ADVANCE SHEET – January 5, 2024

President's Letter

Mary Ellen Richmond, the founder of the American social work profession, is an outstanding forgotten Baltimorean. A couple of years ago, we published her early essay on the control of beggary. Here we tender two chapters from *Social Diagnosis*, the mature work, published in 1917, for which she is best known and which is still on the reading list in at least some social work schools. One of the chapters illustrates the comprehensiveness of the interviewing techniques she recommended; the second may still be of interest to medical malpractice attorneys.

George W. Liebmann

SOCIAL DIAGNOSIS

BY

MARY E. RICHMOND

DIRECTOR CHARITY ORGANIZATION DEPARTMENT
RUSSELL SAGE FOUNDATION
AUTHOR OF
"THE GOOD NEIGHBOR," ETC.

NEW YORK
RUSSELL SAGE FOUNDATION
1917

CHAPTER X

MEDICAL SOURCES

IF, ON the basis of the social case work records then available for study, this book had been written fifteen years ago, it would probably have been found that the outside source of information consulted oftener than relatives even was employers. But there has been a shifting of interest from data about earnings and occupation to data about health and disease. All of these groups of facts are closely interrelated, of course, and the change is merely one of emphasis. So marked is it, however, that there may be need later of new emphasis upon another group of sources to preserve our social center of gravity.

The lists of outside sources used by the 56 social agencies whose records were studied show that Medical Sources were consulted two and a half times as often as employers and other work sources. In 2,800 cases, to be exact, 1,828 Medical Sources were consulted and 743 work sources.[1] The multiplication in recent years of medical agencies both curative and preventive, especially in large cities like those included in our study of sources, accounts in part for this; in part, it is due to the fact that some agencies for the care of the sick now have social as well as medical records—social records that can be consulted with profit, that is. But part of it is also due to a change in the attitude of non-medical social workers toward their own task. In seeking to remedy bad social conditions they have come to recognize more fully the great handicap of bad physical conditions, and have learned to welcome, in the effort to remedy these, the aid of a newer and more constructive medical science. Their awakening is due, in part, to their own deepened experience of human need, but even more is it due to the socialized members of the medical profession, who have led the way in many departments of social endeavor—a way in which the lay social workers have been only too glad to follow.

[1] See Appendix II, Table A.

The kinds of Medical Sources most often consulted by the 56 agencies were physicians, hospitals and sanatoria, dispensaries, medical-social service departments, nurses, and public health departments. It must be conceded that social workers have been handicapped, often, in their use of these sources of information by their lack of knowledge of even the most elementary facts about disease and by their lack also of understanding of the organization and discipline necessary in a hospital or dispensary. But, as these pages are an attempt to estimate the social value of the various sources of evidence, and as the case records studied show not only the great serviceableness but the occasional failure of Medical Sources, it may be well to follow the plan already followed in the chapter on Relatives and illustrate these failures at once, even at the risk of seeming to overemphasize them. It will be evident a little later that much more can be said on the other side.

I. WHERE MEDICAL EVIDENCE SOMETIMES FAILS

Case notes under this head made in the course of our extended case reading tell their own story of (1) a non-social attitude, (2) conflicting diagnoses and prognoses, and (3) faulty medical records.

1. Non-social Attitude. Let two illustrations suffice. It may be that both show poor medical work also, but the writer makes no attempt to pass judgment upon their medical aspects:

A child-saving agency found a little girl of seven in a boarding house where she had been placed by her mother, a waitress. This mother was described as "suspicious, quarrelsome, and altogether difficult." Her child was illegitimate. The little thing's eyes were seriously inflamed, her whole face swollen, eruption behind ears and on scalp; she had been in this condition for two months, often seen by mother, but no medical care procured. The public health department had diagnosed the child's condition as syphilitic five years earlier. The mother was persuaded by the society to permit them to place the patient in a hospital, the hospital authorities agreeing to report to the society's agent a few days before discharge. Later the hospital reported that the child *had been* discharged, at the request of the mother's physician, or at the request of someone representing himself as such over the telephone. Only the last name of this physician was known at the hospital.

On complaint of a commission for the blind, a physician was prosecuted by an S. P. C. C. for failing to report a case of ophthalmia neonatorum. The eyes of a six-weeks-old baby had been irreparably injured by this disease. The physician employed was fined $50 and appealed the case. Among other witnesses for the prosecution was an eye infirmary. A copy of the prosecuted doctor's letter to the board of health was also entered in evidence against him.

None feel the results of these non-social acts or of failures to co-operate with social workers more keenly than do the more progressive of the physicians themselves. There is marked advance every year among these latter in the development of a deeper social concern.

2. Conflicting Diagnoses and Prognoses. These often delay social work very seriously, just as conflicting plans of social treatment must hamper medical work. Some of this delay is inevitable, for medicine is an experimental science, but in all probability some of it is due to unevenness in the standards of medical practitioners, and some unquestionably is due to the uneven development just referred to in the medical profession's sense of social responsibility. A society for protecting children from cruelty finds that, when it brings a physician into court to testify to certain conditions, the defendant in the case can usually find some other doctor to swear that the facts are just the reverse.

In one case, a tubercular mother had been reported to a child-saving agency because she refused to allow her six-year-old crippled son to go to a school for cripples. The boy was sleeping with his mother, and one of the physicians at a certain children's hospital said that the child could make no progress if left at home. A settlement nurse and the family physician reported that the mother was careless and was likely to infect her children. A board of health doctor objected to home surroundings and advised sending the child away. In court, however, the family was able to produce a letter from a second physician at the same children's hospital, objecting strongly to the removal of the child, as his disease was incurable, and adding, "We are willing to give the mother advice and help whenever it is necessary." This was further reinforced by another medical institution, the nurse from which reported a well-kept home.

The following memoranda summarize the various diagnoses and treatments advised in one case that was under the care of a hospital social service department: Oct. 31. Girl aged sixteen, pretubercular, needs a country home. Nov. 13. Tubercular. Too hysterical to go to a hospital; must be treated at her own home, where medical supervision will be constant and expert. Dec. 11. Operation advised for ovarian cyst. Not tubercular; hospital care. Feb. 8 of the following year. Entirely well, needs nourishing food before she commences work. Apr. 18. Tuberculosis, first stage. Sanatorium advised. Jan. 28, year succeeding. Patient quite well. Reported not to have gone to a sanatorium. Apr. 18. Major hysteria; needs long care in hospital.

The uncertainties of prognosis scarcely need illustration.

A charity organization society was caring for a wife and five children while the husband was in a hospital. On March 8, hospital reports man may have to remain

two weeks longer, and that it may be a month before he is able to work. His trouble is sciatica; there is nothing that can be done for it except to see that man has absolute rest. April 12, hospital reports that man has tuberculosis of the spine; will not be able to work for at least six months, possibly more. May 8, hospital reports at present man has not tuberculosis of the spine; the trouble he is being treated for is sciatica and he seems to be responsive to treatment. If he continues to improve he will probably leave the hospital soon.

In an Italian family already mentioned in another connection[1] there were several medical diagnoses—three of the father of the family (who had had facial paralysis, apparently, after he had been shot in the jaw), one diagnosis of the son-in-law, and none, though one was needed, of the daughter, aged sixteen. A commentator adds: "I realize that delay is accounted for by the contradictory diagnoses of Mr. ——'s condition. The doctors are as fallible as we are, and we must expect to lose time while they are finding out what to do."

It should be repeated that the faults of social reports to physicians are quite as grave as any faults here noted in medical reports. "I have seen many examining physicians discouraged," writes the head of a medical-social service department, "by the poverty of social workers' reports, which are so increasingly important to a proper clinical examination and diagnosis of, for instance, a feeble-minded child."

3. Faulty Medical Records. Some conflicting diagnoses and prognoses could probably be traced to failures in the original records, or to failures in their interpretation by custodians. Dispensary records would seem, from our case reading, to be far less dependable than hospital ward records, though there are notable exceptions to this. An extreme instance of faulty method would be that of the dispensary which could never identify a patient or his record by name, age, and address, but always added, after its general disclaimer of any previous knowledge, "Tell him to come and *bring his bottle*, and then we'll know." Past medical history is often of such medical as well as social importance that dispensaries which attempt to keep records at all are surely justified in keeping them in such a way as to identify the patient recorded.

II. COMPLEMENTARY NATURE OF MEDICAL AND OF SOCIAL DATA

The discovery of the possible assistance of social history in the medical field is so relatively new that there is small wonder to find

[1] See p. 198.

it used awkwardly on both sides as yet. Two examples found in a group of hospital social service records illustrate the complementary nature of medical and of social data. Each is an instance of mistaken diagnosis in its own field, corrected by evidence from the other field later.

A physician referred a woman of twenty-six to the social service department for a pelvic disturbance needing home supervision and treatment. A home visit brought out a history of convulsions up to the age of twelve, and morning "spells" to the present time. Re-examination in the nerve clinic followed, with the result that the patient is now in an institution for epileptics.

The other side is illustrated by a diagnosis of insanity made in a dispensary.

The patient in question had been reported to an S. P. C. C. for maltreating her children when in drunken rages. Unable to discover any trace of alcoholism the society had dropped the complaint. At the dispensary, the woman confessed to the fear that, in acute attacks, she had abused her children. The S. P. C. C. could have protected the children if the mother's mental disturbance had been discovered earlier.

The complementary nature of the two fields of work is well illustrated by the difference between prescribing braces or other apparatus and securing their proper use. A critic of the case record of an Italian family referred to on the preceding page wrote to the social worker responsible for their treatment:

I distinctly question the wisdom of putting on your blank forms of inquiry addressed to doctors of dispensaries the following question: Does patient need care which dispensary cannot give? The psychological effect of blank space after a printed question is to suggest the filling in of the answer, whether the writer has one or not. This may not have been the case with Dr. ——, but his prompt filling in of the Taylor brace led to an equally prompt ordering of it without any consideration whatever of the son-in-law's willingness to wear it or ability to get any good out of it. The son-in-law got in a huff and returned the brace later,[1] which only

[1] This brings to mind a passage in Dr. Richard Cabot's address at the National Conference of Charities and Correction (Baltimore) in 1915: "In the orthopedic clinic of the Massachusetts General Hospital we treat cases of spinal curvature. They are often aided by the application of a plaster jacket which forces the deformed chest gradually back into something like correct position. It seems like a simple mechanical problem. But it isn't, for there are people who will wear a plaster jacket and there are people who won't. To make these jackets costs something; hence the social workers in that clinic are now trying to find out in advance what people will wear plaster jackets and what people won't, as it does not pay to apply plaster jackets to people who won't wear them. If there is any field for psychological study less promising than the problem of spinal curvature, I do not know it. Yet we have obtained already a rich harvest there."—Proceedings, p. 224.

shows what a child you had to deal with. The other social agencies should stand behind the medical agencies, and do their best to get people well, whether by relief or by other treatment, but the question and answer in this particular case threw the relief out of perspective. It would be interesting to trace the actual results in individual cases of a generous "handing out" of diets, appliances, etc., on the order of doctors and nurses who were given to understand that all they needed to do in order to get was to ask.

Another medical aspect of this case which seems to have been overlooked is the statement by Mrs. E that Concetta is "not quite normal." This is made in February and repeated in March in a letter to the doctor. Work had been found for Concetta previously and work was urged for her later. Her heredity and earlier history suggest the need of a most careful physical and mental examination.

It is evident that both groups of public servants—the social and the medical—will serve the public best when they have thoroughly mastered in all its details the technique of working together. The following examples of the kinds of report that have proved helpful from one group to the other may further illustrate relations between the two:

A charity organization society was interested in a family in which the father had tuberculosis, the mother was sick also, and there were two children at home. The father was sent to the country. The doctor who examined the mother made a diagnosis of umbilical hernia, from which she had been suffering for fifteen years. She was very stout, and this fact made an operation more difficult. In response to an inquiry, the doctor sent this very clear letter:

"An operation for Mrs. J is not an absolute necessity; with a carefully made belt or truss, strangulation probably will not occur, but if it should occur wearing a truss would increase the difficulties of an operation at least 50%; of course, in case of hernia, whether umbilical or otherwise, strangulation is what every surgeon fears. If the operation was done for simple umbilical hernia upon Mrs. J, I should say the chances of her getting well were between 65 and 75%; if strangulation took place, her chances of dying would be about the above. She should not be ill longer than four or five weeks and she should be able to be back at work in about eight weeks."

This statement made it possible to do two things. First, to help Mrs. J to make a deliberate choice of operation or no operation. She chose the former, and says now that she has not felt so well since she was a girl of sixteen. Second, it enabled the society to secure without difficulty the necessary relief and care for the children. The doctor underestimated the period of convalescence, but it was easy to extend a plan well started; it is going to be increasingly difficult to launch one that is vague and formless.

A doctor who had been inclined to regard social diagnoses as a fad received the following letter from a charity organization society:

"Mrs. K has promised to go to the dispensary on Monday. Mrs. K has three

children, aged nine, seven, and six. She had a miscarriage between the seven and six year old. Her husband was a drinking man and very brutal to her. She was injured (lacerations, she says) when her second child was born. When the youngest was only four days old, she was up and moved, with a severe hemorrhage as a result. She left her husband several times, and finally two years ago she sent him away for good and all. Since that time she has supported herself and the children in various ways. Last fall she took the apartment where she now is, $16 a month, and worked at the —— factory days and at home nights sewing. For days at a time, she would work until 1 or 2 a. m., then get up and go to the factory at seven. She has had trouble with varicose veins, backache, and general bearing down pains. Her head and eyes have bothered her also. She has had no regular physician, but was told at the —— Hospital that she had a tumor. We are planning to pay her rent for a few months and see how she makes out on dressmaking. Her flat is pleasantly situated and seems fairly good. The kitchen is in the basement, and four rooms (one inside with double doors into the parlor) are on the first floor. They have a good bathroom."

The doctor copied most of these statements into his medical record. It should be added that the social worker who wrote the letter had had the benefit of a short period of observation in a hospital social service department, to which she had gone to study ways of strengthening the relation between her own work and that of the medical agencies.

With the new interest in public health, and the developments of public health departments of the modern type, there should be many ways in which the non-medical social agencies and these departments can be of service to one another. The New York Charity Organization Society, for example, reports service from the city's public Health Department in the following ways:

Department nurses give prenatal care to prospective mothers, and frequently persuade unco-operative mothers to take their babies to the Infants' Milk Station for examination and advice about proper feeding. Special examinations for workers in restaurants and laundries are given. In homes where there are contagious diseases, nurses visit and report needs. In the summer, when many persons, both children and adults, are sent for fresh air outings, the Health Department is depended upon by the Charity Organization Society for many of the required physical examinations. Photographic copies of records in the Bureau of Vital Statistics are frequently obtained. The Department effects forcible removal of tuberculous patients in infectious condition and forces unco-operative patients, who have been told to return sputum for examination, to do so. It maintains a special clinic for venereal disease, making blood tests whenever possible. The Board of Health maintains a special class for children having rickets, a whooping cough clinic where serum is administered, and dental clinics for school children. It reports conditions in two-family houses which do not come under the supervision of the Tenement House Department. It inspects lodging houses and attends to the segregation of tuber-

culous patients found in them. One of the greatest helps from the Health Department comes from the daily receipt by each district office in the Charity Organization Society of the contagious disease bulletin and also the receipt of the monthly bulletin. The Health Department is also helpful in giving information about midwives, as from this department midwives' certificates are issued. As the tuberculosis clinics connected with the Health Department use the Social Service Exchange of the Charity Organization Society, it is always possible to know when a clinic is interested in a family known to the society.

III. SOCIAL RESPONSIBILITY FOR EARLY MEDICAL DIAGNOSIS

Medical authorities are agreed that any way by which medical diagnosis could be had earlier than at present would add materially to the number of cures. It is at this point that the non-medical social worker might easily hold a strategic position, by cultivating a watchful eye for the possible indications in family and current history, in personal appearance and in mental attitude, of those physical and mental breakdowns that happen to have been preceded by social breakdown. The non-medical worker, if he is wise, will never attempt to make a medical diagnosis, even of the most tentative kind, but he will utilize promptly every opportunity to bring together the possible patient and the expert medical diagnostician. Early diagnosis is a very important element, for instance, in the cure of syphilis, cancer, stomach ulcer, and lead-poisoning, while the prevention of infant blindness is a matter of hours not days. This is no plea for a general interest in health campaigns, which is almost universal and often most in evidence in those very family agencies that are neglectful of their opportunities to cure and prevent in the individual case. The important thing to emphasize here is the daily exercise of our interest by leaving no stone unturned, by making the concrete application in the detailed work of whatever kind for which we stand responsible to the community.

Comment on one of the case records of a large family agency reads as follows: "Visitor has certainly shown patience and sympathy, and has tried to align all available sources for relief. Is it not possible, however, that time and money might have been saved if a careful examination of the man had been made at once, instead of trying for two months to help him get work which he was physically unable to do?"

"I remember with shame," writes a supervisor of case work, "a case that I had myself years ago where a man who was thought to be very lazy really had intestinal

tuberculosis. In these days a good many case workers would be quick to see the possible significance of symptoms such as his and would arrange for a medical examination promptly, but there are hundreds of others all over the country who would not. We cannot emphasize too strongly, it seems to me, the importance of securing medical examinations in all doubtful cases, as one of the most important principles of social treatment."

A charity organization society secured surgical care for a woman whose health had been injured, according to the society's record, by running a foot machine in a factory. As soon as she recovered she returned to the old job, where she could make good wages, and her daughter was permitted to start at the same kind of work.

Any list of the particular things relating to health that are to be kept most in mind by the non-medical worker will change yearly with the rapid advances in medical knowledge and with the equally rapid gains in the public control of disease. Since the preparation of this book was begun, there has been a marked change in the matter of workmen's compensation (to take an illustration that is both industrial and medical), but the responsibilities and awkwardnesses from which these new compensation laws have released the social case worker will enable him to make his work for individuals tell all the better in the allied field of occupational disease.[1] Social case work will continue to show, in its future development, this frequent throwing off on the one side and annexing on the other. To those who may be tempted to complain that too much is expected of the social case worker, this is the answer. His task contracts in a cheering way only as he deliberately extends it in directions that are carefully chosen and then steadily advanced.

Owing to the rapid changes just referred to, not even the most tentative list of health matters to be kept in mind by the social diagnostician can be given here, but medical men are beginning to write for social workers, and their statements should be studied carefully at first hand. There are excellent manuals relating to tuberculosis, and recently we have had a Layman's Handbook of Medicine prepared "with special reference to social workers" by Dr. Richard C. Cabot,[2] in which, among many other things of use to us, he is at pains to name those diseases in which, owing to the

[1] For illustration of the type of case work still needed in the compensation field, however, see Chapter XII, Employers and Other Work Sources, p. 248.

[2] Cabot, Richard C.: A Layman's Handbook of Medicine. With special reference to social workers. Boston, Houghton, Mifflin, and Co., 1916.

importance of past history in their diagnosis, the social worker can be of especial service.

IV. METHOD

It remains to gather up, from notes made in the course of case reading, such criticisms and suggestions with regard to the relations of case workers to Medical Sources as will possibly help to strengthen social diagnosis on the health side.

1. Ask for Prognosis. It is not enough to learn the name of our client's disease; even more important are the medical predictions as to duration and probable outcome—the physician's prognosis. We should also be at great pains to learn what social treatment will hasten recovery and what will help him to avoid a recurrence of the trouble. In this way the medical prognosis may become the cornerstone of the social diagnosis.

2. Economize Resources. This lesson is needed at every stage of treatment and in the use of every source of information, but it is especially needed at this point by workers in the larger cities, for in these Medical Sources multiply very rapidly, and are sometimes consulted wastefully and heedlessly by the social agencies. The very willingness of doctors, hospitals, and dispensaries to serve is a temptation to the social worker. They should be consulted freely, of course, but should be chosen with care, and for better reasons than the social worker's own convenience. A knowledge of the special facilities and the limitations of medical agencies in the worker's own city is essential; and once consulted, these should be utilized to the full; should be given the benefit, that is, of whatever is known already, and should be given a free hand to make as complete a diagnosis as possible. The medical diagnosis given with encouraging promptness is not always the fullest or the best, and social workers should have a special respect for the physician who hesitates to pronounce judgment hastily.

Nowhere, perhaps, can the scientific axiom, "observations are not to be numbered but weighed," be more fittingly applied than to the following of medical dicta. The testimony of one physician who knows is worth the testimony of fifty who do not know. We should discourage the needless multiplication of Medical Sources, therefore, by consulting, at whatever cost of time and trouble to

ourselves, the very best available, and then should abide loyally by their findings.

In the small community, even the mediocre specialist may not be available for mental and nervous examinations, and it may devolve upon the social workers there—little fitted as they may feel themselves for the task—to interest one of the younger doctors to make special studies in this field. Many similar gaps remain to be filled; there are communities in the South where no physician has any special knowledge of the treatment of pellagra, and others, both North and South, where, even now, no expert diagnosis of a case of tuberculosis can be had.

But in the city of many physicians and medical agencies, how shall we discover who are the best available? Often doctors have been consulted before the social agency appears upon the scene, and it is necessary to turn to medical judgments already formed and to act upon these. Consequently it will sometimes be necessary to make inquiry about the standing of the doctor in a given case among his own fraternity. The etiquette of the social worker's relations to a reputable but relatively incompetent private physician who is in charge of a difficult case requiring the best diagnostic skill has yet to be worked out, but the patient's interests demand a not too easy withdrawal from a situation which calls for both tact and persistence. It is disheartening to read in social records—even in those showing the deepest concern for the welfare of the client whose treatment is recorded—entries of hasty and contradictory opinions given by doctor after doctor, hospital after hospital, with blind faith in all on the part of the recorder, and with no consciousness of failure, apparently.

Dr. Cabot comments upon a social record submitted to him as follows: "The lack of medical co-operation, that is, lack (in the first place) of ability and (in the second place) of frankness on the part of the doctors concerned in the Boyle-Carey family, has been pointed out by various of our social workers at the Social Service Department, and doubtless by many others. But the point that I want to make about it is this: It may very well have been impossible to secure adequate medical co-operation, and the workers on the case may therefore have done everything that could have been done to avert the evils that came from the lack of such co-operation. *But* it is not at all evident that the workers were themselves aware that they were being checkmated and put on false scents so frequently owing to the shortcomings of the doctors. When a person is quite unavoidably balked by such means,

it seems to me that the records should show some indication of his rueful awareness thereof, just as, when a surgeon tells a patient that he should be operated on and the patient refuses, the surgeon is careful to make it clear in his record that the subsequent disasters are not his fault but are due to lack of proper co-operation."

3. Seek First-hand Information. This also applies elsewhere, but when the statements are as technical as medical diagnoses and prognoses are likely to be we must guard this point especially. In the gathering of medical evidence we must avoid both oral and second-hand reporting, whilst using every possible device that will save the time of the physician and his busy hospital and dispensary assistants. The written diagnosis is no substitute for a personal interview with the doctor, in which his suggestions as to social treatment and his fuller statement as to prognosis are procured; it saves many misunderstandings, however, and should not be omitted. The secretary of a state commission for the blind now asks for a written statement of diagnosis, and, when this is refused, indicates on the record that the diagnosis came by word of mouth only.

It will not always be possible to follow this rule, but it is quite possible to foreswear the gathering of medical information by hearsay. To ask a patient what the doctor said about his condition and write down the answer is to quadruple the chances of error, for the doctor may not have told him the whole truth, fearing that it would unduly alarm him; the patient may not have understood what was said; he may not remember accurately; or he may have reasons of his own for not telling all that he remembers. Some one or more of these objections applies to all evidence at second hand, and its use when the source is accessible is a sign of faulty technique.

A worker in a child-placing agency heard a rumor that Mrs. B, with whom twins had been placed to board, was tuberculous. Accordingly, fearing for the health of the agency's charges, she telephoned the charity organization society's district secretary, who had known Mrs. B. The secretary stated that Mrs. B had been treated at a certain hospital three years before for tuberculosis and that one of her children had had tubercular glands. Knew nothing more recent of physical conditions, but felt there was absolutely no danger at this time. Agreed with child-placing agent that it might not be a good place for a long residence. The twins were removed from the home immediately, though, save for Mrs. B's health, it was a suitable one.

A case reader comments upon the record of this treatment as follows: "I find fault with this action, first because the hospital record was not consulted, and second, for the unsound deduction that the home might be safe temporarily but not per-

manently. If the woman was in an infectious stage of the disease, there was danger to the children during every minute of their stay with her; and if she was not, they could stay with her indefinitely provided she was examined from time to time."

4. A Medical Diagnosis Should Have a Date. The illustration just given serves to emphasize the further point that physical and mental conditions change, and that a diagnosis of six months ago must be brought up to date before we can safely make it the basis of social action.

5. Beware the Medical Opinions of the Non-medical. It is only natural, perhaps, that non-medical social workers who see much of sickness should not only become alert to its signs and symptoms—this much they should always be—but that they should also begin to pride themselves upon this alertness, and air their views of matters strictly medical. "There is nothing," writes a hospital social worker, in commenting upon a group of case records in which this tendency appears, "that will more quickly antagonize a physician than for the social worker to make even a suggestion of a medical diagnosis. The more medical training one has, the more cautious one grows about this." We should be at great pains to give the doctor any social facts that seem to be significant, but we should spare him, in so doing, our medical guesses. Otherwise, we are likely to find in him, at the very moment that we most need an open mind, a closed one.

A medical-social worker says of her instructions to new assistants, "I always caution them, in asking a physician to examine a patient, not to make a diagnosis. For example, instead of taking a child to the doctor and saying, 'I think Johnnie has adenoids,' say, 'Johnnie sleeps with his mouth open. Is there any obstruction in his nose?'"

A nurse records that a certain woman is "extremely thin and delicate looking;" a non-medical social worker describes the same woman as "thin and consumptive looking." This last term should not be used until after a physical examination.

A district worker in a charity organization society sent a girl to a nerve clinic with this memorandum: "Mary has a delusion that she is pregnant." She was found to be three and a half months pregnant and a shocking condition of neighborhood immorality was unearthed by the discovery.

6. Doctor to Doctor Is More Frank. The Hippocratic oath[1] is now interpreted more broadly than formerly, and doctors are often

[1] It may interest social workers to know the exact terms of the Oath of Hippocrates. They are as follows: "I swear by Apollo the physician, and Aesculapius and Health [Hygeia] and All-heal [Panacea], and all the gods and goddesses, that,

willing to give information, in confidence, to social workers whose use of it clearly will be not only social but for the best interests of the patient. As court procedure becomes more and more socialized, physicians will probably be more willing than now to place their information at the service of judges, especially in cases involving the welfare of children or the protection of the community. As social work is more skilfully done, they will treat social practitioners with a still larger measure of confidence than at present. Meanwhile, social workers must recognize that, in difficult cases, doctors who do not know them well or understand their methods of work and are therefore unwilling to give them information are more likely to deal frankly with doctors who do understand and who are enough interested to act as intermediaries.

The social service department of a dispensary sought the report of a diagnosis made three years before by a large public hospital, explaining that it might throw light on the problem of present treatment. They received promptly a diagnosis of "pelvic disturbance." But the dispensary doctor who was treating the case, by communicating directly with the hospital later, secured a diagnosis of "venereal infection."

The secretary of an agency for the care of girls reports that she always prefers to get a medical opinion, especially in perplexing cases, through a wellknown physician who is an active member of her directorate. One letter sent by the head of an

according to my ability and judgment, I will keep this oath and this stipulation—to reckon him who taught me this Art equally dear to me as my parents, to share my substance with him, and relieve his necessities if required; to look upon his offspring in the same footing as my own brothers, and to teach them this Art, if they shall wish to learn it, without fee or stipulation; and that by precept, lecture, and every other mode of instruction, I will impart a knowledge of the Art to my own sons, and those of my teachers, and to disciples bound by a stipulation and oath according to the law of medicine, but to none others. I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to anyone if asked, nor suggest any such counsel; and in like manner I will not give to a woman a pessary to produce abortion. With purity and with holiness I will pass my life and practice my Art. I will not cut persons laboring under the stone, but will leave this to be done by men who are practitioners of this work. Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption, and further, from the seduction of females or males, of freedmen and slaves. Whatever, in connection with my professional practice or not in connection with it, I see or hear, in the life of men, which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret. While I continue to keep this Oath unviolated, may it be granted to me to enjoy life and the practice of the Art, respected by all men, in all times! But should I trespass and violate this Oath, may the reverse be my lot!"—Genuine Works of Hippocrates, trans. from the Greek by Francis Adams, Vol. II, p. 278–80. New York, Wm. Wood and Co., 1886.

institution for the feeble-minded in answer to the inquiry of this physician is as follows: "It appears that —— is about two years behind in school work, perhaps a little more, but her defect seems quantitative rather than qualitative, and I do not believe that she is defective enough to warrant her commitment at this time. I told the young lady who brought her that I thought the problem would have to be worked out further before anything could be done. Her responses to the laboratory tests were not convincing, but she has the natural feminine subtlety and reticence, and I do not believe that a single examination would begin to map out the entire field. Should her dishonest habits continue [the girl had been stealing money] she might be committed to the reform school, and there they would have the opportunity and are properly equipped to make a thorough study of the problem."

7. Careful Reporting Wears Away Prejudice. An unco-operative attitude on the part of physicians, where the social worker needs their help in securing social action (whether in individual cases or in other ways), can sometimes be accounted for by the inability of the non-medical social worker to make his daily contacts with Medical Sources as helpful as they should be. Written summaries of the social side of any case reported for diagnosis or treatment are aids to this, provided they are accurate, clear, and without irrelevant detail.

Dr. Adolf Meyer, in commenting upon the same record that was submitted to Dr. Cabot,[1] points out the shortcomings of certain medical reports in the case and adds: "They probably also never had a written summary of the type of the one sent Mrs. Scott [superintendent of the girls' reformatory]. . . . Now a consulting alienist such as was to be appealed to would really have been unjustified in making a far-reaching estimate without such documents or copies of documents."

A critic of this criticism submits that, while it is well to present a written social summary, the doctor does not always read it. A better way, according to this second critic, would be to make a report orally to the doctor, to interest him in the material that the social worker has to give, and then hand him the written summary before leaving. At the time, it might mean little to him, but two months later, when he knew his patient better, some part of it might mean a great deal.

When a Medical Source has been helpful in a given case, it would be well worth while to report briefly to that source later in just what manner the help had furthered social treatment, thus strengthening the relations of the two kinds of work at their point of intersection.

8. Miscellaneous Suggestions. The following suggestions as to the detailed use of Medical Sources need no illustration:

[1] See p. 214.

To establish the identity of a record or of a patient in a large hospital the name or number of the ward, and, in large dispensaries, the number of the patient's dispensary card, will be found useful.

The lodge doctor can frequently give some medical report and other information about the men of the family. This is especially true in foreign families, where it often happens that no other physician has been consulted.

Medical records sometimes contain non-medical information of value. New York hospitals, for instance, record the names and addresses of the two nearest relatives or friends of the patient. A tuberculosis sanatorium, by recording the name of the person responsible for the payment of board, helped a non-medical agency to discover several years later a co-operative relative. One hospital record brought to light the approximate amount and the whereabouts of money in bank.

The physician who has treated some family regularly for years is able to throw light on other home matters than the health of its members. At times of sickness and death relatives appear who have not been heard of before, and the family doctor is in a good position to estimate the depth of their interest, as well as the closeness of the bond within the immediate family group.

SUMMARY OF THIS CHAPTER

1. So marked is the emphasis now put upon data about health and disease in nearly all forms of social case work, that any failures of Medical Sources as witnesses stand out in bold relief. These failures fall under the three heads of (1) non-social attitude; (2) conflicting diagnoses and prognoses; (3) faulty medical records.

2. Parallel failures should be noted in the witness of social work sources to the medical profession. Conflicting diagnoses and prognoses are even more common in social work than in medicine.

3. The two types of data—social and medical—are complementary. It follows that social workers might hold a strategic position, were they better equipped to recognize and report upon the early signs of impending physical or mental breakdown. Earlier reporting of these signs would add materially to the number of cures. It is impossible to overstate the importance of cultivating a habit of awareness at this point, of being alertly watchful for the more obscure signs of breakdown.

4. In all relations with doctors, hospitals, etc., we should

(1) Ask for prognosis as well as diagnosis, for the probable duration and outcome of the disease, and for ways of helping to hasten recovery and avoid recurrence

(2) Economize medical resources, by selecting the best sources and using them to the full

(3) Seek first-hand information, and not depend upon hearsay statements of "what the doctor said"

(4) Note the date of a medical diagnosis before making it the basis of social action

(5) Beware the medical opinions of the non-medical

(6) Seek the mediation of a physician in securing important medical information not otherwise procurable

(7) Report with special care the social side of medical cases.

CHAPTER XXII

DESERTION AND WIDOWHOOD

THE situation of the mother whose children have been deserted by their father and that of the widowed mother with children present some superficial resemblances. An early stage in the development of social treatment—one dominated by emergencies and by surface symptoms—usually leaves the two situations undifferentiated. That they present different problems is shown by the two questionnaires which follow.

State laws relating to the apprehension and punishment of deserters are so varied that no questions are included with regard to extradition, trial, suspension of sentence, probation, reimbursement of family during imprisonment, etc. It is assumed here that the social worker knows the state law or city ordinance bearing upon desertion and intends to confer with the public officials or private agencies most interested in its enforcement.

For re-enforcement of the position frequently taken in these pages that single disabilities cannot be treated as ultimate causes, and that they cannot be understood even in one case without reference to the factors behind and those entering into their manifestations, attention may be called to the desertion case summarized on page 140. Even the finding of a deserter, which is the first step in his treatment, of course, can be expedited by the attempt, from such data as are at hand, to understand him.

DESERTED FAMILY QUESTIONNAIRE

This is not a schedule to be filled out nor a set of queries to be answered by a social agency's client or clients. For an explanation of the purpose of these questionnaires see p. 373 sq.

A star (*) indicates that the answer to the question may be found in, or confirmed by, public records.

The questionnaire regarding Any Family (p. 378) precedes this one. Its more general questions are repeated here only in rare instances, when it has seemed necessary to give them special emphasis.

1. What steps, if any, have been taken to make sure that the husband is not in the immediate neighborhood and in communication with his family? That he is not in some hospital unidentified? That he has not been arrested and sent to

the house of correction or some other institution? Or that he has not gone away to seek work with the knowledge and approval of his wife? What is the wife's reputation for trustworthiness?

2. If it is clear that the desertion is genuine, what steps have been taken to trace him? Has his picture been obtained for purposes of identification? Have out-of-town and in-town relatives and friends been consulted? Or his last foreman, his fellow workmen, etc., or his neighborhood cronies, and the keeper of the saloon, if he frequented one? Or any benefit societies and trade union to which he may have belonged? Have army and navy enlistments been consulted, or the police?

I Circumstances of Present Desertion

3. When did the husband last desert? What steps on her own initiative has his wife taken to find him? What steps with the help of others, and of whom?

4. What is the wife's statement as to the immediate cause of his departure? As to her knowledge or inference with regard to his intention? As to his present whereabouts?

5. Has he ever been in other cities? Which? Has he ever expressed a desire to visit any special place? Is it likely that forwarding of mail to him has been arranged for at the post office?* Does he speak so little English that he would probably be found in the foreign colony in whatever city he went to? What languages does he speak?

6. If husband's whereabouts is known, what is his statement of the cause of his desertion?

7. What do relatives on each side, friends, fellow employes, and other references give as probable causes of his desertion? What bias have these different witnesses?

8. Was wife pregnant at time of desertion?

9. What was husband's employment at time of desertion? If none, causes of unemployment? How long had he been out of work?

10. Have any facts that explain the desertion come to light? Was there a special burden of debt, including installment purchases? Or was husband in danger of arrest for some dishonesty? Are any earlier criminal acts on record?* Is there any evidence that he is mentally abnormal or nervously unstable?

11. Did he take money (if so, how much) or clothing with him? Did he have savings? Where did he get the money to go with? Did he leave any personal or real property or money in bank? Has the wife any property?

12. Since he left, has he sent money or other supplies to his family? How much? Date of last remittance? Date and postmark of last letter?

13. If his whereabouts is known, is he at work? What are his earnings? Is he living with another woman?

14. Has the wife sworn out a warrant for his arrest?* (In some places a warrant cannot be had until the husband's whereabouts is known.) What is her attitude

toward jail sentence, probation, separate support, or reconciliation, and is this attitude likely to be a stable one? What other plans has she for the immediate future?

II Past Desertions

15. How many times has husband deserted his present wife before? How long after marriage did he first desert? Length of each period of desertion? Intervals between desertions? What events led up to each? Is there any long interval between births of the children next to each other in age that may be due to prolonged separation of parents?
16. Where did he go on previous desertions? How did he go—by freight, tramping, or paying his way? Did he get work elsewhere? Did he send money home? How much?
17. In each desertion, what action, if any, was taken by the wife, by the courts,* by public* or private charity, and with what results? How was the wife supported in his absence? What effort was made to develop his sense of responsibility for his family after his return?
18. Have there been any arrests for non-support?* If so, with what results?*
19. What were the circumstances of each return? When persuaded to take her husband back, what outside influences, if any, led to the wife's action?

III The Husband's Early Life

20. What were the general conditions of the husband's early home life? What was his home training? Was he indulged or unduly repressed? Did his father and mother fulfill their responsibilities? Did either show evidence of physical or mental defect? Did his father ever desert or fail to provide for his family?
21. Did the husband have any institutional training as a boy? Of what nature? For how long?
22. Did he earn before leaving school, either by selling papers, doing errands, or otherwise? Any truancy or other signs of a roving disposition during school life?
23. What was his age and in what grade was he when he left school? Did he go to work immediately and work regularly? If not, was it because he preferred to loaf? How often did these loafing periods come and how long did they last? Did he show a tendency to wander from home then?
24. What were his amusements in childhood and youth?
25. What employment or employments did he choose? What opportunity for development did they offer?
26. Did he, before marriage, turn over his wages to the family?
27. When did he leave his parents' home? Why?
28. Did he ever serve in army or navy?*
29. Was he ever married before? Was it a legal marriage?* Was he then a deserter or arrested for non-support?* Has he children by another marriage? What are the relations between these children and their stepmother?

IV The Wife's Early Life

30. What were the wife's early home life, education, and training? (For details that apply, see The Husband's Early Life, 20 to 29.) On what terms is she now with her own people?

31. Did she have any training at home or school to prepare her for making a home?

32. Did she work before marriage? If so, at what and under what conditions?

33. Had she been previously married?* If so, what children had she by that marriage and what have been the relations between them and their stepfather?

V Their Married Life

34. How did husband and wife meet? What was age of each at present marriage?*

35. When (exact date), where, and under what circumstances were couple married?*

36. Is marriage legal? If married by religious ceremony in the old country, is it legal here? Has either a husband or wife living from whom no divorce has been obtained? (In the treatment of desertion cases it is especially important to have some legal proof of the marriage.)

37. Did marriage take place because wife was pregnant? If so, was marriage forced upon husband? Were there any other unusual circumstances?

38. At time of marriage, did either husband or wife have any money saved? How was it spent? Did they buy furniture on the installment plan? What was their income when first married? Rent? Character of neighborhood in which they began married life? Was the home better or worse than either had been accustomed to before marriage?

39. Have they ever lived in furnished rooms?

40. Have they ever lived with their relatives? Have any of their relatives ever lived with them? Have they interfered in the home? What are the characteristics of the relatives who have been most closely associated with the family?

41. Have the family taken lodgers or have any other outsiders lived with them? Men or women? What have been their relations with the husband? With the wife?

42. If foreign born, did man precede his family in coming to this country? How long? Have differences in degree of Americanization influenced the home life? (See Immigrant Family Questionnaire, p. 387.)

43. What striking differences, if any, between husband and wife in age, race, nationality, religion, education, or personal habits? Have these differences led to disagreements and family dissension?

44. What was husband's occupation when living with his family, and his average wage? Was it enough to maintain a decent standard of living? How did his wage in the last position held compare with his maximum wage? If lower, what was reason? How did work done compare with that done at his best?

45. Was his work seasonal or otherwise irregular? Did he always work when he could get work?

46. What proportion of his wages did he give family when working full time? When working part time?

47. Has wife worked since marriage? At what and for what wage? What has been effect on her health, effect on man as a wage-earner, on home and children? What arrangement was made for the care of the children in her absence? Did she consider work a hardship, or prefer it to confinement to home duties? What are her capabilities as a possible wage-earner?

48. What is the health record of husband? Of wife? Has either any physical or mental defects? Has either deteriorated markedly since marriage? Has either been intemperate or given to the use of drugs? (See Inebriety Questionnaire, p. 430.)

49. Has either husband or wife been immoral? Given to gambling, betting, or any form of dishonesty?

50. What are husband's personal characteristics? Has he seemed fond of home? Of children? Or has he, for example, been lazy, sullen, penurious, jealous, or cruel to family? What is his employer's estimate of him? What were his relations with his fellow employes? If there were marked signs of bad temper at home or in his relations with shop mates, has the possibility of mental disease ever been considered?

51. What are wife's personal characteristics? Has she, for instance, a difficult or nagging disposition? Is she a good housekeeper? A good mother?

52. What signs are there that there has been or still is any real affection on the part of either husband or wife? How have they influenced one another? Or is estrangement due in large part to external things and not to their own dispositions?

53. What active affiliation with church, with clubs, etc., has either had? What usual recreations? Did family ever go on trips or enjoy other recreations together?

54. Are the children attractive and generally well cared for and well behaved?

55. What is the attitude of the older children toward their father? Toward their mother? Toward assuming support of family?

56. What is the attitude of any and all relatives toward husband? Toward wife? Toward helping in support of family or other solution? Do his brothers or sisters or his parents condone his desertion? Are any of them harboring him?

57. Is the present home detached, or is it a tenement? Are the rooms pleasant and well furnished? Well cared for? Are any lodgers or other outsiders now living with family?

58. What is the character of the neighborhood? How long have the family lived in this neighborhood? If they have recently come here, what was the character of their former home and neighborhood?

VI Financial Situation

59. What is the financial standing of husband's father? Has he contributed to support of his grandchildren? Has he been prosecuted for failure to do so?

60. Had family been dependent before husband's desertion? To what extent, how long, and for what causes?

61. Was relief given from public sources,* from private charities, or from relatives? Or had they received free transportation? What had been effect of aid on the husband? On the wife?

62. Is family now dependent? On whom? To what extent? What is the attitude toward the present situation of those who have assumed any part of the financial burden?

63. What is the total family income? Family expenditures? (See questionnaire regarding Any Family, Financial Situation, 26, 27, p. 380.)

64. Are the wage-earning members of family all employed at maximum earning capacity?

QUESTIONNAIRE REGARDING A WIDOW WITH CHILDREN

This is not a schedule to be filled out nor a set of queries to be answered by a social agency's client or clients. For an explanation of the purpose of these questionnaires see p. 373 sq.

A star (*) indicates that the answer to the question may be found in, or confirmed by, public records.

The questionnaire regarding Any Family (p. 378) precedes this one. Its more general questions are repeated here only in rare instances, when it has seemed necessary to give them special emphasis.

I Circumstances of Husband's Death

1. When (exact date) and where did husband die?* Who was the undertaker?

2. What was the cause of his death?* (Give exact medical diagnosis.)

3. Were the conditions of his work responsible for it? If so, what action has been taken to secure compensation? What state law is applicable to the situation?

4. Had he been physically weakened by overwork? By excessive drinking, bad living conditions, or other causes?

5. How long was he ill? What medical care did he receive? Name and address of physician who attended him?

6. Is there anything important to be noted in the inheritance—physical, mental, or moral—of the husband? Was there in his family tuberculosis, inebriety, insanity, feeble-mindedness, or epilepsy?

7. How was family supported during his illness? Were wages continued in full or in part by his employers? What were the sources of support—relatives, savings, sick benefits, wages of woman, of children, relief, other sources? Approximate amount from each source?

8. What was the amount of insurance, legal compensation, or death benefits? Amount collected by fellow workmen, contributed by employer, etc.? Cost of funeral? Amount of debts? Balance left for widow? What disposition was made of this money, and how long did it last?

II Early Life of Widow

9. What of the family inheritance of the mother (see question 6)?

10. What was the occupation of her father? Did he work steadily and fulfill his obligations to his family? Was her home a normally constituted one? If not, in what particulars abnormal?

11. Did she before her marriage live in the city or country? Did she ever have institutional care? Where? For how long? How far did she go in school? Why and at what age did she leave?

12. Did she work before marriage? Nature of occupation? Wages? Length of time employed in each place? Wages at time of marriage?

13. If before marriage she lived in another country, has she worked since coming to America? Nature of occupation? Wages?

III Married Life

14. When (exact date), where, and under what circumstances did marriage take place?*

15. At time of marriage, did either husband or wife have any money saved? How was it spent? What was income when first married? Character of neighborhood in which they began married life? Was the home better or worse than either had been accustomed to before marriage? Were they near to relatives?

16. Did they ever live with relatives? In furnished rooms? Were they separated at any time? If so, how long and for what reason?

17. Did the wife work between the time of her marriage and her husband's death? Occupation? Length of time employed? Occasion for her going to work?

18. What was the husband's occupation? Maximum wage? Was he regularly, seasonally, or occasionally employed? What were his weekly earnings just before he was taken ill? Did he pay a regular amount weekly to his wife, or turn over his pay envelope to her untouched? Was he industrially efficient? Who was his last employer? How long was he employed there? Is employer interested in the family?

19. Did the family or any member of it have relief or institutional care before husband's last illness? When? Source, occasion, kind, and approximate amount?

20. Did the character of husband or of wife change materially after marriage? Was he intemperate, vicious, or lazy? When did these characteristics begin to be manifested? Do any events explain them? What was his influence on the children?

21. Did he ever desert, or had he a court record?*

22. When did the family reach its high-water mark? What was the standard of living at that time?

23. Was this standard lowered before husband's last illness? Why? In what particulars?

IV The Transition Period

24. Have any changes in standard been made since the husband's death? Removal to cheaper rent? Children taken from school? Children put in institutions? Supply of food or clothing reduced? Lodgers or boarders taken? Have these changes been a menace to the home life and to the future of the children?

25. How long after husband's death was the first application, if any, for relief made? To what agency? Treatment by that agency and by any others that may have been called on to aid this family? Total (approximate) amount of relief given by all agencies to date?

26. How was the family supported in the interval preceding application? Insurance, relatives, savings, sick benefits, wages of widow, of children, other sources?

V Present Surroundings

27. What is the character of the neighborhood? The house? The apartment? (For detailed questions, see questionnaire regarding Any Family, 34–38, p. 381.)

28. How near are they to schools, settlements, libraries, parks, other opportunities for recreation? Where do the children play? Does the family have any recreation in common?

VI Present Family Problems in General

29. What is the widow's general health? Has she any physical or mental disabilities or defects? What is the physical and mental condition of each member of the household? If the husband died of tuberculosis, have all members of the family been examined?

30. Have any of them had, in the past, treatment by physician, hospital, or dispensary? With what results? What was the attitude of the patient, willingness to follow advice, etc.?

31. If the mother or any of the children need medical care, what is the diagnosis of physician, hospital, dispensary? What treatment or special care is recommended?

32. Is it likely that any members of the family would be benefited by removal to the country? Is there anything to indicate that the family would be adapted to country life?

33. What is the widow's character and ability? Is she moral? Temperate? Is there indication of strength of character? What resourcefulness, if any? What is her attitude toward relief, both public and private?

34. In what condition is her home and the children's clothing? Is she a thrifty housekeeper? Does she know how to select and prepare nourishing food? Is she an affectionate mother? Does she maintain discipline, especially over her boys?

35. Are the children obedient, well behaved, helpful, of good habits? Have they attended school regularly? What is the teacher's report concerning them? Are they up to the normal grade in school? What arrangement has been made

for receiving reports regarding attendance, etc., from week to week? Have they ever been under the care of a truant officer?* Have any of them been before the children's court?* If so, under what circumstances and with what results?

36. Do any of the family take advantage of clubs or social activities in schools, settlements, etc.? What is the testimony of the directors of such activities in regard to them?

37. If the family is foreign, what is the degree of Americanization? Does the mother speak English? What influence have differences in custom on her relations with the children? (See also Immigrant Family Questionnaire, p. 387.)

38. Are there other members of the household? Boarders and lodgers? What is the effect of their presence on the family life? Are any of these male adults? Are they related to the widow?

39. Does the mother plan to put any of the children in institutions? If so, what are her reasons? Or what other plans has she in detail for herself and for each of her children?

VII Present Work Problems

40. If the widow is not working, is her constant presence with the children needed? Is it good for them, or would they both gain by periods of absence? How does she spend her time? What are the work standards of women in the neighborhood who have working husbands? How much and what kind of work, if any, should she be expected to do? Would she be helped in ways other than financial by further training?

41. If employed, what is the nature of her occupation? What are her weekly earnings? Working hours, and total hours per day? Does she go out to work? If so, how many days per week and for what specific hours of the day (A. M. and P. M.) is she away from home? If she is working early and late hours, how much sleep does she get?

42. If the mother works away from home, where is each of the children under working age in her absence? Who cooks their meals? Do they get food enough and of the right kind? Who cares for them? If a neighbor does, what is her character and influence? What provision is made for care of school children out of school hours?

43. Do the children of school age help their mother at home? Do they sell papers, run errands, or do any work outside the home? If so, what are the days and hours of work and amount earned? Is the child labor law being violated?

44. What are the conditions, moral and physical, under which widow and children work? If she works at home, do conditions comply with regulations of factory inspectors?

45. Are the children of working age at work and earning maximum possible wages? Will their present occupation lead to advancement? Have they special talents to be cultivated? What are their earnings?

46. What is their attitude toward assuming family responsibility? Do they give mother full wage? Does she allow them money for clothes and spending money?

47. Is any effort being made, as younger children approach working age, to secure for them work suited to their preferences or abilities that will train them for future efficiency? What is the mother's attitude toward their further education?

VIII Income and Outgo

48. What, in detail, is the present income of the family? The present outgo? (See questionnaire regarding Any Family, 26, 27, p. 380.)

49. What does careful analysis show to be the necessary expenditure for food, rent, fuel, clothing, insurance, carfare, lunches, other items?

IX Possible Sources of Advice and Help

50. Are there relatives near at hand? Are they friendly? What plan for the widow's future do they advise? What material help can they give in carrying it out? What helps that are not material? What is their moral standing? Is their influence desirable? If they live in another community in the United States or in the old country, could the family go to live with them? Are any of them known to any social agency? If the husband was a member of a lodge or benefit society, is the man who stood sponsor for him an old friend whose advice might prove valuable?

51. Has the family attended church or Sunday school regularly? Is there any religious instruction at home? What help can the church give, either material or by supervision, encouragement, etc.?

52. Are any charities or other social agencies interested? If so, what plan do they advise?

53. Are there any other sources of information and advice as to future plans? Any other sources of material help? Friends? Previous employers? Trade unions?

Resolutions

As I write this on January 2, I can only imagine that a substantial number of you have gone astray of those resolutions you made for 2024. Just to let you know that although I did not resolve to lose weight, I did to eat better, which I managed to do yesterday at a Lancaster buffet. Oh, that's right I said better not more. Well, never mind.

For many, resolutions are an earnest attempt to do, or more importantly, to be better. We all know the biggies – to lose weight and to stop smoking. Depending, obviously upon the individual, some resolve to work less, others to

work more and/or harder. Some resolve to be more assertive, others to be less so. Resolutions run the gamut touching on all aspects of life. I suppose it is because all of us are in fact flawed, but for the most part, all of us would like to be better. My only words of advice are that when the resolutions fall by the wayside, and you find yourself at “your buffet equivalent," do not wait until January 1, 2025 to try again.

Now, although I said that resolutions differ from person to person, for lawyers there is in fact a resolution that would be of immeasurable value to all, and that is to visit and use the Baltimore Bar Library. Whether it be the economic advantage of not having to purchase or subscribe to the massive amounts of material available to them at the Library, consisting of the latest treatises (all of which may be borrowed) and an expansive collection of Westlaw databases, access to Library services that include the e-mailing of material, Motor Vehicle Searches … well, utilization of the Bar Library will enable you to concentrate more time on those other aspects of your life that you need to address.

I look forward to seeing you soon.

Joe Bennett