

ABRAHAM'S CALL, AND WISDOM'S CALL

"And it came to pass after these things, that God tempted Abraham, and spake unto him, saying, 'Abraham,' and Abraham said '*Heenennee*,' (Here am I.)—And Abraham stretched forth his hand, and took the knife.—And 'the Angel of the Lord called unto him out of the Heaven, saying: 'Abraham, Abraham!' And Abraham said '*Heenennee*' (Here am I).

In the August number of "Distribution," edited in the interest of the Industrial Removal Office, our much beloved President, Mr. David M. Bressler, with his characteristic foresight, with his sound reason and broad mindedness has this to say, under the caption, "The fate of the Jews." Without pretending to forecast the future, it seems to us that history will repeat itself and that the immigration of Russian Jewry, (kindly add, "and Galician Jewry") to this country will remain for some time to come, their only source of economic and spiritual freedom. Time and again we urged. (It sounds very much like "Abraham, Abraham!") And up to this writing the march of events has not indicated any reason for minimizing our call, etc., etc."

That this call, coming as it does from the "Angel of the Lord," even if it is not from heaven, is a just call, a timely call, a humane and Jewish call, none of us can or dares to deny. It is, what I would call: "The call of Wisdom: 'Prepare for war in times of peace!'"

In this enlightened Twentieth Century we do not believe in the literal interpretation of the call of Abraham. With our understanding of a God-Head, we would consider it nothing short of blasphemy to ascribe to a just God the act of tempting his beloved son. To put a stumbling block, as it were, in anyone of his beloved children's path and the only way to reconcile the above quoted passage with our own reason, is to understand what we mean by God. And the best definition of that word is that it stands for that still small voice within our own hearts, which we, all of us, so often hear calling to us "Abraham, Abraham!"

These are the times in which every true Jewish heart bleeds for the misfortune that has befallen their brothers and sisters in

Europe and elsewhere. For how can we clog our ears to the bitter cry of the widow and orphan? Of the sick and destitute? Of the crippled and maimed? How can we shut our eyes, if there is truth in the reports which reach us from the warring countries, to the picture of murder, carnage, rape and rapine perpetrated upon our brethren, without feeling a sense of horror and indignation mingled with contempt?

Abraham answered the call, with "*Heenennee*," (Here am I) the children of Abraham, from time immemorial, were the first and the last to rush to the rescue of their persecuted brethren the world over. And, now, knowing "that history will repeat itself;" knowing that, while formerly we had to deal with the individual immigrant, our problem was but to establish him in some line of endeavor and he will, invariably, make this country his, and his family's home. He would, in a short time send for them and, by sending his children to the American schools, would raise worthy sons and daughters; after this war our problems will be whole families. If there is to be an immigration, common sense will teach us that the whole family will come together. And this Twentieth Century Exodus will be the largest and worst ever recorded. Will we withhold our proverbial "*Heenennee*?"

Solace yourself, my dear Mr. Bressler! It is true you had to call "time and again," but did not "The Angel of God from Heaven call Abraham, Abraham," before the answer came "*Heenennee*." I have all the faith in our Jewish workers. Their, as well as mine, hearts go out to our coreligionists, and as soon as the call will come from that still small voice, from their own hearts, if it has not come up to now, they will, each one of them, answer: "Here am I." We will not suffer the "call of wisdom" to go unheeded, and we will all stand "by the colors, as true sons of Abraham."

George Ellman.

Mr. Blank Resigns

Mr. David Blank, by reason of going into business, has resigned his position as superintendent of the Society of the United Hebrew Charities of Philadelphia.

INTERESTING BUT STARTLING

Edward Hochhauser

New York

Dr. Fisberg's paper is as intensely interesting as it is startling. He is an indefatigable reader and student, not content to complacently accept the beliefs of others, who enjoys jolting and challenging the drifting selfapplauding conservatives. When we analyze his paper carefully we find much that is suggestive, it seems to cloud, but really clears our views. There are many among us who feel that when the medical profession disagrees we must take the middle course, and steer safe. The lives and destinies of many individuals are in our hands. We are looked to for guidance and advice, and if we err at all it must be on the side of too great precaution. I take for granted that we have kept in touch with the progress in the tuberculosis field, and have long passed beyond the "don't spit" stage of the tuberculosis campaign.

"I wish I knew as much about tuberculosis today as I knew about it ten years ago when I was new in the work," was the attitude of one of the oldest workers in the tuberculosis field. In the beginning we were carried away by our enthusiasm, and many a slogan such as "No Tuberculosis in 1915, or 1920" was accepted. Now we realize that tuberculosis can not be treated or prevented by laboratory methods. Its control is as complex as modern civilization.

The air borne theory of germ infection has been pretty well exploded not only in tuberculosis but in all infections and communicable diseases. The new contagious disease hospitals have demonstrated that it is personal contact with neglect and filthy habits that are the chief avenues of infection. Just as they have demonstrated that it was the nurse who spread the disease in the New York Infant Asylum, which Dr. Fishberg cites. Of ten infants in one ward three reacted positive to the tuberculin test. A new attendant was placed in this ward for six weeks, after which time another *Von Pirquet* was made, and all ten reacted positive. This attendant was found to be tuberculous with a positive sputum. Here again through personal contact the disease was spread, for we read that all these children had stomatitis, and the nurse was entrusted with the care of their mouths.

The danger of infection is greatly exaggerated, although the ignorant are still careless and through neglect of personal hygiene spread the disease. As Dr. Fishberg points out there has been a "reaction" he calls it—stocktaking would be more correct. We found that tuberculosis was so easily cured that it was cured three and four times in the same individual. In other words we are just waking up to the waste of sanatorium treatment. Half of our patients discharged as improved or arrested relapse or die in two years after discharge. At the time when the patient needs most care, when he must readjust himself to economic life, we drop him.

Many charge the crusaders with combining with the ignorant and selfish in penalizing those afflicted with tuberculosis, and creating phthisiophobia. This exaggerated fear is a big obstacle in the campaign for better treatment for the sick and the control of the disease. All of us can understand why the "consumptive" lies about his condition, and tries to evade the Health Department. My own experience helps me to appreciate how hard is the way of the righteous "T. B. ite." I was invited to the home of a man I met while returning from a conference. The family was very kind, but when they learned that I was connected with a Tuberculosis Committee, they did not invite me again. Often we find the syphilitic boycotting the consumptive.

That tuberculosis is a communicable disease all are agreed. That bovine tuberculosis is transmissible to the human life is still denied by some, yet our province is quite clear. Until there is positive proof to the contrary we must make every effort to exclude the milk of tuberculous cows. That the most susceptible or rather most fatal period of infection is in childhood is now accepted; that few, or none, receive their primary infection after puberty is still an open question, hence we must control the patient who is a menace. That the open case with the positive sputum, who is careless in his personal habits, is a menace is clear, hence we must focus our attention on this case.

Efficiency, economy, real social service demands that we stop sending every one, who has signs of tuberculosis, to the hospital or sanatorium. There is not enough hospital provision, and there never will be. As Dr. Fishberg tells us, most of us have signs of active or healed lesions, in many instances not recognizable with present methods of diagnosis. Even those who are clinically tuberculous may be inactive or quiescent and able to work. Then there are many slightly active, and some with fairly large cavities, who do not require hospital care, and can do some work. We don't know what to do with them. They have no place in the present industrial system. Workmen's Compensation, and other forms of social insurance tend to weed out the physical inefficient, and intensify the problem of dealing with the handicapped.

They are non-contributors, we fear we may pauperize, so we want them out of the home.

Either we must create an artificial industrial system, which may be temporary for some, and permanent for others, or for the most part we must treat the patients as physically handicapped and industrially unemployable. An institutional home may be necessary, but not a hospital. A hospital is for the treatment of those acutely ill. Many who are active can be effectively treated at home, and at considerable less cost than at sanatoria. Where home conditions, and the co-operation of the patient make it possible, patients can be treated in the home. This may include moving them to better quarters, and teaching the family hygiene and the use of proper foods. It means close supervision, and regular examinations. The results with the comparatively few patients that we have tried, compare very favorably with those who had sanatoria treatment, and the gains are apt to be more lasting. The family as well as the patient have been instructed. There will always be a large number of patients who can not or will not carry out the proper regime at home, and they must be treated at hospitals and sanatoria. Many of this group, on return to their homes, seem to forget all they have been taught at the sanatorium and relapse into the careless, slovenly, unhygienic life they led before.

We cannot with precision, as Dr. Fishberg puts it, tell who will contract tuberculosis, and who will come out unscathed; we cannot even say that of four children who are anemic, which if any, will contract tuberculosis. But we do know that the lower the social status, the poorer the homes etc., the greater the infection, or more accurately the development of active tuberculosis. The well to do have a low mortality rate—the poor a high rate. All may live in the same community—the one is safeguarded, while the other is constantly exposed—the one lives under good sanitary conditions with good food and clothing—the other lives in crowded, dark, often sunless and unsanitary homes with poor more than insufficient food. We do know that it is among this last group the grim reaper will find his harvest—we do know that it is among the anemic, low resistance, poor physiqued that the new cases are developed. Of course six months preventorium life is an insufficient weapon against sixteen years of disease promoting conditions. We must attack the conditions that make for disease. There is no panacea or easy road. As Dr. White of Pittsburgh has often said "The more we know of tuberculosis the farther back we find we must go in the life of the patient." He urges that tuberculosis societies must include all health activities—they must go back to the child, and to be really effective, start with prenatal care.

The tuberculosis campaign has in the last five years become more and more a campaign against disease. Because of the complexity of tuberculosis as a social-medical disease we cannot look for any marked decrease in tuberculosis alone. Unless Dr. Webb and others can find the "cure" or prove their theory of immunity—we must expect tuberculosis to decline as housing, personal and municipal hygiene, working conditions and wages improve—and as these conditions improve the general morbidity and mortality rate will decline.

In our effort to secure a rational attitude toward the tuberculous, we must not go to the other extreme of throwing down the bars of precaution. Marital infection is not as great as we might expect, and we may here argue that in the existing cases it is purely coincident. The number is quite large, however. Among ninety-two families

under care of one organization in which either the man or the wife was tuberculous, twelve of the consorts were tuberculous, some of these in arrested conditions. There may be no danger of reinfection or new infection, but there is the danger of a relapse with an active condition again starting. This is what occurs with most of the sanatoria graduates. The return to a full time work, for which he is not prepared, or bad housing, improper food and living etc., causes the relapse. In the case of married women, pregnancy within a year after the arresting of the disease often results in lung activity. Here much can be done.

The charge that sanatoria are producing indolent, lazy, unfit vagrants, who cannot or will not work, is in large part justified. The sanatorium treatment must include some form of work to fit the patient for some usefulness, and should then follow him up through, what Dr. Goldstein calls, the period of industrial convalescence, so that he may be of some use to himself and the community. I can understand the attitude of Dr. King of Loomis, whom Dr. Fishberg mentions. Dr. King has a system of graduated exercises and work for therapeutic value, as well as preparation for return to work. He told me of one patient, paying \$15 per week, who after several months at Loomis, was told to join the gang working in the garden. The patient did not want to work, and finally appealed to Dr. King "But don't you think it will hurt me," asked the patient. Dr. King, who speaks out of personal experience, lost patience with the man, and finally said to him "Do you want to go out there and do some work, even if you do take a chance, or do you want to spend the rest of your life warming a porch chair, a dependent, supported by your mother and sister? If you are not willing to take the chance you can be a chair warmer elsewhere."

Of course we must not lose sight of the fact that the sanatorium does play a large part in the campaign against tuberculosis, and should play an increasingly large part. It should be the place for scientific research and experiment. Nor is it fair to expect too much of any institution. We must admit that a large number of the patients who get to sanatoria are the "Shlimels," the subnormal mentally, who were misfits before they contracted tuberculosis.

The medical profession blazed the way, and the social workers followed. Our enthusiasm and unwarranted optimism has permitted us to overemphasize the place of the hospital. In the words of Dr. White "At least we have made provisions for the care of consumptives, and this was necessary from a humanitarian standpoint as from a preventive standpoint; for these were driven out by our methods of education from their natural abode in the general hospital." But to say the campaign has not been of tremendous value is to return to public apathy, neglect and ignorance of ten years ago. It has been the leader and fore-runner in the health campaign.

Farm School Graduates' Success

At the annual pilgrimage to the National Farm School, Dr. Krauskopf delivered an address in the course of which he gave the following instances of success achieved by its graduates:

Maurice J. Mitzmain is one of the experts in Entomology of the Federal Department of Agriculture. His researches and successful diagnosis of the life and action of types of insects, that prey upon fruit trees and upon cattle, have contributed valuable additions to the science of Orchardling and of Animal Husbandry.

Bernard Ostrolenk is the director of the Agricultural Department of the State High School of Canby, Minn. This type of Agricultural High School in Minnesota and other States is modeled after the curriculum of The National Farm School.

Morris Salinger has recently been selected from a large number of applicants, by the Jewish Colonization Association of Paris, to become the director of its Jewish Agricultural Colonies in the Argentine Republic.

Charles Horn is assistant superintendent and instructor of the Vacant Lots Cultivation Association of Philadelphia. Meyer Goldman is in charge of the boys' and girls' gardens in the Jewish Farm Colony, at Norma, N. J. Sam S. Rudley is instructor in agriculture and horticulture for the Board of Public Education of Philadelphia. Joseph H. Wiseman holds a similar position under the Board of Education of Pittsburgh. Harry Weiss is instructor in agriculture for the Jewish Foster Home of Philadelphia.