

FRIDAY AFTERNOON SESSION

The meeting was called to order at 2.15 P.M. by the president.

THE PRESIDENT: We have set apart this afternoon for the consideration of one of the most interesting problems facing us as nurses, and it seems proper that it should be presided over by one of the leaders in this particular line of work; it gives me the greatest pleasure to relinquish this meeting to Miss Ida M. Cannon, of the Social Service Department, Massachusetts General Hospital.

MISS CANNON: It surely is a matter of unusual significance that so many of the papers on the programme for to-day and to-morrow are related to the duty of the nurse in the social field. Social work, of course, is not a new thing, and the spirit of social work is as old as community life; but the special function of the nurse in this field is something that we are now determining, that we are beginning to see the responsibility of.

I am not going to take time this afternoon myself, because you have people here, four of them, who can speak to you with great authority on these various subjects. Dr. Cabot, who is to give us our first paper, as you all know, has been very closely identified with this special line of work for the hospital community; but to those of us in Boston who know him well he is identified with many, many of these social movements; and it is to his constructive imagination and his critical judgment that not only the nurses but I think the medical profession itself owes a great deal in the way of progress towards meeting the obligations of the socializing element that is coming into our work. It is with great pleasure that I present Dr. Cabot.

HOSPITAL SOCIAL SERVICE

By RICHARD C. CABOT, M.D.

I WENT up to Worcester not very long ago to speak on social work and the lady who introduced me said, "Now be sure before you begin to talk about the subject to tell the people what it is, because," she said, "the majority of people in your audience have never before heard the word 'social' associated with the word 'work.' To them 'social' means something much nearer to play, much nearer to a rest off duty than to the spirit of work."

I am going to address myself throughout the majority of the time that I shall spend in trying to make as clear as I can what it is that we have in mind when we are talking about social work. There are very few words in the language that are vaguer than those two words, and we need, I think, to try to give a little more edge, a little more point to the distinction between the social worker and the nurse and the doctor and the other factors in our modern problems. I shall try to do this by taking up a series of cases, partly imaginary, and partly real, and trying to show just what is the actual achievement or should be the actual achievements of the different people concerned in that case.

Now we will take in the first place the matter of alcoholism. The doctor is concerned with the diagnosis primarily, and with this field, as in many other, the nurse is more concerned with the treatment. I have always thought of the medical profession and the nursing profession as belonging together and as having the substance of their relation in the distinction that I have just made: that whereas doctors have the most to do with diagnosis nurses have the most to do with treatment; and if a man is suffering from delirium tremens it is the doctor's business to see that it is delirium tremens and not meningitis or uræmic poisoning or morphine poisoning or anything else; and then it is the nurse's business to see that he does not need to be tied down in a strait-jacket and, on the other hand, that he does not get out of the hospital window and run around the hospital yard. Now what would be the business of the social worker in relation to alcoholism? It is the business of the social worker to deal as far as possible with the individual case and also with the source, the soil out of which the individual case came. It is the business of the social worker, in the first place, to deal with the individual case in so far as the prevention of the future effects of alcoholism in that particular case are concerned. The doctor and the nurse are tied to their business in the treatment of a number of cases of alcoholism, but after this case of alcoholism has got beyond the need of the work of the doctor and the nurse there is the work of the social worker, to prevent that same individual from repeating this same process over and over again indefinitely. Now that is work I think primarily for the social worker, so far as it is anybody's work at all. In many cases we cannot see that it is anybody's work at all, because we cannot see that it will be of any use, but so far as it can be of any use it will be the backing up of some element of social work. In the first place, consider the element of that individual's occupation. What is there in that man's work, if anything, that made him drink? There are certain occupations which are prone to make people drink. In the first place, such occupations as involve a great deal of monotony and a great deal of physical strain, which leaves the individual incapable of being recreated or getting his enjoyment out of less harmless occupations than drinking. Then there are the occupations, for example, like barbers. Barbers are notoriously likely to drink, and one wonders why. Why, chiefly because the barber shop is generally next to the bar, because the patrons of the barber are very apt to give him a tip, and the combination of these two reasons leads to the fact that it is very hard for barbers to get insurance as compared with many other classes in the community, because the insurance men know the habits to which the occupation is subject.

Travelling men are very apt to be drinkers, because in the process of trying to put through a deal they are very apt to use drink as one of the means, and if they use it they have to take it as well as give it.

I have been saying these things to hint at what might be the relation of occupation to alcoholism and the prevention of alcoholism. Now the social worker who was to study the problem of alcoholism in that individual would have to study the nature of that individual's work and whether anything could be done to change his work, or do his work in a different way. There are many problems which are concerned in an individual's work. A large number of diseases are due to the way in which the man and woman work. This is only one of them.

Next the social worker would inquire into the domestic problem of that individual. It is probably untrue to say that many men are driven to drink by what happens at home, but it is probably true that many of them think so and have to be shown the error of their ways. We have heard, of course, how often it is supposed to be true that men are driven to drink because of the nature of the cooking which they get at home. Personally I think that is an exaggerated case, but still it probably may be a cause.

Then there are the relations of the individual to his wife and to his family, to his employer, perhaps, the other personal relations, friendly relations or unfriendly relations, into which the social worker must enter if the case is to be handled, if the social work is brought about. In almost every case where alcoholism is analyzed it is to be found that the fundamental thing behind it is discouragement, and that discouragement may be due to either of the causes I have already mentioned: something discouraging in his work, something discouraging in his home, or to many other causes, among which I should name the lack of friends, lack of anybody to whom that individual could really go as a friend in need. Corresponding to that the majority of people who have ever been helped out of alcoholism have been helped out of it by making a friend, by getting hold of somebody who really cared about them and cared enough to stand by and to help them when help was needed.

But besides the class of alcoholism that can be explained as due to discouragement there are two other types which the social worker would have to distinguish in so far as she was to help any, and I will name those as the periodic drinking type and the reckless type. Both of those are much less common, I think, than the discouraged type. For the periodic drinker, if one has found the real article, if one's diagnosis is correct, there is almost nothing to be done for him in the majority of cases. Unless a person has a great deal of time to spare he will best put his

time upon other classes of cases. But the diagnosis which the social worker would be concerned with would be the question of whether that is the real periodic drinking, which comes not by reason of discouragement nor by reason of recklessness but by reason of the internal tension of the same sort of type that gives rise to the epileptic fit and you have the drinking like a fit of convulsions.

And then the reckless type, which is generally in young men and which is generally most of all amenable to treatment, because as a rule it is there that a clear understanding of the consequences is the thing that we need.

Now that is the sort of thing that the social worker would follow up in relation to an individual, in the problem of alcoholism; and after that you must also follow out similar paths of investigation in relation to general problems. What occupations can be changed, if they can be changed, in order that alcoholism may be less frequent? What is there in the domestic relations which would tend to help, if there is anything. What is there in the community which prevents people from making friends? What is there in the community which leads to recklessness? All these studies then in the prevention of the whole disease as well as in the prevention of individual relapses would be the labors of the social worker as distinguished from those of the doctor or nurse dealing with the individual case.

Now I will outline to you quite a different field, exemplifying at this time an actual case which a few of you perhaps have heard me speak of before, a case of Reynaud's disease, which some of you may have nursed—a disease whereby the ends of the fingers, usually, and sometimes the toes or ears—the ends of the fingers especially, become cold, painful, discolored, atrophic, especially when the weather is cold. This disease is very much a matter of weather. It does not occur to any extent in warm climates and dies out in the warm summers. Now we had a case of Reynaud's disease once in the Massachusetts General Hospital, a favorite case, a most interesting case, because it had been shown to many generations of local students. She was always welcomed at the hospital, as you know such cases are; but she was viewed always as a case and she was viewed particularly in relation to the diagnosis and to the great advantage that she was to the medical school in that she could be shown and used as what we call clinical material. When the social service department of the Massachusetts General Hospital started in October, 1905, that girl was one of the first cases referred to us. She was a sewing girl but she could not earn her living in the winter. It was only for a few months in the year that her hands were sufficiently

serviceable for her to be able to earn a proper wage. But the social service department asked the doctor in charge just exactly what was wanted and the doctor said, "Well, if it could be done, which I suppose it cannot, she ought to be moved to a warm climate." And the social service department undertook that job. The first thing to find out was whether that individual was really a good seamstress. We inquired at her former place as to whether she was really a competent seamstress. We did not want to try to place her in another home if she was incompetent. But we found that she was competent, that the people with whom she had been living gave her an excellent character and that she was a first-rate seamstress but was not able to keep her place because she could work but a few weeks in the year. One of the workers in that social service committee, Miss Barton, had friends in Florida, and she wrote to her friends in Florida and found that the domestic problem was just as acute in Florida as it was in Boston, that the need for competent help was just as great there as it is here and if we could send this girl there there would be a place waiting for her as seamstress. Then there was the question of getting the money to send her.

Now there is quite a remarkable volume which I think very few of you probably have ever opened, probably most of you have never seen—a volume known as the Boston Directory of Charities. That is quite a thick volume and the last time I heard a count made it contained 1128 different charities, 1128 different agencies which were appointed and endowed, some of them, to meet one or another charitable need; and one of the things social workers have to do is to be to a certain extent familiar with all the contents of that volume. Our social worker at that time knew that there was in that volume a charitable agency known, if I remember right, as the American Invalid Aid Society, the object of which was to move patients to a better climate in case any one could guarantee that they would not go on to death, as so many declining patients do when moved to a better climate, but would really get a guarantee that they would not go on to death, as so many declining and visited and agreed to give half of the fare of this girl to Florida. Then one of our workers went around the hospital dispensary clinics with a hat and collected the rest of the money from the doctors therein, as I think the social worker usually can do when she can present some concrete and practical need of this kind.

Money then was raised, a place was ready; the only question was in the transportation of this girl. She was a month less than twenty at that time. We did not like the idea of sending her south alone. So we began inquiring among our friends to see if there was any one going

to make that trip south, and it was necessary to wait some time before some one was found, but I think in the course of several weeks there was a lady going south who when she was told of this case was willing to take our friend along. Then we had all the factors in our problem,—we knew she was a good seamstress, we knew that she was going to a place waiting for her; we had the money to take her there and had a person to chaperon her; and then we sent her. She went to Florida. It was in winter when she went there and her hands healed at once. I should like to say that she was married and lived forever after happily there. There are a good many more chapters to her story, but I think I have told all I need to tell in relation to what was needed to be done for her from the social side and what was done. If she had stayed where he put her, which she did not, she would have been well, as I have known a number of cases to be. She was well as long as she stayed there.

Now in that chapter of social work I am exemplifying something different from what I exemplified in the first subject of alcoholism, and in which the same principle holds, and in which one goes behind the immediate medical diagnosis or medical treatment and tries to change the environment and tries to inquire into the social background from which the patient comes and to change that.

All of you who have done nursing in relation to any large hospital know how frequently you were met at some aspect or other with the problem of sex. In our own work we have been confronted especially often, about one hundred times a year, on an average, in the out-patient department of the Massachusetts General Hospital with the problem of the unmarried woman facing maternity. Now those of you who have worked in hospitals know that ordinarily we content ourselves with the purely medical and nursing service to these people. These girls come to the hospital, the majority of them to find out what is their condition. They ask a medical question and get a medical answer and then as a rule they get discharged and leave and ask nothing more and get nothing more. And that has always seemed to me a disgrace upon our hospitals. There are very few hospitals in this country, I think less than one per cent., who have any social workers to take this problem up where the doctors must leave it and carry it on as it should be carried on.

The social worker in a case of this kind can work, of course, no miracles; she cannot fundamentally change character. All she does is what a friend could do, and that is very much. These girls, most of them, as you know if you go in and talk with them, are not fundamentally polluted. They are not fundamentally different from you and

me, although we are very apt to think so and treat them accordingly. They are not anywhere near the prostitute class, but they will be there unless something is done to prevent it. They will go on and have an abortion performed and then in all probability get sooner or later into the prostitute class unless they meet the right sort of woman—the woman who is neither too hard nor too soft; who will neither tell them they are eternally damned for what they have done, or tell them it is simply a little mistake which can easily be arranged for by a few months away from town—a sort of woman who will bring before them ideals of maternity and what it may mean to bear a child and care for the child and work for the child, with or without a husband, and will help them through their confinement and will help them to find work afterwards so that they can support the child, very likely marry later, possibly not, but in any case live a self-respecting life. This is what has been done, what can be done at any time when the right sort of woman will devote herself to this work.

Obviously we doctors and nurses who have to stick to our jobs cannot do this work. It is work for the social workers, going into the character background, the background of industry, the background of the home ties, as in the case of alcoholism and the most of the other problems we are concerned with.

Now those three cases that I have presented to you are enough, I think, to suggest the many others that I might present to you to describe the nature of social work. I do not feel, as I said a moment ago, that we physicians or we nurses can ourselves do this work. Our work is the diagnosis and treatment of disease and not of the social organism, the social background out of which it comes. And when I say that, I also want to say that I feel that doctors and nurses are still very deficient in that general sense of human bearing of disease which would make them more able to co-operate with social workers than they now do. It is a reproach often thrown against us physicians and against us nurses that our constant familiarity with disease hardens us, makes us callous to the human side of things, and I hear this either charged as a reproach against us or else indignantly denied. And both of those positions seem to me wrong. We cannot deny it. It is true. And neither can we be blamed for it. It is not our fault. If you set a man to stare at the sun his eyes will pretty soon begin to be incapable of sight; and if you set a man in a workshop where he is hearing enough noise through enough hours a day his hearing will certainly eventually be blunted. If you set a man or a woman, I don't care whether they are doctors or nurses or any one else, exposed to a fire of suffering and of annoyance

and of hard work such as you and I are exposed to day in and day out, it is absolutely inevitable that we should be blunted to some extent, some of us more than others, all of us more or less.

You have heard probably many times—I have heard more times than I can count—nurses blamed because after coming out of a hospital and going into private practice they get hold of some case where there is a good deal of sitting around to be done and very little nursing and then they naturally are encouraged to talk, and when they are encouraged to talk they naturally tell about some exciting operations they have seen in hospitals, and then the family or the doctor or somebody else is very much excited and indignant against the nurse and say, “Why wasn’t she taught that she must not talk about such things?” Now I say that is entirely unjust to the nurse. If you take a pitcher and pour in water until it is full and then turn that pitcher bottom up water is coming out, and not milk or anything else. Take a doctor’s mind or a nurse’s mind or any one else’s, and pour it full of hospital experience and then take it and spill it over it is going to spill over this experience and it cannot possibly be otherwise; and it never will be otherwise until our nurses’ training schools and our nurses’ organizations give nurses something else. I know the great difficulty in giving nurses anything else, and I know also that those difficulties have been met and have been to a considerable extent solved in other fields. Take, for example, what is really parallel, though not quite obviously parallel, but that is the Philippine service, civil or military or any other tropical service. We recognize that the civilians or soldiers whom we send into tropical service are exposed to a perfectly abnormal, to a very trying strain, the strain of climate—a strain which works upon their souls as well as their bodies, upon their efficiency, moral, physical and mental. Everybody knows it who knows anything about the tropics. And everybody knows just the same thing when we put nurses in the hospital and keep them there eighteen months or two or three years, that we are exposing them to an abnormal physical climate—a kind of climate that is sure to do them some physical harm. It may be that they will recover from it; but as a matter of fact it takes the young medical men, with whom I am more acquainted, about two years to get over the harmful side. I do not know how long it takes nurses, but when we go through the Philippine experience we recognize it as a fact, and although it is expensive and costly, we recognize that those men must have long furloughs, long times of absence from this terrible strain; and even when they are there we do all we can to give them protection and recreation and to go into things to take their minds away from the immediate strain of their daily work.

Now so it must be in our hospitals if we are to get away from what is happening all the time—the callousing and coarsening of the moral and spiritual fibre; and we doctors and nurses who work on these psychological matters know that it should be otherwise. It is no blame to us; it is the blame of those who arranged the conditions so that we have to work so.

But as long as that is true it is perfectly true that we have got to be on our guard for certain aspects of that callousness; and in the few moments that remain I will describe two types of callousness which all of us who have anything to do with training schools ought to be on our guard for with those with whom we are in contact. The first of those I will call the illusion of routine. Suppose a person is stationed in a certain corner of the hospital to give directions or to carry out any other simple service and suppose that a certain number of people file by that corner month after month and year after year and ask certain questions. Among those people there are some who will ask very stupid questions; and the first time that such a stupid question is asked that individual will probably answer it pleasantly, realizing that people cannot always be intelligent. But the hundredth time that that same question is asked the person who answers it is perfectly sure to suffer from the illusion of routine to this effect: that the same person has asked the same question a hundred times and this is the hundredth time, and therefore to give to that question an answer, according to the state of mind produced upon the individual, that would be produced upon anybody by having the same question asked a hundred times over.

In one form or another that illusion of routine confronts us in hospital work every day. I remember a particular instance of it that may have struck some of you. When a doctor starts to make a physical examination of a patient in bed he naturally wants the patient perfectly flat and square in order that there may be no distortion of parts, everything equal and symmetrical. He says to the patient, who is very likely lying on his side, "Now please turn over flat on your back." If you know anything, you know what happens. You know that the patient will turn over on his stomach, and the first time that happens to you, you perhaps would laugh and be amused; but when it has happened to you probably a hundred times it is a very hard thing not to be annoyed, it is very hard not to get the impression in your mind that this is not a new person, the individual who does this, but it is the same old person who had plagued you a hundred times before. Think that over and apply it to some other cases that I have not the time to state and see whether it is not true that the illusion of routine confronts us all the time.

The other type of callousness I will call the blindness of specialism. If you have ever watched one who uses a microscope you know that you can distinguish at once the greenhorn from the expert. The greenhorn always covers up one eye or wrinkles up the muscles of the face so as to shut one eye. The expert always keeps both eyes wide open, the one that is looking in the microscope and the one that is not. But the one that is looking in the microscope is concentrated upon that very bright, very narrow and very interesting field, and the other eye, which is wide open, perfectly blind, sees nothing, absolutely nothing, although it is wide open and the images in the pupil from the paper can fall upon the retina. Now that seems to me symbolic of our hospital work. We have so specialized that we are blind; we have so concentrated upon certain things that must be concentrated on, because it is our duty so to do, that we are blind to a great deal outside, and all that we can do is to hope and pray that we shall not be any more blind than is necessary. Some blindness we are subject to and condemned to by the nature of our work.

I once came into the Massachusetts General Hospital in the main entrance where a flight of stairs ran up on the right hand about fifty feet in toward Ward 31, and as I came in and went around towards the stairs of Ward 31 I saw clinging against the banisters a man's figure in a red dressing gown and carpet slippers, which meant that he was a patient from the wards. I could see by the way he breathed that he was in all probability a cardiac case, and a man who had got downstairs and could not get up again. But as I moved towards him and before I could get to him two nurses came by me, arm in arm, chatting, and went as quick as light past him up the stairs to the ward and never saw him at all. And I did not blame them an atom. I think the kind of exposure, the kind of strain that we go under in hospitals makes it perfectly sure that that blindness of specialism will take place. All that we can say now is that we should do all that we can do to resist it; that we do all that we can to look at whatever goes on in the hospital as we looked at it the first time we were ever in a hospital,—keep our innocence. We need it; we need that purity that we first had when we first came into the hospital. We never saw it so truly as then; we never will see as truly again, but we want to see it as near as we can as we did that first day, before we had been coarsened and calloused by what has gone on there afterwards.

Now it is in these directions, it seems to me, that we ought to broaden ourselves and deepen ourselves in order that we can help ourselves to be less inhuman and help the social worker, prevent the social worker from having to take up other and perfectly simple human duties

which ought to be our right and privilege, so that the social worker can confine herself to the things such as I have been describing in what has gone before. I do not feel that we Americans, we men or women, have any right to try to be jacks of all trades. If we select a profession we must stick to it. If we select nursing we must stick to it; if we select social work we must stick to it. These three professions are difficult and honorable and great, it seems to me, each of them. What we need is to be able to recognize enough of each other to co-operate with each other. The nurse does not want to be a doctor, the doctor does not want to be a nurse; but each one should know enough of the other to be able to make a good team together. The nurse wants to know enough to make a good team with the social worker and give the social worker a chance to take her own field.

MISS CANNON: Doctor Cabot has surely given us a challenge and I think it is very fortunate that we can look to Miss Crandall to tell us something about how we are going to meet this in the field of work that Dr. Cabot has told you about. Miss Crandall at first suggested that she withdraw her paper, because she felt that Professor Winslow this morning in his excellent paper on the function and the rôle of the visiting nurse in the public health had covered all that she had to say. I am very glad that she has reconsidered this and Miss Delano tells me that she will give us something of it and I hope will not cut it at all. Miss Crandall is fast becoming known as a social worker, not only to the nurses but to the social workers as well throughout the country.

MISS CRANDALL: I am sorry to embarrass the chairman by saying that she has been misinformed. I have not in the least changed my mind about withdrawing the paper. Let me say that as I first began the writing of the paper I saw in a moment, almost, that it was quite impossible to consider the subject of training the nurse for hospital social service, because it is so entirely a part of the training of the nurse for all of the fields of social service which Dr. Winslow discussed this morning in such an extraordinarily comprehensive way. It did not occur to me, even though those of us who know Dr. Winslow better than the majority expected the subject to be handled in the masterly way that it was, that he would discuss the educational side. It would be a clear matter of duplication if I were to read the paper which I have prepared, and moreover, as compared with Dr. Winslow's, that of an elementary school composition; and I am sure that you would recognize that it would be a difficult and embarrassing thing to do, and wholly unfair to a body of women who have come such a distance to get all that they possibly can, not alone for themselves but for the associations which they represent, to allow any such waste of time as that duplication would indicate.

MISS CANNON: I shall have to confess a rather selfish element in my urging Miss Crandall, for I did not hear Professor Winslow's paper, and I know quite a number of others did not; but we shall probably have the pleasure of reading both later in the JOURNAL, and I have probably misunderstood Miss Delano.

I presume that it is true that when nursing first developed in hospitals the first function of the nurse was for the sake of the patient. We all know

that the medical profession has realized as the work has developed that the nurse has done a great deal to help the doctor in the practice of his profession. In the work that we are to hear about next I am sure that Miss Dickinson will help to make it plain that while employers have very often established factory welfare work for the sake of the employees, it very often has been of importance and benefit to the employers also. Miss Dickinson has charge of such work. I asked her what her title was and she said, "Some of them call me nurse, some social worker, and some welfare worker, but it is just Miss Dickinson, of the Dennison Manufacturing Company of South Framingham."

FACTORY WELFARE WORK

By MAY B. DICKINSON, R.N.

I HESITATE to speak to you for I am, as it were, just on the threshold of this new work; I can tell you only of its organization and general plan, rather than of its achievements.

Three years ago, a young girl in the factory was found to be ill with tuberculosis, and so far had the disease advanced that there was no hope for her recovery. When this fact was brought to the attention of the company they decided to employ a nurse in the factory; a nurse who, in her life among the employees, would detect this disease in its earliest stage. From this simple beginning has grown a work extending in so many directions that we cannot foresee even yet what shall be its scope.

My first work in the factory was to get acquainted with the superintendents and employees and to prove to them that I was their friend and helper. A small room was fitted up to be used as my office and treatment room; each day the number of calls increased, and the work grew. At the present time I have an assistant and four rooms. Every hour of the day comes the necessity for help to one or another—sometimes to ten at a time; they leave their work and come to the pleasant reception-room, where we record their names and the departments in which they work. Then if they are ill, I take them to the rest-room, which is made inviting with couches, and restful with green coloring of walls and shades. If injured, we go to a large room with furnishings in white; this is well equipped with all necessary appliances: stretchers, wheeled-chair, and a rattan couch, in case of a serious accident. A more private case may be taken into my private office.

It is through this work in the treatment-room, the relieving of some physical need, that the friendship of the employees is won, and this work is the entering wedge into the hearts and homes of the families.

To do our best work in the factory, we must look back of the present