

# BULLETIN

## OF THE

### Department of Elementary School Principals

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**BULLETIN**  
of the  
**DEPARTMENT OF ELEMENTARY SCHOOL PRINCIPALS**  
**FRED H. DUFFY, Editor, 1616 Ridge Avenue, Steubenville, Ohio**

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## CALIFORNIA, HERE WE COME!

CASSIE F. ROYS

*President, Department of Elementary School Principals*

THE National Education Association, Department of Elementary School Principals, Los Angeles, California, June 27 to July 4—did the Spanish explorers have a golden dream half so alluring?

*The general programs*—Dr. Willis A. Sutton, president of the National Education Association, starts off our program on Monday afternoon, June 29th. On the same program Mr. Joy E. Morgan, editor of the *Journal of the National Education Association*, will discuss radio as a factor in education. Mr. R. E. Pollich, principal, Grant School of Los Angeles, and Professor A. J. Hamilton of Pomona College, are to speak also.

The Wednesday morning program is a joint session with the National Education Association. This program will include the following:

THE PRINCIPAL AND THE SUPERINTENDENT

Dr. E. E. Oberholtzer, superintendent of schools, Houston, Texas

THE PRINCIPAL AND THE PUBLIC

Mrs. Hugh Bradford, president, National Congress of Parents and Teachers, Sacramento, California

THE PRINCIPAL AND THE TEACHER

Miss Stella Holmes, principal, Bancroft School, Omaha, Nebraska

THE PRINCIPAL AND HIS PROFESSION

Miss Emma Wesley, principal, Faith School, Atlanta, Georgia.

On Wednesday afternoon, July 1st, Mrs. Susan M. Dorsey is to discuss education and business from the viewpoint of the educator. Mr. Reynold E. Blight, of Los Angeles, will discuss the same topic from the angle of the business man.

Arrangements are now being completed for several other prominent speakers. There will also be several interesting reports by the committees of our Department.

*Breakfasts*—Breakfasts will be held on Monday, June 29th, and Tuesday, June 30th, at the Biltmore Hotel. As usual, these informal affairs will give principals a chance to get acquainted with each other and to meet the officers of the Department.



CASSIE F. ROYS

*Banquet*—The annual dinner is scheduled for 6 p. m. on Tuesday, June 30th, in the Sala de Oro of the Biltmore Hotel. Recently, the *Los Angeles School Journal* reported: "The banquet will be a grand affair. The committee has plans for an excellent program of music, entertainment, and instruction for this banquet, and it is expected that fully one thousand guests will attend."

*The Los Angeles principals are alert*—Reports to your President show that the Los Angeles Elementary School Principals' Club is planning a hearty welcome. The local committee under R. E. Pollich has already formulated many of the details of a somewhat elaborate program.

A rather unique plan is that of providing every elementary school principal with a badge shaped like a key. It certainly "pays to advertise" that we are the key workers in every school system.

Headquarters will be maintained at the Hotel Biltmore. Local principals will be on hand to assist the delegates in every possible way.

On Thursday, July 2nd, the Los Angeles principals plan to take the visitors on a tour of the city and the suburbs. The trip will terminate with an informal dinner at one of the beaches.

With such fine interest and plans by the Los Angeles club, your President is sure you will join in the cry: "California, here we come!"

*Information*—Suggestions regarding automobile travel to Los Angeles appeared in the June issue of the *Journal of the National Education Association*. Be sure to read this issue also for information as to railroad rates, hotel facilities, and the convention program.

### THE LOS ANGELES CONVENTION

*Time:* June 27 to July 4, 1931.

*Headquarters:* Biltmore Hotel, Los Angeles.

*Information:* Watch the *Journal of the National Education Association*.

**T**HE Los Angeles City Elementary School Principals' Club and the national officers are coöperating to make this convention one that will be long remembered. At this meeting important matters of business, such as the election of officers, will be considered. Local principals' clubs are urged to send their representatives. Individual principals should combine the convention with that "long promised trip to California."

CASSIE F. ROYS,  
*President.*

## MEETING THE SPECIFIC NEEDS OF INDIVIDUAL CHILDREN<sup>1</sup>

H. E. CHAMBERLAIN

*Director, Child Guidance Clinic, Board of Education, Minneapolis, Minnesota*

IF our memory serves us rightly, the schoolhouse of our childhood was large, very large, and painted white with green shutters. It was a stone's throw from the corners, and wasn't little as illustrated in the story books, nor painted red like a barn. It had two windows at the back, three on each side, none to the roadside, and an open belfry and a chimney. It was not in a grove nor were there any stately elms—Arbor Day finally brought a seedling oak, some spindling maples, and a couple of birches. Two trees soon died, perhaps more from the bases for tag made of them than the lack of moisture or proper pruning. No doubt, today several have grown sturdy to shade the playground. Memorial Day saw the erection of a flagstaff. The selling of ten cent celluloid pennant buttons and receipts from the box suppers bought the flag. It was the day before parent-teacher associations, and resentment broke out—Republicans objected to a hickory flagstaff; Democrats opposed a tamarack one. The elephant and the donkey symbolized much.

There were slates and seats—small ones to the front for younger ones, and large ones to the back, oddly enough, for the privileged and the physically mature; whereas, in church the privileged or the redeemed were welcomed forward, and in the home the mature came consecutively to the head of the table. Sometimes family members at school sat arranged like beans in a pod. The odor of chalk and the scent of pennyroyal, arnica, and goose grease blended with the aroma of headcheese, griddlecake smoke, the woodpile, and the stable.

Memory sometimes plays a trick on us, but, it seems, in those days children went to school carrying full dinner pails to be emptied, empty heads to be filled, and both were put in rows. If a lunch basket overturned or smelled too strongly of onions or lobscouse, or if the treacle ran out, it was put out in the entry. If an empty head was offensive, it fared much the same. It was stood face to the wall and made to hold the desk dictionary at arms length, to be shunned by all that were selfrespecting and in good favor. Even the dictionary became loathsome for some.

Then one year a change began—sanitation and ventilation came. Double seats were split up and single desks replaced them. Families and cliques were broken up and individuals stood out. Room temperature was attended to and a hot dish for the noonday lunch became an enterprise. For a long time it had been known that the family that scratched its head was not necessarily in deep thought and the kerosene can and fine tooth comb had been known to be handy. It took years for many to learn that an itchiness or restlessness could come from other sources than vermin. Many still doubt that restlessness may come from defective vision or diseased tonsils that tickle the throat and make a body toxic. Nevertheless our schools, following the example set them for years, first attended to that which was infectious or contagious to others, had more concern

<sup>1</sup>An address delivered at the Detroit meeting of the Department of Elementary School Principals.

for the welfare of the rows than of the individual, but more lately they have been concerned with the impaired one. Nurses were finally employed in the school, the district, or the county to help with the individual case.

Along came another change. An authoritative voice to which teachers at first hearkened more attentively than to the timorous voice of the hygienist. Not because it was louder, although oftentimes it was, not because it was more confident, although frequently it was (at first), did teachers turn to it more readily, and more quickly. It was that it sounded familiar; it spoke of the cerebral cubic content of heads, and, naturally, teachers who had been for years intent on the filling of these heads which were understood to come from home empty, who had been for years hired to fill them even if they had to ladle the academic potpourri by ruler edge or hickory stick, listened. The age old concept of a water trough and hitching post type of educational technic had to be abandoned. Educators heard of tests, norms, curves, and aptitudes. What a boon, fool proving and fool proof, it was. Teachers had long known they could not choose what came to them. They had to take what the law compelled to come, and coercive action brought in. Many teachers, no doubt, felt truly sorry for some of the heads before them. They knew, too, that supervisors did not share with them this same compassion. Standardization and correlations had to be held up and given prior rights. A precedent was established. Teachers heard, too, that some of the heads came to them already with capacity. Later they were to learn that many heads were already closed to any presentday method of filling, and that it was wiser to train the child with the head he possessed, empty or full, than to try the superhuman. Some in authoritative position maintain that too many teachers have been too much relieved by what they heard from psychologists and perhaps some teachers have given up. Nevertheless, it has done at least one thing of colossal importance. It has given teaching more selfrespect and reclaimed it to the arts, away from the trades. It has given entire communities the new concept that a schoolhouse of today, is keeping abreast of the times, and is not simply a filling station at the corner with teachers as attendants in uniform. Therefore, we now find teachers with a broader vision and a renewed interest arising here and there among a few, tenure protected, who still cling to the old order and belief that teaching is lifeless—a system of bookkeeping and inventory taking, and a record keeping of credits and debits with the latter always in red. Alert administrators in education may well encourage this outstanding courageous advance guard and see to it that its ranks are open to recruits.

Within one generation, it is noted that the art of teaching has progressed far. With the aid of hygiene and psychology the imposition to teachers and pupils of groups and rows has been somewhat rectified. *Individuals*, not merely heads, stand out. *Individuals with personalities* are seen now and observed never to be alike, not even two of the same family, much less two in the same row. It is surmised by the progressive teacher that one of them may be favored, the other hated; one can love what the other detests; one will show an aptitude in a task at which the other is handicapped; and one can be inspired and the

other made rebellious by the same teacher. With these observations verified by fact, educators turned to mental hygiene to discover how best these individual variations were to be met and directed.

Progressive teaching methods have included one other viewpoint that is potentially revolutionary in regard to the consideration of the individual's education and guidance towards character formation into proper channels. Stated in common terms, free from terminology which easily has been made obscure by the skeptical, and objectionable by the staid, this new viewpoint, applicable and practical to educational methods, may be presented briefly thus:

The normal human mind, primitive or civilized, in youth or mature age is prone, exceedingly so, to being swayed or governed by forces within itself and factors external to it rather than its inherent intellectual characteristics. Both body and mind of an individual, perchance parts only of either or both, possess an extensive function having pleasure as its primary goal. In the mind this instinctive force with accompanying impulses varies quantitatively in intensity in the same individual corresponding largely to his physiological development. For educators this emphasizes the intimate relationship of body and mind, and reminds them that to give instruction to one and to ignore the other is shortsighted, if not actually detrimental, to the teacher and the pupil. Also, one finds textbook material and classroom facilities revamped or remodelled to definitely take advantage of this discovered specific pleasure-seeking function of the individual. And it is not rash to state that the time is not far off when educators will be as willing to evaluate the importance of this same function to themselves as it is to the children to be taught. Furthermore, it is doubtful if educators are any more tardy to recognize or accept this new concept and its selfapplication than others even better equipped to give it dispassionate regard have been.

To suggest a glimpse of the practical application to the educational field of these recent concepts of human mind we have digressed. The most vital feature which, after all, warrants our consideration of teaching and child guidance is the *distribution* of these pleasure-seeking impulses—the direction they are to take. These impulses, it is conceived, are constantly changing. They may be directed outward or inward and the individual, teacher or child, is subjected to these impulses. If they are directed inward, the individual's interest is in self. If directed outward, the solicitude is for others or for objects. Subjectmatter itself has a higher premium than its application and use. Surely application and concentration, familiar terms to teachers for years, can be influenced for better or worse by the outward or inward direction these impulses take towards others, or objects, or self. For the individual, the acquisition, the retention, and the utilization aptitudes of knowledge are in reality distinctly at the mercy of these pleasure-seeking impulses, not only his own, but also those of his teacher. Furthermore, the direction of these impulses may be arrested in their forward flow or, in other words, be fixed. They are observed repeatedly to have been thwarted in the social, the religious, and the moral lives of both adult and child in or out of the classroom. You already know these interests just given are but a few of the many existent in which arrestment occurs. Again, the direction of flow may be reverted backward or regress downward to levels representing earlier stages of the individual's development; or, it may be checked, quelled, prevented from bursting forth riotously, or dammed up; and lastly it may be deflected, directed, or guided by the individual himself, by some object, or by someone else, a teacher or a parent, into other more acceptable or more detrimental channels to self and others. With the normal mind fraught with these currents, one time converging, another time crossed, and then perhaps diametrically opposed, it is indicated that mental hygiene must be made available to teachers and students if the advancement of educational methods is to continue.

If the normal child varies from another to such a marked degree as is indicated by the preceding paragraphs, then it ought to be apparent to most that teaching in the modern school becomes exceedingly complicated. Let us see what the status of children in the United States is. It was reported by the 1930 White House Conference on Child Health and Protection, that there are thirty-five million reasonably normal. That is not all. There are six million children improperly nourished; one million with weak or damaged hearts; one million with speech impediment; six hundred seventy-five thousand with adverse conduct well established and two hundred thousand more grossly delinquent; five hundred thousand dependent or neglected; four hundred fifty thousand mentally retarded; three hundred eighty-two thousand with impaired hearing, and eighteen thousand more, totally deaf; three hundred thousand, crippled; fifty thousand, partially, and fourteen thousand totally blind. If it is indicated that normal children are in need of individual guidance because of their specific aptitudes and limitations, then teaching becomes alarmingly complex when we seek also to educate over ten million with conspicuous defects. This revelation alone can be staggering and makes the responsibility of teaching overwhelming to the conscientious, particularly as it is an established fact that of these ten million alone, more than eighty percent are not receiving the adequate attention they merit nor the treatment that is known to be preventive and remedial to a marked degree.

Thus far in this presentation we have briefly reviewed the vigorous change which has come about in twenty-five years in the field of educational procedure. We have endeavored to show by inference that most of our attention has been focussed upon the physical and intellectual status of children. We are shocked at the glimpse of that status and how negligent to the welfare of its own, mankind continues to be. Our civilization will stand out in signal contrast as the age in which man himself, not the gods, devised an industrialism which transcended humanitarianism until machines were exalted and the children of men were exploited. It may be, too, that the historian of the future will note that not until the twentieth century was far on its cycle did mankind learn that its children were worth saving physically, intellectually, and emotionally, and if saved, worthy of good care. This means, the historian can record accurately, that the home and the school each with their own distinct orbs caring for children were supplanted by parents and teachers working harmoniously together for a common good—meeting the specific needs of individual children.

Home life today is recognized to affect the school accomplishment of any child. It must be seriously reckoned with, if the child is to be successfully taught, more than was ever surmised by the most competent and courageous teacher of bygone days. We may well ask ourselves what gain is it to a child to have been privileged to sit at the feet of a great teacher if all that he received therefrom was contradicted, ridiculed, openly rejected, or antagonistically reviewed in his home? What has it profited a child to sit idly or in mischief bent if his malnourishment, or his impaired hearing, or his defective vision goes untreated, though noted at school, due to parental laxity, poverty, or unbelief?

Of what advantage is it to a child to attend the class of the most resourceful teacher if his famillous moral impoverishment is not known, and the adverse example set not neutralized or dealt with sympathetically? Administrators or principals may truly be concerned with the selection and retention of school teachers who are interested not only in the physical and mental state of children and their personalities, but also their homes and their experiences outside. The teacher who insists that he be not handicapped by the pseudo-sacred restrictions of his predecessor and by the oily comfortable routine of a filling station type of school of our childhood, should be sought after and encouraged by progressive principals. It is this type of teacher who is recalled by malcontented and ill-tempered and misunderstood youth in after years as truly great. They likewise decide that the principal, too, was not the suspected tyrant nor the policeman out of uniform.

It is found by the most casual inquiry that the youth of a generation ago, who left school defeated, convinced that their limitations had been openly unfurled before their friends and enemies alike, feeling that they had been betrayed, instead of being benefited by education, left knowing others had been cautioned to avoid them, with their parents forewarned of the hopelessness of their offspring and its reversion to the primitive and the savage, with an inverted impression of all regularity, of subjection to rules and authority, are the ones who, today, have been pleased to be conscripted into that large army of parents who are quick to misunderstand the intentions of teachers. They are alert to spread mutiny in a district against the principal and ready to see that their child is made a problem by the demands of a school system. Today they not only are at odds with the educational system, but also are suspicious of governments, skeptical of creeds, antagonistic to convention, discontented with their lot and vocation, remiss to their obligations, and selfish in their own personal rights. They are in a forlorn lifelong flight and selfishly in feud with any authoritative union for the welfare of others or themselves.

Thus it is we conclude that psychiatric child guidance should supplement modern educational procedure. Gradually it has become established that hygienic measures and psychological methods have assisted teachers materially with their task. So, too, does modern psychiatry assist teachers by stressing mental hygiene concepts which are based upon hygiene, psychology, and sociology. It maintains that any child, to be properly taught, must be given the individual personal supervision and care educationally as is expected medically by one with peritonitis or spinal curvature. To succeed or follow a worthwhile career creditably, one is as imperative as the other, and to do less is to malpractise educationally. It is common knowledge that a child who leaves school unable to, or not wanting to, live or work well with others is handicapped and a pitiful figure educationally. The child who leaves a teacher without an interest in or a liking for others above or below him in position has been cheated educationally. The child who is not willing to accept the moral law of the race has not been properly trained to face life valorously. To leave school respecting health, undisturbed by the trivial, and not given to distraction is the open sesame child guidance may come to hold for modern youth. For the progressive educator it offers equally as much if not more.

## THE ELEMENTARY PRINCIPAL IN PUBLIC RELATIONS<sup>1</sup>

ARTHUR B. MOEHLMAN

*Professor of School Administration and Supervision, School of Education,  
University of Michigan, Ann Arbor, Michigan*

THE elementary school principal is the most important field administrative agent in any well-conceived and well-rounded program of public relations. The maintenance of community relationships is one of his major activities.<sup>2</sup> Since he is a field agent, it is necessary to consider his relationship to the entire program before outlining his general and specific activities in public relations.

The elementary school district is the logical unit around which to build the program of primary community contacts. Each unit represents approximately one square mile and tends to be fairly homogeneous in composition. The mother-child relationship is probably closer during the elementary period than at any other time. Principal and teachers can make better contact with their community than is possible in the secondary schools.

Policy making is a function of the board of education. Development of policy for consideration by the board is an executive activity for which the superintendent is responsible. In a functionally organized school system, policy is developed from a consideration and interpretation of need. Information respecting need must be furnished to the superintendent by the field agents or principals. Thus the first duty of the elementary principal in the development of public relations policy is participation in the sociological survey<sup>3</sup> which forms the basis of policy development.

Adoption of policy by the board of education is followed by the development of procedures thru which this policy may be made effective.<sup>4</sup> In a democratically organized school system agents upon all levels will participate<sup>4</sup> in the development of means.

<sup>1</sup>Abstract of an address at the Detroit Meeting of the Department of Elementary School Principals.

<sup>2</sup>My own definition of the elementary principalship is an agent whose major function is the facilitation of instruction thru:

1. Putting into operation the course of study, instructions, and standards of achievements, supervising of the classroom and extra classroom activities to see that the standards are achieved.
2. Carrying out the adopted policies, thru approved means, as directed by the superintendent, that provide physical and educational conditions under which child and teacher may work to best advantage.
3. Appraising and reporting educational, social, and physical conditions within the school, preparing reports, and making recommendations for the improvement of conditions.
4. Furnishing professional leadership to administrative, teaching, and operating agents by collecting data, conducting research.
5. Maintaining community relationships.

<sup>3</sup>For a detailed statement of the nature of the sociological survey see *The Nation's Schools*, 5:72, April, 1930.

<sup>4</sup>For a description of democratic organization of activity see *Public School Code of Hamtramck*, by Arthur Moehlman and M. R. Keyworth.

Before a public relations program can come into existence the elementary principal should have participated in two major activities. His share in the sociological survey will affect directly the development of both policies and the means of procedure under which these policies will be made effective. We must, then, develop more specifically the elementary principal's place in this activity.

*Principal's duties*—The principal's duties include ten major activities: (1) conducting continuing sociological survey; (2) selecting possible agencies for particular uses; (3) surveying and analyzing possibilities of the teaching and non-teaching agents under his direction; (4) selecting possible community agents, organized or unorganized, as a district nucleus; (5) planning the organization of agents and agencies or developing the specific district program; (6) training the teaching and non-teaching agents; (7) executing the program; (8) surveying the results; (9) appraising the results, and (10) reporting "trouble-spots" at all times, and making recommendations for improvement.

It is quite obvious to anyone in administration that many of our traditionally administered systems still operate upon the "hush" policy whereby they appraise the effectiveness of their work by the absence of complaints received at the central office. Principals are quick to realize these situations and adjust themselves readily to this program. If bad news causes emotional peevishness upon the part of the executive, the natural result is a suppression of such news. The autocrat and the weak hear only that which is known to be pleasing to the executive ear. A "cover-up" policy invites disaster. The modern executive realizes that the worst possible mistake he can make is to shut off the avenues thru which community interpretation returns to the central executive. He considers these reports of "trouble-spots" as objectively as he receives reports of instructional efficiency, leaky roofs, and inadequate supplies. He realizes that the safety and welfare of the schools depends not only upon how effectively he interprets the schools to the public but also how effectively he can interpret the public to the schools.

THE great teachers have been idealists. Their lives are abundant proof that ideals are the most abiding and permanent things with which we have to deal. They outlive buildings and monuments. They survive nations and races and even languages. They come echoing down the corridors of time long after their original sources have been lost in the twilight of antiquity.—JOY ELMER MORGAN.

## HOW BEST TO PROVIDE FOR THE CHILD'S WELFARE<sup>1</sup>

EVELYN B. HUBBARD

*Principal, Montcith School, Detroit, Michigan*

LET us consider together the most universal of all American scenes. The time is the first day of school, the place is an elementary school anywhere in the country, and the child is literally on its doorstep. Why is he here? Perhaps Thomas Jefferson sent him, or Horace Mann, and maybe Froebel had a hand in it, and it wouldn't overtax our imagination to think of father and mother as being the immediate "starters." At any rate here he is; how he came is not our chief concern.

What is he seeking in this school to which he comes? He is looking for a larger world, he is looking for *his place* in this larger world, he is looking for friends more or less like himself, he is looking for people, adults, to help him, and then he is looking for a chance to do things.

The objects of his search he cannot put into words. He only dimly senses all these things for they reach far back into the past and out into the future, and the child's world is chiefly of the present.

*Physical, intellectual, and educational tests*—The door is open. He enters eager and curious and his school life begins. Now a new kind of acquaintanceship develops. We learn his name, his age, his home address, the obvious things, and as the days go on he reveals to us his interests, his aptitudes, his capacities, his limitations. Nor do we trust to casual observation alone; we utilize the findings of doctors, nurses, dentists, workers of the psychological clinic and of the research department to supplement and modify our impressions of this child.

*Preparation and training of principals and teachers*—For the principal and teachers there is serious work demanding discriminating thought and planning. Child psychology, biology, physics, music and painting, in short, all the sciences and all the arts must be drawn upon in order to afford this child proper and adequate guidance. Dr. Dewey says:

The entire science of physics is none too much to interpret adequately to us what is involved in some simple demand of the child for explanation of some casual change that has attracted his attention. The art of Raphael or of Corot is none too much to enable us to value the impulses stirring in the child when he draws and daubs.

What more does this guidance require? It requires provision for materials and equipment in as much as exploring, doing, making, sharing, and thinking can go on only where suitable conditions are provided. It requires the development of teaching procedures sufficiently varied and extensive to include a full range of child expression. It requires the development of criteria for evaluating the direction and the degree of growth as well as the employment of accepted devices for checking.

*The world outside of school*—For the child what is this new acquaintanceship? He came seeking friends; he finds them. The traffic "cop" who has a certain reputation amongst mischievous boys, the dentist and the doctor who

<sup>1</sup>An address delivered at the Detroit meeting of the Department of Elementary School Principals.

also have undeserved reputations of generously inflicting pain, the nurse who binds a playground knee as well as swabs a suspicious throat, the teachers who, though they demand one hundred percent in adding accuracy, also enjoy a good joke, and the boy who beats him in a race can really be his best friend.

*Curriculum*—This larger world is filled with pleasures and discoveries that he never dreamed of before. Cocoons are swaying on the branches of the lilac bushes in his back yard, stars of different colors fill the sky, the downy snowflakes are of many shapes and sizes, and two colors mixed give a third one.

Monoplanes and biplanes will fly after his careful making; the drums will roll with even beat after many times playing; counting on his fingers makes him lose in an addition contest; dirty hands spoil a good lunch; and careless work always brings deserved criticism.

Two cents takes his letter any place in the United States; business men like all words in their letters spelled correctly; miners in the Pennsylvania coal mines make it possible for him to ride on the train to New York. Milk and spinach develop red blood corpuscles, and pure air and sunshine make him grow.

Everyone listens when he whistles and he in turn listens when Harry sings. He learns that sometimes he is a leader and other times he is a follower. What if he fumbles the ball on third base and makes his team lose the game, or plays false notes when his orchestra presents a symphony? He enters the airplane contest for the third time, where his plane competes with scores of others. This time it wins, and oh, what a thrill! Now he has conquered something that once seemed too hard.

Whose school is he attending? Well, he feels he can claim some ownership, for it is a part of himself. Eagerly he reaches it both morning and noon, for his safety post awaits his coming. He is helping the younger children cross the streets and reach the building without injury.

Who is responsible for his improvement in health, his fine progress in his class work, the many chums he has? Only he, for he has adopted that as his program.

On Saturday he wends his way to the public library, for he knows which books have most interesting stories. The children's museum has the best stuffed birds in the city, mummies in the art museum fascinate him, and the lions in their cave at the zoo captivate him.

What is his place and task in this larger world? He can be a "doer." Both his friends and he are judges of the qualities of his workmanship. They work together and they play together and so plan their day for work and leisure. He learns that certain rules or conventions must be followed. He cannot play with traffic laws, or health rules or with standards of courtesy. He is a citizen in a community, now in the school, later in the city, the state, and the nation.

*Conclusion*—We watch him thru the years, years which afford him the happiness and the deep satisfaction which always come with growth. We see him go thru the early and the later childhood period. When he leaves us he should be stronger, more capable, with wider interests, with eagerness for the duties and tasks of the day.

## PROPER ADJUSTMENT OF THE SUPERIOR PUPIL

IDA V. FLOWERS

*Principal, Montebello Demonstration School, Baltimore, Maryland*

THE Montebello School for the past seven years has been attempting, by a plan of classification and a program of acceleration and enrichment, to provide for the superior pupils in its eight grades. Our work in this respect owes its origin to a series of conferences of principals with the assistant superintendent in charge of primary grades, who, by her three track plan of classification expected the brightest pupils to accomplish the work of the primary grades in two and a half years, thereby affecting a saving of one-half year.

Before explaining the plan of classification, it may be well to describe the organization of the school. We have two classes of September beginners and one class of February beginners in the first grade each year. In the main, the classes would run thus thruout the school, two B classes and one A class in each grade in September, except when the acceleration of a class reduces the number of classes in one grade and increases the number in the next higher grade.

The beginners' classes last September, when tested by the *Pintner-Cunningham Mental Test*, contained about 60 percent X pupils, 34 percent Y pupils, and 6 percent Z pupils. The school as a whole, in the last semi-annual report, showed about 40 percent X, 54 percent Y, and 6 percent Z. Now let us see how the superior pupils are provided for.

First, the beginners' classes are grouped according to the intelligence test which is given during the first two weeks of the term. Each subsequent half-year, pupils are reclassified according to teachers' judgment and test results; that is, the progress which the children make in schoolwork decides their placing in a class.

Second, the achievement of the stronger class differs from the very start from that of the weaker class. More books are read; more complex and difficult units in geography-history are undertaken; more is accomplished in arithmetic, in spelling, in handwriting, considering a class as a whole. According to the promotional standards as now set up in our city, formal arithmetic is begun in the first grade with the strongest pupils. By the end, therefore, of the first year, the stronger class has learned some of the arithmetic in the course of study for the second grade, has read enough to give it a standing far above grade in reading, and has acquired a breadth of information on many topics in advance of what would normally be expected of a first grade. When the June reorganization is made, a few pupils may be taken from a strong class because they have fallen behind; but in the main, this entire class is promoted to 2B1.

During the second year in school, this class develops rapidly in reading, frequently showing greater proficiency in this subject than a medium or slow third grade. Some third-grade arithmetic is begun in the latter part of the second year, extensive reading is undertaken, and language is developed, particularly in connection with unit studies. The work undertaken by the strong second grade often surprises observers. The children do related reading, discuss problems, write independent sentences, and show proficiency far in ad-

vance of what one ordinarily thinks of as second-grade work. At the end of the second year, children who are good in reading but who show a decided weakness in arithmetic, are taken from the stronger class.

At the beginning of the third year in school, 3B1 shows reading attainments far above grade, a number of children reach fifth-grade norms, and all children are at least at 3B level. During this, the fifth semester for this class in school, the third-grade work is completed. The only subject in which it is difficult to do this is arithmetic and here the teacher frequently gives more time than is suggested by the sample schedules sent out from the central office. The units in geography-history undertaken by this class frequently lead to map study and acquaint the children with such problems as are outlined for the journey geography of the fourth grade. During these studies, the children gain much from their library work and show a marked growth in their ability to reason and to discuss intelligently a topic which they have investigated. They handle reference books with ease, and carry on sustained discussions. At the end of the fifth semester, the greater part of this class is promoted to the fourth grade. Sometimes one group is not entirely ready in arithmetic; and if such is the case and they are good in other respects, they are assigned to the same room with the remainder of their class and in a month or so they usually complete the arithmetic and go forward with the remainder of the class. This completes the work of the primary grades, which has been accomplished in five semesters or two and a half years by one class of children.

During the first semester in the intermediate grades, the work of the 4B grade only is studied and this is usually accomplished with good results and high test scores. A very few children may reach only 3A level at the beginning of the semester, but most of these children will be up to grade 4B. During the next half year, the class usually makes rapid strides. They have superior reading ability, a fine background, good vocabulary, and hence bring much to their study of geography and history. As a usual rule, the 4A work is completed before the term expires and the 5B grade is begun. By the close of the next semester, which marks the end of the fourth year in school, the class has completed 5B and done about two months of the 5A grade work. The teacher often gives an assignment of summer reading which helps with the geography and history topics and suggests certain drill in arithmetic as an aid to a good beginning in the fall. Children who show plainly that they will not be able to do more than the normal amount of work are taken from the class at this time so that they will not be pushed beyond their ability.

During the next year, the fifth school year for such a class, the work of the 5A grade is completed and the work of the entire sixth grade, both B and A divisions, is accomplished. Such a class usually attains high scores in the 7B grade, and does very satisfactory work in all respects.

One of our 6A grades at this time, which has a roll of 38 pupils, may be taken as an illustration of what has been done in acceleration. This class ranks first in intelligence in the city in both the 5B and the 5A grade. Of the 38 pupils now on roll, all but four entered the Montebello School as be-

ginners and have been here thru all their grades. All but two of the 34 gained a half year during the first three years in school and will have gained another half year by the close of June, 1931. A present 7A class of 46, which went thru a similar process, attained an 8B median in both reading and arithmetic last September and has almost no pupils who receive low marks in any subjects or their monthly reports.

The plan of acceleration which has just been described, by which the strong pupils who enter school in September accomplish the six elementary grades in five years, has said nothing about February classes. Of these we have but one each year. It is, therefore, harder to provide systematic rapid advancement for them as was done with the others. When such a class enters the second grade, however, one group, ranging from perhaps 12 to 15 pupils, usually measures far in advance of second-grade standards. During the first semester in the second grade, they make rapid strides and by the end of the year have completed the work of the second grade and are placed in a September 3B. Sometimes a few individuals join the rapid advancement class but more often they make no further gains since we think it unwise to take them too rapidly.

The saving of a year during the elementary grades, however, is not the only way that the bright pupils are provided for. A very decided difference in methods of instruction may be noted, beginning with the first grade and continuing thruout all the grades. In the primary grades, this difference manifests itself in reading, in all three grades, in the units undertaken in geography and history, in the library, etc. The nature of the discussions in geography and history in the stronger classes is quite different from those in the weaker classes.

In the intermediate grades, much definite work has been undertaken to differentiate instruction for bright and dull pupils. The supervisor of intermediate grades has been conducting monthly meetings on the subject of differentiation and has been working up first-hand material contributed by the teachers based upon classroom procedure. Together we have observed a number of lessons which have shown how a teacher adapts her method to her class. Some recently observed lessons with a strong class showed the teacher carrying the children along up to the top level of their ability. In her requirements for rapid scanning of paragraphs, for study of paragraph headings, in using a number of textbooks, in special reports, both in history and geography, the class was stimulated and their time advantageously used. Such differentiation has been shown in arithmetic, in history and geography, and in reading.

To summarize: We provide for the superior pupils both by classification and by differentiation of instruction. Not only do the strongest pupils accomplish the work of the first six grades in five years, they also do more work and better work. Methods of instruction are beginning to be adapted to the calibre of the class so that a strong class not only learns more; it learns it in a different way. Our plan of classification involving acceleration and enrichment has been carried on for six years. We have made but a beginning in the more subtle and far more difficult problem of differentiation.

## REPORT OF THE HEALTH COMMITTEE

EVA G. PINKSTON, *Chairman*

5652 Belmont Avenue, Dallas, Texas

EVERY elementary school principal is interested in health. We know the cruelty and futility of trying to teach children who are too ill to profit by the class activities. We have seen the child with physical defects struggle hopelessly to keep up with his fellows. Our problems in elementary education are continuous: (1) to interest children in their own health, (2) to help teachers to see the relationship between pupil health and school achievement, and (3) to encourage parents to eliminate the handicaps of child welfare.

The Health Committee of the Department was appointed by President Cassie F. Roys in the Fall of 1930. Those asked to serve on the Committee were: Marie C. Wetzel, Omaha; Abbey Porter Leland, New York City; C. I. Fleming, St. Louis; Loretto Wilkinson, Rochester; and Eva G. Pinkston, Dallas, *Chairman*. Since funds were not available for meetings, it was necessary to conduct the Committee's work largely by correspondence.

One of the early decisions reached by the Committee was that of asking several principals to summarize the health work in their school systems. In the limited time at our disposal, we obtained the contributions which follow in this section of the *Bulletin*. We have also included materials adapted from the 1930 yearbook of the Chicago Principals' Club, and a selected bibliography. It is believed that this combination of materials will prove particularly useful to members of the Department.

Whether the Health Committee continues after the summer meeting depends upon the program of the new officers. It is the hope of the Committee that this report will stimulate a new interest in health problems. The chairman wishes to thank the members of the Committee and the contributors to this report.



EVA G. PINKSTON

### OMAHA SCHOOL HEALTH PROGRAM

GRACE PINCKNEY

*Supervisor of Nurses and Health Education, Omaha, Nebraska*

THE health program of the elementary public schools in Omaha is organized under the Board of Education in a department called the Department of Health Supervision. The staff consists of a nurse supervisor, fourteen school nurses, one fulltime dentist, and a dental assistant.

Nebraska laws require yearly examination of pupils for defects of the eye, ear, nose, throat, and teeth. This physical inspection is done by the nurses under the direction of the medical director. Parents are notified by a printed slip of conditions which seem to the nurse to call for advice from the family doctor. The nurse also visits in the homes of the pupils and talks to mothers on matters relating to the health of the children. This friendly contact often helps to bring about a better understanding of the physical needs of the child, especially the need for early correction of physical defects. Often, too, the mother needs some one to help her plan ways and means financially to secure the treatment necessary.

We are fortunate in having two high-grade medical schools located in the city, both of which maintain Out Patient departments. Clinics for eye, ear, nose, and throat conditions are thus made available for the poor family without the necessity of organizing them under the direct supervision of the department. In about one-sixth of the cases in which the school is the active agent in securing the correction of a defect, one or the other of these clinics have co-operated in some way. The remainder of the cases are taken care of by the family physician.

Our local dental society has always been much interested in school health, particularly in the dental problem. Some years ago, thru their efforts, the Free Dental Dispensary for school children was organized. This was at first maintained and supported by private contributions. Later it was turned over to the Board of Education and is still maintained as one of the activities of the department.

About two years ago, a careful survey for visual defects was made in all the schools, and an effort was made to discover all pupils who were in need of special help because continued application to study under the ordinary school-room conditions was hazardous to their vision. With the active coöperation and support of the oculists of the city, one eye sight conservation room, equipped with materials necessary for this type of work, including special textbooks, was opened and placed in charge of a teacher who had had special preparation for this kind of teaching. All children placed in this room were selected after a very careful examination by the oculist and the exact amount and kind of work permitted was definitely prescribed. Money for this purpose was donated by the Kiwanis Club. The Rotary Club helped generously by providing money for glasses for children whose parents were not able to provide them.

Mid-morning milk and appetizing noon lunches are provided in many of the buildings thru the untiring efforts of one of our very interested patrons

who personally supervises this work and secures support for it. Lunches are served at cost to pupils but in case any child is not able to pay even this small amount he is served without charge. Breakfasts of cereal and milk are provided in two schools daily for a group composed mostly of newsboys who, previously were found to be coming to school with a most inadequate breakfast, after rising early and putting in several hours carrying papers. Principals and teachers have been most appreciative of this work done in the interests of good nutrition and have felt that it was a great help toward improved health and also better scholarship.

Perhaps the most definitely constructive work in health is that done by our interested classroom teachers—many of whom plan one or more health projects as a part of each semester's work. Emphasis in the lower grades is directed towards teaching and securing the daily practice of certain good health habits. In the upper grades, the same training is carried on, the teacher being provided with a course of study and textbooks in hygiene for the use of pupils.

A complete program of healthful physical activities is provided by the Department of Physical Education. This department and the Department of Health Supervision share a common aim, that of full and abundant physical health and vigor as the basis for a full and abundant mental and spiritual life.

### HEALTH PROBLEMS OF SCHOOL CHILDREN

CHRISTINE BEDNAR

*Principal, Parker Practise School, Chicago, Illinois*

SCHOOL people quite generally recognize that the children's health problems are their problems—that if they are to teach *the child*, they must have the whole child to teach, one whose physical condition is as near optimum as possible. It was the recognition of this truth that led one school group to undertake a study of the problem.

In 1925 the Parker Practise School was selected by the Elizabeth McCormick Memorial Fund for a coöperative experiment in health education, which had for its purpose habit formation and the right attitude toward health, and which ultimately resulted in the writing of a course of study in health education for the city schools. The school is in an American community rather above the average in intelligence and education and in fair economic circumstances. The findings are, therefore, probably fairly typical for the middle class American community.

Health examinations of all pupils in the second and third grades whose parents consented were conducted by a pediatrician and a health worker from the Fund and detailed health records and health histories were obtained for over 500 children, some of whom had two, some three, and a few even four examinations at yearly intervals. The writer was present at some of these examinations and so received her impressions at first-hand. Records of all of them are on file at the school and therefore at her disposal for confirmation of her observations or for further study. The defects found in 432 cases which had had at least the three examinations, listed in the order of their frequency are indicated in Table 1.

TABLE 1.—PERCENT OF 432 SCHOOL CHILDREN WITH CERTAIN PHYSICAL DEFECTS

| DEFECT                                               | PERCENT |
|------------------------------------------------------|---------|
| Poor posture . . . . .                               | 66      |
| Dental caries or defects of mouth or teeth . . . . . | 65      |
| Tonsil or throat afflictions . . . . .               | 37      |
| Poor nutrition . . . . .                             | 27      |
| Frequent headaches . . . . .                         | 22      |
| Constipation . . . . .                               | 21      |
| Ear or hearing defects . . . . .                     | 20      |
| Nervous or emotional disturbances . . . . .          | 19      |
| Eye defects . . . . .                                | 15      |
| Enlarged thyroids . . . . .                          | 13      |
| Enuresis . . . . .                                   | 13      |
| Lung findings . . . . .                              | 7       |
| Skin findings . . . . .                              | 3       |
| Pediculosis . . . . .                                | 3       |
| Abnormal heart conditions . . . . .                  | 2       |

Bear in mind that Table 1 shows defects among apparently well children, most of them from good homes where the parents were average or above in intelligence and education, and where they intended to have, and thought they were providing, a healthy environment. As a matter of fact, however, the number of remedial defects and the large number of bad health habits showed both ignorance and poor home control on the part of most of the parents. By bad health habits the writer refers to inadequate or no breakfasts, drinking tea or coffee, eating between meals, not eating vegetables or having other strong food prejudices, using laxatives, using spending money for candy and eating it between or before meals, attending movies particularly at night, getting insufficient sleep, sleeping with window closed, getting insufficient outdoor play, wearing insufficient clothing.

The examination gave the pediatrician an opportunity for direct health instruction and advice to the mother and for recommendations in regard to the correction of defects which in all cases were referred to the family physician or in a few cases to a clinic. The health worker furnished the family with a leaflet suggesting choice of foods, food combinations, and their preparation.

The record of physical findings with the physician's recommendations were available to the teachers, to the school nurse, and to the parents of the child examined. There was thus an opportunity for all-around coöperation on the part of all the individuals interested in the child, and subsequent annual examinations gave a check on how thoroughly the recommendations were being carried out.

The teachers in the school were also given an opportunity to be present at some of the examinations. This demonstration, the record of physical findings, the individual conferences with the pediatrician and health worker, discussions at teachers' meetings, readings, and references gave background and point of view for classroom instruction in health.

The general classroom instruction centered about regularity in eating, sleeping, elimination, work, and play; a balanced diet including among other things a quart of milk a day, a cooked cereal, fresh vegetables and fruit, no tea or

coffee, and no sweets between meals; sufficient sleep (ten to twelve hours depending on the child's age); two to four hours of outdoors play daily; brushing the teeth twice daily and a visit to the dentist semi-annually or oftener if needed. In the primary grades what to do and how to do it were particularly stressed, in the intermediate grades the "why" was added, i. e., as much basic information was given as seemed intelligible to the age-group.

Teachers tried out various methods of class instruction. They created all the enthusiasm that group stimulus can give. They worked with individual children on their particular deflections. They checked on different health habits for which homes are responsible, sometimes thru the children alone, sometimes with the help of the mothers. All the children were weighed once a month and graphs showing gains or losses were sent home. These reports included suggestions for healthful living and so helped keep the matter periodically before the parents. Letters were sent to all the homes several times during the school year calling attention to certain conditions that were more or less prevalent and requesting coöperation in suggested procedures to remedy them. Several of the monthly meetings of the parent-teacher association were given over to the subject of health.

As each succeeding annual examination of the children by the pediatrician was held it was interesting to note the improvement in living habits, as indicated by the statements of the mothers: longer sleeping periods; better balanced meals; more fruit, vegetables and milk; less eating between meals; fewer laxatives. Many of the mothers apparently felt that they had always maintained these fine programs, although our records of previous years show otherwise.

Table 2 shows the recommendations made by the same physician to the same group of children regarding defects. It should be noted that health education in the school tends to bring improvement in health habits after a period of two years.

TABLE 2—PERCENT OF EACH RECOMMENDATION AT FIRST AND SUBSEQUENT EXAMINATIONS

| RECOMMENDATION                                        | PERCENT<br>AT FIRST<br>EXAMINATION | PERCENT AT THIRD<br>EXAMINATION OR<br>AFTER TWO YEARS |
|-------------------------------------------------------|------------------------------------|-------------------------------------------------------|
| Dentistry . . . . .                                   | 67                                 | 48                                                    |
| More rest . . . . .                                   | 75                                 | 28                                                    |
| Windows open at night . . . . .                       | 10                                 | 0                                                     |
| No eating between meals . . . . .                     | 60                                 | 23                                                    |
| No coffee or tea . . . . .                            | 38                                 | 13                                                    |
| More adequate breakfast . . . . .                     | 35                                 | 24                                                    |
| More milk . . . . .                                   | 20                                 | 11                                                    |
| Discontinue laxatives . . . . .                       | 36                                 | 7                                                     |
| Food and toilet regulation for constipation . . . . . | 24                                 | 6                                                     |
| More adequate clothing . . . . .                      | 42                                 | 12                                                    |
| Watch tohsils . . . . .                               | 37                                 | 17                                                    |
| Ear examination . . . . .                             | 14                                 | 3                                                     |
| Eye examination . . . . .                             | 15                                 | 6                                                     |
| Further medical advice because of headaches . . . . . | 21                                 | 1                                                     |
| Advice concerning nervousness . . . . .               | 22                                 | 9                                                     |
| Advice concerning thyroid . . . . .                   | 15                                 | 14                                                    |
| Advice concerning enuresis . . . . .                  | 13                                 | 7                                                     |

A similar study of habits was made using the following questionnaire prepared by the McCormick Fund:

1. What time did you go to bed last night?.....
2. What time did you get up this morning?.....
3. Do you always sleep with your windows open?.....
4. Do you sleep alone at night? If not, how many people sleep in the same room with you?.....
5. Do you play out-of-doors every afternoon?.....
6. Do you stay indoors and read in the afternoon?.....
7. How often do you go to the movies?..... Do you go at night?.....
8. Have you a radio?..... How late do you usually listen in?.....
9. How much time do you spend doing housework or other home duties?.....  
What are they?.....
10. How much time do you spend studying your lessons outside of school?.....  
In the afternoon?..... At night?.....
11. Which of the following do you take?  
Music..... Number of hours practise each day.....  
Dancing..... Number of hours practise each week.....  
Religious classes..... Number of hours a week.....  
Any other classes..... Number of hours a week.....
12. Do you belong to any of the following:  
Camp Fire..... How often do you meet?..... At what time?.....  
Boy Scouts..... How often do you meet?..... At what time?.....  
Girl Scouts..... How often do you meet?..... At what time?.....  
Church Choir..... How often do you meet?..... At what time?.....  
Clubs..... How often do you meet?..... At what time?.....  
Any other activity..... How often do you meet?..... At what time?.....
13. What did you eat for breakfast this morning?.....
14. Do you ever go without breakfast?.....
15. Do you like coffee?..... If so, how much do you drink each day?.....
16. Do you like tea?..... If so, how much do you drink each day?.....
17. Do you drink milk?..... How much each day?.....
18. What did you have for your noon meal yesterday?.....
19. Is your mother or some older person at home at noon?.....
20. How many times each day do you eat meat?.....
21. What vegetables did you eat yesterday?.....
22. What fruit did you eat yesterday?.....
23. What do you eat between meals?.....
24. How do you use your spending money?.....

The questionnaire was given to all the pupils from third to sixth grades inclusive in February, 1925, and to all the pupils from fourth to sixth inclusive in April, 1927, an interval of two years and two months. For the purposes of this study we have selected three groups that are comparable. Table 3 opposite gives the percent reporting each habit. The third and fourth-grade pupils of February, 1925, with some losses and some additions are the fifth and sixth-grade pupils of April, 1927. The school, in the meantime, had given two years of rather intensive instruction in health. The writer appreciates that data obtained from children's answers may be open to question. However, the data were gathered by the same group of workers (not teachers) in both cases and under the same impersonal circumstances.

TABLE 3—PERCENT OF GROUPS REPORTING CERTAIN HABITS OR PRACTISES

|                                                           | PERCENT IN<br>FEBRUARY, 1925    |                                 | PERCENT IN<br>APRIL, 1927       |
|-----------------------------------------------------------|---------------------------------|---------------------------------|---------------------------------|
|                                                           | GRADES<br>3 AND 4<br>197 PUPILS | GRADES<br>5 AND 6<br>223 PUPILS | GRADES<br>5 AND 6<br>226 PUPILS |
| Inadequate breakfasts . . . . .                           | 58                              | 54                              | 38                              |
| No breakfast, part or all the time . . . . .              | 15                              | 13                              | 12                              |
| Drinking coffee . . . . .                                 | 35                              | 35                              | 23                              |
| Drinking tea . . . . .                                    | 35                              | 24                              | 18                              |
| One glass or less of milk daily . . . . .                 | 15                              | 11                              | 12                              |
| One to two glasses of milk daily . . . . .                | 18                              | 26                              | 14                              |
| Two to three glasses of milk daily . . . . .              | 27                              | 21                              | 15                              |
| One quart or more of milk daily . . . . .                 | 36                              | 36                              | 59                              |
| Cold lunch at noon, no warm dish . . . . .                | 23                              | 17                              | 10                              |
| No older person at home to prepare noonday meal . . . . . | 11                              | 11                              | 7                               |
| Eating green vegetables and fruits . . . . .              | 89                              | 94                              | 97                              |
| Eating between meals . . . . .                            | 72                              | 71                              | 47                              |
| Using spending money for candy . . . . .                  | 44                              | 42                              | 24                              |
| In bed by 8 p. m. . . . .                                 | 15                              | 3                               | 22                              |
| To bed from 8 to 9 p. m. . . . .                          | 45                              | 35                              | 49                              |
| To bed from 9 to 9:30 p. m. . . . .                       | 23                              | 29                              | 9                               |
| To bed after 9:30 p. m. . . . .                           | 17                              | 30                              | 19                              |
| Sleeping with windows open . . . . .                      | 79                              | 80                              | 93                              |
| Sleeping alone . . . . .                                  | 27                              | 26                              | 52                              |
| Listening in on radio until 9 p. m. . . . .               | 7                               | 8                               | 6                               |
| Listening in on radio after 9 p. m. . . . .               | 8                               | 6                               | 2                               |
| Taking music lessons . . . . .                            | 22                              | 39                              | 33                              |
| Taking dancing lessons . . . . .                          | 8                               | 9                               | 7                               |
| Belonging to outside classes or clubs . . . . .           | 40                              | 62                              | 26                              |
| Going to movies once a week . . . . .                     | 47                              | 52                              | 35                              |
| Going to movies once a week at night . . . . .            | 18                              | 12                              | 10                              |
| Going to movies more than once a week . . . . .           | 24                              | 24                              | 20                              |
| Going to movies more than once a week at night . . . . .  | 17                              | 14                              | 15                              |

It is interesting to note that the two groups questioned in 1925 give very comparable results, the variations being slight and such as one would expect to find in classes but two years apart, but that there seems to be an appreciable improvement in habits on the part of the group questioned again after two years of instruction in health, although the group was augmented by 20 percent or more new pupils who, being new to the school, had had less health instruction than the basic group.

In the spring of 1925, the parent-teacher association of the school organized to conduct a house to house canvass of the district to ascertain how many of the children would be entering either kindergarten or first grade the following September. They asked the parents to bring these children for examination to a free clinic to be held at the school early in June. The health department furnished two doctors and two nurses who made sixty-two examinations. They found a total of 109 defects in this group of four to six year-olds. Forty-two of the children were advised to go to their own physicians for treatment or correction. During the summer the school nurse made at least one call and in some instances more at each of these homes. She personally took twelve of these children to clinics for correction because the mothers were not able to go.

Fifty-two of the children were given the toxin-anti-toxin treatment with the consent of their parents. In September another clinic was held at the school. Table 4 summarizes the reports of these two examinations.

TABLE 4—PROGRESS IN THE CORRECTION OF PHYSICAL DEFECTS

|                                | PERCENT AT<br>JUNE<br>REPORT |                            | PERCENT AT<br>SEPTEMBER<br>REPORT |
|--------------------------------|------------------------------|----------------------------|-----------------------------------|
| Bad tonsils . . . . .          | 56                           | Tonsils removed . . . . .  | 32                                |
| Adenoids . . . . .             | 32                           | Adenoids removed . . . . . | 32                                |
| Dentistry advised . . . . .    | 35                           | Dentistry done . . . . .   | 35                                |
| Orthopedic defects . . . . .   | 8                            | Same corrected . . . . .   | 3                                 |
| Abdominal defects . . . . .    | 6                            | Same corrected . . . . .   | 3                                 |
| Respiratory diseases . . . . . | 6                            | Same corrected . . . . .   | 6                                 |
| Defective speech . . . . .     | 5                            | Same corrected . . . . .   | 1½                                |
| Defective vision . . . . .     | 1½                           | Same corrected . . . . .   | 1½                                |
| Skin diseases . . . . .        | 3                            | Same corrected . . . . .   | 1½                                |
| Eye diseases . . . . .         | 5                            | Same corrected . . . . .   | 3                                 |
| Nervous diseases . . . . .     | 1½                           | Same corrected . . . . .   | 1½                                |
| G. U. diseases . . . . .       | 3                            | .....                      |                                   |
| Anemia . . . . .               | 5                            | Same improved . . . . .    | 5                                 |
| Malnutrition . . . . .         | 3                            | Same improved . . . . .    | 3                                 |
| Cardiac diseases . . . . .     | 3                            | Same improved . . . . .    | 1½                                |

These children were thus enabled to start school under more favorable circumstances. The corrections made and the toxin-anti-toxin administered reduced dangers of epidemics and contagion. The examinations and the subsequent corrections of defects called the attention of this group of parents to some health problems they would probably meet in the future, and they were therefore better prepared intellectually and emotionally to coöperate with the school and its health program.

Our experience would seem to show that the schools can do much to improve the physical condition of the children by direct, constructive teaching and by securing the coöperation of the parents and the community. There must, of course, be organization for this purpose and a study of the local situation. A good course of study and good reference material will help.

Colleges and normal schools could do much to organize courses for teachers that would give much more basic information on what the needs are and how to meet them than is at present the case. The courses given in science, in school and community health, in physiology and hygiene, in psychology and mental hygiene, in home economics and child care should somehow be tied together so that the student appreciates their bearing on the problems of the child he is to teach. There should be a constant development of the materials of good health teaching and these should be made available to the schools. There should be a continual try-out of methods and materials applicable to different types of school communities. Teachers must get a broad fundamental understanding of what a thing is all about before we can expect them to make use of it in the education of the children in their charge. They are so often confronted with demands and asked to show results on too inadequate a foundation and in too brief a time with the result that some of them go thru the gestures they have seen others making and delude themselves into thinking that

they have solved a problem that they do not even comprehend. Health is a big field and the problems many and involved. One needs to comprehend and understand before one can act.

Finally, there should be more supervision in the schools by persons with adequate professional training who are interested in the positive aspects of health instruction as well as in preventive measures and who will help train teachers already in the service in general constructive teaching that will finally eventuate in good healthy-minded individuals and in a healthy community.

### A SCHOOL HEALTH PROGRAM

EDYTHE P. HERSHEY, M. D.

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**I**N THE recent White House Conference on Child Health and Protection the Committee on the School Child called attention to the fact that

... in agreement with the best of the advanced ideas in education we must always remember that the foremost function of the school is to be aware of, and to deal with, the pupil as an individual. Every child's personality must be respected. The health program must be positive, constructive, preventive. In the health program, as in every part of the school program, the child must be the course of study. It is he who must be studied. Send the whole child to school. Train the child as a whole while in school. And send the whole child out when leaving school, with the best that education can give him, more adequately equipped to live life abundantly and serve efficiently. This must be the slogan of the schools today.

The Department of School Health Work in the Dallas public schools was organized only six years ago and a court decision was necessary to establish the right of the Board of Education to provide adequate means for the protection of the health of school children. The Department now consists of two physicians (the director and the assistant director), one supervising nurse with fifteen white nurses, three colored nurses, a dental hygienist, a parent-education specialist whose services are available in coöperation with the State Department of Vocational Education, and a partime stenographer.

The objectives of the School Health Department are based on the belief that it is the child as a whole which must be considered. To do this the physical, mental, and emotional aspects of the child must be studied and correlated; and the school environment, as well as school procedures and methods, must be investigated in relation to its effect on the mind and body problems of the growing child. The objectives of the school health work are as follows:

1. To endeavor to control the spread of communicable diseases in the schools;
2. To study the problems of sanitation, of hygiene, and of school buildings so that scientific health principles may be followed in the location, operation, equipment, and construction of these buildings;
3. To give routine physical examinations so that remedial defects may be revealed as early as possible;
4. To give medical advice in those problems where adjustments are required to meet the needs of individual children;
5. To carry on a program of health education for school administrators, teachers, and parents as well as for the children.

*The control of communicable diseases*—Five years ago, again under a court ruling, vaccination against smallpox was made compulsory for all children enrolled in the public schools. Since then not a single case of smallpox has been reported among children of school age, while prior to this ruling it was at times necessary to close schools because of epidemics of smallpox. The ruling concerning vaccination is that in case of unsuccessful attempts at vaccination three attempts must be made each year. In case of satisfactory vaccination one re-vaccination is required every seven years.

Probably the most effective measure for controlling communicable disease is daily classroom inspection by the teacher who has the child the first period. To do this the teachers must be trained to recognize the early symptoms of diseases and observe deviations from the normal. The inspection must be an educational procedure carried on according to sound principles of pedagogy. It must meet the standards given in *Course of Study Series No. 43*, Oakland Public Schools, Oakland, California. It must be:

1. Pleasurable, not disagreeable
2. Encouraging, not discouraging
3. Interesting, not monotonous
4. A vital part of health teaching, not an unrelated activity.

Cases of minor contagious diseases as impetigo, scabies, pediculosis, and ring-worm are excluded, but these cases are followed so that unnecessary absence is not caused by delayed or unsatisfactory treatment. Cases sent home from school because of acute illness which do not return in five days may be required to bring a certificate from the City Health Department before being readmitted if contagious disease is suspected.

*Sanitation and hygiene of school buildings*—Problems of heating, ventilation, lighting, cleaning of buildings, toilet facilities, classroom equipment, and lunchroom facilities are intimately related to health problems of the children and teachers. It would hardly seem necessary to mention the ill effects of poor ventilation, inadequate lighting of classrooms, and the need for these matters to be controlled according to scientific standards of good hygiene. In addition to the direct effects of inadequate or unhygienic school plants, we must face the problem of attempting to put over a health education program which includes "activities and situations affording direct motivation for health instruction" and which provides "for practise and application of health instruction which will help to establish permanent health habits and attitudes," when our budgets do not permit installation of sanitary devices of which our Board of Education approves and desires but which our community has not yet realized are essential if the health of our school children is to be safeguarded to the fullest extent. It is rather an ironic fallacy to attempt to teach children that hands must be washed before eating and after going to the toilet when we have no adequate facilities for hand washing available in the majority of schools.

John Dewey has said: "What the best and wisest parent wants for his own child, that must the community want for all its children." The community must be educated to be willing to pay for the best. The teachers must be educated to let as much light as possible in the classroom and direct it from

its source to give the best possible diffusion, actually and figuratively in terms of healthful environment for the child.

*Physical examinations*—With a staff of two physicians and an enrolment of approximately 48,000 it will easily be seen that it would be physically impossible to give an annual examination to every school child. The purpose of the physical examination is twofold: to educate the child, and to reveal remedial deviations from the normal as early as possible so that the parents may be informed of the conditions found and take proper corrective steps. The physical examination is not for diagnostic purposes or to outline treatment. That is the business of the private physician or the clinic. Routine examinations are done in the first, third, and sixth grades. Parents are encouraged to be present. Special cases in the remaining grades are examined on request of a teacher or school nurse.

*Study of special problems*—Efforts are made to give medical advice concerning special problems. Several of our schools have rest rooms for children who are too far below par to stand the strain of the full school day. The problems of retarded children are so frequently closely associated with physical handicaps. There are the children who are semi-blind, those who are partially deaf, those with serious speech defects, and many others for whom we have not assumed our full responsibility until we adapt our educational programs to meet their needs.

*Health education*—The Department of School Health Work coöperates with the Department of Physical Education. Examinations are given to those entering competitive games. Health education, to be effective, cannot be carried on as the work of any one department. It must be correlated with every subject, and every teacher must realize his responsibility in understanding the physical problems of his children so that he can teach most effectively. The mind and body problems of growing children cannot be separated. Teaching songs and games about health will not be of much avail as long as we have ill-fitting seats, dark rooms, nervous teachers, and over-fatigued children. The teacher's health is an important phase of a health education program.

Our training schools and colleges must give our teachers a more comprehensive understanding of the relationship of mind and body problems. Parents must be educated to assume their full responsibility for their children's welfare. Thru the meetings of the parent teacher associations much can be done to bring home the problems of health education.

John Graham Brooks said that a crank was once defined as "A man who sees one fact so vividly that he is blind to all the other facts which alone can explain the one he sees." Those of us who are interested in the health problems of our school children must broaden our range of vision so that we can see all the factors in our system of education which influence the health of our children. What the child does influences him far more than what he hears, so that what we teach our children about healthful habits of living is like the proverbial water on the duck's back unless we provide the means for him to live a healthful life during the school hours.

*HEALTH HABIT CLASSES*

JOSEPHINE THOMAS

*Principal, Howard Public School, New Orleans, Louisiana*

**T**HE FRANK T. HOWARD Public School of New Orleans has had nutrition classes and health habit classes for nine years, but its success in reducing the number of underweight pupils, in making pupils health conscious, and having health habits put into effect in the home was not commensurate with the effort, time, and money spent.

A new plan was inaugurated for the session of 1929-30. The Orleans Parish Tuberculosis and Public Health Association has a preventorium in the Ozone belt at Slidell, Louisiana, a town just thirty-two miles from New Orleans, that has been caring for underweight and underprivileged children from New Orleans for a period of six years. School children had, however, not taken full advantage of the opportunities offered, except during the summer months, the usual reason being that they could not be absent from school. The principal of Howard School presented to the Association a plan whereby that body could assist the school by coöperating in an experiment with underweight pupils. The plan was carried out. Alternating groups of sixteen girls and twelve boys were sent to the preventorium for a period of six weeks where they were under constant supervision. Regular school work was carried on for two and one-half hours each day.

The pupils chosen for this experiment were those who were thirteen percent or more underweight, those less than thirteen percent underweight but improperly fed at home, and those who were anemic. Each pupil received a thorough medical examination just before departing for the preventorium, and was inspected by the principal for pediculosis, sores on body, feet, etc.

There was a supervisor, a dietitian, and a teacher at the preventorium. The Tuberculosis and Public Health Association provided the supervisor and dietitian and the faculty of Howard School, the teacher.

The daily schedule was as follows:

- 7:00 a. m. Rise, prayers, wash and dress, make beds, take exercises
- 8:00 a. m. Breakfast, brush teeth, wash dishes, clean dining room
- 9:00 a. m. School—(10:00-10:10 intermission for milk)
- 11:30 a. m. Health talks, demonstrations, or inspections
- 11:45 a. m. Wash for dinner, set table
- 12 Noon Dinner
- 1:00 p. m. Brush teeth, wash dishes, clean dining room, prepare for afternoon rest period, change from day to sleeping garments
- 1:30 p. m. Rest period
- 3:00 p. m. Rise, make beds, bathe
- 3:30 p. m. Drink milk, go for a walk
- 4:00 p. m. Games on grounds, letter writing, etc.
- 5:00 p. m. Wash for supper, set table
- 5:15 p. m. Supper
- 5:45 p. m. Brush teeth, wash dishes, clean dining room
- 6:15 p. m. Story hour, community singing, or study period
- 7:15 p. m. Free period
- 8:00 p. m. Prepare for bed
- 8:30 p. m. Lights out

The experiment extended from October to June. Each week-end the principal visited the preventorium to check up the health habits, the weight, and the school work of the pupils and to encourage them in their efforts for increased health.

The results of the experiment exceeded all expectations. Every pupil gained in weight, health, happiness, and health habits. There was a total gain of 468 pounds for the seventy-two children, an average gain of 6.65 pounds per child, the range being from  $2\frac{1}{2}$  to 12 pounds. The improvement in general appearance was remarkable. Improved posture, rosy cheeks and lips, healthy looking hair, clean trimmed nails, and smiles were facts noted by all parents and visitors. These results were not temporary, for all cases were followed up at school; and it was found that over 90 percent held their gain and continued to improve at a normal rate in weight, health, and scholarship.

The following cases prove that the habits were carried over into the home.

*Althea*—The sister and brother of Althea were also underweight, but they were not assigned to any group going over. Althea was particularly interested in the meals, and on returning home planned the meals for the family. In two months' time the sister and brother showed a gain of seven and five pounds, respectively. Althea was then two pounds overweight, having gained four pounds at home.

*Emma*—At the beginning of the experiment Emma was 14 pounds underweight. Her mother had reluctantly consented to allow her to go to the preventorium, for she said that Emma was always thin, could not eat breakfast, and would not eat vegetables. Emma, influenced by the example and spirit of the other members of the group, ate two spoonfuls of cereal and drank one cup of cocoa the first morning, ate sparingly of lettuce, tomatoes, and green peas for dinner the first day, and at the end of the week was eating as much of everything for each meal as the other girls were. Most gratifying of all, when Emma returned home, she continued the habits formed at the preventorium, even though she had to get up earlier to prepare her breakfast; for, as she innocently said, "We never have breakfast, because my mother does not get up to fix it." We were told that the father is now having breakfast with Emma, and the mother says she supposes that she will have to get up now and cook for them.

*Agnes*—At first Agnes was 13 pounds underweight, would eat no breakfast drink no milk, and would go to bed late every night. She is a slow pupil, having to repeat every grade. Because she could see that there was improved classroom work of the girls who had returned to school, Agnes begged her mother to allow her to go with the third group. She did try to follow the schedule, even drinking milk. Her gain was eight pounds, her improvement in scholarship noticeable. But three weeks after her return to school she had lost eight pounds. The principal and her mother held a conference. Agnes was called in and the situation carefully gone over. Agnes compared her daily habits then with those she was helped to form, at the preventorium, and acknowledged she was not doing for her mother what she had done for us. The result was her promise to begin immediately to live according to the health rules taught her at school and endorsed by her mother. At the close of school Agnes was two pounds overweight, having regained those eight pounds and added seven additional ones. We are proud of her because for three years she has been one of our underweight problems. We hope she has the *habit* now of healthful living.

Enthusiasm may start an experiment, but coöperation keeps it going. The fact that coöperation from every source was so sincere and whole-hearted makes us feel that our experiment was worthwhile to the community.

Our superintendent of schools gave a half day of his busy time to visit the

children at the preventorium. He had given his hearty approval to the plan in the beginning and encouraged us in every way.

The New Orleans Public School Medical Director and one of his assistants used one of their holidays to pay a visit to the children. This department has been most coöperative, sending nurses and medical inspectors to examine and re-examine the children for us, and to see that some were taken to clinics to have defects removed before they were allowed to attend classes at the preventorium.

The faculty of the school was unanimously in favor of the experiment and promised to be responsible for the funds to pay the teacher at the preventorium. This they did by dividing into six committees of five teachers each and giving entertainments to raise the funds. The teachers also visited the children on special holidays, such as Hallowe'en, Mardi Gras, Valentine, etc., and gave parties for the children, the favors being made by their pupils at Howard School.

The pupils of the school painted chairs for the dining room, furnished curtains, doilies, and flower holders, and the boys of the manual training department of the school made a buffet and a mantel shelf.

The Parents' Club coöperated by furnishing articles that would add to the physical comfort of the children, by taking committees of parents over to see the work of the preventorium, by giving a food-stuff shower, for we were a heavy tax on the finances of the Orleans Parish Tuberculosis and Public Health Association.

The press of New Orleans gave us front-page space and space on their pictorial pages for the inauguration of the experiment; another prominent space and pictures for the results of the first group, and notices of each group's going over. At the end of the experiment, the editors asked for a complete write up for the Sunday editions. The editors of the three papers also offered us any other assistance that "such a worthwhile experiment deserves."

The community of Slidell, thru the contacts of the executive secretary of the Orleans Parish Tuberculosis and Public Health Association, adopted us. The women's clubs and the church organizations gave parties for the children and sent delicacies to them. The Lions Club and the Young Men's Business Club organized a "Do a Service Club" to take our children on Sunday to the various churches to which they belonged. The doctors and dentist of Slidell gave free services to our children and to the administrative force.

While our chief aim was the formation of health habits, we feel that the children had an unusual opportunity to appreciate nature; to live in the country, even for a short period; to live helpfully and happily with others; to develop and reinforce proper table and social manners; and to be the means of convincing the parents of the community that underweight, anemia, and poor development can be eliminated by habits of healthful living.

*SCHOOL HEALTH WORK IN LOS ANGELES*

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THE DIVISION of Health and Corrective Physical Education of the Los Angeles City Schools as organized at present is about seven years old. In 1924, Sven Lokrantz, M. D., who had some years previously established the Department of Corrective Physical Education, became the director of the combined department formed by taking over the Health Department of the schools which had been developing rather slowly for about fifteen years. The new department under the leadership of Dr. Lokrantz immediately forged ahead into a leading place among all the school health departments of America. It is now considered the leading department of its kind in the world.

*Program*—The program of the division is carried on by the thirty-three sections, including the following: Physical examination of children by physicians; physical inspections by nurses; examination of teachers and other employees; corrective physical education for kindergarten and elementary children, and junior and senior high-school girls and boys; nutrition; heliotrophy; health centers; traveling healthmobiles; dental; sanitation; communicable disease; work permits; eye and ear; mental hygiene; health education; heart; tuberculosis—open air sun rooms; dermatology; orthopedic; home hygiene and nursing; lecture service; laboratory; medical supervision of handicapped children; summer health program; and others.

*Personnel*—The personnel which carries on this program includes the following: one director; seven assistant directors (5 physicians); three assistant supervisors; thirty-four physician inspectors; fifty-five volunteer physicians; forty-eight physician consultants; seven partime physicians; one chief dentist; seven dental consultants; one dental hygienist; eleven dental assistants; three optometrists; one chief nurse; five supervising nurses; seventy-one nurse inspectors; ten nurse-teachers in the high schools; five nurse consultants; one hundred ten corrective physical education teachers; twelve nutrition teachers; two matrons; two laboratory technicians; two social service workers; ten health center assistants; secretarial and clerical staff, and others.

*Corrective physical education*—Doctor Lokrantz is a pioneer in this field and has developed it here to probably a higher point than in any other public school system in the United States. This work is now helping about 50,000 children who are handicapped by poor posture, foot defects, nutritional disturbances, paralysis, heart defects, and other less common conditions which require more individualized corrective work than is possible in ordinary physical education classes. An interesting phase of this work is that carried on by a special kindergarten teacher who directs a health program adapted to activities of the kindergarten, by means of demonstration lessons and visits to kindergartens.

*School clinics (health centers)*—A feature of our health program, which greatly facilitates the speedy correction of the physical defects of needy school children, is the school clinic. About 25,000 children were cared for in our fourteen school clinics during the past year.

*The eye and ear, heart, and tuberculosis sections*—These units are in charge of fulltime specialists with invaluable assistance from outside specialists who give liberally of their time for clinics and advisory boards. These special services are equipped with the best modern diagnostic aids such as phonograph audiometer (to test hearing of forty simultaneously), electrocardiograph, and X-ray. Some of these have been contributed by the parent-teacher association which has helped greatly in our clinical work.

*Communicable disease control*—This work is directed by a fulltime epidemiologist. In this regard the classroom inspections daily by teachers and weekly or oftener by nurses is the great bulwark against the spread of infection. The nurses made 190,141 individual inspections and 4,447,630 classroom inspections in elementary and junior high schools which resulted in finding and caring for 54,006 cases of minor communicable diseases.

*Sanitation*—We have for the past three or four years made an "annual sanitary survey" of all schools, stressing ventilation, lighting, etc.; and recording findings on a legal size triplicate form of eighteen pages which greatly helps in getting coöperation in sanitary matters from principals, teachers, superintendents, business department, and all others concerned. Inspections are made by the regular physicians and nurses, reports checked by the assistant director in charge, and copies sent to the principals and superintendent of schools. The original copy remains in durable covers and makes a very convenient file folder for receiving all current correspondence or memoranda bearing on sanitation in that particular school.

*Welcome to N. E. A. visitors*—All those attending the N. E. A. convention who are especially interested in any phase of school health work are cordially invited to visit the headquarters of the health department at 310 Chamber of Commerce Building. We will gladly answer any question, and supply copies of annual reports and other literature which is available on any phase of our work.

### PROBLEMS OF THE SCHOOL DENTAL CLINIC

JAMES NEWELL EMERY

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**A**BOUT a decade ago, the idea of the school dental clinic took rapid form in the mind of the public. Spurred on by the example of several early successful clinics that blazed the way, the movement extended to a substantial proportion of both large towns and small cities. Successful clinics that had received popular support were widely copied. The movement was inspired by a very vivid realization that oral conditions in the case of the average public school child were in a deplorable state. Any survey of a typical classroom would find few pupils, if any, who did not need a greater or less extent of dental work—from three to six defective teeth would be the usual average.

This condition was complicated by the fact that in the vast bulk of cases where the child's teeth were in the greatest need of attention, the parents were

rarely in financial condition to have more than a small amount of that work done. The worst cases were the least able to afford having the teeth saved.

A potent argument for establishing and extending school clinics was the ideal that with systematic inspection, aided by a thorough prophylactic cleaning once or twice a year, the child, once his mouth was in a clean and hygienic condition, would be induced by natural pride to keep it so. The public was thoroughly sold on this plan.

The opening of a growing array of dental clinics and the appointment of dental inspectors for towns and cities have brought administrative problems of their own. Some of these are in a fair way of easy settlement; others will remain for some time vexatious questions in the administration of a school system.

Among the major policies to be settled are the following questions:

Shall the dentist's office be mostly that of a dental *inspector* with talks and recommendations, or shall most of his time be devoted to remedial and purely clinic work?

Shall he be engaged on a parttime or fulltime basis?

Shall the clinics be conducted from a charitable angle, mainly for those who cannot afford to pay, or shall the work be considered as the due of every child in school?

How shall the work be handled so as not to strain relations with or antagonize other members of the dental profession?

Just how far is this a function of the work of the public schools?

These in their turn lead to other and lesser problems, perhaps no less difficult of solution, and no less vexing. Possibly the first major problem to be settled is the question of whether the dental inspector shall be in the main an *inspector*, or whether he shall emphasize the clinic side. If, as so often happens, he finds upon repeated examination that a child's mouth is badly in need of work, that there are possibly four or five extractions badly needed, that the teeth all need cleaning; that a tooth is wedged far out of place and needs straightening, and that there are several cavities in second teeth that need filling, and that thru indifference or lack of funds the parents continue to neglect the child's condition, what is to be done about it? Is the child to suffer, not only at the present time, but all his lifetime, for lack of care? Who is to do the work?

Yet if filling, or even extraction is entered upon to any extent, it opens up a vast volume of work where it is difficult, if not impossible, to draw a hard and fast line. In theory, parents, after their attention is called to the need, should have the work done by the family dentist, leaving to the clinic for handling only cases where the circumstances of the parents preclude paying for adequate treatment. Actually the making of any such distinction is often a difficult, if not impossible task.

School boards, moreover, are often inclined to do away altogether with the charitable idea, arguing with reasonable logic that attention to the child's teeth is a part of legitimate health education, on the same plane as physical exercises, athletics, or even vaccination, and should be the privilege of every child of school age, regardless of his station in life or financial circumstances.

The public seems to be sold more thoroughly on the idea of free clinic and

treatment service than on the idea of inspection. Many of the school clinics are the outgrowth of parent-teacher movements. In many cases the equipment and funds are furnished originally thru those sources, rather than thru the official channels of the school department. It is far easier to raise funds for the purpose of clinic treatment, with the idea that a large amount of actual remedial work is to be done as an incentive.

Yet educators, viewing with some concern the wholesale tendency in recent years for the schools to take over in large measure certain functions which are largely those of the home itself, are beginning to line up rather strongly on the idea of preventive, rather than remedial work. They argue, with some justification, why free dentistry, any more than free groceries, free legal or medical services, or free undertaking? This was brought out strongly at the recent Washington conference held in the fall of 1930. In fact it may be considered that the actual clinical treatment belongs, perhaps, more properly to the public health department than to the public schools.

Shall the dentist himself be engaged on a parttime or a fulltime basis? Can a successful practitioner afford to give up the time from his private practise that the school demands, at the comparatively low salary paid? If he does, will he not be inclined to neglect the work when it conflicts in any way with his private practise? Can the school afford to sponsor any but the best and most experienced work?

Is it better to engage several dentists of high standing to give a small portion of their time, or to engage at practically fulltime a comparatively inexperienced practitioner who is just entering the field until the time when his private practise will make such demands upon his school work that he will be compelled to drop it in favor of another beginner?

In any case, neither dental inspector nor school authorities can afford to let the quality of the service slacken, even if they feel that it is merely or mainly charitable work, and that the pay is not adequate. The dentist must observe the same scrupulous rigidity as to cleanliness, sterilization of instruments, and care in what work he does as he would in his private practise. Yet there are so-called dental inspectors who do not use proper sanitary precautions. They wear once-white coats that are soiled and grimy, under conditions that they could not afford to tolerate in their own offices. "What's the use?" seems to be their attitude. "It's good enough for the clinic." The school principal who can tactfully, but none the less firmly, bring about an amelioration of such conditions, has a real administrative problem on his hands.

Relations with other members of the profession present another real and vital problem. Just how far should the work go? If, for example, any substantial amount of filling is done, it faces the delicate situation of interfering with the business of other dentists, who depend on that work for their living. They would rightly resent any attempt of the municipality or the state to take business out of their hands for which they have trained themselves at the cost of years of study, and no slight expense for preparation, equipment, and upkeep. Neither the school department nor the dental inspector can afford to

antagonize in any way the other practitioners. The school clinics must have the backing of the dental profession behind them, not lukewarmness or open hostility.

The practising dentist also may perhaps view with a jealous eye the supposed opportunities that the school dentist enjoys to build up his own practise from the inside.

It is an interesting sidelight that pupils will go of their own accord to the clinic and have work, in some cases involving considerable personal pain, without a whimper, when the very idea of the dentist's chair in actual office practise brings out dread and putting off on every possible occasion—a failing which is not confined altogether to children.

The work of the school dental inspector, then, to a certain extent must be a series of compromises. In an ideal form, it should include a balanced proportion of

*Inspection* of oral conditions of all the children in the schools at least once a year, and such comparison as is possible with previous years.

*Cleaning*, so far as possible, in order to put the child's mouth into such condition that he will take reasonable pride in keeping up the work which is begun.

*Extraction* of such first teeth as interfere with the proper development of the second set, and a few badly decayed second teeth where they cannot be saved.

*Emergency treatment* and medication of aching teeth, which should naturally have the right of way over all other work, in order to relieve unnecessary suffering.

*Temporary filling* in certain cases, to save teeth that would otherwise be sacrificed, with most of this work left to the family dentist so far as possible.

*Educational talks*, illustrated by casts, pictures, lantern slides, motion picture films, and any other effective devices, preferably for the most part in small groups, one or two classrooms at a time. This, including establishing confidence and doing away with the traditional fear of the dental chair, is perhaps one of the most important functions of the school dental inspector, if not the paramount one. It is probably least stressed of any of the school dentist's functions, because good dentists are frequently indifferent speakers, or such a volume of other demands are made upon the position that they feel that they cannot readily spare the time which should be given to this side. Yet it is probably productive of the most lasting good of any of the items taken up.

It is almost unnecessary to comment that the dentist should be afforded a maximum of clerical help, either student volunteer or paid, in order that every minute of his professional time should be utilized to best advantage, rather than taken up with the detailed keeping of clerical records.

It may not be amiss to remark that most of the conclusions and inferences drawn in the foregoing article are a result of nearly ten years spent by the writer in coöperating in a large city dental clinic conducted in his own school. The opportunities lying before the school dental clinic are almost unlimited. Good teeth are a fundamental requisite, not only to the child's health, but also to his future happiness, and will repay any volume of effort and expense put forth for that purpose. After all, the welfare of the child, physical, mental, and moral, is the supreme consideration, and the one viewpoint with which the public schools, with all their activities, should be conducted.

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*HEALTH EDUCATION IN ROCHESTER*

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THE material for this article was obtained thru the courtesy of the Board of Education of Rochester, New York, under whose auspices an intensive study was made of the whole school system.

**MAJOR OBJECTIVES**

Of the four major objectives of education set forth for the public schools of Rochester, Objective II governs the health program. It is as follows:

The school should advance the pupil in his ability to know and to observe the laws of physical health and wellbeing, and to appreciate the meaning of life and of nature.

This objective is developed thru a three section program.

**HEALTH PROTECTION***Objectives:*

1. To detect physical defects for the purpose of correcting remediable conditions
2. To prevent and control communicable disease
3. To recommend such school equipment and practises as will furnish the best possible environment for the health of the pupils and teachers
4. To secure the coöperation of the home in health protection activities

*Activities:*

1. Medical service
  - a. Medical inspection (Health Bureau)
    1. Preschool child
    2. School child
  - b. Nursing service (Health Bureau)
  - c. Dental service (Dispensary)
2. Morning health inspection
3. Physical examinations
  - a. Routine physical examinations and tests to determine physical fitness
  - b. Tests for sight, hearing, and speech (Special Class Department)
  - c. Tests for determining underweights and overweights
4. School sanitation
  - a. Standards of heat, light, and ventilation
  - b. Proper seating, drinking fountains, toilet facilities
  - c. High standards of cleanliness
5. Hygienic building construction
6. Hygienic arrangement of school program
  - a. Alternation of subjects
  - b. Extracurriculum activities
7. Mid-morning lunch
8. Accident prevention
9. Teacher health service

The above program can be effectively carried on only thru the coöperation of the several agencies interested in the protection and promotion of health. These are the Health Education Department, the Special Class Department, the City Health Bureau, the Rochester Dental Dispensary, the Council of Social Agencies, the Vital Economics Department of the University of Rochester, and the Rochester Tuberculosis Association.

Medical service is regulated and conducted by the City Health Bureau. It involves medical inspection of all school children with careful followup by health physicians and nurses of various hospitals and dispensary.

During the summer, the Health Bureau in coöperation with the public schools conduct child welfare stations in 51 school centers. This service is extended to preschool children as well as those of school age.

The Rochester Dental Dispensary sends a corps of dental hygienists to each school twice a year to examine the teeth of the pupils and give prophylactic treatment. Recommendations are made to the parents for further dental care. Many of these cases are taken by the school nurse to the dental dispensary.

Morning inspection is carried on under the individual and the group method. A record of morning inspection under the individual method is shown in Table 1. Each child who passes morning inspection every day for a week receives a five-point score on Friday. The record used as an illustration covers eighteen weeks and shows the extent to which each child has met the following requirements: clean hands, face, ears, neck, teeth, hair, fingernails; clean clothing, clean handkerchief. While observing these details, the teacher discovers the presence of sore eyes, running ears, cold, and rash, which might indicate an unfavorable health condition or the onset of a communicable disease, and such cases are sent at once to the school nurse.

TABLE 1—MEDICAL INSPECTION IN ELEMENTARY SCHOOLS

| ACTIVITY                                   | NUMBER |
|--------------------------------------------|--------|
| Pupils inspected . . . . .                 | 33,678 |
| Schick tests administered . . . . .        | 4,999  |
| Anti-toxin administered . . . . .          | 7,207  |
| Small-pox vaccinations . . . . .           | 3,841  |
| Nurses' calls and investigations . . . . . | 16,835 |
| Children to dispensary . . . . .           | 47,469 |

Activities 3, 4, 5, 6, 8, and 9, mentioned under Health Protection are under the direct supervision of the Health Education and Special Class Departments of the Rochester Public School System. You will notice that under physical examinations the Special Class Department conducts specific tests for sight, hearing, and speech defects, and also makes arrangements for corrective work.

In number 8, accident prevention, a very efficient service is rendered by the Rochester Chamber of Commerce and the Police Department. In connection with the latter it is quite timely to state that an officer has been assigned to each school to aid in this work.

#### HEALTH TEACHING

##### *Objectives:*

1. To develop right attitudes and high ideals toward health and health practises
2. To give students information which will help them to improve and conserve their own health
3. To aid in establishing specific health habits
4. To coöperate with parents and others in contributing to the health of the community.

##### *Activities:*

1. Instruction in hygiene and physiology
2. Health talks are given in the gymnasium based on the health protection and health development part of the program
3. Coördination and correlation with other subjects in the curriculum

4. Individual conferences
  - a. Pupils
  - b. Parents
5. Special emphasis periods
6. Assembly programs
7. Better health classes and clubs
8. Classroom projects
9. Safety education
10. First aid.

*Class instruction*—Lessons in hygiene (including nutrition), physiology, safety education, and first aid are given in all grades of the elementary school in accordance with the New York State *Syllabus in Hygiene*. Three minute health talks are given in the gymnasium to motivate the school health program, and to give timely emphasis to personal health habits. Films, slides, and pictures concerning health topics are used to make lessons interesting, concrete, and forceful.

To sample the effectiveness of classroom instruction in hygiene the following questionnaire on health habits was issued to all fifth-grade pupils during the fall term, 1925.

#### HEALTH HABIT QUESTIONNAIRE Fifth Grade

1. Do you sleep with bedroom windows open?.....
2. Do you sleep at least 10 hours every day?.....
3. Are you up at 7 o'clock in the morning?.....
4. Do you drink at least two glasses of milk every day?....
5. Do you eat a good breakfast every day?.....
6. Do you eat some fruit every day?.....
7. Do you eat some vegetables every day?.....
8. Do you drink plenty of water every day?.....
9. Do you drink coffee?.....
10. Do you drink tea?.....
11. Do you eat slowly and chew your food thoroughly?.....
12. Do you have a regular time every day to go to the toilet?.....
13. Do you take a bath all over at least once a week?.....
14. Do you have a tooth brush of your own and do you keep it clean?.....
15. Do you use it at least once a day?.....
16. Have you ever been to a dentist?.....
17. Do you have your teeth examined every year?.....
18. Do you often have a sore throat?.....
19. Do you have headaches often?.....
20. Do you ever have earache?.....
21. Do your eyes hurt often?.....
22. Can you read writing on the blackboard easily?.....
23. Can you hear easily what the teacher says?.....
24. Do you often take cold?.....
25. Do you play a part of every day out of doors?.....
26. Are you often absent from school on account of illness?.....

The total number of papers returned was 3934, and the survey showed 66 percent of desirable health habits in operation. While the replies of children to such questionnaires are not entirely reliable, every effort was made in this survey to secure frank and honest responses, and the results seem to indicate a fair degree of transfer from health teaching and classroom emphasis to habitual practise.

*Special emphasis periods*—During the school year certain periods are indicated for a special emphasis on some phase of the health program. Each teacher by means of certain content material can make his contribution to the school plan.

Following is a list of suggested topics for emphasis periods: Posture, milk, vegetables, better shoes, recreation, better health, protection against diseases, ventilation.

The other activities listed recognize individual needs and provide opportunity for knowledge of food values thru exhibits and demonstrations. Films are used illustrating care of the teeth and the importance of correct posture.

Class meetings and assembly programs furnish opportunities for discussion of health problems and arouse enthusiasm and interest in health and safety campaigns.

The classroom teacher, recognizing the specific problems of her group, may arrange to carry out a project that will stimulate the interest of children and make them aware of their own needs. Many ingenious programs have thus been developed.

Each school has its student traffic officers and its Junior Safety Council, composed of both boys and girls, and affiliated with the City Safety Council under the direction of the Chamber of Commerce. These students receive special instruction in accident prevention thru talks given by the health education teachers and by members of the council, and thru reports on safety conditions in and about school and home. Posters, safety education magazines, and local bulletins are supplied by the Rochester Chamber of Commerce.

#### *Objectives:*

#### HEALTH DEVELOPMENT

1. Physical—To develop organic power, vitality, posture, and neuromuscular skills for meeting life situations.
2. Social—To develop traits of citizenship such as courage, initiative, perseverance, coöperation, loyalty, honesty, justice, and courtesy,
3. Cultural—(a) To gain sympathetic understanding and appreciation of physical laws, rhythm, and achievement; (b) to develop interest and specific skills in such activities as will be of value in leisure time.

#### *Activities:*

1. Relaxation
  - a. Games
  - b. Informal exercises
  - c. Rest
2. Large-muscle activities for physically normal pupils
  - a. Gymnasium programs
  - b. After-school athletics and recreation
3. Leadership—development in leadership and selfdirection
  - a. Thru gymnasium and recreation program
  - b. Thru special training
4. Special classes for physically handicapped pupils
  - a. Orthopedic
  - b. Cardiac cases
  - c. Hard of hearing
  - d. Defective sight
  - e. Defective speech (Special Class Department)

*Classroom games and rhythmic exercises*—A ten-minute daily period is allotted in the elementary school for classroom games to provide wholesome recreation and to establish standards of fairness and coöperation. In the first three grades the games played involve chasing, running, fleeing, hiding, etc.; in the intermediate grades, games involving throwing, catching, jumping, etc., are introduced.

Once a week the first and second grades use the classroom ten-minute period for fundamental and pantomimic rhythms and dances. Clapping, marching, skipping, running, singing games, and interpretive rhythmic exercises are the basis of the work. Simple folk dances are taught.

*Large-muscle activities for physically normal pupils*—Twice a week a period is devoted to gymnasium work with each class. This includes folk and gymnastic dancing, athletics, mimetics, maze running, calisthenics with and without hand apparatus, marching, tumbling, stunts, and games.

*After-school athletics and recreation*—Recreation clubs for boys and girls are organized in every elementary school. Membership is elective from the fifth thru the eighth grade, and forty members constitute a club unit. Parental consent is a requisite. The club meets once a week after school and is under the guidance of an adult leader. A short business meeting is held in parliamentary form under pupil leadership. The club then goes to the gymnasium for team and mass games, athletics, and stunts, or goes out-of-doors for games, hikes, picnics, coasting, and skating at appropriate seasons.

*Leadership*—As far as possible students in all school units are given opportunity to demonstrate and develop leadership ability thru the delegation of certain responsibilities in organizing and conducting teams, refereeing games, team captains, etc.

*Orthopedic school*—The state education law requires that, where there are ten or more crippled children in a city, the board of education shall establish such classes as may be necessary to provide instruction adapted to these children. Rochester's Orthopedic School is located in No. 5 school building. Health work with these children is under the direction of an orthopedic surgeon and a specially trained health education teacher with a staff of three other teachers. Each child meets a health education teacher every day for the corrective treatment advised by the physician. The health education program is continued during the summer months when the children are taken to the Sunshine Camp. Children are returned to their respective schools when maximum improvement has been reached.

*Activities for pupils with special physical defects*—Where classes are organized for children with a particular handicap, such as defective vision, hearing, or speech, the Health Education Department coöperates by arranging such modifications of its physical activities program as may be helpful. Games and exercises are chosen for these children to secure the needful amount of pleasurable exercise without the strain or inhibition resulting from their special physical defect. Corrective treatment is offered where the nature of the defect permits.

Cardiac cases are discovered thru medical inspection and are carefully guarded from fatigue and over-exertion.

## FREE AND INEXPENSIVE HEALTH PUBLICATIONS

THE original and complete report of free and inexpensive health publications appeared in the 1930 yearbook of the Chicago Principals' Club. The Health Committee of the national Department obtained permission to reprint the original list in this abbreviated form.

The figures in column 1 indicate the form of the materials, as follows: (1) poster, (2) sample, and (3) printed matter. The capital letters following the name of the agency in column 3 mean: (A) a social organization, and (B) a public agency.

## I. FOR PUPIL USE

| FUNCTION<br>HEALTH<br>(1)   | NAME OF<br>MATERIAL<br>(2)                                 | CONCERN OR<br>AGENCY<br>(3)                | COST<br>(4)                  | GRADE<br>LEVEL<br>(5) | COMMENT<br>(6)                                                               |
|-----------------------------|------------------------------------------------------------|--------------------------------------------|------------------------------|-----------------------|------------------------------------------------------------------------------|
| 1 Cleanliness<br>(Skin)     | Bathe Daily                                                | Louisville Tb.<br>Assn. (A)                | Free                         | 1-8                   | Bathe daily for health<br>and comfort                                        |
| 1 Cleanliness<br>(Skin)     | Bathe Frequently                                           | Chicago Tb.<br>Inst. (A)                   | Free                         | 1-6                   | Poster in colors                                                             |
| 1 Cleanliness<br>(Skin)     | Health Keys for<br>Primary Grades                          | Chicago Tb.<br>Inst. (A)                   | Free                         | Kg.                   | Poster of 12 picture keys                                                    |
| 1 Cleanliness<br>(Skin)     | Keep It Clean                                              | Tb. & Health Soc.<br>of Detroit (A)        | Free                         | 3-6                   | Motivates keeping hands<br>clean                                             |
| 1 Cleanliness<br>(Skin)     | Shake Hands<br>Often With Soap                             | Tb. & Health Soc.<br>of Detroit (A)        | Free                         | 3-6                   | Large print, legible                                                         |
| 1 Cleanliness<br>(Skin)     | Wash—Be Neat<br>and Clean                                  | Chicago Tb.<br>Inst. (A)                   | Free                         | 1-6                   | Wash before eating                                                           |
| 1 Cleanliness<br>(Skin)     | Wash Hands and<br>Be Safe                                  | Tb. & Health Soc.<br>of Detroit (A)        | Free                         | 3-6                   | Pictures of hands tell<br>story                                              |
| 1 Cleanliness<br>(Skin)     | Wash Hands Be-<br>fore Eating                              | Tb. & Health Soc.<br>of Detroit (A)        | Free                         | 3-6                   | Message told in words<br>and picture                                         |
| 1 Cleanliness<br>(Skin)     | Wash Hands<br>Honor Roll                                   | Iowa Tb.<br>Inst. (A)                      | Free                         | 1-6                   | Ruled space for records                                                      |
| 1 Cleanliness<br>(Skin)     | Brush the Teeth                                            | Chicago Tb.<br>Inst. (A)                   | Free                         | 1-6                   | Attractive in colors                                                         |
| 1 Cleanliness<br>(Skin)     | "Poor Old Bug"                                             | Tb. & Health Soc.<br>of Detroit (A)        | Free                         | 1-5                   | Fairies save their teeth<br>by brushing them daily                           |
| 1 Diseases<br>(Prevention)  | Don't Frighten<br>Children                                 | Onondaga Health<br>Assn. (A)               | Free                         | 1-6                   | False threats cause last-<br>ing nervousness                                 |
| 1 Diseases<br>(Prevention)  | Do Not Trade<br>Food—Prevent<br>Disease                    | Chicago Tb.<br>Inst. (A)                   | Free                         | 1-8                   | Illustrates habits of eat-<br>ing                                            |
| 1 Diseases<br>(Prevention)  | Early Discovery                                            | Louisville Tb.<br>Assn. (A)                | Free                         | 4-8                   | Visit doctor for periodic<br>examinations                                    |
| 1 Diseases<br>(Prevention)  | "Protect Me and<br>All Babies from<br>Diphtheria"          | Onondaga Health<br>Assn. (A)               | Free                         | 1-6                   | Child's appeal for pro-<br>tection against diphtheria                        |
| 1 Diseases<br>(Prevention)  | Protect Your Child<br>Against<br>Diphtheria                | Onondaga Health<br>Assn. (A)               | Free                         | 1-8                   | Urge to inoculate against<br>diphtheria                                      |
| 1 Diseases<br>(Prevention)  | Radiant Health<br>Protects Against<br>Tuberculosis         | Nat. Tb. Assn.<br>(A) (Louisville,<br>Ky.) | Free                         | 1-8                   | Exercise in sunshine                                                         |
| 1 Diseases<br>(Prevention)  | The Fairy Hand-<br>kerchiefs                               | Tb. & Health Soc.<br>of Detroit (A)        | Free                         | 1-5                   | Fairies make handker-<br>chiefs of flower petals—<br>prevent spreading colds |
| 1 Nutrition<br>(Cereals)    | Cereals With<br>Three Sample<br>Breakfasts                 | McCormick Me-<br>morial Fund (A)           | 1c each<br>or 85c<br>per 100 | 3-6                   | Rules for cooking cereals                                                    |
| 1 Nutrition<br>(Fruits)     | Recipe for a<br>Cool Summer                                | Louisville Tb.<br>Assn. (B)                | Free                         | 3-8                   | Use fruit and vegetable<br>salads instead of meat                            |
| 1 Nutrition<br>(Fruits)     | Your Diet and<br>Fruits                                    | McCormick Me-<br>morial Fund (A)           | 1c each<br>or 85c<br>per 100 | 2-6                   | Fruits are classified ac-<br>cording to food elements                        |
| 1 Nutrition<br>(Milk)       | Eat Good Bread<br>and Buttermilk<br>and Fresh Fruit        | Louisville Tb.<br>Assn. (A)                | Free                         | 1-8                   | Wholesome meal in at-<br>tractive colors                                     |
| 1 Nutrition<br>(Vegetables) | Eat Green Veget-<br>ables in Winter                        | Louisville Tb.<br>Assn. (A)                | Free                         | 3-8                   | Boy upholding slogan<br>Vegetables pictured                                  |
| 1 Recreation<br>(Posture)   | "As the Twig is<br>Bent"                                   | Tb. & Health Soc.<br>of Detroit (A)        | Free                         | 4-8                   | Correct posture makes<br>one straight as a tree                              |
| 1 Recreation<br>(Posture)   | Attention, Sol-<br>diers, One and All                      | Tb. & Health Soc.<br>of Detroit (A)        | Free                         | Kg.-4                 | Playing soldier, stand<br>straight                                           |
| 1 Recreation<br>(Posture)   | "Heads-up!<br>Breathe Deep"                                | Chicago Tb.<br>Inst. (A)                   | Free                         | 1-8                   | Attractive—in colors                                                         |
| 1 Recreation<br>(Exercise)  | Outdoor Sports                                             | Louisville Tb.<br>Assn. (A)                | Free                         | 1-8                   | Swimming is good<br>recreation                                               |
| 1 Recreation<br>(Exercise)  | Bring Health<br>Outdoor Sports<br>for Health and<br>Beauty | Tb. & Health Soc.<br>of Detroit (A)        | Free                         | 4-8                   | Playing in fresh, cold<br>air is healthful                                   |

| HEALTH<br>FUNCTION<br>(1)           | NAME OF<br>MATERIAL<br>(2)                                         | CONCERN OR<br>AGENCY<br>(3)         | COST<br>(4)                   | GRADE<br>LEVEL<br>(5) | COMMENT<br>(6)                                                               |
|-------------------------------------|--------------------------------------------------------------------|-------------------------------------|-------------------------------|-----------------------|------------------------------------------------------------------------------|
| 1 Recreation<br>(Exercise)          | Play-In-Doors,<br>Out-Doors, on<br>Rainy Days                      | McCormick Mem-<br>orial Fund (A)    | 1c each<br>or 85c<br>per 100  | 3-6                   | Lists of suitable games                                                      |
| 1 Rest<br>(Sleep)                   | Breathe Pure<br>Night Air                                          | Louisville Tb.<br>Assn. (A)         | Free                          | 1-8                   | Large poster, window<br>open                                                 |
| 1 Rest<br>(Sleep)                   | Sleep in Fresh<br>Air                                              | Chicago Tb.<br>Inst. (A)            | Free                          | 1-8                   | Attractive in colors                                                         |
| 1 Rest<br>(Sleep)                   | Sleep Nights,<br>Stay Awake Days                                   | Louisville Tb.<br>Assn. (A)         | Free                          | 3-8                   | Man sleeps at work be-<br>cause he has not slept at<br>night                 |
| 1 Rest<br>(Sleep)                   | Sleep, Rules for<br>Sleeping                                       | McCormick Mem-<br>orial Fund (A)    | 1c each<br>or 85c.<br>per 100 | 3-8                   | Time table for sleeping<br>illustration                                      |
| 1 Rest<br>(Sleep)                   | "Open Windows<br>Bring You Pep"                                    | Onondaga Health<br>Assn. (A)        | Free                          | 1-8                   | Child sleeping with open<br>window                                           |
| 1 Sanitation<br>(General)           | Save Lives by<br>Swatting Flies                                    | Louisville Tb.<br>Assn. (A)         | Free                          | 1-8                   | Flies carry tuberculosis<br>bacilli                                          |
| 1 General<br>(Bone Growth)          | "Bone Growth<br>Begins Before<br>Birth"                            | U. S. Dept. of<br>Agriculture (B)   | Free                          | 4-8                   | Discussion quite<br>technical                                                |
| 1 General<br>(Bone Growth)          | Development of<br>Teeth of Adult.<br>Illustrated by<br>X-ray       | U. S. Dept. of<br>Agriculture (B)   | Free                          | 4-8                   | Discussion quite<br>technical                                                |
| 1 General<br>(Bone Growth)          | Development of<br>Teeth of<br>Children                             | U. S. Dept. of<br>Agriculture (B)   | Free                          | 4-8                   | Discussion quite<br>technical                                                |
| 1 General<br>(Bone Growth)          | Premature Loss<br>of Temporary<br>Teeth May De-<br>form Jaws       | U. S. Dept. of<br>Agriculture (B)   | Free                          | 4-8                   | Discussion quite<br>technical                                                |
| 1 General<br>(Bone Growth)          | Prevent Rickets                                                    | U. S. Dept. of<br>Agriculture (B)   | Free                          | 4-8                   | Discussion quite<br>technical                                                |
| 1 General<br>(Bone Growth)          | Sunshine is Nec-<br>essary for Moth-<br>ers as Well as<br>Children | U. S. Dept. of<br>Agriculture (B)   | Free                          | 4-8                   | Discussion quite<br>technical                                                |
| 1 General<br>(Bone Growth)          | The Teeth and<br>Their Structure<br>No. 3                          | U. S. Dept. of<br>Agriculture (B)   | Free                          | 4-8                   | Discussion quite<br>technical                                                |
| 1 General<br>(Bone Growth)          | The Teeth and<br>Their Structure<br>No. 4                          | U. S. Dept. of<br>Agriculture (B)   | Free                          | 4-8                   | Discussion quite<br>technical                                                |
| 1 General<br>(Health<br>Habits)     | Catalogue Show-<br>ing Health<br>Posters                           | Hennepin Co.<br>Tb. Assn. (A)       | Free                          | 2-8                   | Would be better if<br>colored                                                |
| 1 General<br>(Health<br>Habits)     | Follow the<br>Rainbow Trail                                        | Tb. & Health Soc.<br>of Detroit (A) | Free                          | 3-8                   | At the end of the rain-<br>bow is good health                                |
| 1 General<br>(Health<br>Habits)     | Health and<br>Birdseye View                                        | Amer. Child<br>Health Assn. (A)     | Free                          | 1-4                   | Will appeal to pupil's im-<br>agination. They can sug-<br>gest other slogans |
| 1 General<br>(Health<br>Habits)     | Health Wins                                                        | Tb. & Health Soc.<br>of Detroit (A) | Free                          | 1-8                   | Keep health by keeping<br>health rules                                       |
| 1 General<br>(Health<br>Habits)     | How the Bad<br>Habit Family Got<br>Into the Kingdom<br>of Health   | Chicago Tb.<br>Inst. (A)            | Free                          | 1-5                   | Encourage forming good<br>habits                                             |
| 1 General<br>(Health<br>Habits)     | "Jack in the<br>Pulpit"                                            | Tb. & Health Soc.<br>of Detroit (A) | Free                          | 1-4                   | Story illustrates good<br>habits of eating, being<br>cheerful and truthful   |
| 1 General<br>(Health<br>Habits)     | Junior Health<br>Habit Chart                                       | Des Moines Tb.<br>Inst. (A)         | Free                          | Kg.-2                 | Habits of bathing                                                            |
| 1 General<br>(Health<br>Habits)     | Primary Health<br>Habit Chart                                      | Chicago Tb.<br>Inst. (A)            | Free                          | 1-4                   | Record of good habits<br>formed                                              |
| 1 General<br>(Health<br>Habits)     | Twelve Health<br>Rule Posters                                      | Iowa Tb. Assn.<br>(A)               | Free                          | Kg.-4                 | Rules of bathing, eating,<br>etc., with illustrations                        |
| 1 General<br>(Weight and<br>Height) | Classroom<br>Weight Record                                         | Michigan Dept.<br>of Health (B)     | Free                          | Kg.-2                 | Space for weight record<br>for two semesters                                 |
| 1 General<br>(Weight and<br>Height) | Keep Your Child<br>Up to Weight                                    | Onondaga Health<br>Assn. (A)        | Free                          | 1-8                   | Proper weight helps to<br>resist tuberculosis                                |
| 3 Cleanliness<br>(Teeth)            | Every Child's<br>Treasure                                          | Amer. Medical<br>Soc. (A)           | 10c each                      | 3-6                   | All health habits<br>Stresses care of teeth                                  |

| HEALTH<br>FUNCTION<br>(1)  | NAME OF<br>MATERIAL<br>(2) | CONCERN OR<br>AGENCY<br>(3)   | COST<br>(4)               | GRADE<br>LEVEL<br>(5) | COMMENT<br>(6)                                                                |
|----------------------------|----------------------------|-------------------------------|---------------------------|-----------------------|-------------------------------------------------------------------------------|
| 3 Nutrition<br>(Vegetable) | Vegetables                 | McCormick Memorial Fund (A)   | 1c each<br>85c per<br>100 | 3-6                   | A folder about vegetables                                                     |
| 3 General                  | Child Health Alphabet      | Child Health Organization (A) | Price list<br>furnished   | 1-2                   | Could be used in 1 and 2 grades as supplementary reading                      |
| 3 General                  | For Good Health            | McCormick Memorial Fund (A)   | 1c each                   | 1-8                   | Good health rules and a place to put record on side (card)                    |
| 3 General                  | My Health Book             | Amer. Child Health Assn. (A)  | Free                      | 4-6                   | May be utilized in teaching health to girls. Many suggestions and score cards |
| 3 General                  | On the Road to Health      | McCormick Memorial Fund (A)   | 1c each                   | 1-8                   | Folder—good health program                                                    |
| 3 General                  | See Health Land First      | Amer. Child Health Assn. (A)  | Free                      | 2-6                   | Folder telling of other materials                                             |

## II. FOR TEACHER USE

| HEALTH<br>FUNCTION<br>(1) | NAME OF<br>MATERIAL<br>(2)                                      | CONCERN OR<br>AGENCY<br>(3)           | COST<br>(4)                  | GRADE<br>LEVEL<br>(5) | COMMENT<br>(6)                                                |
|---------------------------|-----------------------------------------------------------------|---------------------------------------|------------------------------|-----------------------|---------------------------------------------------------------|
| 1 Nutrition<br>(Cereals)  | Shows 3 Sample Breakfasts                                       | McCormick Memorial Fund (A)           | 1c each<br>or 85c<br>per 100 | 1-6                   | Instructions well planned                                     |
| 1 Nutrition<br>(Fruits)   | Fruits in Diet                                                  | McCormick Memorial Fund (A)           | 1c each<br>or 85c<br>per 100 | 3-8                   | Value of fruits, fresh, dried, canned                         |
| 1 Nutrition               | Posters Prepared by School Children on Milk for Health Program  | U. S. Dept. of Agriculture (B)        | Free                         | 1-8                   | A set of miniature posters on drinking milk. Very good        |
| 1 Recreation<br>(Play)    | Play and Recreation                                             | McCormick Memorial Fund (A)           | 1c each<br>or 85c<br>per 100 | 3-8                   | Outdoor, indoor and rainy day play illustrations              |
| 1 Rest<br>(General)       | Rest                                                            | Louisville Tb. Assn. (A)              | Free                         | 6-12                  | Emphasizes value of rest                                      |
| 1 Rest<br>(Sleep)         | Sleep                                                           | McCormick Memorial Fund (A)           | 1c each<br>or 85c<br>per 100 | 3-8                   | Rules for getting ready for sleep<br>Time table illustrations |
| 3 Cleanliness<br>(Skin)   | Health Habits, Bad and Good                                     | Amer. Dental Assn. (A)                | Free                         | 1-8                   | Good lesson in formation of cleanliness                       |
| 3 Cleanliness<br>(Skin)   | Health by Radio                                                 | U. S. Public Health Serv. (B)         | Free                         | 5-8                   | For teachers only. Growth and value stressed                  |
| 3 Cleanliness<br>(Skin)   | How the Teachers Can Help in the Correction of Physical Defects | Amer. Child Health Assn. (A)          | Free                         | 1-12                  | Review of meeting with points for parents and teachers        |
| 3 Cleanliness<br>(Skin)   | Public Health by the Radio (The Skin and Its Functions)         | U. S. Gov't Public Health Service (B) | Free                         | 5-8                   | Points for teachers                                           |
| 3 Cleanliness             | Teaching Health Through Stories, Games and Outline              | Iowa Tb. Assn. (A)                    | Free                         | 1-8                   | Outlines for teaching health through stories, games, etc.     |
| 3 Cleanliness<br>(Teeth)  | Better Teeth Stories                                            | Amer. Dental Assn. (A)                | Free                         | 1-8                   | Short stories on care of teeth                                |
| 3 Cleanliness<br>(Teeth)  | Better Teeth, Better Health Stories                             | Amer. Dental Assn. (A)                | Free                         | 1-3                   | Little stories on care of teeth for primary grades            |
| 3 Cleanliness<br>(Teeth)  | Clean Teeth as an Asset                                         | Amer. Dental Assn. (A)                | Free                         | 8-12                  | The value of clean teeth to health                            |
| 3 Cleanliness<br>(Teeth)  | Dental Health Education Material for School Use                 | Amer. Child Health Assn. (A)          | Free                         |                       | Review of a paper read at a dental convention                 |
| 3 Cleanliness<br>(Teeth)  | Dental Health Education Material for School Use                 | Amer. Child Health Assn. (A)          | Free                         | 1-8                   | A list of health materials for schools                        |
| 3 Cleanliness<br>(Teeth)  | Dental Health                                                   | Amer. Dental Health Assn. (A)         | Free                         | 8-12                  | A paper on the value of oral hygiene for high school pupils   |

| HEALTH<br>FUNCTION<br>(1)     | NAME OF<br>MATERIAL<br>(2)                                                                     | CONCERN OR<br>AGENCY<br>(3)                            | COST<br>(4) | GRADE<br>LEVEL<br>(5) | COMMENT<br>(6)                                                                                   |
|-------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------|-----------------------|--------------------------------------------------------------------------------------------------|
| 3 Cleanliness<br>(Teeth)      | Dental Soap<br>and Rhymes                                                                      | Michigan Dept.<br>of Health (A)                        | Free        | 1-8                   | Songs and rhymes<br>care of teeth                                                                |
| 3 Cleanliness<br>(Teeth)      | Good Teeth Mean<br>Good Health                                                                 | Chicago Dental<br>Soc. (A)                             | Free        | 1-8                   | Teaches dental cleanli-<br>ness                                                                  |
| 3 Cleanliness<br>(Teeth)      | List of Materials<br>from American<br>Dental Assn.                                             | Amer. Dental<br>Assn. (A)                              | Free        | 1-8                   | General information for<br>teacher                                                               |
| 3 Cleanliness<br>(Teeth)      | Rules and Regula-<br>tions for the Con-<br>duct of Dental<br>Dept. of Peoria<br>Public Schools | Amer. Dental<br>Assn. (A)                              | Free        | 1-12                  | Dental service to Peoria<br>schools                                                              |
| 3 Cleanliness<br>(Teeth)      | "Scrubbing the<br>Door Steps"                                                                  | Amer. Dental<br>Assn. (A)                              | Free        | 1-8                   | A very good lesson on<br>keeping children's teeth<br>clean                                       |
| 3 Cleanliness<br>(Teeth)      | Story of the<br>Food Chopper                                                                   | Amer. Dental<br>Assn. (A)                              | Free        | 1-3                   | Story dealing with hy-<br>giene for primary grades                                               |
| 3 Cleanliness<br>(Teeth)      | Story of the<br>King's Soldiers                                                                | Amer. Dental<br>Assn. (A)                              | Free        | 1-3                   | Story for primary grades<br>on value of oral mouth<br>hygiene                                    |
| 3 Cleanliness<br>(Teeth)      | Toothsome<br>Stories                                                                           | Amer. Dental<br>Assn. (A)                              | Free        | 1-8                   | Little playlets on value<br>of clean teeth                                                       |
| 3 Cleanliness<br>(Teeth)      | What Should a<br>City Do for the<br>Teeth of Its<br>School Children                            | Amer. Dental<br>Assn. (A)                              | Free        | 1-8                   | A suggested program on<br>the value of good teeth                                                |
| 3 Diseases<br>(Prevention)    | A Cold is Noth-<br>ing to Sneeze<br>About                                                      | Child Health<br>Edu. Service Tb.<br>Assn. (A)          | Free        | 6-9                   | States cause and control<br>of colds                                                             |
| 3 Diseases<br>(Prevention)    | Contagious<br>Disease Control<br>in Schools                                                    | Mich. Dept. of<br>Health (B)                           | Free        | 6-9                   | Rules governing quaran-<br>tine and handling of con-<br>tagion in schools                        |
| 3 Diseases<br>(Prevention)    | Diphtheria                                                                                     | Mich. Dept. of<br>Health (B)                           | Free        | 6-9                   | Regarding causes, care<br>and spread of disease                                                  |
| 3 Diseases<br>(Prevention)    | Health, Diseases<br>Drugs & Sanita-<br>tion                                                    | U. S. Supt. of<br>Documents, Wash-<br>ington, D.C. (B) | Free        | 1-8                   | Contains price list                                                                              |
| 3 Diseases<br>(Prevention)    | Measles                                                                                        | Mich. Dept. of<br>Health (B)                           | Free        | 6-9                   | Covers spread, care, and<br>prevention                                                           |
| 3 Diseases<br>(Prevention)    | Poliomyelitis or<br>Infantile<br>Paralysis                                                     | Mich. Dept. of<br>Health (B)                           | Free        | 6-9                   | States cause, transmis-<br>sion, control, etc.                                                   |
| 3 Diseases<br>(Prevention)    | Scarlet Fever,<br>Its Prevention<br>and Control                                                | Mich. Dept. of<br>Health (B)                           | Free        | 6-9                   | Cause, effect, results,<br>and rules for quarantine                                              |
| 3 Diseases<br>(Prevention)    | Small Pox                                                                                      | Mich. Dept. of<br>Health (B)                           | Free        | 6-9                   | Cause, result and pre-<br>ventive measures                                                       |
| 3 Diseases<br>(Prevention)    | Teaching Sugges-<br>tions for the Pre-<br>vention of Colds                                     | Tb. & Health Soc.<br>of Detroit (A)                    | Free        | 1-5                   | Useful for promoting<br>health through prevent-<br>ive measures                                  |
| 3 Diseases<br>(Prevention)    | Tuberculosis                                                                                   | Mich. Dept. of<br>Health (B)                           | Free        | 6-9                   | Preventive measures,<br>symptoms, care, etc.                                                     |
| 3 Diseases<br>(Prevention)    | Typhoid Fever                                                                                  | Mich. Dept. of<br>Health (B)                           | Free        | 6-9                   | Cause, carriers, preven-<br>tion, etc.                                                           |
| 3 Diseases<br>(Prevention)    | Whooping<br>Cough                                                                              | Mich. Dept. of<br>Health (B)                           | Free        | 6-9                   | Re. contagion, suscepti-<br>bility, and care of patient                                          |
| 3 Nutrition<br>(General)      | Diet for the<br>School Child                                                                   | Dept. of Interior<br>(B)                               | 10c         | 8-9                   | Aid for teaching of<br>foods                                                                     |
| 3 Nutrition<br>(General)      | Educational<br>Charts on Agri-<br>culture and Home<br>Economics                                | U. S. Supt. of<br>Documents, Wash-<br>ington, D.C. (B) | 5c          |                       | A list of materials that<br>may be obtained from<br>the U. S. Dept. of Agri-<br>culture, helpful |
| 3 Nutrition<br>(General)      | Garden Revel                                                                                   | Chicago Tb.<br>Inst. (A)                               | Free        | 6-8                   | Practicable health play<br>for Grades 6-8                                                        |
| 3 Nutrition<br>(General)      | The Lunch Hour<br>at School                                                                    | Dept. of Interior<br>(B)                               | 10c         | 1-12                  | Suggestions on conduct-<br>ing school lunch                                                      |
| 3 Nutrition<br>(General)      | Record Diet<br>Book                                                                            | McCormick Me-<br>morial Fund (A)                       | 15c         | 4-5                   | A record book for keep-<br>ing account of what chil-<br>dren eat                                 |
| 3 Nutrition<br>(Malnutrition) | What Is Mal-<br>nutrition?                                                                     | Dept. of Labor,<br>Children's<br>Bureau (A)            | 5c          | 3-8                   | To help teachers and par-<br>ents to recognize and<br>remedy malnutrition                        |
| 3 Nutrition<br>(Milk)         | Educational<br>"Milk for Health<br>Campaign"                                                   | U. S. Dept. of<br>Agriculture (B)                      | Free        | 1-8                   | Value of milk for chil-<br>dren's health                                                         |
| 3 Recreation<br>(Exercise)    | Health By Radio<br>Exercise Health                                                             | U. S. Public<br>Health Serv. (B)                       | Free        | 4-12                  | For teachers only                                                                                |

| HEALTH<br>FUNCTION<br>(1)  | NAME OF<br>MATERIAL<br>(2)                                            | CONCERN OR<br>AGENCY<br>(3)                | COST<br>(4)       | GRADE<br>LEVEL<br>(5) | COMMENT<br>(6)                                                |
|----------------------------|-----------------------------------------------------------------------|--------------------------------------------|-------------------|-----------------------|---------------------------------------------------------------|
| 3 Recreation<br>(Exercise) | Suggested Activities for Bureau of Recreation<br>Jr. Dept.            | Dept. of Health,<br>Ill. (B)               | Free              | 3-8                   | Especially suited for teachers' use                           |
| 3 Recreation<br>(Exercise) | Summer Health and Play School                                         | Dept. of Health,<br>Ill. (B)               | 10c               | 1-8                   | May be used in summer session                                 |
| 3 Recreation<br>(Posture)  | Posture Clinic                                                        | Dept. of Labor<br>(B)                      | 15c               | 2-8                   | States value of, and offers exercises for, correct posture    |
| 3 Recreation<br>(Posture)  | Posture Exercises                                                     | Dept. of Labor<br>(B)                      | 10c               | 2-8                   | Gives explicit direction for posture exercises                |
| 3 Sanitation<br>(School)   | Ventilation of School Building                                        | McCormick Memorial Fund (A)                | 15c               | 1-8                   | A booklet on care of the ventilation of school bldg.          |
| 3 Sanitation<br>(General)  | Billy Boy                                                             | Chicago Tb. Inst. (A)                      | Free              | 2-6                   | Health song                                                   |
| 3 General                  | Child Welfare Programs                                                | Dept. Labor, Children's Bureau (B)         | 5c                | 1-8                   | Limited value for teachers. Helpful for child welfare clubs   |
| 3 General                  | Chicago's Health                                                      | Commissioner of Health (B)                 | Free              | 6-12                  | Covers general care                                           |
| 3 General                  | Classroom Situations as Teaching Opportunities for Health Instruction | Amer. Child Health Assn. (A)               | Free              | 1-6                   | General health as presented by teacher                        |
| 3 General                  | Classroom Weight Record                                               | McCormick Memorial Fund (A)                | 5c or 25c for 100 | 1-9                   | Chart well-planned for recording weight of children           |
| 3 General                  | Educational Material (Lists of Charts)                                | Amer. Posture League, Inc. (A)             | 15c to \$4.00     | 3-12                  | List of publications, charts, articles, books, etc.           |
| 3 General                  | Further Steps in Teaching Health                                      | Dept. of Interior (B)                      | 10c               | 1-9                   | Teachers' general health                                      |
| 3 General                  | Health Crusade For School                                             | Chicago Tb. Inst. (A)                      | Free              | 1-8                   | Stimulates activities in health and cleanliness               |
| 3 General                  | Health Education Publications                                         | Dept. of Interior (B)                      | Free              | 1-8                   | Also suitable for use of parents                              |
| 3 General                  | Health Educational Tests                                              | Amer. Child Health Assn. (A)               | Free              | 1-3                   | Outlines definite habits on which to check                    |
| 3 General                  | Health Keys for Primary Grades                                        | Chicago Tb. Inst. (A)                      | Free              | 1-3                   | Illustrative of good health habits                            |
| 3 General                  | Health by Radio Care of Teeth in Childhood                            | U. S. Public Health Serv. (B)              | Free              | Kg.-12                | Valuable for use of parents and teachers                      |
| 3 General                  | Health by Radio Personal Hygiene                                      | U. S. Public Health Serv. (B)              | Free              | 5-8                   | Limited to teachers' use                                      |
| 3 General                  | Health by Radio Posture and Health                                    | U. S. Public Health Serv. (B)              | Free              | 3-8                   | For teachers use only                                         |
| 3 General                  | Health Songs for Modern Health Crusaders                              | Iowa Tb. Assn. (A)                         | Free              | 3-8                   | Attractive little songs to inspire health habits              |
| 3 General                  | Health Songs and Rhymes                                               | Mich. Dept. of Health (A)                  | Free              | 1-8                   | Little song on health in general                              |
| 3 General                  | Health Training for Teachers                                          | Dept. of Interior (B)                      | 5c                |                       | Stresses importance of health on part of teacher              |
| 3 General                  | Helps for Health Teaching                                             | Amer. Medical Assn. (A)                    | Free              | 1-8                   | Reference to use of health magazines                          |
| 3 General                  | How Bad Habit Family Got Into Kingdom of Health                       | Chicago Tb. Inst. (A)                      | Free              | 2-8                   | Value for teachers and children                               |
| 3 General                  | Interest Arousing Devices for Health Teaching                         | Dept. of Interior (B)                      | Free              | 1-8                   | Deals with general health habits                              |
| 3 General                  | Keep Well                                                             | U. S. Public Health Assn. (B)              | Free              | 3-8                   | General use for teachers                                      |
| 3 General                  | List of Publications                                                  | Amer. Child Health Assn. (A)               | Free              | 1-9                   | May be used for reference purposes                            |
| 3 General                  | Methods of Health Instruction in Elementary School                    | McCormick Memorial Fund (A)                | 35c               | 1-8                   | Series of six articles on class instruction in health         |
| 3 General                  | Mountain Meadow                                                       | Iowa Tb. Assn. (A)                         | Free              | 7-8                   | A school pageant                                              |
| 3 General                  | Pageant in the Interest of Good Health                                | Iowa Tb. Assn. (A)                         | Free              | 1-8                   | Suggestions for health discussions in parent-teacher meetings |
| 3 General                  | Physical Defects of School Children                                   | Dept. of Interior, Office of Education (B) | Free              | 1-8                   | Articles on physical defects found in school children         |

| HEALTH<br>FUNCTION<br>(1) | NAME OF<br>MATERIAL<br>(2)                                                        | CONCERN OR<br>AGENCY<br>(3)                              | COST<br>(4) | GRADE<br>LEVEL<br>(5) | COMMENT<br>(6)                                                                       |
|---------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------|-------------|-----------------------|--------------------------------------------------------------------------------------|
| 3 General                 | Primary Health<br>Habit Chart                                                     | Chicago Tb.<br>Inst. (A)                                 | Free        | 1-3                   | Helpful for health habit<br>accounting                                               |
| 3 General                 | Publications                                                                      | U. S. Dept. of<br>Labor (B)                              | Free        | 1-8                   | List of books on chil-<br>dren's welfare                                             |
| 3 General                 | Publications Deal-<br>ing With Medical<br>Subjects of Inter-<br>est to the Public | Amer. Medical<br>Assn. (A)                               | Free        | 1-12                  | Publications covering<br>many phases of health<br>Cost of each publication<br>stated |
| 3 General                 | Safety First<br>Train                                                             | Chicago Tb.<br>Inst. (A)                                 | Free        | 1-12                  | A health playlet                                                                     |
| 3 General                 | School Health<br>Education                                                        | Div. of Child Hy-<br>giene, Ill., Dept.<br>of Health (B) | Free        | 5-8                   | Limited to teachers' use                                                             |
| 3 General                 | The Six Best<br>Doctors                                                           | Chicago Tb.<br>Inst. (A)                                 | Free        | 1-14                  | A health play for pri-<br>mary pupils                                                |
| 3 General                 | Teaching Health                                                                   | Dept. of Interior<br>(B)                                 | Free        |                       | Offers concrete helpful<br>suggestions                                               |

## III. FOR PARENT USE

| HEALTH<br>FUNCTION<br>(1)  | NAME OF<br>MATERIAL<br>(2)                                      | CONCERN OR<br>AGENCY<br>(3)      | COST<br>(4)                            | GRADE<br>LEVEL<br>(5) | COMMENT<br>(6)                                                       |
|----------------------------|-----------------------------------------------------------------|----------------------------------|----------------------------------------|-----------------------|----------------------------------------------------------------------|
| 1 Disease<br>(Prevention)  | "Protect Me and<br>All Babies From<br>Diphtheria"               | Onondaga Health<br>Assn. (A)     | Free                                   |                       | Urges to inoculate<br>against diphtheria                             |
| 1 Disease<br>(Prevention)  | Protect Your<br>Child Against<br>Diphtheria                     | Onondaga Health<br>Assn. (A)     | Free                                   |                       | Prevention of disease                                                |
| 1 General                  | How to Live<br>100 Years                                        | Onondaga Health<br>Assn. (A)     | Free                                   |                       | Health rules and poster                                              |
| 1 General                  | Keep Your Child<br>Up to Weight                                 | Onondaga Health<br>Assn. (A)     | Free                                   |                       | Proper weight with re-<br>spect to tuberculosis                      |
| 3 Cleanliness<br>(Teeth)   | Home Care of<br>the Mouth                                       | Amer. Dental<br>Assn. (A)        | Free                                   |                       | Good directions for pro-<br>per care of teeth                        |
| 3 Cleanliness<br>(Teeth)   | What Bacteria<br>Do in the Mouth                                | Amer. Dental<br>Assn. (A)        | Free                                   |                       | Importance of cleanli-<br>ness in the mouth                          |
| 3 Disease<br>(Prevention)  | Cancer of Mouth<br>and Tongue                                   | Amer. Dental<br>Assn. (A)        | Free                                   |                       | Its causes, prevention,<br>and early recognition                     |
| 3 Disease<br>(Prevention)  | Child and<br>Tuberculosis                                       | McCormick Me-<br>morial Fund (A) | Free                                   |                       | Too technical for general<br>use, sociological                       |
| 3 Nutrition<br>(General)   | Food for Your<br>Child                                          | McCormick Me-<br>morial Fund (A) | 8c                                     |                       | Essential diet for chil-<br>dren, also contains a few<br>recipes     |
| 3 Nutrition<br>(General)   | Menus for Day<br>Nursery                                        | McCormick Me-<br>morial Fund (A) | Free                                   |                       | Balanced diets covering<br>four weeks                                |
| 3 Nutrition<br>(General)   | Nutrition Work<br>for Pre-School<br>Children                    | Dept. of Labor<br>(B)            | 5c                                     |                       | Technical. Methods re-<br>garding nutritional work                   |
| 3 Nutrition<br>(General)   | Practical Sugges-<br>tions for Meals<br>and School<br>Luncheons | McCormick Mem-<br>orial Fund (A) | 10c                                    |                       | Essentials of diet for<br>growing child                              |
| 3 Nutrition<br>(General)   | Problem of Sweets<br>for Children                               | Amer. Child<br>Health Assn. (A)  | 4c each<br>over 500<br>2c each<br>Free |                       | Rather technical discus-<br>sion on food habits                      |
| 3 Nutrition<br>(Milk)      | How to Use a<br>Quart of Milk a<br>Day                          | Louisville Tb.<br>Assn. (A)      | Free                                   |                       | Suggestions in regard to<br>foods that promote nor-<br>mal nutrition |
| 3 Nutrition<br>(Milk)      | Milk                                                            | Dent of Labor<br>(B)             | Free                                   |                       | Milk as an indispensable<br>food for children                        |
| 3 Nutrition<br>(Milk)      | What Milk Will<br>Do for Your Child                             | McCormick Me-<br>morial Fund (A) | Free                                   |                       | Statistical results of<br>milk experiments                           |
| 3 Nutrition<br>(Teeth)     | How to Build<br>Sound Teeth                                     | Amer. Dental<br>Assn. (A)        | Free                                   |                       | For building sound teeth                                             |
| 3 Nutrition<br>(Teeth)     | Promotion of<br>Health in the<br>Mouth                          | Amer. Dental<br>Assn. (A)        | Free                                   |                       | How diet affects teeth                                               |
| 3 Nutrition<br>(Teeth)     | The Masticating<br>Machine                                      | Amer. Dental<br>Assn. (A)        | Free                                   |                       | On the teeth and their<br>supporting structures                      |
| 3 Nutrition<br>(Teeth)     | The Question of<br>Foods                                        | Amer. Dental<br>Assn. (A)        | Free                                   |                       | Building strong bodies<br>and teeth                                  |
| 3 Nutrition<br>(Teeth)     | Your Child's<br>Teeth                                           | Dept. of Labor<br>(B)            | Free                                   |                       | Importance of proper<br>diet                                         |
| 3 Recreation<br>(Exercise) | Play and<br>Recreation                                          | Dept. of Labor<br>(B)            | Free                                   |                       | Discussion                                                           |
| 3 Rest<br>(Sleep)          | Why Sleep?                                                      | Dept. of Labor<br>(B)            | Free                                   |                       | Importance of sleep for<br>children                                  |
| 3 General                  | Child Care                                                      | Dept. of Labor<br>(B)            | 10c                                    |                       | General care during pre-<br>school age—complete<br>discussion        |

| HEALTH<br>FUNCTION<br>(1) | NAME OF<br>MATERIAL<br>(2)                      | CONCERN OR<br>AGENCY<br>(3)            | COST<br>(4) | GRADE<br>LEVEL<br>(5) | COMMENT<br>(6)                                                                            |
|---------------------------|-------------------------------------------------|----------------------------------------|-------------|-----------------------|-------------------------------------------------------------------------------------------|
| 3 General                 | Child Management                                | Dept. of Labor (B)                     | 10c         |                       | Excellent discussion on controlling habits and character development of children          |
| 3 General                 | Habit Clinics for Child of Pre-School Age       | Dept. of Labor, Children's Dept. (B)   | Free        |                       | Report on organization methods of work and practical value of habit clinics               |
| 3 General                 | Infant Care                                     | Dept. of Labor (B)                     | 10c         |                       | Covers all phases of infant care and training                                             |
| 3 General                 | Keeping the Baby Well                           | Dept. of Labor (B)                     | Free        |                       | Program for good health habits in infants                                                 |
| 3 General                 | Nutrition Work as Part of Tuberculosis Campaign | McCormick Memorial Fund (A)            | 5c          |                       | Technical discussion                                                                      |
| 3 General                 | Out of Babyhood Into Childhood                  | Dept. of Labor (B)                     | Free        |                       | Controlling habits in the young child                                                     |
| 3 General                 | Physical Defects of School Children             | Dept. of Interior, Office of Educ. (B) | 10c         |                       | Discussion                                                                                |
| 3 General                 | Signs of Health                                 | Amer. Child Health Assn. (A)           | Free        |                       | Rather technical suggestions for attaining the ideal in child development                 |
| 3 General                 | Sunlight for Babies                             | Dept. of Labor (B)                     | Free        |                       | Importance of sunshine and its value                                                      |
| 3 General                 | The Well Baby Primer                            | McCormick Memorial Fund (A)            | 15c         |                       | Care of infant written in primer form                                                     |
| 3 General                 | The Well Child (2-6 years)                      | McCormick Memorial Fund (A)            | 5c          |                       | Deals with care and standards of health of children during the neglected age. Primer form |
| 3 General                 | What Builds Babies                              | Dept. of Labor (B)                     | Free        |                       | Importance of correct diet for mothers                                                    |
| 3 General                 | Care of Children's Teeth                        | Amer. Dental Assn. (A)                 | Free        |                       | Shows results of neglect                                                                  |
| 3 General                 | Children's Teeth, Parts I and II                | Amer. Dental Assn. (A)                 | Free        |                       | How to use them and keep them. In question and answer form                                |

## ADDRESSES OF AGENCIES

American Child Health Association, 370 7th Avenue, New York City.  
 American Dental Association, 58 East Washington Street, Chicago, Ill.  
 American Medical Society, 535 North Dearborn Street, Chicago, Ill.  
 American Posture League, 1 Madison Avenue, New York City. ✓  
 Chicago Dental Society, Department of Health, Chicago, Ill. ✓  
 Chicago Tuberculosis Institute, 360 North Michigan Avenue, Chicago, Ill. ✓  
 Child Health Organization, New York City. ✓  
 Commissioner of Health, Chicago, Ill. ✓  
 Department of Health, Springfield, Ill. ✓  
 Department of Interior, Washington, D. C. ✓  
 Department of Labor, Children's Bureau, Washington, D. C. ✓  
 Des Moines Tuberculosis Institute, 518 Frankel Building, Des Moines, Iowa. ✓  
 Hennepin County Tuberculosis Association, Minneapolis, Minn. ✓  
 Iowa Tuberculosis Institute, 518 Century Building, Des Moines, Iowa. ✓  
 Louisville Tuberculosis Association, 554 South Third Street, Louisville, Ky. ✓  
 Elizabeth McCormick Memorial Fund, 848 North Dearborn Street, Chicago, Ill. ✓  
 Michigan Department of Health, Lansing, Mich. ✓  
 National Tuberculosis Association, Louisville, Ky. ✓  
 Onondaga Health Association, Syracuse, N. Y. ✓  
 Superintendent of Documents, Washington, D. C. ✓  
 Tuberculosis and Health Society of Detroit, 51 West Warren Street, Detroit, Mich. ✓  
 United States Department of Agriculture, Washington, D. C. ✓  
 United States Public Health Service, Washington, D. C. ✓

## A BIBLIOGRAPHY ON SCHOOL HEALTH

## A. GENERAL SUPERVISION OF HEALTH

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## B. HYGIENE OF INSTRUCTION AND SCHOOL ENVIRONMENT

3. Ayres, May, Williams, Jesse Feiring, and Wood, Thomas Denison. *Healthful Schools*. Boston: Houghton Mifflin Co., 1918.
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5. McLure, J. R. *The Ventilation of School Buildings*. New York City: Bureau of Publications, Teachers College, Columbia University, 1924.
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9. Thomas, M. W. *Public School Plumbing Equipment*. New York City: Bureau of Publications, Teachers College, Columbia University, 1928.
- ✓ 10. Williams, Jesse Feiring, and Brownell, Clifford Lee. *Health and Physical Education for Public School Administrators*. New York City: Bureau of Publications, Teachers College, Columbia University, 1930. p. 6-13.

## C. METHODS, DEVICES, AND CONTENT IN TEACHING HEALTH AND SAFETY

- ✓ 11. Andress, J. Mace. *Teaching Hygiene in the Grades*. Boston: Houghton Mifflin Co., 1928.
12. Andress, J. Mace, Aldinger, A. K., and Goldberger, J. H. *Health Essentials*. Boston: Ginn and Co., 1928. 481 p.
- ✓ 13. Andress, J. Mace, and Brown, Maud A. *Science and the Way to Health*. Boston: Ginn and Co., 1929. 367 p.
- ✓ 14. Averill, Lawrence Augustus. *Educational Hygiene*. Boston: Houghton Mifflin Co., 1926. 546 p.
15. Bednar, Christine. "The Chicago Course of Study in Health Education." *Health Education*. The Chicago Principals' Club, Fifth Yearbook. Chicago: Chicago Principals' Club (315 Plymouth Court), June, 1930. p. 83-4.
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21. McGiffert, Sarah. "Health Tests." *Health Education*. Chicago Principals' Club, Fifth Yearbook. Chicago: Chicago Principals' Club (315 Plymouth Court), June, 1930. p. 180-4.
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#### D. PREVENTIVE AND CORRECTIVE WORK

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## REPORT OF THE EDITORIAL COMMITTEE

AARON KLINE

*Chairman for 1932, Editorial Committee*

**I**N a letter to Frederick of Prussia, Voltaire said that kings think more of royalty than they do of humanity. Do we as principals often concentrate our energies on professional technics to the neglect of the non-school problems of childhood? Do we try to withdraw teaching from the social forces about the schools?

*Children mingle with non-school influences*—How futile it is to ask society to leave us alone with the task of training the coming generation. We have the child but six hours of the sixteen hours when he is awake. What is he learning in the other ten hours on the street, at home, in the theater, with the gang, or at the corner store? Certainly, these other non-school environments are effective in teaching facts and attitudes. How can the principal leave these unorganized training influences out of the program of his school?

There are also in the community many organized influences which are largely beneficial. These groups include the churches, the boys' and girls' club movement, the young people's associations, and similar agencies. While these influences are not controlled by the school they tend to supplement and to advance the educational program.

*Influences force their way into the school*—A second type of organized influence is that which projects itself into the school. Often these forces are not invited and sometimes are not wanted. Among these are juvenile court officers, police officers, firemen, veteran organizations, chambers of commerce, business groups, service clubs, the press, radio broadcasts, and public utilities. Scarcely a week passes that these groups do not demand the attention of the principal on some project fostered by them, but requiring the time and efforts of the children. One time it is a hobby show, another a patriotic essay, and still another a swimming meet. These projects cannot succeed unless the children take part. The project in itself is often appealing and to say the least usually not objectionable. However, the *control* of the activity is outside of the school, the management of the project often leads to moral hazards, and the whole plan fosters influences which are educationally unwise.

*What should the principal do?*—The problem for the principal is not only to recognize these forces and their inevitable influences but to direct them so that they will bear favorably on the education of children.

Such organizations as the parent-teacher club, mothers' clubs, community centers, Americanization classes, fathers' clubs, open house, and community day are direct attempts to organize and control influences directly affecting lives of the children. Some principals skilfully obtain the coöperation of these groups. Other principals discourage their efforts and thus lose to the school the support of organized citizens. Still other principals are overwhelmed and controlled by the outside groups, often to the detriment of the school.

The service clubs, the fathers' clubs, and the chamber of commerce have organized the business life of the community. The principal who makes con-

tacts with these groups and seeks their coöperation seldom complains about local interferences. Even the press can be reached and led to coöperate through the various business organizations.

The problem of the modern principal is:

1. To view the community as the larger school
2. To recognize the conflicting social forces that are influencing the children
3. To guide the unorganized forces so that their influences can be thwarted or controlled
4. To make contacts with the organized groups so that they will help to keep the school free from undesirable outside interferences
5. Above all, the principal should be the master of the community situation rather than a slave to it.

*The Eleventh Yearbook*—The Editorial Committee appeals to the principals who have successfully met any one of the above problems to prepare an article for the 1932 yearbook. Let your fellow principals benefit by your experience.

In order to help organize the thinking on this subject the committee printed an outline on page 118 of the January *Bulletin*. Look over the outline and find the major topic under which your article belongs. If the major topic in the outline on page 118 is V, VI, VIII you should correspond with Aaron Kline, 521 E. 113th St., Chicago, Illinois. If your topic is II, VII, or IX, write to Miss Isabel Tucker, Shenandoah School, St. Louis, Missouri. For topics I, III, or IV, write to Miss Helen Shove, Longfellow School, Minneapolis, Minnesota. Or, you may write direct to Headquarters, 1201 Sixteenth St., N. W., Washington, D. C.

Here is a chance to contribute to a great piece of work. The Editorial Committee depends on you. Help us to get together a body of literature on how successful principals have been real leaders in correlating many conflicting social forces and making them help in properly training the community's children.

Manuscripts should be sent to the Committee not later than November 1, 1931.

THE day of the new principalship is at hand. The radical changes in elementary education are demanding a new type of leadership. . . . Our great hope lies in improving the technics and broadening the vision of each principal. . . . Ours is not merely a problem of gross salaries, nor is it restricted to urban areas alone.—HERBERT C. HANSEN.

# REPORT OF THE ENROLMENT COMMITTEE

HERMAN F. RITOW

*Principal, Goethe School, Chicago, Illinois*

THE tenth yearbook in April of this year contained the names of 4830 members of the national Department. The total number of official membership cards issued from Headquarters was 4878 up to May 9, 1931. Hence, 48 names were received after the yearbook went to press.

Our official membership total in 1929-30 was 4824. About 990 of these members did not pay their dues for 1930-31. Therefore, to reach the official total for 1930-31 of 4878 it was necessary to enlist 1044 *new* members. This gives us a net gain of 54 members between 1929-30 and 1930-31.

During the past year our country has suffered from an unparalleled economic depression. As we all know our profession has carried its share of the economic troubles. It would have been a worthwhile achievement had our Department merely held its own enrolment. The fact that we have actually increased our number shows the value of the strenuous efforts of state, city, and county enrolment chairmen, and of the unstinted support of the Department's officers, and officials at Headquarters, Washington, D. C.

Table 1 shows a distribution by city size of the membership in the 48 states and the District of Columbia. The total membership in column 8 does not include 54 individual memberships in the territories, islands, and foreign countries, 118 libraries, and 48 memberships which arrived in Washington, D. C. too late for publication in the 1931 yearbook.

Column 10 of Table 1 shows the gains and losses between 1930 and 1931. A state with 136.3 has gained 36.3 percent over its 1930 membership, while a state with 92.6 reveals a loss of close to 8 percent. The states showing the greatest *percent* of gain over 1930 are as follows:

| STATE                    | PERCENT OF GAIN |
|--------------------------|-----------------|
| Vermont . . . . .        | 150             |
| New Mexico . . . . .     | 67              |
| Nebraska . . . . .       | 63              |
| Indiana . . . . .        | 46              |
| Montana . . . . .        | 37              |
| South Carolina . . . . . | 36              |
| North Carolina . . . . . | 36              |
| Louisiana . . . . .      | 32              |
| South Dakota . . . . .   | 27              |
| Mississippi . . . . .    | 27              |
| Kansas . . . . .         | 20              |

Gains of more than 5 percent are shown by Illinois, Florida, Georgia, Delaware, Connecticut, New Hampshire, Massachusetts, Utah, Washington, California, West Virginia, Michigan, District of Columbia, and Missouri. Losses deserving considerable study occurred in Arkansas, Rhode Island, Alabama, Arizona, Oregon, and Virginia.

TABLE I.—DISTRIBUTION OF THE STATE MEMBERSHIPS BY CITY SIZE—1930-31

| STATE<br>(1)             | CITY SIZE              |                                |                               |                              |                             |                              | Total<br>for<br>1930-31<br>(8) | Total<br>for<br>1929-30<br>(9) | Percent<br>Col. 8 is of<br>Col. 9<br>(10) |
|--------------------------|------------------------|--------------------------------|-------------------------------|------------------------------|-----------------------------|------------------------------|--------------------------------|--------------------------------|-------------------------------------------|
|                          | Over<br>100,000<br>(2) | 30,000<br>to<br>100,000<br>(3) | 10,000<br>to<br>30,000<br>(4) | 5,000<br>to<br>10,000<br>(5) | 2,500<br>to<br>5,000<br>(6) | Less<br>than<br>2,500<br>(7) |                                |                                |                                           |
| Alabama . . . . .        | 16                     | 14                             | 5                             | 0                            | 1                           | 2                            | 38                             | 51                             | 74.5                                      |
| Arizona . . . . .        | 0                      | 5                              | 0                             | 3                            | 2                           | 5                            | 15                             | 18                             | 83.3                                      |
| Arkansas . . . . .       | 0                      | 7                              | 2                             | 0                            | 1                           | 2                            | 12                             | 19                             | 63.1                                      |
| California . . . . .     | 154                    | 72                             | 65                            | 18                           | 16                          | 49                           | 374                            | 347                            | 107.7                                     |
| Colorado . . . . .       | 47                     | 15                             | 7                             | 6                            | 5                           | 1                            | 81                             | 83                             | 97.5                                      |
| Connecticut . . . . .    | 35                     | 15                             | 28                            | 8                            | 3                           | 11                           | 100                            | 91                             | 109.8                                     |
| Delaware . . . . .       | 4                      | 0                              | 0                             | 0                            | 1                           | 5                            | 10                             | 9                              | 111.1                                     |
| District of Columbia     | 65                     | 0                              | 0                             | 0                            | 0                           | 0                            | 65                             | 61                             | 106.5                                     |
| Florida . . . . .        | 27                     | 7                              | 8                             | 6                            | 0                           | 6                            | 54                             | 48                             | 112.5                                     |
| Georgia . . . . .        | 28                     | 9                              | 5                             | 2                            | 0                           | 2                            | 46                             | 41                             | 112.1                                     |
| Idaho . . . . .          | 0                      | 0                              | 6                             | 2                            | 2                           | 4                            | 14                             | 14                             | 100.0                                     |
| Illinois . . . . .       | 174                    | 75                             | 32                            | 17                           | 7                           | 7                            | 312                            | 265                            | 117.7                                     |
| Indiana . . . . .        | 88                     | 20                             | 17                            | 1                            | 2                           | 5                            | 133                            | 91                             | 146.1                                     |
| Iowa . . . . .           | 12                     | 28                             | 21                            | 5                            | 2                           | 6                            | 74                             | 70                             | 105.7                                     |
| Kansas . . . . .         | 57                     | 3                              | 23                            | 4                            | 5                           | 4                            | 96                             | 80                             | 120.0                                     |
| Kentucky . . . . .       | 23                     | 6                              | 12                            | 4                            | 0                           | 1                            | 46                             | 44                             | 104.5                                     |
| Louisiana . . . . .      | 18                     | 5                              | 3                             | 0                            | 2                           | 1                            | 29                             | 22                             | 131.8                                     |
| Maine . . . . .          | 0                      | 1                              | 4                             | 1                            | 2                           | 1                            | 9                              | 9                              | 100.0                                     |
| Maryland . . . . .       | 41                     | 3                              | 2                             | 0                            | 1                           | 8                            | 55                             | 58                             | 94.8                                      |
| Massachusetts . . . . .  | 107                    | 53                             | 42                            | 17                           | 4                           | 26                           | 249                            | 230                            | 108.2                                     |
| Michigan . . . . .       | 245                    | 57                             | 41                            | 10                           | 5                           | 13                           | 371                            | 346                            | 107.2                                     |
| Minnesota . . . . .      | 97                     | 0                              | 1                             | 5                            | 6                           | 5                            | 114                            | 123                            | 92.6                                      |
| Mississippi . . . . .    | 0                      | 5                              | 8                             | 0                            | 2                           | 4                            | 19                             | 15                             | 126.6                                     |
| Missouri . . . . .       | 129                    | 27                             | 18                            | 6                            | 4                           | 1                            | 185                            | 176                            | 105.1                                     |
| Montana . . . . .        | 0                      | 2                              | 11                            | 4                            | 0                           | 5                            | 22                             | 16                             | 137.5                                     |
| Nebraska . . . . .       | 49                     | 11                             | 7                             | 2                            | 2                           | 1                            | 72                             | 44                             | 163.6                                     |
| Nevada . . . . .         | 0                      | 0                              | 0                             | 0                            | 1                           | 2                            | 3                              | 3                              | 100.0                                     |
| New Hampshire . . . . .  | 0                      | 4                              | 6                             | 0                            | 0                           | 2                            | 12                             | 11                             | 109.1                                     |
| New Jersey . . . . .     | 80                     | 59                             | 63                            | 34                           | 12                          | 43                           | 291                            | 308                            | 94.4                                      |
| New Mexico . . . . .     | 0                      | 8                              | 0                             | 5                            | 0                           | 2                            | 15                             | 9                              | 166.6                                     |
| New York . . . . .       | 216                    | 57                             | 56                            | 16                           | 14                          | 32                           | 391                            | 383                            | 102.1                                     |
| North Carolina . . . . . | 0                      | 39                             | 8                             | 7                            | 1                           | 6                            | 61                             | 45                             | 135.5                                     |
| North Dakota . . . . .   | 0                      | 0                              | 12                            | 2                            | 0                           | 3                            | 17                             | 17                             | 100.0                                     |
| Ohio . . . . .           | 234                    | 27                             | 16                            | 6                            | 1                           | 16                           | 300                            | 328                            | 91.4                                      |
| Oklahoma . . . . .       | 30                     | 5                              | 13                            | 4                            | 1                           | 2                            | 55                             | 52                             | 105.7                                     |
| Oregon . . . . .         | 65                     | 0                              | 7                             | 6                            | 5                           | 8                            | 91                             | 105                            | 86.6                                      |
| Pennsylvania . . . . .   | 139                    | 28                             | 44                            | 15                           | 6                           | 19                           | 251                            | 277                            | 90.6                                      |
| Rhode Island . . . . .   | 8                      | 0                              | 0                             | 2                            | 0                           | 1                            | 11                             | 15                             | 73.3                                      |
| South Carolina . . . . . | 0                      | 9                              | 3                             | 1                            | 0                           | 2                            | 15                             | 11                             | 136.3                                     |
| South Dakota . . . . .   | 0                      | 13                             | 13                            | 1                            | 1                           | 0                            | 28                             | 22                             | 127.2                                     |
| Tennessee . . . . .      | 25                     | 0                              | 3                             | 3                            | 0                           | 4                            | 35                             | 36                             | 97.2                                      |
| Texas . . . . .          | 98                     | 30                             | 11                            | 5                            | 4                           | 2                            | 150                            | 146                            | 102.7                                     |
| Utah . . . . .           | 29                     | 6                              | 1                             | 1                            | 0                           | 2                            | 39                             | 37                             | 105.4                                     |
| Vermont . . . . .        | 0                      | 0                              | 5                             | 0                            | 0                           | 0                            | 5                              | 2                              | 250.0                                     |
| Virginia . . . . .       | 17                     | 7                              | 11                            | 2                            | 1                           | 6                            | 44                             | 49                             | 89.7                                      |
| Washington . . . . .     | 97                     | 7                              | 17                            | 2                            | 4                           | 5                            | 132                            | 122                            | 108.1                                     |
| West Virginia . . . . .  | 0                      | 10                             | 4                             | 3                            | 2                           | 10                           | 29                             | 27                             | 107.4                                     |
| Wisconsin . . . . .      | 35                     | 29                             | 10                            | 1                            | 0                           | 2                            | 77                             | 80                             | 96.2                                      |
| Wyoming . . . . .        | 0                      | 0                              | 6                             | 1                            | 1                           | 3                            | 11                             | 11                             | 100.0                                     |
| Total . . . . .          | 2489                   | 778                            | 677                           | 238                          | 129                         | 347                          | 4658                           | 4468                           | 104.2                                     |

According to column 8 of Table 1 the first 10 states in order of total membership are:

| STATE                   | RANK IN 1931 | RANK IN 1930 |
|-------------------------|--------------|--------------|
| New York . . . . .      | 1            | 1            |
| California . . . . .    | 2            | 2            |
| Michigan . . . . .      | 3            | 3            |
| Illinois . . . . .      | 4            | 7            |
| Ohio . . . . .          | 5            | 4            |
| New Jersey . . . . .    | 6            | 5            |
| Pennsylvania . . . . .  | 7            | 6            |
| Massachusetts . . . . . | 8            | 8            |
| Missouri . . . . .      | 9            | 9            |
| Texas . . . . .         | 10           | 10           |

States showing largest *actual* gains in total membership between 1930 and 1931 are as follows:

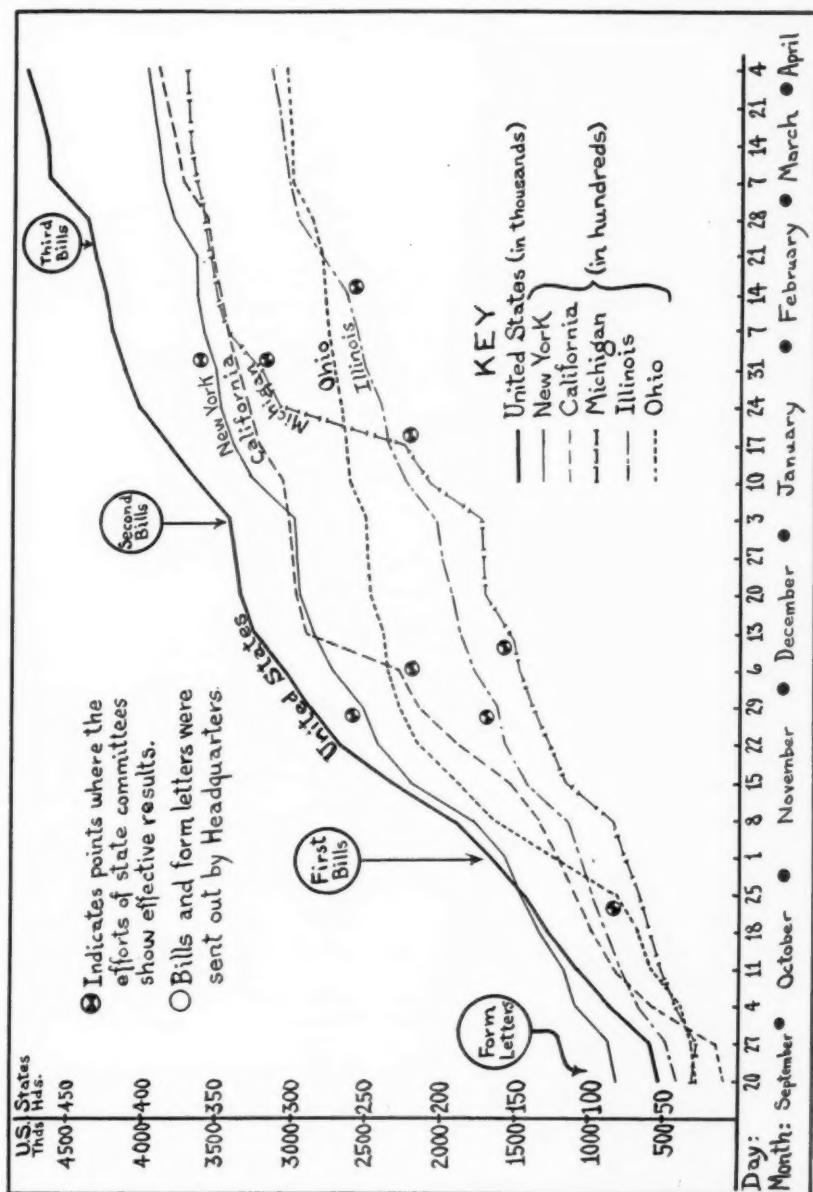
| STATE                    | NUMBER GAINED |
|--------------------------|---------------|
| Illinois . . . . .       | 47            |
| Indiana . . . . .        | 42            |
| Nebraska . . . . .       | 28            |
| California . . . . .     | 27            |
| Michigan . . . . .       | 25            |
| Massachusetts . . . . .  | 19            |
| Kansas . . . . .         | 16            |
| North Carolina . . . . . | 16            |

Our Department has always been very proud of the memberships outside of continental United States. This year we welcome several new members in Alaska, Canada, and the Philippine Islands. We commend the eight members in Porto Rico who have held on to their memberships in spite of the storms and economic difficulties which have harassed the island. The percent of gain over the 1930 membership in Alaska, Canada, and the Philippines exceeds most of the gains shown in column 9 of Table 1.

TABLE 2—MEMBERSHIPS OUTSIDE OF CONTINENTAL UNITED STATES

| GEOGRAPHICAL UNIT            | 1930-31<br>MEMBER-<br>SHIP | 1929-30<br>MEMBER-<br>SHIP | PERCENT 1931<br>TOTAL IS OF<br>1930 TOTAL |
|------------------------------|----------------------------|----------------------------|-------------------------------------------|
| Alaska . . . . .             | 2                          | 1                          | 200                                       |
| Canada . . . . .             | 3                          | 1                          | 300                                       |
| Canal Zone . . . . .         | 0                          | 1                          | -----                                     |
| Cook Islands . . . . .       | 0                          | 1                          | -----                                     |
| Hawaii . . . . .             | 31                         | 35                         | 88.5                                      |
| India . . . . .              | 1                          | 0                          | -----                                     |
| Philippine Islands . . . . . | 9                          | 6                          | 150                                       |
| Porto Rico . . . . .         | 8                          | 18                         | 44.4                                      |
|                              | 54                         | 63                         | 85.7                                      |

The graph shows the growth of the national membership and the enrolment in five states in 1931. The curve for the United States is plotted in thousands. For example, on October 11, 1930, the total national enrolment was a little over 1000 members. The state curves in the diagram are plotted in hundreds.



GRAPH I.—GROWTH OF THE MEMBERSHIP IN THE NATION AND FIVE LEADING STATES

For example, on October 11, New York enrolled about 120 members, California about 80, Illinois about 75, and so on.

In the opinion of the writer the graph shows very clearly the effect of the letters and bills from Headquarters. There are, however, other "bumps" in the curves which cannot be accounted for except by the efforts of the state and local enrolment chairmen. From careful records kept at Headquarters the primary sources of membership are given in Table 3.

Apparently, from Table 3 about 3171 memberships are influenced to join the Department *primarily* because of letters and bills from Washington, D. C. The remaining 1700 may be considered the result of the enrolment campaign. Many of these persons would drop from the Department in spite of the efforts from Washington but for the repeated solicitation by state and local enrolment chairmen.

TABLE 3—SOURCES OF MEMBERSHIPS

| SOURCE                                                     | NUMBER OF MEMBERSHIPS |
|------------------------------------------------------------|-----------------------|
| Broadcast letter of September 10, 1930                     |                       |
| New Memberships . . . . .                                  | 369                   |
| Renewals . . . . .                                         | 958                   |
| First bills, November 1, 1930 . . . . .                    | 828                   |
| Second bills, January 2, 1931 . . . . .                    | 490                   |
| Third bills, February 24, 1931 . . . . .                   | 247                   |
| Individual letters (Primary stimulus unknown) . . . .      | 1035                  |
| Lists from principals' clubs, enrolment chairmen, etc. . . | 649                   |
| Collected through N. E. A., at conventions, etc. . . .     | 302                   |
|                                                            | <hr/> 4878            |

Our campaign has failed in two respects: (1) relatively few rural principals have enrolled, and (2) few assistant principals have been enlisted.

Letters from state enrolment chairmen indicate the following procedures as helpful:

A. Treat the entire enrolment committee with the exception of the national chairman as a permanent committee, the membership of which changes only by resignation, by appointment of additional local chairmen, or by replacement of inactive members of the committee.

B. The function of the committee is to reach the individual principal and assistant principal by personal appeal, thru letter, phone call, or face to face.

C. National Headquarters should send out all national broadcasts to principals, assistant principals, members of the committee, and to superintendents including the letters of suggestions and enrolment bulletins to chairmen. As far as practical, Washington Headquarters should supply all state and local chairmen with enrolment literature, stationery supplies, and statistical information. Each state and local chairman should be sent once each semester a list of former Department members in his territory who have dropped their membership for one reason or another. He should also receive a list of members for the current year up to date.

D. The state chairman should organize his committee, appointing local chairmen for all cities, towns, counties, principals' and assistant principals' clubs, but retaining all active former members of the committee. He should analyze enrolment returns, organize competitions among the local chairmen and in general plan a campaign supplementary to and coordinating with the national campaign. He should make every effort to have some member of his committee speak at every state or city meet-

ing at which a hearing for enrolment can be obtained. He should write to state and local superintendents enlisting their active coöperation in enrolment with the object of raising the professional standard of their principals and assistant principals and urging these superintendents to recommend frequently the value of membership in our Department.

E. Local chairmen should by personal solicitation at general meetings and otherwise urge fellow principals and assistant principals to join especially (1) those newly appointed, (2) those who have passed principals' examinations and are awaiting appointment, (3) former members who have not rejoined, and (4) all assistant principals. Whenever possible collect the dues on the spot and forward to the Department of Elementary School Principals, 1201 Sixteenth St., N.W., Washington, D. C.

F. The national chairman should plan a year's campaign during the summer season, send letters to all members of the committee with suggestions for the campaign and with statistical information to stimulate competition, keep in touch with state chairmen and transmit successful methods of any of the committee to all the others. He should help the members in every way possible and recommend to the president of the Department names of chairmen for state enrolment vacancies. An enrolment report is due twice a year, in February and May.

From his experience during the past three years as National Enrolment Chairman the writer would like to suggest the following program as of possible help in the 1931-32 campaign.

A. Headquarters should send campaign outlines and suggestions to all state and local enrolment chairmen early in September. Each chairman should be asked to signify by return mail his acceptance or rejection of the assignment for another year.

B. The office at Washington should schedule its activities as follows:

1. General broadcast to all persons known to be principals or vice-principals in September
2. First bills in October
3. Second bills in November
4. Third bills in January

C. About the first of February the state and local chairmen should receive from Headquarters a list of the unpaid members in each state. Enrolment chairmen should put on concentrated drives to enlist all members by the winter meeting.

D. Let each member for 1931 consider himself a factor in the enrolment work for 1931-32 and help carry out the Department's service to all principals.

Finally, the writer wishes to express his pleasure in associating and corresponding with enrolment chairmen, the Department's officers, and the Washington Headquarters' officials. It has been a privilege and an honor to serve with people who have been so willing and able to sacrifice their time and energy for a cause.

**T**HE great voice of America does not come from the seats of learning. It comes in the murmur from the hills and woods and farms and factories, rolling and gaining volume until it comes to us from the homes of the common people.—WOODROW WILSON.

## SECRETARY'S MINUTES OF THE DETROIT MEETING

February 23, 1931.

THE FIRST meeting of the Executive Committee of the Department of Elementary School Principals was held on Monday morning, February 23, 1931, at the Book-Cadillac hotel. The meeting was called to order by the president, Cassie F. Roys. The following members were present: Cassie F. Roys, president; Herbert C. Hansen, first vicepresident; Earl R. Laing, second vicepresident; George D. Taylor, fourth vicepresident; Fred H. Duffy, secretary; Elizabeth McCormick, M. Emma Brookes, and Eva G. Pinkston, members of the Executive Committee. Mr. A. B. Heacock of Los Angeles was present to represent Mrs. Cora Rusling. Miss Isabel Tucker and Mr. Aaron Kline of the Editorial Committee were present.

The minutes of the meetings at Atlantic City and Columbus were read and approved.

Miss Isabel Tucker gave a report on the 1931 yearbook. In this report she stated that all copy was now ready to be sent to the printers and that copies of the 1931 yearbook should be in the hands of its readers during the early part of April.

It was moved by Mr. Hansen and seconded by Miss Brookes that a vote of appreciation be extended to the Editorial Committee for their persistent efforts and fine achievements in editing the 1931 yearbook. The motion carried unanimously.

Mr. Kline gave advance plans for the 1932 yearbook which is to be based on "The Principal and The Community." He also gave further indications of the yearbooks for future years as follows: For 1933, "The Principal and The School Library"; for 1934, "The Principal and Extracurricular Activities"; for 1935, "The Principal and The Individual Pupil."

It was moved by Miss Pinkston and seconded by Mr. Hansen that this report of the Editorial Committee be accepted and incorporated in the minutes. Carried.

At this time a discussion took place concerning plans for the Los Angeles meeting. Mr. Heacock offered the fullest cooperation and assured the Committee that all plans for the breakfasts and the dinner would be carried out by the principals of that city.

A discussion took place concerning the duplication of copies of the Research Bulletin to the members of the Department of Elementary School Principals.

It was moved by Mr. Laing and seconded by Miss Pinkston that the present policy of supplying our membership with copies of the Research Bulletin be continued. Motion carried.

The matter of life membership for elementary school principals was discussed but no definite conclusion was reached.

Mr. Hansen made a report on the money that had been transferred to the permanent fund of the National Education Association instead of to the permanent fund of the Department of Elementary School Principals. Letters of correspondence between Mr. Hansen and Mr. Crabtree showed that the proper steps were being taken to satisfactorily adjust this matter.

An interesting discussion took place concerning the possible future application of the Reserve Fund which at this time shows a somewhat healthy growth. It was pointed out that as this fund grows the Department will become more efficient and be of greater service to its membership.

It was moved by Miss Pinkston and seconded by Miss Brookes that the president be authorized to enter into negotiations with the National Education Association for the retention of Frank W. Hubbard and that we express our hearty appreciation for his very valuable services to our department. Motion carried.

It was moved by Mr. Hansen and seconded by Miss Pinkston that the secretary be instructed to send a message of condolence and respect to the widow of the late John Merrill who worked so faithfully in our ranks. Motion carried. The message as follows was sent:

MRS. GERTRUDE MERRILL  
1526 GARLAND AVENUE  
DETROIT, MICHIGAN

FEBRUARY 23, 1931.

THE EXECUTIVE COMMITTEE OF THE DEPARTMENT OF ELEMENTARY SCHOOL PRINCIPALS OF THE NATIONAL EDUCATION ASSOCIATION NOW ASSEMBLED IN DETROIT WISHES TO CONVEY TO YOU ITS MOST SINCERE SYMPATHY BECAUSE OF THE LOSS OF OUR DEAR FRIEND AND FELLOW MEMBER, JOHN MERRILL.

HIS SERVICES TO OUR DEPARTMENT WERE INVALUABLE AND HIS SPIRIT WILL CONTINUE TO BE AN INSPIRATION TO ALL OF US IN YEARS TO COME.

MAY THE MANY FINE CONTRIBUTIONS HE HAS MADE TO THE CAUSE OF EDUCATION CONTINUE TO BE A SOURCE OF CONSOLATION AND COMFORT TO YOU AS IT WILL BE TO US.

THE DEPARTMENT OF ELEMENTARY SCHOOL PRINCIPALS  
OF THE NATIONAL EDUCATION ASSOCIATION

CASSIE F. ROYS, PRESIDENT  
FRED H. DUFFY, SECRETARY

It was moved by Miss McCormick and seconded by Mr. Taylor that the secretary be instructed to send a message of sympathy to Mr. and Mrs. W. T. Longshore who lost their son in an accidental death a few days ago. Motion carried. The message as follows was sent:

MR. AND MRS. W. T. LONGSHORE  
520 WEST 40TH STREET  
KANSAS CITY, MISSOURI

FEBRUARY 23, 1931

THE EXECUTIVE COMMITTEE OF THE DEPARTMENT OF ELEMENTARY SCHOOL PRINCIPALS OF THE NATIONAL EDUCATION ASSOCIATION NOW ASSEMBLED IN DETROIT IS DEEPLY GRIEVED TO LEARN OF THE SUDDEN DEATH OF YOUR SON.

MAY WE EXTEND OUR SINCERE SYMPATHY. WE SHALL MISS YOU IN OUR DELIBERATIONS OF THIS CONVENTION BUT WE KNOW THAT YOU WILL BE WITH US IN SPIRIT.

THE DEPARTMENT OF ELEMENTARY SCHOOL PRINCIPALS  
OF THE NATIONAL EDUCATION ASSOCIATION

CASSIE F. ROYS, PRESIDENT  
FRED H. DUFFY, SECRETARY

Meeting adjourned to meet at 8:30 Wednesday morning, February 25, 1931.

FRED H. DUFFY, *Secretary*.

February 25, 1931.

The second meeting of the Executive Committee of the Department of Elementary School Principals was held on Wednesday morning, February 25, 1931, at the Book-Cadillac Hotel. The meeting was called to order by the president, Cassie F. Roys. The following members were present: Cassie F. Roys, president; H. C. Hansen, first vicepresident; Earl R. Laing, second vicepresident; Fred H. Duffy, secretary; Eva G. Pinkston, M. Emma Brookes, and Elizabeth McCormick of the Executive Committee. Mr. A. B. Heacock was present representing Mrs. Cora Rusling.

The minutes of the meeting held on February 23rd, 1931, were read and approved.

It was moved by Mr. Hansen and seconded by Miss Brookes that the president of our department be instructed to present to The Joint Commission on the Differentiation and Integration of the Supervisor, the views of the Department of Elementary School Principals, in that we hold that the principal is the chief executive, administrator, and supervisor of his particular building, and that the supervisor is an expert to be called in as needed. Motion carried.

The president read a letter from Jasmine Britton, chairman of the Educational Committee of the American Library Association, in which he asked for the coopera-

tion of our department in giving publicity to the three-week course of instruction to be given during the coming summer. It was recommended that the editor of the *Bulletin* have a notice of this appear in the news column of the July issue.

Miss Pinkston made a report on the activities of the Health Committee.

It was moved by Mr. Hansen and seconded by Miss McCormick that the findings of the Health Committee be made the main body of the July *Bulletin*. Motion carried.

The subject of the time for the election of officers of the department came up for discussion.

It was moved by Miss Pinkston and seconded by Miss McCormick that the president appoint a committee whose duty it shall be to study the present policy as to time for election of officers. Should this committee find it advisable to recommend a change in the time of election of officers from the summer meetings to the winter meeting, it is directed to present a resolution to that effect, a report to be made at the Los Angeles meeting. Motion carried.

It was moved by Miss McCormick and seconded by Mr. Laing that the policy of editing the *Bulletin* be not changed and that the secretary continue to edit the *Bulletin*, it being understood that the president is the final authority on all publications. Motion carried.

A rather lengthy discussion on the matter of radio in our schools took place, it being the consensus of opinion that great possibilities are to be achieved through this agency.

It was moved by Mr. Laing and seconded by Miss Pinkston that the president appoint a committee to make a study of the possibilities of radio as an educational factor. Motion carried.

It was moved by Mr. Laing and seconded by Mr. Heacock that a suitable ledger be secured in which the secretary is to keep a record of the minutes in the future and that the records of the past be recorded insofar as seems necessary. Motion carried.

The question of honorary membership came up for discussion as the result of inquiries made concerning the conferring of such membership in the past, the records showing that three such honorary memberships had been granted.

It was moved by Miss McCormick and seconded by Mr. Laing that all future inquirers be informed that our constitution makes no provision for honorary membership. Motion carried.

All members of the official family of the Department of Elementary School Principals expressed themselves enthusiastically in appreciation of the very fine spirit of coöperation given by the principals of Detroit during the convention.

It was moved by Miss McCormick and seconded by Mr. Hansen that the secretary be instructed to send a letter of appreciation for their very fine hospitality during the meetings in Detroit to Mr. Earl R. Laing, Miss Jennie Clow, Miss Sophie C. Bachmann, Miss Esther J. Cousins, and Miss Mary L. G. De Manigold, all of Detroit, and to Mrs. Jessie Fink of Grand Rapids. Motion carried.

Meeting adjourned.

FRED H. DUFFY, *Secretary*.

February 26, 1931.

The third meeting of the Executive Committee of the Department of Elementary School Principals was held on Thursday afternoon, February 26, 1931, at the Book-Cadillac Hotel. The following members were present: Cassie F. Roys, president; Herbert C. Hansen, first vicepresident; George D. Taylor, fourth vicepresident; Fred H. Duffy, secretary; M. Emma Brookes and Eva G. Pinkston, members of the Executive Committee.

This meeting was called by President Roys for the purpose of considering the welfare of our department at Headquarters in Washington as the result of John K. Norton having severed his connections with the Research Division of the National Education Association and the possible effect a readjustment of affairs there might

have on our further availing ourselves of the very able services of Frank W. Hubbard who has been assistant to Mr. Norton and on whose services our department relies very heavily.

Miss Pinkston, who, with the president, had a previous afternoon conference with Mr. Crabtree and with Mr. Shankland, was unable to report anything satisfactory as to what effect the filling of Mr. Norton's position would have on our retention of Mr. Hubbard. The committee was agreed as a whole that every effort should be made to retain Mr. Hubbard's services at headquarters.

It was moved by Mr. Hansen and seconded by Miss Brookes that the president appoint a committee of which she shall be the chairman, this committee to have full power to take whatever steps are necessary to retain the services of Frank W. Hubbard as research director of the Department of Elementary School Principals. This committee is also to make a study of the advisability of establishing a field agent for the department. Motion carried.

Previous to this date, in response to a call from James F. Hosic to attend a meeting represented by delegates from five departments and known as *The Joint Commission on the Differentiation and Integration of the Supervisor*, President Roys sent two members of the Executive Committee to be present and to represent our department. Mr. Taylor made a report on the outcome of this meeting. Among other activities the report included a recommendation from the Commission that the sum of \$125 be appropriated from among the five bodies present for further carrying on the investigations and studies initiated at this meeting.

It was moved by Miss Pinkston and seconded by Miss Brookes that our department appropriate and authorize the contribution of a sum not to exceed \$25 to be used as the Joint Commission sees fit. Motion carried.

Meeting adjourned.

FRED H. DUFFY, *Secretary*.

#### Program of the Detroit Meeting

The Department of Elementary School Principals of the National Education Association held two general sessions, one Monday, February 23, at 2 p. m., and the other Wednesday, February 25, at 2 p. m., in the ballroom of the Book-Cadillac Hotel. The general program follows:

#### THE WHOLE CHILD

##### *First Session*

#### MUSIC

Detroit Special All-city Orchestra, William Engel, director

#### GREETINGS

Norman R. Crozier, superintendent of schools, Dallas, Texas, and president, Department of Superintendence

#### MEETING THE SPECIFIC NEEDS OF INDIVIDUAL CHILDREN

Herbert E. Chamberlain, director, Child Guidance Clinic, Minneapolis, Minnesota

#### HOW BEST TO PROVIDE FOR THE CHILD'S PHYSICAL WELFARE, SOCIAL WELFARE, CHARACTER DEVELOPMENT, AND INTELLECTUAL WELFARE

From the Standpoint of the City Superintendent

James E. McDade, assistant superintendent of schools, Chicago, Ill.

From the Standpoint of the Elementary School Principal

Evelyn Hubbard, principal, Montieth School, Detroit, Mich.

#### THE SUPERVISOR'S PLACE IN THE DEVELOPMENT OF THE WHOLE CHILD

Florence M. Hale, agent for rural education, State Department of Education, Augusta, Me.

#### REPORT OF THE EDITORIAL COMMITTEE, DEPARTMENT YEARBOOK, 1931

Isabel Tucker, *chairman*, principal, Shenandoah School, St. Louis, Mo.

*Second Session***MUSIC**

Glee Club, Franklin Elementary School, Detroit, Mrs. Norma Burdock, director

**GREETINGS**

Willis A. Sutton, superintendent of schools, Atlanta, Ga., and president of the National Education Association

**THE PRINCIPAL'S PART IN THE COÖPERATIVE ENDEAVOR**

Mrs. Hazel Gethman, principal, Horace Mann School, Winnetka, Ill.

**PRINCIPAL'S POLICY OF ADMINISTRATION AND SUPERVISION AS A MEANS OF PROMOTING ARTICULATION**

George D. Taylor, principal, School No. 27, Rochester, N. Y.

**PUBLIC RELATIONS**

Arthur B. Moehlman, professor of administration and supervision, School of Education, University of Michigan, Ann Arbor, Mich.

**REPORT OF THE EDITORIAL COMMITTEE, DEPARTMENT YEARBOOK, 1932**

Aaron Kline, Chairman, principal, Pullman School, Chicago, Ill.

Two breakfasts were held, Monday and Tuesday mornings respectively, at the Statler Hotel. These breakfasts are becoming more and more popular as voiced by the large attendance. One reason for this is perhaps because the meetings at breakfast are very informal and offer opportunity for getting better acquainted and for informal discussions.

The semi-annual dinner was held at 6 p. m. Tuesday, February 24, in the Crystal Room of the Book-Cadillac Hotel, and was attended by more than five hundred members and guests. Music was furnished by the Frederick C. Able trio. Entertainment was furnished by Miss Isabel Lokie, principal, Berry School, Detroit, who gave delightful impersonations and readings. Dr. Charles L. Spain, assistant superintendent of schools, Detroit, gave the address of the evening, "The Principal in a Modern Elementary School."

FRED H. DUFFY, *Secretary*.

**T**OO often the principal is given almost no authority to vary anything, or to depart in any way from the rigid uniformity prescribed for all from above. Under such conditions the supervision easily degenerates into inspection, and the principal stands in the school, not as the helpful leader and inspirer of his teachers, but as the representative of a system imposed upon all by those in authority above.—ELLWOOD P. CUBBERLEY.

## AMERICAN EDUCATION WEEK 1931

November 9-15,

THE eleventh annual American Education Week, under the sponsorship of the National Education Association, the United States Office of Education, and the American Legion will be observed November 9-15. It is the purpose of this annual event to acquaint the public with the aims, needs, and achievements of the schools.

The National Education Association will help you make your plans. The Division of Publications will provide window and classroom posters, bulletins to send to the home, and suggestions for scores of programs of different types, some of which will be easily adapted to the needs of your community. These materials are available at nominal cost.

## THE PROGRAM

*General Theme: What the Schools Are Helping America to Achieve*

|                  |                                                |
|------------------|------------------------------------------------|
| <i>Monday</i>    | In Economic Progress                           |
| <i>Tuesday</i>   | In Child Health and Protection                 |
| <i>Wednesday</i> | In Citizenship and Loyalty to Law              |
| <i>Thursday</i>  | In Improvement of Rural Living                 |
| <i>Friday</i>    | Through a Higher Level of Intellectual Life    |
| <i>Saturday</i>  | Through the Enrichment of Adult Life           |
| <i>Sunday</i>    | Through High Ideals of Character and Home Life |

## AMERICAN EDUCATION WEEK

WE who are parents are frequently urged to visit the schools, to become acquainted with the teachers of our children, and to inform ourselves of their progress. This is good advice and most parents highly resolve to do these things. But we live in a busy world and frequently a convenient time never comes.

People often say "We want you to have dinner with us sometime." Unless they set a date, the invitation is meaningless. American Education Week is the date set for parents to follow the injunction, "Know your schools." It is jointly sponsored by the National Education Association, the United States Office of Education, and the American Legion. In the decade during which American Education Week has been observed, it has come to be appreciated more and more by parents and teachers alike. Now is the time to make plans. November 9-15 is the week when the schools are at home to their friends. —S. D. SHANKLAND, *Executive Secretary*, Department of Superintendence of The National Education Association.