

PREVENTION OF BLINDNESS

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Ruth Damskov

Prevention of Blindness

The first book calling to attention the condition of the blind was published in Italy in 1646. Locke, Lubnitz, Diderat Rousseau, and others wrote upon the subject. A number of blind persons had received assistance in studying from such means as raised letters and ciphering tablets.

Valentine Haüy invented embossed books for the blind and founded in Paris in 1785 the first school for their instruction. Great interest was aroused in Paris and Louis XVI bestowed upon Haüy several offices. Haüy and his school suffered much during the Revolution but he struggled on and under great difficulties educated some pupils who became famous. His efforts in behalf of the blind won him the title of "Father and Apostle of the Blind". He published an essay on their education and continued his work in Russia and in Prussia after it became necessary for him to give it up in Paris.

England was second in establishing in 1791 the School for the Indigent Blind in Liverpool where poor blind children were taught trades, to sing in church, and to play the organ. In 1793 David Miller, a blind man, and Reverend Dr. David Johnson founded the Royal Blind Asylum and School in Edinburgh which was to train the blind in manual labor. Later attention was changed by the director from this to intellectual development. Other schools and branches were opened in various cities in England -- London, Glasgow, York, and elsewhere.

The Royal Normal College and Academy of Music for the Blind was established in London in 1872 by an American, Mr. F.J. Campbell, a blind man, educated in the United States and who had taught in institutions for the blind in the United States. He brought to England

American teachers and methods.

The Vienna Institution, a higher type of school, was founded in 1804 and Dr. Klien, a blind man was made director.

The difference in the attitude toward the education of the blind in Europe and in the United States is most interesting. In most European institutions the feeling was that of favor and charity rather than one of right and obligation. Many of the so called schools for the blind in Europe were and still are merely asylums supported by contributions made in the nature of alms and they do not inspire the desire for usefullness and self maintainence in the handicapped person.

From the beginning in the United States efforts in behalf of the blind have been made with objective to educate and make self-support the blind. The most distinctive feature of the American institutions is that they are an integral part of the educational system of the country and express provision is made for the education of these sightless people. This has reacted favorably upon them and has inspired them with self respect and an ambition to be independent.

The system generally adopted is to give the same instruction and to the same degree as is given in the best public grade schools, to teach them the elements of music, and to train them in some handicraft by which to earn a livelihood. Many do not follow this handicraft but find some other employment or resort to branches of music for income. There is a greater proportion of self supporting blind in the United States than in any other country.

The first school for the blind in the United States was established in Boston in 1829 chiefly through the efforts of Dr. John D.

Fisher, a young physician. It was incorporated and named Perkins Institution and Massachusetts Asylum for the Blind in honor of T. H. Perkins who gave his huge house to the School. This building was later sold and the school was moved to a more adequate place in Boston.

In 1831 Dr. Samuel G. Howe was appointed director. Probably no other one person has done as much toward the education of the blind as Dr. Howe. He was born in Boston in 1801 and was a graduate of Brown University and of Harvard Medical School. He abandoned the field of medicine to take part in the Greek Revolution and was very active in relief work. When he was appointed director of Perkins Institution Dr. Howe went to Europe for a time to investigate the problem of the blind. In 1833 \$6000 a year was granted Perkins by the state legislature on condition that twenty poor blind from the state were educated there gratuitously. This amount was later increased to \$30,000 a year.

The case of Laura Dewey Bridgman is perhaps the most spectacular and best known of all of Dr. Howe's. In 1837 she was taken by the Doctor to Perkins to be educated. At the age of two she had been deprived of sight, hearing, and speech by scarlet fever. Her education was most successful. She learned to converse fluently in the manual alphabet, to read easily, and to write well and correctly. All of the things that are taught in ordinary schools were taught her beside sewing both on the sewing machine and expertly by hand and to knit fine lace.

Among the other many things Dr. Howe did he opened a printing office and organized a fund for printing for the blind. Michael Anagos, a son in law of Dr. Howe, was also his successor at Perkins. He established a Kindergarten for the Blind at Jamaica Plain in connection with Perkins.

Helen Keller received her first education at Perkins and it was continued by Anne Sullivan a young Perkins instructor, in the Keller home. Her attempts were even more successful than those made with Laura Bridgman. This fact may be due to a higher type of native intelligence however. Helen seemed to become more completely adjusted and more self sufficient than Laura.

Other schools for the blind were begun about the same time that Perkins was begun but the work at Perkins has been perhaps more outstanding. New York Institution for the Blind was incorporated in 1831 through the efforts of Dr. Samuel Akerly and Mr. Samuel Wood. At the present time all the states have some provision for the education of the blind.

The first attempts at touch reading was made in Spain in 1617. The first book made of embossed Roman letters was the Gospel of St. John in 1832. This was unsatisfactory because they were so bulky and could not be printed on both sides of the paper. Charles Barbier, a student, invented the dot system of printing in Paris. This system was too complicated for practical use.

Louis Braille was the person to simplify the dot system to a more useable one. He was a French boy, who in 1812 at the age of three injured an eye with a sharp tool in his father's harness shop. A sympathetic inflammation set in and he lost the sight of both eyes. He was sent to a school for the blind. At the age of 16 he worked out a system of embossed letters and made a slate on which to write them. It was in 1829 when he was a professor in the National Institute of Paris that Braille perfected the embossed dot system invented by Barbier, bringing it to a practical working basis.

Revised Braille is the type now used in all the states now for

the sake of uniformity. These Braille characters which are different groups of six small raised dots made by pressing a sharp point upon stiff paper, have opened up to the blind an infinite opportunities in the way of literature and music.

"It was soon discovered that Braille's system was too expensive for commercial use. Even today twenty dollars worth of ordinary books in ordinary printing would cost two hundred dollars if commercially produced in Braille.

"It was soon apparent that the blind would have to depend upon the patient tedious, hour by hour labor of sympathetic people using Braille slates or Braille writers, the latter resembling typewriters and speedier than the slates."

In 1921 the American Red Cross assumed the leadership assigning a director of Braille to work with and through the Library of Congress. It created a simplified training course of ten lessons in Braille transcribing which can be learned by correspondence or personal instruction. Church groups seeking a leisure time project have become enthusiastic over Braille. In 1929 191,732 hand copied pages of Braille were made by 1,155 volunteers.

On June 1, 1932 there were in the Portland Library 786 titles in revised Braille, 145 in gr.2, and some in six other types. Helen Lewis probably does more transcribing than any other one person in Portland. Other places in Oregon where books transcribed to Braille are available for blind persons are Oregon State Library, Oregon State School for the Blind at Salem, School for the Blind in Portland.

The most recent invention to help the blind to read is the visagraph. It is an electric scanning system operating a printing device which produces raised letters of aluminum foil. These rolls may be preserved or erased. It has not yet been commercialized. The inventor is Robert E. Maumburg, 40 Meadow Way, Cambridge, Mass.

The Pratt Smoot Bill which was signed February, 1931 and went into effect July, 1931 provides \$100,000 annually to obtain Braille books in addition to \$25,000 which had previously been used annually for Braille texts. There are nineteen circulating libraries from the Library of Congress. All of this amount is under the direction of Dr. Herman H. B. Meyer of the Library of Congress.

There are a number of periodicals in Braille for the blind. Of these are American Review for the Blind, published by the American Braille Press, 74 Rue Lauriston, Paris, a magazine of general interest with articles somewhat condensed from leading periodicals; Braille Book Review, published also by the American Braille Press, which was first published January 1932, is free to blind readers after a small registration fee, and prints reviews of books, biographies of writers, and essays on literature. The Braille Mirror is published by the Universal Braille Press, 739 N. Vermont Ave., Los Angeles, Cal. It is made up of current events and is much like the Literary Digest. Matilda Zeigler Magazine for the Blind is quite popular and is published at Monsey N. Y. Our Special is a magazine for women. Readers Digest is published by the American Printing House for the Blind at 1839 Frankfort Ave. Louisville, Ky. Weekly News, the content of which is current events, is free to the blind and is published by the Workshop for the Blind in Boston.

There are also a number of magazines published about the blind for the purpose of letting sighted people know about them and what is being done for them.

The census of 1930 is very interesting in regards to the blind in Oregon and Portland.

Total - 496	Color	As to Age	Oregon	Portland
Male - 304	White - 474	Under 5	3	2
Female- 192	Negro - 2	5 to 9	9	0
	Indian - 19	10 " 14	23	1
	Other - 1	15 " 19	33	2
Of Portland		20 " 24	19	09
Total - 172	Color	25 " 44	76	37
Male - 115	White - 170	45 " 64	127	53
Female- 57	Negro - 2	65 " older	205	68
		unknown	1	

The total for Oregon in 1920 was 276 of whom 20 received state or county aid.

The National Society for the Prevention of Blindness

The work for the prevention of blindness began formally in 1908 as the New York State Committee for the Prevention of Blindness. Several citizens suddenly realized that there were a great number of persons needlessly blind from ophthalmia neonatorum. Requests for service in all fields of sight preservation grew rapidly from all parts of the nation as well as the state itself.

In 1915 the State Committee became the National Committee for the Prevention of Blindness on a nation wide scale. Financial help was granted by the Russel Sage and the Rockefeller Foundations when the organization became national until receipts from members and donors were sufficient for its current needs. In January 1928 the name was changed to the National Society for the Prevention of Blindness because the organization was becoming so large that the name Society was considered more appropriate than Committee. There were about

25,000 members and they were very widely scattered.

The services rendered by this Society are:

1- Eye Infections in the new born.

a- Ophthalmis neonatorum. Data of state laws, regulations, customs, and practices relating to the prevention of blindness from babies sore eyes is presented and made available to health officers and legislative bodies. This is done in conjunction with the Conference of State and Provincial Health Authorities of North America.

B- Syphilitic eye infections. Educational material for prenatal care and treatment of syphilitic women to prevent eye infections is broadcasted.

2- Eye clinics for Pre school children.

This is done in co-operation with state and local authorities.

3- Saving eye sight of children of school age.

a- Determining better methods for preservation of eyesight of school children. This is done with the National Education Ass'n and the American Medical Ass'n.

b- Establishment of sight saving classes and making provisions for corrections with local agencies available to the schools.

c- Organization of courses in sight saving class work for teachers. Lectures on sight preservation. This is done with teacher training schools and colleges.

4- Trachoma (both children and adults)

Promoting research into causes of and better methods for eradicating trachoma. This is with the U. S. Public Health Service, Indian Bureau Eastern Ass'n on Indian Affairs, the New Mexico Ass'n of Indian Affairs and state and local health officials.

5- Eye hazards in Industry.

Working with and through industrial concerns and safety and illumin-

ating engineers to prevent accidents and eye strain in industry by promoting the use of safety devices, adequate lighting systems and the wearing of goggles when necessary.

6- Field service. This is educational and legislative. Help is given in organizing programs and planning administrative work.

7- Literature and other propaganda.

a- A study and loan library on eye hygiene and preventative measures

b- Preparation of special articles in medical and educational journals

c- Reprinting for distribution articles which appear in medical and lay journals.

8- Correspondence.

This includes advice to blind persons about schools, available reading material, and other questions that blind persons or those interested in them ask.

9- Publications and their distribution

a- The News Letter. (5 times a year)

b- The sight Saving Class Exchange (5 times a year).

c- Junior News Letter (4 times a year).

d- Annual reports, transactions of conferences, hand books, and special literature.

All work done by the National Society in the states or cities is done in conjunction with organizations already present. There are no state or local branches.

The most outstanding Oregon Blind man is Edward c. Robbins who became blind in 1918. He became very well adjusted. He was educated at Oregon State School for the Blind at Salem and attended Oregon Institute of Technology. He was editor of the Oregon Tech, the student body publication for two years. He then completed a four year course at the University of Oregon in journalism and was employed as a reporter for a Portland paper. In the spring of 1932 he went to Sumas Washington as news editor of the Sumas "News".

There is a sight saving class in the Halladay school in Portland. It was established upon recommendation of a committee appointed by city and county medical society to act with the Board of Education and a member of the school administration. Sufficient funds was available from the income of the Vestal fund to establish one sight conservation class in order that a demonstration of the effect of such a class could be had.

Mrs Hetch left a fund for educational purposes in 1930 the interest of which is being used for glasses for school children who cannot get them.

The Oregon State School for the Blind at Salem is for the purpose of educating persons from six to twenty. Those past twenty are eligible to the School for the Blind in Portland. Both are supported by tax. The regular grade school classes are taught beside music, Braille reading, and handicrafts as chair caning, broom making, needlework, typing, and things of especial interest to the individual.

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Light, Literary Digest, Popular Science,

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Various reports of the National Society for the Prevention of
Blindness and publications.

Some material from the notes of Miss Verity at the Library.

Report of School for the Blind at Salem.

Oregonian May 2, 1932.

Harry- Man's Miracle.

The National Society for the Prevention of Blindness

The London Society for the Prevention of Blindness was formed in England in 1882 by a small group of Doctors and thier friends. It soon became evident that the puny efforts of this enthusiastic little group to combat a world pestilence would be futile unless the message is spoken authoritively by those to whom the world will listen. The society offered a prize for the best essay on the causes and prevention of blindness. The prize was awarded to Dr. Ernst Fuchs of Vienna. After having achieved the feat of putting the work of Prof. Fuchs before the world the London society appears to have gone into dissolution as nothing more seems to have been heard of it.

This book suggested to the trustees of the New York State School for the Blind the desirability of investigating the causes of blindness in the children under thier care. The facts developed were so startling that it led to a state investigation. A copy of the results of this investigation came under the observation of a very remarkable woman who was deeply interested in the welfare of children, namely Louisa Lee Schuyler honorary Doctor of Laws. By her own splendid personality she set in motion the machienery, with the aid of the Russell Sage foundation of which she was one of the trustees, and later of the Rockerfeller Foundation, which resulted in the establishment in 1908 of the New York Society for the Prevention of Blindness. In 1915 this became the National Committee for the prevention of Blindness and in 1928 the name was changed to the National Society for the Prevention of Blindness. It has a membership of over 25,000 doctors and lay people. It is a volunteer organization of national scope, supported by membership fees and contributions for the purpose of preventing blindness and saving sight. Its function is to keep abreast of the scientific branches of medical and pedagogical knowledge and further to inform the public generally in non technical language of such advances and how they may be applied practically in preventing blindness and saving sight.

In its work the following aspects are especially important;

1. Eye infections of new born babies;

(a) Ophthalmia neonatorum - assembling, compiling and publishing data concerning state laws, regulations, customs and practices relating to the prevention of blindness from babies' sore eyes and making such data available to health officials and legislative bodies.

(b) Syphilitic Eye infection - Broadcasting educational propaganda concerning the care and treatment of expectant mothers to prevent syphilitic eye infections of infants.

2. Eye clinics for pre school children.

Establishing experimental eye clinics to demonstrate the necessity for and wisdom of caring for the eyes of children between infancy and school age.

3. Saving the eyesight of children of school age.

(a) Working with a committee of the National Education Association and the American Medical Association in determining better methods for preserving the eyesight of school children.

(b) Assisting in the establishment of sight-saving classes and in making provisions for correcting eye defects in co-operation with local boards of education, volunteer agents, and health services available to public and private schools.

(c) Organizing courses, preparing teachers for sight-saving class work. Arranging and delivering lectures on sight preservation.

4. Trachoma.

Promoting research into the causes of the better methods for eradicating trachoma.

5. Eye hazards in industry.

Working with and thru industrial concerns and safety devices and illuminating engineers to prevent accidents and eye strain in industry by popularizing the use of safety devices, adequate lighting systems and the wearing

of goggles when necessary.

6. Field service.

Responding to calls from all parts of the United States for aid in forming educational and legislative programmes.

7. Literature and other propaganda.

(a) Assembling for study and loan a library of literature, photographs, lantern slides, motion pictures, exhibits, etc., on eye hygiene and preventive measures.

(b) Preparing special articles on prevention of blindness for publication in various medical and educational journals.

(c) Reprinting for distribution special articles dealing with eye hygiene which appear in various medical and lay journals.

8. Correspondence.

Replying to hundreds of letters from individuals suffering from some form of eye trouble who want advice as to where they may secure dependable information as to best methods of treatment and latest knowledge of eye hygiene.

9. Publications and their distributions.

In addition to the annual reports, transactions of conference, handbooks and special literature as need arises, the following periodicals are published

1. The News Letter (published five times a year).

2. The Sight-saving class Exchange (published four times a year)

3 3. The Junior news Letter (published four times a year)

Although the blind have always been with us it is only 300 years since the first efforts were made to solve the reading problem of the blind. After many experiments finally the problem was solved by Louis Braille in 1829. However his system was not used extensively until sixty years later. It is known as the Braille system. Louis Braille was a French teacher of the blind who himself was blind from his third year. When he was ten years old he went as a foundling to the institute for the blind in Paris and there became a teacher.

The first school for the blind in the United States was founded in Boston in 1829 thru the efforts of Dr Fisher and Dr Howe. The New York Institute was incorporated in 1831 followed by the Pennsylvania Institute and so on until now every state in the union makes provision for the education of the blind.

Among the outstanding blind who have adjusted themselves to their handicaps are Hellen Keller well known lecturer and worker on behalf of the blind and Laura Bridgeman who was educated by Dr Howe at the Perkins Institute in Boston. She helped many other blind children to find their way out of this great difficulty.

The Oregon State School for the blind was established by an act of the legislative assembly of the state of Oregon in 1872. It is located at Salem Oregon. Its primary object is to furnish the blind children of the state with the best known facilities for acquiring an academic education and becoming useful citizens.

There is a school for the adult blind in Portland supported by taxes. The object of the school is to provide vocational training for men and women between the ages of twenty and sixty.

In 1929 a committee was appointed by the city and county medical society to act with a member of the board of education and a member of the school administration and they recommended that a branch of education be made available from the income of the Vestal fund a sum sufficient to establish one sight conservation class in order that a demonstration of the effect of such a class may be had. This class was established in 1930 it was domiciled in a room in the Holladay school which was especially equipped for this work. Eleven children were registered the first year. Because of their defective vision these children were retarded from one to two terms. A mental test was given six months after they were admitted to the class and it showed that a gain of ^{and} from one year ~~to~~ three months had been made by all but one pupil since the test given six months previously.

Mrs K A Hatch left a fund for educational purposes the interest of which is being used for glasses for children who cannot afford to buy them.

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The Prevention of Heart Disease.

Heart disease in the past few years has gained an ~~AS-AST~~ astounding prevalence over other causes of death. Altho the heart is the most vital organ of the body, it is surprising how little has been done to protect it from injury. It was not until the last decade that the preventive aspect has had much of a place in the medical world.

Recently some studies have been completed with interesting results as to the predominance of heart disease. Some of the conclusions were— over two per cent of the people examined by insurance companies were rejected because of heart disease. Two to five per cent of the industrial workers were subjects of organic heart disease. In routine ~~examinations~~ ^{school procedure} in N.Y. CITY ~~250,000~~ ^{250,000} children were examined. After a recheck under ideal conditions with clothing removed, it was found that 7 children in every 1,000 had heart disease. Thru the United States there are over 2,000,000 people suffering from heart conditions. It has been estimated that if this rate is allowed to continue, it will not be long until one in every five of the population living at the age of ten will die of heart disease. Since much can be done from the preventive side of the situation, it is our problem to help pass along educational information about the heart.

If we scan the past history, we are surprised to see the slow progress made thru the past centuries. As early as 1620 cardiac disease was recognized by Bonetus. Morgagne a little later presented notable work on heart lesions and the Syphilitic aspect. Little advancement was achieved until Laeunes in 1816 introduced the stethoscope. With Piorry's pleximeter the foundation was laid for physical findings. Another step was gained in 1855, when Vierordt invented the sphygmograph. In 1903, another invention, the string galvanometer^{v3} introduced by Einthoven. This made the foundation for electro-cardiography. With these instruments at their disposal many Doctors carried out studies concerning Cardiac disease and we received our first scientific information based on physical findings and clinic observations.

The Heart (cont'd)

With these instruments and physical findings we find many doctors manifesting interest in the heart and its functions. Naturally small clinics and centers sprang up. Some of these were located in Boston, Chicago, Indianapolis, New York City, Philadelphia, San Antonio, and a few in Canada. Most of these ~~had been~~ started first by private funds and later taken over by such agencies as The Tuberculosis Association, American Red Cross, and local community chests.

A number of the leading men in heart work thought that it would be much better if their programs were of a national character, ^{and} including Canada. With a national scope the heart work would be more efficient, more wide spread and still be less expensive. These leaders invited fifty prominent heart physicians to join them at an informal luncheon at St Louis, Missouri, May 24, 1922. At this luncheon a committee was selected to plan an organization of national scope.

On May, 1924, the American Heart Association was incorporated. The selected committee had found some very definite needs for immediate further study of heart disease. Some of these were

1. Two persons in every hundred suffer from some serious heart disease.
2. Ten percent of the bed capacity of general hospitals is occupied by cardiac cases.
3. Heart disease has the longest duration of any other disease with the possible exception of some of those of the mind.
4. Heart disease is the greatest single cause of death in the U.S

Six definite objectives were drawn up before the Association as guide posts for their future plans. These were:

1. To gather facts pertaining to heart disease.
2. To develop and apply measures that would prevent heart disease.
3. To coordinate the work of the centers already established in United States and Canada.
4. To encourage and assist the development of more centers for cardiac work.

The Heart (cont'd)

5.To disseminate information in regards to heart disease and the methods for its treatment and care.

6.To arouse the public to its responsibility and opportunity to combat heart disease.

By following these objectives the Association hoped to achieve five things:

1.To better control the ediological factors.

2.To save many hearts before they are damaged.

3.To protect the already damaged hearts and save them from further damage.

4.To arrest the disease Before the victim is materially incapacitated.

5.To bring a larger porportion of those with serious heart disease to economic independence and happier more useful lives.

The American Heart Association Has its central headquarters in in New York City. By having a central headquarters better coordination can be acheived. By pooling, the expenses are lowered too. By having a national organization more effecient encouragement can be given and higher standards attained. This in turn causes % the local clinics to be more productive.

The Association's membership plan is of interest. The local Heart centers make application at headquarters to join. These centers, after they are accepted, adopt the association's standards of treadment and clinic procedure. If for some reason one of the centers do not conform, afield repersenative is sent down to that district. He tries to find out the difficulty, gives encouragement, and demonstrates the clinic. and approved methods of treatment. If the clinic or center still falls too far below the standards, it is dropped from the national membership.

The local group membership is \$10 a year and is known as an affiliate membership.

The Heart(con't)

The individual doctor may also become a member of the Association. Usually he belongs to the local center. Sometimes he is invited to join. If he decides to join he assumes such titles as

Associate member....fee....\$1.00....annually

~~Annual~~
~~sustaining~~ member...fee...\$5.00....annually

Sustaining member...fee..\$10.00....annually

Patron ...lump sum\$100.00

Donor ...lump sum\$1000.00

The Association appoints regional representatives to secure local memberships.

The American Heart Association has a two-fold plan, one of research and the other, education. It spends considerable time experimenting so that the latest scientific information may be available to doctors and those interested in cardiac behavior and treatment. The educational phase is carried out thru distribution of literature, pamphlets, by radio talks, loaning lantern slides, charts and lecturers. Field workers are sent out, as it has been stated before, to organize clinics and demonstrate treatment. The Association sponsors, also, two bi-monthly publications, The Heart Bulletin and The American Heart Journal. The bulletin contains brief summaries of the recent heart activities and the journal is made up of the latest papers and reports of researches prepared by the foremost heart men.

In 1925, one year after the Association was incorporated there were 47 cities and 23 states definitely affiliated. Since that time its membership has grown steadily. In 1931, there were requests for some kind of information from every state in the union.

The West is slowly but surely falling in step with these plans too. As yet, Oregon does not have any affiliating centers. This is due mostly to the fact that she has no very large cities. The nearest state to Oregon to

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affiliate is California.

Before leaving the American Heart Association, we must speak of the relation between heart disease and Tuberculosis. Since the symptoms of cardiac difficulties and Tuberculosis are quite similar, we find the two types of patients in either clinics. Then too the Heart Association chose Tuberculosis Association as a pattern for its organization. The T.B. Association also appropriates sums of money each year to help it carry on its heart work. In 1930, the appropriation was \$10,000. We often find also the same employment bureaus for cardiac and arrested T.B. cases.

It is well to say a few words about some of the more prominent men in cardiac work. Most frequently we hear of Dr. Paul White from Boston Mass. He serves on the Advisory Editorial Board for the American Heart Journal and serves on his local committees. He also writes considerably for the journal too. Dr. Alfred Cohn is also a prominent writer and serves on the Advisory Editorial Board.

Dr. Richard Cabbot has recently written a book "Facts about the Heart". He is probably the best authority on structure and functions of the heart. His book is amply backed by his numerous researches and postmortems.

Since the present day attitude toward cardiac disease is one of preventive measures, the Public Health Nursing aspect is of great importance to us. There are three primary causes of heart disease, 1. focal infections 2. Syphilis 3. arteriosclerosis. The nurse, especially in schoolwork, has a splendid opportunity to remove focal infections such as diseased teeth and tonsils and place children under care who need Syphilitic treatment. Arteriosclerosis, a progressive disease, is especially manifested in later life. This is one in which the progress may be checked but the patient is never returned to normal. In this case the nurse does her best work along the educational lines.

The Public Health Nurse is of very definite value in a social

The Heart(cont'd)

aspect. She can do much to effect a good adjustment of the patient to his disability and thereby preventing the unhappy "Psychological cripple". In a case of this type she must not only educate the patient but also his family. Again she has a special duty to little children who are cardiac victims. She should get them to special classes if possible, where they may be taught to stay with in their limitations and accept vocational guidance. Then too the nurse must be on guard constantly for new or reoccurring symptoms so that she will be able to get ^{her Cardiac Patients} ~~them~~ under medical supervision before greater damage is done. Medical social workers and Public Health Nurses are recognizing more and more their part in the prevention program for heart disease the modern curb to longliviety

"When the consciences of the highest types of our citizens are awakened to such need we may be almost sure of progress in such a movement which ~~will~~ will affect the health and happiness of so many."

"⁵⁸ The American Heart "file."

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