

Thursday, May 4.

EVENING SESSION.

Meeting called to order at eight o'clock.

PRESIDENT.—Our exercises for the evening will be a continuation of the programme of this morning. I have the honor to again present to you Miss Wald, of the Nursing Settlement of New York, who has kindly consented to conduct the programme for us this evening.

MISS WALD.—It is very satisfactory indeed to have for the next paper a subject which appeals to all of us, I think, as a very important phase of the development of the visiting nurse. Miss Rogers, Supervisor School Nurses, New York City, will read this to you and tell you of the present satisfactory condition of the public school nurse; those of us who have seen her growth and the readiness with which the community has accepted her, and now I may say tenaciously holds on to her, feel sure that she will be established in other cities. I therefore have very great pleasure in introducing Miss Rogers, who started the public-school nursing and has carried on the work in New York City.

THE NURSE IN THE PUBLIC SCHOOL

By LINA L. ROGERS

Supervising Nurse New York City (Health Department)

"Medical school inspection dates as far back as 1842, when the laws of Paris ordered that 'all public schools should be visited by a physician, who, in addition to inspecting the buildings, should also inspect the general health of the children.'

"The system since then has undergone many changes and developments, greatly enhancing its value and efficiency. Boston inaugurated a system of daily inspection in 1894, the result of an outbreak of diphtheria. In 1895 Chicago followed with nine inspectors for the whole city, giving each doctor about thirty schools to look after.

"In October, 1896, owing to epidemics of measles and scarlet fever, the Department of Health of New York City assigned an inspector to investigate the conditions in the schools. Visits were made to those schools from which cases of contagious diseases had been reported, and especially to the classes from which the child had been excluded. Those who were not in school were visited at their homes by the inspector to learn the reason of their absence. The result of this investigation showed that a number were ill with contagious disease contracted in the classrooms, where the conditions favored infection on account of the overcrowding, bad air, etc. Some children attended school while the home was infected; many times children were found in school with diphtheria in an advanced stage, the only indication being that the child had some slight sore throat, and but little attention was paid to it until the child was critically ill. In other instances children had

returned to school after scarlet fever during desquamation, a period which is not only dangerous to the child itself, but to all others. A case is cited of a boy pulling large pieces of skin from his hands and passing it around among his classmates as souvenirs, which they verily proved to be.

"The outcome of this investigation resulted in a special appropriation being made which enabled the Department of Health to appoint one hundred and fifty inspectors at a compensation of thirty dollars per month.

"In March of the following year, 1897, each inspector was given two or three schools and his duty was to report daily between nine and ten A.M. at each school, examining all children sent to him by the principal or teachers. Then only contagious diseases were taken charge of by the inspector. When a case of scarlet fever or measles was discovered, a telephone message was sent to the Health Department, and a diagnostician was sent at once, so that the diagnosis might be confirmed and the proper directions given as to the isolation of patients, care of others in the family, etc. A postal card was sent to the principal of the school informing him of the presence of contagious disease, and with instructions that all children of that family be excluded from the school until the termination of the case; also that they *must not* be readmitted until they could show properly signed certificates that the premises had been fumigated and were free from contagion.

"Other children with minor contagious diseases, such as ringworm, scabies, sore eyes, and pediculosis, were sent home until proof of cure could be shown. Printed forms were filled in and given to each child to take home to its parents stating the name of the disease, and this ended the inspector's duty. *The objective point in this system was exclusion.*

"It will be seen that a large share of inspection fell upon the teachers in the classroom, inasmuch as it was their duty to pick out the suspected cases and report them to the inspectors. In 1902 the system was reorganized, and the inspectors were requested to make 'routine inspections.' Each classroom in the school was visited once a week and every child was examined individually by the inspector. This, of course, relieved the teacher of the duty of selecting the suspected cases, a duty they frankly confessed they were not competent to perform. The physician's practised eye took in at every glance abnormal symptoms, and doubtful children were sent to the inspector's room for a more thorough examination. As a result of this the child was either returned to the classroom or sent home with his card.

"It was found that under this new system fifteen to twenty chil-

dren were excluded daily, and that in a single school three hundred children were out at one time. The serious depletion of the classrooms as the result of this thorough inspection drew criticism from the official head of the Department of Education. To solve the complication that had arisen, the introduction of the school nurse was proposed by the Nurses' Settlement, which planned the work and provided the means.

"The system had been in vogue in a small way in London, through the efforts of Miss Honnor Morten, herself a trained nurse and a member of the London School Board.

"In New York, with the consent of the Departments of Health and Education, one month's experiment was entrusted to me. I began by taking a group of four schools with an attendance of eight thousand six hundred and seventy-one in the crowded part of the city, spending an hour in each daily. The principals provided the only available place that could be found, which was a corner of the indoor playground, the window-sill doing duty for a table. All the necessary dressings, etc., including the basins used, were furnished by the Nurses' Settlement.

"The doctor in the school was consulted and arrangements were made for having those children needing treatment sent to the nurse's dressing-room.

"The Department of Health outlined a course of general treatment which is used throughout the schools. The Department of Education at this time provided the necessary supplies and has continued to do so.

"At the appointed time each child was attended to as his needs required. Sore eyes were washed with boracic acid solution; ring-worm scrubbed thoroughly with tincture of green soap and water, then with bichloride of mercury, and finally painted over with collodion to prevent contagion. Other skin diseases were treated according to their condition. As soon as the children received treatment, they were returned to their classrooms. *The saving of school time for the children was of the greatest importance.*

"When all the children had been attended to and the dressing-room put in order, a list of the children sent home was obtained from the clerk. The children who were suffering from serious disorders too advanced to be cared for in the dressing-room were sent home and the name and address of each was taken. These were visited after school hours on the same day, and necessary instructions were given in ample detail, and wherever necessary a demonstration was given, for many of the mothers who were seen proved to be, though kindly disposed, very ignorant of even the simplest and most elementary methods. For trachoma and unusually severe forms of other diseases (principally of the eyes and skin) the family physician was suggested. If the family

was too poor to have a doctor, the dispensary was called upon, and addresses were provided of the free clinics in the city. The unclean heads constituted about two-thirds of those excluded, and as soon as the mothers were enlightened as to the nature of the trouble and the remedies suggested for it they willingly obeyed orders, and the child was allowed to return to school at once. All children excluded by reason of minor contagion (eye diseases, ring-worm, scabies, favus, impetigo, and pediculosis) were allowed to return as soon as they could show proof of having begun treatment. Through the nurse's sympathy and willingness to give a helping hand and advice and sympathy concerning the home, the mothers considered her a personal friend and were most willing to do whatever was requested.

"At the end of a month of twenty school days (and six of these were Jewish holidays, when sometimes only thirty pupils out of two thousand attended school) the result was more than satisfactory. Eight hundred and ninety-three treatments were given, one hundred and thirty-seven visits were made to the homes, and twenty-five children returned to school, some of whom had been out whole terms for a slight skin trouble.

"In November the Department of Health, being firmly convinced that this completed the link in the chain of medical inspection, offered me an appointment as a regular member of the staff. During the month the work increased in the school and over eleven hundred treatments were given. As the work developed, the nurse often discovered in examining the unclean heads more extensive trouble, and many times the scalp was found covered with eczema and favus, the direct result of the lack of care in combing and washing the heads. The increase of work within the school left less to be done outside, and consequently there were not as many visits made, but as the visits to the homes count for much as a social factor and educationally, they were continued as an important feature of the work.

"In December, 1902, twelve nurses were appointed with one supervisor. The work proved so far-reaching in its good results that the Board of Estimate and Apportionment appropriated thirty thousand dollars for the year 1903. This sum provided a staff of twenty-seven nurses at nine hundred dollars salary per year each, who took charge of one hundred and thirty-one schools with an attendance of two hundred thousand children.

"With the introduction of the staff of nurses the old system of medical inspection was entirely reversed, so that, instead of its objective point being exclusion, it became *the keeping of children in school under supervision and treatment*.

"When one considers how short a child's school life is, it becomes essential that not one hour be lost if it can be helped. This is constantly kept before us, and the nurses grow very keen in discovering the children who are deprived of their schooling.

"From the time of ancient Rome, Greece, and Egypt, when records show curative measures employed in schools and colleges, through the preventive stage, when modern medical inspection began (which was considered a great advance over the other), we have reached the stage of having both the curative and the preventive measures combined—not only curing those with disease, but protecting the others.

"Among the conditions found by the nurses in their daily rounds were many opportunities for being helpful along various lines. Walmer, a boy aged ten years, had never been allowed to go to school. He had a stepmother, father a drunkard. The boy was sent out at six in the morning to the Grand Central yards to steal coal, and was beaten if he returned without a certain quantity. He was insufficiently clothed and fed. A stepbrother about the same age received all that could be furnished. The case was reported to a suitable relief agency, but the nurse meanwhile found a friendly home for the boy before any further investigation was made, and he is now happy.

"In another house a family of father, mother, and six children were found living on one meal a day. This was an evening meal of baked beans or potatoes. The father, a hodcarrier, had been out of work for months. Tony, nine years of age, was found in school with abscesses on his neck and so weak that he could hardly stand, having had nothing to eat since the day before. The nurse took him home, and when the above conditions were found relieved the immediate wants. The teachers in the school on hearing of the poverty contributed five dollars at once, and the case was reported to the relief agency, which sent groceries and other necessities. The nurse did not feel that her efforts were finished then, but found work for the oldest boy at four dollars and fifty cents a week, the father got temporary employment, and a neighbor loaned the mother a sewing-machine and work was found for her. Tony was placed under treatment at a hospital and had a plaster cast put on.

"These are but instances of what is constantly being done by the nurses, apart from the work which is required of them by the Department of Health. And where could one find a greater field or a more useful service for the bettering of conditions in a great city than what is done by our present staff?

"This ideal system, it is our belief, can only be attained by having nurses in the schools. The statistics of the Health Department from

September, 1902, to September, 1903, show that ninety-eight per cent. of the children previously excluded for medical reasons are retained in their classrooms since the advent of the trained nurses in the schools.

"In 1904 the staff was increased to thirty-eight nurses, which enabled us to cover one hundred schools in Greater New York.

"We have received from the principals most hearty coöperation, and many letters are received by the Health Department expressing gratitude for the care taken of the children and for the difference in the regular attendance as well as the standard of cleanliness secured. It is gratifying to report that the parents, with rare exceptions, are grateful for this attention and take pains to carry out whatever instruction is given.

"In February of this year the work of the medical inspectors was again reorganized, and 'routine inspection' is made only once a month. As soon as the doctor has indexed all the names of children needing attention or advice, the cards are turned over to the nurse and she is responsible for every child until he is cured (in school). The doctor calls at the school every day and any emergency case is brought to his attention, the nurse taking care of it in the meantime. After the doctor's routine inspection is made he proceeds to make a thorough physical examination of each child. The eyes are tested for defects of vision, headaches, squint, blurring, etc.; the ear for deformity of external canal, discharges, defect in hearing; the teeth and hard palate are examined and adenoid growths looked for; the nasal condition is noted, whether the septum is deflected, occluding the anterior nasal spaces. A general record is made of the nutrition of the child, the glands, choric symptoms, cardiac murmurs, pulmonary disease, mentality, and skin lesions. The spine too is carefully gone over and any deformities are noted, as well as those of chest and extremities. In every instance where irregularities are found and the child fails to have treatment reports are made and the nurse visits the home, explaining the condition and urging a more complete examination and treatment.

"During the present year our staff has increased to forty-four nurses to look after the health of over three hundred thousand children under the direction of the Department of Health.

"Apart from the recognition of the nurses' professional ability to do the work, the privilege should be a source of no small gratification that the nurse can play so important a part in this essential service to the community."

MISS WALD.—I have asked Miss Rogers to remain upon the platform, believing that questions may be asked from the floor that she will be best able to answer. I would suggest, if I may, that if any of you here anticipate the intro-

duction of medical inspection through the doctors or through the doctors and nurses in the community that you might like to take advantage of this opportunity to learn more in detail, possibly points that Miss Rogers may have omitted to state in her paper. To those who live in smaller communities it is perhaps necessary to make some slight explanation of the absolute necessity of this in New York, where the little children of to-day are the citizens of fifteen years hence, and where all the methods of education in the primary grades are so dependent upon the physical condition of the child that the school nurse has her very best opportunity to serve the community by making the best possible future citizens of the little ones who come under her. We are in the beginning only of the medical inspection of the public schools. The last method employed by the Department of Health of New York demands an examination of the entire body of the child and is a very important step; the rest will follow very soon. I believe in a very few years the condition of the buildings will be entrusted to the nurse. This is a very important matter, and Miss Rogers is now ready to be questioned.

MISS NUTTING.—I am very glad to say a few words about the nurse in public schools of Baltimore. Medical inspection of schools was begun here as an experiment last February, when two doctors and one nurse were placed on duty simultaneously in a group of public schools for five-months' trial. The work was undertaken by the Board of Health at the request of the Maryland State Federation of Women's Clubs. It is interesting to know that on the very day on which the petition to the Board of Health was presented by this body the Maryland State Association of Nurses held its annual meeting and invited Dr. Darlington, president of the New York State Board of Health, to speak on the subject of "The Medical Inspection of Schools" and "The Work of the School Nurse." Dr. Darlington's address was given before a very large audience and aroused a good deal of public interest. A petition from women's clubs coming at the same time was one of those fortunate coincidences which probably helped matters along. Although the work has been going on about three months, it has, I believe, proved very satisfactory, and there is every expectation that it will be permanently established in the autumn with a larger staff of workers.

I would call attention to two interesting features in the establishment of this important work in Baltimore, and one is that it was begun by the municipality through the Board of Health; the second is that the doctor and the nurse were placed on duty simultaneously with a full appreciation of the fact that the work of the doctor was of limited practical utility unless supplemented by that of the nurse.

MISS CARE.—I have nothing to add to Miss Nutting's remarks except to point out what seems to me the importance of nurses' associations acting so far as they are able to with other organizations in the same city. As Miss Nutting pointed out, the effort of establishing the school nurse in Baltimore was due in a large measure to the Federation of Women's Clubs, and I think those efforts were made because of the association which that Federation has had for two or three years with the nursing societies in Baltimore. About the work itself I have nothing to add, because I have not come personally into contact with it.

MISS WALD.—Some cities have, I am sure, from the inquiries that have reached New York, thought of the introduction of the school nurse. Perhaps Miss Riddle will tell us what has been done in Boston.

MISS RIDDLE.—I would suggest a very practical way of your getting at this

matter. Send for Miss Rogers to come to your city and address any collection of its important citizens, as she came to Boston and aroused the enthusiasm of the Twentieth Century Club, one of the most important that we have in the city, and through it even awoke the Board of Health in Boston, which has always been noted for its self-satisfaction. Send for Miss Rogers to come to your city.

MISS NUTTING.—I would like to say that the nurse on duty in Baltimore has extended her work just as much as she has had time and strength to do it into the homes from which the children come; that is why children have through her work been able to attend school who otherwise could not, and that very important point is much emphasized by her work there.

MISS WALD.—I should like to suggest again to the communities that are perhaps considering the introduction of the school nurse that the Departments of Education prove quite as eager and as interested in the movement as the Health Departments, and it may be in communities that are more especially fortunate in their Educational Departments than in their Health Departments that the introduction might come through them. Miss Rogers gave you the figures of ninety-eight per cent. who had the previous years been excluded who were afterwards able to attend school. I feel personally much interested in the development of the school nurse.

MISS NUTTING.—With renewed apologies I must add one further word for fear I have left you under a misapprehension. The Board of Education of Baltimore was consulted; some members of the Board of Education *did* appear on the platform at the meeting and they gave their most hearty approval and coöperation to the Board of Health in establishing the school physician and the school nurse. Has there been any difficulty in any town or city so far as you know in that kind of coöperation with the Board of Education?

MISS WALD.—Perhaps someone is here from Rochester. I think that so far they have not been successful in getting the school nurse.

MISS PHELIN.—This spring an ordinance was passed providing for twelve medical school inspectors, but we have not the school nurse yet. The Board of Education and the Board of Health are very much in favor of it and say that we will have the school nurse next year.

MISS WALD.—Are there any other questions or is anyone else able to contribute to the discussion of the evening?

MRS. QUINTARD.—I should like to ask Miss Rogers what the school nurses do in the long summer vacation.

MISS WALD.—I think that is a very practical question and will probably lead up to Miss Rogers explaining a service which is under her supervision in the Department of Health in New York City.

MISS ROGERS.—During the summer months, July and August, when the schools are closed, the nurses do regular district nursing wherever it is to be done. The city is divided into districts and a house-to-house inspection is made of all the children under one year of age. The names are taken and indexed, also the history of the child and the conditions of the home, and wherever a child is ill, a nurse is sent to do whatever is necessary, to give baths and different treatment as ordered by the doctor. Where the children are not ill the mother is taught how to prepare food for them, look after the milk, etc., take general care of their health, the bathing, and that sort of thing. Milk tickets are given to the nurse for distribution, and ice tickets are also given during the summer.

MRS. QUINTARD.—The subject of school nursing has been agitated in Phila-

delphia during the past two years, but so far very little has been accomplished. That little has been confined to the services of one nurse under the auspices of the Visiting Nurse Society, who is paid by a number of the Board of Managers of that organization, so that it really is a private enterprise. The work began with one school of sixteen hundred pupils and has gradually increased until at present we have six schools, and the whole six are very well cleaned up.

The result has proved so satisfactory that the work has appealed very strongly to the principals of the schools and the Board of Education. The question of organizing a staff of nurses sufficiently large to cover a majority of the schools has been brought before the Bureau of Health, and appeals have been made to the Mayor and City Council with the hope of obtaining funds for this purpose, but with no definite result so far.

Dr. Edward Martin, chief of the Bureau of Health, appears very much interested in the question, but gives very little encouragement as to an appropriation for this purpose in the near future. In the meantime we hope to be able to carry on the work, and every effort will be made to accomplish our end.

MISS WALD.—Is there anyone here from Buffalo, as I would like to know whether there has been any definite effort to introduce the school nurse there?

MISS GROSS.—As far as I know, nothing has been done in connection with public-school work at Buffalo.

MISS JOHNSON.—The subject of the school nurse has been agitated in Cleveland. The Visiting Nurses' Association there has asked permission of the Board of Education to give a trial of the school nurse for five months in the schools; the suggestion has been met with hearty coöperation and sympathy from the Board of Education and the work is soon to begin; the five schools have been selected in the most congested part of the city and we hope that it will result in something permanent.

MISS WALD.—That seems a very encouraging report. I agree entirely with Miss Nutting as to medical inspection, that the child in the school should properly be cared for by the municipality; in New York those who had the school nurse at heart delayed introducing her until the authorities seemed favorably inclined to her consideration. It is very true that New York in that respect has the advantage over other cities. Probably other communities are not so awakened—so that if it is not possible to introduce the nurse under municipal authority immediately, as in Baltimore, which certainly did start under most fortunate and favorable conditions, it would seem quite worth while for some voluntary agency to make the experiment; perhaps it would then become a necessity and would be so regarded by the community.

MISS PALMER.—We had an illustration of your point in Rochester, where the experiment of three months of medical inspection was paid for by the Public Health Association itself. The medical inspectors were employed and were paid for during a term, I think, of three months simply to demonstrate to the public the value of such service, and after they were discontinued it took a very little while to bring the city authorities to realize that it was a work that must be continued, and a fund has since been raised for the carrying on of such medical inspection.

MISS CARR.—I have been asked to find out from Miss Rogers whether she considers that any previous training in the district nursing is essential to the school nurse doing her best work. A nurse who has taken that up in Baltimore feels that her training in district nursing was worth so much that she would

never have been able to accomplish what she has without the previous training which she had in district nursing work.

MISS ROGERS.—I think that is very important, Miss Carr. I think I myself would not have gotten along as well if I had not had the training in the Nurses' Settlement. In selecting our nurses we make that a very strong point. If a nurse has not had training in that sort of work or has had no training outside of the hospital, we feel that we had better select one who has had, although that does not debar her from being taken on the staff.

MISS WALD.—We will proceed with our programme and hear a paper by Mrs. von Wagner, who has successfully proven the efficiency of the nurse in one other phase of public work, and that is in the inspection of tenement houses.

THE NURSE AS TENEMENT-HOUSE INSPECTOR

By JOHANNA VON WAGNER

Sanitary Inspector of Tenements, Yonkers, N. Y.

"Eight years ago I commenced the work of tenement-house inspection in Yonkers. The Civic League had been requested to look into the housing conditions by the Health Officer, who was unable to cope with the problem. Following the example of many cities of Great Britain, a woman inspector was chosen. The experiment having proved successful, the Board of Health was persuaded to adopt the office in the beginning of the year 1900.

"It has been a great experience as well as a privilege to work in connection with one of the most important offices in the city's government. To have the right to enter all premises at all times, to come in contact with all phases of human life and misery, is in itself a liberal education. The fact of my being a nurse made the work more effective and beneficial.

"Our most precious possession is health, and if a nation's wealth is its health, then all efforts towards better public health should be increased and encouraged. Public health can be improved only by better sanitation and hygiene, which comes under the head of preventive medicine, the knowledge of which is so woefully lacking in most of our homes. It is a field that rightly belongs to doctors and nurses, and may the near future see more teachers in our professions than simply healers.

"The greatest good derived from tenement inspection is the knowledge of housing conditions and bringing them before the public, and once the facts are published the remedy for better conditions must be found. It is astonishing how little one-third of the people know and care to know about their neighbors who are allowed to live by the grace of landlords in so-called tenements.

"A tenement house is one of three families or more, and even in