ADVICE WANTED

Editor of Jewish Charities.

Sir: I am writing this to JEWISH CHARITIES in the hope that I may be able to get some enlightenment as to how we may properly dispose of the cases that come to our attention in this section of the world far away from the large Jewish centers of this country. What I have to say is not by way of complaint, but out of a deep sympathy for the poor fellows who reach this section absolutely helpless. In most instances they come here as a result of their ignorance of the conditions that obtain in the South. We try to comply with the rules and regulations of the National Conference of Jewish Charities as far as is in our power. But from time to time we meet with cases that we cannot dispose of properly, and it is in the hope that someone somewhere will be able to furnish us with the advice that we need that I write this. I shall outline but three cases that have come to our attention within the past week, and shall discuss them in the order in which they appeared.

The first, a young man about 32, after a series of illnesses, among them typhoid fever, rheumatism and other troubles, decided that he would buy a picture machine and travel throughout the country so as to make a dollar for his wife and child in Brooklyn. After traveling in all parts of the country and sending his wife from time to time whatever he could he landed before Christmas in Montgomery, needing $10 to get out of the express office the materials necessary for the conduct of his business. Things did not prosper in Montgomery, so he left for Troy, Ala., from which point he showed me money order receipts addressed to his wife to the amount of $35. Again the old cry, What shall I do? My answer to him was, "What shall we do?" Work in the South of the laboring type is impossible, because the white man cannot compete with negro labor, and the white man claims he does not understand the handling of white labor. In this particular case we are trying to fit him out with a horse and wagon to buy and sell junk. But can we do the same for everyone that comes here? There are too many of them.

Case No. 2—A painter who arrived from somewhere in Cuba paying his way to this city. I applied for work to every painter in the city where I thought work could be obtained. No results. Shall we keep him or send him on?

Case No. 3—This morning a man 47 years of age, who for twenty-seven years had been a cloak operator in New York, now having rehumatism and failing sight, decided he would travel southward to see whether a few dollars could not be made whereby he could return to New York and open a little candy shop, grocery store or the like. He has been sent from city to city. I asked him for the results of his trip; his answer, "No, I have not the few dollars that I expected." He is now on his way back to New York. We cannot keep him. We are bound to send him on. Upon asking him why he did not apply for help to the Jewish charities of the city in which he lived so long, he answered that he could not, because he has one daughter of twenty and another of eighteen, who are not earning enough to keep the family together, and if he was assisted by the charities in New York his daughters' chances for the future would be ruined.

I should like to receive the advice of those experienced in cases like these. We are at our wits' ends as to what we shall do. We would love to do our work in scientific fashion and help these men to help themselves. We cannot, because the city is not a manufacturing center and cannot absorb such poor. I trust that some wise one will come to us with a solution.

B. C. Ehrenreich.

Montgomery, Ala.

Social Insurance

With Special Reference. By I. M. Rubinow. Henry Holt & Co.

Experts say poverty can be prevented. This book tells how it is being done in European countries and how these scientific methods of preventing poverty apply to American conditions. It deals with poverty due to sickness, old age, industrial accidents, unemployment, widowhood or orphanage, with Employers' Liability Laws, Old Age Pensions, Pensions for Widows, etc.

GENERAL SOCIAL SERVICE

LEON STERN
PHILADELPHIA

That I may make clear how the hospital social service for the Jewish hospitals in Philadelphia is conducted, I must preface my remarks by an explanation. The characteristic of the organization of Jewish social work is that it is a centralized organization, with each agency in a particular field in entire control of its field of work. What is known as "Federation" in Jewish social work is only a co-operation for money raising and distribution among various philanthropic or social agencies.

In Philadelphia the co-operation, co-ordination and co-relation of Jewish medical social work is effected by the General Social Service Bureau, which was organized for the purpose. When the Bureau came into existence, however, it was created to fill another need. The relief work here was purely relief, with no scheme of rehabilitation or what is now well known as C. O. S. work. Likewise, none of the Jewish hospitals had a social service department, except the Eagleville Sanatorium. The patient who was found maladjusted in health was referred by the hospital in which he was treated to the United Hebrew Charities for solution of his problem. There was no social work filling the gap between the hospital and the Charities. When the case reached the United Hebrew Charities it was handled as a relief problem, because of the lack of provision in that organization for medical case work, or social service work, as it is called by the Jewish social workers.

The General Social Service Bureau, by supplying hospital social service for the various Jewish hospitals in Philadelphia, fills two needs: First, it supplies hospital social service for these various hospitals; second, it supplies medical case treatment and family rehabilitation plans for those cases where there is illness and need for relief.

Therefore, the General Social Service Bureau, founded by the Federation of Jewish Charities to act as a clearing house for the Jewish medical social work of the city, to eliminate duplication, to co-relate and co-ordinate the work, and to aim to bring into such work the most scientific, as well as the most efficient methods, has as its particular problem the hospital social service for the following Jewish hospitals:

The Eagleville Sanatorium,
The Jewish Hospital,
The Jewish Maternity Hospital, and
The Mount Sinai Hospital.

The Executive Committee of the Bureau is appointed from the boards of the several hospitals and of the United Hebrew Charities. The work is done from a central office and in the clinics of the hospitals. There is a special worker for every hospital, except for the Jewish Maternity Hospital work, and cases referred by the social service department of the other hospitals handling Jewish cases are distributed among the workers.

As a general social service bureau for Jewish social work we are called upon to do all the Jewish medical social service of this city. We cannot restrict ourselves to the Jewish hospitals, since many of the non-Jewish hospitals handle as many Jewish cases as do some of the Jewish hospitals themselves. For example, it is noteworthy that the Jewish Hospital has only 30 per cent. of Jewish patients, while the University Hospital, the Jefferson Hospital and the Pennsylvania Hospital have each also 30 per cent. of Jewish patients.

Our problem resolves itself into the medical social service problem of the Jewish community. In order to facilitate the handling of our cases, we have established weekly case conferences with those social service departments that handle Jewish tuberculous cases. At these conferences there meet the workers of the Phipps Institute, the Jefferson Hospital, the State Dispensaries, the Jewish Consumptive Institute and the General Social Service Bureau, representing the Eagleville Sanatorium and the Lucien Moss Home.

Our first conference revealed the interesting fact that every organization present was working on every case brought up by the various workers for family rehabilitation plans. Besides the conference on tuberculous cases, there is also a bi-weekly

conference on non-tuberculous cases, at which the University Hospital, Jefferson Hospital, Pennsylvania Hospital, Orthopædic Hospital and the General Social Service Bureau, representing the Mount Sinai Hospital and the Jewish Hospital, meet. Nearly all the work of these conferences is with Jewish cases at the non-Jewish hospitals, although in our work at the Jewish hospitals themselves, our cases are both Jewish and non-Jewish. I wish to emphasize the fact that the General Social Service Bureau, in its treatment of hospital cases, sees each case through to the end of the case treatment. When relief is necessary, a social service plan is made and presented to the United Hebrew Charities and the relief plan is then carried out through that organization, unless it involves the buying of special food, diet, medicine, etc., when it is carried out by the General Social Service Bureau.

The Bureau has no funds for relief except a small sinking fund, which is always kept at the same level through refunds or by additional contributions.

The big problem of the Bureau is that of the tuberculous patient. There are two Jewish institutions for the care of the tuberculous patients: the Eagleville Sanatorium and the Lucien Moss Home. The first treats incipient and moderately advanced cases; the second treats advanced cases. There are only forty beds for the tuberculous in the Lucien Moss Home.

For these forty beds there is a waiting list of fifty-nine, the majority of whom registered two years ago; it is our problem to secure treatment for these cases. We are also making a better organized effort in the use of the State Sanatorium than was heretofore possible.

Although the Philadelphia Hospital has adequate facility for the treatment of those Jewish tuberculous that are advanced, there is a prejudice against using that hospital. We are, therefore, making a beginning for social work there, so that we can make more extensive the use of that institution by those who cannot be treated elsewhere, either because of their condition or because the treatment is not provided elsewhere. There is a well directed movement to better the social treatment at the Philadelphia Hospital, which we hope to help. It is interesting to note that a census of this hospital, taken at our request, revealed a Jewish population that averaged about 200 per diem, with 120 of these patients in the insane department.

Let us now turn to consider the bearing which the establishing of this Bureau has upon the hospital social service situation in general of this city.

To my mind, there is evident need for a hospital social service exchange for the entire community. May I raise the question whether registration alone can overcome duplication of work as far as hospital social service is concerned? It frequently happens that a number of hospital social service agencies are working on the same case. Let us take it for granted that all are registering agencies, that is, each registers all of its cases with the Bureau for the Registration and Exchange of Confidential Information. They are each in possession of the registration slip on the case, which informs them that the other hospital social service departments have also registered the case and are working on it. They are supplied with all information except the essential information as to what each hospital has done or is going to do for the patient. Different members of the same family may be treated at the same time, let us say, *i. e.*, a tuberculous hospital, a children's hospital and a general hospital. Each hospital social service department makes a medical social service plan for the family, considering the welfare of its particular patient. These plans must be different, because the illness in each case is different. This means overlapping and crossing of effort which a central bureau could eliminate.

This situation was brought up at the first meeting of the conference on Jewish tuberculous cases, when the General Social Service Bureau presented the case of a woman with incipient tuberculosis who refused to go to Eagleville Sanatorium (Philadelphia Sanatorium for Jewish Consumptives), because if she went away her sick husband would not be cared for. He was dying of epithilioma (a form of cancer) and needed constant attention. The meeting revealed the fact that three hospital social service agencies were interested. Each agency registered, but each continued

because its interest was different. One was planning to send the man to the Philadelphia Hospital, the other to the Oncologic (cancer) Hospital, the third hospital to a Home for Incurables.

One hospital was interested in the man, who had been treated there; the other was interested in the woman, because she was a dispensary patient there pending admission to a sanatorium; the General Social Service Bureau was interested in the health rehabilitation of the family because it was a Jewish family. Of course, it was not surprising that the family was confused and did not co-operate. One meeting clarified the situation and, as a result, within a short time the man was in a Home for Incurables and the woman at Eagleville. It was very important to have registration and exchange of information supplemented by exchange of work done and work in process of being done. This is especially true in hospital social service where different medical social service departments are working with different members of the same family. In medical social service, rapid and immediate action is constantly required. Quick action by individual agencies on complicated cases results in confusion and crossing in many instances. If complex cases, such as those which a number of agencies are treating the same family for different medical conditions, could pass through a central clearing house, the medical social work would be expedited and each hospital's efficiency would be increased.

There is a real need for a centralized agency through which the work which threatens congestion can be clarified. Agencies working on the same cases do not get together readily enough. I think this was reflected in the situation revealed in our conference on Jewish tuberculous cases; all the agencies present, except one, made full use of the Registration Bureau, yet each had a different problem because they were treating different patients.

A feature of hospital social service which is often emphasized, is the work which the social service agency does in finding treatment elsewhere when the hospital itself is unable to admit the patient because of lack of accommodation or because of the nature of the disease. At present it is a troublesome and lengthy process to shift a patient from one hospital to another, particularly in a case of chronic illness, such as nephritis, heart disease, etc.

A central bureau, with the authority which the individual social service bureau lacks, could overcome this difficulty of delay, and could see to it that the burden of handling such cases would not be borne entirely by some few hospitals, but that they would be distributed among all. Such a bureau could do yeoman service in making the best use of the facilities for treatment of tuberculous cases.

In our work we have brought forward definitely a problem important in case work, namely, Just how much C. O. S. work a hospital social service association should do. The General Social Service Bureau does all the case work and health rehabilitation work in its cases, because there is no other existing Jewish case work organization equipped for that purpose and, therefore, it was created to fill the need for that work.

I believe there is a decided advantage for a hospital social service association to administer relief in certain cases, such as buying food for a badly nourished family or a tuberculous family, etc., but to have the funds for that relief supplied by another organization, so that the relief feature may not loom too large. Our hospital social service never gives cash relief, or what may be construed as purely financial assistance.

The hospital social worker who sees his social problem from the medical side, has in mind the removal of the disease in order to restore the family he is treating to a normal basis through the removal of the disease. Perhaps hospital social service, representing as it does the arrival at the solution of an economic problem through a different avenue, is the forerunner of a new concept of case work.

Hospital social service gets the family at an earlier stage of the family breakdown, and often, indeed, before the breakdown occurs. Does not this indicate the possibility of a large percentage of preventive work? In like manner, the socialization of our courts, of our legal processes, will bring to the cognizance of agencies doing that work, families that are in an earlier stage of maladjustment. Is it not possible that,

in the future, these social service organizations walling about the C. O. S., the C. O. S. will eventually be a clearing house, or become departmentalized, with a department equipped for this special handling of medical social service cases?

It is a question for the future to answer. As far as Jewish cases are concerned, we have settled this question, since the General Social Service Bureau, in addition to doing hospital social service for the Jewish hospital and the Jewish patients at the non-Jewish hospitals, also functions as a special bureau for the case handling of the sick applicants of the United Hebrew Charities. The working out of the Jewish problem is much easier than the non-Jewish problem, since the former is aided by a special philanthropy applied to a particular race group possessing great social solidarity.

Hospital social service brings up the advantage and disadvantage of specialization. The specialist, such as the hospital social worker or the court social worker, is better able to attack problems which require his special knowledge. On the other hand, his disadvantage is that he considers every problem from one angle.

Where the central body, be it either a C. O. S. with a special medical social service department to co-operate with social service department of hospitals as suggested, or a General Social Service Bureau, such as we have established, linked with the United Hebrew Charities, the result will be as in our clinics at the public hospitals, where the free patient is treated in five or six different clinics—the ear, the stomach, the lungs, etc., with no co-relation, each physician treating the patient according to his own special subject without regard to the treatment the patient may be receiving elsewhere.

The hospital social service worker who depends upon doctors' diagnosis and recommendation for the social treatment to be prescribed will suffer greatly from work which is not co-related with medical work done by the other hospitals. At present it is likely that two hospital social workers of different hospitals who are working on the same patient will have a different plan for that patient, either because of differences in diagnosis by physicians treating for the same disease or because the patient may be suffering from two ailments, one of which is being treated at one clinic and the other by the second clinic. It may be necessary for the patient to go to both clinics, since each treats a particular disease.

Again, the fact that hospital social service and C. O. S., or relief work, run into each other may often be a perplexing problem, but its solution is an interesting one of the times.

The General Social Service Bureau, through its interlocking arrangement with the United Hebrew Charities, has hit upon a happy expedient which is fruitful of promise.

A future conference may develop a still better plan for hospital social service and its co-ordination with C. O. S. or case work.

NEW BOOK

THE HEALTH MASTER. By Samuel Hopkins Adams. Houghton Mifflin Co.

Not a problem story, but a story that solves many problems.

A well-to-do business man installs a doctor in his household with a view to keeping the family well instead of letting it get sick and then trying to cure it. The family consists of three generations. The doctor makes friends with them, observes conditions, and, as occasion requires, carries on informal talks with them on health subjects.

Samuel Hopkins Adams is a member of the National Association for the Prevention of Tuberculosis, and is one of the few laymen honored with associate membership in the American Medical Association. It was while making investigations for magazine articles on health topics that he became convinced of public need—or perhaps, more exactly, *family* need—of scientific health articles, written in popular style and embracing the ills and evils of the present day. He finally chose the form of "The Health Master" as the best medium. He has received many earnest and unsolicited letters of endorsement from social workers and the book has been adopted in at least one college as collateral reading "of first importance."

MEMPHIS CONFERENCE, MAY 6—8

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UNEMPLOYMENT

No strain that the charities have to undergo is comparable to the burden imposed by the existence of continued and general unemployment. The usual causes of dependence do not include the normal man, able and willing to work, and when he also constitutes a "case," hard times indeed have come for the charities. In a number of cities this situation has been reached, and the conference held on February 27th and 28th in New York on "Unemployment" touches a condition that is at present acute.

Fitting the man to the job and the job to the man has come to be looked upon as a duty of some public agency, and the failure of one to know of the other has meant great financial loss alike to industry and to labor. But when the job is not there, when industry is at a standstill or only marking time, the fitting process is practically impossible, for only one party is ready for the fray, and it takes two to make employment. We are passing through a period when the jobless man is an unavoidable difficulty.

Seasonal trades have gotten us familiar with unemployment during the dull season. The public is used to the idea of workmen idling during a part of the year; and the difficulty they present lies rather easily on the public conscience as the workingman manages to scrape together enough during busy times to last him over the slack period. But seasonal work is a distinct evil, is so recognized, and investigators are planning to mitigate the trouble that it makes. Steady employment throughout the year at a comparatively moderate salary is far better for a man physically, mentally and financially than large pay during the rush seasons, and nothing at all in between.

It could be wished that a plan might be worked out that would do away with these panics in labor. As the new currency bill is designed to prevent a money stringency, getting rid of the old superabundance at one time and shortage at another, may it not be possible to rearrange the methods of industry so that overdemand for and oversupply of labor should be rare if not unknown? Just as sudden jerks and sudden stoppage rack a machine and soon put it out of commission, so do overhours at one time and no hours at all at another help to scrap the industrial output.

In times of unemployment the value of the fraternal orders and the lodges is tested, for the troubled brother, after his union, looks to his lodge for a lift, and generally gets it. A few years ago Mr. Morris D. Waldman advanced the opinion that the growth of mutual benefit societies had prevented people from coming on the charities who, in the absence of such societies, would have had no other recourse. While the opinion was tentatively hazarded, it has not lacked confirmation, and other observers have come to the conclusion that these agencies of the people are strength to them in the hour of distress.

The burden of living through the period of unemployment, whether seasonal or occasional, should not be thrown on the workingman. A better adjustment of industry to human needs must be worked out.