

and of agency that are most likely to reach the largest possible group of the community, those least favored economically and least adequately provided for by the existing agencies." (p. 875)

The Epilogue reports the as yet not very impressive progress made by the community in putting into practice the recommendations made to it. There is reason to feel that its comments are a trifle premature. The seed, once planted, should for a longer time be undisturbed.

No careful reader of the book could fail to be impressed with the sincerity and forthrightness of its utterances and the careful gathering and analyzing of data upon which they are based. It is no exaggeration to say that the finished report is thrilling in what it has accomplished in social pioneering and in what it portends both for Pittsburgh and for the fields of social and health service everywhere.

ARTHUR L. SWIFT, JR.²



THE FAMILY AND THE DEPRESSION

IN SPITE of the interest of social scientists in problems raised by the depression, our knowledge of the impact of the recent economic crisis upon family life remains meager and inadequate. Available data and fields for further research along these lines have been summarized in a research monograph on the family¹ comprising one of thirteen studies on "The Social Aspects of the Depression" which were instigated and sponsored by the Social Science Research Council. This volume clearly indicates the need for more adequate studies of family life, particularly during normal times in order to obtain a basis for determining and understanding the deviations which occur during critical periods. Students of the effect of the depression upon family life have been handicapped by lack of background material and hence have tended to confine their studies largely to the particular period of the depression without reference to earlier conditions.

In an effort to present a more fundamental picture than could be obtained from an investigation of the depression period alone, a recent

² Union Theological Seminary, New York City.

¹ Stouffer, Samuel A. and Lazarsfeld, Paul F.: RESEARCH MEMORANDUM ON THE FAMILY IN THE DEPRESSION. New York, Social Science Research Council, 1937. 221 p.

study, *THE FAMILY AND THE DEPRESSION*,² was undertaken by a sociologist and a psychiatric social worker during 1934-1935. The objective of the study was to investigate "the ways in which families and the individual members of families adjusted or failed to adjust themselves to the depression considered not primarily as an economic crisis but as a crisis in the organization and aims of family life." In contrast to previous studies which have tended to "present the depression as a discrete experience unconnected with the past or future life of the family," these authors regard the impact of the depression as an integral part of the continuous experience of the family group.

In order to achieve their purpose, it was necessary for the investigators to select families concerning whom information was available before the depression. Consequently, one hundred families were chosen from the records of the Institute for Juvenile Research in Chicago, covering cases examined at the Institute during the period from July, 1927, to November, 1928. Only white families were included and only those: (1) which formed a natural family group of father, mother, and at least one child; (2) which was a young family group; (3) which lived within a radius of fifteen miles from the center of the city; and (4) which had a detailed pre-depression record. Presumably the one hundred families were chosen in serial order when the given requisites were met, but the discussion of methodology leaves this point in doubt. After these records of 1927-1928 had been analyzed and after the cases had been re-cleared with the social agencies in order to secure all available information, the families to be included in the study were interviewed at length by the psychiatric social worker.

This selection of cases from the records of the Institute for Juvenile Research meant that each family had at least one problem child who had been referred to the Institute as maladjusted or delinquent. The representativeness of families selected on such a basis was tested by a comparison with other population groups in Chicago in regard to residence, birthplace of father, religious affiliations, employment of mother, and occupation of father. The authors conclude that the families used "are as a group fairly representative of the national, religious and economic classes of the city as a whole." This would seem to be true in regard to

² Cavan, Ruth Shonle and Ranck, Katherine Howland: *THE FAMILY AND THE DEPRESSION; A Study of One Hundred Chicago Families*. Chicago, The University of Chicago Press, 1938. 208 pages. This study was conducted under the joint auspices of the Illinois Institute for Juvenile Research and the Social Science Committee of the University of Chicago.

nativity, religion, and residence of the families but is more doubtful as far as occupational status of the father is concerned. The proportion of unskilled laborers in the study was higher than in the City as a whole, and the sample also seems to have a high proportion of children who were mentally dull or retarded. If family case records are to be used in any study, it is almost inevitable that some kind of bias will be involved, since such records are usually available only in agencies or institutions which handle specific problems. With the present lack of material on ordinary families not connected with social or welfare agencies, such intensive studies of family groups must probably be limited to certain types of families.

The authors have analyzed their material according to: (1) types of family organization prior to the depression; (2) types of crisis met; (3) types of reaction to the crisis; and (4) types of adjustment. For each of these classifications numerous and interesting case records are cited as illustrative of the points made. After discussing these four stages, the authors have cross-classified the families in an endeavor to get typical reactions when the depression is viewed as merely one incident in a continuous pattern of activities and attitudes. This final bringing together of the family histories in a unified record is especially valuable after the detailed, disparate analyses contained in the earlier sections.

Later chapters of the book include a brief analysis of the attitudes of these families towards the depression, relief agencies, and social reform; an analysis of the young people of marriageable age found in these one hundred families; and a short account of the mobility of the families. While the material in these three chapters is interesting, its value is limited by the small number of cases involved. The final chapter summarizes various studies along similar lines and compares the methods and findings of this investigation with others. This chapter increases the value of the attached bibliography and orients the present study in the field of investigations of the depression and the family.

The principal conclusions of this analysis of one hundred families have been summarized as follows: (1) well-organized families met the depression with less catastrophic consequence than families that were already disorganized; (2) families and their members tended to react to the depression in much the same way as they had to previously encountered crises; and (3) the period of unadjustment and disorganization characterized by emotional strain which typically was manifest in the early

stages of the depression generally was succeeded by a period of adjustment or maladjustment. These conclusions conform so readily to common sense impressions that they may probably be applied with reasonable safety to other families. Although the data contained in this study have been carefully and exhaustively analyzed, the number of cases is too small to furnish adequate proof of each type of reaction, as the authors themselves point out.

LOUISE KENNEDY KISER

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TWO MEDICAL STATISTICAL BOOKS¹

THE introduction of the medical worker to the field of elementary statistical analysis is not a difficult problem to solve. It entails providing him with (1) a grounding in terminology, (2) an introduction to statistical methods and, to borrow medical usage, their "indications and contraindications," and (3) an introduction to the increasingly specialized literature of the field.

Dr. Mainland's book, *THE TREATMENT OF CLINICAL AND LABORATORY DATA*, meets all three of these requirements well, and the attention paid throughout to the problem of small sample study adds greatly to its usefulness. *PRINCIPLES OF MEDICAL STATISTICS* by Hill meets the first two requirements well and includes, among methods, discussions of life tables and standardization of rates although the "indications" for the use of both of these methods could have been made more comprehensive.

Both books adequately show the need for an understanding of statistical methods on the part of the medical worker. They also explain that analysis is but the last of a series of steps in statistical procedure, the first of which should consist of planning the study or experiment, and the next of collecting the data. A third preliminary step, and one which deserves more attention than it usually gets, is the recording of the data for much is lost in this process of making the data available. These steps which precede that of analysis are not accorded the same attention by the two authors. Mainland regards them as peculiarly in the province of the

¹ Mainland, Donald: *THE TREATMENT OF CLINICAL AND LABORATORY DATA*. Edinburgh, Oliver and Boyd, 1938, 340 pp.

Hill, A. Bradford: *PRINCIPLES OF MEDICAL STATISTICS*. London, The Lancet Limited, 1937, 171 pp.