Selling Health through Washing Machines

By DOROTHY DEMING

MISS GOODWIN asked for a six weeks' leave of absence from the Everytown Visiting Nurse Association. She said she wished to study. Leave was granted and Miss Goodwin, a drab, quiet, rather weary-looking figure disappeared from our streets. No one missed her very much.

A week after her return we realized that something about Miss Goodwin was fundamentally different. Something intangible had changed her. As time went on, something also happened to her district. Calls from doctors and patients increased; her service, hers and no other's, was desired, even clamorously. Letters of appreciation came in; attendance at her well-baby conferences doubled; her record for breast-fed babies rose above that in the nearby section. What had happened? I asked Miss Goodwin.

"Why, it's this. I am no longer merely a public health nurse, I am a public health *sales*-nurse. I spent those six weeks studying how to put the principles of good salesmanship into my nursing work. It transforms the effort of teaching health to a more or less indifferent audience into the thrilling game of selling first yourself, and then your advice to a person or persons on tiptoe for knowledge. They are *wanting* my help now. I studied selling washing machines; in practice I sell health! Come and see."

So I went. I met Miss Goodwin on the steps of her first "prospect"—a mother and baby. Smiling, self-assured, erect, in perfect uniform and spotless tidiness Miss Goodwin stood there. One felt pleasure in her presence.

"Ah! I see you have noticed the first principle in selling—an attractive personal appearance. You remember I never polished my shoes, nor dusted my hat, nor tied my necktie neatly. No, nor put this on," and she touched a soft silk crimson scarf just showing under her coat. "Uniforms must be uniform, but every saleswoman must have three points of individuality—her face, her name, a distinctive touch in dress or manner. This Italian scarf is my distinctive touch. Most of my people are Italian. They love its color and texture, and often ask if I have been in Italy. It breaks the ice."

We went into the house. She knocked and we waited.

"Second lesson," she whispered. "Courtesy in the approach."

"Come in," and in we went. Introductions, of herself by name and office, myself by name, "a friend." Cordiality, friendliness, respect for a strange household. When she had removed her hat and coat she went at once to the patient and shook hands with her, and with the tiny baby. I had never seen a nurse shake hands with the patient in bed on coming into the home—yet friends always do. Request for permission to look into the closets, a joke—a very gentle joke—that the baby's clothes were too big for him, gentle teasing of the new mother about being so proud of the baby she cannot let him sleep alone. A laughing suggestion that the baby might prefer his own bed, *his* reasons why, and then instructions as to how to use a packing box for his bed. Always cheerfulness; reassurance when fears cropped out; confidence in herself, her skill, her ability to meet situations; patience in answering many questions, yet every question answered truthfully, fully, but simply; careful, clear information left with a neighbor; apparently no hurry, no worry, no fatigue even after fluffing up the big feather bed, no irritation when the wash-bowl was found to leak—just friendliness, good humor and tact. And the result?

"Miss Goodwin, you come tomorrow? You think baby all right? We do just what you say. What we owe? Thank you, thank you. Goodbye."

Sold!

Courteous service by a person knowing her goods and how to sell them.

"Not so easy here," warned Miss Goodwin as we climbed to the top of a clean, well-built tenement house. "Here we meet the American-born of American parents. She knows it all already. She does not think prenatal care is necessary. She may not even let us in, but," she smiled in confidence, "I must not let myself think that for a moment!"

The door opened a small crack to her knock. "Oh, it's you is it? Well I'm too busy today. Anyway, I'm all right." The door was closing—I almost put out my foot to stop it. Not so Miss Goodwin.

"Oh, Mrs. Nichols! You asked me to bring that new pattern for a gertrude for the baby. I have it in my pocket. Here," she handed the nursing bag to Mrs. Nichols to hold, "let me see if I can find it," and in we walked, Mrs. Nichols holding the bag rather sheepishly, Miss Goodwin apparently in a frantic search for the pattern.

"My, but your bag is heavy!" She put it down.

"Yes, isn't it? Heavier at the top of five flights too. This is my friend, Miss Brown. She is an expert in baby clothes, so I brought her along. She can cut you a pattern if I have lost mine." I gasped. "Let's see what else you have ready for the baby." That part seemed easy. Preparations for the

To sell health to her patients, "Miss Goodwin" first sold herself to them and she learned to do that by studying the sale of washing machines. That such salesmanship works might be argued not only from the intrinsic evidence in the article itself but as well from the fact it won honorable mention in the Harmon-Survey Award on Public Health. For an announcement of the current contest, on social work and administration, see the back cover of this issue of The Survey.

baby were discussed in detail, but Mrs. Nichols was ahrd to win. She balked at having her blood pressure taken.

"Oh, it's nonsense. I'm always all right."

"Well," and Miss Goodwin began to put back the machine she had had ready, "You know Mrs. Jones up street?"

"No, what Mrs. Jones?"

"Mrs. Jones, the carpenter's wife. She had eight children and one month before her ninth baby came she had a convulsion. Her blood pressure was 160 when I got there. It's like pressure in a furnace, it gets too high and the furnace explodes unless it has a safety valve. We humans have no safety valve unless it's a convulsion."

She put the machine back in her bag.

"How long does it take to take blood pressure Miss Goodwin?"

"About three minutes."

"Well, you might take mine after all—just to see."

"You really want me to?"

"Yes, yes, you'd better. My husband's an engineer, and I understand about furnaces."

OUTSIDE Miss Goodwin checked up. "Make an entrance by getting the buyer's attention. Make her use her hands, hold the bag, the baby, anything. Keep her interested, relate your information to things she understands (I knew her husband was an engineer). Give her close-at-home examples. (She's a born gossip, Mrs. Jones's real name is Driscoll.) Don't be too eager. Make her express her desire herself. Attention must lead to interest, interest to desire, desire to enthusiam and satisfaction. In a nut-shell—that's selling! She did not ask me to come again though. She is not sold as yet."

The next case seemed already sold, as Miss Goodwin would say. A chronic, an elderly, paralysed man. There seemed little to sell him but the actual service and he appreciated that from long experience. "I have cared for him weekly three years. It was only last month I realized I had sold nothing to him but physical comfort."

"What are you selling now?" I asked with interest.

"Oh, now he is my salesman. He has a dozen friends who drop in to see him off and on. To each of these he has given our card and I have had two calls from them already. He boosts us. Incidentally I am giving him a new interest in life. I talk shop. He wants to know how many cases I see each week; I bring him our monthly report, our fees and everything. He prints beautifully with his good hand and is making a chart of my district for me. Just between ourselves he is going to read Miss Gardner's Public Health Nursing before I finish with him. That's called using your buyer as a publicity agent. Nothing like a satisfied customer, you know."

AFTER lunch at a local cafeteria and a call on a settlement house worker ("Patronize your district shops and let yourself be known") Miss Goodwin said, "Here is a really obstinate purchaser. You will have to promise not to mind what I do."

I promised, mystified. The house was poor. We were admitted grudgingly. It was a visit of purely instructive nature to a mother with a baby brought up on a formula of her own concocting. She had refused to take the baby to the weighing station, or, indeed, to pay any attention to the nurse's advice. As we sat down in a rather dark and untidy kitchen the baby was no where in sight. Mrs. Molita disappeared into another room. We waited: no mother, no baby. Miss Goodwin did not speak. She waited quietly. Finally she said, "I guess that's a new gas range you have bought since I was here, Mrs. Molita."

No answer. Another long pause.

"Is your husband working today?" Still no answer, only sounds from a distant room. Miss Goodwin got up and went toward the sounds. She too disappeared. Then I heard, "Oh, let me help you lift that. It's too heavy for you."

Sounds of moving and pushing a bed. Then, "Is the baby awake?"

"No, no, sleep."

Miss Goodwin came back and sat down. Mrs. Molita came back.

"What you wait for?"

"For the baby to wake."

"Oh—no wake—all right."

"Won't you let me weigh him?"

"No."

Miss Goodwin looked at her sorrowfully. Then to my amazement she got out her handkerchief and began to sob. Mrs. Molita looked scared and ran out. I hurried to Miss Goodwin.

"There, it's all right, Miss Goodwin. We all fail once in a while. Mrs. Molita's baby doesn't have to be weighed today, you know. Come, we'll go."

"I wanted to weigh her baby." Miss Goodwin sobbed out.

"Yes. Well—" and I stopped. Mrs. Molita had her frail son in her arms.

"Here, Nurse, here. You weigh him. How much he weigh?"

"Would you like to know really?" Miss Goodwin seemed suddenly to be herself again. I caught a suspicious twinkle in her eyes.

"Yes, weigh him, please." And she did, and more, she got over some instruction as to his feedings, and a promise to come to conference.

ONCE more outside, she laughed. "Extreme measures. Helping to move the bed failed; attention caught and suspicion driven to flight by distress. Those tears appeal to emotional Italians. It's the second time I have had to try it. The principle is, study and analyze your type and then make your appeal. I doubt if it would have worked without you. However, I sold myself rather than my instruction, but it was my fourth visit there. The art of persuasion depends on one's knowledge of people. Mrs. Molita is a suspicious type. She will need careful handling at clinic, but she really loves her baby so I think she will come."

Three other patients we saw that day. She demonstrated the value of repetition in instruction; the fact that a "no" to a reasonable appeal usually means lack of understanding; that the sales-nurse must speak from the patient's standpoint, forgetting her nurse's arguments entirely, relating her instructions to her patient's needs.

"I spent six weeks learning to sell washing-machines. For the word washing-machine I am substituting health; for the word purchaser, patient; for salesman, nurse; for sale, instructions followed. The time will come when all public health nurses will study salesmanship. It is a bigger thing to make people want health and health advice from you than to urge a perfect lesson upon them. It becomes their own desire, is more appreciated and more lasting. Payment even takes care of itself. I believe that with the right approach no person will fail to want to know how to be well."

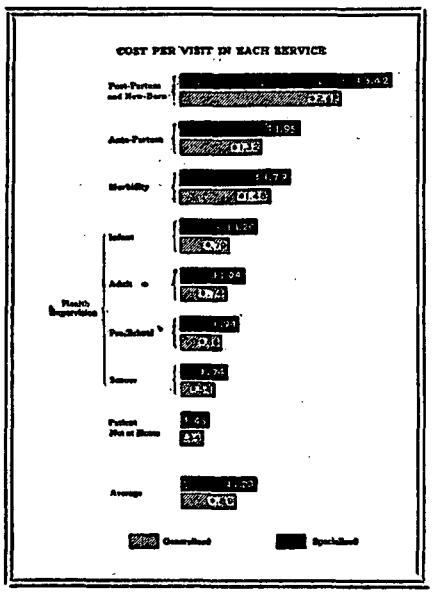
Specialized or Generalized?

SHOULD a public health organization carve its territory up into small districts and assign one nurse to one district, to care for all cases in that district? That, in the common acceptance of the term, is a "generalized service." Or should it distribute its cases among the nurses according to disease and age groups, one nurse taking charge of the babies only, and so on? That is a "specialized service."

Confronted by this dilemma and by the obviously sound arguments and useful experience to support each aspect of it, the East Harlem Nursing and Health Demonstration of New York decided to do both and, furthermore, to do both under so careful a system of observation and record that the result, whatever it was, would have the validity of a scientific finding. The experience which was accumulated and the conclusions drawn from that experience have been summarized in A Comparative Study of Generalized and Specialized Nursing and Health Service, just published and to be had from the offices of the Demonstration, 354 East 116 Street, New York City, for thirty-five cents (see The Survey, August 15, 1926, p. 547, for an account of the cost studies already published by the Demonstration).

Twenty city blocks in a congested Italian neighborhood of uptown New York were selected for the trial of the two systems. What advantages there were lay in the ten blocks of the specialized areas; they were less overcrowded, though still very much more so than New York City as a whole; they had less illiteracy and, on the whole, an immigrant group who had been longer in this country and so were better adjusted to American conditions than did the adjoining generalized area.

Yet despite these initial disadvantages, the generalized nursing service was found conclusively to be more effective and more economical than the specialized service, in a trial in which the given conditions — quality of staff, supervision, and so on — were identical or as nearly equivalent as it was humanly possible to make them.



There was no demonstrable difference in the quality of the two services that could be detected by a careful study of all the work and detailed analysis of 100 families, which closely paralleled the findings for the whole group.

In a given number of hours of field service, the generalized area showed a greater volume of nursing work done: 27 per cent more families visited, sickness care and health supervision to 46 per cent more individuals, 40 per cent more home visits and so on. The responses to home visits, as measured in attendance at classes, clinics, and clubs was also greater from the generalized area.

The cost per visit of the specialized worker was greater than that of the generalized worker because she made fewer and longer visits and was obliged to spend more time on general office activities. The difference in the cost per visit produced a like difference in the cost per case carried, which was $6.93 in the specialized area, $4.69 in the generalized area.

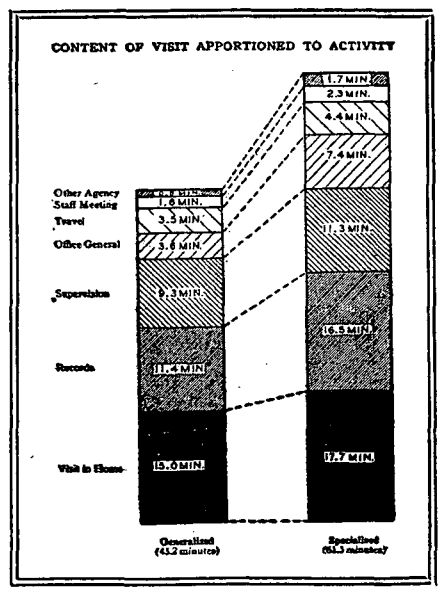
The generalized nursing service seemed to meet the needs of the community more completely than did the specialized service. Under the specialized program, duplication of visits could not be entirely avoided; a general plan for the family's welfare involved group conferences of the representatives of the special services—one cause of the greater expense. When the health work was further complicated by social problems which involved extended cooperation with social case-workers, specialization was found to become impossible and the responsibility for the health work in these families was finally given to one worker. Under the generalized plan, administration was simplified in many details of office management, supervision and record work.

The Demonstration concludes that

there is need of a new yardstick for the measurement of the effectiveness of health work based upon the services rendered to the family as a whole rather than to an individual member of a family. . . .

It would seem that the nurse who specializes tends to an over-elaboration of technique and is primarily interested in the individual rather than the family; whereas the nurse whose work is generalized has a better conception of the essential unity of all health work; that the generalization of nursing activities, insuring as it does the continuous service of a single nurse in the family, makes possible a more comprehensive health program than can be formulated when a number of nurses, however efficient, divide the responsibility for the nursing activities.

An appendix outlines the eight weeks' introduction to the field for new workers.



Saving the Youngest

By JULIUS M. LEVY, M.D.

As we have come to realize that the highest rate of mortality in infants occurs in the first days and weeks of life, we have felt the need of obtaining a record of the births much earlier than was possible by the ordinary methods of birth registration. When one realizes that the deaths during the first day of life constitute about one-tenth of the deaths of babies under one year, that the deaths during the first week constitute about one-fourth, and the deaths during the first month about one-half the deaths under one year, the importance of prompt notification of births is clear.

The importance of this early period in infancy has become more evident as the mortality in infants after the first month of life has been markedly reduced by organized child-hygiene work. Five years ago the deaths under one month represented about one-third of all the deaths of children under one year. Today they represent one-half and in some places two-thirds of the deaths under one year. While there has been a reduction in infant deaths from nutritional and diarrhoeal disturbances, very little impression has been made upon the deaths grouped under congenital debility, prematurity, and immaturity—which occur during the first days or weeks of life.

In the hope of saving the lives of some of these babies and preventing premature weaning, which has become increasingly common, an arrangement was made with the midwives of the city of Newark to ensure notification of births within twenty-four hours. It has been carried out with a remarkable degree of thoroughness on their part. The midwives receive addressed postals, on which they are asked to place merely the name and address of the new-born baby immediately after the birth so that the Department receives a notification not more than twenty-four hours after the birth. The record of this birth is then immediately telephoned to the public health nurse in the district, so that no time is lost between the receipt of the notification and her visit. This procedure has enabled the nurses to assist in the care of premature babies, to help mothers to establish maternal nursing and to urge the attendance of a physician in special cases. One of the most interesting features of this experiment has been the thoroughness of the notification from the midwives, which is indicated by a review of the monthly record for 1925 and 1926.

	Total Number Midwives' Births Supervised		*Total Number Midwives' Cards Recorded*	
	1925	1926	1925	1926
January	219	198	193	162
February	202	184	183	160
March	193	191	163	182
April	179	184	175	161
May	194	190	155	146
June	201	170	181	159
July	219	160	129	121
August	217	206	175	166
September	143	159	147	131
October	211	188	191	144
November	176	164	151	136
December	193		163	
Total	2,347	1,994	2,069	1,668

By visiting at once the new-born babies which are not under a physician's care, the nurses have reported and cared for conditions in the mothers which undoubtedly would have interfered very seriously with breast feeding. In a number of instances mothers were disposed not even to attempt to nurse their babies on account of previous difficulties. In a case of twins the nurse found the infants on condensed milk within the first twenty-four hours. Through instruction and close follow-up both babies have been breast fed. The nurses' visits have also permitted the prompt detection of ophthalmia neonatorum (babies' sore eyes) and have prevented the blindness which it causes. Several cases of premature babies and, in one particular instance, of premature twins were undoubtedly saved by this prompt visiting from the nurse, who taught the mother how to make a home-made incubator and to give the special care required.

One mother had had two previous premature babies, both of whom had died. The third child also was born prematurely, but with prompt care by the nurse, the baby survived and is now a year old, strong and healthy.

Twenty-four-hour notification of births is required in a few countries by law. I do not think this desirable at the present time in this country, as very few states or cities would make any practical use of it. The experience in Newark clearly indicates that when a department of health has practical use of such a prompt notification, it is possible through cooperation to obtain the twenty-four-hour notification of births.

New York World

"Here comes de teacher, an' she makes me sick".
"Dat ain't de teacher, she's de visitin' nurse and she makes us well"

DURING 1925 the Massachusetts State Department of Public Welfare and Public Health studied cancer in that state. Among the striking findings of that study was the discovery that Massachusetts has a higher death-rate from cancer than any other state, with a total of about 5,000 deaths a year and between 9,000 and 10,000 cases at any given time. The average interval between the first symptoms and death is something under two years. About 30 per cent need hospital care during the last four months. In Boston, where educational and clinical

work in cancer has been developed, the average interval between the first symptoms and the first visit to a physician was about four and one-half months, while for the state as a whole it was eight months, with a correspondingly diminished chance for recovery. On the basis of these findings the state has undertaken a cancer program which will make for increased hospital facilities and the development of local cancer clinics. The physicians of Newton have agreed to report their cases of cancer, the first attempt so far as is known, to create a "morbidity area" for cancer, to give the medical, epidemiological, social and economic data which cannot be obtained from mortality statistics. The Department of Public Health contemplates asking district nurses throughout the state to aid in gathering facts. "Of all the questions today pressing for an answer," declares Dr. George H. Bigelow, the commissioner of health, "this of cancer is perhaps as stupendous as any because of its medical, social and economic ramifications."

MAY DAY, the American Child Health Association reminds us, is only ten weeks off. There are already available a Bulletin of Suggestions for Child Health Day and a May Day Festival Book, the latter edited by Grace T. Hallock, price ten cents each, from the Association at 370 Seventh Avenue, New York. The Association also has published new editions of its House of Health Series—The Expectant Mother, The Baby, and The Runabouts, revised and approved by its Nursing Division (the National Organization for Public Health Nursing) and by a medical committee headed by Dr. Samuel McC. Hamill. The price is five cents each.

AS the Healthmobile of the Georgia State Board of Health chugged its way through most of the 161 counties of the state, its staff discovered many children in need of tonsil and adenoid operations or other surgical work. An attempt to organize a clinic service in temporary hospitals proved difficult as surgeons could not spare time to travel over the state. Then Dr. T. F. Abercrombie, commissioner of health, appealed to the regular hospitals and the railroads to cooperate with him in a plan to make skilled medical service available to all who needed it. There is no district in Georgia which is more than 75 miles from a hospital. Wesley Memorial Hospital, Atlanta, was the first to respond, offering a two-day service to country children from the Atlanta district for a minimum rate of $7.50 if the parents could pay no more. One by one more than twenty others came in, making hospital service accessible to all corners of the state. The railroads did no less. A series of conferences resulted in the offer to carry children and their accompanying parents at half the regular rates.

BETWEEN the ages of 6 and 16 colored children were found to be both taller and heavier than white children of the same age in an extensive study recently reported by the Rutherford County (Tennessee) Child Health Demonstration. At 16 the difference practically ceased; in fact, the white children tended to exceed the colored slightly in both respects. "The consistency in differences shown in this and other investigations would seem to indicate that the colored race has a growth cycle which differs in many respects from that of the white," say Drs. H. S. Mustard and J. I. Waring in a report of the study in the American Journal of Public Health. They urge that further data be obtained as the basis of special standard tables for colored children if the differences continue to be confirmed. Reprints of the study may be obtained from the Child Health Demonstration Committee at 370 Seventh Avenue, New York City.

FOR twenty years an organized movement has been under way to prevent accidents and promote safety in workshops and factories, more recently on streets and highways. But so far, as Dr. Louis I. Dublin recently pointed out to the National Safety Council, practically nothing has been done to consider safety in the home. Yet accidents in the home, such as burns, falls, and gas poisoning, cause about 17,000 deaths and several million injuries each year. Children under 15 years are the victims in more than a third of the fatal accidents. A program of study and application which could enlist newspapers, churches, women's clubs, school officials, architects and manufacturers of domestic appliances is needed to deal effectively with this neglected field of safety work.

HOME TOWN faces will lend interest to any film and health education is no exception to the rule. The Health Department of Mount Vernon, N. Y., under the direction of its commissioner, Dr. Frank W. Shipman, succeeded in interesting the local Proctor Theatre management in financing and displaying motion pictures of its preventive work for children. The film, 1,500 feet long, included diphtheria prevention, with scenes in the schools and "close-ups" of children and doctors; vaccination clinics, the examination of children for working papers, and pre-school and baby health clinics with many instructive and interesting sub-titles. More than 25,000 people saw it during a first four-day showing at the theatre.

"OF all the problems of agriculture and of rural life in general there are none of more basic importance than those of rural health," said Dr. Thomas Parran, Jr., in a recent address published in the Illinois Health News, the official monthly bulletin of the Illinois State Department of Health. Dr. Parran estimates that at any one time about 276,000 members of the rural population in this country are ill with more or less preventable diseases. Between 1902 and 1922 the excess reduction of deathrates in cities for these diseases was 7 per cent more than the reductions in rural districts. That difference represents 34,600 lives lost each year in rural districts, which would be saved if the conditions attained by the city prevailed equally in the country.

FOR nearly three years a nutrition program has been included in the Cattaraugus (N. Y.) County Health Demonstration under the direction of the County Board of Health and the Milbank Memorial Fund. At the start a survey was made of the nutritional habits of nearly a hundred families in towns, villages, and in the open country. The diet of these families in calories was satisfactory in the large majority of cases; so high as to indicate waste or overeating in about 25 per cent. The cost per person ranged from 28 to 81 cents a day with an average of 51 cents, while the nutritionists estimated that 45 cents would be adequate. But even in the country family dietaries were found to be deficient in vegetables, milk and fruit. During the course of the demonstration at least fifteen stores have added lettuce, spinach, cabbage and oranges to their winter stocks and a still larger number carried whole cereals regularly. In 1923-24 less than a dozen of the 272 rural schools made provision for a hot lunch; in 1925-26, 99.

Meet the Typical Farm Family

By CAROLINE B. SHERMAN

THE average farm family of America spends $914 in actual cash each year besides using $648 worth of produce raised on its own farm. The size of the family is just over four, but because of the relatives, hired help, and others so often sheltered in farm homes, the size of the average household is almost five. Both the farmer and his wife work a little over 11 hours each week-day, not counting mealtimes, and their waking day is 13 hours long.

These are some of the outstanding facts resulting from a series of closely-planned house-to-house studies, supervised by E. L. Kirkpatrick of the United States Department of Agriculture, which give us for the first time a close-up of the typical farm family founded on facts.*

No less than 2,886 farm families were studied. Usually a state worker in home economics or rural sociology was in charge locally, the field work being carried on by county home demonstration agents, or by advanced students of the state agricultural college or university, who made personal visits to the homes to secure the information.

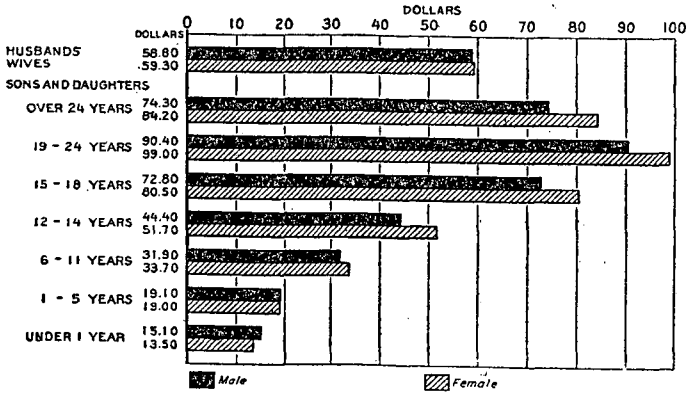
Typical farm homes within the localities were visited; that is, an effort was made to avoid selecting homes of any one size or any one level of living. Eleven states are represented: New Hampshire, Vermont, Massachusetts, Connecticut, Kentucky, South Carolina, Alabama, Missouri, Kansas, Iowa and Ohio.

About half of this total yearly cost of living of this typical farm family goes for food, $659, including the value of food from the farm. Clothing expenditures come next with a yearly total of $235. Shelter costs this family $199 in round figures each year, and the house furnishings cost $40. Operating expenses reach $213; here the average amount spent for the use of the automobile for household purposes practically equals the cost of fuel, $80, and is much more than the amount spent for all other operating expenses combined.

Personal expenses of the members of our farm family are only $41 for the four or more members combined, and so closely are the figures in this study analyzed that only $2.70 per family is listed as unclassified.

Intangibles play an important part in the analysis, for this was primarily a standard-of-living study. This typical family spends $62 for the maintenance of health each year, and $41 for health and life insurance.

"Advancement" expenses claim $105. The largest item of expenditure under this head is for formal education; next come contributions to the church, then recreation, followed by reading matter, and a very small amount for organization dues, philanthropic causes, etc.



Farmers and their wives spend about the same amount for clothes, but not so their sons and daughters

This farmer and his wife spend about the same amount for clothes. The daughter, aged somewhere between 12 and 24 years, spends more for her clothes than does her brother of about the same age, and they each spend more than either parent. Practically the same amount is spent for the clothing of the little girl as is spent for a little boy under just the same circumstances. It is smaller than the amount spent by either parent.

Our typical farm house has approximately 1.4 rooms for each member of the household. With allowance for rooms not used, there is little or no suggestion of overcrowding as the term is used in housing legislation. Slightly more than a twentieth of all the farm houses studied are completely modern and about a fifth are partially modern. Almost three-fourths of the homes lack all modern improvements.

The term "savings" is so difficult to define that except in the case of one state even the attempt to determine them was reluctantly abandoned. For the Kentucky study, $91 per family was reported as savings.

There is little or no relationship between the average length of the work-day of the homemaker and the average value of goods used in a year. While the average expenditure for all purposes ranges from $486 up to $3,779 in the various states, the average length of the work-day for the homemaker decreases only slightly as the expenditures increase. Apparently the homemakers in the families using more goods do not find corresponding leisure to enjoy the satisfaction that these things might bring.

This emphasizes a fact frequently overlooked in regard to the farm home—that it is a vital part of the farm business and the homemaker is a true partner in the enterprise in much the same sense that she was in pioneer days. To make a go of the farm life and farm business requires the joint effort of both man and wife and often of the children. Here would seem to be one walk of life in which the family remains an economic unit in production as well as consumption.

* The full report of this investigation, with definitions of terms and groups, methods of arriving at costs, variations in groups and sections of the country, analyses and comparisons, will be found in Department Bulletin 1466, issued by the United States Department of Agriculture.