

do most good." He adds, "Some of the hospitals which followed our lead in establishing social work **improved on us, for they put social workers in the clinics from the start.** Bellevue Hospital, in New York, did this in 1906, and the Boston Dispensary in 1909. We have learned from them and are now following their lead in method as they first followed ours in conception." Mr. Davis, of the Boston Dispensary, says: "Social workers must be placed in the clinics and in the hospital wards so that they can come into first-hand contact with the doctor and patient together. Nurses and social workers must pull together, and, when not combined in the same individual, the problem of adjusting their functions in the clinic is, and will be for some time, a delicate one."

This brings us again to the question of the worker herself. Dr. Menass Gregory, of the Pyschopathic division of Bellevue Hospital (12,000 ward admissions and 4,200 out-patients in this one division in 1912), speaks of the worker in these words: "A Hospital social worker, in addition to enthusiasm, broad sympathy, optimism, energy, tact and resourcefulness—qualities of prime importance for the work—should possess some training in physiology, hygiene and therapeutics, some insight into normal and abnormal psychology as well as some knowledge in social and domestic science. A social worker should not be selected merely because she has had the training of a nurse, but if she have the essential qualities and native ability needful for the social worker her training as a nurse will greatly enhance her usefulness."

For those who say they have no use for social service and do not like it, I will simply quote, in closing, an anecdote told of Charles Lamb. A friend said, "Come here, I want to introduce you to Mr. A." Lamb replied with his characteristic stammer and drawl, "No, thank you." "Why not?" "I don't like him." "Don't like him? You don't know him!" "That's the reason I don't like him."