

VIII.

INCORPORATING HEALTH EDUCATION INTO THE PUBLIC SCHOOL

Mabel M. Howard

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INTRODUCTION

Health Education is the sum of all experiences which favorably influence habits, attitudes and knowledge related to the individual, community, and racial health.

It therefore must take into consideration all the numerous influences of the entire environment and the program of health education in schools must consider these factors in planning a livable, workable program to carry over into an adult life.

School health programs take place at school through organized effort and is conducted by school personnel. It should mean all efforts which accustom the child to most favorable habit formation for daily living -- habits which will automatically carry over into adult life. Therefore health education is not taught by just one teacher, commonly designated as the "health teacher", but every person on staff -- even the janitor should contribute much to the program.

However in real practice -- the Health leads the list of the seven cardinal points of education, much greater attention is given traditional education in direction of mechanistic academic material, that little time is left for human relationships and physical and mental health.

Adjusting this old, once desirable curriculum to meet the rapidly growing needs of modern life is one of the greatest problems confronting us today. Changes are usually painful, or at least annoying, so we build our defences to avoid them.

However, since life must be lived on such a vastly different plan than the old curriculum faced, Health, individual, community, and racial demands, a program to fit the present times and needs should carry with it the concept that this is a rapidly enlarging and changing world, and our program must develop and change



and change along with the newer scientific facts.

Health must include the whole ~~person's~~ physical health, normal growth and development, mental health, emotional health with due ~~to~~ consideration to individual needs and variations.

<sup>Here</sup> Knowledge of facts will not carry over into practice unless they fit into life experiences, so that provision for self expression in healthful living must be provided.

Since desirable experiences and environment must be the foundation upon which to build the health education of the school child, there must be proper appreciation of health by the public, the parents, school administration, teachers and all connected with the school system. This cannot come about in a day, nor a year. Too many health programs have been doomed by insistence on immediate results. It must require the ingraining of these principles into the young -- the coming leaders.

Our task is to set the most desirable goal our present vision permits, promote all environmental influence possible to achieve this goal and from our background of experience help keep the faith and courage to push on, always being sure that it is fact, not fad which is leading us. Promotion of Healthful Environment, Public, Community participation under healthful environment come many things which can be considered only by public measures which depend greatly on the health view point, of the average person in the community. This viewpoint develops from his home environment, and social contacts as well as formal education. Hence the importance of helping the school child develop his sense of responsibility toward community problems, such as abatement of undesirable conditions, viz. insects, filth, unsanitary dwellings, undesirable recreations, etc.

On the positive side of community responsibility are the equally important health responsibilities, viz. establishment and supervised control of proper water supply, milk and food, that these may be

available to all at such rates that they may be used by those of even the lowest income. A standard should be set and maintained, such that no impure water, milk, or other foods, can be offered the public.

Another civic health duty is provision for healthful school and public buildings. In the construction and maintenance of too many public places little regard is given the problem of adequate ventilation. If some of the mechanical equipment fails to function it may be months and even longer before correction takes place -- largely because of lack of appreciation of the definite hazard. Many schools teaching the value of ventilation have far from satisfactory air conditions, partly because of the architects and contractors know little of health needs and the civic body accepting the building know even less -- hence that type of building in which we try to train the young, these values and necessities -- which they all too keenly know they are growing up without. It is hard indeed to create a vital living interest in such matters without proper example set.

Included in the ventilation problem is control of temperature of school rooms. Maintenance of healthful temperatures as checked and controlled by automatic thermostat, not teachers' feelings. The extreme variations from room to room, not only is bad physically on the child but produces an unanswered question as to the great gap between theory and practice.

Before this gap can be successfully closed, genuine health education will have to extend into our schools for architects and more effectively into the teachers training schools. Few indeed, of our most recent buildings include adequate health facilities and a high percentage of present teachers do not make use of present equipment. Along with this consideration of public buildings is proper lighting, both natural and artificial -- proper seating facilities, proper and adequate toilet facilities, constantly kept



in sanitary condition, proper and adequate cleanliness facilities. Under this last, ~~xxx~~ our coming generation, trained firmly in the habit of washing hands before eating will see that the public eating places do provide this health facility, as readily as food service.

Another community health responsibility which should be closely tied with the formal school health program is the establishment and maintenance of Health department, not only for control of communicable disease, but health protection and health guidance. This Health department should consist of adequately trained doctors, dentists, nurses, sanitary inspectors with specialists as advisors in various fields. These to be called upon at discretion of doctors. The preparation of these people should not only be thorough and adequate in his own professional line, and with a corrective point of view, but especially must the preventive side be developed. They must be trained to see the health assets just as definitely as the health liabilities, and then perhaps the greater requisite - the ability to TEACH. To use every possible contact with the parents, children and teachers for making clear the health problem involved, what they can do to assist in satisfactory adjustment and if needed prevention of recurrences, always stressing the optimistic side and leaving as much as possible to decision of parents and child where choice for right has been made clear and easy. The attitude of this department toward teaching personnel is much more important than generally recognized by health workers. Many teachers with the best of intention but limited health training and little, if any background, promote and teach many health ideas sadly lacking in scientific fact. It takes frequent and understanding relationship to control this situation. Brief occasional appearances in the building cannot do this, and this is one very

definite problem in health education. Still another community health problem is provision for adequate space for proper supervised, healthful physical expression and healthful development for programs for desirable use of leisure time. At present considerable thought and money is being expended improving leaders, equipment and space for active sports which is fine that far but little provision is made for the less active, for a well rounded program for the athletic. There should be satisfying programs for developing "quiet" use of leisure as well--such as library with magazines and books covering large and various fields, games of skill, such as our old favorites of chess and checkers, amateur dramatics, even for the very young. Leaders with ideas, toward the development of hobbies and interests that can carry over into adult life, do much toward development of peace and harmony within the person who must be much alone, as well as assisting this same adult to an easier social adjustment, because of mutual interests. And most important still where a teacher can be found who can wisely help the child in his leisure moments toward real thought on life's values.

Another place seldom thought of as directly affecting either the physical or mental health or attitude to healthful living is the community responsibility to see that assistance is given in maintaining the home, which may need this help because of a continued illness or death of one or both parents. The emotional status of many a child does not leave him free to learn successfully much of the school program and often produces "queer quirks" definitely detrimental to the child himself and sometimes referred on to playmates.

Along with this comes the problem of providing means such as guidance clinics for finding the cause of much of the emotional conflict and instability and assisting in adjustment while it



still can be fairly easily done.

Another community responsibility only frequently given much serious consideration is the question of parental education. No school health program can function with even reasonable success if parental experiences and background is at variance with facts being taught at school. The school has the child about six hours of the 24, for 180 days of the year --certainly not in a manner to very deeply ingrain favorable ~~exercises~~ attitudes toward health if they are not fostered by understanding parents. The community established schools for parents where a wholesome, scientific background for the health of all age groups would speed forward any attempted school health program. Due to the taboo of the preceeding decades many parents need help toward healthful emotional adjustment, family recreation in order that all members shall have their places and their responsibilities in maintaining a satisfactory home.

Such courses would make the present generation of parents more eager for adequate health instruction, all/ through the school course and to include in the high school courses in family relationship with all allied subjects such as biology, home economics, etc.

These are but a few of the community responsibilities and opportunities to help an expensive school program to function effectively.

Since in the past little training for parenthood has been given other than repetition of home pattern with an occasional advanced idea added, this course should also include some knowledge of child growth and development ---physical ~~development~~, and mental and emotional -- and a study of changing school curriculum. This would create an interest in school problems and thru cooperation with teachers, school, and home home, make possible a far more healthful program, in all departments. It would also



make much easier for all these changes from the old formal type of education to the new activity, individual interest program much easier for all. Also, it would bring parents, school and teachers into a more harmonious group in recreational program.

Granting then that the community has the given background to adequately receive the well adjusted health program and has provided healthful environment of good school buildings brings us to the problem of school administration.

This would be divided into two groups, first those directly in charge of administration, such as the Superintendent, Principals, and supervisors and special teachers. Second, the daily classroom teachers working under these administrators.

It is this daily teacher contact perhaps which exerts the most lasting influence toward health instruction and ideals that carry over into adult life.

Let us then consider the effect of the school superintendent and other administrators directly under him as related both to the extent of health education program and its effective application.

First, the healthful school environment .....this of course would provide for the best possible use of present buildings and equipment and playgrounds for healthful living and formal health education.

Due to lack of definite accurate health background of many administrators these factors are sadly neglected, often completely ignored in favor of the traditional program. This sounds pessimistic but when the numerous bulletins and questionnaires answered by these administrators they reveal a sincere desire for a well rounded practical, scientific program.

Due to this ~~lack~~ lack of adequate health background our schools often fail in healthful environment when equipment is present, e.g. turning on lights on dark days, temperature control,

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general cleanliness etc. In the older buildings poor lighting could often be greatly improved by covering unused blackboards, trimming trees, type of paint used, proper curtain arrangement etc. In the erection of new buildings the lack of health backgrounds permit adequate provision for health needs.....often when very little difference in expense is concerned, and very frequently when less valuable equipment is installed.

At the present time, even those who are very health minded have difficulty in convincing their board toward installing adequate hand-washing equipment, showers with towel service, automatic heat control, proper seating facilities, eye conservation supplies, rest room facilities or equipment, and school program which meets individual needs.

Because of this lack of health background on the part of the general public and architects, it is especially desirable that administrators have thorough training in health matters.

Another point frequently overlooked in maintaining healthful environment is the choice of janitors. The janitor must know and appreciate the health standards set before cleanliness, proper use of ~~human~~ heating and ventilating equipment will be used to best advantage. Many schools are realizing this to the extent of providing schools for janitors, which very definitely consider this health problem. Such standards automatically dismiss the contract class of janitors and the unskilled inefficient person.

Fully as important a duty is the development of a healthful school program. Of course the board of education enters somewhat into this as does also public opinion, but it falls directly on the superintendent to be the leader in this, and in turn upon the principals, supervisors and health department to assist in administering the program effectively. Again the traditional program comes to the fore, often making impossible the changes that must



be made in the interest of better health. To mention but a few:

- 1 Is the lunch hour too short?
- 2 Is too much emphasis placed on daily attendance?
- 3 Are pupils permitted to return too soon after debilitating disease?
- 4 Is program fitted to individual needs or mass instruction?
- 5 Is teacher load too heavy?
- 6 Is too much home work required?
- 7 What approach is made toward mental hygiene?
- 8 What provision is made for Safety Education?
- 9 Are athletics to entertain the public, or for healthful physical expression with desirable social contact?
- 10 Are rest periods provided as needed for both teachers and pupils?
- 11 If lunches are served have they educational value and do they meet nutritional standards?
- 12 Is there harmonious relationship between departments, or do they each overload the student?

Many more could be given.

Following the setting up of the standard of health education program and selection of principals to assist in its administration, the next big factor is the selection of teachers to render this program effective. On this person rests the promotion of healthful living within the school environs, development of ~~xxx~~ genuine cooperation between school and home health projects, and successful carry over into adult life. A big undertaking indeed.

Certainly for such responsibility there should be at least minimum requirements. Perhaps first would be that the teacher herself be a healthy person, physically, mentally, and emotionally.

To meet the physical requirement there should be an adequate blank, specific in detail and requiring tuberculin test, and Xray if positive. Difficulty is often experienced in a comprehensive examination, even with blank designating points, to be considered when the physician is one from the old school. Seldom is the emotional health or attitude checked and even where abnormalities are observed and the individual need of employment takes precedence over the effect of this personality in contact with children over the 9 months period.

Undoubtedly a more careful check on the physical, mental, and emotional health of prospective teachers would shift many to other fields where the chances for success and happiness would be much greater. For those already in the field the mental and emotional fitness is evidenced by ability to work happily with other members of the personnel and to cooperate in their program. Too frequently each teacher makes assignments as to her own subjects or program and totally disregarding the adjustment and necessity of rest of curriculum.

Another point is the ability to cooperate with the home in the health program. This obviously requires a knowledge of the parents and home conditions and an understanding of the wide variance in the average school room.

Perhaps more important even than all these is the emotional life of the teacher for this is the background for her reactions and attitude which knowingly or not she passes on to the child. Next to the parents and often equally with them she inspires or develops attitudes ---good or bad ---in the children.

Since emotions give the color and the satisfaction to life it is imperative that the teacher have wholesome views of life, be well poised, and have ability to keep this thru wholesome adequate recreation for both herself and pupils.



Health education in its more practical ~~education~~ application such as the developments of habits, attitudes toward healthful living have grown so rapidly along with the rapidly increasing scientific knowledge of health, in the past few years that an adequate health background for teaching requires much careful preparation, constant reading, pursuit of newest developments, and most important the knowledge and judgement necessary to distinguish fact from fallacy, fact from fad and that in these days of quacks and clever advertising does require knowledge and background. There has been too much pseudo-scientific health teaching in schools as well as elsewhere. Enthusiasm often covers an alarming amount of misconception or lack of information about health matters carried into schools by our teachers.

Formal education has failed in marked degree in removing these misconceptions. The accuracy of information must be definitely established before it can be considered HEALTH EDUCATION.

Also the old concepts of health, its protection and promotion based on prejudice, yes, and sometimes on superstition must be replaced by scientific approach of fact.

Sad but true, many teachers old, and young, are definitely opposed to immunization, vaccination, pasteurization of milk, and many other equally well established facts, because of parental prejudice, even in face of present accurate scientific knowledge.

Such situations present a problem which cannot ~~be~~ receive too serious consideration by those hiring teachers for when such attitudes exist they cannot but color health instruction given in such matters.

Another requirement tying in closely is the ability to cooperate efficiently with health ~~education~~ agencies, and to incorporate the findings of physical ~~education~~, examinations, immunization etc into the health program. Again closely allied to this, and certainly very dependent on her health background is her ability to observe deviation from normal. This is one of the most valuable contributions a teacher can make.

Often she is the first to catch the early symptoms of disease and thus prevent an epidemic. She sees the listless child, the timid child; often also, she is the first to recognize the incipient behavior problems, the child who cheats, lies, bullies, sneaks. Also the development of undesirable emotional habits---fits of anger, sulking, tears, and jealousy.

Again the alert teacher sees the child whose mental limitations prevent him from doing all that the regular class can do and adjusts the program to his needs. No one can doubt that early recognition of these problems, and making of necessary adjustments is a very great contribution ~~to~~ to any health program.

Perhaps of almost equal importance, with choice of teachers by superintendents is the choice of health personnel. This would require persons needless to say, with adequate professional training and background ( and too many lay persons have little knowledge of what this constitutes ). Ability to cooperate, both with the school personnel and other organized agencies is another important asset.

The tact and ability to promote the individual health of both teachers and pupils effectively but unobtrusively, is still another requisite. This ties in closely with the ability to coordinate practice and example with theory.

Also the adequate provision for emergency care, rest periods and exclusions, to contribute definitely to health programs and



and yet not get out of proportionate importance is the real problem of this department.

Naturally the size of the personnel will depend, first upon realization of need and of value of the health program, for on this depends securing of adequate funds to meet the needs. The increasing needs of the personnel to include doctors, nurses, nutritionists, psychologists, psychiatrists, and capable health instructors must come as need is demonstrated. This will certainly come more quickly and effectively if the ones chosen are able to meet a high standard of professional fitness in addition to high ideals of service and have a true sympathetic understanding of the difficult problems involved.

So much for the foundations on which to place the health curriculum.

The aim of health education should be to promote desirable automatic health responses which will carry over for a well rounded personality.

We will consider the problem under several headings always remembering that all must fit together smoothly to produce a happy wholesome, effective individual. In the new concept of health in the school program, health is built directly into the program instead of being fitted into a program already functioning. This would require a careful appraisal of the child by the teacher and must allow for the actual health needs of the individual as well as group informational instruction.

To be effective also, there must be the opportunity for self-expression and active participation whenever possible. Guidance is one of the primary functions of education and nowhere can it be better used than here. As stated previously a rich background in health knowledge is fundamental to a successful program. No longer

can a certain chapter in even the most modern health series be assigned to be recited on the next day with much hope of a successful carryover if this is conducted in the old "parrot fashion".

Let us illustrate with the health examination.

The book may set forth the aims and values to be derived from this procedure, grant that this is well presented and the student has apparently memorized the chief facts.

Then the physical examination is given. If this is well done, and the physician is the teacher he should be, the child understands his health assets and how to build toward preserving and increasing them. His liabilities are called to his attention and his cooperation urged toward elimination or improvement. We are assuming that the parent is present to also understand so that as much opportunity as possible may be given the child.

From this start the teacher may assist the child greatly in providing opportunities for expression, giving further knowledge and review of material and keeping child's interest alive until desirable habit is formed.

It is the job of health education to educate to the appreciation of the needs and the best way of meeting these needs. Every child and his family should so far as possible meet these needs rather than rely on agencies for this care. This attitude should be included as part of the training for mental as well as physical side.

Thus in the place of the old ~~physician's~~ superficial examination in which the doctor saw perhaps 20 or more children per hour, with little value to anyone concerned has come the examination which instructs the child, parent and teacher with a definite plan for followup, often from the first contact for physical examination comes the opportunity for check on mental and emotional health in special cases.



Here again the teacher's opportunity for observation of traits that can be so helpful to parents and doctors in further care.

The present trend toward "units" of work gives teachers extra opportunity for both theory and practice and certainly health education yields itself most readily to such methods. In place of the formal book education could not the capable teacher make much more effective to her first grade the need of cleanliness of home and person, open windows at night, proper clothing for bed, time for retiring, food and desirable table habits, and even many desirable emotional traits, ~~all~~ through the doll house with its much loved doll baby?

As we advance up the grades a unit in food-kind we need- manner of preparation - attitudes toward it at table, etc. can be equally effective.

For the still older child, incidents of illness in the school- causes of absences- lighting- hobby interests- causes of accidents etc. presents an equally effective study.

For the ingenious teacher with rich reserves of health information there can be no scarcity of interesting, result producing projects suited to every age.

To the high school group which is interested first in self, then in the immediate results, then in the rapidly unfolding world, in which he desires an active part, there are many interesting projects. He wants knowledge but not advice or preaching, and he likes to get this for himself. The problem is to guide him thru worthwhile projects which challenge his knowledge and ingenuity to provide material and resources in suitable books, magazines, pictures etc that he may develop skill and judgement along with information.

Along with this must be taught the desirability of keeping the mind open to changes frequently made necessary by newly discovered data and invention.

Some units of work which might provide interest enough to carry over effectively might be such as :

Prevention of common cold.

Need of rest and sleep.

Do  
Organized athletics meet need of leisure time?

Taking up the first,...,prevention of colds,...,

First a survey as to frequency.

Second amount of time and money involved.

Third How it develops and spreads.

Fourth Results and complications.

Fifth How to prevent them.

If sufficient reference material can be provided this can be not only informational but capable of holding enough interest to carry over into definite program of prevention.

The use of class discussions, dramatics, writing articles for school papers --in fact almost endless opportunities for definitely incorporating healthful living into daily life can be found.

Year by year as our knowledge increases and seemingly worth while projects develop it is well to take a backward glance to see what method of approach have made the best carry over into whole some living. Such questions as:

What are the most important of life's values?

Does this program and these activities contribute dynamically to these values?

What definite changes in habits or attitudes have occurred?



Is the cooperation of school and home better?

How can we improve this program next year?

Incorporating health teachings into our public schools is indeed a task which will never be finally solved and settled but must go on changing and advancing as we learn our lessons of better care of health, always advancing to a more perfect goal, like the rainbow never reached, and also, like the rainbow giving bright promises to the future.

Mabel Howard.

IX.

GLIMPSES OF SURGERY

Ora Mae Jennings



## GLIMPSES OF SURGERY

### I-Surgery of Olden Times:

- 1-Egypt.
- 2-Babylonia.
- 3-Hebrews.
- 4-Greeks.
- 5-Rome.

### II-Medivial Surgery:

- 1-The Church.

### III-The Middle Ages:

- 1-Contributions of :
  - a-Semmelwies.
  - b-De Vinci.
  - c-Versalius.
  - d-Harvey.
  - e-Leeuwenhock.

### IV-The Nineteenth Century:

- 1-Contributions of :
  - a-Pasteur.
  - b-Lister.
  - c-Long.

### V-Modern Trends:

- 1-Specialism.
- 2-X-Ray.
- 3-Electricity.
- 4-Diagnostic Instruments.
- 5-Safety.

### VI-Future Trends:

- 1-Research.
- 2-New Apparatus.
- 3-Surgery As a Preventative Medicine.

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