

HISTORY OF THE MINNESOTA STATE CONFERENCE OF SOCIAL
WORK AND THE PART THE INSTITUTIONS OF THE STATE
HAVE HAD IN ITS PROGRAM

By Gates A. Merrill, Superintendent State Public School

When, in 1920, this organization changed its name from Conference of Charities and Correction to Conference of Social Work, it was not merely a matter of calling "a rose by any other name," but was an explicit recognition of a change already implicit in the content of its programs. Our point of view had changed. Sympathy was the outstanding characteristic of the "self-consciously graceful and sweet Lady Bountiful." The psychologist has a word—"empathy"—which characterizes the modern social worker. Sympathy is something you do with your endocrine glands; empathy, with your cerebral cortex. Charity has been succeeded by social service.

The evolution is a logical one. Charity began when someone felt sorry for someone else who was less fortunate than he, and did something about it. Dr. Gregg, of the Chicago Children's Home Society, might have been telling about the origin of charity when he recounted, at the first state conference, the incident which marked the beginning of that society. "One man, one child, and one childless home were the factors. The man accepted the child from the hands of a helpless, homeless mother, and carried it to a home one hundred miles away where it was graciously received." Social work began when someone started to hunt around for the reasons for the dependency of the dependent, the delinquency of the delinquent, the deficiency of the deficient, and to do something about that.

Our institutions and our charitable organizations represent attempts to deal with social emergencies. The first State Conference of Charities and Corrections was called by the State Board of Corrections and Charities in 1893 to "give opportunity for the mutual interchange of views and experience by those who are actively engaged in the work—especially county commissioners and other citizens who work for the relief or improvement of the poor." (Note the emphasis on "poor relief.") "It is desired," so continues the statement of the object of the Conference, "to make the conference thoroughly practical—and again note what "practical" means—for the promotion of economy in expenditure of public money, efficiency in administering state institutions, poorhouses, jails, hospitals, etc., and improvement in methods of helping the unfortunate." But it should not be overlooked that even in the days when we first got together to discuss our common problems we were aware that "economy" meant something more than administering our organizations with efficiency.

The institutions of the state represent the necessary equipment for dealing with social maladjustments. We will always need such equipment, and I like to think that our succeeding yearly models are at least keeping pace with modern transportation facilities the old "one-lunger" orphan

asylum, for instance, in contrast with the modern high-powered twenty-four hour school, with its properly Bineted and von-Pirquetted children, who are being placed in socially evaluated and adequately supervised homes. No matter how socially efficient we become, we will probably always have persons in need of social assistance, persons who exhibit anti-social traits, and persons who must inevitably fail socially for lack of the necessary mental or physical equipment. Our institutions are necessary for the care of these persons.

For statistical purposes, it seems to me the history of the Minnesota State Conference of Social Work can, without too great violence, be divided into three periods.

From 1893, when the first conference was called by the State Board of Corrections and Charities, under the leadership of Dr. S. G. Smith, to the abolition of that board and the establishment in 1901 of the State Board of Control, constitutes the early period. During this period 54 per cent of the papers on the programs were presented by state officers. The interest of the conference was in ways and means of dealing with the problems of the immediate present, problems with which most of the members were directly concerned. It was the beginning of organization; the need for organized charity was still verbal. Officers of state institutions, of county and city charities, and officials concerned with law enforcement, came together to discuss the care of dependents, delinquents, and defectives, and with us met also other amiable, well-meaning citizens who worked for the relief of the poor and who discussed with us not only "charity organizations," "state care for dependent children," "public care of the poor," and "juvenile crime," but also "friendly visiting—the true charity," "how to help the poor without pauperizing them," "child-saving benevolence," "educating the charitable impulse and organizing charitable endeavor." Oh, they're still with us, but the catch words are different. I am tempted to call this early period the "poor-relief" period, so often does the term occur on our early programs.

Looking at the early programs reminds me of looking through the photographs of an old family album. There's Friendly Visiting! Goodness, did psychiatric social work ever look like that? Well, some of us still believe that both activities were initiated by what we used to be unashamed to call ideals—ideals which were then and are now the dynamics of social progress.

The second period begins with the establishment of the State Board of Control in 1901 and ends with the change of name of the conference. The beginning of the third period with the regime of social work in 1920 is only a convenient starting point assumed for statistical convenience in contrasting present tendencies with those which were operative during the poor-relief period. The second period marks the transition from emphasis on remedial treatment for specific social maladjustments to emphasis on prevention and a search for causes of such maladjustments.

The term "charity" was rapidly disappearing. It persisted chiefly as a name for an organization, and had begun to connote efficiency rather than the old poor-relief idea. The changing conception is perfectly illustrated by

the definition given by one of our state school boys who had evidently learned it by experience. "Charity," he said, "why, that's a place where you get groceries and clothes, sugar and flour and things, but no nonsense."

With the inauguration of quarterly conferences, where executive officers of state institutions met with the State Board of Control to consider in detail questions of management and methods, such discussions began immediately to disappear from the programs of the State Conference. During the transition period from 1901 to 1919 the number of papers presented by state officers decreased from 54 per cent of the conference programs to 18 per cent. And during the period of social work following, from 1920 to 1926, the percentage decreased still farther, to 13.

There is little need to characterize the period of social work. Dr. Devine has stated the dominant idea of modern philanthropy as a "determination to seek out and to strike effectively at those organized forces of evil, at those particular causes of dependence and intolerable living conditions, which are beyond the control of the individuals whom they injure and whom they too often destroy." We no longer divide our programs into more or less water-tight compartments concerned with dependency, delinquency, and deficiency, but label sections Neighborhoods, Family, Health, Children, and the like. We discuss Workmen's Compensation, Mental and Physical Health, Housing, Legal Procedures, and Recreation. Just as you hear nowadays much about preventive medicine, so you hear in our conferences about prevention of social maladjustments; our concern is with the hidden and intricate causes, with the application of remedies, difficult because all tangled up with human passions, prejudices, and ignorance.

Social work is becoming more intimately associated with social economy. The problem of social economy is the problem of how to increase the industrial efficiency of the individual; that of relief, the problem of how to rehabilitate those individuals, families, or classes, "who have not at the moment within themselves sufficient wage-earning capacity to maintain an acceptable standard of living." This means a more intimate association of the social worker with the research worker of pure science with applied science; in our own case, a disposition to profit more directly in our community service by the findings of social investigators at our own State University.

Contrast, if you will now, from a statistical standpoint the tendencies of the poor-relief period with the social-service period as indicated by the number of papers on our programs devoted to discussions of the various topics.

Dependency occupies the most prominent place on the programs of the early period, 47 per cent. Under the topic "dependency" I have included all papers devoted to problems of economic assistance, such as the administration of charitable relief, care of dependent children, care of county poor, and the like. Under "delinquency" I have included papers on juvenile and adult crime and the means of dealing with these problems. Papers on delinquency make up 31 per cent of the programs. And papers on defectives, 22 per cent.

It is significant that the papers can, with only two or three exceptions, be subsumed under these three topics, while such a classification is impossible in dealing with the programs of the social-work period because we are now concerned with the underlying causes of these things. Problems of delinquency persist as such with greater frequency than either dependency or deficiency as such.

The programs of the conference have seemed to me to be concerned primarily with three classes of facts: First, an analysis of existing conditions. We have studied existing institutions and agencies and know, by that means, something of the extent of the burden which has been assumed by society. We have studied neighborhoods, families, individuals and certain classes of individuals, the delinquents, the defectives, and the dependents with a view to ascertaining the facts. Second, we have studied the principles upon which remedial effort should be based, economic and social theory, social economy. And third, we have discussed ways and means of dealing with social maladjustments; namely, problems of organization and administration.

During the early period, from 1893 to 1900, 5 per cent of our papers were devoted to an analysis of conditions of dependents; 4 per cent, to analysis of conditions of delinquents; 3 per cent, to an analysis of conditions of defectives. Social and economic theory of dependency constituted 8 per cent of the papers; social and economic theory of delinquency, 6 per cent; social and economic theory of deficiency, 2 per cent. But we were chiefly concerned with organization and administration. Thirty-four per cent of our papers dealt with organization and administration of matters relating to dependency; 20 per cent, to organization and administration concerned with delinquency; and 18 per cent, to deficiency.

Contrast these percentages with those for the social work period, 1920 to 1926. First analysis of conditions but not, now, conditions specific to deficiency, dependency, and delinquency, but rather of conditions underlying all of them, such as housing, social resources of the community, neighborhood recreation centers and the like. Twenty-six per cent of the papers are devoted to analysis of conditions as against 12 per cent in the poor-relief period. Social and economic theory now constitutes 19 per cent of the programs as against 16 per cent in the early period. We are still, very properly, concerned chiefly with the application of remedies, only our present concern is more often with the application of preventives rather than with the cures of existing social maladies. In the early period 72 per cent of the papers dealt with organization and administration of specific remedies; in the social work period 55 per cent dealt with organization and administration of measures which are largely preventives.

My task has been to present the history of Minnesota's state conference and the part the institutions of the state have had in its programs. We are now holding our thirty-fifth session. For 35 years we have been doing our part to keep Minnesota in the van. Let's go on!

Mrs. LaDu: We thank you, Mr. Merrill, for the splendid paper. It has been very interesting to all of us. It will be a very valuable record to have in the historical records of our conference for future reference.

The next speaker whom I am going to present has served over 42 years in the state institutions of Minnesota, and most of that time in one institution. He is one who needs no introduction to the people of Minnesota. Among the people with whom he works, among the scientists, among the neurologists of the United States, Dr. Arthur Kilbourne, of the Rochester State Hospital, needs no introduction. Dr. Kilbourne is not only locally but nationally known in his work. At one time he served as president of the National Psychiatric Association.

After the presentation of this paper, if we have time, we will proceed to a discussion of the papers presented, and any questions which you wish to ask of these speakers I am sure will be gladly and satisfactorily answered.

I take great pleasure in presenting Dr. Kilbourne who will now address you on "Modern Treatment of the Insane."

MODERN TREATMENT OF THE INSANE

Arthur F. Kilbourne, M.D., Superintendent, Rochester State Hospital

To appreciate the modern care and treatment of the insane, it may be well to recall that of the early years.

Previous to the middle of the 19th century some 15 states had established "lunatic asylums" and a journal of 1845 states that it "presents this list with pleasure and pride. Many of the institutions compare with the best in Europe mostly of recent origin and filled with patients." At that date there were some 2,800 patients in these asylums.

The establishment of "lunatic asylums" was a step in the right direction, as it provided for the separation of the insane from the common criminals with whom they had hitherto been confined in jails and workhouses.

In early colonial days only the indigent insane were provided for; such care consisting of their incarceration in workhouses and jails and their care often let to the highest bidder. In Connecticut one woman, in an appeal to the Commissioners, stated that "for 20 years her husband had been so insane as to be kept chained." To Virginia belongs the honor of providing the first hospital in America used exclusively for the insane. This was opened in 1773; this was some 20 years previous to Pinel's great reform in the care of the insane in France, and there is some evidence to the fact that cells and chains were not entirely absent in the treatment in the early days of the Virginia hospital.

In 1792 Louis Pinel championed the cause of the insane in France, his interest having been aroused by the loss of a friend, who, having become insane, wandered into the forest where he was devoured by wolves. About this time a house for the care and treatment of the insane was established, and here he made the first trials of those innovations which he afterwards carried out. Having attracted the attention of the hospital directors, he was appointed physician to Bicetre. Here he found the conditions most deplorable, the inmates being treated in the most barbarous manner, covered with filth, loaded with chains and incarcerated in stone cells without air or light, with only straw for a bed, defenceless against the abuse of their convict keepers. Pinel first tried the experiment of releasing 12 men from their chains and dungeon. The first was an English officer who had been bound in his cell for 40 years, whose history had been forgotten and who had killed one of his keepers by a blow with his manacles. The door of his cell was left open, and during the remaining two years he spent at Bicetre, he assisted in the management of the house. It is related that Pinel being in great danger from a revolutionary mob was recognized and saved by one of his former patients whom he had rescued from his chains.

In England Bethlehem or "Bedlam" was opened for the care of the insane in 1402, and there is evidence to the effect that it did not compare unfavorably with Bicetre. From this institution we have derived our word "bedlam."