the voluntary agencies be submitted to the representative medical organization for study and suggestions before they are adopted. Should a point of disagreement arise which cannot be smoothed out locally, it will be reported to the state organization of either body. In this way vague, prejudiced generalizations can be reduced to concrete situations which may be discussed and settled in a friendly and intelligent fashion.



**E**MPHASIZING the increasing importance of recreation for social work, psychiatry and medicine, Northwestern University takes over this month for graduate and undergraduate students the principal courses and staff instructors of the Recreation Training School of Chicago. Training in group organization and leadership, in folk dances and group games, and in the social aspects of play, directed by Neva L. Boyd, will be supplemented by many other courses conducted by the department of sociology and related courses in the schools of education, music, speech and commerce. Miss Boyd's marked success in serving one of Chicago's great public playgrounds as director of its activities for girls and women opened to her many years ago the direction of the department of recreation in the Chicago School of Civics and Philanthropy. Its teaching and training for recreational leadership were so distinctive that when the other departments of that school were taken over by the University of Chicago, this work became the independently established Recreation Training School of Chicago, located at Hull House. Here for the past five years it has attracted students from many colleges, east and west, offering the reciprocally valuable cooperation of school, social settlement and the community centers of Chicago, and the unique combination of practice in leadership under efficient supervision with the academic technique of the classroom. The public spirited offer of Northwestern University carries the potentialities of the work still further through the added resources and requirements of a great university.



**T**URNING from engineering problems in industry to the human factor involved, technical experts met several weeks ago to study and discuss fatigue at the first summer school of the International Association for the Study and Improvement of Human Relations in Industry at Baveno, Italy. The group was made up of more than fifty engineers, economists, physiologists, psychologists, employers and employees, representing thirteen nationalities. Its chairman was Lillian M. Gilbreth, an American consulting engineer and psychologist. She writes us:

"The group itself was a subject of never ending interest. Not easy always to confine to formal procedure, seeming

at times rather to resent necessary routine and time schedules, it listened hour after hour to technical lectures and translations with untiring interest. It participated in discussion with a grasp on essentials, a measurement by standards of practice and a passion to make everything learned of direct and immediate service that was most impressive."

The lectures covered the history of fatigue study, the application of fatigue study to a specific industry; the length of the working day and the results of various limitations of hours; fatigue caused by extremes of temperature, dust, damp and eye strain; and the relation between type of job and individual temperament.

Mrs. Gilbreth summarizes the results of the meetings as follows:

"No satisfactory definition or measure of fatigue has as yet been made, though more careful distinctions between, for example fatigue and weariness, monotony and repetitive work and so on, are being drawn.

"A clearer knowledge was acquired of the investigations that have taken place and those that should be made.

"A body of facts on fatigue elimination was collected, evaluated and made available.

"Methods of investigation—laboratory and plant—were stated, evaluated and made available.

"An outline was worked out, not only of *what* works in practice, but of *why* it works.

"A realization was gained of likenesses between fatigue problems in all countries and in all types of industries that warrant cooperation, but differences mean the need of adapting methods to national, group and individual needs."

At the council meeting of the Association that followed the summer school its sessions were commended, and it was decided to hold similar schools on related subjects yearly between the triennial congresses.



**B**EFORE interested friends and members of the Massachusetts Department of Public Welfare, graduation ceremonies were held recently at the Industrial School for Girls at Lancaster for twenty-seven girls who were given Honorable Discharge Certificates.

The presentation of such a certificate by the state is a mark of special merit to a girl who has succeeded on parole from the school. In Massachusetts girls are not committed to the school for a period of years; they are committed to the care of the trustees of Massachusetts Training Schools until they become 21 unless they earlier earn the distinction of honorable discharge. These twenty-seven girls had so conducted themselves in the school and afterwards upon parole that they were honorably discharged before attaining the age of 21. Three or four times a year such a group is graduated with proper ceremonies.

The law which permits the granting of honorable discharges for special merit was passed in 1915, since which time 339 girls have been so rewarded. The present group averaged 15 years of age upon admittance to the Industrial School, and they remained there an average of 1 year and 11 months before being sent out on parole to their own homes or to foster family homes. They now average a little more than 20 years of age. Eight of these girls are married,

and eighteen of them have savings deposited with the Division of Juvenile Training aggregating more than \$1,600.

The ceremonies were opened with a dinner at the school, exercises and the presentation of the certificates, followed by dancing. Among the special guests were the twelve women visitors from the Division of Juvenile Training, through whose efforts the girls' successes were largely made possible, and other friends and relatives of the girls.



AT the request of the governments of the three Baltic States of Finland, Poland, and Sweden a year ago the Assembly of the League of Nations decided to discuss at its meeting this month a resolution, to include the study of the alcohol question as a function of the League Secretariat. A plan of activity for the League was drawn up by a conference of experts which met in Geneva last January. Since that time three other European nations, Denmark, Belgium, and Czecho-Slovakia have formally joined the original three in urging the matter upon the Assembly, and within the past month official request has been made by the ambassadors of several of the interested governments to Secretary Kellogg in Washington. If officially invited to participate in a study of the alcohol question by the League of Nations the United States can hardly decline.

Under the Covenant of the League it is in Article 22 dealing with mandatory powers and duties over half-civilized regions that the liquor traffic with natives comes under international ban. Article 23 provides for the prevention and control of disease and is concerned with the traffic in opium and other dangerous drugs, under both of which headings it would appear logical to include a study of the production and use of alcoholic beverages. One could scarcely conceive of an efficacious protection of the woman and the child which would disregard the importance of alcohol, and as a matter of fact the Consultative Commission of the League, for protection of children and young people, has already taken up alcoholism as a determining factor. The supporters of the resolution see a further reason for active study of the alcohol question by the League in Article 23, Clause (e), for does not smuggling of liquor threaten the "*just and honorable relations between nations*" and interfere with "*freedom of communication and of transit, and equitable treatment for the commerce of all members of the League*"? Baltic States at their Helsingfors Convention, and the United States in its treaties with most of the maritime nations of Europe have practically declared liquor smuggling a modern form of piracy, a scourge uncontrollable by a state single handed. International peace which depends upon good understanding between nations is found to be seriously threatened by policies and laws of individual nations in the matter of alcohol traffic.

In the formal language of Geneva the approval of the resolution by the Assembly will mean that tasks both documentary and political would fall upon the Secretariat or a commission developed for this purpose. There will be

required a central authority for collection of the facts of production and consumption of alcohol; of agricultural areas used for alcohol crops (grapes, barley, hops, cider apples); of persons engaged in manufacture and trade, wholesale and retail, the exportation and importation, and tax revenue from alcoholic beverages; the relationship of per capita consumption of alcohol to morbidity, mortality, dependency, and delinquency; the experience and practice of the various nations in teaching the effects of alcohol to school children; practical and profitable substitute uses for products now used to make beverage alcohol; agricultural uses for land other than for viticulture. Of a political nature would be the proposed Consultative Alcohol Commission in its service to the Permanent Mandates Commission, in its adjustment of the many problems which have developed since that signing of the International Convention for repression of smuggling, in assisting with accurate data when arbitration is sought to adjust conflicts between nations with radically opposed policies of importation and exportation of liquor.

When the matter is settled, and it is to be expected affirmatively, there will be a period during which other funds than those of the League will have to bear most of the cost of the new work at Geneva. Shall we see the nations which find alcohol of social benefit vie with others where profit is seen in its exclusion in generous support of an international clearing house of information and service? The International Bureau Against Alcoholism at Lausanne, Switzerland, supported by thirteen governments and at present a private organization, would probably be put under the authority of the League of Nations.



THE orchards of the middle west in the period of settlement are credited to Johnny Applesseed. In the same soil in the period following the Civil War many social causes took root. The seeding down of ideas was done by many hands, often unheard of outside their own localities, their presence made known by the springy community life and by the general progressive temper of the region when big issues were afoot. In the sixties Mr. and Mrs. William (Sarah M.) Scofield located in Washington, Iowa, and their home became a general center, young and old gathering there for inspiration, direction, encouragement. Mrs. Scofield's father had been a Lutheran minister in Ohio, her husband was a lawyer, she was a gardener for democracy in the life of that small western town. For nearly a quarter of a century before her death she had been a resident of Palo Alto, California, and in her later years her active interests did not flag. As a member of Survey Associates, she kept in touch with causes she had long held to heart. Only last year, her daughter wrote: "She has lived a long life sponsoring progressive movements through their period of unpopularity, has started and worked for many schemes for the betterment of the communities in which she has lived, and at the age of eighty-five has seen many of them bear good fruits. . . . The Survey stirs the 'war-horse' spirit in her—that is so anxious for Peace that it is willing to fight for it."



# HEALTH

## Finding the "Lost"

By ALICE M. HILL

**I**T is better economic policy for the farmer to make a slight expenditure for solder than to continue to milk the cow into a pail with a hole in it. Tuberculosis clinics are faced with a similar economic problem but many of them fail to realize it. Too many patients are diagnosed tuberculous only to be permitted to stray from under supervision. It costs money to diagnose a patient. This cost includes the services of the physician who makes the physical examination, of the nurse who searches out the suspect and who attends during the examination, and of the directing executives, as well as overhead expense such as rent, heat, light, water, janitor services. All these are direct charges against the cost of the patient's diagnosis. Indirect, but proper, charges include also some share of the cost of weeding out the numerous non-tuberculous in the search for the tuberculous. Obviously the average cost of finding a tuberculous patient is appreciable.

That many patients are lost from sight, some as soon as diagnosed, is a matter for serious consideration, both because of the waste of funds expended and because of the loss of dividends in the form of increased health protection. Figures for the actual number "lost" vary according to the community and are not easy to obtain. During the year 1924, according to the report of the Department of Health for that year, 2,921 cases were removed from the register of the tuberculosis clinics of the New York City Health Department for non-attendance.

It is not stated how many of these patients placed themselves under the care of private physicians and how many "removed to some other address and could not be located." The number of cases so removed from the register exceeded the number of new diagnosed cases added to the register during the same year by 199. In Chicago during 1924, 1,959 patients were discharged by the dispensaries as "not found," while 5,276 new cases were diagnosed by the dispensaries during the year; at the close of the year 30,758 were under supervision. (Biennial Report for 1923 and 1924, City of Chicago Municipal Tuberculosis Sanitarium, pp. 61, 65, 71.)

A situation analogous to that in the clinics exists with respect to those cases reported to the health departments of cities. During 1925 the Boston Health Department "undertook one of its periodic surveys to determine the present condition of the 12,540 cases of pulmonary tuberculosis which according to . . . office records were presumably alive and living in Boston. Of these 12,540 cases, 9,106 were found to be still alive and living in the city . . . Of the remaining 3,434 cases, about 3,000 were so completely lost as to make it impracticable to try to find them or to learn what had become of them with the resources at the command of the Boston Health Department. (Monthly

Bulletin, Health Department, City of Boston, March 1926, p. 1.) Boston assumed that nearly all of them had left the city. In New York City at the close of 1924 of the 28,471 diagnosed cases in the register, 6,114 were listed as "homeless and not found." (City of New York, Department of Health Report, 1924, p. 54.)

We are told that the clinic can not afford to spend very much time hunting for these patients. But can it afford to spend as little as it does? An investment has been made in the diagnosis of the patient. If he continues under the care of the clinic or places himself under the supervision of some private physician the investment probably will be profitable. But of what value is the diagnosis alone, or the diagnosis plus a bare start on supervision? The patient who is "lost" may not think himself ill. Possibly he is in the early stage of the disease. By the time he is "found" again by the clinic or by a private physician the tuberculous disease may be so advanced that arrest is practically impossible. Meantime he may have been spreading the disease to others.

A patient once discovered seldom needs be "lost" if some one connected with the clinic has a slight detective sense. Unquestionably it is easier for a local agency to keep track of a patient than for a sanatorium to do so. Yet in North Carolina, with almost no local workers to fall back upon for aid, the State Sanatorium knows what has happened to nearly every patient who has left the institution in the past thirteen years.

How can so many patients drop completely out of sight between one visit and the next? How many genuine attempts are made to find the "lost" patient? It would appear that many attempts stop when the nearest human being accessible reports that the family has moved to parts unknown. Why should not the searcher go a bit further and ask if there is not some friend of the patient who can tell where the latter moved? Even in large cities almost every person makes a contact with someone nearby who can give some information regarding that person and will, if properly approached. The storekeeper may know. Or, if a household moved, some one moved it. It is a good idea for the clinic to be on close terms with the firms which do the moving of the city. Why not ask the police officer on the beat? The postman frequently will be of help. In smaller places the postmaster as a rule is glad to render service.

**G**OVERNMENT rules prevent giving out information about forwarding addresses but usually, if he feels he cannot give a definite address, the postmaster will be willing to state that the patient has or has not moved out of the district, city or county, which the clinic serves. Of course the patient who has moved ought to be referred to