# A STUDY OF FORTY-THREE MEGRO CHILDREN WHO DID NOT CONTINUE LUSTIC TREATMENT AT GRADY HOSPITAL, ATLANTA, GRORGIA

# A THESIS

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#### CHAPTER I

#### INTRODUCTION

"If enemy bombers raided American cities, killed 25,000 children and wounded 60,000 more, this nation would take drastic steps in preventing another attack. Yet every year syphilis kills more than 25,000 babies before birth and infects 60,000 babies born alive." America is not yet waging total war against this enemy.

However, our federal, state and local health officers have devoted much time and effort to making the public sware that syphilis is a community problem as well as a personal one. Control of syphilis is necessary and contributes to the advantage of every citizen. Our federal government helps to protect children from syphilis by allotting funds to states to strengthen the control of syphilis. The State of Georgia has devoted funds and efforts to the syphilis control program for children. The legislature of Georgia passed an act which was signed by the Governor on March 18, 1944. It is concerned with the prevention of syphilis by requiring every woman who becomes pregnant to have a blood specimen taken for submission to an approved laboratory for a standard serologic test for syphilis. It is hoped that this requirement will result in fewer children being born with syphilis.

The City of Atlanta provides three centers for the treatment of luctic adults. They are: (1) Atlanta Health Center, (2) Grady Hospital, and (3) Social Disease Hospital. Fulton County provides clinics in Rockdale

U. S. Public Health Service Publication, "So Par, So Good: 1940, (Washington, 1941), p. 5.

Park, East Point, College Park, and Buckhead for lustic adults of Fulton County. Treatment for lustic children in Fulton County and in Atlanta is the responsibility of Grady Hospital, as the city and county health departments' progress are for adults. Grady Hospital is the only tax supported local resource for the treatment of children who have syphilis. However, many lustic children are not using the services which are available for them at Grady Hospital.

# Purpose

It was ascertained from Grady Hospital that there was a large number of luctic children who have failed to complete the course of treatment.

The aim of this study was to discover why children have not completed the course of anti-luctic treatment at the Negro Unit of Grady Hospital, Atlanta, Georgia.

# Scope

This study was concerned with forty-three Negro children who were most delinquent in attending the Luctic Clinic of the Negro Unit, Gredy Hospital. Their names were taken from a list of luctic children. This list consisted on March 20, 1944 of ninety-three Negro children who according to physicians of the Grady Hospital Luctic Clinic had been known to the Clinic and who should have continued to receive luctic treatment. Seventeen of these children attended the Clinic regularly. Twenty-five attended fairly regularly. In general, they had been seen in the Clinic at least three times a month. Four children's charts could not be located. Four children

<sup>&</sup>lt;sup>1</sup>Statement by Dr. James F. Hackney, City Health Officer, Atlanta City Health Department, Atlanta, Georgia, personal interview, May 10, 1944.

had received a sufficient number of weekly treatments and were to report to the Clinic for follow-up only. Forty-three children had been most delinquent in attending the Luetic Clinic, and it was with this group that the study was concerned. They had not been seen in the Clinic for at least a month preceding March 20, 1944. However, it was not possible to locate four of the parents of these children so the study, in part, was concerned with only thirty-nine of the children.

# Method of Procedure

A schedule was devised which was divided into two parts. The first part was used to record medical and social information. The second part was used to record the reasons for the failure of these children to attend the Luctic Clinic.

The first part of the schedule was filled out by the writer with information obtained from medical records at Grady Hospital, and the second part with information from interviews with the parents of the children. The interviews were held in the homes of the parents. The data were then tabulated and analysed.

#### CHAPTER II

#### GRADY HOSPITAL

Grady Hospital, Incorporated, is a general hospital for the care of the indigent sick and injured of Fulton County and that part of the city of Atlanta in DeKalb County. It was opened to the public in January, 1892, and from the beginning has been operated by the City of Atlanta, although Emory University provides a portion of the medical and technical staff. A part of its financial support comes from Fulton County.

Separate accommodations and services are provided for white and Negro patients. The City of Atlanta owns the land and buildings used for the White Unit while Emory University owns the land and buildings used for the Negro Unit. The Eegro Unit and the White Unit are in separate buildings.

To be eligible for treatment a patient must have been a redident of Atlanta or Fulton County for six months. The residence of the wife is determined by that of her husband, and the residence of a child under twenty-one years of age is determined by that of his father. The residence requirement is relaxed if the patient has a home in Atlanta or Fulton County and has a job, the income of which does not exceed the maximum income limits for entrance to Grady Hospital. The maximum income limitations for Regroes are one hundred dollars a month for one person and one hundred twenty dollars a month for a couple. An additional twenty dollars a month is allowed for each additional dependent.

Thomas H. Reed, The Governments of Atlanta and Fulton County, (Atlanta, 1958), p. 129.

<sup>2</sup> Ibid., p. 129.

Emergency cases must be taken immediately without investigation as to the eligibility of the patient. When patients are found to be indigent residents of counties or manicipalities outside Atlanta and Fulton County, the proper government agency is notified and an attempt is made to collect the cost of treatment so that the Hospital will be reimbursed for medical expenses. In the case of non-indigent cases, an attempt is made to secure payment from the patients. Grady Hospital renders emergency services twenty-four hours a day throughout the year to both Negro and white people.

Grady Hospital has a House Staff and also a Visiting Staff which is composed of about 150 physicians who are among the outstanding men in their respective fields in the City of Atlanta and Fulton County. Emory University supplies instructional service to internes in the Negro and White Units of Grady Hospital. Members of the faculty of the Emory University Medical School head several of the departments in the Negro and White Units.

# Social Service Department

The staff of the Social Service Department of Grady Hospital includes a director, four medical social workers and nine investigators. Both the medical social workers and the investigators come under the direction of the Social Service Department, although the duties and responsibilities of each are different. The investigators are responsible for determining a patient's eligibility for admission to the hospital and the clinic.

Responsibility for case work services to the patient belongs to the medical social workers. Patients are referred to the social workers by doctors: and nurses at the Hospital and by social agencies.

The primary function of the Social Service Department is to study the patient's social situations and needs in relation to his illness, and to plan his medical social treatment in collaboration with him and his physician.

#### Clinic Services

Various clinic services are rendered to both Negro and White patients six days each week. Some clinics are held daily while others are held less often.

The Clinic Unit for Negroes is known as Gray Clinic. It is located at 50 Armstrong Street, North East, about one -half mile from Five Points, the center of Atlanta. By virtue of its location it is easily accessible to a large proportion of Negroes in the low-income class.

Eligibility to elinic service is conditioned by income, age and residence factors. These persons in the low-income class who are unable to pay for the services of a private physician are eligible for treatment at Grady Clinic. The financial requirements for attending Grady Clinic are the same as the financial requirements for entrance to Grady Hospital. Patients to be eligible for treatment must have lived continually in the city of Atlanta and Fulton County for at least six menths prior to the time of treatment. Age in general is not a factor in determining eligibility to elinic service. However, a child, who is otherwise eligible, may receive treatment at the Pediatrics' Luctic Clinic from the time he is born to his thirteenth birthday.

In general anti-lustic treatment consists of injections of drugs which are alternated weekly for eighty to ninety weeks. Usually the

infants and small children, known to the Pediatrics' Luctic Clinic withstand anti-syphilitic treatment well. The reactions which they suffer are identical with or similar to those seen in adults. If treatment is not withstood well, it is modified or deferred until the general condition of the infant has been improved.

At present there are no services rendered to this Luctic Clinic by the Social Service Department. This is due to changes in staff and loss of staff. Prior to July, 1945, the Social Service Department rendered many services to the Pediatrics' Luctic Clinic as one worker was assigned to Pediatrics'. The Clinic record on all babies born to luctic mothers at Grady Hospital were designated as Special Study Cases. A card file of these was kept by the social worker. It was her responsibility to see that babies returned for Kahn's during a two year period. When the dector recommended anti-luctic therapy, he sent the child's mether to the medical social worker and the mother was encouraged to bring the child regularly for anti-luctic treatment. If the child was not attending the Luctic Clinic regularly, a follow-up letter was sent to the patient's mother.

<sup>1</sup>Statement by Janet Golden, Medical Social Worker, Grady Hospital, Hegre Unit, Atlanta, Georgia, personal interview, April 20, 1944.

#### CHAPTER III

#### THE FORTY-THREE CHILDREN WHO DID NOT CONTINUE TREATMENT

Many lustic children are not making use of the medical services made available for them at the Pediatrics' Lustic Clinic. Forty-three children of the ninety-three were considered most delinquent in attending the Lustic Clinic. They had not been to the Clinic for at least a month preceding March 20, 1944. As has been said, this study was concerned with those children who were most delinquent in attending the Clinic.

Chart 1 shows that among the forty-three children most delinquent in taking treatment, some received as few as two treatments while others received more than seventy treatments. However, none of these lustic children received as many as the required eighty treatments, even over a period of 627 weeks as is indicated in Case 24. Case 24 has received only twenty-nine treatments during that period of time. Case 24 received her first treatment in 1932 and her last treatment was given January 24, 1944. Case 42 and 45 were referred to the Lustic Clinic but have not reported to the Clinic for a single treatment. Case 14 has received only nine treatments during the period of 110 weeks. During a period of 134 weeks Case 26 received 37 treatments. Case 37 received only sixty-three treatments during a period of 877 weeks.

chart 1 may indicate that the parents of these forty-three ehildren did not realise the importance of regular treatment for their luctic children. It may indicate a need for more interpretation to parents concerning syphilis. It may indicate the need for some plan to determine why children were met returning for treatments. Additional case work services might have prevented many of these children from discontinuing anti-luctic treatment.

CHART I

LUETIC CHILDREN BY MUMBER OF TREATMENTS, NUMBER OF WEEKS KNOWN TO THE
CLINIC, AND AGE AT LAST BIRTHDAY, AS OF MARCH 20, 1944

_	Humber of	Wooles Enover	
Case	Treatments	to the Clinio	Age of Patient at last birthday
1	8	8	1
2	2	16	10
3 4	3 3	8	Infant
5	<b>3</b>	8	Infant Infant
6	<b>5</b>	12 8	1
7	5	7	Ž
8	6	36	ĩ
9	6	16	Infant
10	7	16	2
11	7	S	7
12	8	20	Infant
13	8	11	8
14	9	110	2
15	10	<b>57</b>	\$
16	12	17	7
17	19	72	5
18	22	48	2
19	25	63	8
20	25	<b>20</b>	18
21	27	16	2
22	27	59	12
23 24	29 29	41	9
<b>2</b> 5	22 32	<b>627</b>	12
<b>26</b>	<b>57</b>	94 134	4
27	39	76	2
28	40	109	
29	42	88	7
30	43	82	12
31	43	82	3
32	46	56	4
<b>3</b> 3	47	79	9
34	51	180	2
35	54	125	7
36	60	180	5
37	68	<b>87</b> 7	6
<b>3</b> 8	70	80	4
39	76	247	6 11
40	77	152	11
41	79 0	105	12
42		36	9

# Place of Birth and Age

Thirty-ene of the ferty-four lustic children were born at Grady
Hospital. Right of the total number included in this study were born
at home in Atlanta or Fulton County. Four of the lustic children in
this study were born outside of Atlanta and Fulton County. However,
they were born within the State of Georgia. The fact that thirty-one
of the forty-three lustic children were born at Grady Hospital is
largely accounted for by the fact that Grady Hospital is the only public
hospital in Atlanta, other than one small private hospital for Negroes.

The children included in this study ranged from less than one year old to twelve years of age as shown by Table 1. The youngest was a child three months old. Four were less than one year old and five were twelve years old. Twenty-four of these lustic children were of preschool age and nineteen were of school age. Ages of the children in this study were determined as of their last birthdays prior to March 20, 1944.

TABLE 1

LUETIC CHILDREN CLASSIFIED AS TO SEX AND AGE AT LAST BIRTHDAY,
AS OF NARCH 20, 1944

			**.	
Age in Years		8@	Sex	
ven trans	Total	Male	Female	
Total	48	23	20	
Less than one year	•	8	2	
2	7	\$		
<b>5</b> (		. O :	<b>8</b>	
5 . 6 :	<b>.</b>	1 2	1	
7	8	\$	0	
9	, 1 Å	2	2	
10 11	19 (19 1) <b>8</b> 1 (19 1) <b>1</b>	2	. 1	
122		2	<b>S</b> .	
		·		

#### Source of Referral

All forty-three of these children were referred to anti-lustic treatment by the Grady physicians, thirty-nine from the Gray Clinic, and four from Grady Hospital. The Well Baby Clinic was the single source of almost two-thirds of the referrals. The lustic children referred by the Well Baby Clinic were the youngest children in this study. The parents of some of these twenty-four children brought them to the Well Baby Clinic for routine check-ups shortly after they were born. The doctors in this clinic ordered Kahns routinely on all Special Study Children and thus discovered many lustic children who had no symptoms. Referrals were then made to the lustic Clinic. In a few cases belies had symptoms of syphilis and their parents brought

them to the Well Baby Clinic. They were examined and referred to the Luctic Clinic.

The four children referred by the Hospital were hespitalised at Grady for some type of illness. After thorough examinations they were found also to have syphilis and they were referred to the Luctic Clinic after being discharged from the ward.

# Fellow-up by the Social Service Department

Follow-up by the Social Service Department at Grady Hospital was done in about one-third of the cases. In the other two-thirds, absolutely no follow-up was attempted. In no case was more than four letters written. Four letters were written in one case, three letters were written in two cases; two letters were written in feur cases, and one letter was sent in seven cases. The few letters which were sent were not entirely effective for although the children were returned to the Clinic following the receipt of the letters, they soon became delinquent again. In twenty-nine of the forty-three cases absolutely no follow-up was made. This shortcoming would therefore appear to be one of the primary causes of continued delinquency in attending the Luctic Clinic.

#### CHAPTER IV

# REASONS FOR THE FAILURE OF THIRTY-NINE LUBTIC CHILDREN TO ATTEND CLINIC

Frequent examination and regular treatment are absolutely necessary for the child with syphilis. Because of the importance of continuous treatments, part of this study was devoted to ascertaining the various reasons why the parents failed to bring their children regularly to the clinic for anti-luctic treatment. Due to the fact that it was impossible to locate four of the parents of these children only reasons pertaining to thirty-nine of the children who were most delinquent in attending the Clinic could be included in this study.

The services of the Glinic are given every Monday afternoon from one o'clock to feur-thirty o'clock. Bight parents stated that their working hours invariably prevented them from being able to take their children for treatments. They appeared rather interested and concerned about further treatment but stated it was impossible to work out any plan so the children could be taken to the clinic. Children eften de not get the full benefit of treatment because their parents misunderstand the treatment program. In seven cases the parents had had the erronous belief that their children were cured after there was improvement following a few treatments. Since it is true that certain syphilitic symptoms are so elight that they escape notice, the parent may quickly assume that the child is free of the disease when the symptoms which the parent cannot recognize, disappear. It then becomes inconcernable to the point that the child is still in need of further treatment.

Generally infants and small children withstand syphilitic treatments

well. However, in some cases, the young patients suffer from routine treatments. Four parents stated that their babies had shown such unfavorable reactions following the anti-luetic treatments that they thought it best not to continue taking them for treatments.

In four cases, illness of the parents prevented them from taking the children regularly for further treatment. They were also handicapped by not having anyone else who could take their children to the clinic. The lack of funds to provide carfare was the reason given by three parents as to their inability to take their children to the clinic.

In three cases the families of the luetic children had moved out of Fulton County, thus rendering themselves ineligible to receive services rendered at the Clinic.

It was found from three families intervised that their children were not taken to the clinic as clinic hours conflicted with school hours. In each of these cases the child was in the afternoon section of school, thus having a conflict each Monday between school and clinic hours.

Four families complained that they had to wait so long in order to have their children treated. One parent stated that when she was taking her child to the clinic, she had to go "prepared to spend the afternoon, sitting and waiting" for her child to be treated. The feur parents who complained that they had to wait too long, stated that they soon became disgusted and stopped taking their children to be treated.

Parents neligence in allowing the date for treatment to slip their memory was the reason why two children were delinquent in attending the clinic. They were told by the clinic physicians to return their children

for further treatment on certain dates and because the date passed before they were aware of it the first time, they failed to make any effort to secure further treatments. Each of these parents, however, expressed a desire to return their children for treatment.

It was discovered in one case that the parent was waiting to be told again that she might bring her child for treatment. At the beginning of this child's anti-luctic treatment the Social Service Department sent a letter to the parent informing her of the services rendered by the clinic and asked her to bring the child for treatments. This parent had taken the child ence for treatment in response to the letter and was waiting for another letter giving the same permission. For this reason this misinformed parent had caused her child to miss many treatments.

# Parents' Reactions to Returning to Clinic

From the interviews with the parents of these luctic children, information was obtained concerning their reactions about returning their children for treatment. In thirty-one instances the parents definitely stated they would bring their children back to the clinic. In eight cases the intentions of the parents could not be definitely ascertained. These parents stated rather indifferently, "Maybe I will carry my child back to the clinic." Typical of the statements made by four parents, who were reluctant about returning their children to the clinic for further treatment was this statement made by one parent.

The last shot my child had at the clinic caused him to swell and it also made him very sick. I don't think I will take him back for any more shots.

It was interesting to note that these parents were also the four parents who gave "reactions from treatments" as the reasons for the

failure of their children to return to the clinic. The other four parents who seemed indifferent relative to continuation of treatment for their children were the four parents who gave as the reason for their children's delinquency in attending the luctic clinic that they had to wait too long at the clinic.

Another question was asked of the thirty-one parents who planned to continue their children's anti-luetic treatment. When did they plan to take their children back to the clinic? Bleven parents stated their children would be seen in the clinic on the Monday following the writer's interview with them. Four stated they would take their children back to the clinic for treatment after they arranged with their employer to have Monday afternoons off. In one instance a parent stated, "after school closes". There were two of the parents who indicated that when their physical condition made it possible, their children would be taken back to the clinic. There were also two instances of children who would return to the clinic as soon as their physical condition permitted. Two parents stated they would take their children back for treatment when the family income increases. In two instances, the parent stated they would make a centact with the school to make arrangements so their children could have a half-day on Monday afternoon in order to attend the clinic. In seven instances the perents stated, "after I get some one to take my child to the clinic." Eight parents would not state when they would take their children again for anti-luetic treatment. The writer was unable to get the opinions from the parents who are no longer living in Atlanta and Fulton County as to when their children would continue their treatment elsewhere.

The reasons given by over half of the thirty-nine parents for the failure of their children to continue treatments were for the most part practical considerations. A few of the parents were indifferent as to when their children would return to the clinic for anti-luctic treatment but most of them expressed a desire to have treatment of their children centimied. It was obvious that there was a need for more interpretation to parents about syphilis and a need for additional case work service.

#### CHAPTER V

#### SUMMARY AND CONCLUSIONS

This was a study of 45 Negro children who did not attend Lustic clinics at Grady Hospital for at least one month, prior to March 20, 1944. This group represented almost fifty per cent of the total number of Negro children under the clinic's care.

Atlanta and Fulton County were the birth places of thirty-nine of the children included in this study. The remaining four wers born in different localities in the State of Georgia. Thirty-one of these forty-three ehildren were born at Grady Hospital. The fact that the majority of these forty-three lustic children were born at Grady Hospital is large-ly accounted for in that Grady Hospital is the only public hespital in Atlanta, the city having only one small private hospital for Hegroes. Thereby to

A large number of these luctic children was under five years five years of age, the youngest child in this study was three months old and the closet child was twelve years of age. Luctic children over twelve years of age are accepted for treatment by other tax-supported health agencies in the community.

Follow-up by the Social Service Department at Grady Hospital was done in about one third of the cases. In the other two thirds absolutely no follow-up was attempted. Most of the fellow-up was done by letters. The few letters which were sent were not entirely effective for although the children were returned to the clinic following receipt of these letters, they seen became delinquent again.

Regular attendance, obviously, depended upon adult cooperation since

and all forty-three children were under thirteen years of age. Only the parents of thirty-nine of the children could be located by the writer. Most of the thirty-nine parents interviewed were not antagenistic, but they were deterred by practical considerations such as: working hours in conflict with clinic hours, illness, child's school hours in conflict with clinic hours, or inability to afford carfare. Some parents were confused regarding the number of treatments that was necessary.

Most of the parents expressed an interest in returning their children to the Luetic Clinic for treatment. Only eight parents did not indicate that they would continue their childrens' treatment.

From the findings of this study, it is shown that there are cortain definite needs at Grady Hospital for more persistant follow-up of cases and a need for more interpretation to parents in commestion with children's health. In this study it was obvious that regular attendance depended upon adult cooperation since more than half of the children were under five years of age and all forty-three were under thirteen.

Parents, when convinced that a certain cause is for the good of their children will do almost anything and suffer almost any searifice to accomplish it. Most parents know little of pathological conditions. The problem, in part then is to gain the confidence of the parents and educate them. There is a pressing need for the availability of literature that summarises facts concerning syphilis written in a style which makes the facts thoroughly clear and interesting to any reader. It is comparatively easy for parent even with limited education to learn a few fundamental facts concerning syphilis, if the facts are written in simple terms. A

formal official notice which invites a parent to have his child treated for syphilis or for any other disease or defect does not carry much conviction, and in most cases is ignored. However, even such a notice might have been effective in the forty-three cases in this study, if, in addition, the medical social worker had had more of an epportunity to have personal contacts with the parents.

If additional staff were available in the Social Service Department, a medical social worker would be able to help a parent understand the nature of this disease and the necessity of her child attending the clinic regularly for anti-lustic treatment. A medical social worker would also be able to help a parent to work out the plans necessary to facilitate use of the clinic by her child. It is hoped that soon the services of the Social Service Department will be increased in order that the sick person may be helped to a greater degree to make full use of the treatment which is available at Grady Hospital.

APPRINTY

# Schedule

<b>A.</b>	A. Information from hospital records		
	1.	Patient's mane	
		Patient's birth place	
		Patient's birth date	
		By whom referred to lustic clinic	
	5.	Date of referral to lustic clinic	
	6.	Follow-up by Social Service Department	
	7.	Status of treatment  1. Number of treatments  2. Date of last treatment	
	8.	Name of perent or less perentis	
		Relationship to child	
		Most recent address	
		formation from patient's parent or lose parentis	
	1.	Date of interview	
		Name of parent or loco parentis	
		Address	
		Relationship to child_	
		Why did the child stop attending luctic clinic?	
	5.	Will the child return to lustic climie?	
		When?	

If not, why not?

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