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of

Committee on Examination

This is to certify that we the undersigned, as a committee of the Graduate School, have given Mary Agnes Maier final oral examination for the degree of Master of Arts . We recommend that the degree of Master of Arts be conferred upon the candidate.

Minneapolis, Minnesota

June 5 1918

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GRADUATE SCHOOL

Report
of
Committee on Thesis

The undersigned, acting as a Committee
of the Graduate School, have read the accompanying
thesis submitted by Mary Agnes Maier
for the degree of Master of Arts.

They approve it as a thesis meeting the require-
ments of the Graduate School of the University of
Minnesota, and recommend that it be accepted in
partial fulfillment of the requirements for the
degree of Master of Arts.

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June 5 1918

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THE HOME CONDITIONS
OF
MINNEAPOLIS CITY HOSPITAL CHILD PATIENTS

A THESIS SUBMITTED TO THE
FACULTY OF THE GRADUATE SCHOOL OF THE
UNIVERSITY OF MINNESOTA

BY
M. AGNES MAIER

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF
MASTER OF ARTS

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CONTENTS

Chapter I	Introduction	
Chapter II	The Children	p. 11
Chapter III	The Parents	p. 16
Chapter IV	The Home	p. 26
Section 1	Appearance of Home	p. 26
Section 2	Housing Conditions	p. 30
Chapter V	Financial Condition of the Families. .	p. 46
Chapter VI	Conclusion	9. 61

-CHAPTER I-

Before presenting the statistics gathered from my investigation, it seems necessary to explain briefly the work of the Social Service Department in the City Hospital. There are perhaps many people fairly well informed concerning the modern development of Social Service work, who do not know that some of our largest hospitals have such a department. Many, again, simply know that there is a department of Social Service connected with some hospitals, but have no definite knowledge of its work.

Case work in Hospital Social Service may be divided into three steps. First, the worker must secure personal contact with the patient while he is in the Hospital in order to secure the necessary facts for a complete understanding of his story. Second, he must prepare healthy conditions in the home before the patient goes back to it. Third, he must maintain such conditions in the home and see that the patient continues contact with the physician as long as it is needed. Before any case is closed, each of these three steps must have been completed.

From the nature of these three phases of the work, it can readily be seen that for their successful accomplishment, there must be very direct cooperation between the social service worker and the attending physician. Although this direct cooperation is always present each has his own particular work in the case, that is, the physician treats the diseased man, while the social worker treats his diseased environment in its relation to his disease.

The plan of such cooperation has had a natural development. Before people began to crowd our cities, the work of the social agencies was performed by neighbors. But the friendly family physician of the unified neighborhood has passed. The hospitals and dispensaries are now the radiating points in the health work. The physicians in the dispensaries and hospitals of today recognize that the patients need social as well as physical treatment. They insist on proper food, fresh air, bathing, sunshine and sanitation rather than mere pills and powder. It was very easy for the physician to prescribe these preventives but it was impossible for him to see that they were used. He soon found that it was necessary for him to have the assistance of a social worker, who would understand the possible effects of environment on health.

Dr. Richard C. Cabot of the Massachusetts General Hospital was the first physician to install an organized Hospital Social Service Department. On October 3rd, 1905, a nurse with some settlement experience was appointed by Dr. Cabot to investigate the home conditions of his patients to see that the treatments he prescribed were carried out, and also to connect patients who needed charitable help with the proper agency. In his book "Social Service and the Art of Healing", Dr. Cabot states that, "to make the doctor's work worth while to himself and the patient it must be done in hospitals in cooperation with someone who has time and ability to teach hygiene and to see that it is carried out, for instance, in tuberculosis, to study the home conditions and report upon their part in causing or prolonging disease, and to help modify those conditions, financial, mental, moral, which

stand between the patient and recovery".*

The entire process, including the investigation, prescribing of preventives and remedial treatment, and the follow up plan is particularly important in the case of child patients who are helpless as far as their environment is concerned, and whose future health and ideals are molded by the circumstances and surroundings of their youth.

Because of a desire to see the direct and indirect relation between environment and disease, I have investigated one hundred homes of the City Hospital child patients. I believe that the data collected and formulated into the following tables prove that, in the majority of these cases, the presence of these children in the City Hospital as patients is the logical and inevitable result of their home environment.

Before starting my study, I found it necessary to have a formulated questionnaire. So far as I could find out, no one had ever made such an investigation before; therefore it was necessary for me to make a questionnaire of my own. The child, his age and nationality, I took as the first topic in my outline. Since my investigation concerned the environment of the child, and since the most important factor in this environment is his parents, I have made them the second great topic in this questionnaire. The child and his parents make up the home, which I have taken as the third subject for consideration. The fourth and fifth topics have to do with the relation of the first three to outside factors.

* Richard C. Cabot "Social Service and the Art of Healing", p. 178

Of no inconsiderable importance in connection with the child are his disease, age and nationality. Are the children of a variety of ages, or are most of them very young? How can this be accounted for? Do parents of all nationalities bring their children into the hospital or do certain groups avoid it? The factors concerning the parents which have great influence upon the health of the child are their vital status, that is, whether they are living or dead, deserted or divorced; their financial circumstances; and certain important details concerning the mother, who naturally has a more decided influence on the child than the father has. In investigating the home, its appearances and housing conditions were considered the most influential factors. I will discuss the minor details of this questionnaire as I present my data concerning them.

While forming this outline I spent about two months visiting families and collecting all the possible material in each case. I then presented the results of my investigation of the surrounding conditions of each family to Miss Elizabeth Yerxa, Superintendent of Social Service at the Minneapolis City Hospital, under whose direction the investigation was being made. We selected in each particular case those points which were most important. All of these points, some more influential in one case than in another, were then arranged in the questionnaire, which I here present with all its details and explanatory notes:

A. Child - Name - Disease - Age - Nationality

B. Parents

I. Condition - living or dead, deserted - divorced, unmarried
with illegitimate child

II. Financial circumstances:

Occupation, income*, rent, other children; number and ages.

III. Appearance of Mother (or housekeeper)

a. Cleanliness and neatness:

1. Clean- face and hands clean, hair combed and in order, clothes not soiled in the least.
2. Slack- face and hands clean, hair carelessly done, dress (house dress) dirty.
3. Dirty - skin dirty, hair carelessly done, house dress (very often dark heavy dress) very dirty.

b. Nature:

- I. Kindness to and interest in the children.
present: mother anxious to tell of her children, shows interest in their welfare.
absent: mother not interested in telling of her children and their past, indifferent.

c. Intelligence shown by mother:

1. Manner in which home is cared for:

(a) Cleanliness and neatness

Present: Floors and woodwork clean, chairs and corners free from piles of clothes, papers, etc.

Absent: Floors and woodwork dirty,

* The income consists in almost every case of the wages and in some cases of money received from lodgers.

an accumulation of clothes, etc.
on chairs and in corners, tables
and bureaus covered with various
articles.

2. Care and attention given to children

(a) Cleanliness and neatness:

Present: Clothes clean, clothes put
on orderly, skin and hair clean.

Absent: Clothes soiled and torn,
clothes with buttons off or per-
haps child half clothed.

Skin and hair in bad condition.

(b) Manners and Orderliness:

Present: quiet, sit still and
listen or play with each other,
mannerly when spoken to, and
answer questions politely.

Absent: always talking, noisy,
rude, saucy when spoken to.

C. Home:

1. Appearance:

a. Cleanliness and neatness (Ref. B-III, c-1, (a))

b. Degrees of comfortableness:

Class A - comfortable:

rugs, good upholstered furniture (rockers
davenport, etc.), curtains, piano, good pict-
ures on wall, gas or electricity, lights with
attractive shades, fresh air.

Class B- decent:

rugs, plain wooden rockers and chairs, curtains, no piano, pictures less discriminating, electricity with plain drop cord, gas jet or old fixture with shade perhaps on only one arm, air not fresh (odor of previous meals still in home.)

Class C- bare and squalid:

barren, rugs, if present, are very torn and shattered, few chairs (one rocker and rest straight chairs partly broken), curtains (if present, in torn condition), pictures are those of relatives, friends, or old calendars or advertisements, absence of shades on light fixtures, or total absence of gas and electricity, air stifling.

11. Temperature:

warm - over 65 degrees (approximately)

cold - under 65 degrees (approximately)

111. Housing Conditions:

a. Detached house or apartment - number of apartments.

b. Location of this apartment (front, rear, story)

c. Yard space -

Size: Large (about 65% covered)

Medium (about 80% covered)

Small (about 90% covered)

Cleanliness:

Clean- lawn graded, nothing thrown around

on lawn, well cared for.

Slack- lawn has ashes and tin cans on it.

Dirty- ashes, cans, papers strewn over lawn,
weeds.

d. Apartment (or house)

1. Repairs:

Absent: Walls- paper loose and dirty, plaster
loose and cracked

Floors- boards weak, no paint or
varnish.

2. Heating:

Gas (yes or no)

Electricity (yes or no)

Coal (stove or heating plant)

3. Number of occupants in house:

number in family

lodgers

4. Rooms

Total number

Number light - (test paper can be read
in center of room at noon)

Number dark- (test paper cannot be
read in center of room at noon)

Ventilation-

Possible- windows can be opened (in-
cludes storm sash)

Impossible- windows cannot be opened
(includes storm sash)

5. Water supply:

Location- yard, apartment

Kind - well, city water

6. Bath:

Location, floor, 1,2, etc.

Hot and cold water

7. Water closet

Location- apartment, hall, yard

Used by how many families?

D. Families that other social agencies in the City have worked with:

Family treated

Name of Agency

E. Form of home in which child lives:

At home with parents or parent

Boarding home

Institution life

In order to secure a wider range of families, I have used only one child out of each family, although some of these families had more than one representative in the Hospital at the same or at different times. In this way the larger variety of families gives a better idea of conditions, for if I had investigated the homes of one hundred children, rather than one hundred homes, I should have had three or four children from a family, either far above or far below the average family, thus making my results less representative.

Aside from choosing only one case from each family, the families of the investigation were not selected, but were taken in the order in which their children came into the Hospital, that is to say, from November 1917 to April 1918.

CHAPTER II.

The first thing that strikes one in analyzing these cases is the great variety of children represented in this investigation. They varied in ages from one month to fifteen years (Refer to Table 1).

TABLE 1.

AGES OF CHILDREN

Age in Months	1	2	3	4	5	6	7	8	9	10	11	Total
Number cases	5	1	2	3	2	2	2	1	5	2	4	29

Age in Years	1	1½	2	3	4	5	6	7	8	9	10	11	12	13	14	Total
Number Cases	7	5	6	4	4	4	6	5	6	6	3	6	1	5	3	71

The greater number, seven, were one year old. In six cases the children were two years old, in six cases six years old, in six cases, they were eight, nine, and eleven years old. Again, in five cases they were two months old, nine months old, one and one half, seven and thirteen years old. Then to the other extreme, in only one case was the child two months old, or eight months old, or twelve years old. This shows that parents do not send only small or only older children to the Hospital for treatment, but send all of those who need medical attention.

These children were of seventeen different nationalities.

TABLE II

NATIONALITY OF CHILDREN

Austrian	2	American and Scandinavian	1
American	47	Jew	8
Negro	4	American and English	1
Scandinavian	13	Syrian	2
Scandinavian and German	4	Italian	2
Polish	7	Irish	1
French	1	Russian and Canadian	1
German	4	Russian	1
English and Canadian	1		
		Total	100

As Table II shows, forty-seven of them were American; that is, their parents were of American birth. If we include four negroes, the American percent^{age} is raised to fifty-one. Next in number to the Americans were the Scandinavians (thirteen), who were followed by the Jews (eight), and the Poles (seven). The other nationalities (thirteen) make up the remaining twenty-five percent. The percentage of each nationality in these Hospital cases compares closely with the percentage of each nationality in the population of Minneapolis. This shows there is practically no prejudice among any of the foreign people in the city in regard to sending their children to a City Hospital.

The variation in the size of families from which these children come is very wide. (Refer to Table III). In thirteen cases out of one hundred there was only one child in

the family and this was under one year of age. In the majority of these cases, the parents were young people who were trying to get a start in life. Thus they used the City Hospital as a means to an end. In six cases there were two children in the family under the age of eight years and in five cases there were two children in the family under the age of two years. These are the most usual cases. Again, there was one case where there were ten children in the family under the age of fifteen and another case where there were six children in the family, all under the age of six. These facts are of great significance for they mean that the wage earner of these families must make enough to support these children who are within the school age. In one case the family of ten children were under the age of twenty-two. Here the position is not such a serious one as where there were ten children under the age of fifteen, for we can suppose that two or three and perhaps four of the older children are self-supporting, and perhaps contribute to the support of the family. So the fact that there are ten children in the family is not very significant unless we have some idea of the ages. (Each case is given in Table III). For this very reason, the Hospital in making the family investigation always considers of great importance in the financial standing of the family the number of children and their ages. If in considering the ability of the families to pay their Hospital bills, we find two families with the same income and paying the same rent, one with ten children and the other with only two, the advisability of presenting a bill for services rendered is greatly influenced. No family, if it is able to pay even such

TABLE III
 SIZE OF FAMILIES

Number of children in family	Ages in Years																					
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
1	13	3		1		1	1				1			1								
2		5	4	3	1	2		6		1			1									
3			2	2	4	1	1	4			1			1	1				2			
4						1	2	1	1	1	1			1			1	1			1	
5									1	1	2		3		1	1						
6						1						1	1				1					
7											1	3	1		1		1			2		
8																	1		1			
9																						
10																1						1

(In 13 cases there was 1 child in the family and this child was under the age of 1 year; in 3 cases there was only 1 child in the family and this child was under the age of 2 years; in 5 cases there were only 2 children in the family, both under the age of 2 years, etc.)

such a small amount as two dollars a week, is allowed to get its services free, for in so doing the Hospital might contribute toward pauperizing that family.

CHAPTER III.

The parents are a potent factor in the environment of the child. The care of the child depends greatly upon the condition of the parents, whether they are living or dead, deserted or divorced or whether the parenthood is illegitimate; and in general upon their ability to provide a suitable home. The condition of parentage of these children is considered by Hospital Social Service workers of great importance in making the financial investigation of the family. Many times when the mother is supporting the family, her income is so inadequate as to warrant the family's right to receive charity services. The same is also true of the illegitimate mother, likewise of the widower who must pay someone for the care of his children. In cases, however, when the home is broken up and the children are boarded out by the father or mother, the Hospital Financial Investigator usually charges the same amount for the medical care given the children in the Hospital as they pay for the care of the children when well.

Upon investigation, it was found that in a large majority of cases (seventy-eight), both parents of the children were living. In four cases the father was dead; in one case the mother was dead; and in another, both parents were dead. (Refer Table IV).

TABLE IV.

CONDITION OF PARENTS

Living	Dead	Divorced	Deserted	Illegitimate
78	6 (Mother 1 Father 4 Both 1)	7	6	3

Again, in six cases out of one hundred, the child belonged to a family separated by desertion and in seven cases separated by divorce. In three cases the parenthood was illegitimate. Thus it is seen that almost twenty-five per cent of these children were not living under normal conditions, in as much as the relation of their parents to each other was not normal. As a result, the mothers were forced to work out (refer Table XXII, page 42) in order to support their families, and this often resulted in a lack of attention on the part of the mother to the care of her home, and, above all, to the care of her children.

I have in mind a particular family visited during my investigation. The father and mother were divorced and the mother supported her family by doing janitress work in two different buildings. Work of this character meant that the mother was compelled to leave her home early in the morning to do some of her work before the offices opened, and she had to work late at night after they were closed. She had but one hour during the day at home and this was in the morning from ten to eleven. She was the mother of five children, three of whom (three girls between the ages of nine and fifteen), lived with her in a two

room apartment. These girls were in school and had little time to prepare anything warm for their noonday meal. They ate cold lunches, generally bought in the store in cans, each day when they returned from school. A meal of this sort cannot be considered satisfactory. Not only was their nourishment inadequate, but other general health precautions were neglected. The mother's occupation gave her no time to care properly for her girls. Consequently their condition became generally weakened and one of these girls has been in the Hospital for several weeks. It was not because the mother was wholly unintelligent and careless, (it might have been due in part to ignorance), but because of the fact that she was a divorced mother with five children to support. All her time was taken in providing them with the things necessary for their bare existence.

The Social Service Department could do much work on this case. There were poor home conditions; overcrowding and damp unventilated rooms. The situation was not so critical as to warrant the belief that the family would have died shortly if it were not changed, but at the same time by bettering the conditions, the health of the family would be improved. The proper thing would have been to see that this family was moved into a better home which would be convenient for the mother to go to and from her work. They were paying high rent for this apartment, located in the down town district, and in order to make expenses they rented out a room, which meant that the family had to live in small quarters. If a place could have been found for them, where they could pay less rent and not need lodgers, who took up part of their room, the situation might have been better. This

is the preventive work Social Service should do.

Then too, the mother's hours might be changed if time were taken to explain the dangers of the situation to her employer. She might have been allowed to be at home so as to prepare the meals necessary for the good health of her children. This question of improper lunches could be in part solved by having in our public schools a system of lunches; in this way the children would get that sort of food which is best for them.

Up to this time the Social Service Department has made no effort to treat this family, but is still treating the physical side of the child. She is in the Hospital and will not go home for weeks, and preparations are being made to enter her into one of the summer camps. But when she does go home, the Social Service Department must see that the conditions under which she will live will not cause her to be a Hospital case again next winter.

Then again, in cases where the father had the child, the situation was often very bad. In one divorce case the father had two children to care for. His earnings were insufficient for him to keep up a home and hire someone to care for his children, so he left them with his mother, who was keeping a rooming house. They lived in two rooms on the first floor and three rooms in the basement. Two of the basement rooms, the grandmother said, were used as a kitchen and dining room. The rooms on the first floor were the sitting room and bed room. These children spent much of their time with their grandmother in the basement where they had their meals and where the cooking was done. Had the father and mother of these children been living together, the situation

no doubt would not have been serious. As it was, both of the children had severe colds and one had to be admitted to the Hospital where she stayed for many days with pneumonia.

In this case again the home conditions are greatly at fault. These children, running about in a damp basement become physically weak. They should not be allowed to live in rooms where the conditions are obviously detrimental to their health.

The same is true of cases where the mother or father is dead, as it is also true in the case of the illegitimate child where the mother must put her child in the care of others while she is providing for herself and her baby.

However, in cases where the children are boarded out by the parents, the situation is much more easily solved. The Children's Protective Society cares for all such cases; hence these cases should be referred to them. Improper conditions in these boarding homes for children are readily reported to the Children's Protective Society, while similar conditions in the normal home would not be so reported.

In all cases, however, the child spends most of his time with his mother or with the housekeeper of the home in which he lives, and much of his care depends upon her qualifications as a suitable mother. Is she clean, slack or dirty? Is she kind to and interested in her children? Does she show any degree of intelligence in the manner in which she cares for her home and in the care and attention given to her children?

It was found that about fifty of the mothers (or housekeepers) were clean and that fifty-five out of eighty-four kept

their children clean. (refer Tables V and VI).

TABLE V.

CLEANLINESS OF PARENT OR GUARDIAN		
Clean	Slack	Dirty
53	32	15

TABLE VI.

NATURE OF MOTHER	
Present*	Absent*
95	5

In the remaining twenty-nine cases the clothes of the children were very dirty and in many instances the children were not fully clad. Buttons were off and stockings were hanging over their shabby unlaced or unbuttoned shoes. Their hair was uncombed, and the odor about their bodies caused one to think they were badly in need of a bath.

In turning from the mother and her children to the home itself, it was found that a large percent^{age} (sixty-eight) of mothers kept their homes clean and neat (refer Table VII).

* Refer to outline page 5

TABLE VII

CLEANLINESS OF HOME

Present	Absent
68	32

TABLE VIII

CLEANLINESS AND NEATNESS OF CHILDREN

Present*	Absent*	No children Home
55	29	16

TABLE IX

MANNERLINESS AND ORDERLINESS OF CHILDREN

Present*	Absent*	No children Home
83	1	16

In thirty-two percent of the cases the homes were anything but clean. The floors were dirty; the chairs were dusty and sticky. Clothes were heaped upon the floor or pushed back under a shelf, or into an obscure closet. In two cases, the bedroom was used as a hiding place for all stray articles. In one case where the door was partly open, I could see heaps of clothes in one of the two bedrooms of the family of eight which I was visiting. The curtain in the bedroom was pulled down most of the way, so that the sunlight could not possibly enter the room.

I was told by the mother that she had six children

* Refer to outline page 6.

all under the age of six. Four of the children were in the room where we were talking. As I was about to go, I inquired for the other two children. The mother then said something in Polish to her husband, who was at home at the time of my visit, and then pushed open the bedroom door. The two children only partly dressed were sitting upon the feather bed, with dirty clothes all around them, peacefully and quietly playing with one another. The mere statement of this case suggests the probable health condition of these children. Dirt and filth breed germs, and the only wonder in this case was that only one child out of this family came to the Hospital. All of them will be suitable subjects sooner or later, if they continue living under these most unsanitary conditions.

The matter would not seem so serious if only one case were found in one hundred. In my investigation, I found thirty-two percent of the homes in just this condition. It may be that the children who came from these homes did not contract their diseases because of the filthy condition of their surroundings only, but such conditions have a direct influence upon the health of the children.

In this case again the field for improvement was large. In the first place only two of the children had shoes and their clothing was in very poor condition. The home was very dirty and the air was stifling. The mother had just left the Hospital and was unable to do much work. Her own mother had been helping with the children, while she was in the Hospital, but now the grandmother could not stay any longer for she had to go back to her work, or it would be given to some one else.

A great variety of Social Agencies could be called to offer help on this case. They really needed the help of the Charities at once. Although the husband was a good workman, he was unable to buy sufficient clothing for them at that time. The best way to treat the case would have been to send a practical worker to the family to help the mother get the home in some order (for she was unable to do much herself) and show her how to do those things which she did not understand. The condition of the house itself was not such that improvement in care would not help. The family had four rooms, one of which was a small bedroom, one a parlor which was not heated, a living room and a kitchen. This parlor should have been made a sleeping room for part of the family, for it could be well ventilated. With these two bedrooms and the other two rooms, the family could have been comfortable if the mother knew how to plan. Advice and instruction more than anything else was needed in this case.

Not only cleanliness of the home, but cleanliness of the child is necessary. (refer Table VIII) In twenty-nine cases out of eighty-four, such cleanliness was absent. The skin was dirty and the clothing looked as if it had been sewed on many of the children for the winter. They had put one dress on over another. The pores of the skin were closed to the outside air and sunshine, which are the principal factors in preserving good health.

Mr. C. R. Chambers in his paper on "The Public Feeding of Elementary School Children" gives an outline in which is classified the causes of malnutrition. Under the cause, connected with the individual as apart from social causes, is want of clean-

liness. Want of cleanliness is one factor which leads to malnutrition, a condition of the person, which makes the body more susceptible to disease.*

Although the mothers in many cases did not show much intelligence in the manner in which they kept their homes and children neat and clean, they trained their children in manners and orderliness. When spoken to, the children answered most courteously and when not spoken to, they remained very quiet. There was only one exception to this rule, and that could easily be accounted for. This impolite child lived with his grandmother, who took pride in seeing him act and hearing him talk in a more or less rude manner. This display of good manners was most noticeable among the negroes. To every question, they answered either "Yes Ma'", or "No Ma'", and if they were in doubt as to what to say, they would turn to their mothers who would tell them what to say.

These mothers are not entirely ignorant of matters which pertain to a home and the rearing of children, but they do not seem to be able to see what is essential to the child's future happiness. They need someone who does understand what is necessary to instruct them in the correct method and to see that they conform to it.

* C. R. Chambers - The Public Feeding of Elementary School Children, p. 46.

CHAPTER 1V

SECTION I

The appearance of the home may seem at first sight a question not related, in any appreciable degree, to the question of health. But upon investigation, the relation may be discovered. I will first present the facts as I found them and then discuss their bearing upon the present or future health of the child. The appearance of the home, with regard to neatness and cleanliness, has just been discussed. I have divided the homes into three classes. Class A. The comfortable class includes such things as good rugs that are more or less pleasing to the eye, good furniture, and plenty of it. Class B might be called the decent class. The different furnishings are of such a quality and in such a quantity as to make the living conditions decent. Class C, the bare to squalid class of houses, is in every sense most unpleasant to enter.

TABLE X

DEGREES OF COMFORTABLENESS

Furniture			Rugs			Curtains			Pictures			Light Fixtures			
A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	None
13	47	40	14	43	43	12	45	43	2	20	78	16	23	48	13
Telephone		Piano		Victrola		Temperature		Air							
Yes	No	Yes	No	Yes		Warm	Cold	A	B	C					
20	80	14	86	2		84	16	38	41	21					

I was particularly interested in the story of a Jewish mother whom I visited. The report was given us by different physicians that a Jewish child was suffering from chorea and was decidedly a hospital case. I found the family living upstairs in a rear house. At my rap, a small woman came immediately to the door, and pushed me back into the exceedingly dirty hall which served as an icebox for the family supplies. I talked with her for some time before she asked me to step into her apartment. She said they had once owned this house, but it was now so heavily mortgaged that they thought they would lose it. There was nothing about the house to make it look as if it were inhabited. There were three dilapidated chairs and a table in the dining room. The floors and windows were without any covering. The rooms, four in number, were very small, but the father and mother lived in them with their seven children, aged seventeen, fifteen, eleven, eight, seven, six and three years. I asked the mother if all the children were living at home. She answered my question with the following story:

"My two oldest children work and they seldom come home. They come only for their meals and then leave again. The other children go to school, but they play outside most of the time. You see, nurse, they do not want to stay in this place. It is not a comfortable home. I cannot make things nice for them."

Every word she said was true. The home was nothing more than a place to stay in over night. The story of this Jewish mother made it evident that this squalid home of her children may influence their lives and characters adversely, thus making them subjects for the united work of the physician and social worker.

This is the confession of a mother who sees the dangers of the situation. This family is an example of many that come to the attention of the Social Service Department. Many of them, as did this one, need encouragement and advice, and the guidance and attention of those trained in this special line. Illness of all kinds often finds its beginning in just such places.

This sort of problem was found in about forty-five percent of the homes in this investigation; that is, an average of about forty-five percent were placed in Class C.

Table X gives the percentage of each factor which makes up the homes of the three classes. In about half the cases (forty-seven percent) the furniture of the homes was in Class B, that is, it was in sufficient quantity and of fair enough quality to make the living conditions, in so far as they depend upon the furniture, decent for the family. In forty percent of the cases the furniture was bare, insufficient, and poor, while in only thirteen percent of the cases it was comfortable, as defined in the outline. Percentages of the different classes in rugs and curtains were about the same as in the corresponding classes in the furniture; that is, rugs Class A fourteen percent; Class B forty-three percent; and Class C forty-three percent, and, curtains Class A twelve percent, Class B forty-five percent, and Class C forty-three percent. The different classes of pictures is about what would be expected. Over three-fourths (seventy-eight percent) of the homes had pictures of Class C, twenty percent in Class B, and only two percent in Class A. Light fixtures which also add to or detract from the comfort of the home, were in forty-eight out of eighty-seven homes (more than fifty per-

cent) in Class C. In twenty-three cases out of eighty-seven, they were of Class B, and in sixteen cases of Class A.

Next, the condition of the air at the time of the visit is a factor which in the estimation of most people would have great influence in making the home more or less comfortable. The first comfort necessary before other comforts can be enjoyed is warmth. In sixteen percent of the cases this first, and from the medical view point the most important essential, was lacking. Nothing is more injurious to the health than remaining continually in a chilly room. To keep these children out of the Hospital their homes must be warm.

Not only the warmth, but the freshness of the air, is most noticeable, especially if of Class B, as it was in forty-one percent of the cases, or of Class C in twenty-one percent of the cases. In the remaining homes (or thirty-eight percent) the air was fresh and not unpleasant to breathe.

The telephone and piano are articles which help make the home pleasant, attractive, and comfortable. But these two were conspicuously absent. Only twenty percent of the homes had telephones and fourteen percent had pianos, two percent had victrolas. This last percentage is very low, for the people of this age consider a musical education almost as important as the business education.

I mention these articles, furniture, rugs, curtains, pictures, light fixtures, telephone, piano, victrola, and the conditions of the air because they help to keep the interest of the children in their homes and away from the dirty, unhealthy alleys around our poorer districts, and away from the streets

in the evening. In this way the health of the children is protected. Social agencies cannot change directly many of these situations, but most of them they can influence indirectly. They can put families on such a financial footing through advice and assistance that they can more quickly secure those things which help make a pleasant and comfortable home.

SECTION 2.

Closely connected with the appearance of the home is the housing conditions under which the family lives. We have, in Minneapolis, housing laws to protect the living conditions of all classes. Every form of home, the house, the apartment, the furnished or light housekeeping apartment, or the hotel, presents its problem, or problems.

The greater number (forty-nine percent) of these families lived in houses. (refer Table XI).

TABLE XI

FORM OF HOME

Furnished Rooms	House	Apartment	Institution	Hotel
4	49**	45	1	1

Two out of these forty-nine houses were rear houses, and two were connected houses.* The percentage of apartment

* A connected house is one which is not detached.

** Two of these are rear houses and two are connected.

homes was only a fraction smaller (forty-five percent). One child lived with her mother at an institution. One lived in a hotel, of which his father was the proprietor, and four lived in furnished rooms.

Of the large percentage of families that live in apartments, twenty-two families lived in a two family apartment and nine families lived in a four family apartment. Table XII shows the distribution of these apartments with regard to the number of families that occupy the buildings. It is interesting to note that one family lived over a brewery; three lived over stores, and one, in the rear apartment (four-family apartment) over a laundry.

TABLE XII
LOCATION OF APARTMENT

Number of Apartments	3	5	4	5	6	8	
Families	22	1	9 ^a	2	5	1	Total 40
Apartments over Store							
1-1 family apartment over brewery							
4-1 family apartment over store							Total 5
Grand Total							45

The location of the apartment within the building, that is, its location with regard to the apartments occupied by other families in the building, is shown in Table XIII.

^a One over laundry and one over store.

TABLE X11.

LOCATION OF APARTMENT WITH RELATION TO OTHER APARTMENTS
IN BUILDING

1st floor front	14	2nd floor rear house	3
1st floor rear	1	2nd floor over store front	4
1st floor front and basement	1	2nd floor over store rear	3
		3rd floor front	1
2nd floor front	16	3rd floor rear	1
2nd floor rear	2		

Furnished Rooms

1st floor rear	1
2nd floor front	1
2nd floor rear	2

Thirty out of forty-five of these families lived on either the first floor front (fourteen), or second floor front (sixteen). Seven of these families lived over stores and three out of seven to the rear. I found only one family living in the basement, and this family had two rooms on the first floor and three in the basement. The great significance of the location of the families is most evident. The lack of distribution of sunshine throughout the rooms is most noticeable. During my investigation, I found two cases where the child that entered the Hospital had been sleeping in a room where sunlight could not enter. Sunshine is one of those gifts of nature which helps to keep children healthy and strong, and, in many of these places, the sun never finds admittance.

What should be done in such cases? There are only two possible ways of remedying them. Either move the family into a better (that is more sanitary) apartment, or see that the landlord makes the conditions suitable. In the last mentioned solution the work could be taken up by the Health Department or by the ^{Housing} Committee of the Civic and Commerce Association, if the apartment did not comply with the Minneapolis laws. But under all circumstances, such situations should not be tolerated and no child should be allowed to go from the Hospital into such living conditions; and the family should not be allowed to live under such injurious circumstances, if the child were not going to be discharged from the Hospital for several weeks. These conditions mean more sickness and more people receiving Hospital care than would have been necessary had the correct preventive methods been followed.

The conditions would not be so adverse, if these children had plenty of yard space, but in most instances, such is not the case. The yard space is most limited; forty percent of the lots were almost entirely covered leaving perhaps an alley at the rear or side. These alleys were dirty, many of them covered with cans, ashes and old papers.

TABLE XIV

SIZE OF YARD		
Large	Medium	Small
14	46	40

TABLE XV

CLEANLINESS OF YARD

Clean	Slack	Dirty
34	36	30

The percent of unclean yards is exceedingly large (sixty-six percent), and the children play in the accumulation of rubbish and filth, this breeding place of the germs of many diseases. Sunshine cannot get into these alleys to dry the water and as a result the water becomes stagnant. In many cases the children are forced to play in the busy streets where they are exposed to every danger which densely populated cities present. It would be much more pleasant and sanitary for these children to be able to romp around on the grass covered lawn. But where such lawns as these cannot be, it is at least possible to have the alleys clean. All cases of filthy driveways and yards should be reported to the Health Department, no matter which social agency noticed the conditions. If this were done, there would be a decrease in the number of children made susceptible to disease.

The housing conditions, however, are of greater importance to the health of the child. Included under this heading are the conditions of the apartment proper, the repairs, the heating, the number of rooms and occupants in the house; the toilet and bath room problems, and the question of water supply.

In thirty-one percent of the cases, the apartments

were badly in need of repairs and in thirty-two percent, they were needed to a certain extent, thus leaving only thirty-seven percent of the apartments in good condition.

TABLE XVI
CONDITIONS OF REPAIRS IN APARTMENT

A	B	C
37	32	31

In many cases the paper and plaster were dirty and loose. In some instances the plaster hung so that it might at any time have fallen upon one of the occupants. In one case, I found the house unplastered and merely covered with a heavy brown paper. While I was speaking with the mother, I heard a noise which sounded as though birds were picking on the window sill. The mother explained the noise by saying that the house was inhabited by rats and mice that insisted upon making nests under this heavy paper. In this case the rats could be most injurious to the mother's feeble minded boy, a three year old, who was so helpless that he could not even roll over on the floor. Naturally the mother's attention had to be directed constantly to this child to protect it from the flea-covered rats that were so numerous in the house and in the lowlands about the dwelling. Even this mother realized in her helplessness that rats and mice were great carriers of germs. Again these living conditions should be changed.

The heating of the apartment, the second factor in

housing conditions, was accomplished in three ways - by gas or electricity, by stove heat, or by a heating plant. The large majority (seventy-eight percent) of these families have gas in their homes, but only sixteen percent have electricity. This may be accounted for in several ways. The main reason was that the most of these homes were old houses which had gas put in before the electricity was used so extensively in the home. In eleven instances, I found that the family had both electricity and gas, but the percentage was exceedingly low and in seventeen cases, I found they had neither of these conveniences. In two cases, at the City's edge, gas was unobtainable. Again, in sixty-seven homes, there was only gas in the house, and in five cases, only electricity. Tables XVll and XVlll show this distribution in a more logical form.

TABLE XVll
DISTRIBUTION OF GAS AND ELECTRICITY

Gas			Electricity		
Yes	No	Not out that far	Yes	No	Not out that far
78*	20	2	16	83	1
Both Gas and Electricity		Gas only	Electricity only		Neither Gas or Electricity
11		67	5		17* *

* Two do not use it.

** In one case gas or electricity not out that far

TABLE XVlll
SYSTEMS OF HEATING

Stoves		Heating Plant	
Yes	No	Yes	No
82	18	18	82

It is not astonishing to find that eighty-two of these families heated their homes by stoves and eighteen had heating plants, for people situated as these people are financially, cannot afford to buy the fuel necessary to keep a large furnace going. (refer Table XVlll) In a large number of these cases, the family lived in as little room as possible in order to save fuel. The presence of gas or electricity has much to do with the comfort of the home, as the matter of stove or furnace heating does also. A stove in only one room has a formidable effect on the health of the child, irrespective of its indirect effect upon the comfort of the home, for only one or two rooms could be heated and the family would have to live in this limited space. An over-crowded condition often resulted.

The subject of over-crowding leads directly to the third and fourth factors in housing conditions - the number of occupants in the house and the number of rooms occupied by them. Not only the total number of rooms, but the number of those that are dark and those that are light, those that may be ventilated and those that may not be, have been noted.

This problem of over crowding is an important one and of great significance in this investigation.

TABLE XLX
NUMBER OF PERSONS PER ROOM

Number of People	Rooms Occupied							
	1	2	3	4	5	6	7	8
1								
2	1	2	1					
3	1	3	3	4	1	2		
4		2	7	5	5	1	1	
5	1		8	4	5	1	1	
6		2	1	3	3	3		1
7			2	4	2	1		
8				3		2	2	
9		1		3	2	1		1
10						2		
11				1				

(In one case a family of two members occupied 1 room, in two cases, a family of two members occupied two rooms, and in 1 case a family of two members occupied three rooms, etc.)

Perhaps one of the worst conditions of over crowding was that of a family of nine living in two rooms. There were only two beds, one in each room, for the father and mother and their seven children to sleep in. Besides this, the windows in the rooms were so located that good circulation of air was impossible. The one bedroom they used for a living room and the other for their kitchen and dining room. Next to the bed of the children stood a large barrel of rain water which had been caught in the early fall for the use of the family during

the winter. When their pump was generally frozen, the mother used this water to wash the children with. It is little wonder with these conditions that this family had at least one representative in the Hospital all winter.

But the matter of over crowding is not present in every home, for in some cases the family had plenty of room. For instance in two cases, there was a family of three living in six rooms, a very comfortable situation, and a family of six living in eight rooms. But the crowding, as it was found, is most detrimental to the present and future health and morality of the child. The children cannot sleep well in such conditions. They are, as a result, always tired, never rested, and they become nervous and weak. In this connection also reference might be made to Mr. Chambers' outline on causes of malnutrition. Injurious sleeping arrangements and lack of ventilation are each given considerable prominence.* These cause malnutrition which makes the person more susceptible to diseases.

In the largest number of cases (eight) a family of five occupied three rooms. This would be in most cases a crowded condition, but not to the extent of complete unsanitary conditions. In seven instances families of four members occupied three rooms, some improvement over five in four rooms. Again, in five cases a family of four lived in four rooms, a family of four in five rooms, and a family of five in five rooms. These fifteen cases would, in most instances, be comfortable for in no one home was there more than one person per room. Table XIV places before us the whole situation just as it was observed.

* G. R. Chambers - The Public Feeding of Elementary School Children - p. 46.

In every case these conditions should be reported to the proper agency. The law requires that each person should have a certain number of cubic feet of air space, and where this is not conformed to, the situation should be immediately put in the proper hands. The only remedy would be to move the family, if only one family occupied the apartment, to larger apartments, or if the family had lodgers occupying the rooms they should be occupying, to see that these lodgers moved. Any medical case is not successfully treated, if it allows children to return to such crowded apartments.

The problem of ventilation and light is not to be ignored, for it has played an important part in this investigation, and its close relation to medicine and health makes it an important problem for study. I found almost one half (forty-two percent) of these families living in homes where ventilation was impossible, the storm sashes being nailed on in almost every instance.

TABLE XX

VENTILATION OF HOMES	
Possible	Impossible
58	42

TABLE XXI

SUNLIGHT IN HOMES	
Dark	Light
10	90

How can small children live and grow to be healthy men and women when they live in a room filled with foul air or live in dark rooms where sunlight never enters? Spending even a small fraction of a day in a dark room never penetrated by the sun, is enough in itself to cause a more or less weakly inclined child to become a hospital case. In ten families, I found dark rooms; in seven, I found only one dark room; in two cases I found the family had two dark rooms; and in another case, I found the family used three dark rooms.

It is the duty of the Social Service Department to report all cases of impossible ventilation, for again the housing laws demand that the storm sashes should not be nailed on. In cases where there are no windows the landlord should be forced to put windows, where they can be cut. Lack of ventilation causes much sickness.¹⁷ I was told by one mother that had she been able to swing her windows open, she would not have needed to send her son who had pneumonia to the Hospital, for the doctor told her that as long as they could not be opened, the child would have to be taken to the Hospital, because he could be saved only where he had plenty of fresh air.

Of the last three features which go to make up the housing conditions of a home, water supply, bath, and water closet, the most important for our purpose is the one last mentioned, although the others are also of importance in relation to health. I found two typhoid patients had been using well water which upon examination proved to be contaminated. When one thinks that over one-twelfth of these families might be subjected to this same misfortune, the problem becomes noticeable. C. R. Chambers - The Public Feeding of Elementary School Children - p. 46.

able and worthy of attention. Table Xkll shows that eight families had their water supply in their yards, while eighty-two percent did not.

The Social Service Department should see in all cases, where well water is used, it be examined and found suitable to be used as drinking water. In case of typhoid patients, this is always done by the Health Department. But in other cases where it is not so obviously the cause of the disease, it is not done.

TABLE Xkll
WATER SUPPLY

LOCATION		KIND			
Yard	Obtained from neighbor	Obtained from bath in common hall	Water Supply		
			Well	City	
Yes	No				
8	82	7	3	12	88

Out of this eighty-two percent, seven had no water supply and had to get their water from a neighbor either from a well or from the city water system. In three cases (in furnished rooms and apartments), there was no supply in the immediate apartment and the water was taken from the common bath room in the hall. In one instance, the water was not piped out so far.

It is a noticeable fact that eight percent of these families have no water supply. What in all possibility might this lead to? In all cases, it means that the supply of water is not handy and this causes many mothers to be slack and dirty.

Again the task of carrying this water is often placed upon the children, who are many times unable to carry the amount they are required to carry. Then too some thoughtless mothers might use, for drinking and cooking purposes, water that has been standing in uncovered pails or tubs.

The problem of the bath is significant in a more or less indirect way. Only thirty-five percent of these families had a bath tub and only ten had both hot and cold water in connection with it. (refer Table XXIII)

TABLE XXIII

Yes	No	BATH			No Sewer out that far	Hot and Cold Water	
		Location Floors				Yes	No
		1	2	3			
35	65	9	25	1	10	90	

The presence of bathing facilities makes it more convenient for the mother to bathe her children, and the unhealthy conditions which arise from uncleanness of the persons are thus avoided. This does not mean that the presence or absence of a bath tub in the house means that the children will, or will not be bathed often, but it does mean that the more accessible the bath tubs are the more likely they are to be used.

The matter of water closet distribution and use is very important. It is especially a problem of the apartment today. There are two problems which make it a question of serious consideration in the study of the health of the children.

First, the moral life of the child may be ruined and this in turn may ruin his health. Or second, he may innocently contract diseases without becoming immoral. In both connections, the location of the water closet is very important. I found that in seventy percent of the cases, the toilet was located in the apartment; in twenty-six cases on the first floor; forty-three cases on the second floor and in one case on the third floor (refer Table XXIV)

TABLE XXIV

LOCATION OF WATER CLOSET

Apartment Floors			Hall	Yard	Basement
1	2	3			
26	43	1	5	23	2

TABLE XXV

NUMBER OF FAMILIES USING WATER CLOSET

1	2	3	4	5	1 and lodgers	1 and office people	1 and hotel people
68	13	1	1	1	9	2	1

In furnished rooms

- 1 case used by 16 people
- 1 case used by 29 people
- 1 case used by 30 people
- 1 case used by 25 people

In the case where it is located in the apartment, the problem is not so serious, for it is used by the family only, and perhaps one or two lodgers. But it comes more to our attention

when it is located in the hall (five percent), in the yard (twenty-three percent), or in the basement (three percent), in which cases it is generally used by more than one family. In almost every case the number of people in ^{the} families it is used by is the matter of particular interest. The much larger percentage (sixty-eight percent) of families had a water closet which was used by them alone. Then again thirteen percent of the families used one used by two families, and in nine cases, it was used by the family and their lodgers.

The furnished apartments offer the most alarming situations. (refer Table XXV). Of the four apartments in my investigation, I found one case where the water closet was used by sixteen people, another case where it was used by twenty-five, still another by twenty-nine, and, another by thirty. It is all the more serious because first, people occupying these apartments are generally of the transient class, and second, as a rule, only small families occupy furnished apartments. This indicates that as a result unless every precaution is taken, these children will need medical care in the future.

CHAPTER V

I will now leave the problem of the home proper to present the financial standing of these families, which depends upon the wages of the members of the family (income) and rent, and the number of children in the family. By way of introduction, I might say that these people (men and women) represented a wide range of varying occupations (refer Tables XXVI and XXVII) and received a wide range of wages (refer Table XXVIII).

TABLE XXVI

FATHER'S WORK CLASSIFIED

Laborer	22	Barber	1	Tailor	1
Commercial Artist	1	Fruit Market	1	Plumber	1
Baker	1	Carpenter	1	Butcher	1
Bartender	1	Hotel Propr.	1	Painter	4
Railroad	4	Teamster	7	Elevator Operator	1
Janitor	2	Clerk	2	U. S. A.	2
Postman	1	Grocer	1	Printer	1
Salesman	2	Peddler	2		
Garage repairs	1	Factory	19	Total	81*

TABLE XXVII

MOTHER'S WORK CLASSIFIED

Day work	7	Laundry	1	Music Teacher	1
Janitress	1	Waitress	2	Stenographer	1
Factory	3	Seamstress	2	Housekeeper	1

(in 17 cases only mother worked; in 8 cases both worked)

* The remaining 19 may be accounted for as follows:
3 illegitimate; 6 divorced; 5 deserted; 5 father dead.

TABLE XXVIII
MOTHER'S WAGES

Where both father and mother work - average for mother \$25.14
per month

Highest \$40

Lowest \$15

(1 case where both worked, baby boarded out - wages of parents
not known)

Where woman only worked - - - - - Average for mother \$37.56
per mo.

Highest \$60

Lowest \$12

(2 cases where women only worked, children boarded out)

Total 25 women who worked

FATHER'S WAGES

Where both father and mother worked - Average for father \$62.43

Highest \$75

Lowest \$50

(1 child boarded out - wages not known)

Where father only worked - - - - - Average \$71.91

Highest \$125.00

Lowest \$36.00

(2 cases children boarded out - wages not known)

Number of men who worked:

Man alone	72	Divorced	6
Man and wife	8	Deserted	5
Out of work	1	Father dead	4
Illegitimate	3	Both dead	1
		Total	100

Table XXVIII shows this wide range of wages. Where both the father and mother work, the average for each is much lower than it is in the families where one or the other supports the family. Where both the father and mother work, eight per cent of the cases, the average for the mother is \$25.14 per month and for the father it is \$62.43; where only the father works (seventy-two percent) the average is \$71.81; and where only the mother works (seventeen percent) the average is \$37.66 per month.

The occupations of the mother and father were of various sorts. The majority of the women did factory work (nine cases); or day work (seven cases). However, one was a janitress, two were waitresses; two were seamstresses; one did laundry work; one did stenographic work; one was a housekeeper and another was a music teacher. There was a much greater variety of work among the men. The larger number, twenty-two, were common laborers. Nineteen did factory work, seven were teamsters, and four were railroad men and four were painters. The occupations ranged all the way from common laborers to hotel proprietors and grocers; from bartenders to U. S. Army men.

In some cases where it was possible the father and mother both worked (eight percent) in order that they might live better. But in the majority of cases (seventy-two percent), only the father worked. The mother only worked in seventeen cases. (This may be accounted for by desertion, divorce, death, sickness, etc.) (refer Table XXIX)

TABLE XXIX
OCCUPATION

Only Mother	Only Father	Both	Out of work	Mother does not work Baby young	Both Dead
17	72	8	1	1	1

In any case the important question is whether or not the family has enough to make a decent living. In the financial investigation made by the Hospital of every case this is our basis for judging whether or not the family can pay anything for the services rendered. If the income of the family is enough to allow a balance over the amount necessary for a decent living, they are charged according to the amount of the balance.* The Social Service Department follows to a certain degree the budget used by the Mother's Pension Department of the County Aid. Therefore as my basis of estimating, I used the County Aid Budget Scale for 1918. The scale is as follows:

* Other things are also considered: whether the family has back bills to pay; the possibility of the present position being permanent for a time at least.

FOOD	MONTH	CLOTHING	MONTH
Man	\$ 9.00*	\$ 3.33
Man (incompetent)	6.80*	2.50
Woman	7.20	Child 13 to 16	2.00
Woman (incompetent)	6.40	Child 10 to 12	1.75
Boy 13 to 16	7.60	Child 5 to 9	1.50
Girl 13 to 16	6.80	Child under 5	1.00
Child 10 to 12	5.80		
Child 5 to 9	5.00		
Child under 5	4.40		

FUEL

Summer and winter \$4.50 per month

MISCELLANEOUS

Women and 2 children \$3.00 per month, and 50¢ for each additional child, no maximum.

It can easily be seen how ^{small} the allowance is by figuring one's own family outgo on this same basis. One would really wonder how he could live under the allotment as allowed here. But even so, the income of some thirty of these families was not sufficient to allow the decent living this budget indicates. Table XXX shows the wide variation in the amount above and below the sum that the budget allows. The extreme limit in one direction was sixty dollars and in another seventy-five dollars. That is, one family made seventy-five dollars more than is necessary, and another lacks sixty dollars of meeting the requirements. How can these families give their children a sufficient amount of food and of clothing, especially for the winter, when work is scarce and more clothing is necessary and food more expensive? What could be more detrimental to the health of these children than insufficient food or the cheap

* From County Aid Budget, City Poor Department for year 1917.

improper food that is substituted for the more expensive and more eatable foods? One mother informed me, when asked if she was giving the baby the milk as the nurse told her, that she could get just enough milk for the baby, and the seven other children had to live on black coffee and unbuttered bread. She told me this was what they had lived on all winter. I found two families who admitted just such living conditions and no doubt others were in the same situation, but were too timid to say so. These families were Associated Charity cases. The situation of each family can be found in the following Table XXX from which Table XXXI was drawn.

TABLE XXX
FINANCIAL STANDING OF EACH FAMILY

Family	Income	Rent	Living Expenses	The amount above # and below - that allowed by County Aid Budget
1	\$60	\$12	\$66.30	-\$18.30
2	60	8	40.30	# 11.70
3	48	11	61.30	# 24.30
4	90	28	31.50	# 30.50
5	55	10	50.55	- 5.55
6	-	-	50.20	-
7	55	6	41.40	# 7.60
8	100	15	40.30	# 34.70
9	55	8	46.20	# .80
10	83	Own	71.80	# 11.20
11	100	20	42.50	# 37.50
12	40	10	65.10	- 35.10
13	-	12	25.90	- -
14	75	Own	60.80	# 14.20
15	125	15	73.55	# 36.54
16	32	8	22.60	# 1.40
17	80	23	46.20	# 10.80
18	60	36	43.40	- 10.60
19	60	18	34.90	# 7.10

Family	Income	Rent	Living Expenses	The amount above // and below - that allowed by County Aid Budget
20	80	21	\$37.00	# \$22.00
21	50	12	51.75	- 13.75
22	36	20	6.50	# 9.50
23	64	10	79.70	- 25.70
24	91	14	57.95	# 19.05
25	66	12	55.40	# 1.40
26	-	20	24.85	- -
27	80	8	40.30	# 31.70
28	60	15	40.30	# 4.70
29	85	Own	54.30	# 30.70
30	80	Own	63.45	# 16.55
31	100	10	41.40	# 48.60
32	56	10	70.40	- 24.40
33	32	28	6.50	- 2.50
34	70	10	34.90	# 25.10
35	100	20	41.40	# 38.60
36	102	15	44.80	# 32.20
37	90	50	9.80	# 30.20
38	62	10	42.50	# 9.50
39	-	-	22.60	- -
40	64	16	34.90	# 15.10
41	70	15	34.90	# 20.10
42	80	8	40.30	# 31.70
43	60	6	34.90	# 10.10
44	90	9	34.90	# 46.10
45	100	15	34.90	# 50.10
46	12	11	24.75	- 23.75
47	36	8	47.30	- 19.30
48	75	5	48.40	# 21.60
49	130	12	84.55	# 35.45
50	60	13	82.80	- 35.80
51	35	13	32.25	- 10.25
52	90	18	47.30	# 24.70
53	64	11.50	69.35	- 16.85
54	68	30	58.45	- 20.45
55	100	16	66.05	# 17.95
56	55	18	95.45	- 58.45
57	50	7	49.95	# 3.05
58	60	12.50	45.70	# 1.80
59	68	Own	64.50	# 3.50
60	66	5	93.40	- 32.40
61	148	25	46.20	# 76.80
62	82	20	34.90	# 27.10
63	75	13	76.65	- 14.65
64	66	11.50	34.90	# 19.60
65	100	20	48.90	# 51.10
66	70	9	63.40	- 2.40
67	25	22.50	26.00	- 23.50
68	54	8	77.40	- 31.40
69	40	7.50	23.70	# 8.80
70	100 clear of rent		41.40	# 58.80

Family	Income	Rent	Living Expenses	The amount above # and below - that allowed by County Aid Budget
71	\$80	\$22.50	\$34.90	# \$22.60
72	60.50	Own	47.	# 13.50
73	50	12	50.56	- 22.56
74	75	10	40.30	# 24.70
75	48	8	40.30	- .30
76	40	10 Board	39.45	- 9.45
77	75	12	66.55	- 3.55
78	1000	clear over rent	28.00	# 72.00
79	84	10	83.60	- 9.60
80	75	10	62.35	# 22.65
81	80	15	60.65	# 4.35
82	-	-	18.40	- -
83	15	3	22.60	- 7.60
84	60	5	48.40	# 6.60
85	80	Own	55.70	# 24.30
86	85	Own	40.30	# 44.70
87	64	10	43.40	# 10.60
88	66	8	42.50	# 15.50
89	50	Own	46.20	# 3.80
90	85	18	46.20	# 20.80
91	--	27 Board	22.60	- -
92	44	6	22.70	# 14.30
93	72	9	57.50	# 5.50
94	75	6	76.30	- 7.30
95	48	15	44.15	- 11.15
96	60	8	48.35	# 3.65
97	50	9	53.20	- 12.20
98	50	7	40.30	# 2.70
99	60	20 Board	32.80	# 7.20
100	70	15	54.30	# .70

It can be seen that some families are very near the amount just necessary for bare existence. In one case the family lacked only thirty cents of meeting the requirements. There were four cases where the income lacked \$25 of providing adequately for the family.

What is the significance of this? Many cases showed the result most distinctly. In one case in particular there were ten children in the family, the father was a common laborer and no matter if he worked steadily, he could not make sufficient

money to support his family. As a result, they become charity cases and will no doubt remain so for some time. In almost every family where the income falls eight, ten or fifteen dollars short of the amount allowed by this budget, it means that the children will very likely be deprived of those things (food, clothing, etc.), which make up a decent living; which means in turn they will be deprived of good health. Where such conditions exist, the family should be reported to the proper agency, in most cases to the Associated Charities.

TABLE XXXI

AMOUNT ABOVE AND BELOW THAT ALLOWED BY THE COUNTY AID BUDGET

Below the Amount Allowed by the County Aid Budget

Amount Below	\$60	55	50	45	40	35	30	25	20	15	10	8	5	4	3	2	1	50¢
Number Cases	1	2	2	4	5	3	6	2	1	1	1	1	1	1	1	1	1	1

Above the Amount Allowed by the County Aid Budget

Amount Above	\$1	2	3	4	5	8	10	15	20	25	30	35	40	45	50	60	75	-50¢
Number Cases	4	1	2	4	3	4	6	7	9	5	7	3	2	2	2	1	2	

In checking these families (taken as the cases come up for investigation in the Hospital), with the Confidential Exchange^{*}, I found that over half (fifty-two percent) of these

* Miss Margaret F. Byington, "The Confidential Exchange", p 5
 "The mechanism of the Exchange is an alphabetical index with a card for each family or unattached person known to any of the inquiring agencies. This card gives the identifying information - the names, ages and occupations of the members of the family group, names and address of relatives and names of agencies interested, with the date on which each inquired. No facts about family history or treatment are included."

EXPLANATION OF ABBREVIATIONS USED IN

TABLE XXXII

S S D - Social Service Department, City Hospital
P S H - Pillsbury Settlement House
I W S - Infant Welfare Society
V N - Visiting Nurses
L A - Legal Aid
H S - Humane Society
C P S - Children's Protective Society
W M - Wells Memorial
P S C W - Public School Child Welfare
C G M - Children's Gospel Mission
S A - Salvation Army
P S A D - Public School Attendance Department
R S - Relief and Service
J C - Juvenile Court
H D - Health Department
C P D - City Poor Department
N E N H - Northeast Neighborhood House
Unity - Unity Settlement
Monroe - Monroe School
U H S S - University Hospital Social Service
A J C - Associated Jewish Charities

TABLE XXXII

THE SOCIAL AGENCIES USED BY EACH FAMILY

Total number
of Agencies
used by each
Family

FAMILY	SSD	PSH	IWS	VN	LA	HS	CPS	WM	PSCW	OGM	SA	PSAD	PS	JC	HD	CPD	DENH	MONROE	UHSS	Total number of Agencies used by each Family
1	x																			1
2	x	x	x																	3
3	x	x	x	x	x	x	x		x											8
4																				0
5				x	x		x				x		x							5
6				x			x								x					3
7	x			x									x				x			4
8																				0
9																				0
10																				0
11																				0
12			x	x	x				x			x	x	x	x	x		x	x	10
13	x			x								x								3
14				x									x	x						3
15				x																1
16														x						1
17	x			x																2
18					x		x							x		x				4
19																				0
20				x	x															2
21			x																	1
22	x						x													2
23																				0
24					x															1

FAMILY	SSD	PSH	IWS	VN	LA	HS	GPS	WM	PSCW	CGM	SA	PSAD	RS	JC	HD	CPD	NENH	MON ROE	Total Number of Agencies used by each Family			
																			UHSS			
25																				0		
26																					0	
27																					0	
28																					0	
29				x																	1	
30	x																				1	
31																					0	
32													x					x			2	
33					x																1	
34																					0	
35																					0	
36																					0	
37																					0	
38																					0	
39																					0	
40																					0	
41			x										x								2	
42																					0	
43																					0	
44																					0	
45			x																		1	
46				x			x										x				3	
47				x									x								2	
48	x	x							x	x			x			x					6	
49	x	x							x	x			x			x					6	
50				x																	1	
51														x							1	

FAMILY	SSD	PSH	IWS	VN	LA	HS	CPS	WM	PECW	CGM	SA	PSAD	RS	JC	HD	CPD	NENH	MONROE	UNITY	UHSS	Total Number of Agencies used by each Family	
52																						0
53									x													1
54				x	x		x						x									4
55																						0
56																						0
57			x	x		x	x					x	x	x								7
58																						0
59																						0
60			x	x					x			x	x	x		x			x			8
61																						0
62																						0
63	x			x										x								3
64	x		x																			2
65	x		x	x																		3
66				x				x						x								3
67				x	x		x					x	x	x								6
68					x																	1
69																						0
70																						0
71																						0
72																						0
73				x								x	x									3
74																						0
75																						0
76																						0
77				x		x							x			x						4
78																						0

FAMILY	SSD	PSH	IVS	VN	LA	HS	CPS	EM	PSCW	CGM	SA	PRAD	RS	JC	HD	AJC	CPD	NENH	MONROE	UNITY	Total Number of Agencies of UHSS uses by each family	
79					x							x	x	x			x					5
80			x	x									x									3
81																						0
82																						0
83	x						x						x									3
84																						0
85																						0
86	x																					1
87	x																					1
88																						0
89				x												x						2
90			x	x																		2
91	x						x															2
92																						0
93																						0
94	x												x									2
95			x	x	x		x						x							x	x	7
96																						0
97																						0
98																						0
99						x	x															2
100																						0
	18	4	12	27	12	4	13	1	6	2	1	7	21	10	2	1	8	1	2	2	2	

families had been dealt with by other social agencies. This percentage runs very high, for it must be noted that some social agencies do not clear with the Confidential Exchange, thus making it impossible for us to say whether or not certain families had received charitable relief. It is interesting to know that the social agencies most used by these families are the Visiting Nurses (twenty-seven cases), the Relief and Service Department of the Associated Charities (twenty-one), and the Social Service Department of the City Hospital (eighteen). The others (twenty-one) are less significant, and the following Table XXXII shows their use by each family. It is also seen that some families had the help of these agencies more than others. Summary of results are in Table XXXIII.

TABLE XXXIII
THE USE MADE OF SOCIAL AGENCIES
BY THESE FAMILIES

0	1	2	3	4	5	6	7	8	9	10	No. of agencies used
48	15	12	11	4	2	3	2	2	0	1	No. of families using them

One family had the interest of ten different agencies; and two others, of eight agencies. In some cases, the agencies were called by the family, and, in others, they were not, but all these families were in need of help of some kind and were not living under proper family conditions. Their children were in need of some services, necessary to good living, that their parents were unable to provide for them. In some cases, it

means that the parents are not caring for their children, as it is the duty of a parent to care for them. It might well be drawn from this that often the health of the child is injured because of a need of proper food or clothing.

C. R. Chambers' outline of the causes of malnutrition might be given here, as a good summary of causes, that are the results of poor home conditions, which lead to poor health in general. The outline is:

I. Social

- A. Living in rooms without windows or sunlight
- B. Lack of bathing facilities
- C. Lack of ventilation
- D. Employment out of school
- E. Unsanitary school conditions
- F. Congenial debility

II. Individual

- A. Food insufficiency, unsuitability
- B. Injurious sleeping arrangements
- C. Insufficient sleep
- D. Want of cleanliness
- E. Diseases of
 - 1. Mouth
 - 2. Teeth
 - 3. Adenoids
 - 4. Bronchitis
 - 5. Tuberculosis
 - 6. Cardiac Diseases
 - 7. Rheumatism

8. Post-exanthematous debility
9. Lack of Childhood care*

* C.R. Chambers - The Public Feeding of Elementary School Children,
page 46

CHAPTER VI

In summarizing, it is not necessary to repeat those conclusions made at the close of each division of the outline as it was discussed. It is only necessary to impress upon everyone that if the children had proper home conditions, much of their sickness could be avoided. I firmly believe that in practically every case faulty home conditions contribute to the cause and development of the disease.

In all cases, we should try as far as it is possible to keep the families living in a normal condition, that is, the father and mother living and working together for the good of their families. Again we should see that the fathers of large families have steady work, and as far as is possible, find for them those positions which they are capable of filling. If the man is an able bodied man, he should be referred to the State Free Employment Bureau and it should be explained what work is best suited for him. If, however, the man is disabled in any way he should be sent to the Associated Charities where the proper employment is found for him.

The mothers should be instructed as to the necessity of cleanliness, cleanliness of home and of person. They should be taught how to make their homes decent and comfortable, to the extent that their income will allow them to do so. In many cases the attention necessary is the advice and guidance of a practical worker, who would enter the home and inform the mother along those lines where guidance is necessary.

A factor which would be of great help and can be regulated in time is the housing conditions of these families, for the factors, such as over-crowding, poor ventilation, poor and inadequate water supply and water closet questions when regarded in relation to the health of the child are serious questions and need careful consideration.

The great question now is what should Hospital Social Service do in bringing about the reformation of these detrimental conditions?

As stated before, Hospital Social Service consists of three branches of work. First, the worker must secure personal contact with the patient while he is in the Hospital in order to secure the necessary facts for a complete understanding of his story. Social Service does this in almost every case; it investigates the case as much as is needed in order to understand the situation of the case from a social view point.

Second, the social worker must prepare healthy conditions in the home before the patient goes back to it. This phase of the work is not so thoroughly developed in practice. At present there is not a sufficient number of workers in the Minneapolis City Hospital to allow much work along this line. Only those cases where a very pronounced relation is seen between the home and the disease is the home condition changed before the child is allowed to go back to it. In such cases as tubercular children or children suffering from malnutrition, the home is an important topic of consideration. But in cases where this relation is not so evident, no matter how poor the conditions are, the child is allowed to return, although the

conditions have not been made healthy for him. They may be healthy as far as they are concerned with his physical ailment (as a child with a broken arm) at that time, but may be most detrimental to his physical condition in general.

Third, the worker must maintain such conditions in the home and see that the patient continues contact with the physician as long as it is needed. This third requirement is observed to the same extent as is the second part of the work. That is, the home conditions are watched in just those cases where they are most obviously a factor in the disease. As for the second half of this third phase, the contact between the physician and patient is kept up so long as the physician finds it necessary and the social worker at the Minneapolis City Hospital makes this an important duty and sees to its fulfillment.

As stated in my introduction, no case can be said to be satisfactorily closed unless each of these treatments have been administered with success. The Minneapolis City Hospital presses most strenuously the first and particularly the last part of the third phase.

But time does not permit the limited number of workers to attend to the fulfillment of that phase of the work which deals with the healthy home conditions. They notice it and see the important part it plays; they may report it and in a few cases see that it is improved. But in general unless the unhealthy home condition is directly the cause of the sick child, this condition is not made healthy. If the Health Department were to handle all these cases in connection with the City Hospital, the need of more workers might more easily be impressed upon the public.

But, until these three treatments are applied to every case, the work of the department of Social Service in any hospital will not be completely successful.

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