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CLINICAL FIELD WORK IN SOCIAL SERVICE AS
PRESENTED IN THE PSYCHOLOGICAL CLINIC
AT THE UNIVERSITY OF PENNSYLVANIA
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In recognition of the value of practical experience to advanced students of an applied science, a number of courses in supervised clinical field work have been developed in the Psychological Clinic at the University of Pennsylvania over a period of about twenty years. The purpose of this article is to describe one of these courses which has been designated as Clinical Field Work in Social Service. It offers field work in hospital social service combined with individual investigation of an organization, movement or topic pertinent to social welfare. This is supplemented by a weekly seminar in which students compare experiences, report investigations, express attitudes and confess difficulties or prejudices.

For a number of years, the administration of the course itself was in the nature of an experiment. The program was varied each year for the purpose of discovering how students could be directed to put their training into practice with the greatest profit to their characters and personalities as prospective workers in social service or allied fields of work.

The course is not carried on for the purpose of adding to the store of knowledge that has been amassed by the student, nor yet is it concerned with developing any special technique for social work. Rather does it aim to provide an opportunity for testing the strength and worth of the students' theories and attitudes before they have left the sheltering class room. Contact at close range with the problems of hospital patients and their families produces gratifying effects on the students. As the year progresses, we see them become more mature, less certain of panaceas, more aware of the individual-

ity of each problem, less prone to snap judgments, more sympathetic toward people.

When Dr. Twitmyer meets the students in the weekly seminar, it is not necessary to encourage them to become interested in different phases of social work. Their curiosity is constantly aroused as they go about their field work, so that suggestions for research problems come spontaneously from the class. These are never the same from year to year and the range of topics will appear in rapidly going over the reports presented during the last year. Students investigated city and state provision for feeblemindedness, epilepsy, tuberculosis, criminal insane, healthy paupers, illegitimacy, blindness, and specific diseases as well as the machinery for administering state and city welfare. The activities and aims of the Birth Control League were presented. Other reports satisfied questions concerning the Welfare Federation and the Federation of Jewish Charities and the various agencies included under them. The effect of whipping posts in Delaware on repeaters was discussed; dental hygiene was explained; the different types of clinics in hospitals were individually presented; one or two phases of the Philadelphia Conference on Social Work were discussed by the class; a résumé of the history of hospital social work was attempted. There was even a report and discussion on what might be considered as "Righteous Indignation." The topics for the preceding year overlap about one-third of these, but the other two-thirds of the list is very different. That particular group became intensely interested in the whys and wherefores of conventions and common prejudices. Problems of prohibition, Judge Lindsey's "Companionate Marriage," Stokes' book on "The Third Great Plague" and a number of other books were reviewed and discussed. Reports are never long and discussion is encouraged and directed by Dr. Twitmyer.

In building up this course, Dr. Twitmyer has been fortunate in securing the cooperation of a number of Philadelphia's outstanding social workers. Notable among these in the early days of the course was Miss Rita Scudder, then Head Social Worker at the University Hospital, also Miss Sara Laughlin of the White-Williams Foundation. At present, Miss Henri-Ette Kirch, Director of Social Work at the University Graduate School for Medicine is making a splendid contribution. The members of the staff of the Psychological Clinic who have assisted Dr. Twitmyer in conducting the course are Dr. Rebecca E. Leaming, Miss Margaret C. Brooke, and Miss Marion Braungard. An effort has always been made to restrict the number

of students taking the course. Only seniors who have done advanced work in Psychology are eligible. Besides the one hour of seminar each week, students devote three, six, or occasionally nine hours a week to field work. Students are not permitted to enter the course for less than an entire school year.

At present, the field work in hospital social service is handled by the Committee on Education for the Middle Atlantic District of the American Association of Hospital Social Work headed by Miss Henri-Ette Kirch, Director of the Department of Social Service at the Hospital of the Graduate School of Medicine of the University of Pennsylvania. This Committee on Education is made up of the directors of the Social Service Departments in about seven Philadelphia hospitals. Each member of the Committee undertakes to provide supervised field work for a number of students in her department. At stated intervals they meet with Dr. Twitmyer's representative to discuss students and compare notes.

This arrangement for the organization and direction of the field work in hospital social service can be regarded as an achievement. It has been brought about because the directors of the departments in which students have worked have gradually become convinced that the course is valuable, not only to the students, but to their department and to their profession. Formerly, it was necessary to solicit opportunities for the students to do almost any type of voluntary work for experience. At present, it is necessary for departments to meet the requirements of the committee in charge in order to qualify for training students. There is a carefully worked out program to be followed during the year so that the students' contact with the hospital is not haphazard but includes in order the various features of social service work in a hospital.

The program used for the students working in hospitals was drawn up under the leadership of Miss Kirch in conference with Dr. Twitmyer's representative and the Committee on Education. It is the result of the accumulated experiences of the various individuals who have been instrumental in developing this course under Dr. Twitmyer's direction during almost two decades. It is presented here as a plan which has been successfully used with students who devote as much as six hours a week to field work. It has been found too elaborate for students devoting less time to the work, and a plan better suited to their requirements is in the process of being formulated.

GUIDE USED IN WORKING WITH PSYCHOLOGICAL
STUDENTS FROM UNIVERSITY OF PENNSYLVANIA BY
COMMITTEE ON EDUCATION

I. Period of Orientation (5 weeks).

A. Observation.

1. First 3 weeks.

- a. Tour of inspection of entire Institution.
- b. Accompany Supervisor to her Clinic for observation.

2. Second 2 weeks.

- a. Rotate students in all Clinics where Social Workers are assigned (do not change Supervisors).

B. Assignments. (No Field Work.)

1. Read Case Records (not too difficult and involved).
2. Read Department Policy Book.
3. Assign for Reading and written summary.
 - a. The Art of Healing (Dr. Cabot).
 - b. Social Work a Family Builder (Townsend).
 - c. Technique of Hospital Social Work Pamphlet, etc.

Comment. The purpose of the First Period is to give the student the feel of the Institute, the Social Service Department and the Work and to give her a sense of belonging.

A. and B. Should be carried on simultaneously.

II. Period of Field Work (19 weeks).

A. First Week.

1. Explain office routine, record forms, etc.
2. Explain as much of Hospital and Dispensary routine as seems practicable.
3. Explain Registration of Cases, theory thereof and Department's procedure in this regard.

B. Second Week.

1. Group visit to Social Service Exchange.
2. Assign enough simple case work tasks to engage time of student until next period.

C. Third Week.

1. Proceed from this point forward according to

Department's own training plan, i.e., easy tasks to difficult.

Comment. 1. First Interviews should not be given in this period.

2. Sometime during this period student should be required to read Social Work in Hospitals (Cannon) and turn in a written report on it.

3. It is suggested that students be given material to read which deals with Medical specialty to which they are assigned and that all students be given simple material to read on Venereal Disease. Today's Problem in Disease Prevention (Stokes) is suggested.

4. Students during this period should keep up a very active Clinic contact otherwise relation between the Social Work and the medical work is lost.

III. Period of First Interview (6 weeks).

A. Preparation.

1. Two group Conferences with Director.

a. Discussion of First Interview.

b. Assignment of simple case analysis (see suggested outline attached).

B. Assignment of First Interview (By Supervisor).

1. Group discussion with Director.

a. Experience meeting.

b. Methods of recording.

c. Reading of material.

Comment. It is understood of course that it is desirable to follow broad outlines of the above and that details will vary in each Department.

Suggestions:—That students be appointed to Supervisors at beginning of work and continue with them throughout year. That students be permitted to visit alone.

Experience in introducing university students to social work has lead to the realization that in most cases they are very much more unsophisticated and uninformed in social matters than they are commonly believed to be. It was therefore found necessary to prepare a list of general subjects to be used by the social workers to whom students were assigned. This list is presented because it offers an insight into some of the problems which have been found important considerations in handling these students.

GENERAL SUGGESTIONS FOR SUPERVISORS OF STUDENTS IN HOSPITAL SOCIAL SERVICE DEPARTMENTS

It is wise to go on the assumption that the students are pretty unsophisticated and that social and medical conditions which no longer phase us, may be, and probably are new to them. Every effort should, therefore, be made to explain and interpret new experiences and ideas to them.

Go on the assumption that your student does not know anything about the work. This will make you careful to explain things fully to her.

Always give your student a reason for doing the things you ask her to do, i.e., why a certain visit is justifiable, necessary, etc.

Always explain medical diagnoses to your student and their significance to the patient and his family.

Some, perhaps, all of the students have not justified in their own minds our right to enter patients' homes and to advise and present plans to them. Make every effort therefore to get over to the student the basis of relationship between the social worker and patient.

Show tact and discretion in discussing cases especially those having to do with pregnancy, illegitimacy, venereal disease, sex problems, etc. Be sure they understand.

Before sending student on her first visit be sure to discuss with her ways of approach.

Make your assignments definite so student knows exactly what she is expected to accomplish.

Never send a student on visit, etc. on a case before she has read the case and you have discussed it with her. The better she understands the problem and the more she knows about previous contacts the better able she will be to accomplish her task.

Try not to curb student's initiative and imagination but do not give her too much leeway.

Choose your assignments carefully. Be sure that tasks set are not too difficult.

Avoid monotony of assignments especially at first.

It is well to assign one or two cases to student which she may feel are her own. This will give her a sense of continuity.

Remember your attitude of interest, of enthusiasm and belief in the necessity of the things you and she are doing, will influence her attitude toward social work and social conditions.

Strive never to seem in a hurry. Set aside a definite time for Conference and keep your appointment meticulously.

Have all assignments thought out and planned in advance. Never meet your student without previous preparation.

From time to time, questions are asked concerning the value of a course including field work in social service for university students who can devote only a few hours a week to the work. Inquiries are made as to how much can be expected of the students and whether they are sufficiently able to comprehend the spirit of the work to make the effort expended worth while. Such a course not only introduces the possibility of social work as a profession, but provides an opportunity for discovering the students' ability and liking for the work. It is worthy of mention that every student who has taken the course and desired to do social work has been successfully placed in a position.

As one possible type of illustration of actual accomplishment, I am presenting three case summaries written by students six or seven months after entering the course. They were prepared for presentation at a staff meeting of the Social Service Department of St. Christopher's Hospital for Children under the direction of Miss Edith J. McComb. The work done by the student is described as well as the impressions she gathered from her contact with the case and her analysis of the problem.

Of particular interest to us, as psychologists, are the situations in these cases which make a background of Psychology necessary for a full understanding of the problem. The first case by Esther O'Shiver and the third case by Martha Atlas involve children who are not making normal school progress, the second case by Ruth Karlson is complicated by a father who is unstable and inadequate for the demands made upon him. That the students' courses in Psychology were useful to them in doing social work is apparent in reading the cases which answers another question which sometimes arises as to the justification of a course in social service being given in the Psychology Department.

CONCERNING THE DIFFICULTIES OF WORKING WITH THE ILLITERATE MOTHER OF TWO BACKWARD AND UNDERNOURISHED BOYS

I first met the Gordons when I went to visit Mrs. Gordon's mother to tell her to bring John into the dental clinic and to the nutrition class. I had been told that she was a drunkard, and not dependable. When I first saw her she was poorly and carelessly dressed and her house was in a terribly dirty condition. She explained to me that they had started to remodel it but did not have the money to finish the job. She told me she would do her best to see that her daughter brought John to the hospital, but she felt that no matter what she might say, she would have very little influence. Throughout my whole contact Grandmother Gordon seemed to be disgusted with her daughter's way of living and her ideas concerning life, whereas Mrs. Gordon seemed to feel that she had a dependable friend in her mother. As a result of this visit John did come to the dental clinic once but failed to return a second time.

In the meantime I visited the school. The truant officer was there and she told me that she was quite disgusted with Mrs. Gordon.

It seems that she goes off on sprees every once in so often and the children suffer for it. Up until that time they had not been able to get her to dress John properly and to nourish him adequately. When asked why she did not do so she said that she had no money, but not long afterward it was found that she had gone to New York and returned with quite an expensive fur coat. How she got it no one knows. I think the school set the S.P.C.C. on her, or if not, it was some other authority who made her send in money for John's milk every day and see that he got to school regularly.

Mrs. Gordon has an older boy, George, who is 13 years old. He was with her sister in Atlantic City until November. He is not as much of a problem as John. The latter is undernourished, anemic, formerly addicted to masturbation, and backward in school. He is only in the 2B grade although he is almost eleven years old. Mrs. Gordon's husband, she says, deserted her after John was born and she does not even know where he is.

About a month elapsed between my first and second visits. In the meantime Mrs. Gordon had moved away from her mother's to a house that is rather large and is situated across from a coal yard. She rents most of the house to roomers and she herself has the downstairs which consists of a kitchen, a dining room that serves as a bedroom, and a parlor. The two boys sleep with her in a large bed and the whole place is rather dingy and untidy.

I really saw her for the first time in this house and she promised me that she would get John to Nutrition Clinic as often as possible and said that it would be easier for her now that George was back, because he could take John to the hospital. She was working now at the coal yards from six to ten in the morning and taking in washing. This and the rooms she rented gave her her income.

John came to clinic with a fair degree of regularity for some weeks and then stopped. I went to see her about it and she said that as far as she knew he had been going, unless John lied to her. When I saw her it was during the morning and John was at home. When asked why he was not in school, she replied that he had no rubbers, his shoes were torn and the snow was too deep for him to go in this condition.

We decided to give both John and George a psychological examination and when I told her to bring them in she was very interested and asked me whether it would bring out any streak of criminality in them. In my conversation with her she has always seemed to fear this possibility.

The whole business came to a head when I went last week to tell her the results of the examinations and to ask her to cooperate with us more in helping these children. I visited about eleven o'clock and when I arrived the window shades were down and two men were knocking at the door. I asked them whether Mrs. Gordon expected them and they said that she did. They were plumbers whom she had called to fix her gas range. She finally answered the door, carelessly dressed, with her stockings hanging down and her hair untidy. After directing the plumbers she apologized to me saying that she had been out the night before and had gone to bed very late. She had just gotten up to send the children to school, and then had gone back to bed. Consequently she had not gone to work that morning. I started to explain to her that John was slow and that the school was right in keeping him in the second grade instead of advancing him as she had thought it should do. I explained to her that his physical condition was poor and might cause much of his slowness in school; also that we wanted her to cooperate and see that he got to Nutrition, and went to school regularly, and so on. She then became terribly excited and told me that, although she was not angry at me personally, she was with all the higher people who ran these things. She insists that she cannot cooperate when nothing is done to help her children as they should be helped. She thinks that since they are so slow they should be put into some institution where they can be aided and sees no reason why this cannot be done if other children whose parents are drunkards are thus put away, whereas she is willing to pay \$3.50 per week for each boy to see them taken care of. I told her I would do the best I could to see what might be done in this respect and would answer in a week or so.

I visited the school next and spoke to the principal about the case. She feels that the trouble is not so much with their native ability as with their home environment. She feels that the least Mrs. Gordon could do would be to send them to school clean and regularly. They have had quite some trouble with Mrs. Gordon themselves.

The whole problem seems to boil itself down to the mother, rather than to John and George, for once we get her straight the rest is comparatively easy. She has a very interesting and peculiar personality. She is good looking, has poise, and is socially very competent. On the other hand, she is very low on the intellectual scale, can hardly read or write, and is hopelessly ignorant in ordinary school subjects. What is so strange is that she has analyzed

herself perfectly, knows her assets and liabilities, and can calmly present them to you. On my last visit she spoke more intimately than she had ever done before. She outlined her whole situation for me and showed me the reason why she wanted her boys taken care of. She said first of all she was young, and with her looks, if she had the opportunity to get out and meet people, she could probably get an opportunity to marry—a thing she certainly would do if the man was nice and could support her, because she did not intend to go on working forever. But the trouble was that she was now considered a scrub woman and no real man would marry her because of it. She had tried getting various positions on a higher scale and had always succeeded because of her outward appearance, but she could never hold the jobs because the people found out only too soon her lack of education. Therefore, realizing this handicap, she did not want her boys to be placed in the same position when they grew up. She felt that they resembled her for she had gotten no further than the second grade herself, simply because she just could not remember things. Now, if the boys could be placed somewhere where she would not have to worry about them immediately, but could know that at sixteen they could go out and earn a livelihood, she would be able to apply herself to getting established in society. If she went into a hole, she knew her mother would help her out, although she had very little herself.

REPORT OF A FAMILY SITUATION INVOLVING AN OVER- WORKED MOTHER, AN IRRESPONSIBLE FATHER AND HEALTH PROBLEMS

The O'Brien's became known to us in November of 1928 when Anna, the baby, was brought to clinic. A month earlier one of the child's eyes began to trouble her. Mrs. O'Brien treated it herself but with no success; at our clinic it was recommended that Anna be sent to the ward for a foreign substance in her eye. There it was found to be an ulcer, and Anna was discharged to attend eye clinic—diagnosis, purulent conjunctivitis.

I visited the home and found the O'Brien's living in a run down neighborhood, in a dark, chilly house, that was in poor repair. The mother was a stout, pleasant, even tempered woman and was in good health at our first contact. She works as a janitress at the Bell Telephone to supplement the irregular and inadequate wage of her husband. He works as a plumber or laborer when he can. His

wife says he is very nervous, but she is not able to persuade him to go to a doctor nor would it be possible for us to talk matters over with him as Mrs. O'Brien says he would make it uncomfortable for her if he knew strangers knew all about them. Mr. O'Brien has a cousin who is a doctor, one Dr. James O'Brien, but it is alleged that even if Mr. O'Brien were persuaded to go to him, Dr. O'Brien would not treat him without charge.

There are five children in the O'Brien family: Joseph, born in 1920 and now in the third grade at Saint A's School; Mary, born in 1921 and now in the second grade at the same school; and three pre-school children, Thomas born in 1924, Gerald in 1925 and Anna in 1926. The parents are aged—Joseph 38, Josephine 34 years.

As all the children were found to be pale and undernourished, Well Clinics were urged, and in January, 1929, the children were in Well Clinic. The usual recommendations concerning diet, tonsillectomy, dental treatment, Schick tests (with vaccinations for the two youngest boys) were given. Mrs. O'Brien promised to bring the children to carry out recommendations when she could.

However, she was able to bring Mary and Joseph to dental clinic but once before she fell ill with the grippe. They did not come again until the end of February. At that time Anna's eyes which were being treated regularly in our eye clinic had seemed to clear up. Mrs. O'Brien said that as soon as she was over the grippe she would bring Anna in to eye clinic for a discharge examination.

Previously the worker had visited St. A's Church where the family is connected, and Father Sullivan had promised to visit the family and become acquainted with their needs. At the time we visited and found Mrs. O'Brien ill with the grippe, she told us that a visitor from St. A's had brought her a \$5.00 store order, while a sister of hers had sent a ton of coal.

On March 22 I visited the family again. Nobody had been in Clinic in the interval. Mrs. O'Brien had recovered three weeks ago from her illness. The grippe she had had on our last visit had developed into pleurisy. Anna had been taken to the home of her mother's married sister to be cared for. (The brother-in-law allowed his wife to do this much for her sister; he would not however, let her give Mrs. O'Brien any financial aid.)

While Anna was with Mrs. O'Brien's sister she received very good care except that her eye, which had become sore again, and was treated by a private physician, did not seem to get well or even improve. The reports of Anna's continued illness discouraged Mrs.

O'Brien very much. One day a Miss Jones who employs Mrs. O'Brien's unmarried sister heard of the child. She placed the child in a private room in another hospital where she has remained since. The eye is now well, Mrs. O'Brien says, but they intend, at the hospital, to keep the child indefinitely (she is to be vaccinated, etc).

As for Mr. O'Brien, the very week that his wife got sick, he was employed for only four days a week and so since then. Mrs. O'Brien says the Bell Telephone has been very good to her, and now that she has returned to work she finds she is putting on weight (due to the good food she gets there, she says). At the end of her illness, Mrs. O'Brien owed a \$60.00 store bill at the corner grocery. She now owes but \$5.00. Mr. O'Brien earns about \$12.00 a week, she earns about \$16.00 and their rent is about \$16.00 per month. She says she will bring the two boys in clinic the week of March 29 if she has the carfare. She wants both boys to have their tonsils out before the hot weather.

Thomas and Gerald were in Clinic May 2 and listed to have their tonsils and adenoids removed. A phone call to Dr. James O'Brien brought forth the following information.

Ten years ago he had tried to help the O'Brien's by getting Mr. O'Brien jobs from time to time. But Mr. O'Brien never kept them. At that time there was nothing physically wrong with him, but Dr. O'Brien says he had and has the mind of a mere child. Dr. O'Brien felt that he could do nothing for them. Mr. O'Brien, he thought, was burdening down a rather nice wife with his own incompetency and a number of children. At present Dr. O'Brien says St. A.'s Church is doing what they can to help. As for himself, he decided years ago after many unsuccessful attempts to help the family, to give it up. Dr. O'Brien gave the impression however that his cooperation might be gained if, just if, an "infallible" scheme to help the family demanded it.

May 11—wrote to the hospital where Anna had been treated for her medical history.

PROBLEM: *medical*—centering around Anna, the other children and the father

social—inadequate income, overworked mother, irresponsible father.

SOCIAL PLAN: 1. to try to supplement the inadequate income from some source.

2. to manage to get the father to Pennsylvania Neuropsychiatric Clinic.

MEDICAL PLAN: 1. to keep in touch with Anna
2. to carry out Children's Well Clinic recommendations.

A SUMMARY OF SEVERAL YEARS' CONTACT WITH A DIABETIC MOTHER

The Green family first became known to us in November, 1924, when Francis was admitted to Medical Ward. The diagnosis was: Abitis Media and Paratitit. She was discharged a few days later. The family consists of George, the father, Emma, the mother, and seven children, Cathrine, John, Rita, Joseph, Francis, Margaret and Henry, all of whom attend St. M.'s school. The father is a bottle washer at H.'s Dairy and earns \$27.00 a week. The Greens live in a neighborhood where housing conditions are poor, but the home is clean, comfortable and orderly. The rent is \$13.00 a month.

In 1925 Margaret and Joseph had had diptheria, and in consequence were referred to Heart Clinic. Francis, John and Joseph had tonsils and adenoids removed in 1925. The family came to clinic irregularly since it was only necessary for them to report to Heart Clinic for observation from time to time. The case was closed to Heart Clinic Follow up Department.

The Case was then reopened in November, 1927, when Margaret was admitted to the Medical Ward. The diagnosis was pneumonia. The family conditions were apparently the same as when the case was closed in May, 1926, except that the mother seemed more co-operative and willing to bring the children to Well Clinic. She had developed diabetes and had been going to a doctor for this trouble until recently when she had stopped because of the heavy expense. The social worker thus suggested that she go to a hospital. Mrs. Green told the worker she would try to do this very soon. In the meantime, Cathrine worked for \$5.00 a week and the mother hulled berries at a cent a box, at a cannery. This added to the income of the family.

A visit to the family revealed the fact that Mrs. Green was not giving the proper attention to her diabetes. Since Henry was diagnosed as rachitic Mrs. Green had been very faithful in her visits for his heliotherapy, but in her care of him had neglected herself. Mrs. Green then managed to evade the worker until January, 1928, at which time her condition was so bad that she had to go to the hospital and remain two weeks for treatment. The prog-

nosis at the time was good, providing Mrs. Green attended the clinic regularly.

When Mrs. Green came home she had difficulty keeping the diet, because the children wanted to eat her food. Besides this, the expense entailed in following the prescribed treatment troubled her. When the worker called to see about Well Clinic recommendations she found Mrs. Green out. Mr. Green told the worker that she was working part time at the canning factory. The next time the worker called she found that Mrs. Green had been quite ill with a gangrenous condition of the left leg. The worker endeavored to make clear to the father the necessity of Mrs. Green's sticking to her diet and taking treatment. The worker explained that it was a matter of life and death.

As a means of getting Mrs. Green to attend clinic regularly, the hospital had arranged for her to get medicine at a reduced rate.

Rita, Margaret and Henry had their tonsils removed in March, 1929. Rita is having a great deal of trouble with her school work because she cannot read. In a psychological examination her Intelligent quotient was 67.

On April 9 the Social Service Department of the hospital reported that Mrs. Green had not been to clinic for some time.

Analysis of this case shows that here we have a fairly good type family living on a marginal economic basis. The neighborhood is bad but the intimate home surroundings and atmosphere are superior to the neighborhood. There is no kind of emotional instability to contend with in this family. Both the father and mother seem to be fairly intelligent. Mrs. Green is very much interested in her children's welfare. She is suffering from a severe case of diabetes and is neglecting herself in order to care for her family and household. The fact that she is too proud to accept outside financial aid may be another reason for her negligence. Other than the mother, there is no serious medical problem.

Rita, the third child, is twelve years of age and of very inferior intellectual ability. Removing her from Parochial School is neither practical nor desirable. Little can be done except to educate the mother to the fact that Rita will never be able to make normal school progress and will have to earn her living in some occupation in which ability to do school work is not necessary. The problem in this family centers around the mother.