

VIII.

WHY STUDENTS FAIL IN HIGH SCHOOL

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## OUTLINE

### WHY STUDENTS FAIL IN HIGH SCHOOL.

#### Introduction

Each year many high school girls and boys struggle along or fall by the wayside, because for various reasons, cannot adjust themselves. In many cases it affects the personality and becomes real problems. From the school standpoint they are problems because they are failing in work, or seem to be disturbing factors or seem to be physically unfit. Their solution is to work harder or leave, or see the doctor.

#### Purpose.

Beyond all this we know there is an underlying cause, which we are concerned with. This study is an attempt to find out why High School students fail and to what extent physical defects may be a factor.

#### Adolescence

The age where failures seem to occur. (12-20). Growing up is a complex situation.

The child must become physically, intellectually, emotionally, and socially mature.

These do not all take place at same time, hence we may expect reaction of various kinds before they are ripe.

#### Adult Attitude

It is very difficult for parents to understand change in child, unless they have been educated to this. Clubs, school, colleges, also sometimes fail, but are coming more to understand strange reactions.

#### General physical growth and development

1. Sudden change in size
2. Awkwardness - reasons
3. Poor posture - reasons
4. Eating habits

#### Mental development

Slow, average, and superior mind.

1. Not so easy to observe, as the physical growth.
2. Slow, usually not recognized until upper grade or high school
3. The three great needs for all. (3).
  - a. Early recognition
  - b. Proper placing in school.
  - c. Wisdom in guiding, for satisfaction and happiness.

### Special abilities and disabilities

Some children have special abilities and disabilities, talents, handicaps, and defects.

1. Extraordinary visual
2. Extraordinary reading
3. No head for figures
4. No ear for tense

These may all be equipments of dull, argumentative, and superior child. One must guard about not over emphasizing special ability, but try to round out other phases of life as far as possible.

Dr. Wile says:

"All of the child goes to school, not merely his intellect. His mind is in the custody of the body, and his body affects his mind. His emotions determine his application and exertions, and his interests influence his emotions."

### Educational Pitfalls

A. Thoms says:

"As the child advances in years, competition becomes more keen, and failures in academic work more common. These failures are due only in a limited way to actual intellectual inferiority. A child may do well in lower grades, but may not survive competition in High School."

Parents who fail to appreciate the increased intellectual demands that are made on children as they advance may be unjust in their criticism. Many feel children could do work if they tried. Many parents do not understand the handicap of physical defects, emotional strain, and intellectual limitations. Some parents blame themselves, some teachers blame themselves. It should be kept in mind that there are many situations in life where the girl or boy who is physically fit can adjust in a satisfactory way and become a useful member of society.

Some of the reasons given by school for failures:

1. Poor preparation in lower grades. Perhaps started too early.
2. Illness or physical handicap (special studies that have been made).
3. Moving
4. Traveling
5. Inability to concentrate
6. Extra-curricular activities
7. Lack of interest in subject matter
8. Emotional upset - self - home - etc.
9. Inability to re-adjust to High School.

Many who fail to make a place for themselves in school or college, meet more concrete and practical situations in life successfully. Many are not termed "intellectual" but are "intelligent" and life with its every day problems must be met with intelligence.

Reasons given by students:

1. Lack of interest
2. Too much outside activity
3. Home conditions - emotional - broken homes - moving
4. Teacher did not understand
5. Could not concentrate
6. Just couldn't get certain subjects
7. Physical feeling - nervous, piteous, unable to concentrate for any length of time

From observation by interested teachers

Some physical conditions learned are as follows:

1. Heart trouble
2. Glandular disturbance
3. Hearing defect
4. Vision defect
5. Dental condition
6. Sinus trouble
7. Chronic colds and sore throat
8. Health habits - eating and elimination
9. Loss of sleep
10. Working conditions
11. Lack of application
12. Early training

The fundamental approach

1. Through hearing and vision test.

The interviewer's technique:

1. Since the student is the chief consideration it is necessary to gain confidence.
2. Should be calm and poised
3. Never excited or impressed with own importance
4. Talk - quietly, friendly, without confusion, and impersonal.
5. Avoid scolding, preaching, prejudices, such as smoking, stealing, sex.

Room -

1. Quiet
2. Without interruption
3. Student alone

The Personal Interview

Learn something about student beforehand if possible, his ~~ambitions~~ ambitions, his interests, and etc. Explain why called to office, interested in

helping.

- a. Height, weight, age, childhood diseases, etc.  
Health habits, - eating, sleeping, elimination, etc.
- b. Recreation and interests.
  1. Find out games - athletics, golf, etc.
  2. Reading
  3. Movies - dances
  4. Pets
- c. Companionship
- d. Vocation - ~~ambition~~
  1. What he is interested in for the future.
  2. Father's occupation.
  3. Must he work (must he help to support)
  4. Does he save now
  5. Plans for college
- e. Attitude toward school
  1. Teachers
  2. Work - progress
- f. Attitude toward home - family and others.

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#### After the Interview

1. The depressed boy or girl should go away with added hope and ambition and self respect.
2. A wise use of praise is helpful.
3. Have them understand that adolescence tends to exaggerate faults, which after all are not so different.
4. Biographical facts of men and women who have overcome handicaps, often helpful, ill health, injuries, etc.
5. Avoid giving advice unless asked for.
6. Avoid snap judgment, the interview is information getting.

#### Physical Examination

Should be made on all students as nearly as possible to determine general physical condition.

#### Home Visits

1. Should be made to interpret physical finding
2. Discuss general situation of school
3. Observe parental attitude
4. Environment
5. Help parents in forming right mental attitudes if not already existent.
6. To see future usefulness for child to help in plans for future.

The effect of depression:

Put off having corrections made - eyes, ears, teeth, or seeing family doctor. Effect in home.

Hope to accomplish

1. To try to determine cause of failure and to what extent physical handicaps enter in.
2. To secure corrections for at least a few.
3. To talk with parents and help them to realize the needs of these children.
4. To improve scholarship through better health.

The future lies with the work with the earliest ages and in influencing earliest development of the child; we actually have to begin with the parent before the child is born.

Case Studies

References

Ec value of school

## WHY STUDENTS FAIL IN HIGH SCHOOL

Each year many high school girls and boys struggle along or fall by the wayside, because for various reasons they cannot adjust themselves. In many cases this maladjustment affects personality and they become a real problem. From the school standpoint they are problems because they are failing in work, seem to be disturbing factors, or seem to be physically unfit. Their solution is to work harder, leave school, or see a doctor.

Beyond all this we know there is an underlying cause. It is this cause with which we are concerned. This study is an attempt to find out why High School students fail and to what extent physical defects may be a factor.

This study was made possible through the cooperation of Mr. Charles A. Rice, Superintendent of Public Schools, Dr. Helen A. Cary, School Medical Director, and Mr. F. W. Fowler, principal of Better Scholarship High School.

The child is of interest to his parents long before birth, and his interest lasts all through life, but undergoes changes constantly. Many parents have much more intelligent interest than others; much of this depends upon their understanding.

Years ago it was thought that all children could thrive on the same educational processes, the same moral training, and home management.

Now much has changed and we realize great variations in endowment of children to start the journey of life. We find those whose intellectual capacity seems satisfactory with no physical defects; yet they bend or break beneath the strains of environmental situations which have little effect upon others. In dealing with such a situation there is often apt to be sympathy without understanding or intellectual understanding without patience or sympathy.

It is almost impossible for parents to look at children through neutral eyes, and many children carry scars to adult life, a result of some childhood experience. Some children develop more slowly than others, and all show a great unevenness in degree of maturity. Some of the commonest failures in life due to conditions of parents and teachers who do not realize the capacities of the child or adolescent.

Many parents force the child to college and if child resists or breaks they feel the child is ungrateful. Schools are usually open minded to reasonable suggestions. The home is more often the blocking factor. If children fail, the teacher must often bear the brunt of the failure. We have been alleivious to the behavioristic aspects of health and hygiene. The physician's province was below the eyebrows, and the educator and clergy took care of the rest.

Formal medicine has been slow to include behavior unless it included gross irrationalities as insanity.

Until ten to fifteen years ago the nervous child was taken out of school to wait until puberty, thinking he would outgrow fear, tantrums, speech defects, or other abnormal conditions.

Now we realize it is necessary to get to the bottom of this trouble and find the real cause. Try to remember that mental life is so inextricably associated with digestion, circulation, musculative, glands, etc., that we cannot say that certain things are due to glands or certain other things due to something else without thorough investigation. However, headache, fatigue, palpitation, stomach discomforts may represent defective physiology functioning, but may also represent unconscious bodily protests against feigning situations in life. Often we hear it said when one defect is found "This is the Cause of all your trouble." Yet after this is removed the patient still is the same.



We need more centers where physicians, psychologists, psychiatrists, educators, social workers, and public health nurses can work together collaborating in their respective contributions. Only through exchange can we get better conception of our responsibilities in the greater fraternity of human relationship.

The Better Scholarship High School was established in Portland four years ago. The purpose of this school is to help boys and girls (who for various reasons have failed in the conventional high school) until they have improved sufficiently to warrant their return. This means making a passing grade in at least three subjects.

The school has two main functions: First, to relieve classes in the regular high schools of failing students; second, to discover the cause of failure and try to help the student back to success.

It is the second function that has been of particular concern and has been the basis for this study.

The condition is not a simple one for which treatment can be prescribed; it is merely a starting point for investigation preliminary to treatment. This work was started at the beginning of the second semester. One half day per week at the school being granted, and some additional time has been utilized for such work as home visits, while on the way to and from other work, also some time outside of school.

The object of this work is to try to learn something of the relationship between physical difficulties and retardation in school work.

As Mr. Fowler says, "It is a complex situation. The social, mental, physical, and emotional problems are so closely related and interwoven that one can scarcely consider the one without reckoning with the other."

Dr. Wile says: "All of the child goes to school, not merely his intellect. His mind is in the custody of the body, and his body affects his mind. His emotions determine his application and exertion, and his interests influence his emotions".

Knowing that time was limited, it was of utmost importance to budget the time so that it might be spent most effectively and the work might be as far-reaching as possible.

The results of the work are not presented from a diagnostic standpoint but from observation of symptoms, as it was possible to have only one physical examination at the school this year.

#### Method of approach

1. Testing of hearing and vision.
2. Conferences with students referred by teachers and principal.

Since most of the things in school a child learns through his eyes and ears, it was felt that this was the logical approach.

He is constantly reading and seeing pictures, maps, models, and persons. He must hear what the teachers and others tell him.

The cause of some child's backwardness may be due to slight defect in sight or hearing. If he cannot see or hear well, he cannot get his lessons. He becomes discouraged, and as one said: "Oh, well, what's the use, nobody thinks I can learn anything anyway." I may just as well have all the fun I can."

During the conference the points in question were regarding:

- Childhood diseases
- Height and weight
- Teeth
- Health habits - eating - sleep - elimination - etc.
- Recreation - movies - pets - hobbies
- Companions
- How long at Better Scholarship School and cause for change
- Home condition - if father and mother living  
sisters and brothers
- Father's occupation
- Plans for future
- If working - type and hours

During the conference the attitude of the student was that of interest and cooperation.

Some of the following reasons were given by the students as their cause for being at the School.

1. Lack of interest.
2. Too much outside activity
3. Home condition - emotional - sickness - broken home
4. Could not get along with teachers in other schools
5. Could not concentrate
6. Physical feelings, as nervousness, headaches, hungry, restless, always tired
7. Need to work
8. Out of school and returning to make up and dislike being with younger students in regular high school

To us most of these are but symptoms of some other underlying cause.

From observations and tests were found:

1. Defective vision
2. Defective hearing
3. Defective teeth
4. Apparent glandular disturbance (under doctor care)
5. Poor eating habits (no breakfast)
6. Elimination
7. Working late
8. Staying up late (lack of sleep)
9. Poor health habits (possible due to early training)
10. Sinus (Dr.)
11. Diabetes (Dr.)
12. Operation

When a person enters a race, we do not tie his feet to hold him back; yet many a child progresses slowly through school because he carries the weight or handicap of physical defects or ill health.

The vision has been tested on 170 students; out of this number 24 have been referred for further examination. The tests showed vision ranging from 20/40 to 20/200, both eyes. The two boys with vision of 20/200,, both eyes, were referred to our staff consultant (since their families were being helped by relief agencies). One had glasses purchased by the Public Relief Unit, the other by the Red Cross.

Poor school work has for a long time been associated with poor eyesight. A child who cannot see the blackboard is at an obvious disadvantage. Dr. A. P. Wilkenson in the current issue of the "Sight-Saving Review", a journal by the National Society for the Prevention of Blindness, tells in a very interesting fashion how the near-sighted child may become an introvert and the far-sighted one an extrovert merely through the constant effort to make an adjustment between himself and the world about him.

The nearsighted child cannot cope with his playmates on the playground. He is never wanted on the ball team. At basketball the hoop is indistinct. Early in life he finds he gets more pleasure from reading than playing games. It is easy for him to read, for the nearsighted need to accomodate less than the normal eye. In time he becomes the bookworm, the unbalanced individual, and does not develope qualities needed for leadership in later life. He does not care to take walks, nor does he appreciate the beautiful sunsets. The trees appear to be large green blotches. He has none of the diverting influences that draw the attention of the normal child or the motor-minded boy to the roads, fields, parks, or woods. Such a child soon appreciates that he cannot excel in games and gets satisfaction from conquest of the mind.

The farsighted child is often said to be lazy, a mischief maker, inattentive, or motor-minded. He plays truant and wants to leave school. The boy is a jolly good fellow; the girl a tomboy. Some people find the farsighted boy stupid; others notice how well he can do some things. He hunts well and is an excellent shot, and is often a leader in athletics. He may or may not have good mentality, but he is handicapped so far as near vision is concerned and may seem stupid when the nearsighted excels.

The child who is handicapped with defective hearing lives in partial isolation as compared with his companions. He is likely to be morose, suspicious, and misunderstanding, as well as misunderstood. He is particularly liable to be misjudged by his teachers if his deafness is slight enough as not to be readily apparent. He understands enough probably for his handicap to escape detection, yet he does not escape ridicule because of his "fitting in" what he does not hear.

The hearing of 233 students was tested with the 2-A audiometer. This is the best method now known for testing groups (about 60 children can be tested per hour). Out of this number 13 were found to have defective hearing. Some were known to the teachers, others were not; all found with defective hearing had had two tests and in some instances three tests.

To all students having a retest a talk was given on the importance of knowing one's hearing ability or disability. If a disability, one should learn cause and have cause removed. If no further correction can be made, it was of value to know for various reasons in securing positions in which hearing was a special need and in being able to accomodate oneself to this handicap. Also to watch for further loss.(12)

The students were keenly interested in the test and it was particularly appropat this time for they were studying the construction of the ear in their science class.

Notifications were sent to the parents in all instances where defects were found, asking that further attention be given to this matter.

Not being familiar with the school or student group, it was deemed best to have students referred for conference whom the teachers and principal felt, through their observations and knowledge, should be seen by the nurse.

Notes were left in the nurse's box Friday morning, giving name and reason for sending child, as: John Jones "No breakfast", "Out of school frequently", or "Complains of headache".

There have been 64 conferences with students. About 30 of these have been minor difficulties. Of the 34 remaining the following findings are the result:

- Poor teeth - 7
- Apparent glandular disturbance - 2
- Poor eating habits - 10
- Sinus trouble - 2
- Diabetes - 1
- Operation - osteo - 1
- Asthma - 1
- Broken nose - no repair - 1
- Posture - 1
- Frequent headache - 4
- Frequent colds - 3
- Granulated lids - 1
- Other eye conditions - 7
- Heart trouble (own statement) - 2
- Nail biting - 1
- T. B. contacts - 2
- Tired - 2

Nervous (own interpretation) - 3  
Stammerer - 1  
Skin Condition - 1  
Elimination - 4  
Broken homes - no homes, or other - 18  
Working - 7  
Out late - 7  
Economic though no aid - 3

One could go on and on into the details of the following:

Teeth -- Poor teeth in itself is too apparent to mention. In most instances the ones mentioned were badly in need of attention but for financial reasons had not been cared for.

Eating habits -- Poor eating habits were one of the most outstanding difficulties. Many students coming to school without breakfast or very little breakfast. No breakfast because they slept too late or were in too much of a hurry or didn't care for breakfast. The reasons are quite apparent in most cases. Returning very late unable to awaken at a reasonable hour in morning, causing hurry and lack of appetite. Also eating before bed time with little assimilation during night causing lack of desire for food.

Mid-morning lunch - This brought on another problem, that of leaving the school building during the morning hours between classes to get food. Since lunch hour was unusually late, the suggestion was made to serve  $\frac{1}{2}$  pint of milk or chocolate milk (purchased at price of 3¢ per day or 15¢ per week) every morning at the end of the second period. Checking names and collecting money was handled by two of the teachers. Over 50 students came for milk at this period. It seemed to meet a great need. However, personal talks were given on eating and eating habits and results were obtained in a few instances. Quoting: "I don't feel nearly so tired after I have milk in the morning." "Now I feel like working the 5th period." "I feel much better since I eat breakfast as you suggested."

Chronic conditions -- Many conditions were chronic. Some had received attention, others had not. A good many were referred to their family physicians for care. Conditions of chronic colds and headaches were particularly urged to have attention of a physician.

Nail biting -- In conference with one girl, it was found that she was biting her nails. She said it was just since she had been at this school. Knowing that this was a symptom with an underlying cause, she was advised to get more sleep and rest, have her nails manicured and make an effort to stop. Three weeks later she came again, showing successful results. Her hands looked quite different. She was happy and had more confidence in her ability to accomplish something.



Work -- Many students were found to be working in an effort to support themselves, their families, or for spending money. It seemed that these students had particular ability in securing work and such a wide variety of work, ranging all the way from night club entertaining to automobile mechanics and truck drivers.

Homes -- One of the outstanding conditions was that of broken homes, no homes, or unhappy home situations, some due to depression. In almost every instance of this sort there seems to be some definite bearing in the child's emotions. The insecurity that goes with such situations was noticeable.

The depression -- There is probably no other single factor, unless it be the innate constitutional make-up of the child, which is so important in determining personality traits and life attitudes as familiar relationships in which the individual finds himself. The significance of such relationships is not to be understood primarily in terms of blood relationship or kinship but must be found in the personal interactions of the different members comprising the family. It is quite natural that any discussion of the depression has an effect on all members of the family and other close contacts.

Retrenchments have been made by hundred and thousands -- children once well-dressed are thankful to have cast-off clothing. It is no wonder they become disagreeable, disobedient, and ugly toward parents and develop fears, super-sensitiveness, physical complaints without organic basis, or enter into anti-social activity as stealing and truancy..

In homes on the ragged edge, all this has not shown itself so startingly as in the homes of the just above marginal to comfortable group. Many paying for homes have seen them lost. Parents losing jobs - institutions closing doors.

Is it any wonder that one finds child after child, especially among the adolescent group, completely disillusioned about home owning, saving, and honesty?

Parents worried and emotionally upset -- how can they take time to try to understand their child or his problems in such an upset world. Many children leave home because they cannot stand the nagging and also feel one less to feed. Is it any wonder we have problems of day-dreaming, inattentiveness, stubbornness? We need construction work in mental hygiene now more than ever before.

Tired Child -- One of the other outstanding observations was the number of children out extremely late. Two worked until 4-5 A.M. Others were up reading until midnight or after others were just out; not to mention late hours over the weekend.

Night after night sleep fills the reserve bank of the human machine so as to make it efficient again for its daily work. Sleep recharges the dulled brain, reloads the never resting heart, and replenishes the tired muscles. What has been damaged and disintegrated

during the active life of the waking hours is repaired and replaced. Reinforcements are dispatched to the weakened parts of the body, and cells are rebuilt. Rest is Nature's best healer.

There are many parents who are afraid that their children will be sleepy heads and believe it inadvisable to let them have long sleep.

Propagandists for more concentrated living, for a longer work day, find a telling example in Edison, whose successful career they attribute to his long hours of work and reduced amount of sleep. In their opinion, the surest short-cut to success is to work while others sleep -- a very dangerous doctrine for a growing child.

Sleep, insufficient in amount and inadequate in quality, is responsible for more absences from, and failures in, school than any other factor. Insufficient sleep depletes the reserve energy of the child and undermines his efficiency.

To prove the truth that lies in these statements, one only has to compare the amount of sleep of tired children with that of normal children. Tired children, as we have noticed in our investigations, averaged not more than 75 per cent the amount of sleep required for their age.

Home Visits -- Home visits have been made in homes where it was felt most urgent. Time would not permit more, though many more would have been helpful. The reasons for making calls were:

1. To interpret a physical finding to the parent.
2. To encourage the family to assume responsibility in having correction made, or to have a physical examination where it seemed particularly indicated.
3. To interpret function of school.
4. To help parent with attitude toward child.
5. To interpret home and findings to school.

Parents were in every instance cooperative and eager to do the best for the welfare of the child according to their knowledge.

Margaret was first referred to me because she complained of irritable throat. She stated that the doctor said her tonsils should be out but felt it would interfere with her work. (Margaret crooned at one of the night clubs). She did not get home until four or five in the morning. She said it was necessary for her to work for she and her brother were living with the grandmother and grandfather, who had only a small pension of \$30.00 a month. The brother had odd jobs now and then. The parents were separated and they seldom heard from them and never received any help.

It was Margaret's desire to do somekind of dramatic work, and she was anxious to finish high school. She was advised as to <sup>her</sup> throat and also about continuing work at such late hours, and its effect

upon her classroom work.

Margaret was seen again in a few days, and had her vision tested, which revealed poor vision in both eyes, and she remarked, "You're blurred before me now." Margaret had given up her work at the night club in order to get more rest and try to make her grades. (It was learned that the club had been closed.)

A visit was made at the home, which revealed clean but very poor living conditions. The grandfather had had a stroke, and Margaret had to give all the help she could to her 80 year old grandmother in caring for the grandfather.

Arrangement was made for Margaret to go to the staff consultant for eye examination, and a few days before school closed glasses were purchased for her through the Katharine Augusta Hatch Fund.

During the audiometer testing poor hearing was found in her left ear. She seems to be aware of the fact that there was some trouble, and promised to have attention given soon.

This girl has a very winning personality and was very sensible in her point of view. At first she objected to having her eyes corrected, felt it would interfere with her singing. When it was explained that she could possibly leave her glasses off for that short time and that even though it did interfere with her work, it was more necessary for her to conserve the vision she had for the future than to think of her present work. Also she would need her vision as much 10--15 years from now.

We wonder how long Margaret has been handicapped and to what degree her handicap is interfering with her work. Time alone can tell. It seems reasonable to feel that these corrections are worthwhile discovering and correcting.

Jack was referred because of his remaining out of school so often -- 2 to 3 days a week. The teachers felt they had never been able to get satisfactory information from the mother regarding the boy. In talking with Jack he said he felt good, but had colds often but said he was under doctor's care. His general appearance was pathetic.

On a home visit found a very pleasant mother. Said Jack was of good deal concern to both parents. He had had pneumonia and empyema as a child, and since then had never seemed well. Very often came home from school and went right to bed. Said he ran a temperature often and complained of pain in chest. His eating habits were poor, sometimes he ate and again cared for nothing, and sleeping habits not good. The mother said she just wasn't able to manage him now that he was so big. Said she had had trouble with the older boy in school also. She was anxious to have him get through school.



A visit to the private physician, who said he had known Jack from the time he was born and had cared for him through all his illness. He has examined him thoroughly time and time again, taken X-rays and tests, and felt he was about as uninformed when he got through as when he started.

He felt this boy had absorbed much from the older brother who was a decided problem to the family, having been in difficulty of various kinds, including a young girl cousin. Said the parents were as fine as one could wish but that the boys seem of a different nature. Just what the outcome will be in this instance is hard to predict.

It is said, "Some children are victims of inherited constitutional disorder; they fail to outgrow the weakness of babyhood. Having a naturally lowered threshold of resistance to fatigue they quickly and easily break down under an amount of work calculated for a healthy child. They live on health reserve and through outside influence, sometimes emotional, increase their health deficit each year. Nature has created such a weakling, and misunderstandings increase their burden."

Thelma was referred because she was quite emotionally upset in the principal's office. Said she was very unhappy at home, that her father abused her constantly, and her mother was becoming the same way.

Thelma said she came here from Salt Lake City four years ago. Her father had been with an insurance company there and also sang on the Pantages. She had three younger brothers at home and an older married sister with a young baby living at home. This sister's husband was in jail now for felony and polygamy, and Thelma had lost much time from school going to court.

She also stated that the father and older sister had "spells" and frothed at the mouth, that they took luminal and did not have the spells so often now. Said she also had taken "luminal" but didn't know why, because she did not have "spells".

She stated she was of Jewish parentage and her parents forbade her association with Gentiles, and they were the companions she desired.

Because of her unhappy situation she decided to leave home last summer, so, together with one of her Gentile friends, started for San Francisco. She had not money and neither did the friend, but seems they were fortunate in not encountering difficulty along the way. They went straightway to the home of the Gentile girl's aunt, and, of course, were returned to their homes in a few weeks. Thelma spent the rest of the summer with an aunt whom she admires and has been able to help her a good deal, but, because of the small home, it was impossible for her to remain.

Thelma said she had at one time lived away from home, but, since it was not a Jewish family, was not allowed to remain. It was her desire to live away from home and work for her room and board and be with the friends she wished and be happy.

Thelma asked that no call be made at her home, as it would only add to her difficulty. Her wishes were granted. The father's place of employment was obtained, and the social worker at this place was interviewed. The father did light work for small compensation. The social worker knew of the family situation but felt it was better to take the matter up with the Jewish Social Center.

The worker at the B'nai B'rith Center said the family was known and had been helped by them, and felt the irritation in the home was on both sides, Thelma's as well as the parents, but they would try to place Thelma in a home where she would be happy.

The following week a call came stating that Thelma had been placed. When Thelma was seen at school the following week she seemed radiantly happy and like her new home. The teacher report improvement in behavior and work. One teacher at the conference said she wished she could have known the situation months before, as she felt she was adding to her emotional upset.

Thelma complains periodically of pain in region of thyroid gland and of sinus trouble. She has been referred for thorough examination with the hopes that help or correction may have some effect on her unstable emotions.

"Every child has his own trouble in getting on in all sorts of environment. The nature and degree vary with the individual."

"Home conditions decidedly disadvantageous seem to have a bearing on behavior."

Ted was referred because he was so hungry he couldn't study or sit still in class. He was a peppy, energetic, healthy looking boy. Said he thought he had a tapeworm. From all general appearances, Ted did not look the part; however, he was advised to discuss the situation with his family physician.

When questioned as to the amount and kind of food he ate he said he ate all he could hold. Yet when it came to the last period in the morning he was so hungry that "wild horses couldn't hold him." Teachers said they could get no work out of him at this time.

It was just at this time that milk was instituted in the school, and Ted was put on the milk list. He took one pint of chocolate milk every morning. When seen a few weeks later, he said "I can study now; it helps like everything." The teachers said the change was remarkable. He was studying and doing some good work.

Roland -- Upon testing the vision, it was found that he had 20/200 vision in both eyes. He was shy, retiring, doing poor work in some subjects. However, had been doing good work in Spanish when working by himself. It was difficult to talk with Roland, and it was necessary to make a home visit to talk with Roland's parents regarding vision correction.

Home visit revealed a neat clean home. The mother was not at home, but the father was interested. He was an ex-service man. Had had good work and income at one time, but through poor health, (stomach trouble) had been forced to give up his work. At the present time they were being helped by the Red Cross.

The father said Roland was always quiet, had a good disposition, but was different from the other children -- never seemed particularly happy, seemed to be by himself a good deal, and would rather help his father in the garden.

The correction of vision was made. The Red Cross paid for the glasses.

When the doctor was at the school, Roland was physically examined and no outstanding physical defects were found, but Roland has been referred to the Psychiatric Clinic, as he seems to be a decided introvert type of personality.

Charles was referred because he does poor work and always seems tired. Charles caddies at one of the golf courses and earns a little extra money. The family until recently has been helped by the Family Relief Unit, but now the father is doing some relief work. There are two older married sisters, and one younger sister in grammar school.

Visits have been made at the home at different times, but no one found at home. An interview with another nurse to whom the family is well known and who knows Charles says that the mother is absolutely deaf. The father drinks a good deal and is unable to hold his job for that reason. The house where they live is owned by the grandmother; it is old, dilapidated, and shows all signs of poverty from external appearances.

Charles does not seem to be getting a sufficient amount of food and received milk at school. He came one day and said he didn't feel nearly so tired after having milk in the morning.

On talking with the grammar school principal he verified the home situation and felt it was very undesirable and that Charles had been somewhat of a problem in grammar school. This boy is so tired in school that he asks the teachers not to bother him.

Charles is a likeable sort of boy, but as yet the underlying cause of this tiredness has not been discovered, but an effort will again be made to find the mother.

Boyd was referred complaining of pain in abdomen. Said he had lost the lining of his stomach. Boyd looked anything but well. Had deep circles under his eyes. He was advised to go to the doctor to try to get this condition cleared up. The following week Boyd again complained of the sore condition. The principal said Boyd was having a good deal of reading difficulty, as well as spelling difficulty.

A home visit was made. Found a mother who was ill and has been since the last baby 9 months old was born. She was unable to look after her home, although there were two older girls who were home most of the time and were of some help. However, she felt things did not go as they should. She felt that the meals were not prepared, served, or taken care of properly and the children ate as they wished and often went without if there was some more exciting or attractive without.

The mother said Boyd had been very ill as a baby and had passed something which they felt was the lining of his stomach, and that he had not been strong since. She said she tried never to listen too much to these complaints of illness for she did not want them to be thinking of that.

The family had moved about a good deal. Had driven to Georgia in hopes of finding more prosperous conditions, but found it necessary to return. The husband's income was very meager. He had his own business, but the mother said he would do better working for \$2.50 per day.

She promised, however, that she would make a special effort to get Boyd to the doctor and have him thoroughly examined. He had complained a good deal about his eyes. From the vision test at school no outstanding error found. Nevertheless, there could be difficulty, and the mother said she was anxious to have this taken care of.

On talking with Boyd, he said he had worried about his mother whom he was afraid was going to die several months before. What effect such a home situation, depression, and fear of mother's death has had on this boy is hard to say.

Fred came in complaining of feeling jittery, cold perspiration all over. Said he did not get to bed until 12:00 or 12:30 and his parents had a hard time getting him up in the morning. Said he drank a good deal of coffee (3 cups) for breakfast and smoked a good deal.

Complained of home conditions -- mother very nervous and high strung. There were friends living with them and this upset the family routine. The mother was afraid to be alone in the house with the friend's husband, and it made for an unwholesome atmosphere.

He and father are good pals and play golf together, but atmosphere at home not happy. Says his eating habits are poor, lunches between meals and doesn't eat his meals as he should.

Said he liked to do things that created attention so he would be expelled. When he was told he would not be expelled, he stopped his annoyance. Said he didn't want to pay attention and didn't want others to. Said he had tonsils that should come out, but couldn't afford to have this done.

This boy was finally expelled, but a visit is to be made to the home. It was felt that this boy should be sent to the psychiatric clinic from all indications of trouble given by school. It was felt that the parents possible are a factor in this situation.

June was referred because of improper eating. Said she was afraid of getting fat, that she knew the history of the family too well. Advice was given on proper, wholesome, and non-fattening foods to eat.

June said she felt she was wasting her time at school; she didn't like to study. Her interest was to be a dietician, but she knew she couldn't be since she couldn't make her grades. Said she loved nothing better than to be in a kitchen and cook and fix up menus and work with foods.

June was advised to seek aid from the vocational guidance department, where she might learn to be a soda fountain operator or a cook or something similar. This seemed to interest her a good deal. An appointment was made for her to go to the vocational guidance department for help.

This girl was wholesome and attractive looking, but had no interest whatever in school work. It was said that there was possibility of her getting into trouble, and, unless a girl like this is salvaged, and her interest found and fulfilled, it may turn her path in the wrong direction.

Bob was referred because he ate no breakfast or at least ate very little. (apparently not enough food at home). Says he has to share with others in family. Father a roofer, not well, and very little work.

Bob is an order student. He has been around the world a good deal, on a ranch in New Mexico, and in the merchant marine, and a truck driver. Is interested in finishing high school because he realized he needed the education but he also needed to help with support of family.

Mother unstable and irritable because of limited income. Bob wishes to be away as much as possible because of unhappiness and nagging in home.

Says eating habits poor because he can't have what he wants to eat. Wants fruit, etc., and can't have it. Is hungry at 10:30 and 11:00 A.M. and wants to go out to eat. Is looking for a job in a restaurant so he can get food he wishes.

His other habits were good. He was solicitous about welfare of younger brother. He is ambitious for the future and realized.

The last I talked with Bob he had a job in a restaurant and seems to be happier.

Bill, a colored boy, referred because he felt nervous. Said he was singing and dancing every night in a night club until 4-5 A.M. Bill said he was caring for his mother who was quite old. After finishing his work in the morning, he had some coffee, studied for a while, then came to school.

At school he was tired and looked it and did poor work. He was advised to cut down on smoking and try to find other work. The night club soon closed and Bill was forced out of work for the time being. Said he intended to quit anyway and that he felt better since getting proper sleep and looks like a different person.

These are just a few of the problems that have come up, and many are far from being solved as time plays a big factor here.

One sees so much to be done but little by little many problems can be helped to a certain extent. As friend, helper, and counselor the nurse has a big task before her.

Adolescence is the period that is known to puzzle parents, teachers, and pupils themselves. The desire for emancipation is at the root of many actions and prompts boys and girls not to give confidence to their families. Very often they will talk more freely with someone outside of the family.

The following report of the work up to date (May 15) was given to the Superintendent of Schools, Mr. Charles A. Rice, and to the Superintendent of High Schools, Mr. Thorne,

This was passed upon favorably, and the result is that a nurse will be placed in this school in the fall.



The following is a report of the work accomplished up to date (by the nurse) at the Better Scholarship High School.

This work was started at the beginning of the second semester, one half day per week at the school being granted. Some additional time has been utilized for such work as home visits - while on the way to and from other work - also some time outside of school.

The object of this work is to try to learn something of the relationship between physical difficulties and retardation in school work.

As Mr. Fowler says: "It is a complex situation." The social, mental and physical problems are so closely related and interwoven that one can scarcely consider the one without reckoning with the other.

Dr. Wile says: "All of the child goes to school, not merely his intellect. His mind is in the custody of the body, and his body affects his mind. His emotions determine his application and exertion, and his interests influence his emotions."

Knowing that time was limited, it was of utmost importance to budget the time so that it might be spent most effectively and the work might be as far-reaching as possible.

The results of the work are not presented from a diagnostic standpoint but from observation of symptoms, as it is only possible to have one physical examination at the school this year.

Method of approach:

1. Testing of hearing and vision.
2. Conferences with students referred by teachers and principal.

Since most of the things in school a child learns through his eyes and ears, it was felt that this was the logical approach. He is constantly reading and seeing pictures, maps, models, and persons. He must hear what the teachers and others tell him.

The cause of some child's backwardness may be due to slight defect in sight or hearing; if he cannot see or hear well, he cannot get his lessons. He becomes discouraged, and, as one said, "Oh, well, what's the use, nobody thinks I can learn anything anyway. I may just as well have all the fun I can."

During the conference the points in question were regarding:

Childhood diseases.  
Height and weight.  
Teeth



Health habits - eating - sleep - elimination - etc.

Recreation - movies - pets - hobbies

## Companions

How long at Better Scholarship School and cause for change.

Home conditions - If father and mother living

sisters and brothers

Father's occupation

## Plans for future

If working - type and hours

During the conference the attitude of the student was that of interest and cooperation.

Some of following reasons were given by the students as their cause for being at the school.

1. Lack of interest.
2. Too much outside activity.
3. Home condition - emotional - sickness - broken-up home
4. Could not get along with teachers in other schools.
5. Could not concentrate.
6. Physical feelings, as nervousness, headaches, hungry, restless, always tired
7. Need to work
8. Out of school and returning to make up and dislike being with younger students in regular h.s.

To us most of these are but symptoms of some other underlying cause.

From observations and test were found:

1. Defective vision.
2. Defective hearing.
3. Defective teeth.
4. Apparent glandular disturbance (under Dr. care)
5. Poor eating habits (no breakfast)
6. Elimination.
7. Working late.
8. Staying up late (lack of sleep)
9. Poor Health habits (possible due to early training).
10. Sinus (Dr.)
11. Diabetes (Dr.)
12. Operations

When a person enters a race we do not tie his feet to hold him back. Yet many a child progresses slowly thro school because he carries the weight or handicap of physical defects or ill health.

The vision has been tested of 170 students; out of this number 24 have been referred for further examination. The tests showed vision ranging from 20/40 to 20/200, both eyes. The two boys with vision of 20/200, both eyes, were referred to our staff consultant

(since their families were being helped by relief agencies). One had glasses purchased by the Public Relief Unit, the other by the Red Cross.

The child who is handicapped with defective hearing lives in partial isolation as compared with his companions. He is likely to be morose, suspicious and misunderstanding, as well as misunderstood. He is particularly liable to be misjudged by his teachers if his deafness is slight enough as not to be readily apparent. He understands enough probably for his handicap to escape detection; yet he does not escape ridicule because of his "fitting in" what he does not hear.

We have been fortunate in being able to have the audiometer. The hearing has been tested on most of the students, but this work has not been entirely completed.

Not being familiar with the school or student group, it was deemed best to have students referred for conference whom the teachers and principal felt, through their observations and knowledge, should be seen by the nurse. Notes were left in the nurse's box before Friday a.m. giving name and reason for sending child, as -- John Jones "no breakfast", "out of school frequently", or "complains of headache".

There have been 64 conferences with students. About 30 of these have been minor difficulties. Of the 34 remaining the following findings are the result:

- Poor teeth - 7
- Apparent glandular disturbance - 2
- Poor eating habits - 10
- Sinus trouble - 2
- Diabetes - 1
- Operation - osteo - 1
- Asthma - 1
- Broken nose - no repair - 1
- Posture - 1
- Frequent headaches - 4
- Frequent colds - 3
- Granulated lids - 1
- Other eye conditions - 7
- Heart trouble (own statement) - 2
- Nail biting - 1
- T. B. contacts - 2
- Tired - 2
- Nervous (own interp.) - 3
- Stammerer - 1
- Skin condition - 1
- Elimination - 4
  
- Broken homes - no homes, or other - 18
- Working - 7
- Out late - 7
- Economic tho no aid - 3

### Home Visits

Twelve home visits have been made - 4 of them were repeated calls. Home visits have been made in instances where it seemed most urgent and in an effort to learn more about the child's environment and talk with parents. The parents have in every instance been concerned and eager to do the best for the welfare of the child.

1. Margaret was first referred to me because she complained of an irritable throat. She stated that the doctor said her tonsils should be removed, but, because of her work, she felt it would be a handicap. Upon inquiring about her work, it was learned that Margaret sang or "crooned" at one of the local night clubs (which is non-colored) and did not get home until 4 or 5 a.m. She said it was necessary for her to work because she and her brother were living with her grandmother, who was 80 years old, and grandfather, who has recently been paralyzed. The grandparents have a very small pension. The parents are separated, and Margaret received no aid from them. It is Margaret's desire to do some type of dramatic work, she says, and is eager to finish H.S. There was some talk regarding her health in relation to late hours, her need for rest and relation to school work. A few weeks later Margaret came in for an eye test. The test revealed poor vision in both eyes. She also remarked, "You are blurred before my eyes now." Margaret had given up her work at the night club in order to get more rest and to try to make her grades.

It was necessary to refer her to our staff consultant, and at the present time we are awaiting a purchase order from the School Board for glasses. This girl seems to have a very pleasing personality and seems quite sensible in her viewpoint. It is hoped that her grades will improve with improvement of her physical handicap. It might say that Margaret did not want to wear glasses, because she felt it would interfere with her future work, but when we talked this over and she was made to realize that she would need to conserve her vision for future use her attitude was very good, and she does apparently understand the need.

2. Jack ---- was referred because he stayed out of school very frequently and always seemed tired and looked badly in school, and the school could not get satisfactory information from the mother when they telephoned the home.

On talking with Jack, he said he felt good, but had colds often, but was under doctor care and had to go to the doctor frequently for examination.

Home visit - The mother stated that Jack had had pneumonia some years ago and since then seems to have trouble with his chest. She says he has frequent colds and runs a temperature often. Says he seems tired almost all the time and often goes to bed as soon as he returns from school. He is under the care of a very

good physician. From the mother's report the doctor has X-rayed the boy recently and advised her to watch him carefully. His eating habits are poor, sometimes he eats, sometimes cares for nothing. He complains of sinus trouble; also some dental work needs to be done, which the mother plans to have taken care of now.

Jack looks badly, his eye lids are quite inflamed, he seems tired and listless, and is not doing much in school. The family physician has not been consulted as yet, but this is to be done soon.

3. Thelma was referred because she has been quite emotionally upset in the principal's office.

She said she was very unhappy at home, that her father abused her constantly and her mother was becoming the same way. Said they came here from Salt Lake City four years ago. Father in insurance office and sang in Pantages. Has younger brothers in school. An older sister, married living at home with a young baby, whose husband was in jail for felony and polygamy, and Thelma had lost much time from school to go to court.

She also stated that the father and older sister had "spells" and frothed at mouth and took luminal. She also had taken luminal, altho had not had "spells".

She stated she was Jewish and her parents forbade her going out with Gentile girls and boys. They seemed to be the companions she desired.

Because of her unhappy situation, she decided to leave home and, together with a Gentile friend, hitch hiked to California. They were returned in a few weeks, and Thelma spent most of the summer with an aunt whom she felt has helped her a good deal, but because of the small home could not continue to live there.

Thelma said she had at one time lived away from home, but, since it was not a Jewish family, was not allowed to remain. She wished to do this again, but was afraid the mother would dictate her life. She asked the nurse not to call on her parents as she would reap the results.

It was learned that the father was employed at the Goodwill Industries. A call was made on the social worker there who knew of the family situation and referred nurse to B B Social Center. The worker at B' B' said she knew of the family and a good deal about the situation and felt there was trouble on both sides. Said she would try to place Thelma in a more desirable surrounding.

The following week a call came to nurse stating Thelma had been placed in a desirable Jewish family with one baby. When the nurse saw Thelma, she was radiantly happy and like her new home.

The teachers report great improvement in her behavior and work. One of the teachers said she only wished she could have known two months ago, as she felt she was possibly adding to her emotional upset.

Thelma complains periodically of pain in region of thyroid gland and has been referred to the clinic for examination.

4. Ted referred because he was so hungry he couldn't study.

Said he thought he had a tapeworm. When questioned on the amount and kind of food said "he ate all he could hold" but before the last period he was so hungry he simply could not stay in the room. The teacher said they could get no work out of him. Milk was introduced into the school at this time, given in the mid morning to students who seem to feel the need of some. Ted was one -- in talking with him two weeks later, he said "I can study now. It helps like everything." The teacher said the change was remarkable. He was studying and doing some good work.

5. Roland - Eye test, found to have 20/200 vision both eyes.

Roland - shy and retiring and doing poor work, seemed to have reading difficulty particularly. It was difficult to talk with him.

Home visit - Father an ex-service man. Had been in fairly good circumstances at one time but through ill health had lost practically all. Said he was quite concerned about Roland, because he was retiring and seems different from other children. Father seemed very much interested and intelligent and very anxious to have correction made and to have the boy have a physical examination. Home was scrupulously clean and neat. Family being helped by Red Cross who bought glasses. One of the teachers said she had to speak to Roland for first time since he had been in that school. They felt there had been improvement already.

6. Chas. referred because he does poor work in school, always seemed tired.

Chas. caddies at the golf course and earns a little extra. Family until recently has been helped by Family Relief Unit, but since father is working again temporarily, no help. Chas. brings lunch at times and sometimes comes without. Is out of school a good deal -- the last excuse to caddy to earn money for trousers.

Two home calls have been made to learn something about home situation. No one home. The father is said to drink. The mother is deaf. The family was known to one of the other school nurses.

Chas. has been getting milk mid-morning. Last Friday reported that he does not feel nearly so tired since having nourishment in a. m.

Mr. Fowler arranged for a teachers' meeting and at this time the work as outlined was stated. The teachers were asked not to look for results too soon. A number responded they had already seen improvement.

One-half pint milk and chocolate milk is being given to about 50 pupils in the mid-morning at a cost of 15¢ per week. This seems to help to avoid restlessness and desire to leave building at 11 a.m. because of feeling hungry.

It is said that the mental tests show that 70% of these children are of normal I.Q. or above. Therefore, we feel more encouraged than if we did not have this to work on. Though these difficulties may not be the underlying cause, it may contribute to some of the difficulties.

I feel that I have hardly touched the surface.

Other cases

Jane McCarty  
Bill Marshall (colored)  
Boyd Glover  
Bill Smith - Strot  
Bill Bishop  
Jack Hess

## RESULTS OF PHYSICAL EXAMINATION

Since the health work in the school was in its infancy it was not surprising to find few responses to physical examination, for a background of understanding and appreciation had not been built up. However, fourteen responded for physical examination. Many of those whom we wished particularly to be examined failed to respond.

The results of the examination were as follows:

- Hearing - 1
- Eyes - 1
- Psychiatric Clinic - 1
- Nutrition - 1
- Strabismus - 2
- Ear - 1
- Naso pharynx - 1
- Tonsils - 2
- Thyroid - 2
- Lymph nodes - 1
- Posture - 2
- Feet - 1
- Teeth - 5

Some of the findings were not new. The general nutrition of the students was good. Upon examination it is sometimes found that the physical symptoms have psychologic basis and need less attention than the underlying nervous state.

The doctor gave a general report to the principal of his findings and observations.

It is hoped that this work may be more far reaching in the future.



Mental defects not often found as they are weeded out in lower grades. Mental tests show that 70% of these children are of normal I.Q. or above. Therefore, it is particularly encouraging to carry on this work. Though these difficulties may not be underlying causes, it may be contributing to some of the difficulties.

It would be hard to tell why one child "catches up" while another equally bright as far as the intelligence tests are concerned falls more and more hopelessly in the rear. The child's progress depends on many factors besides the intellectual equipment. Some children are spurred to redoubled effort when work is hard; others lack mental or physical vigor to cope with obstacles and become overwhelmed by a sense of inadequacy. The child may have been absent when a new phase of a subject was introduced; he may have a special disability; an emotional problem may have arisen outside of the school. One of these may be the cause of a very difficult school situation for the child and teacher. Emotional problems often accompany repetition of grades.

Statistics on groups of children have shown that the intelligence rating is usually a fair indication of the child's learning capacity in school and his high correlation with school progress.

In the study of an individual child, however, we must interpret that rating in relation to the standard of his school group. We must look for special mental abilities and disabilities and must realize that children not only react differently to their difficulties but these emotional reactions may prevent even an intelligent child from making normal progress.

#### A general summary:

1. More help for parents in understanding child. "Many failures could be avoided and adjustments could be carried out under more enlightened guidance."
2. More eliminating of physical defects and assistance in finding and stabilizing self.
3. All this must come through more collaborating on part of parents, teachers, public health nurse, psychiatrists, and physicians.
4. More appreciation of a complex problem.

Although the task of trying to find to what extent physical defects enter into the cause of failure has not been satisfactorily accomplished since we appreciate the fact that other conditions enter in so greatly that it is hard to separate cause and effect, the task is not discouraging for, after all, some things have been accomplished. Corrections have been made, improvements have been noted, parents have been informed, and the work is to be continued.



It seems that the nurse can be of decided value in any school and particularly here since there is no dean of girls; she can be of help to the teachers in dealing with difficulties encountered by pupils, and to see the advice of a psychiatrist if the student shows unfavorable symptoms of behavior. A few years ago, if students did not meet conditions as found in schools, they were warned to study harder, or leave school, if a question of scholarship, or, if behavior, were expelled. The last few years have been a decided change. More and more there is a desire to seek cause of students failure; as mentioned before, the "lazy" child may be in poor physical condition that is not distinguishable to the lay eye, or they may be pushed beyond their capacity; while a bright child may be so bound up emotionally that he is not able to adjust to his studies. The student who cannot get "bookkeeping" through his or her head may need some other course. Many pursue commercial subjects when their minds cry out for rich academic subjects.

We think of the nurse in relation to health problems only; yet there are so many related problems that her field is great and her help is limitless, providing she has time and vision. She can assist the teachers in various ways, making their programs more practical, by bringing in help and suggestions for their work, by conferring with them regarding students, and reporting home conditions.

The question may well be asked: "Does it pay to maintain such a school?" From three points the answer is, "Yes":

1. From the school system it relieves the load in classrooms, giving the teachers the time necessary to devote to pupils progressing normally and not dealing with related problems to failure.

2. From the standpoint of student -- Many of these students are at a strategic point in life -- it means the turning of the way for him. Through special help, the solution of his problem, the help and encouragement from a sympathetic, understanding teacher, the discovery of the cause of failure may save him from utter failure and discouragement and he may as many do -- pull himself up or find himself and return to his regular school.

3. From the standpoint of the community -- Many of these boys and girls are being saved from becoming a liability to the community by having their difficulties settled and problems discovered at this time. Money cannot be counted in dollars and cents. The returns are greater than we can estimate.

In spite of the physical, nervous, or mental handicaps, many have fine material in them and are capable of being molded into useful citizens, but fail because school is more impressed with what they are than by what they become.

Meyers comes to a conclusion in a study of the "relation between physical and mental development" that any attempt to improve the physical welfare of the child will favorably influence his mental development.

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