

POVERTY AND SCHOOL CLINICS

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The division of children into those who are average, those who show defects, and those who show defects plus poverty, becomes at once important as soon as we attack the problem of treatment. The average children in Council Schools (who are, nevertheless, below the standard of their own possibilities), and the children with defects, may be put aside for the moment; the children with defects plus poverty are an urgent problem demanding instant attention.

Children belonging to the poverty group, as already defined, are the children sprung from the morass of destitution foundations of our civilization. These children come from definitely localised neighborhoods, from particular streets and from special blocks of "model" dwellings. The poverty of destitution and demoralization is spotted over the surface of our towns as concretely as smallpox is spotted over the face of a man sick from this disease. The poverty spots are, however, pits sunk into the face of our cities, mouths of the abyss into which human life and our civilization sink away out of sight of man. And to children coming from the poverty spots, it is no use throwing a box of ointment or a bottle of lotion to cure their diseases, these things make no impression thrown into the abyss.

A mother equipped with patience, the desire of cleanliness, and the wish for health, may get some good out of a hospital out-patient department, even if the interview, accorded by the doctor, after hours of waiting, be very brief. The mother, from the demoralized poverty spot, even if she arrives at the hospital, will get usually no help useful to her.

The doctor's point of view needs to be considered. A busy man seeing very many poor patients and giving frequently the same instructions, and meeting constantly with the same failure to get those instructions adequately carried out, may sometimes get a little hopeless as to the value of his out-patient work.

The advent of a typical slum (poverty spot) mother increases the doctor's feeling of hopelessness ten or twenty-fold. Take a concrete case, that of a child with discharge from the ears. The mother of the case I have in mind is a person with tattered, frowsy, and safety-pinned raiment, conforming generally to the blouse and skirt type, the sleeves are torn to a conveniently free length, the waist is commodiously ample. Neither face nor hands are especially clean, the face is coarse in feature and grinningly amiable. Conversation reveals much surface plausibility, with much genuine and deep-laid inertia. The home is in two or three dark, semi-basement rooms, low, hung with lines on which hang flapping clothes, cumbered with backless chairs, decayed tables, peeling veneer chests of drawers, and iron bedsteads heaped with brownish coverings.

It is wonderful that, faced by the problem of treating the child of such a mother, living in such a home, the doctor may get a little despairing? Treatment which consists partly of syringing out the ears must inevitably fail of being carried out under cleanly conditions (aseptic is pure utopianism). Regularity is not understood, any directions given, except with the most labored simplicity, are not understood. For unexplained reasons such a patient will frequently not attend to see the doctor and report progress. For other unexplained reasons the patient will try "a bottle of medicine" from some private dispensary or from some other public institution. On other occasions the patient will attend in charge of an incompetent person to whom it is useless to give instructions and from whom it is impossible to expect reasonable information. In the particular case the person in charge was often a drunken (sometimes drunk) grandmother, and once or twice a sister a year or two older.

In such cases it may be possible to get parental consent to an operation for re-