A study of pediatric services available for Negroes in Atlanta, Georgia, 1947

M Vivian Hargrave
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A STUDY OF PEDIATRIC SERVICES AVAILABLE
FOR NEGROES IN ATLANTA, GEORGIA, 1947

A THESIS

SUBMITTED TO THE FACULTY OF THE ATLANTA UNIVERSITY
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REQUIREMENTS FOR THE DEGREE OF MASTER OF SOCIAL WORK

BY

M. VIVIAN HARGRAVE

ATLANTA, GEORGIA

JUNE 1947
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CHAPTER I

INTRODUCTION

Statement of the Problem

The importance of the health of children to the strength and vitality of the nation was nationally recognized at the White House Conference of 1930 on Child Health and Protection. At that time, no figures were available as to the number of children who had unmet health needs, but there were numerous families in practically every community who were unable to provide medical care for their children from their own resources. But a study of the status of health nationally has revealed that there are few communities where a complete child health program is being carried out.¹

The outgrowth of this conference was a compilation of objectives for any program to meet the needs of children in the Children's Charter, which is set forth for all children, regardless of race, color or creed. The fifth provision is as follows:

For every child, health protection from birth through adolescence, including: periodical health examinations, and, where needed, care of specialists, and hospital treatment; regular dental examinations and care of the teeth, protective and preventive measures against communicable diseases; the insuring of pure food, pure milk and pure water.²

The Social Security Act of 1935 made provisions for

¹Philip Van Ingen, "Medical Care for Children", White House Conference of 1930 (New York, 1931), pp.73-108.
²Ibid.
Maternal and Child Health programs which are carried out on the local level. This provision provides free prenatal care to expectant mothers and is an effort to decrease the rate of infant mortality. There is provision for crippled children which is set up to provide medical, surgical, corrective services and care and facilities for diagnosis, hospitalization and after-care, for children who are crippled or who are suffering from crippling conditions. The Social Security Act provides for the general extension and strengthening of the public health services by allotments to the states.\(^1\) The state of Georgia established a program of child health in 1937. An effort was made to provide medical care for crippled children, and convalescent homes were established for the rehabilitation of these children.

Despite this interest in the child, pediatrics did not develop until 1938 when it began as a specific branch of medicine because of the problem concerned in artificial feeding of infants. A group of physicians became specialists in this field, and it was only natural that mothers should bring their children to these men for other medical advice as well. Since that time, the whole scope of pediatrics has broadened tremendously because a child must be treated as an organic whole.

Pediatricians differ from all other specialists in that they concentrate on a particular age group with its specific

problems rather than on a part of the body. Technical problems of child care, such as the problems of making diagnoses of patients who can not tell their symptoms and of carrying out treatments in tiny veins of young persons are such that it requires a considerable period of training. Pediatricians are as interested in the mental state of their patients as they are in the physical diseases they may have. According to an outstanding pediatrician, "pediatrics is a well defined specialty and will never lose this position". ¹

The field of pediatrics deals not only with the sick child but also with the well child. To promote good health by preventing disease and accidents is just as much the work of the pediatrician as is the treatment and cure of the sick child. The pediatrician in the various communities is found in active participation in the various programs designed for the prevention of infectious diseases and for the attainment of the best conditions of health. Pediatricians care for sick children at home, in the hospitals and out-patient departments; prescribe feedings for well babies in infant hygiene centers; direct the activities of the pre-school clinics; and examine children in the schools. The pediatrician is not only an important factor in the care and the treatment of the individual child and infant but in the community health program as well. Within this province are the problems of the newborn, the feeding of infants and children, the

¹Francis F. Schwentker, M.D., Pediatrician-in-Chief, The John Hopkins Hospital, Statement, February 27, 1947, Baltimore, Maryland.
treatment of disorders of nutrition, the care of infectious diseases of the digestive, respiratory and circulatory systems.¹

Pediatric services available for Negroes constitute one of the major social problems with which Atlanta is confronted at present. Medical needs of Negro children are related to the future social and economic problems of the community because of the vast number of Negro children who do not receive adequate medical care and also because of the high incidence of infant mortality among Negroes in Atlanta.

The poor health of the Negroes in Atlanta is associated with economic inadequacy, lack of effective health education, lack of modern sanitation facilities and over-crowded conditions with five and six persons living in one room.² Outside lavatory facilities and lack of an adequate supply of water exist in many homes and some of the public schools. These conditions perpetuate the spread of germs and diseases among Negroes in Atlanta.³

The nutritional defects, decayed teeth, and poor health of Negro children in Atlanta constitute a major social problem and a continuing challenge to all medical agencies and other interested groups which have been organized to meet the medical needs of children. Disease and illness know no color, and every effort should be made to prevent and protect from the childhood diseases

²E. G. Bowden, M.D., Practicing Physician, Atlanta, Georgia, Personal Interview, February 23, 1947.
³Ibid.
in order to develop a healthy community.

Although studies on the health facilities and needs of Atlanta have been made such as: A Report on Health and Welfare in Fulton and DeKalb Counties in 1938 by the Social Planning Council, A Study of Health and Hospital Needs of Atlanta's Negro Population by the Eta Omega Chapter of the Omega Psi Phi Fraternity in 1940, and the Reed Report, by the city physician of this city in 1940, there have been no studies made on the medical care for Negro children. The writer has always had an interest in the pediatric services which are available for Negroes.

Purpose

The purpose of this study is to point out what services are available for meeting the medical needs of Negro children in Atlanta and to show what agencies administer these services. An effort will be made to present the extent and the adequacy of these services. The factors which influence the pediatric care and the types of children who received these services will be considered.

Scope and Limitations

This study includes hospitals, clinics, the department of public health and other facilities which administer medical care to Negro children in Atlanta, Georgia in 1947. Both public and private agencies are included.

This study is limited because of the inavailability of accurate statistical data. In a number of instances, the
total number of children receiving services was not available for the study purposes.

Method of Procedure

Information was secured by means of interviews with staff members of clinics and hospitals, pediatricians and practicing physicians of Atlanta, Georgia. In addition, reference readings pertinent to the subject supplemented the material used.

Acknowledgement

The writer wishes to acknowledge her grateful appreciation to the staff members in all of the medical agencies who were helpful in supplying the necessary information for this study. Thanks is extended to Dr. James Hackney, Director of the Atlanta Department of Public Health, Mrs. Eula Benning, Supervisor of the Negro Public Health Nurses, and Mr. Charles Turner, Statistician of the Department of Public Health; to Dr. Raymond Camp, physician, Miss Nancy Johnston, Director of Social Service, and Mrs. Mary Buchanan, case aide, of Grady Hospital; and to Sister M. Clare, Director of the Catholic Colored Clinic and others who graciously volunteered their time giving information.
CHAPTER II

AGENCIES ADMINISTERING PEDIATRIC CARE

A general picture of the physical set-up of the agencies which have been organized to administer pediatric services to Negroes will be presented in this chapter. The eligibility requirements, the host of treatment, the bed capacity and the staff of each agency is given in order that the total program of the pediatric services may be seen in relation to the total problem. A brief account of the history of each agency is given.

The State Department of Public Welfare, Crippled Children's Division

The Crippled Children's Division of the State Department of Public Welfare was established in 1938\(^1\) to administer the state program for crippled children made possible by the Social Security Act. It operates under a plan approved by the United States Children's Bureau and is supported by state and Federal Social Security funds. The present operating plan provides for case finding and medical care to rehabilitate crippled children who are certified by the State Department of Public Welfare as being unable to pay for this service.

\(^1\)Miss Helen Carr, Chief, Crippled Children's Division of the Department of Public Welfare, Personal Interview, March 2, 1947.
This program is administered by the state Medical Director who is assisted by a staff of public health nurses, medical social workers and physio-therapeutists. In addition, the services of nine part-time orthopedic surgeons are made available by a monthly retaining fee of $150 each.

For Negro children, convalescent care at $2 per diem is provided at Harris Memorial Hospital, a private hospital for Negroes located in southwestern Atlanta which has facilities for twenty-five crippled children. The orthopedic services are administered by physicians employed by the state. Nursing services and rehabilitation of these children are rendered at this hospital.¹

Atlanta Department of Public Health

This City Department of Health is administered by a health and sanitation committee of the General Council of the City of Atlanta. The health department provides diphtheria and typhoid protection, smallpox vaccination, rabies vaccine, examination and treatment for venereal disease and tuberculosis. Inspection of dairies and places where milk is sold and inspection of food is made. Free medical attention is given to those in need by the city physician, and health centers for well babies, prenatal clinics and public health nursing service including school activities are offered.

Dr. James Hackney, the city physician, is director and

¹Ibid.
is assisted by six Negro public health nurses and nine white
public health nurses who administer care to needy persons.
Dr. George S. Morse, the school physician, is available to
the eleven Negro elementary schools for four hours each day
and also to the two Negro high schools. His services extend
to the baby health centers. The school physician is paid
$100 per month for his services.

The City Department of Health operates twenty-one baby
health centers for white babies and three baby health centers
for Negroes. In addition, there are two prenatal clinics
for whites and one for Negroes, seven immunization clinics
for white persons, a tuberculosis clinic for both white and
Negroes and three venereal disease clinics for residents.
A hospital which accommodates 150 patients is operated for
isolation of both white and Negro patients with venereal
infection. At present, there is no city dentist for Negroes.
Many unsuccessful attempts have been made to secure one but
the city is still trying to obtain dental services for the
Negro patients.¹

Pediatrics is an integral part of the program of the
Department of Public Health. Regular physical examinations
and advice to mothers on the care of the infant are rendered
by the city physician. Immunizations of the pre-school

¹Dr. James Hackney, City Physician, Atlanta City, Depart-
ment of Public Health, Personal Interview, February 14, 1947,
Atlanta, Georgia.
child constitute a major part of the pediatric services.

Grady Hospital

Grady Hospital was established in 1890. At this time, the Gray Clinic on Armstrong Street had been used as the out-patient department of the Emory University School of Medicine, for both Negro and white patients. When this clinic was discontinued, there was a problem of no medical facilities for Negroes. In 1921, Emory University converted its medical school at the corner of Armstrong and Butler Street into the Colored Division of Grady Hospital for wards and laboratories retaining only the ground or basement floor for classrooms for the school. An agreement was made whereby the City of Atlanta agreed to pay the nominal fee of one dollar per year for this building to be used as facilities for the care and treatment of Negroes in Atlanta and Fulton and DeKalb counties. Emory University School of Medicine provides the professional services. This agreement, however, may be broken within six months by either party.¹

Grady Hospital provides general hospital care and out-patient clinical services to white or Negro residents of DeKalb and Fulton counties, whose income does not exceed $1,050 per year. Applications for admission should be made to the Social Service Department, which makes investigations to determine eligibility, or to a physician.

¹Miss R. Thurman, Librarian, Emory University School of Medicine, Personal Interview, March 3, 1947, Atlanta, Georgia.
Only those patients with appointments are admitted to the regular clinics which are: dental, eye, ear, nose, throat, surgical, gynecological, obstretrical, pediatric, physiotherapy, genito-urinary and medical. Emergency clinics are open for twenty-four hours each day.

There are approximately seventy-nine physicians on the staff of both Grady Hospital and the Colored Division of Emory University Hospital. Over 200 doctors, however, are available for consultation. The personnel includes many specialists such as: psychiatrists, dieticians, psychologists and social workers.

Grady Hospital for Negroes is a four-story building with a bed capacity of 250. There is a contagion ward with limited facilities for Negroes and a pediatric building in which the pediatric clinics are held.¹

All types of pediatric services may be obtained at this hospital. Medical treatment is administered not only to the sick baby but also to the well baby. In the well baby clinics emphasis is placed on attempting to understand the behavior of the child and to train the child. Each child is examined for defects and advice is given to mothers on the diet of the child. Pediatric clinics are held each week for three hours.²

¹Dr. Raymond Camp, Physician, Grady Hospital, Personal Interview, March 2, 1947, Atlanta, Georgia.
²Ibid.
Good Samaritan Clinic

In April, 1923, the Good Samaritan Clinic was founded by Dr. Arch Elkin for the purpose of studying and treating the diseases of the ductless glands. Since this time, the clinic has enlarged considerably to include experiments on various animals and studies of the various glandular disorders.

Twelve clinics are held each week which cover medical, pediatric and gynecological services. The Good Samaritan Clinic is an out-patient clinic and has no hospitalization facilities. This clinic is staffed by thirty graduate physicians and dentists who give certain free hours to the clinic.

The present building is a two-story building which has ample space for examination rooms, offices, laboratory, X-ray and photograph rooms and a very large basement for the storage of supplies and for housing animals for experimentation.

In the beginning, the clinic was financed by its Board of Trustees which pledged monthly contributions for its maintenance. Early in 1926, the City of Atlanta was asked for an appropriation to maintain the clinic and by 1927, Fulton County made an appropriation to the clinic. Since that time, the city and county have continued to support the clinic although at times, the appropriations have been reduced. Many generous individual donations have been made by philanthro-
pists to carry on the work of the clinic.

Only persons financially unable to pay for medical care and treatment are accepted for service. Patients are referred by clinics, hospitals, county health officers, schools or may apply of their own volition. Eligible patients must reside in Atlanta and Fulton County. There are no restrictions as to religion, color, age, sex or nationality. The only condition is that the patient present evidence of a possible disturbance of the endocrine glands.

Pediatric services are administered to infants who have nutritional defects in addition to glandular disorders. There are no pediatric clinics as such in which sick and well babies are treated. In instances in which the growth of the child is retarded either because of under-feeding or over-feeding, the pediatrician advises the parents on the selection and the preparation of foods in order that the development may progress at a normal rate. Constipation, enuresis and scurvy are the most prevalent conditions which are treated by the pediatrician.1

Atlanta Tuberculosis Association

The Atlanta Tuberculosis Association was founded in 1909. It is staffed by an executive secretary who is aided by six assistants including: a health coordinator, educational secretary, social workers, technicians and a clerk. A Negro staff

1Mrs. Jessie Hudgins, Secretary and Assistant Treasurer, Good Samaritan Clinic, Personal Interview, March 3, 1947, Atlanta, Georgia.
and board of directors operates the Negro Branch of this agency. Their work, however, consists primarily of health educational services.

The Atlanta Tuberculosis Association is controlled by a voluntary non-sectarian board and supported by the Atlanta Community Fund, proceeds from Christmas Seal Sales, donations and yearly appropriations from the cities of Atlanta and Decatur and from Fulton and DeKalb Counties. This agency not only provides a program of education directed at prevention and control of tuberculosis, but it carries on case-finding activities and provides clinic service. An integral part of the treatment process is rehabilitation service.

It has been found that in childhood, the lungs are most commonly affected and next in order is infection of the bronchial lymph nodes which are located in the root of the lungs. The majority of those infected in the first year of life die. This disease is three and a half times more prevalent among Negroes than white people.

Pediatric services of the Atlanta Tuberculosis Association are not extensive. X-rays are not usually given to children under three years of age unless there is some other physical complaint which presents symptoms of tuberculosis.¹

¹Mrs. Lucy Cherry, Educational Secretary, Negro Branch, Atlanta Tuberculosis Association, Personal Interview, March 3, 1947, Atlanta, Georgia.
Catholic Colored Clinic

This clinic was originally established as a social center in 1940 where religion classes were held and some recreational activities provided. In June, 1941, a group of lay women under the direction of the Bishop, with the assistance of a small number of doctors, organized a medical clinic. Three years later, in October, 1944, the management was taken over by a group of Medical Mission Sisters, who organized the clinics. All work was discontinued except the clinics. In June, 1945, the hospital section was opened.¹

This clinic is owned by the diocese of Savannah-Atlanta, from whom a small allowance is obtained. Hospital patients pay the approximate cost of the treatment received. There is also the Albert Steiner Fund of $500 for those patients unable to pay. A Negro and white auxiliary supplements the financial income.

All of the doctors and specialists volunteer their services. At present, the staff consists of four active surgeons, a urologist, one pediatrician, two gynecologists, and a roentgenologist. The associate doctors consist of an orthopedist, an optamologist, a dermatologist, and one otorhinolaryngologist. There are three Sisters, two lay nurses, two aides and six student social service workers.

¹Sister M. Clare, Director, Catholic Colored Clinic, Personal Interview, February 28, 1947, Atlanta, Georgia.
from the Atlanta University School of Social Work who are in training. Each student social worker is assigned to a specific clinic in which she renders case work services to patients.

This general clinic provides medical care to Negroes primarily to those who are financially unable to pay for it. All new patients pay a registration fee of twenty-five cents and a small fee for drugs purchased. X-rays, however, are obtained at a very low cost. The Catholic Colored Clinic is a very definite asset to Atlanta because it serves those who are not eligible at Grady Hospital because of residence outside of Fulton and DeKalb counties and aids those patients who have resided in Atlanta less than six months. The clinic accommodates the over-flow from the city hospital.

Although this clinic is only a two-story structure, with four beds and space for four folding cots, it has suitable facilities for surgical operations and general hospital care. Regular clinics which are held are medical, pre-natal-gynecological, surgical, pediatric and urology. Patients are referred to eye, ear, nose and throat specialists for treatment without cost. Other medical services needed by patients are made by referrals to respective medical authorities.

In addition to the services offered at this clinic, patients are assisted in using other community resources by the social service department.¹

¹Ibid.
Some attempt is made to help patients with social and personal problems which interfere with medical plans. These problems may be financial, marital or placement for children. Every effort is made to help the patient adjust himself so that he may fully utilize medical treatment.

The pediatric clinic is held one day each week for two hours. There is a pediatrician who gives physical examinations and administers treatment for childhood diseases. This clinic is quite large and accommodates approximately 120 patients each month. The sick and well baby clinic is held together.

Atlanta Southern Dental College Clinic

The care of dental caries is an important phase of any program of pediatric services. It is necessary to give the first set of teeth good care in order that they may function satisfactorily in chewing and hold the jaws in shape so that the permanent teeth may have plenty of room. When cavities appear they should be filled. Decayed teeth and inflammed gums affect the health of the child, and sometimes is the cause of loss of weight. Vitamin deficiencies are often the cause of defective teeth.¹

The Atlanta Southern Dental College Clinic is operated by the School of Dentistry of Emory University. It is a

¹Mrs. P. Barnes, Secretary, Atlanta Southern Dental College Clinic, Personal Interview, March 4, 1947, Atlanta, Ga.
teaching clinic which provides all types of dental care to white and Negro residents of Atlanta and vicinity. The white patients must not have an income exceeding $1,500, but there is no income level for Negro patients. There are no fees charged, but patients are required to pay for materials and supplies used. This price usually ranges from twenty-five to seventy-five cents depending upon the defect.

The dental work is performed by students under the supervision of their instructors. They are available for clinics every day for four hours in the afternoon from Monday through Friday.¹

Medical care for the Negro child is provided in three public agencies and four private agencies in Atlanta. Pediatric clinics are held approximately one day each week for two hours in each agency, and an estimate of the number of children served is about 200 each month. There are only two pediatricians available in all of the agencies, but the other agencies utilize the services of physicians for the treatment and care of the child.

¹Ibid.
CHAPTER III

PEDIATRIC SERVICES

The purpose of this chapter of the study is to present the exact nature of pediatric services offered in the foregoing medical agencies in Atlanta which are available to Negroes. The discussion is organized according to public facilities first, and next the private facilities. In some instances, the exact number of children who received these services could not be obtained, and approximate figures have been used.

Department of Public Welfare, Crippled Children's Division

The Crippled Children's Clinic for Negroes is located at Aidmore, but it is under the supervision of the Department of Public Welfare, Crippled Children's Division. As previously mentioned, the Negro children are hospitalized at Harris Memorial Hospital with accommodations for twenty-five children for whom the state pays two dollars per diem.

The major causes of crippling conditions are infantile paralysis, rickets, congenital defects, birth injuries, bone and joint tuberculosis and accidents. These crippling conditions produce social as well as physical problems because of the effect upon the personality of the child. The Crippled Children's Clinic meets these problems through a staff of medical social workers, public health nurses, and physio-therapeu-
tists. In addition, the services of orthopedic surgeons, plastic surgeons and pediatricians are available on a premium basis.

In any program for crippled children, convalescent care is necessary because of the long period of illness. Occupational therapy and educational provisions should be made in order that the child may be rehabilitated to his usual life in the home and community. At present, there is no convalescent home for crippled Negro children.¹

Atlanta Department of Public Health

The pediatric services offered by Atlanta Department of Public Health are as follows: care and control of contagious diseases, physical examinations, medical care for well and sick babies and public health nursing services.

The fact that the many diseases within the classification of contagious diseases are transmissible gave early recognition to them as problems to be dealt with by the community. Thus, early public health departments and public health laws are associated with the prevention, treatment and control of these diseases. It is now almost universally accepted that the responsibility for the control and prevention of these diseases is a basic responsibility of health officers for the area under their jurisdiction.²

¹Miss Helen Carr, op. cit.
The extent to which contagious diseases have been brought under control among children in Atlanta is indicated in Table 1. The figures are not classified according to race, but one-third of the total figures areNegroes.

**TABLE 1**

**NUMBER OF CASES OF SPECIFIED CONTAGIOUS DISEASES, ATLANTA, GEORGIA, 1942-1946.**

<table>
<thead>
<tr>
<th>DISEASES</th>
<th>1942</th>
<th>1943</th>
<th>1944</th>
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<th>1946</th>
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<tbody>
<tr>
<td>Typhoid Fever</td>
<td>12</td>
<td>3</td>
<td>3</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Diptheria</td>
<td>33</td>
<td>27</td>
<td>26</td>
<td>26</td>
<td>22</td>
</tr>
<tr>
<td>Scarlet Fever</td>
<td>248</td>
<td>188</td>
<td>250</td>
<td>298</td>
<td>109</td>
</tr>
<tr>
<td>Polio</td>
<td>5</td>
<td>4</td>
<td>11</td>
<td>14</td>
<td>18</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>168</td>
<td>311</td>
<td>195</td>
<td>176</td>
<td>145</td>
</tr>
<tr>
<td>Influenza</td>
<td>428</td>
<td>1950</td>
<td>1223</td>
<td>613</td>
<td>278</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>487</td>
<td>370</td>
<td>347</td>
<td>255</td>
<td>216</td>
</tr>
<tr>
<td>Whooping Cough</td>
<td>103</td>
<td>110</td>
<td>33</td>
<td>69</td>
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</tr>
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</table>

Source: Mr. Charles Turner, Statistician, Atlanta Department of Public Health, February 19, 1947.

The most prevalent diseases were tuberculosis, influenza, pneumonia and scarlet fever. However, a gradual decrease can be noted in the number of cases from 1942 to 1946. During this period, pneumonia is significant because of the high toll it exacted in lives of Negro infants. Of the 651 deaths from this disease in these four years for persons under five years of age, sixty-one per cent were for Negroes. Every case of any contagious disease which was reported for this period received attention and care from the Department of Public Health.

In an effort to reduce the number of cases of contagious
diseases, the Department of Public Health carries out an extensive immunization program in Atlanta. There are Negro baby health centers, centrally located for the convenience and accommodation of the largest number of children in a particular area of the city. These are Elizabeth Burch Day Nursery, 166 Fort Street, in the northeastern section of the city; John Eagan Homes, 816 Play Lane, in the northwestern section of the city; and University Homes, 688 Fair Street, in the southwestern section of the city. Clinics are in session for two hours on two days each week. There is a public health nurse assigned to each clinic and the services of a doctor are available.

The immunization procedure at these centers is as follows: at the age of five months, the infant is given injections for whooping cough, at one week intervals for three weeks; a month later, diptheria injections are administered; and smallpox injections are made three weeks later. Typhoid injections are recommended for children who will be taken out of the city to other places where there is no sanitary water supply. At the present time, innoculations with a combined vaccine against tetanus is being given experimentally. If, after six more months, it proves successful, it will be substituted for separate immunizations of whooping cough and diptheria.

The number of Negro children who received immunizations at these centers in 1946 is as follows: smallpox, 4461, typhoid fever, 6794, whooping cough, 1440, diptheria, 4758. In addi-
tion, the schick test was given to 972 children.

The previously mentioned Dr. James Hackney is available in the City Hall every day for consultation and examination of infants. His services also include advice to mothers regarding diets for their children. Every effort is made to protect the health of Negro children.1

The Negro public health nursing service works closely with the baby health centers and the public schools. Nursing services are conducted by six Negro nurses who conduct a generalized health program. They do not have medical kits which would enable them to administer medical treatment. They do, however, visit the homes to advise the mother on the adequate care of the baby demonstrating how to bathe the baby, prepare the formula, and to care for an ill child.

The aforementioned Dr. George S. Morse is employed for twelve months to examine school children and to conduct clinics for immunization. He examines on the average of seventy-two school children each day. During these school health examinations, the nurses keep the records of the medical problems of the children, including the immunizations received and a statement of the physical health of the child. Children are examined in the kindergarten, first, fourth, seventh and tenth grades. They are usually examined in the classrooms, since

1Dr. James Hackney, op. cit.
this is the only space available. The medical staff travels from one school to the next until all of the children in the Negro schools have been examined.

After the doctor's examination, certain recommendations are made for the correction of defects. The nurses prepare notices to be sent to the parents of the children informing them of the defect and requesting them to take the child to the family doctor or the city hospital to have them corrected. The schools take the responsibility for sending these notices to the parents. After the parent has been notified, periodical follow-up visits are made by the nurses, first to the school and later to the home to discuss the needed corrective with the parent. In many instances, the parents are not in when the first call is made and it is necessary to make many others.

Defects may persist for a long period of time either because of parental neglect or because beds are not available in the city hospital. At present, there are approximately sixty children in one school who have been advised to have their tonsils removed but are unable to do so because of the long waiting list at the city hospital and lack of finances to obtain this service elsewhere.

There is a regular nurse in the high schools, but the other schools have only periodic visits from the nurse. For this reason, mimeographed sheets are given to all schools containing the rules governing contagious diseases. For certain
contagious diseases, the children must be excluded from their classes for a definite period until the nurse notifies the teachers that their condition permits attendance.

In 1946, in the eleven Negro elementary schools, 3143 children were examined, of which 2,480 were normal, and 663 or twenty-one per cent were defective. The defects and the number are as follows:

<table>
<thead>
<tr>
<th>Defects</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutritional</td>
<td>261</td>
</tr>
<tr>
<td>Glandular</td>
<td>7</td>
</tr>
<tr>
<td>Chest</td>
<td>10</td>
</tr>
<tr>
<td>Skin</td>
<td>71</td>
</tr>
<tr>
<td>Eyes</td>
<td>48</td>
</tr>
<tr>
<td>Scalp</td>
<td>19</td>
</tr>
<tr>
<td>Throat</td>
<td>232</td>
</tr>
<tr>
<td>Nose</td>
<td>41</td>
</tr>
<tr>
<td>Ears</td>
<td>1</td>
</tr>
</tbody>
</table>

These figures are for a twelve month period, and from one month to the next during this time, many of the defects had been corrected. Thorough physical examinations, including X-rays, were recommended for some of these children.¹

Grady Hospital

In the field of diagnosis and treatment of diseases of childhood, the Emory University Division of Grady Hospital renders a very valuable service. This clinic is held in the Pediatric Clinical Building. There are five very spacious examining rooms, a waiting room and a consultation room for

¹Mrs. Eula Benning, Supervisor, Negro Public Health Nurses, Atlanta Department of Public Health, Personal Interview, February 17, 1947, Atlanta, Georgia.
doctors. Four doctors and six nurses are available in this clinic which is held for four hours each week. This staff, however, serves both the Negro and white patients.

All types of pediatric services are offered in the outpatient clinics and the children's ward of the hospital. There are forty beds in the ward for the use of Negro children.

In the pediatric clinic, defects and diseased conditions are looked for, and advice is given for their correction. The routine of this clinic consists of a complete physical examination at the time of the first visit. This is usually during the first month of the baby's life. The mother is given instructions concerning the diet of the baby. Smallpox injections are given between the third and fourth month. During the fifth, sixth and seventh months of the infant's life, diphtheria immunizations are given at one month intervals. When the baby is nine or ten months old, he is brought back to the clinic for another examination. Diet slips and formula cards are used for each patient.

After the first year of life, the infant is given a regular appointment for periodical visits. The mother receives consultative information regarding regurgitation, toilet training and the symptoms of under-feeding. Regular gain in weight is expected. The mother is advised in regard to the amount of sleep, exercise and food which the baby needs. In addition, the doctor advises the mother about the attention which the baby should receive and the method of handling tem-
per tantrums. For the protection of the baby, the mother who is nursing the child is advised concerning the foods which her diet must include.¹

For the year of 1946, there were 479 Negro children served in the pediatric clinics. Other services received were surgical, 233 Negro children; otorhinolaryngological, 220 Negro children; ophthalmological, 42 Negro children; urological, 179 Negro children; and orthopedic, 64 Negro children.²

There is a contagion ward for Negroes in which children suffering from communicable diseases are hospitalized. During the winter months, there are more cases of diarrhea and pneumonia among Negro children than any other race. The average number of infantile paralysis cases is around four for a six months period. Doctors and nurses are daily confronted with the problem of the child who has completed hospital treatment, is ready for discharge; but requires a period of convalescence. There is no convalescent home for Negro children in Atlanta, consequently, the children must go home which is not always an ideal place to recover because of other siblings who require the mother's time and attention and so frequently inadequate housing.³

Approximately three out of every twenty children born at

¹Dr. Raymond Camp, op. cit.
²Mrs. Betty Harriman, Statistician, Grady Hospital, Personal Interview, February 20, 1947, Atlanta, Georgia.
³Ibid.
Grady Hospital each day have some stage of syphilis infection. Every effort is made to treat the child in the pediatric clinic and the nurse makes follow-up visits to the home. A Kahn test is continually made until the results are negative.¹

The majority of the work in the dental clinic consists of extractions. The exact number of children served in this clinic could not be obtained, but there is an extremely high percentage of Negro children with defective teeth, which is directly related to malnutrition.²

Good Samaritan Clinic

The Good Samaritan Clinic admits patients who are suffering from diseases due to malfunction of glands of internal secretion such as thyroid, pituitary and pancreatic. The clinic has no hospital facilities and is an out-patient one only.

The examination requires one week. Routine laboratory examinations include a urinalysis, blood count, hemoglobin, differential, malarial smear, Wasserman test, basal metabolism, X-rays of the skull and hand and photographs.

The case of Tommy, a seven years old boy will illustrate the procedure of treatment at this clinic. Tommy was admitted to the clinic because he had been under-sized all of his life. A complete medical and social history was obtained, and labo-

¹Mrs. Thelma Brooks, Nurse, Grady Hospital, Personal Interview, February 20, 1947, Atlanta, Georgia.

²Ibid.
ratory tests were given. The diagnosis was hypo-anterior pituitary, which indicated that the growth of his bones was retarded because a deficiency of the secretions from the pituitary gland. Treatments were started and continued for one month. The child's parents were very impatient with his lack of progress, and therefore, he did not receive continuous treatment. Tommy was nervous and not performing well in his school work. A year later, he was brought back to the clinic for observation, and he had gained a little in height and weight. Treatments were resumed, and his development increased rapidly. Although his physical and mental development had appeared retarded in the beginning, this child became fairly active and alert after therapeutic means were applied by the clinical staff.\(^1\)

An interesting study made by Dr. J. K. Fancher, Medical Director of the Good Samaritan Clinic on the endocrine aspects of juvenile court cases revealed that seventy-five per cent of the number of individuals referred from the Juvenile Court were endocrine in type. A total of sixty-nine children were studied, but only thirty-five of these children were treated. The ones showing glandular over-activity presented aggressive symptoms more than non-aggressive symptoms.\(^2\)

The number of patients served according to race could not

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\(^1\)Mrs. Jessie Hudgins, op. cit.

\(^2\)Ibid.
be obtained because statistical records are classified according to the glandular disorder. The latest available statistical data shows that during the year 1941, laboratory tests were made for 730 patients; 959 patients were photographed; 633 patients were X-rayed; and 21,270 hypodermics were made. About 250 cases are admitted every year for diagnosis and treatment with an approximate number of 600 clinic visits each month.

Atlanta Tuberculosis Association

The Atlanta Tuberculosis Association operates practically the entire program in the city. The services include X-rays for school children, case-finding and the operation of diagnostic clinics. Tuberculin tests are also given to Negro children.

After the school children have been given the tuberculin tests parents are notified when the test is positive. They are given treatment at clinics or the children are sent to Rome, Georgia to Battey Tuberculosis Sanitorium for hospitalization and rehabilitation.

In 1940, there existed 572 cases of tuberculosis among Negroes of Atlanta, of which 288 children died. A large number of the cases were not reported. This disease is the cause of a great number of deaths among Negroes because of the economic implications.¹

¹Mrs. Lucy Cherry, op. cit.
Catholic Colored Clinic

The pediatric clinic of the Catholic Colored Clinic is held one day each week for two hours. The staff of this clinic consists of a pediatrician, two nurses and a social worker. Children up to eleven years old are treated.

The types of services include the weighing of infants, regular physical examinations, immunizations against diptheria, smallpox, whooping cough, serologic test and the tuberculin test. Advice is given to mothers by the pediatrician on the formulae and the feeding of the infant its care and training.1

The sick and well babies are treated in the same clinic. Although this is not the best policy the clinic is unable to remedy the situation because the pediatrician is only able to serve for forty-five minutes each week. Every precaution, however, is taken to protect both the sick and well baby.

In 1946, the number of children treated in this clinic was 809. The average number of immunizations for a monthly period was as follows: smallpox, 50; diptheria, 42; typhoid fever, 6; whooping cough, 41.

There is bed space for exceptional cases which really require hospitalization. This is not the usual procedure because the clinic is an out-patient one. An infant was hospitalized in the clinic for about two months until plans could

1Sr. M. Clare, op. cit.
be made for his return to his guardian. This child first came to the clinic to have a cleft palate corrected, but during the interval between the operation and the return for a check-up, meningitis was contacted. As a result, the baby became deaf and blind. The social worker attempted to find some resource in the city which could aid this child because there existed no further treatment which the clinic could offer him. There were other children in the family and the income of the family was low. No referral could be made to any other medical agency because there is not any available which could aid the child in Atlanta. Finally, the child was returned to his home and the County Child Welfare agent requested to be of assistance.¹

In some situations, the social worker has been instrumental in helping the children through their parents to use the services of the other community agencies. Many of these patients require medical treatment which is not administered at the Catholic Colored Clinic and are referred to the respective medical sources. In addition, the social worker plays an important role in interpreting to parents the suggestions made by the pediatrician, if they are not clearly understood so that the child may receive the proper care while he is ill. Every attempt is made to understand the behavior and feelings

¹Ibid.
of the child in relation to his illness so that he may be treated as a whole individual.

Atlanta Southern Dental College Clinic

The Atlanta Southern Dental College Clinic performs a valuable service to Negro children. The dental students operate the clinics in which the teeth are examined, cavities filled and extractions made. Dental certificates are filed in the public schools with the children's health records, if there are no dental defects.

The number of Negro children who received dental services was not available, but this clinic does serve a great percentage of Negro children. At present, appointments have been made for the next two months to care for school children.\(^1\)

It is evident that a variety of problems exists among the Negro children in the Atlanta vicinity which require expert pediatric services. It would seem advisable that city officials assume the responsibility and either expand the facilities in the public agencies or provide additional resources to care for the medical needs of Negro children. At present, private organizations are carrying the bulk of medical services in pediatrics for the Negro child.

\(^1\)Mrs. P. Barnes, op. cit.
CHAPTER IV

PEdiATRIC PATIENTS SERVED

The pediatric services for Negro children in the clinics and hospitals in Atlanta require great expansions to accommodate all of the Negro children who need medical care. For approximately 100,000 Negroes in Atlanta, of which one-third are children, there are less than 100 beds available for Negro children in the hospitals and clinics. This is totally inadequate, and many children are denied hospital care because of the limited and over-crowded facilities. In the event of an epidemic or some emergency, there is no central place for the isolation of the Negro child.¹

Type and Number of Children

In the agencies, which administer pediatric services to Negro children, the majority of the children receive free care and treatment. The income requirement for public treatment is that the income not exceed $1,050 per year. But the average yearly income of children whose parents or guardians exceed this amount is not adequate to pay for their medical care. Therefore, many of these children are compelled to seek free medical care at the few private agencies existing.

¹Report on Health in Fulton and DeKalb Counties, op. cit.

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The services are not totally free at some of the agencies; there is a small fee for drugs, circumcisions and tonsillectomies. In a number of cases, it has been impossible for some of the parents to pay for the cost of X-rays which is a vital part of the diagnosis of some diseases.

Most of the Negro children who received medical services live in the southwestern, northwestern or southeastern sections of the city. Poor housing, over-crowded conditions and unsanitary conditions exist in many of these homes. Well-balanced diets, rest, and exercise are among the prerequisites for a healthy individual. In many of the homes in which the mothers are working, they do not have the time nor the money to carefully select foods which would insure their children of the maximum caloric content required. Frequently, because the mother is working, she does not always have the time to bring the child to the clinic or hospital to receive care.

The majority of the children who received pediatric care are from large families, in which there are a number of other children. The mother, sometimes, is not really able to devote as much time to the illness of one child because the other siblings require a great deal of her time.

Because children are most plastic and impressionable in the first five years of life, they require sympathetic understanding as well as proper medical care for this normal and active growth. The social worker in a pediatric setting is trained to understand the behavior of the child in relation
to his disease or illness and to work with the parent in an effort to meet the needs of the child as a whole individual. More trained social workers who can offer follow-up services and supportive treatment are essential to promote adequate medical care for the child. But there is a dirth of social service in medical settings for Negroes. Of the social workers who work with Negro children at Grady Hospital, the Catholic Colored Clinic, Good Samaritan Clinic and the Crippled Children's Division of the Department of Public Welfare, there is only one who works exclusively in a pediatric clinic. This person is a student of the Atlanta University School of Social Work who is receiving training at the Catholic Colored Clinic.

In 1946, approximately 25,000 Negro children received pediatric services in the medical agencies in Atlanta. The greatest percentage of this number were pre-school children who were given immunizations. The Atlanta Department of Public Health gave injections and physical examinations to approximately 19,653 Negro children. Most of this medical treatment was received in clinics and out-patient departments of the medical agencies because there are only seventy beds for the hospitalization of Negro children in Atlanta.

Unmet Needs

One of the principal gaps in the program for children is the lack of bed-side nursing services. The Metropolitan Nurses Association, which employs one Negro nurse, is the only agency
which offers this care, and it is only given to policy-holders of the Metropolitan Life, Sick, and Accident Insurance Company.\textsuperscript{1} Negro mothers, moreover, are released from the city hospital twenty-four hours after the child is born, and there is a need for post nursing care for two or three weeks until the mother is able to care for herself and the baby.

Health education services to parents on the importance of medical care and preventive measures are essential. Many of the deaths of children could be prevented if proper medical treatment were administered in the early stages. But the basic problem in low income families is how to provide for the family on the allotted income and include adequate diet and medical attention, which are vital for a healthy body. Instructive classes on nutrition and health care for both the parents and children are lacking.

In some of the medical agencies, the well and sick infants are treated in the same clinic. In this way, it is very easy for the well baby to contact the germs of the sick baby. This is especially true of communicable diseases. It was also noted that children under five years of age, and children from five through eleven years of age are treated in the same clinic. This arrangement would be more satisfactory if the age groups were separated.

\textsuperscript{1}Mrs. Eula Benning, \textit{op. cit.}
Although the public health nurses offer a valuable and efficient medical program in the schools, there are only six public health nurses who serve the approximately 10,000 Negro school children. The one school physician is available for the schools only four hours each day. This situation in itself indicates that there is a dire need for more medical personnel in the public schools. A very acute defect in the school health program is the lack of a school dentist. It is necessary for school children to receive dental services from a private dentist, at Grady Hospital or the Atlanta Southern Dental College Clinic. The dental services at Grady Hospital consist mainly of extractions.

Despite the fact that the health agencies in Atlanta provide the type of services needed for prevention, care and control of tuberculosis, the death rate among Negro children from this disease indicates that the program is not meeting the need. The health authorities state that there should be two beds for each death from this disease. At least 120 additional beds are needed in Atlanta to care for Negro children who are suffering from tuberculosis. Grady Hospital is not authorized to accept patients with tuberculosis, and there were a few instances in which Negro children were hospitalized there because of lack of no other immediate source of care.\(^1\)

\(^1\)Mrs. Mary T. Buchanan, Case Worker, Grady Hospital, Personal Interview, March 3, 1947, Atlanta, Georgia.
At present, there are no specialized hospitals for Negro children administering to eye, ear, nose, throat or crippling conditions. Nor is there a pediatric hospital either for the children who can afford to pay for these services or those unable to do so.

Furthermore, the lack of convalescent services for Negro children in Atlanta is a decided handicap. Convalescent care is an integral part of the treatment process. Medical authorities affirm that from ten to twelve per cent of hospital and clinic patients necessitate institutional convalescent care, and this care is essential for an average period of their necessary rehabilitation or three weeks. According to this fact, Atlanta would require seventy-five convalescent care beds. Especially is this true of crippled Negro children who require a longer period of convalescence with occupational and educational therapy as a part of their treatment program.

There is little doubt that medical care for the Negro children requires improvement and is a matter which of necessity is the responsibility of the public.

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1Report on Health in Fulton and DeKalb Counties, op. cit.
CHAPTER V

CONCLUSION AND RECOMMENDATIONS

In order that the Negro children in Atlanta can grow into physically healthy adults who can fully utilize all of the talent and capabilities with shirkless skills with which they were endowend, the following medical agencies in Atlanta have organized programs to meet the health needs of these children. These pediatric services are administered by three public agencies, namely, The Department of Public Health, Grady Hospital and the Crippled Children's Division of the Department of Public Welfare. The private agencies are Catholic Colored Clinic, Good Samaritan Clinic, Atlanta Southern Dental College Clinic and the Atlanta Tuberculosis Association.

In these agencies, practically all of the care and treatment rendered is without cost, and all types of pediatric services are offered. They include prevention and treatment of contagious diseases, immunizations, physical examinations, surgical operations, treatment of glandular disorders and consultative services to mothers regarding the health of their children. Dental services are offered by one private and one public agency.

The types of children who receive these services are primarily those from families of low incomes who can not afford to pay for medical care. Many of the children come from big
families which cannot give them the necessary care and attention they should have. The majority of the children have dental caries and nutritional deviations. This can be partially explained in terms of the poor housing, unsanitary conditions and the economic inadequacy. It was found that most of these services were received by children who live territorially in the northeastern and southwestern sections of Atlanta.

Recommendations

There is a need for increased hospital facilities for the Negroes and especially for a convalescent home for Negro children. There is also a need for additional medical and dental personnel in the public schools.

Some provisions should be made for the care of the Negro crippled child who requires convalescent care. Expanded hospitalization accommodations are being worked out for the white crippled child, but no provision is being made for the Negro child. The services from some other convalescent home may be extended to care for Negro children.

In view of the over-crowded conditions which exist in Grady Hospital, it is recommended that some provision be made for the hospitalization of Negro children. A temporary medical center would help a great deal, until this hospital is expanded. Health centers located in various sections of the city would suffice until more permanent plans are made.

The majority of the doctors are unpaid or receive a very
small fee. Volunteer workers could render a valuable service as aides in some of the clinics and hospitals. These volunteer workers could assist the medical staff in numerous ways.

   The medical agencies are serving the Negro children in every way in which they can, by offering all of the necessary medical treatment and care, but the need for more services is evident and should be met through public facilities. There is, at present, a very definite need for a children's hospital in Atlanta.
BIBLIOGRAPHY

Books


Bulletins and Reports


Bulletin of the Fulton County Medical Society. Good Samaritan Clinic Number. Atlanta: 1942.


Articles
