

demographic data there are "many traps into which the uninitiated may fall unless he is cautious and not over-anxious to obtain impressive results. To make available a proper and unbiased interpretation and to prevent wrong conclusions being drawn by others should be the chief aims of all demographers" (v).

CLYDE V. KISER

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### PHARMACOPOEA INTERNATIONALIS<sup>1</sup>

**T**HIS appearance of the first international pharmacopeia under the imprint of the World Health Organization achieves the unification of pharmacopeias. In contrast to it, national pharmacopeias have reflected differences in the standards, strengths, and nomenclature of drugs of the various countries. These differences have been a source, if not of inconvenience and actual danger, of retardation in the spread of pharmaceutical knowledge. Unification in this international pharmacopeia is, therefore, more to be expected than explained. It is a welcome, long-awaited volume and another triumph for the World Health Organization.

H. D. KRUSE, M.D.

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### COMMUNITY PLANNING FOR HUMAN SERVICES<sup>2</sup>

**W**HAT is the "American way of life?" Although the term is widely used, no adequate definitive description of what it consists has been made. Whatever else it includes, the pervasiveness and great extent of social services of the far-flung communities of the United States and the interesting intertwining of voluntary and tax-supported social services would stand out conspicuously in any effort to express the meaning of

<sup>1</sup> World Health Organization: PHARMACOPOEA INTERNATIONALIS. Geneva, Editio Prima, Volumen I, 1951.

<sup>2</sup> Buell, Bradley and Community Research Associates, Inc. COMMUNITY PLANNING FOR HUMAN SERVICES. Columbia University Press. 464 pages. \$5.50.

this term. The ever-present pioneering influence of voluntary efforts in preparing the way for and in continuing to interpret the need for tax-supported services is peculiar to America. The growth of both voluntary and tax-supported services has been historically gradual until the last three decades of the twentieth century. The prosperity of the 1920s and the depression of the 1930s gave an impetus to an enormous growth in all forms of social services, but particularly to those dealing with dependency, and this has carried over and been continued in the war and the post-war period of the 1940s.

This extraordinarily rapid growth upon a historical base that previously had developed without any consistent, coherent, well-considered pattern in communities, or even at state and national levels, has left the United States in the early 1950s with a group of services so extensive, so manifold in control and operation and so complex, that it is very difficult if not well-nigh impossible to attain a clear comprehension of the whole scene. Further intelligent evolution of these ever-present, widely extended services is obviously impossible without serious effort not only to understand the main trends of this complex picture, but to endeavor to bring about a more systematic, integrated, and meaningful pattern of future developments in local communities and also on state and national levels. To portray the picture of these services as they now exist with enough of their historic setting to make them understandable, to point up the loss to communities through the absence of community-wide planning for coherence and integration with the inevitable waste accompanying this, and to make constructive suggestions for improvement are the objectives which Bradley Buell and the Community Research Associates have attempted in the important publication *COMMUNITY PLANNING FOR HUMAN SERVICES*.

The value of this publication rests in no small part on the fact that it was preceded by a thorough statistical study of the facts and pattern of community social services in the City of St. Paul, Minnesota, the expense of which was underwritten by the Grant Foundation. This was supplemented by less intensive studies made previously in several other urban communities. The St. Paul study emphasizes first of all that the difficul-

ties compelling the assistance of a community's social services *arise in families*. In other words, if the need for social services arises in the social, basic, and biological unit—the family—it is to the growth, development, and stabilization of family life that social work must turn, if it hopes to lessen the demand for social services.

In the one month—November, 1948—covered by the St. Paul study, 41,000 or 40 per cent of all the families in the community were being served by the city's public and private agencies. A previous study in Syracuse, New York, had indicated that 70 per cent of all the families in that city had been served during the twelve months of 1941 by 100 community social service agencies. Of the 41,000 families helped by the St. Paul agencies, 7,000 or 7 per cent of all the city's families were dependent, 11,000 had problems of maladjustment, over 15,000 had problems of ill health, and almost 19,000 were being served by public and private recreation agencies. In other words, many families requiring the help of one type of service required the help of other types also. For example, 70 per cent of dependent families had problems of ill health or maladjustment. The most significant fact of all perhaps was the fact that a group of 6,600 or about 6 per cent of all families, or 16 per cent of those served by community-supported services, were absorbing well over one-half of the total community's dependency, health, and adjustment services. It is the problem of this residual core of multi-disadvantaged families, that is probably fairly typical of urban communities, to which communities must address themselves in order to hope to lessen the need for their social services.

The size of these widely-spread community social services in the United States is illustrated by the fact that it is estimated that about 13 billion dollars is expended annually to maintain them. In St. Paul alone the annual cost is about 17 million dollars. Somewhat more than one-half of this total is secured from fees and voluntary contributions, 1½ million dollars from federal sources, and the balance from tax funds raised locally. In twenty-nine cities with a total population of 19,312,000, 12 per cent of \$814,033,349 expended for social services came from federal funds. In dependency, federal funds amounts to 35.5

per cent. Fees from persons able to pay in whole or in part for their services accounted for 29.3 per cent. If the amount collected from fees paid for services is deducted, the federal proportion of the total expenditure is 17 per cent.

Within the framework of four major classifications of community services which have grown up to meet human needs, the historical evolution and the present basic status of each of these four classifications is developed. The degree of acceptance of community responsibility, an analysis of the major characteristics of the problems involved, the community structure for administering the services, and the extent to which coherence and integration are present (or all too frequently absent) are described for each of the four classifications.

As a result of the facts, analyses, and interpretation brought together in this study, the authors correctly conclude that "the services as now organized and rendered to the people of our communities do not offer a purposeful, comprehensive, well-integrated program." There is, however, a discerned trend toward "coherent community-wide planning," and the acceleration of this trend is dependent upon "(1) a greater unity of purpose; (2) better scientific and professional disciplines, and (3), more coherent national leadership in terms of community-wide guidance and stimulation."

While an enormous literature has previously grown up around various sectors of these rapid developments, no comparable scholarly attempt to present a factual, unified, and constructively critical picture of the whole has previously been undertaken. This volume, therefore, derives its significance and importance chiefly from the fact that it has presented such a picture. For the first time the social service field now has a well-considered, factual presentation, analysis, and interpretation of the basic elements in the complicated social services of communities in the United States, from which it can intelligently plan for more consistent, better integrated, and organized community patterns in order to secure more economic and more useful future social services. In the words of the authors, "the vast networks of health, welfare and recreation services can and should be more effectively planned and organized to prevent and reduce these community-wide problems." The

volume marks a milestone in demonstrating the importance of planning for improving community-supported social services and in the utilization of research as a necessary tool in such planning. It suggests that the time is ripe for "significant experimentation with the systematic community-wide detection and reporting of disorders, diagnostic and prognostic classification, periodic review of progress or retrogression, analysis of the appropriateness of care and treatment, and basic evaluation of results" as timely means of making further progress in the management of community-supported social services and in the prevention and reduction of the necessity for such services.

BAILEY B. BURRITT

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### THE PREVENTION OF WHOOPING-COUGH BY VACCINATION<sup>1</sup>

WHOOPING cough is an acute communicable disease that has its greatest incidence and severity among children less than 7 years of age. It is especially severe in infants of less than 2 years. The rapid decline in the incidence and severity of pertussis among older children without a history of a recognized attack makes the postponement of pertussis a most desired procedure. During the past thirty years mortality from pertussis has been reduced mainly by vaccination. Further reduction of pertussis by improved immunizing processes presents a challenging problem to the medical profession.

Since 1942 the Whooping-Cough Immunization Committee of the Medical Research Council has been carrying on investigations "to assess the prophylactic value of pertussis vaccines." In controlled studies carried on between 1942 and 1944 no significant differences were found between groups inoculated with pertussis vaccines and uninoculated control groups. Other similar studies, especially those carried on in the United States and Canada, reported that the pertussis vaccines used produced

<sup>1</sup> The Prevention of Whooping-Cough by Vaccination. A Medical Research Council Investigation. *British Medical Journal*, June 30, 1951, Vol. 1, p. 1464.