# XIV. THE PUBLIC HEALTH NURSE IN THE SCHOOL

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Interest in the health of children is really almost as old as civilization. Of course it was often obscured by the search for mere physical perfection. One sees this very plainly in the early stories of Greece. Here one finds that children were taken to specials schools at an early age and placed on a rigid routine, the aim of which was the more perfect development of their bodies. Those children unfortunate to be born with physical handicaps were disposed of by exposure. Perhaps this was a more humane method of treatment than that meeted out to these unfortunate individuals in the Middle Ages and, if one is to be truthful, up to modern times. Here one finds that if the cripple is clever, he might be a jester in court; if he were not, one would just as soon forget about his fate. The same unpleasant feeling is present when one thinks of the treatment given these misfits in our own country until very recently. In fact, although we like to think that the general treatment was nearer decency than formerly, it was not until the last few years that anything was done to correct these defects for any, except those with abundant financial resources, but these recent developments are the result of work begun quite some time ago.

When Florency Nightengale began to put forth her concept of a nurse, she had in her mind a <u>health</u> <u>nurse</u>--one who would

go into the homes and teach the family methods of healthful living. Religious orders had, for years, been caring for in a more or less efficient manner the sick poor, but this was truly the first concept of preventive work. It was, therefore, with much interest that Miss Nightingale awaited the results of William Rathbone's experiment with the Visiting Nurse. Soon they discovered there was an appalling shortage of qualified women. It was impossible to do good work unless large numbers could be contacted. The schools seemed to offer this opportunity. Therefore, in 1891, Amy Hughes entered the Bury Lane School as the first school nurse. She was so successful that by 1898, the London School Nurses Society had been founded. By 1902, a staff of school nurses had been appointed and placed under a superintendent of nurses and by 1917, there was created a Ministry of Health for England, Scotland, and Wales. This body conducts work in maternal and infant hygiene, bedside nursing, and school nursing. In the meantime, interesting events had been taking place in our own country. The attitude toward sickness in different sections of the country had been definitely influenced by the prevailing religion of that area. For instance, in puritanical New England, disease was thought to be the result of sin, and an attempt to relieve discomfort was in direct opposition to the will of God. On the other hand, one finds that in Quaker communities there was always a prevelant desire to relieve the suffering of those in distress. It was the Quackers, who built the first asylums,

and who turned them most rapidly into hospitals. Visiting Nursing Associations had been established in both Philadelphia and Boston to meet the demand for nursing care for the poor regardless of the religious affiliations. This was followed by the work of Miss Lilian Wald and Miss Mary Brewster. From their establishment on Henry Street, Miss Wald became interested in the work that was being accomplished in London by the School Nurses. For a comparitively long time, there had been doctors in the schools to inspect the children for communicable diseases and to exclude them when necessary. Miss Wald and her nurses, making their rounds, found that these children were being neglected. They were staying out of school for indefinite periods. They were playing with the other children when they returned from school in the afternoon and thus spread their diseases in spite of the exclusions. This seemed very useless to her, and she offered a nurse to one of the schools for a period of one month. Thus, on November 7, 1902, we find Miss Linda Rogers undertaking this work. So successful was she that exactly one month later Commissioner of Health employed twenty-five additional nurses. Gradually these nurses assumed numerous and sundry duties. It was discovered that they could do the routine inspections as adequately as the doctor. This was given over to her, and the doctors began on yearly physical examinations for each youngster. In searching for the cause of absence they discovered that it was not so often the illness as actual lack of adequate clothing to wear to school. It developed, therefore, for her to

take up some of the duties of the social worker of today in discovering the underlying cause of poverty and in some measure to bring relief. Besides this, she had to assit principal, teacher, and mother to meet their health problems and teach some classes. This work has been going on actively for some thirty-five years. During that time there has been many changes and, we hope, progress. There has been much research into child health problems, and new methods have been devised to more adequately meet them. Let us see what the school health program is, how the nurse fits into this program, and how the ultimate aims can best be accomplished.

We see that from the beginning when the school nurse was concerned chiefly with the control of communicable diseases, this branch of public health nursing has broadened and now embtaces several functions. First, she participates in forming the health education program based on the needs of the pupils. It is the nurse who goes into the home and who deals chiefly with the child when he is ill who can best determine just what that particular community needs in the way of health education. If there is a tendency for the members of that district to neglect caccination, it will be much better for the children to learn about the diseases and their dangers, of the needlessness of having them, and of the value of immunizations, than to hear over again how to brush their teeth. It is the nurse who can bring this before the teachers. In most instances

she will find them very cooperative. It is her job, too, to help these teachers to secure adequate and new information with which to make their classes more interesting. If the nurse is well recognized in the community and also know what the schools are teaching the youngsters, she can iterate this same information in her discussions with the adults of the district. In this way a well-rounded education program can be carried on.

The nurse in the schools assists the physician in the physical examinations and interprets the results to the pupils, the teachers, and the parents. A physical examiniation in itself is valueless unless something is done to correct faulty conditions found. She is trained to explain the medical findings in terms that the layman may understand. The doctor does not have the time to sit down and do this. Very often it takes repeated visits to the home before the family is convinced of the necessity of correction. To the teacher, the nurse can often explain some of the results of the examination--why Johnny is so inatentive, or why Janey can read but for a short time.

This work ties in with another function of the school nurse. She also teaches the child, the home, and the community the value of proper supervision of health and adequate facilities for medical and nursing care. She assists in securing the correction of defects. Often there is the realization of the necessity of having these conditions corrected, but there are no funds. By her position and connection with some agency,

the nurse has access to other agencies and to funds that are arranged especially to care for these cases. If she is unfortunate enough to be in a community that is very slow to recognize the future value to society of having these things tended to, then it is her responsibility to educate the members of that community to the point where they will gladly provide the necessary funds for Jimmy's tonsils and for the Jones' family X-Rays.

But the nurse is only one person. Just think, one! She can do but one thing at a time. There is need for helpers who need only education to assist her in her numerous duties. I speak of parents and teachers. If these persons can be taught to recognize slight deviations from health and the necessity of keeping the youngster that shows these signs at home, then communicable diseases will vanish rapidly and make things much easier for the nurse.

The original purpose of the school nurse was to aid in the control of cummunicable diseases. This remains to this day one of her main functions. Control of this can be accomplished chiefly through education. Parents and teachers must know that most communicable diseases have their beginning as a cold. Therefore, if every child who showed signs of a cold were bu isolated from other children, there would be fewer illnesses and no epidemics. Couple this advice with protection of all children from maladies for which we have

immunization, and childhood diseases would go on the run. But this takes education, learning, and still more education. In fact with school nursing, as will all other types of public health work, if there is no education, then there will be no accomplishments.

The nurse is rigidly trained in all phases of health. It is therefore, up to her to contribute materially to the maintainency of a healthful environment--physical, emotional, and social. Likewise, she is qualified and should care for emergencies in the form of accidents and illnesses. This should be done only with the approval of the local medical association. She should have her standing orders and stick to them.

Handicap children are alway a problem. With the Social Security funds that are now available, there is much work already started with the handicapped child. A good school nurse will cooperate to her fullest extent with this program. Nothing could be more satisfying than to see a youngster crippled from poliomyelitis aided so that he is able to walk and play like normal children once more.

It is needless to say that if there are other nursing agencies in the community, it behooves the nurse to cooperate with them so that all the health work at a given time will coordinate and will not become confused in the minds of the general public.

There are few nurses who hold teacher's certificate. These may teach in the school if they find it advisable. But there seems to be so much more that they can do in the community at large that it would be more valuable if they were to leave the teaching to teachers and devote themselves to the work for which they alone are qualified.

School nursing covers a variety of subjects and relationships. What preparation must the person contemplating such a job receive? What has her employer a right to expect from her? First of all she must have a high school education. This seems rather a peculiar requirement to state when here on the West coast, some of our hospitals are specifying college education before one may enter. But I understand that in the East all schools of nursing do not have high-school entrance requirements. As always, it is better that the nurse, especially if she is to deal with high school students, to obtain some college education in addition to her training. Professionally, the school nurse should have had her basic training in an accredited school with a daily average of a hundred patients or more. She should have had training in the care of men, women, children, and communicable diseases. Also it is desirable that she have worked in an out-patient department, and in psychiatric nursing, In addition to this, she should secure one addition year in some accredited school of public-health nursing and should hold a certificate from

Personally, I maintain that school nurses must be interested in and have the ability to work with both children and adults. She must be in good physical and emotional health. The nurse must show signs of initiative, resourcefulness, and the best of judgment. In order to be successful, she must be able to organize her lay committees and her work, and she must work with both lay and professional groups.

After this nurse has been found, what are her duties? What can be expected of her in the carrying out of functions that have heretofore been outlined. First and foremost seems to be the control of communicable diseases. These are the "bug bear" in all schools, and it evolves around the nurse to do most of the work in cutting down the incidence in her schools. One of the most common means, and one that has been inherited from early times, is the inspection of all children returning from an absence of three days or more to school. Many children attempt returning to school before they are physically able to or before they are communicable. This instance is especially true in cases of impetiago and scabies. Since the diseases are most stubborn and require protracted treatment, one often discovers that the children of disinterested parents returning to school again and again with no headway made in the control of their condition. The one simetimes finds that the so-called childhoos diseases of the milder type break out after the constitutional signs have disappeared. By this inspection

these cases are occasional passed on to someone else and be excluded before too many children have been exposed. In some systems the nurse keeps a record of all the absences of each child, the cause, and what was done in the way of correction. This record is kept with the results of the physical examination and the rest of the child's health history. In this manner the nurse is able to determine which child needs more intensive supervision. She can also in some measure explain some of the public actions and reactions to his teacher and parents.

All children should be watched every day for any deviation from health. Besides being a waste of time, obviously it is physically impossible for any nurse to see all of the children in her schools every day. The teacher is with them so much more. She is the one who can tell whether Jack looks and acts differently today than he did yesterday. Then, if this proves to be the case, she can refer him to the nurse or isolate him from the rest of the pupils until he can be sent home. But the teachers are not being taught to conduct such inspection in their training. It is, therefore, up to the nurse to explain this procedure to the teachers. This is done very adequately in Detroit. At the institute in the fall, the new teachers are shown by a nurse how to conduct an inspection without danger of transmitting any infection from one child to another. Instructions similar to these are given to the teacher. There are also shown on actual children what

is normal and what is abnormal in a child's throat, his eyes, his posture, etc. The cases are carefully selected and the situation explained to the children before the demonstration is given. Those conducting the clinic try to pick these youngsters so that the one with bad tonsils will have good posture, and the one with poor vision or hearing will have a normal throat. In this manner they have done away with possibility of bad effects on the youngsters by parading their disabilities before fifty or more teachers.

However, Detroit uses this training in a manner with which I, personally, do not agree. These teachers, besides conducting daily examinations also do "screening" each fall on their pupils and refer those whom they find with defects to the doctor for more thorough examinations. It seems to me that in this way the students are forced to wait until the disability is so far advanced that a lay person can notice it. Wouldn't many cardiac conditions escape detection under this system? To my way of thinking this criticism also applies to a nurse doing the inspections. From the very nature of her training she is much better fitted to carry out treatments than to diagnose or even recognize conditions. Naturely she soon associates certain physical manifestations and certain complaints with definite diseases, but she cannot possibly know all the ramifications that these diseases have and is not education in her findings with the accuracy of a doctor.

The doctor who conducts a clinic cannot only pick up the defects but can also make certain recomendations. This is not possible for the nurse. No matter how positive she is that certain things should be done, she must be extremely cautious to see that she does not tell the child's mother that the tonsils need removing. Then the child is taken to the doctor, that doctor will probably be quite irate. The nurse has not only diagnosed, but she has also prescribed treatment. No member of the medical profession wished to cooperate with a nurse who does that.

On the other hand, physical examinations are of a very definite value. They will detect defects, and these in turn can be referred to the family physician. Many medical societies object to these eximinations for the reason that they claim that schools are taking practice away from private physicians. This is not the case. In one of our western cities it has been proven that the nurses refer twice as many cases to the private doctor than they do to the very efficient clinic in that town. Those referred to the clinic would not be able to pay for the treatment performed on them, thus the doctors should appreciate a place of this sort to care for such persons, thus leaving them more time to their own patients. These eximinations are usually conducted for all first, third, and sixthgrades, and for high school freshmen, and juniors. In preparing for these examinations the nurse should see that all of the weighing and

measuring, eye tests, and weighing tests have been completed. If she has an active lay committee in her school, she is then able to relegate much of these duties to them, or if there is a health class conducted by a special teacher, this can be integrated into part of their curriculum and become of definite value in the teaching of health. The examination should be scheduled in the fall and be run off as near to that schedual as is possible. About a week before the examination, letters should be sent to the parents asking them to be present at the time of the examination. In this manner they are given an opportunity to talk with the doctor and to find out first hand just what are his recommendations. Then if it is decided necessary, she can make arrangements with the nurse to discuss the situation further. The nurse should have some of the mothers present to assist with the children and to see to it that there is always one ready for the doctor. In this way she is free to help the doctor and to discuss the situation with the mother. One other thing should be emphasized. Don't try too many examinations in one morning. It is not how many are done, but how thoroughly. In our enthusiasm to reach our objective, we are apt to forget this.

There has been much discussion as to the value of pre-school clinics and then examinations in the first grade. Obviously this is a duplication of effort. Then, too, if the defects found in the pre-school child have not been corrected, they are not

likely to be done this time either. Those that advocate the pre-school check up have, to my mind, a very good argument. If you detain this examination until Johnny gets to school, then his progress will be retarded because of illness that were not prevented. From the initial day at school, he is constantly exposed to all types of germs that he was protected from at home. He must be immunized as early as possible before September. All this is very true, respondthe opponents. But what about the child that is overlooked in the roundup? If you wait until school starts then you know that you have all of the youngsters and a more complete program can be carried on. There is a third faction that is timidly but determidly raising its head. These people, and I have heafd it expressed by laymen ask, "Why are you waiting till Johnny's Pre-School checkup to be concerned about him?" They maintain, and quite rightly too, that to have his tonsils out and to be vaccinated for several diseases in one summer is going to be quite a strain on Johnny. These citizens wonder why all this can't be done when he is two, three, or four years of age. Aren't they right? Every mother's supreme wish is that she may take her child to the doctor regularly but at less frequent intervals than she did during its infancy. But before this wish can be granted, much educational training must be achieved. Then there is always the problem of how to operate this clinic efficiently. One small community solved

this problem in a most satisfactory manner. There are but four doctors in this section of the county. Each was opposed to the general operation of clinics of today. Then they were approached with the idea of having clinics in their offices. This arrangement was extremely satisfactory as two of these doctors had joint offices already in one section of town, and the remaing two had the same in another section. Arrangements were made to enable parents of pre-school children to choose whichever doctor they wished to examine their offspring. These children were reached by a house-to-house canvass of members of the Parents-Teacher Association. Another group of this fine organization formed a transportation committee. This committee made it possible for out-of-town children to receive examinations also. The School Board ccoperated most heartily by lending their bus as means of transportation. After physical examination had been completed, the child and parent or parents were sent to their own dentist who rocorded the condition of the child's mouth. If the children failed to make their appointments, a P.T. A. member called to find out why this was so. This type of clinic took longer, six mornings in fact, but it proved infinitely more satisfactory. The child was seen by the man who could do the corrective work, both medical and dental. This gave the physician a more personal interest in that child. Then as is too often the case, this was probably the child's first introduction to the doctor and

to his office. Nothing was done to frighten or hurt the child. First impression are of the utmost importance. This meeting was very pleasant. The child didn't mind returning. Then, too, the ultimate aim of all public health work is to educate the members of the community in going to their own pnysician for periodical examinations. This is a step in the right direction. The clinic was identified with the doctor and not with the school. This is as it should be. But before this ideal can be accomplished, everyone, including the medical profession, must be shown the importance of this practice. Many of us, going for a checkup, have been given a very cursory examination and informed that we were all right. When a doctor assumes this attitude with a layman, it reflects on the public health advocate who urged the step, not upon the incompetence of the physician. This type of clinic can be carried on very nicely in a small community, but the question arises of how this may be accomplished in a metropolitan area.

The other outgrowth of communicable-disease control has been the holding of immunization clinics. Again this is a function that should be taken to the private physician, but as this is not done, we muststill make this part of our work. As yet, many individuals strongly object to vaccination, especially those beliefs based on earlier attempts that were not standardized and whose technique was poor. Only by stark realization and clear, definite proof that cannot be doubted

can the ordinary person be won over. This may be accomplished by a good program of education. By beginning a week before the clinic and with the assistance of the teachers presenting to the public the value of immunization against these diseases, one will usually get a good percentage of vaccinations. It is a sound plant to try to have all of the vaccinations in a given community done within one week. If this is possible, the newspapers will usually be more than happy to aid you in bringing the program before the general pbulic. Some instruction can be given even in an emergency. Take as an example the discovery of a case of small pox in a large high school. By law, pupils, teachers, and other employees of the school were forced to show a scar, be vacinnated withing forty-eight hours, or stay out of school for three weeks. School nurses were sent for from surrounding districts to assist in the inspections of these students. Even in this emergency I found the response of the pupils was much better if a short explanation was given before the examination or arms began. If this was not done, and I mu confess that in some cases when older nurses were in charge, it was not. there was less cooperation and more grumbling than when the proper explanation was made. It appears to me that thos nurses who merely examined arms and took names lost a grand opportunity to impress nearly three-thousand sutdents the necessity of protection. Even in this situation as in all other types of clinics the consent of the parents was secured. Cards were sent home with the pupils to

be returned signed by both parents. This record is filed with the clinic until the child is no longer in school.

In all of these clinics the nurse will discover that an efficient group of women will be of the utmost importance to her. They are able to weigh and measure pupils and, if properly instructed, give eye and ear tests. These results must be recorded for permanent record. Women can be selected to assist in the clinic. They can call the children from the rooms, help them undress, and one can be trained to take the doctor's dictation. They also can aid him in sending out letters inviting the mothers to attend these checkups. This leaves the nurse free to talk with the mothers and children as the need arises and to do more actual health instruction and supervision. It is needless to say that these women must be impressed with the importance of not telling anyone of the information that they have come in access to in this work. They must not even mention "cases" without names. People from that community will soon connect this statement with that known fact and soon the entire neighborhood knows that the Brown child was sent home with scabies and that the Stuart youngster has a bad heart. Most people are inordinately proud of their children and they should be, but nothing shoud be said that is derogitory about them. This knowledge as public property admits that their children is different from the others, and they will object strenuously. The nurse must

remember to repeatedly discuss this over with her group of assistance. Of course, it must be done in a most diplomatic manner. Perhaps the most acceptable way will be to preface your remarks with the statement that you are sure that they would know better, but that since you knew from personal experiences how hard it is to keep from telling the family about this or that interesting occurance, you believed that you would just remind them of the necessity of keeping all of these things to ourselves. This rather flatters them and makes them feel that they are really part of the health work in that community, and that as such they must abide by the precedents set down for the professional members.

We have mentioned records several times. The are one of the most important functions of the nurse's work. They can be the most helpful or they can the the greatest hinderance. After a limited observation it is my opinion that they should be of the simplest possible form and should be kept in one place. If these records are to be helpful, they must be able to be read easily. I have heard this criticism of our nursing record from a doctor. He claims that the records are much too complicated. That it takes first of all, time to learn the code and then a multitude of time to search from one type of record to another before you can find which visit follows which. This is partially true of the school records. If for instance, the nurse is carrying a generalized program, she may have had mother

as a pre-natal. Then after Johnny is born his record is kept along with the mother's post partum until after the first six weels. Then hs is transferred to an infant welfare and pre-school record. When he enters school, he is placed on a school cafd that is kept in a special file with a note in the family folder to the effect that that is where JohnnYs record is at presnet. All of which is very fine except that Johnny may have been sick when he was three. The account of what transpired during that time is on a morbidity record. Then say that during his grade-school carreer he show suspicious sign of childhood tuberculosos. After due time he is sent off to the Preventorium. He comes back and goes into the school again. They you have added a tuberculosis record for that period. Then there is always the information that doesn't seem to belong on any one of these and is placed on the extra data sheet along with all of the similar information of all the rest of the family. Now just you try to compile a decent summary of Johnny in less than an hour. It can't be done.

The same is true of record in the school in which I observed. There was the general record that was made when the child entered the first grade or kindergarten. This had his family history, disease, and immunization history, and a place for the results of his physical examination. There is also a small place for the home visits. Then there was another card for recording the results of the examination for goitre

tablets. This contained the child's pulse and the results of the doctor's inspection. On this was based whether the child could take the goitre prevention tablets with safety. There were kept in a separate file. Couldn't these all be kept in one place and the cards filed in alphabetical order and placed in the file unless in actuall use? Ideally, it seems to me that the nurses room should be such that it could be used for weighing, measuring, eye examination, and hearing tests. If the records were kept in this room then the card for each child could be jerked as it was necessary to use it and then put back. This would save much mauling over records and a lot of time would be saved. It also seems irrelevant to me to go through all the records and change the grade of the child each year. From the list handed to the nurse by the school she should be able to determine must what grade and section he is in. As long as the birth date is on the record that is all that is essential. If there is a special problem of failure, then that fact could be recorded, but no more would be necessary.

They say that every person who starts out in the public health field tries to revise the records. I suppose that I'M no exception. But they say that the success of any school program is directly proportional to the amount of follow-up work done. If this is true, then why isn't there more room given for notes on home visits? Perhaps it was the nurse that I observed, but I should certainly dislike to follow her on a

job. You could tell very little from the records just what had been done in conference with the child, or its parents, either in the home or the school. One reason for this is the very limited space that is given over to this type of recording, and it must last the child eight years. Each succeeding nurse writes as little as possible because ther might be another occasion when the facts to be recorded would be of greater importance. I saw this nurse come up against a very irate grandmother wanting to give her grandsom milk at school. She had been approached once before and had told the nurse that the children in her house got all the milk that was necessary and more, too, at home and that someone was just tr ing to stick his nose in where it wasn't wanted. Now this had all hapened before. If such had been recorded on the record, then this nurse would not have had that unpleasant experience. She would only have had to inform the teacher by glancing at the chart that that child had been receiving sufficient milk, and no harm could have been done. I am not in favor of writing great volumes, but I do believe that there should be some type of chart that would enable the nurse to fully and explicitly record important data all during the student's school years.

There is still a situation in many of the schools that employ a school nurse as such that the nurses know is wrong, but at the presnt they are powerless to remedy. This is usually

true where the School Board is the hireing body. They expect the nurse to stay in the schools from 8:20 a. m. until 3:30 p.m. Any home calls must be made after hours. Thus at this rate thr nurse has time but for one or two visits, and hasty ones at that. This is not conducive to good work. By that time the children are home from school, and mother is beginning to worry over dinner. As you see, this is most inopportune to discuss her offsprin's health. Everyone realizes that the value of an examination clinic is not in the examination itself, but in the number of defects that are corrected as a result of that clinic. These results are not obtained by the nurse staying right in the school. She must visit the homes and converse with the parents. She must gain their confidence in order to secure the information that she is seeking. By being forced to remain in school in case of emergencies, she is not able to carry out the cardinal functions of her profession. On the West Coast one rarely know of an instant where a nurse spends her entire time at one school during the week. She is there on apecified day. Thus when emergencies arise during her absence, the teachers are capable of attending to them most efficiently. Therefore, if one of the paramount aims of public health is to instruct the parents, as well as the pupils, in caring for themselves, the nurse must be allowed to work along this line and not be kept at school all the time. The nurse would also be able to cover more schools each day.

There is another system which is considered the best by most nurses. When the first public health nurse began to make her rounds, she found many types of problems that confronted her. At the first she tried to attent to all of them, but the case loas was so exceedingly heavy that she naturally started to discover that type that seemed to her to be of the first importance. There were associations formed to promote this type of health. Each of these hired nurses to nurse their specialty. Thus in a large family you might see Miss Jones coming in to see about mother who is to have her baby next October, Miss Smith coming in to see about Mary, who is having trouble in school, and it might be caused by her bad tonsils and adenoids, Miss Brown coming in to see that father and all of the children are going down to the sanitarium to have their checkup for the last six months, Miss James to take care of grandmother who has been bedridden since her stroke, and how many other in the form of social workers and investigators. No wonder they got confused. They couldn't keep them straight. If mother asked Miss Brown about the swelling in her ankles that began just day before yesterday, Miss Brown would have to tell her to ask Miss Jones, that she was the maternal nurse. Yes we had split the family into bits. Each of us was seeing her own bit and no more. Each was wanting the family to carry out her plan regardless of what the other needs might be. And we got nowhere. Now the vast majority of public health nurses have realized that this is not the

most efficient manner to conduct any program. They would rather consolidate. If each nurse had a smaller territory to cover, she could take care of all of the problems in that family in one visit. Think of the vast amount of money that would be saved in actual travel time and in nursing time. And the end results would be so much more satisfacotry. Then the nurse could sit down with mother and figure out with her how she could get all of the milk, eggs and vegetables for the children, herself, and her husband. She would be able to care for grandmother and explain these and other problems at the same time. She would know just how demanding grandmother was and how difficult it was for the mother to get her needed sleep in the afternoon. She would know the whole family with all of their problems and she would be better able to explain the situation to the teacher so that that person would be better able to know what might be causing Mary's listlessness. Yes, we recognize the superiority of this plan. We know that it will work. Berkley, California, has tried it, and it has proven itself successful. They the had a health center and a Visiting Nurses Association. They have managed to consolidate the two organizations. By sectioning the city off along the lines of the school districts, they have given each nurse about two grade schools or one high school, and the surounding territory. In this manner each nurse gives a service in a complete maternity program, tuberculosis nursing, comminicable

disease and health-department nursing, school nursing, and general morbidity service. There are those that do not believe that a morbidity service can be carried with a school and other programs. In Berkley this has not proved the case. By education of the school personnel and the general public, they have had tremendous success with this program. This is particularly manifested by the fact that the school staff often refer cases to the nurse when they know that bed-side care is necessary. The principal is always willing to see to that the nurse's schedule is altered in order to allow her to give bed-side care to some patient. He knows that it is very likely to reflect on some child in the school. If the nurse is going to conduct some type of clinic in one of her schools that is going to sonsume a whole morning, then there could be a floater nurse who can reliever her of some of here case load for that day. The Berkley unit reports that the general public is very rapidly coming to know the full scope of their service. When call are referred in, the person often knows just what the nurse is usually doing that morning and will ask for her after she is finished. By this very full program, and by adequate education of the community, the nurses find that the members of a family are more willing to take over the actual care of the patient after the nurse has shown them how. This leaves the nurse free to act as teacher and adviser, in itself, very time saving.

From the administrative point of view this is also the best proven plan. Here you find that the nurse is given an unbiased point of view of the problem. She is working for the good of the family as a whole. What seems to her to be the most important problem will not be biased by the fact that she is working for the Health Department, the Visiting Nurses Association, or the Tuberculosis Association. This gives a more harmonious feeling the entire health work of the whole city. There is no over-laaping of effort, no constant referring from one nuring agency to another, no rivalry. There is one director to which all of the major problems can come and where all of the policies can originate. This is as it should be. But there is a great deal of work to be done in most communities before this can be accomplished. First there are the nurses themselves. Some are thoroughly convinced that their particular form of public health and their particular agency is the most and really only important one in the community. It should be preserved intact even if the heavens fall. Then there are the various boards. They are very important now. They have an organization that needs their support. They don't want to see it taken away from their control. They are convinced of only the importance of their one association's work. They can see no other. Lastly, there is the public itself. They have been educated to many organizations. They must be reoriented to one. This is the

job of those of us who see the value of one unified group of nurses working with the doctors for the better health of the community.

For any program to be successful it must be very carefull organized. Let us suppose, since we believe in a thoroughly generalized program, that that is the type that our nurse is conducting. She will find that a file of 3" x 5" cards will be the most beneficial. This is her own file. It can be arranged in such a manner as to be most convenient to her. It has been suggested that this file be divided into months and then each month into districts. I believe that this can be accomplished in the city, as well as in the rural areas. There are certain cases such as maternity and tuberculosis that you visit at regular intervals. These can be placed in their proper district, say in January. After they have been seen, the cards can be shifted to the next month in which they should be seen or left in January if they are to be seen again that month. By the thirty-first, there should be no cards remaining in the January file unless they are to be seen a year from that time. Cases found in the school can be filed in this manner in the central office, and then the nurse can plan her whole day before she starts out on her rounds. Her route should be very carefully planned in order that she will not be doubling back on her own steps. This will save her much time and will in the long run show greater accomplishments.

She would visit the nearest school the first thing in the morning to pick up any cases there and to see those children referred to her. Then she would go on to the next school. If it possible, she might make one call enroute. After caring for the second school, she could call the office and see if any calls have come in for her. She can then proceed with her day as she has planned it. But there is one precaution that must be brought up. Some people plan their program so completely that it cannot be changed on a moment's notice. There are really very few emergencies. But occasionally they do accrue. The nurse must be able to meet them and not be upset by the enforced change in her plans. Then there is always the possibility of not finding the people at home. It is a wise plan to do a little more than you think you can get done. This foregoes the possibility of coming up in the middle of the afternoon with all of your planned work done and the records in the office for those cases that you might call upon.

In stating that you should take your cases as you come to them and not retrace your steps, I am likely to meet some opposition. They will say that the nurse should care for those on the communicable diseaseslist last and the maternity cases first. I can see their point. I don't believe that I would go from a case of epidemic menigitis or a very open tuberculosis right into the home where there was a very young baby. But one really should not feel this way. Our technique should

be such that there would not be any possible chance of transmitting so much as one germ from one case to another. We care for communicable and no communicable diseases in the hospital. Why cannot we do the same in our public health work? The proof can be found in the statistics of those agencies that offer bedside care to communicable diseases as well as to non communicable. Often one finds that the medical profession is the barrier in the way of some agency giving this service. Yet there is a paradox in their very position. They are anxious that the nurses go in on tuberculosis cases. They may give both instruction and bedside care. Yet one finds that tuberculosis is transmitted in the same manner as measles--by the nose and throat secretions. But we would be nowhere without the support of the doctors, so we must bide our time until they see our position or prove to us that we are wrong.

We have been talking a great deal about the nurse in the schools, and taken most of our illustrations from the urban districts. What of the rural child? The Children's Charter, Section 17, states, "And for every rural child satisfactory schooling and health services as for the city child, and an extension to rural families of social, recreational, and cultural facilities." What are we doing to fulfill our obligations in this charter? Popularly one hears about this marvelous health advantage of the rural population. There is

no crowding into classes and huge educational facotries. There is no smoke-laden air to breath, no whizzing motor cars to dodge, no cramped play grounds. No, quite to the contrary. All of the pupils of the whole district, twenty in all, are crowded into one room with one teacher who is hardly older than the oldest of her pupils. The seats, or some of them are relics of the days when pupils were seated by pairs. There are no big seats for the larger children, and no small ones for the little children. The first grade is seated in the first row, the secondin part of the second, and the remainder filled up with third grade; and the rest of the classes are seated similarly. Thus, you will find that there is a small first grader whose feet will hardly touch the floor in the last seat of the first row and b bit eighth-grader doubled up in the first seat of the last row. The flies are buzzing freely through the window from the privey about twenty feet away from the school building on the hill side. If you go into that privy, you are likely to find that the floors rather waver as you step on them. Obviously this very essential building has been there for a ~~long~~ long time and you can't help but wonder and shudder at the results if the floor should give away. And once I actually saw the girl's privy situated high on the hill, the boy's further down, and the well still further down the hill. These teachers know that they have a very bad situation, and they are doing all that the can to

aid in improving this situation. One finds improvised containers for drinking water, all types of plans for individual drinking cups and towels for the children, but this is not enough. It is up to the nurse to do her best to get that district to realize the harm that is likely to come to their children. Often they cannot afford to put in more adequate facilities. Then I think that it is up to the state to find some means of aiding these districts that really want to improve the environment of their children. One method has been found successful in some states. Several of the school districts are combined and a modern school building built with the combined funds from the original districts. In this manner they are able to employ better educated teachers buy more modern equipment, and give the children a combination of the best assets of the urban and the rural environment. But this is still a dream in many of the states. In the meantime it is up to the nurse to see that she does all in herpower to improve the existing conditions with the least possible expense to the taxpayer. Recently I saw the results of the continuous effort of a nurse and a sanitarium in getting a community to correct just such a privey as I described. Truly that floor was not safe to walk on. Then, too, the nurse can offer her services to the teacher in general health education of the children. She can gradually make herself known until the people will ask her to address to their various

organizations and instruct Red Cross Classes. This must be accomplished by much visiting and friendly manifestations on the part of the nurse. On nurse of my acquaintance following her appearance in the health booth at the County Fair, was asked to speek to a group of Grange women on venereal diseases. That was not what the nurse thought the community needed, and not what she felt most capable of discussing. But she did her best, and later she was given an opportunity to discuss child health. Now there is a very interested Home Hygiene Class in that district.

Have I gotten off the subject? Not at all. Expecially in the country, it is impossible to cut up the family into bits and apportion them to this and to that nurse. It is both financially and psycologically impossible. Rural families are all very busy. They do not have time to stop each day for some nurse to talk to them about some specific problem. They are a very sensible lot and would soon disciver the inadequacies of such a system. The person who comes to talk to them must be able to advise them on all of their problems, or the entire program will be discounted in their eyes. By adequately treating the whole family the individual will greatly benefit. It will do no good to suddenly become aware of the defects in Johnny after he has come to school when you have been in the home to help mother prepare for the coming of Suzan two years before. You saw

Johnny then. That was the time to start on the tonsils, the immunizations, the diet, and all of the other factors that will help Johnny to be a very husky, normal six-year-old when he starts to school, capable of making all of the adjustments necessary in his new surroundings.

To do this, that is carry schools with the rest of the health work in the county, it is even more important to plan your work well in advance. In August it will be well to begin to think about what you desire to accomplish in the schools for the following year. So when vaccinations, examinations, tuberculin tests were last offered in each of your schools, find some woman, either through the Parent-Teachers or the Grange, who will act as health chairman in that community. Let it be known in the district just who she is. She is the one who can interpret the communities reactions to you and whom you can depend upon to interpret your plans to the community. Go to your teachers as soon as you know who they are. Find out what their plans are in the health field for the year. See if you can help them in securing new and more attentive posters and materials. Then, when you make your schedule, try to let each teacher know must when she can expect you in her school and just what you will be interested in that time. Let her know which days you will be in her district and whom she can notify if there is some reason that she wants to see you on that day. Here in this situation

it is even more important that the day's duties be planned with precision. Driving in circles is hard on the mileage and the case count. They are both of great importance to the Board of Health.

One of the ultimate aims of all public health work is the improvement of health education of the coming generations. Health education has been devined as the "sum of experiences in schools and elsewhere, which favorably influence the habits, attitudes, and knowledge relating to individual, community, and racial health." By this definition one sees that this does not mean just what is taught to the child in the school, but that these experiences may come at any time and at any place. What is the nurse's position in this field? As such experiences may come at any time and we are always learning, let us see just how we can first assist the teacher. This is done largely through conferences about the results of the examinations, or about the children that have been referred to the nurse by that teacher or some other. The nurse can explain the need for rest, sight conservation, or a better diet. The result is a new point of view on the part of the teacher. There will be a more concerted effort to secure better lighting in the rooms. If this cannot be accomplished, sometimes the seating arrangement can be altered, or at least the shine taken off the blackboards. The teacher will see the need of rest during the physical education class for some child and the exclusion of a solid subject for another. There will be a gradual gain in health knowledge and practice of the faculty.

This education can also be carried on to the parent. The nurse can call on the parents of the child who has been absent for some time, or who is repeatedly absent. She can urge them to call their physician, to keep the patient in bed, and above all not to give any medicines without the doctor's orders--even that dose of castor oil that seems so essential to them is not right. This eventually will result in a sounder community knowledge and more scientific care of the children.

It is to the children that the nurse can do her best and eventually her most effective teaching. She can explain results of the Snellen eye examinations with what to her seems to be the proper steps to take. When she admits students who have been ill, she may ask question as to the health practices. Before, or as any clinics, such as tuberculin tests or vaccination are held, the nurse could demonstrate the procedure. Let her assist the dictor, boil the needles, prepare the field. All of this would be of great interest to the student. If proper information were given, think of the results in the care of splinters or cuts at home that would happen! If the nurse has charge of the rest room, she can talk with the pupils that come in there about their health, their subject load, and give them what advice she deems necessary. All of this will result in the increase of interest of the students in their health needs and will lead them to desire to take action at home. Some will say that this cannot be done if the nurse does anything else besides school nursing. That may be true

in part, but I believe that there can still be much accomplished even when part of the time is spent in the district.

There have been some very interesting results in some of the secondary schools as the outcome of the cooperative effort of the nurse and the faculty. A club was formed with the purpose of improving the general health of the schools. They made a survey of the sanitary facilities of the school. They found that there were not enough washbasins for the number of pupils. The towels were usually out. The drinking fountains were too few in number and of the bubbler type instead of the angle variety. Later they formed such things as "No Gold Committees." It was the function of these groups to parol the halls and see that wet clothing was taken off as soon as the youngsters came inside, that those going out were properly clothed, and that those with signs of a cold were sent home if they were at all miserable. If the felt well, they were isolated six feet from the rest of the pupils and in this way did not communicate their cold to anyone else, but were allowed to remain in their class. Every week they put out a health bulletin with the help of the nurse and their teachers. This bulletin contained a discussion of some phase of health that was pertinant at that time. There enthusiasts got results. The hand washing facilities were improved and eventually the drinking fountains were changed. The instants of colds were cut down, and the total absences for the year fell in suprising fashion. Thus

these youngsters were not only made actively health minded themselves, but they were able to improve the conditions of their school and the health of the rest of the student body.

Through the whole discussion we have brought out that the nurse must work in close cooperation with the whole public. She can go no faster than the commumity is willing to go. Speaking in a limited sense of the word, the teachers constitute a very important part of her public in the school community. Since the child cannot be divorced from his home atmosphere, that home must be brought into coordination with the school on all matters of health. This will prevent a conflication of standards that will slow down the adjustment of the child to the school. It is up to the nurse to see that this is done. Perhaps the best approach is to do intensive health work with the new pupils. Then the parents will accept the nurs as a part of the school personnel. They will understand what she is working towards and will give her as much help as they are able. It might be possible for the nurse to be in the school the first day of school and greet the mothers as a part of the school. This will help establish her in the mothers' minds as part of the school. Later she can talk to this mother morre easily than if she were a total stranger who cam in only when there was something wrong with Johnny.

The relationship between the nurse and the teaching staff is somewhat harder to establish. This is especially true if the nurse is an inevation, and the teachers are not the newest.

The nurse is a special part of a complex social order. She bridges the gap between the laboratory and life. In other words, she is the person that makes scientific facts socially available. In fact, the most common criticism of the nurse is that she concentrates so closely on her own work that she loses contact with the other profession persons of the school system. There are several explainations for this. The nurse feels strange in these surroundings. She is not a teacher. She feels ill at ease when not with those doing similar work. Because of the high requirements for teachers and the extreme specialization of the nurses education, she is likely to feel inferior to the teachers. Then there are the cliques that are liable to form when any group of people gather to work. Add this to the fact that the nurses' offices are often in a distant part of the building, and you can visualize what the situation might be. Now I realize that this is not always the case, but I do know that this is true. In the situation of the massive inspection following the outbreak of smallpox in one of the schools, I came across just such a condition. After the entire student body had been covered, and they had finally been allowed to go to lunch, several of us went into the teacher's rest rooms to repair the damages that rushing from one room to another and one building to another had done to our hair. There were several teachers in there. At first we were totally ignored. But as the conversation progressed among the teachers, we gathered that they were a trifle annoyed at all the bother we

had caused them. We had done our work as rapidly as possible. We had left the plans we had made for that whole day in other schools to aid them. We really were experts called in to take over a situation which they were totally unprepared to handle. Yet there was a certain fence between us that we could only peep through. They had cooperated with us. I suppose they thought that the inspection was necessary. But there was still that indefinably something that kept us from joining their group even as visitors in their home.

What can the nurse do to remedy this condition? She can attempt to gain an insight into the whole purpose of the educational program. She can attend meetings of teachers and Parent-Teachers. She can try to gain their point of view and an insight into their policies. Above all she must remember that she is a teacher. Although she holds no formal classes and gives no grades, she can offer something just as valuable to the future life of the pupil as the teacher of geography, chemistry, or French. As for this feeling of inferiority caused by our intensively specialized education, it is true that most of us are too specialized. That is our fault. It is up to us to broaden our education after we are through our training. There are always libraries to which we can go and lectures and concerts to attend. Our educational requirements are just as high now as those of the teachers. I believe that we must overcome this inferior feeling that might have possibly developed

from strict supervision of training at the hospital. Human institutions are prone to alterations. The nurse is comparitively new. Eventually we will be accepted in spirit as well as in fact.

We have agreed that the nurse will get more completed in the long run if she is allowed to care for Johnny before he is born and on for the rest of his life. But suppose she is not allowed to do this. Suppose she is to take Johnny when he is admitted to kindergarten and let go of him as soon as he leaves high school What should her relationship be to the other agencies in the community? We,, you say, she must cooperate. Yet, that is obvious. She must cooperate to the fullest extent. She must give information to them that will aid in carrying out some phase of their work in a more efficient manner. She must clear her cases through the Exchange, if there is one. This will let her know if that case is being cared for by any other group and will let other groups know which case whe is carrying. She must attend meeting. She must participate in them. She must try to gain the point of view of the other organizations both social and health. She must let them know her point of view. All this is vital to the smooth functioning of the school program with the ultimate aim of better health for the child.

We have found that the health of the school child is one of the foremost objectives of any educational system. The nurse has a very important place in reaching this goal.

By her education she is best fitted to aid doctors, arrange clinics, and interpret findings. She is well accepted in the homes as a health consultant. In this way she can aid interpret the home to the school and the school to the home. The nurse can be of great assistance to the teachers by helping them to secure new health material and by advising them on all matters pertaining to the health of their pupils. The nurse must keept records that are complete and that should be continuous in that they should follow the child from one school to another. We have also seen that ther cannot be a satisfactory school health program without a satisfactory maternity program. Districts, both rural and urban, should be small enough and the nursing personnel adequate to allow one nurse to carry both of these and all of the rest that goes to make up a well-rounded public health program.

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