THE DEVELOPMENT OF SCHOOL NURSING

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The History of School Nursing.

As far back as the Middle Ages it was realized that a healthy mind was in the majority of cases dependent upon a healthy body. In the early part of the ninteenth century educators realized that is was foolish and unreasonable to expect from physically and mentally defective children the same results in education and training which could be demanded of healthy children. With the advent of elementary, compulsory education this feeling became accentuated.

So we learn that school nursing is not an old profession having its beginnings in the middle of the nineteenth century in the Old World. It was doubtless considered during the early beginnings of medical inspection of schools but was not developed until the Visiting Nursing Associations considered it seriously and undertook to place nurses in the schools. It may, in fact, be considered a direct outcome of the work and teachings of Florence Nightingale as it was her constant hope that the word nurse might be associated with health rather than disease.

Naturally it was early discovered that the maximum results in all health work could best be procured through the children in the schools. It is not definitely known just which country was the first to start medical inspection is schools as many kind, and far-seeing physicians took up the work in a small way before it was taken over by any government. We find

numerous disagreements over historical datings, therefore, the one which is most accepted will be used.

It seems that France was the first country to make a beginning in the field of medical inspection. About 1833 a royal ordinance was passed charging school authorities with the duty of supervising the health of school children and attending to the sanitary conditions of school buildings. In 1842 a physician was appointed to inspect school children and school grounds; however, this work did not develop any further at this time.

Between the period of 1830 and 1840 school doctors were attached to most of schools, especially boys, in Austria, Germany, Switzerland, Holland and France.

In 1836,Dr. Karl Lorinser in France was the first physician to study school hygiene thoroughly.

In 1842, medical school inspection was extended to girls schools in France.

In 1848 a government report drew special attention to school lighting and ventilation.

In 1859, Finland brought about regulations for the construction of ventilation means in all school buildings.

As early as 1863 Sweden saw the necessity of medical examinations for the exemption from gymnasium work.

In 1865 in Norway, Herman Cohn studied the eyesight of 10,000 school children.

In 1867 the giving of vision tests was required in German schools.

The term "school physician" was first used in Sweden in 1868 when medical officers in the modern sense of the word

were placed on the staff of each school.

In 1869 Virchow in Germany was the originator of the modern movement for hygiene and medical inspection of school children.

In 1871 and 1873 medical inspection was started in Russia and Austria respectively.

This early period extending from 1833 to 1874 was characterized by the recognition of the school as a possible hotbed for the spread of infection. Sentiment was growing toward expecting the public and individual person to assume definite responsibility in the prevention of contagion. Local Boards of Health entirely controlled and administed the early school health work.

The Modern Period extending from 1874 to the present includes the majority of really important advances in school health supervision. The control of contagious diseases was extended and continued but the discovery of physical defects and improvements of the child's general physical condition also received constantly increasing attention. Today every effort is made toward forestalling disease, and this attitude plus the present practice of teaching the child how to live rightly and healthfully makes the modern period in its latest conception truly a period of positive and constructive promotion as well preventive medicine.

In 1874 Brussels brought about the appointment of physicians who were to visit the schools regularly three times a month, thereby, gaining for herself the distinction of being the first city to establish a system ofschool inspection as we now understand it.

In 1875, Bowditch in Boston made a study of the height and weight of 2500 children.

Belgium established a complete dental service in 1877.

The first school system was established in Cairo, Egypt in 1882.

Florence Nightengale was watching with high expectations the development of the Visiting Nursing Association in Liverpool where it proved so successful that it soon spread to London. The fact was soon discovered that with the small number of nurses who were really qualified, a greater number in need of care could be reached through the schools. This access to school children made possible the control of communicable diseases and also a closerecorrelation between the school and the home. In London, a medical school officer was appointed in 1891 and Amy Hughes became the school nurse under the auspices of the Metropolitan Nursing Association 1893. She visited daily in one fo the Board Schools in Wild Street, Drury Lane, where the children were among the poorest and most neglected in the City of London, and followed them to their homes, where the conditions were such as to need medical treatment.

Because of Amy Hughe's successful school nursing the London Nurse's Society was formed in 1898 and it did much to blaze the way for school nursing. In 1904 the London County Council appointed a staff of School Nurses under the direction of a Superintendent of Nurses. The scope of this work included bedside nursing, infant welfare, prenatal care and school nursing. It must be mentioned that the London School Board

though apparently not antagonistic cannot be said to have been overly enthusiastic about the scheme, if we are to judge from a notice which appeared in the London Gazette in 1900, in which they gave their consent for a nurse for one and one-half hour in the schools but refused to provide the funds. However, they did pay for a basin and kettle which was to cost only three shillings, and placed it in each school where the nurse visited.

Also in 1893, Bradford appointed Dr. James Kerr as medical officer in the schools and he began his work by examining absentees who failed to present a doctors certificate when reentering school. He did a marvelous piece of work in the School Medical Service, being recognized today as one of the leading authorities on school medical supervision.

Work of this type in the United States is entirely in the Modern Period. About the year 1880 the United States passed state laws requiring instruction concerning the effects of alcohol and narcotics. School Nursing is generally conceded to have had its beginnings in Boston in 1893 following a series of epidemics among school children, however, Mangold insists that the first medical inspections were in Philadelphia but were abandoned because of local protests. The work in our country merely followed the lead of France, Germany, and other countries on the continent. Dr. Samuel Durgin, Health Commissioner of the city of Boston established the first regular system of medical inspection. But it was not until 1905 that the Boston District Nursing Association provided for a school nurse.

School Nursing began in New York City in 1897; in Philadelphia in 1898. In 1899, the first law requiring that teachers in public schools test the eyesight of school children was passed by the state of Connecticut.

In 1899, North Dakota was the first state to pass a law making physical education a required subject in all common scholls.

In certain sections of our country the Public Health Movement was influenced largely by religious beliefs. On one hand we know the New England Puritans regarded illness and disease as a just punishment for sins. As a consequence all forms of medical and nursing care were discouraged and vaccinations against smallpox was bitterly opposed. On theother hand Quakers entertained the highest ideals ofcommunity service, humane treatment and friendly visiting. They were responsible for the building of the first city poorhouses which were later changed into hospitals. Always the Catholic sisterhoods have ministered to the poor and needy in their homes, and in rescue missions where they conducted some forms of visiting and bedside nursing. Boston and Philadelphia started visiting nursing associations to meet the need of their poor sick regardless of their religious affliation.

The associations were followed by the work of Lillian Wald who was noted for her visiting nursing work on the East Side. To her must go the honor of establishing the first actual school nursing in America. In 1902 she suggested the use of nurses to supplement the work of doctors in the schools of New York. Medical inspection of the school children had already been

carried on for many years, both in New York and other cities, but medical inspection could only exclude the child, it could do nothing to prevent the need of exclusion. To make matters worse these children remained at home as long as they pleased and no effort was made to see if they were under medical care. Many of them were neglected and those who were able to be about played with other children continually spreading the disease. In 1902, the health conditions in the New York schools were so bad that in many of them from fifteen to twenty children were excluded from one school in one day, but when three hundred were sent home in a single day the problem became really serious.

It is interesting to note that during the year 1900 the secretary of the London School Nursing Society visited New York and being impressed with the city system of school medical inspection carried back to England plans for improving the inert and ineffective methods of the medical officers of the London School Board. Two years later Miss Wald visited England and being equally impressed with the possibilities of their school nursing brought back inspirations for her work.

At this time she suggested that a nurse in the school might help to solve the problem and offered the services of a nurse from the Settlement for one month as a demonstration of what might be done. The offer was accepted and the point was so well proven that school nurses were promptly appointed by the city. Miss Lina Rogers was the nurse who was appointed to start the experiment and the following were her duties: (1) to treat

children suffering from minor diseases as ringworm, impetigo, scabies and pediculosis; (2) to visit homes to interest parents in the better care of their children; and (3) to readmit children to school. The schoolroom attendance had increased 50% at the close of the experiment. At this time the nurse was the principal's first assistant, friend and advisor. She took children to the dispensary and clinics, conducted tooth-brush drills, taught Little Mothers' Classes and all this plus a pupil load of 10,000.

Let us retrogress for a moment to see what the countries of the Old World are doing for school nursing.

Wiesbaden, in 1896, developed a very definite working plan from which many other cities have modelled their work. The German system as outlined by Wiesbaden consisted of physical examinations, inspections of school premises and class rooms, individual examinations of selected pupils, physical examinations of every child before entering school in the fourth, sixth and eighth grades. Very complete individual records were kept of each child and a definite follow-up system was used beginning with the notification of parents of the defects discovered. The Paris Plan of 1911 and 1913 although following Wiesbaden's was more highly organized and represented definite progress. In this the children were chosen by the physician, referred by the teacher, or had been absent from school for an unknown cause. Each child was given a thorough examination on entry. Parents were notified of thedefects or disease and were urged to secure treatment.

In 1900 the Norway Tuberculosis Act resulted in special

attention being given to debiliated children. Each child was examined by a doctor three times a year and definite, permanent reports were made out on forms.

To come again to our United States, we find that the first school dentist was appointed in Reading, Pennsylvania, in 1903. And in the same year the department of physical education was begun in New Mork City.

Eye, ear, nose and throat examinations were made compulsory in Vermont in 1904 and two years later Massachusetts adopted a similar plan requiring vision and hearing tests.

About 1905 leaders in nursing began to show an active interest in nursing service for the rural communities. Here the need for adequate training was stressed even more strongly than for the urban nurse. It was well known that the lack of health facilities for health work and the impossibility of close supervision would make it necessary for the nurse to have special preparation if she was to be of greatest service to her rural community. Therefore, two important recommendations were made which have proved of greatest importance to the development of school nursing; first, that at least four months of preparation in theory and practice at a recognized school be required of all nurses employed by the Red Cross; and that the Red Cross establish a loan fund for those nurses who wished to prepare themselves for the rural field. This rural nursing service was initiated in 1912 and by 1914 there were thirty-eight nurses serving the field. Their programs included any or all of the services of prenatal, infancy, maternal, school, industrial and bedside nursing on the family visit basis.

Because of the large territory to be covered and the difficulty of transportation it was necessary for the rural nurse to concentrate her efforts where she could be of service to the greatest number of people. Thus the public school became the hub of the wheel for rural nursing.

In 1906, Miss Jane Addams of the Hull House in Chicago, provided for three nurses in the schools until it was taken over by the city Board of Health. Similar work was done in Pueblo, Colorado, Toronto, Canada, and other cities throughout Canada and the United States. In Canada the work was organized by Dr. Struthers as Chief Medical Inspector, with six additional medical inspectors, one dental inspector and thirteen nurses. In this city of Toronto doctors and nurses were divided off into specific districts. After all vacations the physicians aided the nurses in inspections and all subsequent inspections were made by nurses with only the necessary cases being sent to the Medical Inspector. All home follow-up visits were made after three o'clock.

In 1906, the Educational Act made medical inspection universal and compulsory in England, Wales and Scotland.

By 1907 the United States had 90 cities requiring medical inspection. It was in this year that the American Association of School Hygiene was formed.

By 1910 nineteen states in the United States provided for school medical inspection, with 337 cities on the roll all of which employed 1,194 physicians, 371 nurses and 48 dentists. It was in this year that the first Health League was founded in New York City.

In 1913, school medical and nursing work was organized in Mexico. In this same year the International Congress of School Hygiene was held at Buffalo, New York and the first Health Center was founded in New York City.

In 1914, ten dental hygienists were placed in the schools of Bridgeport, Connecticut by Dr. Alfred Fones who is now considered the Father of this movement.

In 1914, we had the beginnings of the World War and because of this, together with the numerous economic adjustments which followed it the period from 1914 to 1926 may be considered as one of atypical progress and undetermined work, except that the poor condition of the recruits served as an empetus to increasing interest in more comprehensive school health work.

About 1915, Dr. Esther Pohl was the instigator for medical inspection and school nursing in the schools of Portland, Oregon. By 1920 there were six nurses actively engaged in the field. This work was financed by the Oregon Tuberculosis Association. To show the development of this work in 1936 Portland has one medical director, two supervisors, four examining physicians and 22 nurses in the field.

Switzerland in 1922 was the first country to inaugurate government insurance of her school children.

In 1923 Great Britian had a highly organized program covering all branches of school health supervision.

By 1925 the United States reported 35 states as having either mandatory or permissive laws regarding school medical inspection. Thirty-three states had laws requiring physical education in their schools.

Out of difficult beginnings two types of school nursing appeared to be emerging: the health service type which has to do with the control of contagion and the correction of defects, and the health education type, which aims at the fullest development of the personality through supervision of the emotional and social aspects of health as well as its physical.

The value of the preventive work done by these early nurses, beside the alleviative, is inestimable. More children were safely remaining in school, epidemics of contagious diseases were prevented, and the condition of general health was improved through the education.

At first the teaching of health was more or less didactic and it failed to interest the children. Now it is becoming a gfeat game, and children, teacher and parents are responding with interest. Also, we find that at first, that the nurse planned the program largely herself. Later she attempted to fit it in with the program of the teacher and now the teacher and nurse plan the program together. Finally not only does the school have a unified program but the home and the community must share in the healthful mental, physical and emotional growth of each individual child.

We realize that special training would be needed by the school nurse in order that she may carry on her work effectively. Therefore, courses in school nursing have been instituted and the work has become a well-recognized and attractive specialty.

In the following chapter we shall take up the principles on which a school system of health work is organized in order that we may understand its basic foundation.

Organization of Health Work in the Schools.

School Health is sometimes adminisited by the Board of Education, sometimes by the Board of Health and sometimes by a combination of these two. Private organizations may contribute and participate in the administration. Which of these is the best fitted to control school health has long been a question of considerable discussion. Under whatever administration may be used, there will always be the need for the closest and most constant interchange of purposes between the school and the health department. Each official organization has much to contribute to the other. In the beginning most of the work was undertaken by the Board of Health but later as the conception of the work widened to include the whole health aspect of the child, more and more the authority was vested in the Board of Education. Now it is generally conceded that as the number of exclusions form but a small percentage of the work done, the logical authority should be with the educational board. Also, since the child's physical record should form a part of his school record this matter is much simplified if all statistics belong to the record system of the one board.

Factors, as listed by Wood and Rowell in "Health Supervision and Medical Inspection of Schools", in favor of the Board of Health control are: (1) the Board of Health is responsible for the health of the community. (2) the machinery already existing for the conservation of health in the community may be properly extended to include new activities. (3) another branch of government should not duplicate social machinery already existing. (4) this board personnel may be used for several different purposes in the community as both the schools and

the clinics. (5) important features of medical inspection of schools are the detection or segregation of cases of contagious diseases, and the making of health examinations. (6) the school authorities should cooperate with the Board of Health and thereby assure the success of the health services. (7) the Board of Health has police power not possessed by the schools.

Factors as listed in favor of the Board of Education control are as follows: (1) in educational matters the school authorities have full control. (2) school health supervision is distinctly educational in nature, where not educational, it is protective and the school should know its own needs best. (3) the control ofcontagious diseases is not the greatest health problem in the school, nor is the actual performing of health examinations. It is always necessary for the school to assume the important educational features of the program, such as positive health promotion, adjustment of the individual and his work, exercise and play program, homecontacts, and similar measures on which a successful school health program depends. (4) unity of control is necessary and implies Board of Education control. The employment of a full time Supervisor of Health as a school official provides the best coordination of the program. (5) the schools can provide the health service as economically as the Board of Health, without duplication of personnel or facilities. (6) the linkage already existing between the school and the home is natural and most effective for the best development of the child mentally and physically. The school health personnel helps to maintain this linkage.

(7) teacher training institutions are preparing their students in school health work and educators are administering the health programs. (8) a health service must be provided for teachers and employees eventually, if not at present. (9) the Board ofsHealth has new fields, such as the work with the pre-school children, which need developing. (10) the police powers possessed by the Board of Health make it unnecessary for them to be in full control of the school health program at all times.

The report of the Committee of Municipal Health Department Practice of the American Public Health Association in 1923 states that "School health supervision in public schools is carried out in over half the cities of over 250,000 population by the Boards of Health, but this work is carried on in over two-thirds of the smaller cities by the Department of Education. According to Dr. James Frederick Rogers, in approximately 78 percent of cities, school nursing is administered by the Department of Education; in about 14 percent by the Department of Health; and in the remainder of the cities the responsibility is divided between these two official groups, orit may be administered by private organizations.

Regardless of the controlling force of school healhh it is very significant that from its beginnings to the present time the public school has continuously broadened its scope, until at the present we consider it the function of the school to train children for citizenship with all that citizenship implies. With this widening of the objectives and scope of public education there has come an increasing realization of the obligations and opportunities of the school to improve the health of the rising generations.

How State Legislation Affects Health Supervision in Schools

Let us now consider some state laws as they have originated through the years and as they affect school nursing.

In 1899 Connecticut passed the first state law providing for school medical inspection. Teachers were required to make tests fonthe sight and hearing of all pupils.

Under state direction we find that the responsibility for the program of school health is placed under the Board of Education, Board of Health or a joint responsibility.

The ideal type of law for any state must depend on the conditions under which it will be carried out. However, a definite law must exist in every state and the ideal would include the following points: (1) Coordination of health services and provision for health education and physical education programs. Some specified state department should be made responsible for this law. (2) Constant vigilance against contagious and infectious diseases and suitable exclusion from school all pupils presenting suspicious signs of recognized importance. Definite regulations should secure effective effort to insure the return to school of each pupil after illness. (3) Frequency and the extent of health and physical examination should be made clear. Parents should receive written notices of physical defects discovered at these examinations.

Experience has shown that: (1) The best law is mandatory in general requirements which make provision for health service of all children; but (2) The law should be permissive or advisory with reference to local measures and machinery which insure administration of the law by means which will be accept-

able to the individual communities. (3) The law must be flexible enough to provide for variations which seem desirable to different communities.

In the administration of school health supervision programs the following should not be permitted: (1) Neglect on the part of a guardian to provide suitable medical attention and thereby delay the return to school of a child with an contagious or infectious disease. (2) Health or physical examinations less than the minimum requirement and this must mean as comprehensive an examination as can be made in compliance with legal regulations relating to the presence or removal of clothing. (3) Failure to require all school employees to submit to physical examinations by a qualified official or private physician. (4) Failure to notify parents of physical defects found. (5) Lack of provision for health examinations because no physician is available. Such examinations must always be made by the best available person. (6) The attendance in school of any child who for any reason is a menace to the health of the rest of the children. These rules and regulations which are quite inclusive are from "Health Supervision and Medical Inspection" by Wood and Rowell.

The California Law meets the ideal requirements except in the matter of formal correlation of health inspection and physical education work. It is in brief as follows: (1) For proper health supervision of pupils and school buildings under the direction of boards of education. All examiners are licensed by the state department. (2) School boards may make such rules as seem wise for the governing of the health examinations and inspections except that a parent may exempt his child from

such examinations upon filing a yearly written statement that he will not consent to the examination. In cases of suspected contagious or infectious diseases such children may be sent home and not permitted to return until school authorities are satisfied that the danger is past. A written report must be sent to each parent regarding the correction of any physical defect discovered during examinations. (3) The physical inspector is expected to note any defects in plumbing, lighting, heating and other defects in the school building which might make them unfit for proper housing of children, and if within 15 days, the local school board does not act upon his written report he must report the matter to the County Superintendent of Schools. (4) Adjoining districts may combine for this service: The California Physical Education Act provides for (1) suitable courses in physical education for all children except those excused for physical disability, or those regularly enrolled in high school cadet companies. (2) the aim of these courses and the time to be given to them is prescribed. (3) special instructors may be employed. (4) state normal schools shall provide courses in physical education and shall make the completion of such courses a requirement for graduation. (5) the State Board of Education was empowered to appoint a supervisor, establish necessary rules and regulations and publish a manual for guidance of teachers in the public schools of the state.(6) provision is made for meeting the expense of the act.

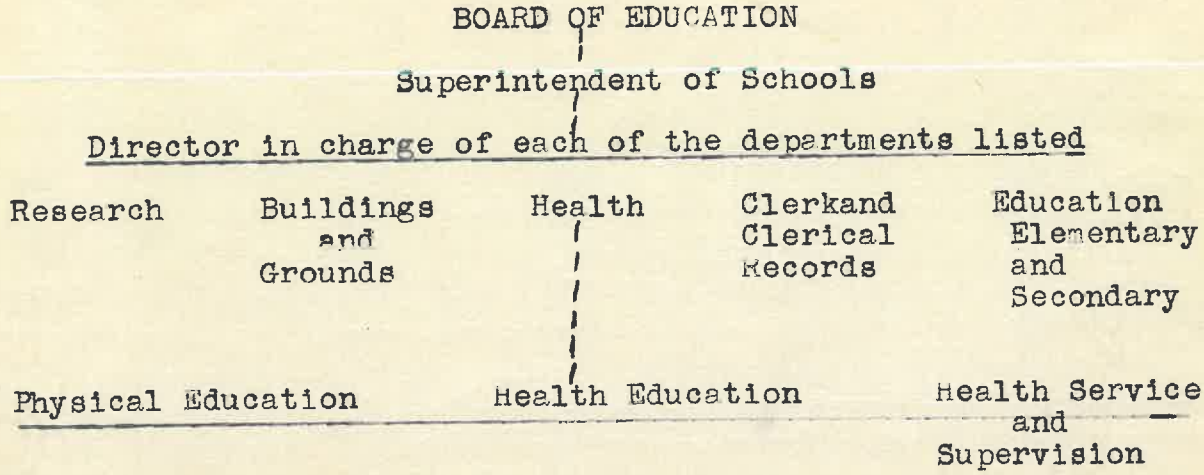
The Virginia Law is an example of joint supervision plan of State Board of Health and State Board of Education. It would be much better if both state laws and municipal ordin-

ances placed the duty of health supervision of school children in the hands of some specific group. The best policy for any given city is determinable only by investigation of local needs, local desires, and the present community health program. The real justification of some definite legislation is that local responsibility for carrying out the program is determined, and permanency and definite authority are assured through definite definite conveyance of authority to some group to plan and carry out a school health program.

In Oregon the joint program plan of the State Board of Health and the State Board of Education, is in force. The following factors are included in its rules and regulations. (1) Any school board may prohibit the attendanceof any vermin infected or unsanitary pupils from the school under their control. They may require this pupil to be in sanitary condition before he returns to school. (2) Children physically unable to attend school must have a physician's statement to that effect. (3) Blind and deaf mutes between the ages of 8 to 18 are to be sent to state institutions per order of the county judge if they are not being properly educated at home. (4) Teachers are to give instruction in hygiene and physiology with special reference to the effects of alcoholic drinks, stimulants and narcotics upon the human system. Penalty is involved if this duty is not fulfilled. (5) Each teacher shall give vigilant attention to the temperature and ventilation of her school room, and shall also require pupils to take proper exercise and play. (6) In all school two exercises of ten minutes each in free gymnastics shall be given daily. (7) Any child may be relieved from any physical examination upon written application of his parents, stating the reason

for such a request. (8) Any child between the ages of 6 and 20 who is physically handicapped shall receive educational opportunities supplied by the board of directors in the district in which he lives. (9)Every teacher shall give examinations of every pupil for the purpose of determining defects of vision, hearing, breathing, dentition or other external obvious physical defects which will prevent or interfere with the child's education. (10) Every city with a population of 25,000 or more shall have a dental clinic with inspections at least once a year. (11) No pupil, teacher, or janitor shall be permitted to attend any school when afflicted with any communicalble disease or if they live in a house where there is such a disease unless it confirms with rules of state board of health. (12) Deformed, indigent children shall be cared for per order of the county judge.

A diagram for a desirable health organization may be as follows. The Health Work is best carried out in this plan with a full time Supervisor of Health with a director in charge of each of the three departments.



Duties Of The School Nurse.

The rapid development of health work in schools during the last two decades shows a widespread realization of the importance of preventive measures in the conservation of natural and human resources. In this work the nurse's duties have greatly extended in some fields and been curtailed in others. We shall now consider the duties which befall the average school nurse.

First of all the school nurse, as well as the teacher, must understand the order of physiological maturity of very part of the child's body and keep in mind that education must follow this order, measuring its demands and requirements by the child's stage of maturity. They must know the main factors in mortality and morbidity and keep in mind the motto "Health first, then Education". It is most necessary that they both know the relation between mental and physical conditions. When our understanding of the physical basis of mental life is made we shall not expect to find normal instincts, emotions, intelligence or conduct in children who are unhealthy. We shall think of criminality, truancy, inattention, laziness, etc., in terms of its possible physical cause.

It is the nurse's duty to teach the value of health both to the children and to the parents so as to make them realize that its attainment is worth some real sacrifice on their part; it is her duty to strengthen the hands of teachers and physicians and also to do her part to make the American School an institution where bodies, as well as brains, are developed for a life of usefulness.

She must be ready to render such assistance to school

authorities as her background of science can offer. She must be familiar with the literature on healthful school equipment so as to refer people to proper sources when requested. Her responsibility to the teacher who has not had instruction in health education is to furnish her with a background of science and a variety of source materials which will help her to provide and use intelligently facilities for health conservation. Her responsibility towards the child is to help him to become so intelligent with respect to his environment that he should know what to do to secure for himself the surroundings which will contribute to his efficiency.

Principals should plan each term for the nurse to discuss with the teachers the health status of the school, signs of health and disease, and the regulations of the departments governing the control of contagion.

Every teacher has a responsibility toward isolating from the group at the earliest possible moment any child who may be a source danger to others. For this purpose the morning inspection has been set up and should be carefully and religiously carried out. Parents who are careless about sending children to school who are not feeling well should be informed of the danger they are extending to other children as well as to their own.

Communicable diseases may be controlled only to the degree that parents, teachers, and nurses watch for those symptoms which most commonly accompany these diseases. The greatest care must be exercised during the first five or six days following known exposure. Those symptoms which should be carefully

noted are eruptions of any sort, sore throat, headache, fever, malaise, discharging nose, watery eyes, pallor, puffiness of the face, swellings in the neck, vomiting, cough, frequent desire to urinate etc.

When a child needs to be sent home, parents must be called, informed of the condition of the child and asked to come after him, or arrangements must be made to take him home. If his parents or relatives cannot be located, it should be made possible to isolate him at school, and if the condition warrants the family physician should be called.

The school should inform all parents when their children have been exposed to communicable disease in order that they too may watch for signs of illness and consult their family physician. Then, too, the nurse's friendly interest should enable her to persuade the parents to report any suspected contagion, in order, that epidemics may be avoided and children's lives saved. Ignorant people are thus brought to see the value of hygienic and sanitary laws and they will assist in their enforcement.

The first morning duty of the nurse should be the examination of all pupils who have been absent from school three days or more and those pupils sent to her by the class room teachers. If a class room inspection is necessary, the nurse will go into the room, greet the teacher, explain to the pupils what she is going to do and why and just exactly what she wishes them to do. This inspection must be done quickly, quietly and efficiently. When she has finished she prepares her dispensary and sends for those children requiring special instruction, examination or

treatment. This class room inspection should help the child form the attitude of personal responsibility for his own care and community responsibility for helping to control communicable diseases. A few important individual objectives are: (1) Each child should know why he has his own drinking cup, towel, wash cloth, tooth-brush and other toilet articles. (2) He should be willing to be vaccinated and immunized so as to render him self safe from those diseases for which there is a preventive. (3) He should be willing to go to a physician and dentist whenever necessary. (4) He should know how to take best care of his hands and nails. (5) He should learn to bandage simple wounds and will ask to have proper dressings placed when needed.

In going into the school room the nurse quickly visualizes the aspects of the environment. At a glance she notes the conditions of the shades, if seating is planned with reference to the direction of light, if open window ventilation is used, if a thermometer is used, the finish of the desks, the posture of the children, how they hold their books, and the general condition of the pupils, if they are tense or relaxed, bored or interested, worried or happy and if the teacher and pupils speak in a well modulated voice.

Outside of theschool room the nurse must observe the water drinking facilities, if they are convenient for all children; the hand washing facilities, if they are adequate and convenient; the toilets and their cleanliness and the general condition of the school ground.

If healthful conditions do not prevail in the school, the nurse must first of all have a conference with the principal at which are discussed proper working conditions and the use of existing facilities. The matter will then be carried on to

proper authorities.

The nurse must assist the dental hygienists and cooperate with her in every possible manner as this in a very important part of health work. Diseased teeth are responsible for a vast amount of ill-health, mental and physical retardation, nervousness and acute infectious diseases. Complications with the heart and ear are not uncommon. Life expectancy and industrial effeciency depend in no small degree on the condition of the teeth. With these facts in mind the nurse may be of great assistance to the dental clinic.

It is also the duty of the nurse to cooperate with the visiting teacher as she, too, is working for the complete health and happiness of the individaul child. The work will overlap many times so in working together they will prevent much duplication of time and effort.

It goes without saying that the school nurse while on duty must be neatly, smartly, but plainly dressed. Her uniform must be immaculate and her hair, nails and teeth in perfect condition. She should remember that her living example is more effective teaching than oft-repeated precepts discredited of her own practice.

She should subscribe to a number of good magazines and try to obtain some insight into the current state of affairs with regard to school nursing and hygiene.

In summarizing we may say that the duties of the school nurse are:

(1)To inspect pupils returning after an absence of three days or more and those especially referred by the teachers.

(2) To assist the physician with health examinations.

(3) To assist in the control of communicable diseases.

(4) To do follow up work with children with physical defects in order to urge parents to have them corrected and if necessary to arrange to have it done.

(5) To keep complete and satisfactory medical and nursing records of the health of the children.

(6) To give health instruction in the home and to intrepret the school health program to the home.

(7) To intrepret the home environment of the individual children to the teacher and physician.

(8) To attend emergencies and administer first aid at school in the absence of the physician.

(9) To support and assist the teacher with the health program.

(10) To teach courses in first aid, home nursing and child are.

(11) To develop and maintain satisfactory relationships between the school and all health resources of the community, private physicians, dentists, social and welfare agencies, as well as public health, educational professional and civic organizations.

(12) To give short, timely and interesting talks in class rooms, before P. T. A. meetings, or whenever desired.

(13) To report promptly all cases of contagious diseases to the Board of Health.

(14) To make out daily and monthly reports completely and well.

(15) To participate in the promotion and maintenance of hygiene and sanitation not only in the school but the community, also.

Modern Trends in the School Nursing Program.

As we study the recent trends in education we find that modern education has devoted more and more time to the individual child so in line with this health has become increasingly important in education as we undertake to educate the whole child for life.

Let us first consider some of the general principles underlying the development and administrative conduct of health education. (1) One's health is determined by both his heredity and his mode of living. (2) The school must supplement the home in health training. (3) The class room teacher and the school nurse are the keystones in the arch of health training. We place the teacher first because she is the only person who is with the children long enough and with groups small enough to carry through a program of habit training and to give day by day support to the health practices carried out in the home. (4) Health education must be accepted by the administrative authorities of the school as a part of the education if it is to succeed. (5) The health arch will fall if it lacks the understanding sympathy, cooperation and support of the health specialists in the school system. (6) Health training and instruction should contribute to the easier accomplishment of medical, nursing and dental services. (7) The promotion of teacher health is the most important to the health education program as well as to the quality and cost of education. (8) The professional skill and initiative of the teacher constitute a most valuable element in the health training of the child.

(9) It is necessary to develop health practices on the part of the child before he is old enough to understand the scientific reasons upon which these practices rest. The pupils begin school with the acceptance of a few fundamental health habits, the propiety and value of which he does not understand or question. He finishes his public school training with an intelligent application of the fundamental principles of health to his own particular physical needs and activities.

Today the important educational principles related to the classroom are thought to be the following: (1)The child should think of health as a matter of conduct not as subject matter or instruction. Health behavior is more important than health knowledge. (2) In health as elsewhere training is necessary both to form habits and likewise to maintain them. A series of new approaches will hold the interest of the children and make it possible to provide the necessary repetition without boredom and dislike on the part of the children. (3) Emphasis is placed upon what to do and not upon what not to do. (4) Responsibility of developing activities is turned over to the pupils in so far as is practicable. (5) Children are commended for their successes; most children andadults as well shine and develop under fair and honest appreciation of their efforts. (6) Particular care is taken not to hold the child responsible for the improvement of conditions over which he has no control. (7) The teacher helps the child to see that the ultimate reward of health practices will be found in growth, in improved physical accomplishments and in other concrete evidences of health. (8) Interest in growth is the best single incentive toward the

improvement of health behavior. (9) A distinction should be made between educational and clinical use of weighing and measuring. The educational use of weighing is the process of arranging for the child to watch his weight from month to month and using his desire to grow as an incentive for the development of health habits. The clinical use of weight is an attempt to use the child's relationships to average weight in diagnosing his own health status. (10) The tendency of children to imitate those whom they admire is so strong that it may be used as a force in developing health behavior. (11) The distribution of emphasis will vary in different classes as not all groups of children have the same health problems. (12) Unhappy mental states are to be avoided, therefore, pleasurable outcomes should be the result of the child's experiences in developing health habits.

Now we feel that health education must make clear the benefits of healthy living. It must teach the common sense recognition of facts regarding health and disease but must seek to avoid fear, shame, anger and hate.

We know that it is most important that parents understand the nature of health education programs in the schools in order that they may realize that the school does not seek to supplant the home in health training but to cooperate with it. Of course, the teacher should have first hand knowledge of the home conditions wherever possible, but the school nurse provides the most important health contact between the home and the school. She understands the classroom program and may explain it to the parents and a friendly feeling should be developed in this

way. Confidential information concerning economics and social problems in the home are often given to the nurse when no other person would be able to obtain it. She helps the parents with health problems. She brings back to the teacher a knowledge of home conditions which frequently make it possible for the teacher to deal more effectively and easily with the individual child.

When the public health nurse first entered the school health field, there was an elaborate set-up and she could work in almost any direction without disturbing the program of anyone else and even today she is still sometimes in confusion as to her place in the schools because of past successes and failures that have been make while trying to do the other person's job. Today certain trends are more clearly defined, the criteria for evaluating the services are more carefully thought out and a number of influences have been successfully at work to broaden our understanding of the nursing program with the school age child.

This evolution of the functions of the nurse has been gradual. In 1923 Miss Bears described the position of the school nurse as follows. "She will be in a stronger position if she can become that subtle influence in the school system recognized as essential for strengthening and supporting the work of the teacher, demonstrating the importance of proper lighting, seating, ventilation and performing as her major service the instruction in the homes where more psychology and less pedagogy is needed to break down the barriers of tradition, superstition and ignorance."

Eight years later, in 1931, Miss Chayer describes the school nurse as having passed through three phases in her endeavor to

to fit fit herself into the educational program of the schools. First as she planned and worked alone, then as she attempted to work with the teacher, and third as she and the teacher worked and planned together the work that should be done. Not infrequently, more than the nurse and teacher are involved, health committees and agencies of various sorts bring together all groups interested in health.

It has been estimated that of the 43,000,000 school children in the United States about 10,000,000 are in need of some sort of remedial care. The wholesale method of examining school children soon showed itself superficial and the remedial care that was needed was but slightly touched. It was decided then if the work was to be effective the examinations should be spaced throughout the child's school life and be made sufficiently thorough to insure discovery of abnormal conditions. In this way the school would be supplied with a working knowledge of the child's physical fitness and the nurse with information on which to base her plans for follow-up work.

For a time the whole country was ardent in advocating height and weight tests but today though they are still used as a barometer of growth, a greater individualization of each child is advocated in examination problems.

At one time the dental program was quite an isloated unit but now we have the dental hygienist, nutritionist and nurse

working in corraboration with the health program. The handicapped child is no longer considered in the light of his handicap alone, because it is realized that his principle menace to happiness lies less in his handicap, than in the general maladjustment to life that is likely to result from it. The economic exigencies of the depression years have emphasized anew the importance of nutrition particularly in its bearings on the health of childfen coming from homes where the family income has been seriously curtailed.

Some significant changes which have occurred within recent years are: (1) A wiser division of the program among the teacher, nurse, family and school or private physician. (2) A substitution for the old superficial method of physical examinations, for one that is thoughtfully spaced thoughout the school life of the child with adequate follow-up work. (3) A more conscious effort to bring the work of the private physician and school in closer and more sympathetic relationship. (4) A carefully planned program of cooperation and coordination of common health interests that aims to provide the best possible environment for the family.

The organization of a faculty group for the purpose of planning a health program and for the exchange of ideas is deemed necessary to the nurse if duplication of effort is to be eliminated and mutual understanding of services is to be achieved. This is a very important method brought out in m modern school nursing and needs to be continually stressed.

The modern school health program has expanded to the

point where there is a personnel made up of those who contribute to the school health as specialists. They include school physicians, nurses, physical educators, school dentists, dental hygienists, nutritionists, psychiatrists, and health educators, who all work together for the complete health of every child.

As has been shown, a very extensive health program has been carried out in our public schools. But on observation we soon realize that the most significant trend in the secondary schools nursing and health education is the evident lack of trend. The reasons for this are many and varied but it is apparent that the felt need for such work has not been sufficiently great, and the work that has been carried out has not met with outstanding success. In order to set up the right sort of program the nurse must know thoroughly what are the purposes of the particular secondary school in which she is working. The nurse must be allied closely to the dean of girls and boys. She must appreciate characteristic administrative problems of the secondary schools. The effectiveness of the program depends largely upon the interest, training and administrative skill of the principal. In addition to all the health problems there are manifold situations of emotional and social health which the nurse must handle timely and tactfully. Many adolescent maladjustments would be avoided if the boy or girl could be helped to meet their situations squarely. The nurse in the high schools shares with other members of the faculty in helping students enter those vocations which promise them the greatest degree of success and health.

A very fundamental change in school nursing is possible in the future, if the present tendency continues on the part of the schools themselves to expand their function in two directions--downward to include the pre-school child and upward to include adult education.

The qualifications required of the modern ideal school nurse are many. A complete and thorough technical training is necessary as a foundation. She must have some field experience. She must have ability, keen observation, good judgment, and the highest of ideals. Her character must be blameless. She must be naturally kind and just have a deep human love for children. She must have tenacity of purpose for nothing must stand in the way when a child is in need. She will need unlimited tact and diplomacy, not only in dealing with children, but more especially in her relations to the parents. She must know how and when to be firm and insistent, in a kindly way with some parents and to be sympathetic and affable with others. If she obtains the confidence of the family, she will learn of many difficulties that would otherwise be concealed. She must be essentially a teacher, whether or not she conducts formal classwork. Every student activity which whe inaugurates should be set up with due consideration for what the pupil will learn from the experience. She should therefore be well grounded in English, in educational psychology, and in the principles of teaching.

Thus we see that school nursing is progressing at a very rapid rate and in a satisfactory manner. The school nurse is considered a vital part of the American schools and the American community.

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