

THE HISTORY OF THE GROWTH AND DEVELOPMENT OF THE  
HEALTH EDUCATION AND HEALTH SERVICE PROGRAM  
IN THE TYLER PUBLIC SCHOOLS, 1931-1943

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## CHAPTER I

### INTRODUCTION

Our social concepts are changing and with them our concept of health extends far beyond its former circumscribed area.

Health education is now said to include "the sum of experiences in school and elsewhere which favorably influence habits, attitudes, and knowledge relating to individual, community, and racial health."<sup>1</sup>

To fulfill the requirements of this definition a school can plan no other program than to care for the whole child. It is now the teacher's duty to take the child where she finds him and guide him through experiences that will challenge his interests and stimulate his curiosity and later give to society a well integrated personality. For a teacher to give the best service to her children, and through them to society, she must be aware of many things other than the academic records of her pupils. One of the most important of these is the ever-conscious interest in their

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<sup>1</sup>School Health Program Committee on the School Child, White House Conference, Education and Training, Sec. III, 138.

physical well-being.

It seems likely that the school medical, dental, and nursing personnel will become less available as the demands of the armed forces increase. For this reason the need for more teacher participation has become a matter of national urgency. It is the teacher's duty to prepare herself and be ready to meet many demands that will arise for extra service.

The development of school health service dates back to 1894, when Boston called a physician into the schools in an effort to control communicable diseases. From this date to the present, school health service has developed into the modern well-planned programs such as that used by the Tyler Public Schools.

#### The Purpose of the Study

The interest in this study was stimulated by observation and teaching experience in the primary department of the Douglas Elementary School, Tyler, Texas, where the writer has encountered many health problems. These problems are now handled, as they appear, in a systematic way through a well-planned and organized health program in all the Tyler schools.

The purpose of this paper is an attempt to show the development, growth, and some of the outstanding accomplishments with methods used in control of communicable diseases

in Tyler's School Health Program from 1931 to 1944.

#### Source of Data

Permission from J. M. Hodges, superintendent of the Tyler Public Schools, was first obtained to use this subject and school records for a thesis. Books, records, and reports were used from the clinic office in the Junior College Building. Some material was found in the budget and annual reports of 1936, 1941, 1942, and 1943. A story of "Educational Progress in the Tyler Public Schools" furnished some of the history of the health program. The year-books of the Parent-Teachers Association were valuable sources of material from 1936 through 1943. Books, pamphlets, and articles, written by health authorities, found in the library of North Texas State Teachers College, were read and used.

Personal conferences were obtained with:

C. B. Young, former school physician.

Olga Larson, the first Red Cross nurse sent to the Tyler schools and still serving as school nurse.

C. B. Wilson, director of the Tyler-Smith County Health Unit.

Madeline Pershing, supervisor nurse of the Tyler-Smith County Health Unit.

Mrs. Bryant Beard, the first health chairman of the Parent-Teachers Associations of the city of Tyler.



### Method of Procedure

This study has been organized into five sections. Chapter I includes the introduction of the study with a statement of the problem, the purpose of the study, the source of data, and the proposed treatment of the data.

Chapter II contains the brief history of the Tyler Public School Health Program.

Chapter III gives the program in operation.

Chapter IV includes some of the outstanding accomplishments of the health program.

Chapter V presents the writer's conclusions.

## CHAPTER II

### THE HISTORY OF THE GROWTH AND DEVELOPMENT OF THE HEALTH EDUCATION AND HEALTH SERVICE PROGRAM OF THE TYLER PUBLIC SCHOOLS

The public school system of Tyler was organized in 1882 as a part of the City of Tyler, under the Act of March 15, 1875, by the Texas Legislature. Provisions for the operation, management, and control of the Public School System of Tyler are set forth in the city charter in accordance with the laws of the State of Texas.<sup>1</sup>

#### The Physical Plant

The white public school system of Tyler is maintained in seven buildings. The four elementary schools are Bonner, Gary, Douglas, and Marsh. There are two junior high schools, the Jim Hogg for east- and south-Tyler children, and Orian M. Roberts located for north- and west-Tyler children. The one central high school is known as the Hubbard building.

These buildings are maintained by a building supervisor, carpenters, and janitors.

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<sup>1</sup>A Review of the Development of the Tyler Schools, 1882 to 1936, and Annual Report, 1935-1936, p. 9.

The surroundings in which a child lives and the manner in which he uses these surroundings influence his mental behavior and also his health. The school building should be clean, well heated, properly lighted, and well ventilated. The desks and other equipment should comply with good health requirements.<sup>2</sup>

### Playgrounds

All of Tyler's elementary and junior high schools have playgrounds and playground supervision for the children. The high school has a gymnasium and an athletic field.

### Colored Schools

The colored people have five school buildings located conveniently for the colored population. The Austin, Dunbar, and Pete buildings are elementary schools. The fourth elementary and the high school are on the same school ground and are known as the Emmett Scott High School and the Emmett Scott Elementary School.

### Enrollment

The enrollment of the Tyler Public Schools grew from 3,488 in 1927 to 6,320 in 1940, an increase of eighty-one per cent.<sup>3</sup> This rapid growth began in 1929 and extended over a period of six years.

There were 4,548 pupils enrolled in the white schools

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<sup>2</sup>Ruth E. Grant, Handbook of Health Education, p. 4.

<sup>3</sup>"A Story of Educational Progress in the Tyler Public Schools" (unpublished), p. 83.

of Tyler for the school year 1941-1942, and 1,769 colored pupils, a total of 6,317 pupils. This was a gain of seventy-two pupils over the preceding year's enrollment. The health of these 6,317 pupils was supervised through a school health program with a staff composed of a white school doctor, two white nurses, and a colored nurse. Tyler Public Schools invested \$6,062.51 in a school health program for the school year 1941-1942 and has averaged this amount for each school year for the past four years. Table 1 shows enrollment figures for 1941-1942.

TABLE 1  
ENROLLMENT OF THE TYLER PUBLIC SCHOOLS FOR 1941-1942\*

School	Boys	Girls	Total
<b>Whites:</b>			
Senior High School.....	691	665	1,356
Hogg Junior High School.....	350	296	646
Roberts Junior High School.....	271	266	537
Bonner Elementary School.....	308	268	576
Douglas Elementary School.....	233	162	395
Gary Elementary School.....	303	342	645
Marsh Elementary School.....	197	196	393
Total whites.....	2,353	2,195	4,548
<b>Colored:</b>			
Emmett Scott High School.....	198	147	545
Emmett Scott Elementary School.	102	110	212
Austin Elementary School.....	193	233	426
Dunbar Elementary School.....	67	73	140
Peete Elementary School.....	222	224	446
Total colored....	782	987	1,769
Grand total.....	3,135	3,182	6,317

\*From annual report, 1941-1942, Tyler Public Schools.

The distribution of the employees in the schools is shown in Table 2, which shows a total of 224 white employees

TABLE 2  
EMPLOYEES OF TYLER PUBLIC SCHOOLS, INCLUDING THE  
JUNIOR COLLEGE AND THE NATIONAL DEFENSE  
SCHOOL, FOR 1942-1943

Employees	White	Colored	Total
Administrative officers.....	4		4
Supervisors.....	5		5
Principals.....	10	1	11
Clerks.....	11	1	12
Health Department.....	3	1	4
Teachers:			
Elementary schools.....	50	20	70
Junior high schools.....	40		40
Senior high schools.....	45	16	61
Junior college.....	11		11
Lunchrooms.....	35		35
Maintenance Department.....	4		4
Janitors.....	17	5	22
Total.....	235	44	279
National Defense School.....	21	1	22
Grand total.....	256	45	301

and forty-five colored ones, a grand total of 269 employees in the Tyler Public Schools for 1942-1943. Of these, four devote full-time service in the health department of the schools.

The Tyler Public Schools, including the National Defense School, had 301 employees on the payroll for the school

year 1942-1943, as is shown by the figures in Table 2.

#### The Need of a Health Program

The need of a health program for the schools was first seen and made known in Tyler when the Parent-Teachers Association sponsored a Red Cross membership drive in the summer of 1930. The association was promised a trained helper for the schools in the fall. The National Red Cross Chapter sent two nutritionists. One came in 1930 and another in 1931. Each served three months in both city and county schools. This service was financed by the Red Cross.

The discovery of the East Texas Oil Field in 1931 caused an over-crowded condition in homes and schools of Tyler. As a result, there was a spread of communicable diseases in the schools that gained momentum to the point of epidemic stage. There were cases of diphtheria, and contagious and infectious skin diseases had developed until they were beyond the teachers' control.

The Parent-Teachers Association and the Tyler-Smith County Red Cross Chapter worked in cooperation with the schools and the schools received aid from the National Red Cross. The National Red Cross Chapter responded by sending Olga Larson, a Red Cross nurse, in January, 1932, for a three-month period. This service was financed by the Red Cross. Olga Larson's services for the following four years were financed on a cooperative basis between the

Tyler board of education and the Tyler-Smith County Chapter of the American Red Cross. For the school year 1936-1937, the board of education secured the full-time service of this nurse for the Tyler Public Schools.

Ethel Dawson, a colored nurse, was provided for the colored schools of Tyler for a six-month period during the school year 1937-1938, by the Red Cross. Prior to 1937 the colored schools received part-time service from the white school nurse. Ethel Dawson's full-time service was secured for the colored schools in 1938. She is still serving in this capacity in 1943-1944, and the records show that she has rendered a valuable service to the colored people of Tyler.

Pansy Campbell was chairman of the Health Activities Committee in 1936. It was under her chairmanship that the committee realized very keenly the growing need of medical supervision for the school health program. This need was provided for in 1937 when the board of education employed C. B. Young to act as school physician and director of all school health activities.

Lucille Goodman, a second white nurse, was added to the health staff in 1938.

Tyler has pioneered her way in this health program. The approach was to educate through gradual procedure that led to both health education and health service programs in the schools.

Table 3 shows expenditures representing the cost of the school health program in dollars and cents to the taxpayers of Tyler. The reduction in expenses for the school year 1942-1943 was due to the school physician's dividing his time between the schools and the Induction Board for the armed forces located in Tyler.

TABLE 3

ACTUAL EXPENSES OF THE HEALTH PROGRAM IN THE TYLER  
PUBLIC SCHOOLS PAID FROM CURRENT OPERATING FUNDS  
FROM SEPTEMBER 1, 1938, TO AUGUST 31, 1943\*

Expenses	1938-1939	1939-1940	1940-1941	1941-1942	1942-1943
Salaries.....	\$5,982.54	\$6,405.00	\$6,699.96	\$5,887.54	\$3,870.00
Other expenses	253.89	211.26	173.14	174.97	147.59
Total....	\$6,232.43	\$6,616.26	\$6,873.10	\$6,062.51	\$4,017.59

\*Annual report, Tyler Public Schools, 1942-1943, p. 19.

Due to the war, Tyler's school health program for the school year 1943-1944 was directed and operated by Olga Larson, white school nurse and Ethel Dawson, colored nurse. C. B. Young, school physician, has a private practice. Lucille Goodman volunteered her service to the army and is serving in the South Pacific.

The Tyler Public Schools plan to have a full health



staff to carry out the needed health program after the war.

The Parent-Teacher Association  
and the Health Program

Tyler Parent-Teacher Associations have kept up with the change most urgent and the needs most pressing in their community. It was in 1930 that the association saw the need and manifested its interest in a school health program. During the summer a Red Cross membership drive was sponsored with the promise of a Red Cross helper for the schools in the fall. This interest has continued to grow until it has permeated the whole community. After checking the investment in dollars in the health program from school year 1938 through 1942, shown in the table on page 11, one can truthfully say that Tyler has developed a community pride that is capitalized on health. Larson points out that:

Each year this Association has adopted one or two most worthy objectives and have given the necessary impetus to these objectives until the goals were reached. More than ten years ago this organization decided to stamp out diphtheria and smallpox. They began their work knowing that it would take persistent and concentrated effort for at least five or even ten years. After much study and planning the seven associations decided to put on intensive educational campaigns in each of their districts for several consecutive years. As a result of this work cases of diphtheria in the city schools dropped from forty-eight and fifty cases per year in 1932 and 1933 to only one school case in 1937; even though the school population increased from four thousand children in 1932 to over six thousand by 1938. Smallpox, which had a record that has cost the city of Tyler

hundreds and hundreds of dollars each year, according to the city health officer's report, has been completely stamped out.<sup>4</sup>

So impressed by the record and importance of this disease-control program were the members of the Tyler board of education that in February, 1937, they passed regulations requiring that all employees and all students attending the Tyler Public Schools have smallpox protection, and that all children twelve years of age and under have diphtheria protection. The school nurse concludes:

The installation of hand-washing facilities in all the schools, which costs the taxpayers a couple of thousand dollars a year, has the wholehearted support of the Parent-Teachers Associations. This is a most effective method of teaching cleanliness and was perhaps one of the outstanding measures used in the control of contagious diseases in the schools. In 1935 and 1936 one of the main health objectives of the Parent-Teachers Association was the control of the "common cold." They realized that a whole train of trouble lurked back of a cold. Children with a beginning cold were asked to stay at home and remain in bed until these signs disappear. In 1936 and 1937, interest was centered on medical examinations for the children. Their attention was called to the fact that many children were unable to get the most out of school because of handicaps that could be corrected. An attempt was first made to have all school children see their family doctor. Only two thirds of the white school population responded to this request. This was gratifying, but the student who needed the examination most was found among the one third that did not respond to the request. This interest and need led to the employment of a school physician to take charge of the physical examinations and direct school health activities. Through this brief report one can see

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<sup>4</sup>A report given by Olga Larson, health nurse, before the Parent-Teachers Association in 1938. In files in Clinic office in the Junior College Building.

that the Parent-Teachers Associations have played a very important part in the development and success of the health program in the Tyler Public Schools.<sup>5</sup>

It was estimated that more than one hundred mothers of the Parent-Teachers Association had contributed their time and effort to the school health program for the school year 1943-1944.

#### Nursing Activities Committee

This health committee was first composed of a chairman of health activities, the school nurse, a chairman of health activities from the seven Parent-Teachers Associations of the Tyler schools, and two or three faculty advisers. A few years later this committee was made to include a health chairman from the City Council, a member of the board of education, the superintendent of schools, and the director of the Tyler-Smith County Health Unit.

This is a lay committee that interprets the health program to the community and the health problems to the health staff. It is also the duty of this committee to form and adopt the program and policies of the health program for the Tyler Public Schools.

Mrs. Bryant Beard was first appointed by the Red Cross to serve as chairman of health work in Tyler. She was later asked to serve in this capacity for the schools.

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<sup>5</sup>Ibid.

Mrs. Beard served as chairman of the Nursing Activities Committee from 1932 to 1936.

The name of this organization was changed to Health Advisory Committee in 1938. Mrs. Beard was again chairman of the Health Advisory Committee from 1938 to 1942. Pansy Campbell was chairman of the Health Advisory Committee from 1936 to 1938. Mrs. Roy Reviere became chairman of the Advisory Committee in 1942 and is still serving in this capacity for the school year 1943-1944.

In talks before the Parent-Teachers Associations, the health chairman or the school nurse has an opportunity to bring before the parents and teachers school health achievements, individual and group health needs of the schools, plans for meetings these needs, and ways to expand the general program.

The objectives and activities made and adopted by the above Health Advisory Committee from 1936 to 1944 can be found in the Appendix.

## CHAPTER III

### THE HEALTH PROGRAM IN OPERATION

The main purpose of health education in the Tyler Public Schools is to equip the child with the knowledge of health procedures, health habits, and health attitudes that will be essential to him in the future. Health service is provided to help keep him physically fit.

The schedule below is followed by the Tyler Public School health personnel.

#### DEPARTMENT OF SCHOOL HEALTH Central Office

Junior College Building Telephone 4617

C. B. Young, M. D.	Director
Olga Larson, R. N.	School Nurse
Lucille Goodman, R. N.	School Nurse
Mrs. Roy Riviere, chairman, Advisory Committee, Phone 1024	

#### Schedule for the Year 1941-1942

	Dr. Young		
	8-9 a.m.	9:15-3 p.m.	3-4 p.m.
Monday	Office	Marsh or Douglas	Staff meet
Tuesday	Office	Gary	Office
Wednesday	Office	Hogg or Roberts	Office

	8-9 a.m.	9:15-3 p.m.	3-4 p.m.
Thursday	Office	Bonner	Office
Friday	Office	Colored clinic, Senior High School	Office

## Miss Larson

	8-9 a.m.	9:15-12	1-2 p.m.	2-4 p.m.	3-4 p.m.
Monday	Gary	Marsh	Marsh	Home visits	Staff
Tuesday	Marsh	Gary	Gary	Home visits	
Wednesday	Gary	Hogg	Hogg	Home visits	
Thursday	Marsh	Gary	Gary	Home visits	
Friday	Gary	Sr. High	Sr. High	Sr. High	

## Mrs. Goodman

	8-9 a.m.	9:15-12	1-2 p.m.	2-4 p.m.	3-4 p.m.
Monday	Bonner	Douglas	Douglas	Home visits	Staff
Tuesday	Douglas	Bonner	Bonner	Home visits	
Wednesday	Bonner	Roberts	Roberts	Home visits	
Thursday	Douglas	Bonner	Bonner	Home visits	
Friday	Bonner	Sr. High	Sr. High	Sr. High	

These schedules are followed at all times except in cases of emergency.

## Equipment for the Health Program

Each school provides adequate facilities for the health program, such as lavatories, soap, paper towels, and mirrors in the rest rooms. A child can check on his appearance

before he comes into the classroom. One elementary school has two tile shower baths. These are used when the need arises. Handwashing facilities have been placed in all rest rooms and cafeterias.

In each building there is a clinic for examination of pupils, equipped with cabinets for supplies. Here is found first-aid equipment for treatment of minor injuries. The bed is used for pupils who need to rest, and for cases of injury and sudden illness. A pair of standard scales remain in the clinic of each building. With the exception of one elementary school, all buildings have ample rest rooms, lavatories, and drinking fountains. Sanitary measures are employed in their care.

#### Health Service

On the days scheduled, the school physician and the nurse work in the school clinic. They first care for the special cases referred to the clinic by the homeroom teachers. Then the regular health schedule, that is worked out by the school health personnel, is followed.

The following statistical report made by the school physician for the first semester of the school year 1941-1942 provides information as to the type and amount of work done by the health staff over a period of four and one-half months.

## Statistical Report, January, 1942

- A. Individual inspections:
1. Vision 1971    Normal 1854    Impaired 117
  2. Hearing 620    Normal 566    Impaired 56
  3. Vaccination 329
  4. Immunization 40
- B. Cases referred to the nurse:
1. For readmission to school 172
  2. Skin 387
  3. First aid 226
  4. Acute illness 146
  5. Total 932
  6. Exclude 118
- C. Cases accompanied to clinic or doctor:
1. Medical 6
  2. Dental 6
  3. For vaccination 101
  4. For immunization 103
- D. Conference with individuals:
1. Home visits 113
  2. Parents not at home 4
  3. Parents at school 166
  4. Principals 88
  5. Teachers 233
  6. Telephone 195



7. Nursing service conference, total 414

8. Civic 148

E. Meetings:

1. Staff 23

2. P.-T. A. 5

3. Teachers 9

4. Others 29

5. Total 66

F. Physical examinations 186

1. Routine 1007

2. Special 271

3. Total 1278

4. Referred to physicians 186

5. Referred to dentist 175

6. Parents 255

7. Invitations sent 512

8. Corrections 166

9. Malnutrition 166

G. Laboratory:

1. Blood sed. rate 25    Normal 21

2. Inc. 4    Hemoglobin 881

3. Urinalysis 429    Sugar 9    Alb. 18

4. Special tests:

a. Stool specimen 10

b. Wasserman 17

## Health Education

The committee on the school health program at the White House Conference concluded:

Health is influenced by many factors, some of which are controllable. How to achieve this control is a matter for learning. Education of the individual can therefore affect the health of the individual and the community vitally -- directly, in relation to some factors on which health depends, and remotely, in respect to other factors. Among the important factors which education can affect are: hygienic personal habits of living; knowledges of the principles of health and of disease prevention, and ideals of health which will make the individual desire health for himself and others, and be willing to do his part in its maintenance and promotion.<sup>1</sup>

The aim of those connected with the school health program is to make it possible for every child to develop to his highest potentialities -- physically, mentally, emotionally, and socially -- and every effort is being made by both administrators and teachers to reach this goal.

### The Pre-school Child

The foundation for health is laid in the first six years of one's life. The healthy child has a good chance of growing into a healthy adult. Witty and Skinner emphasize this fact in the following statement:

During the first six years of human life there is a particularly great need and an unusual opportunity for guidance. Quantitatively and qualitatively more development takes place during these

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<sup>1</sup>Committee on the School Child, White House Conference, The School Health Program, p. 138.

years than during any later ones. The seeds of all later harvests are sown during this period. In large terms, all of the child's experiences will bear sound or unsound fruit later on.<sup>2</sup>

This needed guidance is directed in health service by the Smith County Health Service Program in sponsoring the "Well Baby Clinic." Here they are interested in keeping the well baby well, have him reach school age in a strong healthy condition, and keep him that way. The staff works in each elementary school two days out of each month. Mothers who desire the service have the opportunity to bring their babies for a complete physical examination and desired immunization. This service is also provided for the colored people.

#### Summer Roundup

Every child should begin his school career in a good physical and mental condition, and to further promote this fact the Parent-Teachers Associations sponsor the "Summer Roundup" of all six-year-old children who will begin school in the fall. These names and addresses are obtained from the office of the director of the census. The upper-grade children in the elementary schools spend some time in the art departments working on the designs for the covers on the invitations that are sent out to these six-year-old children by the health committee some time in the month of

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<sup>2</sup>Paul A. Witty and Charles E. Skinner, Mental Hygiene in Modern Education, p. 105.

May. Pickney says:

If the aim of education is to help the child meet his needs, then we must help him meet his physical, social, emotional, and mental needs. The concept of health education is not one of physical health alone, but it relates to physical, social, emotional, and mental health, all of which comprise the four constituent phases contributing to the personality of the child.<sup>3</sup>

On visitation day, at the school, the mother first registers the child, then she is carried on a tour of the school by groups of Camp Fire girls. In the office the children meet the principal, the secretary, and the playground teacher. They visit the auditorium and first-grade rooms, where the children give the little visitors souvenirs that they have made for them. In the clinic they meet the school nurse and the school doctor. Here the child is weighed and measured. The parent is given a medical examination blank and advised to have a physical examination by the family physicians before the child enters school in the fall. School entrance regulations are explained to the parents, which are immunization for diphtheria and small-pox and a birth certificate. Afterwards, they go to the cafeteria, where refreshments are served.

#### Health Instruction

Interest in the health of the school child has spread rapidly over this country.

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<sup>3</sup>Jeanie M. Pickney in cooperation with Alice H. Miller and Nancy H. Pettus, A Health Instruction Guide for Elementary School Teachers, p. 8.

It must be remembered that it was not until 1892 that a regular system of medical inspection was attempted by any of the states. In that year Boston established a system of medical inspection as a result of a series of epidemics among school children. Since that time, health services of schools have grown enormously. With the additional responsibility of teaching health the schools have worked toward developing a school health program that includes both health services and the organization of the health curriculum.<sup>4</sup>

Many schools have now provided for physical examinations and similar health services to help improve the physical status of pupils as Tyler has done.

A famous educator once said: "It is my philosophy that the purpose of life, health, and education is one. The end and aim of all are growth, and the enrichment of human experiences."<sup>5</sup>

This means that health education will have to make provisions, through health instruction, for appreciations and understandings that will give motivation and intelligent direction to daily living. Tyler realized this fact and has made provision for this instruction in the school health program.

The classroom teacher has a definite opportunity and also a responsibility for developing in her room a physical environment favorable to healthful living. Her room should be a laboratory in which pupils will begin to strive for

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<sup>4</sup>Ibid., p. 11.

<sup>5</sup>Grant, op. cit., p. 10.

improvement of their surroundings. The classroom experience should also develop in youth that keen sensitivity to their environment which will cause them to become uncomfortable in the presence of crude, inartistic, and unsanitary surroundings. Youth so conditioned will likely become an active participant in adult life in the improvement of living conditions.<sup>6</sup>

#### Health in the Elementary School

Health in the primary grades of the Tyler Public Schools is limited largely to the morning inspection and incidental health instruction when the occasion arises. It is here that the child is taught to live in the school situation. He is taught the habit of coming to school clean and neat, with clean clothes, clean body, clean hands and face, clean nails, clean shoes, clean teeth, and combed hair. He must learn to live with the group and take care of himself. Pickney reminds teachers that: "The performance of a health practice in life is an activity. These activities may be demonstrated and practiced in school advantageously."<sup>7</sup>

There is a class period for teaching health in the upper elementary grades. This instruction includes the teaching of basic safety measures and good health rules and

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<sup>6</sup>American Association of School Administrators, Health in Schools, p. 249.

<sup>7</sup>Pickney et al., op. cit., p. 83.

practices with emphasis on sanitation, good posture, and nutrition. The daily inspection done by the home-room teacher in the elementary school is considered very important. It is done with two purposes in mind:

1. To find symptoms or signs of any communicable diseases.
2. To help improve health habits.

When an unsatisfactory condition comes to light, the child is sent to the clinic to be checked again by the nurse or the school physician. If the child must go home, the nurse informs the teacher, the principal, and the mother. When necessary, the nurse goes with the child to confer with the mother. Grant states that:

A well-balanced program throughout the school day gives ample opportunity for putting health into practice. It provides for the social and emotional as well as the intellectual and physical growth of the child. It is flexible and free from strain.<sup>8</sup>

#### Weighing and Measuring Program

A regular date is set on the school calendar (like "Last school Wednesday of each month for Douglas School") for weighing and measuring all children in the elementary schools. The chairman of the health committee of the Parent-Teachers Association of each school has charge of

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<sup>8</sup>Grant, op. cit., p. 4.

this work in her building. These weights and measures are recorded and often checked by both teachers and nurses. Growth is not regular, but failure to gain in weight for more than two months is checked by the teacher and reported to the nurse. The growth chart is one of the means used in the classification of a child's nutrition.

The following note to classroom teachers from the school nurse is self-explanatory:

Note -- We are suggesting that the home-room teacher do the recording on the growth charts so that she may be constantly aware of children who are not gaining. At the same time she may maintain discipline of her children. Members of the Parent-Teachers Association weighing committee should take turns in weighing and measuring the children.

We recommend that the growth charts be displayed in the clinic or some place in the school building where the parents may come and observe the growth of their children. The classroom is not advisable because of the emotional reaction some children may have who are not growing as fast as others, or who are a great deal overweight.

Please report to school nurse all children who are losing weight two months in succession or who show no gain over a period of three months.

(Signed)

Olga Larson

There are four physical education teachers in the two junior high schools who direct health activities and teach the fundamentals of health. A thorough examination is given each student before he enters the senior high school. In the senior high school the child finds a continuation of the health program in a broader curriculum. Regular instruction in health education is scheduled in the high



school two days a week to alternate with the classes in physical education. A full-time health education teacher is provided for the girls, who works in close cooperation with the physical education teacher. The boys had class periods scheduled for health instruction until the teacher shortage came. This part of the program will be supplied again later.

#### Colored School Health Program

There is some health instruction throughout all the schools. The colored nurse helps and supervises this work in the colored schools. The school physician gave the first Friday morning of each school month to the colored schools. In the annual health report for 1939-1940 the school physician said:

The colored nurse carried on a very active educational program as well as probably the best Negro school health program in the entire state. All children in the Negro school were checked and rechecked to make sure that they had been vaccinated and immunized against diphtheria. Several clinics were held: 279 pupils were given diphtheria immunization. In April Schick tests were given to 106 children. Only eight positive cases were found and they were immediately immunized.<sup>9</sup>

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<sup>9</sup>"A Story of Educational Progress in the Tyler Public Schools," pp. 81-82.

## CHAPTER IV

### SOME RESULTS AND ACCOMPLISHMENTS OF THE HEALTH PROGRAM

The only means for evaluating a school health program is in terms of improved health conditions produced in the school children, the improved attendance records, the improved sanitary conditions, and other similar indications. The records kept by the school physician and nurses furnish some valuable facts. The anecdotal record is recommended by educators to furnish a more complete check on everyday health habits and health conditions of the individual child. The foregoing means have been used as yardsticks to measure and evaluate Tyler's school health program.

#### Nutrition

Tyler teachers were first impressed with the important value of nutrition in 1930 and 1931 when the National Red Cross sent a trained nutritionist into the public schools for three months of each of the years mentioned. These trained leaders furnished material and supervised the teaching of proper eating habits in the public schools. Goodykoontz contends that:

A lasting improvement in the food habits of pupils depends upon the development of carefully planned school-wide programs built around their everyday food experiences and designed to reach both pupils and parents.<sup>1</sup>

Tyler has been working on this program recommended by Goodykoontz for more than twelve years. To build these everyday food experiences Tyler provided free lunches for more than seven hundred children for the school year 1941-1942. This program was made possible through cooperation with the Community Chest and the Surplus Commodities Corporation. Fifty-four malnourished children were given a glass of milk at ten o'clock in the morning and another at two in the afternoon. This milk program was financed by the City Council Milk Fund. The next year the City Council gave the two extra glasses of milk and a yeasted peanut butter and graham cracker sandwich to thirty-nine malnourished children. These children gained in weight, and showed marked improvement in appearance and attitudes.

With a national emergency comes a general recognition that health is a national asset. Research has brought conclusive evidence of the relation of food to health. Studies of food practices in United States made in 1935-1936 revealed that about one-third of American families have poor diets. It was estimated that in about half the cases the cause of poor diets was not inability to afford suitable food, but lack of knowledge of the fundamentals of nutrition or failure to apply such knowledge to food selection. This situation has led to increased attention to the problems involved in teaching people to choose right foods.<sup>2</sup>

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<sup>1</sup>Nutrition Education in the Elementary School, Nutrition Education Series, Pamphlet No. 1, p. 11.

<sup>2</sup>Ibid.

Tyler attempts to provide for the school child of this half of American families, spoken of by Goodykoontz, who have poor diets, through instruction in the classroom and in the cafeterias where the right foods are prepared and combined for each meal.

Federal Lunch Program, 1942. -- The Federal Government reimbursed schools on the purchase of certain food items dependent upon the type of lunch served. These foods were chiefly fresh fruits and vegetables and other foods which children need in abundance.

The "Victory Tray," 1942-1944. -- Due to modern methods of food investigation, much information has been accumulated about the composition of foods. As a result we are now at a place where we know not only how much of the nutrients is needed, but which of the foods that supply them. Various standard recipes have been worked out and menus made to provide from one third to one half of the day's needs for a growing child.<sup>3</sup>

Nutrition education is being stressed increasingly in the elementary grades. The individual's food habits, for good or ill, are established during childhood, and can be changed later only with difficulty and at much psychological cost. When parents and teachers cooperate it is easy to help the child establish correct food habits that will benefit him throughout his life. An additional reason for emphasizing nutrition education during the elementary school period is that practically all children attend elementary school while some do not go beyond it.<sup>4</sup>

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<sup>3</sup>Annual Report, Tyler Public Schools, 1942-1943.

<sup>4</sup>Nutrition Education in the Elementary School, p. 1.

Emphasis is placed on food value and eating habits in the elementary schools. Much has been done and more can and will be done in the future to overcome malnutrition in the school-age child.

#### Control of Skin Diseases

For the first five years one of the main objectives of the Tyler School Health Program was the control of infectious skin diseases. The alarming condition that existed in schools in 1931 and 1932 in regard to skin diseases was eliminated after five years of diligent work on the part of all concerned.

The nurse names the following as aids in accomplishing the purpose:

1. The formal and informal inspection of all pupils each day by the home-room teacher.
2. The installation of adequate handwashing facilities in all the schools.
3. The development of parent consciousness in observing abnormal skin diseases before the child leaves the home to enter the schoolroom.
4. Adequate janitor service in all buildings.

The daily observation and inspection is kept up by the home-room teacher and skin diseases are found and checked in the early stages. This method has prevented the spread

of these skin diseases in the schools.<sup>5</sup>

#### Diphtheria Control

In 1932 no more than fifty Tyler children had been given diphtheria immunization. The nursing activities committee sponsored educational drives for diphtheria protection in each of their districts for several consecutive years. In 1933 three hundred children had obtained this protection. By 1935 two thousand names had been added to this list. At the end of the school year 1935-1936 eighty-four and six-tenths per cent of all elementary school children in Tyler had been protected. For the school year 1937-1938 the board of education passed the school regulation that all children under twelve years of age have diphtheria protection before entering the Tyler schools in the fall.

A survey was made in January, 1935, to determine the case histories of diphtheria among the school population. Questionnaires were sent to parents, of which 2,436 were answered and returned. Out of this number it was found that 236 gave positive histories of the disease. This gives a ratio of 1:11.

Table 4 shows a record of the incidence of diphtheria in the Tyler Public Schools over a period of twelve years.<sup>6</sup>

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<sup>5</sup>Personal conference with Olga Larson, school nurse.

<sup>6</sup>From a chart made by Olga Larson, school nurse, in the School Clinic, Junior College Building.

TABLE 4

## NUMBER OF CASES OF DIPHTHERIA IN TYLER SCHOOLS

School Year	Number of Cases
1932-1933 . . . . .	40-50
1933-1934 . . . . .	38
1934-1935 . . . . .	5
1935-1936 . . . . .	7
1936-1937 . . . . .	1
1937-1938 . . . . .	0
1937-1943 . . . . .	0
1943-1944 . . . . .	1

This record proves the value of such a health program and shows what can be done through education and immunization in the control of communicable diseases.

In 1942 the school physician reported that he had given the Schick test to thirty-six school children who were unable to present a certificate proving immunization against diphtheria. Those who had a positive Schick test were required to have the toxoid before they were allowed to remain in school. The cooperative system worked out to provide free immunization for poor children through the County Health Office worked satisfactorily for all concerned.<sup>7</sup>

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<sup>7</sup>School physician's report, 1942. On file in Clinic office, Junior College Building.

On May 23, 1944, a junior high school boy, age thirteen years, was found to have a light case of diphtheria. The school record showed that the child had obtained his diphtheria toxoid and Schick test, which was reported negative, before entering the public schools. Since there were no known cases in the city of Tyler, laboratory tests were made on all the family to determine if there were carriers. Exposed members were given the emergency dose of toxoid for protection. The doctor reported that it was just a case of immunization that did not prove permanent and that the boy had likely come in contact with a carrier on his paper route.<sup>8</sup>

#### Smallpox

The records of the city health officer show a number of outbreaks of smallpox over a period of a few years in the city of Tyler.

In December, 1934, there were 4,426 white children and 1,506 colored children enrolled in the Public Schools of Tyler. Questionnaires were sent out through the schools from the Health Department to find out the number of cases of smallpox that had occurred among this school population. More than eighty per cent of the questionnaires were answered and returned. The compiled record showed that the ratio of smallpox was 1:10 among the white children. The problem was twice as great in the colored schools, which showed a ratio of 1:5. One child among every ten in the white schools and one out of every five in the colored schools had a disease history of smallpox.<sup>9</sup>

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<sup>8</sup>Report from Mrs. J. L. Hunter, mother of the child.

<sup>9</sup>Report of Olga Larson, school nurse. On file in Clinic office, Junior College Building.



Table 5 shows smallpox protection for certain years.

TABLE 5  
PER CENT OF STUDENT BODY IMMUNIZED FOR  
SMALLPOX IN CERTAIN YEARS

School Year	Per Cent Protected
1933-1934 . . . . .	78
1934-1935 . . . . .	83
1935-1936 . . . . .	87
1936-1937 . . . . .	90

In 1937-1938 smallpox vaccination was made a requirement for all employees and students of the Tyler Public Schools.<sup>10</sup>

Both diphtheria and smallpox immunization is carefully checked as recorded on the health side of a permanent record, when each child enters the public schools.

The gradual reduction, without strife or community antagonism, of the number of children not protected against communicable diseases by immunization is pointed out by the school physician in his annual report of 1938, as the outstanding health accomplishment of the year.

The records show that compulsory diphtheria and smallpox immunization has amply demonstrated their value by the fact that for seven consecutive school years there was not

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<sup>10</sup>From a chart made by Olga Larson, school nurse. On file in Clinic office, Junior College Building.

a single case of either diphtheria or smallpox in a school-age child in the Tyler Public Schools.<sup>11</sup>

The school physician gives the credit for this unusual record to the wholehearted cooperation of all concerned in helping to enforce the school board's regulations.

Table 6 shows the enrollment by schools and the per cent of enrollment that had been immunized for both smallpox and diphtheria for the school year 1940-1941.

TABLE 6  
DIPHTHERIA AND SMALLPOX RECORDS, ALL SCHOOLS, 1940-1941

School	Enrollment	No. Not Vaccinated	Total Per Cent Vaccinated	Not Protected for Diphtheria	Total Per Cent Protected
Marsh.....	300	0	100.00	0	100.00
Bonner.....	491	2	99.60	4	99.15
Douglas.....	310	0	100.00	0	100.00
Gary.....	570	1	99.83	4	99.30
Hogg Jr. High..	646	2	99.70	0	0
Roberts Jr. Hi.	543	7	98.72	0	0
Senior High....	1,200	17	98.60	0	0
Total white....	4,060	29	99.29	0	0
Colored under twelve.....	912	0	0	0	100.00
Total colored..	1,678	0	100.00	0	0
Grand total....	5,738	29	99.59	8	99.69

<sup>11</sup>School physician's annual report, 1938. On file in Clinic office, Junior College Building.

### Provision for Indigent Children

Provision for the indigent child is first made in the "Well Baby Clinic." Here the mother has the opportunity to obtain a physical examination and all the required immunizations for her baby. Another chance for this service is given when the child reaches school age and goes to the school "Summer Roundup." Provisions are made for free immunization through a plan worked out with the county health officer. The child's dental needs will be cared for by the dentist of the Tyler-Smith County Health Unit. Physical handicaps can be arranged for correction through the health department, financed by interested community organizations. His lunch can be furnished at the school after a health committee has investigated the situation and has decided that there is a need for this aid. Through the "Child Welfare Committee" of the Parent-Teachers Association this same child can be furnished clothes that will make it possible for him to attend school properly dressed so that he will look like other boys or girls in his group.

### Dental Clinic

In 1943 the director of the Tyler-Smith County Health Unit sent the dentist into the schools with his portable chair and other equipment which was set up in the school clinic. Here the dentist did a good piece of dental service

and health education at the same time. Every school child had the privilege of having his teeth checked. Records were made of the conditions that were found and reports were sent the parents. Many cases were advised to see their dentist. Children in the low income group were given blue slips that their parents could read and sign. When returned, these slips gave the dentist the parents' consent to do the necessary repair work, free of charge, in the school clinic. A number of families availed themselves of this opportunity. The dental clinic is permanently located in an office of the Tyler-Smith County Health Unit and its services are for people with low incomes. Many corrections were made and reported because of this dental examination that called the attention to the need. It was observed in a later survey that "only twenty-four per cent of the pupils needed dental care as compared with seventy-five to eighty per cent usually reported from such surveys."<sup>12</sup> Credit for this reduction was given to the dental program that preceded the survey.

Tooth building is a life-long process which begins before the child is born and continues until early adult life when the last tooth emerges from the jaw. During all this period and continuing as long as life lasts, repair and protective processes are also in operation. Teeth are living parts of the body.<sup>13</sup>

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<sup>12</sup>Annual Report, Tyler Public Schools, 1941-1942, p. 18.

<sup>13</sup>Texas State Department of Health, Nutrition and Dental Health, p. 1.

This fact is taught the child in the classroom where he is often checked and reminded when there is a manifest noticeable need for repair work on his teeth.

#### Physical Examinations for Pupils

The health examination of today has become an essential feature in education. The purpose of this examination in the schools is to discover the health status of the child. A definite schedule for physical examinations has been worked out for the student which enables the health service in the school to give each child several examinations during his school life when he remains in the Tyler system.

Grant points out that:

The health examination, aside from its purpose of ascertaining physical conditions, may be made a valuable educational experience for a child, particularly if the teacher aids effectively in preparing for it, and in assisting during the examination and the follow-up. Physicians, dentists, and nurses who make the examination an educational procedure find their efforts well repaid.<sup>14</sup>

Grant's plan is followed as far as the present curriculum setup provides.

In 1938 the school physician reported having made 1,651 physical examinations during the 1937-1938 school year, including complete physical check-ups. In addition, he made 2,680 hearing and 2,838 vision tests. Blood tests

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<sup>14</sup>Grant, op. cit., p. 7.

were made for 1,241 and urine for 896 students. Table 7 shows the number of these examinations for each school.

TABLE 7  
TOTAL NUMBER OF CHILDREN EXAMINED BY SCHOOLS, 1937-1938

School	Type of Examination				
	Physical	Hearing	Vision	Haemoglobin	Urine
Bonner I.....	102	101	100	80	106
Douglas I.....	64	61	61	59	63
Gary I.....	110	110	110	107	89
Marsh I.....	62	20	61	59	63
Total.....	338	334	332	305	321
Bonner III.....	78		81	48	
Douglas III.....	51	57	62	9	
Gary III.....	66	94	105	43	
Marsh III.....	45	13	54	40	
Total.....	240	164	302	140	
Bonner IV.....	77	91	89	76	11
Douglas IV.....	50	53	36	49	
Gary IV.....	63	113	82	35	22
Marsh IV.....	29	39	49	28	26
Total.....	219	296	256	288	59
Hogg Junior High...	138	525	530	87	43
Roberts Junior High	133	410	506	52	
Total.....	271	935	836	139	43
High school boys...	167	167	167	167	159
High school girls..	263	263	261	261	263
Athletics.....	75	75	75		24
Miscellaneous.....	38	403	403		

TABLE 7 -- Continued

School	Type of Examination				
	Physical	Hearing	Vision	Haemoglobin	Urine
Band.....	41		41	41	
High school total..	584	833	913	469	446
All schools, grade five.....		118			
Grand total..	1,651	2,680	2,838	1,241	896

Table 8 gives the number needing corrections that were found in the preceding examination, and also the number and percentage of corrections.

For 1938-1939, a total of 1,278 examinations were made. Out of this number, 186 pupils were referred to a physician and seventy-five to a dentist. The record for 1940-1941 reports complete physical examinations for the first, third, and fifth grades in the elementary schools; all high e ighth grades in the junior high schools; athletes, band members, tuberculosis contacts, and all special requests in the high school. For 1941-1942 the statistical table shown in Table 9, taken from the school physician's report for 1941-1942, indicates the growth and service rendered a school population after ten years of health education and health service offered in the public schools of Tyler.

TABLE 8

DEFECTS AND CORRECTIONS FOR ALL GRADES IN WHITE  
SCHOOLS, 1937-1938

Defects	Total Number Examinations	Needing Attention		Correction Made	
		Total	Per Cent	Total	Per Cent
Skin.....	1,652	39	2.17	13	33.3
Ears.....	1,651	34	2.05	5	14.7
Eyes.....	1,651	23	1.39	16	69.5
Nose.....	1,651	53	3.27	15	28.3
Oral hygiene...	1,651	85	5.14	23	27.0
Teeth.....	1,651	299	18.11	90	30.1
Throat.....	1,651	224	13.62	60	26.7
Glands.....	1,651	24	1.47	3	12.5
Throid.....	1,651				
Heart.....	1,651	11	0.66	2	18.1
Lungs.....	1,651	6	0.36	5	83.3
Hearing.....	2,680	56	2.08	12	21.4
Vision.....	2,838	160	5.63	38	23.7
Haemoglobin....	1,241	4	0.32	3	75.0
Urine.....	869	95	10.9	24	25.2



TABLE 9

## STATISTICAL REPORT OF PUPIL HEALTH EXAMINATIONS, 1942\*

Examinations	1939-1940	1940-1941	1941-1942
A. Nurse's individual inspections or tests.			
1. Vision.....	1,474	2,176	2,278
a. Normal.....	1,306	2,007	2,128
b. Impaired.....	170	189	150
2. Hearing.....	2,500	2,692	1,778
a. Normal.....	...	1,604	1,672
b. Impaired.....	...	88	1,065
3. For vaccination.....	283	945	349
4. For immunization....	176	838	164
B. Cases referred to nurses by teachers.			
1. Readmission to school.....	348	633	923
2. Skin trouble.....	671	561	463
3. First aid.....	461	372	396
4. Acute illness.....	273	631	429
5. Totals.....	1,753	2,197	2,211
6. Excluded.....	165	178	348
C. Cases accompanied to clinic doctor.			
1. Medical.....	22	13	19
2. Dental.....	16	15	13
3. For vaccination.....	75	113	103
4. For immunization....	69	96	107
D. Nurse's conference with individuals.			
1. Home visits.....	287	243	260
2. Parents not at home.	25	9	8
3. Parents.....	112	357	275
4. Principals of school	77	104	122
5. Teachers.....	153	312	325
6. Parents by phone....	235	304	352
7. Other nursing conferences.....	394	860	639
8. Civic total.....	374	174	253

TABLE 9 -- Continued

Examinations	1939-1940	1940-1941	1941-1942
<b>E. Meetings attended.</b>			
1. Staff.....	36	27	31
2. Parent-Teacher Association.....	11	15	9
3. Teachers.....	18	35	11
4. Others.....	66	54	44
5. Total.....	131	131	85
<b>F. Physical examination by school physician.</b>			
1. Routine.....	1,617	1,641	1,330
2. Special.....	265	185	314
3. Colored children....	40	108	...
4. Defense school.....	...	75	...
5. Total examined.....	1,992	2,031	1,701
6. Average cost.....	\$1.67	\$1.63	\$1.48
7. Referred to a physician.....	216	206	250
8. Referred to dentist.	450	401	323
9. Parents present.....	308	294	326
10. Invitations sent out	650	726	586
11. Corrections.....	244	386	344
12. Nurse's inspection..	...	...	281
<b>G. Laboratory.</b>			
1. Blood sedimentation.	286	27	25
2. Blood.....	1,026	1,024	970
3. Urinalysis.....	1,053	972	468
4. Malaria test.....	5	3	...
5. Hookworm test.....	93	31	10
6. Wassermann.....	15	...	47
7. Mantour test:			
a. White.....	511	402	...
b. Colored.....	1,417	1,320	286
Total.....	1,928	1,722	286
8. Fluorescope examination:			
a. White.....	10	67	9
b. Colored.....	115	61	42

\*From health records, Tyler Public Schools. On file in Clinic office, Junior College Building.

### Correction of Physical Defects

This health program gives special attention to the correction of physical defects, improving school attitudes, and adjustment of the handicapped child to the environment best suited for him. Brooks observes:

If a child departs greatly from the normal in physique, being undersized or oversized, or if he has some noticeable physical defects, he is likely to be persecuted or tortured by other children.<sup>15</sup>

Close observation and various checks and examinations are made by both teachers and the health staff to locate any physical defects. When an unsatisfactory condition is found, ways and means are available for its correction. After one visual testing program, 117 children were found to show impaired vision. These cases were reported to the parents and many corrections were made. The nurse follows some cases into the home where it is found that persuasion is sometimes more effective than coercion in producing desirable educational results.

Members of the school health committee give special mention and credit to community groups that cooperate in the school health program. Some of these are:

Community Chest, for their aid in supplying milk to underprivileged children; members of the County Medical Society for their advice and treatment

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<sup>15</sup>Fowler D. Brooks, Child Psychology, p. 385.

of special cases; Tyler-Smith County Health Unit for their assistance on preventing the spread of contagious and infectious diseases; Lions Club for their aid to needy children with defective vision; Elks Club for special assistance; Rotary Club for their interest in crippled children and hard of hearing; the Smith County Tuberculosis Association for their interest in checking the janitors and cafeteria employees for freedom of tuberculosis infection.<sup>16</sup>

The following are several case histories that show some physical handicaps that are encountered, procedures utilized in handling, and final results obtained.

Special Case Reports from the Annual Report of  
the Health Service Department, June 3, 1938

Case one, preschool: A six-year-old boy in the Bonner Elementary School district was found by the school physician to be very undernourished, anemic, and fatigued. The family was very poor. The case was referred to a town physician who found this condition was due to hookworm. This child was put under intensive medical treatment to improve his physical condition and make him physically fit for school in the fall.

Case two, from an elementary school: An eight-year-old boy, from a poor family, was growing deaf after the effects of whooping cough three years before. After having measles two years later, he continued to grow worse. He was referred to the health service by his teacher. Arrangements were made for a physical examination by specialists.

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<sup>16</sup>Tyler Courier-Times-Telegraph, May 8, 1944, p. 6.

Lip reading was recommended since nothing could be done to improve his hearing. The school nurse arranged for an interview for the parents with a representative from the State School for the Deaf. The health chairman of the Parent-Teachers Association saw that all necessities were provided for him to enter the school.

Case three, from junior high school: Because of an eye injury, a twelve-year-old girl was advised three years ago to have the eye removed. The father refused to have this done because of religious beliefs. The school nurse was given permission to arrange for the operation. The Lions Club took care of the expense. In June the child will receive a glass eye which will look very much like her well eye. This correction will improve Mary's health and appearance.

Case four, from senior high school: A sixteen-year-old girl had an unsightly black, hairy growth on the right side of her cheek. Upon investigation, the nurse found that her parents had hoped to have this operation. They are poor people and could not arrange for it. The case was referred to the chairman of the Roosevelt Crippled Children's Fund. He arranged for the operation. Two months later the girl's face showed nothing but a slight scar tissue. Her attitude, according to her teacher, has improved. She is more self-reliant, does better class work and is less self-

conscious. As a result of this operation, the nurse feels that this girl has every chance for a happy successful life.

Case five, from senior high school: A girl from a poor family, enrolled in senior high school, was found to be almost blind with a vision of .20 in both eyes.

She received a correction through the "Better Vision Committee" of the Lions Club and has a correction of 20-20 in both eyes. She went into the school physician's office radiantly happy over how well she could see.<sup>17</sup>

One of the greatest contributions the school can make to a child is to promote his present health and send him out with proper habits and attitudes for protecting and maintaining that health for the rest of his life. This is a big order, but it is well within the ability and responsibility of the school to do just that.<sup>18</sup>

#### Physical Examinations for Employees

In fulfillment of requirements passed by the board of education that all employees in the Tyler schools have physical examinations at the beginning of each year, the school physician reported at the end of the school year 1938-1939 that:

Examinations were given all janitors and cafeteria employees. Blood tests for syphilis were made on all employees, and positive cases had regular treatment all year by the county health officer. Several applicants were rejected because of physical

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<sup>17</sup>Annual report of the school physician, 1938. On file in the Clinic office, Junior College Building.

<sup>18</sup>J. Murray Lee and Dorris May Lee, The Child and His Curriculum, p. 489.

defects found at this examination. The plan for next year is to further improve the examination by doing tuberculin tests on all employees.<sup>19</sup>

The routine examination is repeated each year.

### Physical Examinations for Teachers

Administrators admit that the teacher is the key to healthful living in the school.

. . . She should exhibit health in her appearance and work habits at school. Youth will reflect her enthusiasm, voice, manners, and health practices. This being true, her responsibility is great. She has the obligation for developing in her pupils the calmness, poise, attitudes, and habits essential to wholesome development.<sup>20</sup>

Educators have known for some time that a happy, healthy teacher can do much in a school by example alone. Simonds points out the fact that:

The most important aid in helping a child to develop good behavior patterns is a favorable environment where there are good standards for the child to copy.<sup>21</sup>

This favorable environment exists when the teacher practices good health behavior from day to day so that many of her pupils can and will follow her example. Grant points to the fact that:

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<sup>19</sup>Annual report of the school physician, 1937-1938. On file in the Clinic Office, Junior College Building.

<sup>20</sup>American Association of School Administrators, Health in Schools, p. 249.

<sup>21</sup>p. M. Simonds, Mental Hygiene of the School Child, p. 76.

No matter what the general environment of a school may be, the healthy teacher is a practical necessity for carrying out a healthy program. While poor health, which often causes despondency, irritability, and lack of interest is quickly sensed by pupils, good health characterized by optimism and buoyancy of spirit, is equally infectious.<sup>22</sup>

Realizing that these facts set forth by health authorities were true, the board of education passed regulations asking all employees of the Tyler Public Schools to have a thorough physical examination before the opening of each school year, beginning in September, 1938. Standard blanks are furnished the teachers. The examination and the blank filled out by any desired local physician are a matter of record, and they are placed on file each year in the administration building. This regulation is a valuable safeguard to the children of Tyler and a protection to the employees.

The idea of a health examination is not new, but we have not been ready until recently to realize the ideal. It is a wise and useful development growing apace and will in time become a part of community life. For centuries the medical profession placed its emphasis upon disease rather than upon health.<sup>23</sup>

This shift of emphasis from disease to health has caused an increased interest and participation in health examinations.

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<sup>22</sup>Grant, op. cit., p. 5.

<sup>23</sup>Milton J. Rosenan, Preventive Medicine and Hygiene, p. 659.



### Tuberculosis Control

The control of tuberculosis is not just the doctor's affair. It belongs to the entire community. The Smith County Tuberculosis Association has a clinic for the diagnosis and treatment of tuberculosis in the indigent. This association works in cooperation with the Public School Health Program and shares this clinic. All colored people are eligible to use the facilities of this clinic for a period of one year when needed. The school physician says:

It is believed that the public school of today is the greatest avenue for the spread of information which will lead to the control of tuberculosis in the state. Tyler is proud of having one of the state's best tuberculosis control programs. This program consists of intensive instruction in the regular health education classes followed by an opportunity for every student in those classes to have the tuberculosis test free of charge. After the unit on tuberculosis is completed, each student is given a consent slip which he takes home for his parent to sign. If the parent prefers that the test be given by a private physician, he is urged to do so and to bring a report of his examination back to school.

The test was given to most of the ninth grade students and approximately 22% to the tuberculin material injected. Parents of these children were written carefully worded letters explaining the significance of the positive tuberculin test and urging them to obtain X-rays from their private physician. A card index file is kept of all high school students reacting positively to the tuberculin test.

The school nurse interviewed seventy-two girls and fifty-two boys with the following results. A total of thirty-six girls or exactly fifty per cent had been either fluoroscoped or X-rayed by their family physician. Fifty-two boys were interviewed and thirty-one or fifty-nine per cent had already been X-rayed. This program is not all-inclusive, but is about as far as a school can go on a voluntary

basis. Tuberculin testing should not be made compulsory for the pupils unless at the same time it is made compulsory for the teachers.<sup>24</sup>

#### Tuberculosis Control in Colored Schools

The annual report for 1940-1941 says that:

Thirteen hundred and twenty-six students were given the tuberculin test with an incidence of positive reaction ranging from fifteen per cent in the first grade to sixty-five per cent in the senior class. All children over the age of twelve years with a positive tuberculosis test were referred to the Smith County Tuberculosis Clinic. Two hundred and twenty-seven children were fluoroscoped and fifty-three X-rayed. Three cases of active tuberculosis were found. In four or five years of such case finding, one would expect to reduce the present high death rate from tuberculosis in the negro population.<sup>25</sup>

Besides the routine school work, Ethel Dawson taught night classes in home hygiene and assisted with the evening clinics at the Smith County Tuberculosis Clinic.

Table 10 gives some idea of the amount of preventative medicine that has been given in the colored schools of Tyler for the past five years. The excellent records that were made in the white schools in diphtheria and small-pox control would not have been possible without the accompanying program in the colored schools.

#### Health Education in the Community

Members of the health staff are available at all times for community programs. They have taught Red Cross first aid courses. Olga Larson, school nurse, has conducted

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<sup>24</sup>Annual Report, Tyler Public Schools, 1940-1941.

<sup>25</sup>Ibid.

TABLE 10

NUMBER OF USES OF PREVENTIVE MEDICINE IN THE  
COLORED SCHOOLS OF TYLER, 1937-1942\*

Types	1937-38	1938-39	1939-40	1940-41	1941-42	Total
Diphtheria toxoid.....	81	260	181	214	188	924
Smallpox toxoid.....	72	545	279	155	142	1,193
Schick test....	...	740	106	860	339	2,045
Tuberculosis test.....	...	82	1,418	1,326	286	3,141
Fluoroscopic test.....	...	...	...	227	250	477
X-ray.....	...	42	115	53	42	247

\*Compiled from annual report of the school physician, 1942. On file in Clinic office, Junior College Building.

courses in home hygiene for the mothers of the school and community. This course includes the care of the sick, which makes it very valuable at the present time due to the shortage of nurses.

## CHAPTER V

### CONCLUSIONS AND RECOMMENDATIONS

#### Conclusions

The Tyler Public Schools have carried on a successful health program for more than ten years. During that time many outstanding services and accomplishments have been made and recorded. Some of the outstanding points will be found in:

1. "The Well Baby Clinic."
2. "Summer Roundup."
3. Physical examinations for pupils.
4. Physical examinations for employees.
5. Special emphasis on nutrition.
6. Correction of physical handicaps.
7. Dental clinic.
8. Control of communicable diseases.
9. Outstanding gain in tuberculosis control.

This brief summary will help to show that the service of this health program in the schools is worth its cost to the city of Tyler.

### Recommendations

To increase the staff and equipment to meet the growing needs of the school population as soon as conditions will permit is highly important.

Let there be a closer relation between the classroom teacher and the health staff. The teacher should know the findings and outcomes of health conditions of her pupils. If she is not present for the examination, let this be reported to her by the school physician or nurse so that she can be better able to work in cooperation with all concerned.

## APPENDIX

In September, 1940, the following suggestions were made by the school physician for handling the problem of prophylaxis for athlete's foot in shower rooms:

1. There should be a prophylactic footbath in each of the boys' dressing rooms and made up of either a 10% water solution of sodium thiosulphate or 1% sodium hypochlorite. We used thiosulphate with fairly good results last year, although a good many gymnasiums use the hypochlorite solution.

2. We could place in each dressing room one-pound cans of 20% sodium thiosulphate in boric acid powder with directions that they use this powder to sprinkle on their feet and in their shoes as a preventative measure.

3. We could put a small bottle of 5% gentian violet solution and a bottle of 1% iodine with some applicators in the dressing rooms so that the boys might attempt to control early infection. I realize that these last two measures come very close to what might be considered treatment. However, I do not believe that we would get into trouble with any one.

C. B. Young

(Number one was chosen and put into operation.)

Found in Health Clinic files, Junior College Building.

## Health Work

Miss Olga Larson, Director

Phone 4258

The following objectives have been adopted by the Nursing Activities Committee for the year 1935-1936:

## September

1. Control of skin diseases.
2. Daily home-room inspection in all grades.
3. Introduce handwashing in all schools.
4. Begin classroom growth charts.
5. Begin physical inspection of first grades children who missed summer roundup.

## October

Work up diphtheria protection to 90 per cent of school population.

## November

Educational program on ventilation and prevention of colds and tuberculosis.

## December

Dental hygiene.

## January

Work up smallpox protection to 90 per cent of school population.

## February

Educational program on body mechanics.

## March

Better vision program.

## April

Concentrate on foods and their relation to body development. Dental follow-up.

## May

Summer roundup. Close the year's program.

Note -- The Parent-Teachers Association health committees will cooperate at all times with other organizations active in community health work.

Objectives and Program of Health Work  
in the Tyler Schools, 1936-1937

Miss Olga Larson, Director  
Mrs. A. M. Campbell, City Activities Chairman  
Mrs. Bryant Beard, General Nursing Activities Chairman of  
Red Cross

Two main objectives

1. A physical examination for every child in school.
2. Elimination of colds.

In a planned month-to-month program many phases of health work will be carried on, including the following:

1. Growth charts.
2. Handwashing.
3. Physical examination records.
4. Typhoid control.
5. Diphtheria immunization.
6. Tuberculosis prevention.
7. Dental hygiene.
8. Smallpox vaccination.
9. Summer roundup.

Work adopted by the Health Committee of the Parent-Teachers Association:

1. Supply first aid materials in all schools except for the boys in senior high school who have their supplies.
2. Provide a supply of Kleenex in each room to be used only by those children whose parents are unable to provide handkerchiefs.
3. Provide linens for clinic bed and provide for the laundry.
4. Supply room thermometers where needed.
5. Arrange for postage to send written reports home regarding physical condition of student.
6. Whenever advisable, promote correction of physical defects.



**Objectives and Program of Health Work  
in the Tyler Schools, 1937-1938**

Mrs. A. M. Campbell, City Nursing Activities Chairman,  
Phone 2332.

C. B. Young, M. D., School Physician.

Olga Larson, School Nurse.

Alice Miller, Health Education Director

Two main objectives

1. A physical examination for every school child.
2. Elimination of colds.

In a planned month-to-month program many phases of health work will be carried on, including the following:

1. Growth charts.
2. Handwashing.
3. Physical examinations.
4. Typhoid control.
5. Tuberculosis prevention.
6. Dental hygiene.
7. Others.

Work adopted by the Health Committee of the Parent-Teachers Associations:

1. Supply first aid materials in all schools except for boys in senior high school who have their supplies.
2. Provide a supply of paper handkerchiefs in each home room to be used only by those children whose parents are unable to provide handkerchiefs.
3. Provide linens for the school physician's clinic.
4. Supply room thermometers where needed.
5. Whenever advisable, promote correction of physical defects in indigent cases recommended by the school physician.

Department of School Health  
1938-1939  
Central Office, Junior College Building  
Telephone 4617

C. B. Young, Director  
 Olga B. Larson, R. N., School Nurse  
 Lucille Goodman, R. N., School Nurse  
 Ethel Dawson (colored), employed jointly by board of education and Red Cross for full-time work in the colored schools.  
 Mrs. Bryant Beard, chairman of Advisory Committee, ph. 1284.  
 Mrs. A. B. Cremer, Secretary of Advisory Committee, ph. 2092.

Health Objectives

Two main objectives:

1. A physical examination for every child in school.
2. Follow-up and correction of defects found through examinations.

Health program adopted by committee:

1. Improve control of contagious diseases, especially the common cold.
2. Arrange for parents to be present at physical examinations.
3. Continue cooperation with Smith County Tuberculosis Association on the tuberculin testing in Tyler schools.
4. Work on educational program of Schick testing.
5. Work with interested organizations to arrange for dental care of indigent children.
6. Work with pre-school organizations and Parent-Teachers Associations on a visitation day in elementary schools.
7. Keep in touch with health work in colored schools and advise and recommend regarding same.

## Health Objectives, 1939-1940

Two main objectives:

1. Continue physical examination of children and follow-up work.
2. To secure milk for undernourished children. Tentatively approved, spring, 1939.

Health Service Advisory Committee:

1. Improve control of all contagious diseases by:
  - a. Make a definite effort to acquaint all parents with the school regulations regarding return to school after colds and contagious diseases.
  - b. The school nurse will make regular morning visits to assigned schools (schedules to be posted in each school).
  - c. Any elementary school child absent from school for more than two days must report to the principal before being allowed to enter the classroom. The principal will dispose of the case by consulting the school nurse or physician, if necessary.
2. Invite the parents of elementary school children to be present for the physical examinations by the school physician.
3. Continue educational program on the importance of the Schick test.
4. Continue cooperation with Smith County Tuberculosis Association on a tuberculin testing program in the schools.
5. Continue efforts to make some provision for the dental care of indigents.
6. Work with pre-school organizations and Parent-Teachers Associations to continue the annual visitation day for pre-school children.
7. Encourage the establishment of a voluntary fund through Parent-Teachers Associations and other interested organizations to supply milk for undernourished children.
8. Close cooperation with all principals and teachers through regular meetings.
9. Advise the health program in the colored schools.

Department of School Health  
 Central Office  
 Junior College Building, Phone 4617  
 1940-1941

C. B. Young, Director  
 Olga Larson, R. N., School Nurse  
 Lucille Goodman, R. N., School Nurse  
 Ethel Dawson (Colored), School Nurse  
 Mrs. Roy Riviere, Chairman of Advisory Committee, phone 1024

School health policies for 1940-1941 adopted by the Advisory Committee on School Health, May, 1940:

1. To provide a health-ful environment.
2. To have a planned program for the care of accidents occurring at school and for cases of sudden sickness.
3. To have a planned program for assisting in the community program of contagious disease control.
4. To teach pupils habits and attitudes conducive to the maintenance of good health, and to facilitate the accumulation of scientific knowledge relating to the cause, spread, and prevention of disease.
5. To encourage the periodic health examinations of pupils.
6. To give special attention to those in need of medical and dental care.
7. To provide special education programs adapted to needs of handicapped pupils.
8. To provide supervision and in-service training for teachers.

Objectives for individual Parent-Teachers Associations Health Committees:

1. To consider unmet health problems in each school and work with the principal and health service staff in meeting same.
2. Continue cooperation with the health department in control of colds by:
  - a. Education of parents on keeping children at home and in bed when they have signs of an acute cold.
  - b. Supply paper handkerchiefs to home rooms for use by those children unable to have handkerchiefs and for emergencies.
3. Continue cooperation with nutrition problems.
4. Assist with the correction of physical defects by helping to arrange for correction of these defects in underprivileged children.

5. Supplement needed first aid supplies.
6. Sponsor summer roundup of pre-school children the first of May.
7. Cooperate with the Smith County Tuberculosis Association in their educational program.
8. Promote community health education by sponsoring home hygiene and care of sick, to be taught in classes.
9. Consider supplying postage for the physician's reports so they can be mailed home to the parents.

Department of School Health  
Central Office  
Junior College Building, Phone 4617

C. B. Young, M. D., Director.  
Olga Larson, R. N., School Nurse.  
Lucille Goodman, R. N., School Nurse.  
Mrs. Roy Reviere, Chairman, Advisory Committee, phone 1024.

Objectives for individual Parent-Teachers Health Committees, School Year 1941-1942:

General objective: Health and physical fitness for every child.

1. Overcome malnutrition by:
    - a. Cooperating with the community program in adequate diets and proper food selection for low income groups.
    - b. Encouraging and helping in the movement which promotes backyard gardens for everyone and particularly the underprivileged families.
    - c. Supporting the community chest and WPA free lunch project for underprivileged children.
    - d. Arranging for a film to be shown in every school on proper food selection. This can be obtained from National Dairy Council and may cost about fifteen dollars.
    - e. Continuing milk project for markedly under-nourished children.
  2. Promote community health education and safety by:
    - a. Health chairmen giving one specific first aid measure at each Parent-Teachers meeting when giving their reports.
    - b. Arranging with the program chairman this spring for one program on safety, suggesting that the fireman give this demonstration program. If possible, sixty minutes should be allowed for the program.
    - c. Promoting home hygiene and first aid classes. A minimum of fifteen minutes required for classes, and preferably twenty minutes.
  3. Consider unmet health problems in each school.
- Work with the principal and health service staff in meeting same.

4. Continue efforts in the control of cold by:
  - a. Reminding parents to keep children at home and in bed when they show signs of an acute cold.
  - b. Provide paper handkerchiefs for home rooms for use of underprivileged children and for emergencies.
5. Assist with the correction of physical defects by helping to arrange for correction of these underprivileged children.
6. Supplement needed first aid supplies.
7. Sponsor summer roundup of pre-school children the first of May.
8. Continue cooperation with the Smith County Tuberculosis seal sale. Testing of all maids of Parent-Teachers Association members.

Department of School Health  
Central Office  
Junior College Building, Phone 4617

C. E. Young, M. D., Director.  
Lucille Goodman, R. N., School Nurse.  
Uerna Gabriel, School Nurse.  
Mrs. Roy Riviere, Chairman, Advisory Committee, Phone 1024.

Objectives for individual Parent-Teachers Health Committees, 1942-1943:

General objective: Health and physical fitness for every child.

1. Overcome malnutrition by:
  - a. Cooperating with the community program in adequate diets and proper food selection for low income groups.
  - b. Encouraging and helping in the movement which promotes backyard gardens for everyone and particularly the underprivileged families.
  - c. Supporting the Community Chest and WPA free lunch project for the underprivileged children.
  - d. Arranging for a film to be shown in every school on proper food selection. This can be obtained from National Dairy Council and may cost about \$15.00).
  - e. Continuing milk project for markedly under-nourished children.
2. Promote community health education and safety by:
  - a. Health chairmen giving one specific first aid measure at each Parent-Teachers meeting when giving their health report.
  - b. Arranging with the program chairman this spring for one program on safety, suggesting that the firemen give this demonstration program.
3. Consider unmet health problems in each school. Work with the principal and health service staff in meeting same.
4. Continue efforts in the control of colds by:
  - a. Reminding parents to keep children at home and in bed when they show signs of an acute cold.
  - b. Providing paper handkerchiefs for home rooms for the use of underprivileged children and for emergencies.



5. Assist with the correction of physical defects by helping to arrange for correction of these in underprivileged children.

6. Supplement needed first aid supplies.

7. Sponsor summer roundup of pre-school children the first of May.

8. Continue cooperation with the Smith County Tuberculosis Association.

School Health Service  
1943-1944

Miss Olga Larson, Red Cross Public Health Nurse, Director.  
Mrs. Roy Riviere, Chairman, Committee on School Health.

Motto: "In the health of our children lies the future strength of our community."

General objectives of the Health Committee of Parent-Teachers Associations:

1. Let there be no undernourished child in the Tyler Public Schools.
2. Let there be no child in the Tyler Public Schools with fatigued posture.
3. Let no child go through the Tyler Public Schools with physical defects uncared for.

School Nursing Activities objectives:

1. Prevention of communicable diseases and accidents:
  - a. Vaccinate and immunize according to school regulations.
  - b. Handwashing for all.
  - c. Daily inspections by all home-room teachers.
  - d. Exclusion of acute respiratory cases (beginning cold).
  - e. Skin -- all infectious sores must be covered while in school; rashes must be checked in the school clinic before those children can remain in school.
  - f. Safety and first aid consciousness throughout the whole school.
2. Attention to correction of remedial defects -- special attention to defects which interfere with learning or growth and health of children.
3. Nutrition.
  - a. Parents, teachers, nurse observe growth of children.
  - b. Attention to factors which interfere with good nutrition.
4. School plant and environment -- attention to factors concerning sanitation, light, ventilation, room temperature, and health of employees.
5. Work with all teachers on a health promotion or physical fitness program for their children.

DEPARTMENT OF SCHOOL HEALTH  
Tyler Public Schools  
Tyler, Texas

Lucille Goodman, R. N.

Verna Gabriel, R. N.

To the parents or guardian of \_\_\_\_\_ :

Your child is suffering from a skin condition which appears to be contagious. It will be necessary for this to be cleared up before \_\_\_\_\_ can return to school.

To treat:

1. Examine every member of your family for this trouble.
2. Have all those showing signs of the condition to take a warm soapy bath soaking the whole body for at least 20 minutes. Dry body with rough towel and apply alcohol rub over affected parts.
3. Use ointment as prescribed by your doctor and put on clean clothing and clean bedding.
4. Boil for 20 minutes all underwear, bedding and other clothes that have come in contact with those having this skin trouble. All clothing and bedding which cannot be boiled, such as mattresses, pillows, quilts, coats, etc., should be hung out in the wind and sun every day while the family is being treated.
5. At the end of the third day take a warm bath and shampoo. In most cases the sores will be dried and skin clean at the end of this period. Sometimes it may be necessary to repeat this treatment again.

This means a great deal of work, but this condition is caused by a bug, which is hard to kill; and since it can live in the clothes and bedding for months, it is necessary to follow the above directions if you are to free your family from this condition.

We will be glad to see \_\_\_\_\_ back in school just as soon as this condition is cleared up.

\_\_\_\_\_  
(School Nurse) R. N.

DEPARTMENT OF SCHOOL HEALTH  
Tyler Public Schools  
Tyler, Texas

Tel. 4617

Lucille Goodman, R. N.

Verna Gabriel, R. N.

PYOGENIC INFECTION

Wash the sore and skin close about it with clean warm water and soap, using a piece of absorbent cotton or a soft rag. Then pick all the crusts with a clean toothpick and apply ointment obtained from a physician.

This infection is a skin disease that many children have and which spreads very readily from one child to another unless care is taken. Therefore, never touch the sore or wipe it with a towel that is to be used again. IF THE SORE IS LARGE AND CANNOT BE COMPLETELY COVERED, THE CHILD MUST REMAIN OUT OF SCHOOL.

R. N.

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(School Nurse)

September 30, 1943

To -- Health Committee Chairman  
Tyler Parent-Teachers Associations

From -- Olga Larson, Red Cross Public Health Nurse

Subject -- Nutrition

Goal -- Let there be no undernourished child in the  
Tyler schools.

What is an undernourished child?

Following are signs of a well nourished and an undernourished child which may be used as warning signals by which we may be guided. Taken from Bogert.

Good Nutrition

Malnutrition

Well developed body.

Body may be undersized, show poor development, or physical defects.

Weight about average for height.

Weight below normal, or fat and flabby.

Muscles firm and well developed.

Muscles small and flabby.

Skin firm and of healthy color.

Skin loose and pale, waxy, or sallow.

Mucous membranes of eyelids and mouth reddish pink.

Mucous membranes pale.

Hair smooth and glossy.

Hair often rough and without luster.

Eyes clear and without circles.

Dark hollows or blue circles under eyes.

Facial expression alert but without strain.

Facial expression drawn, worried, old; or animated but strained.

Posture good -- head erect, chest up, shoulders flat, abdomen in.

Fatigue posture -- head thrust forward, chest narrow and flat, shoulders rounded, abdomen protruding.

Good nature; animation.

Irritability, overactivity;  
or listlessness; lack of con-  
centration.

Sleep sound.

Sleep restless, spasmodic.

Digestion and elimination  
good.

Nervous indigestion and con-  
stipation.

Appetite good.

Food habits "finicky."

General health excellent.

Lack of endurance and vigor;  
susceptibility to infections.

#### Suggestions to parents for good FOOD HABITS.

(Health Chairman read at the October meeting.)

1. Set a time for meals, and allow no distractions during the meal hour.

2. Have the food attractive in color, odor, and flavor, so that it will tempt the appetite.

3. Serve small portions so that the child can clear his plate without the feeling of being stuffed.

4. Remember that the table is a place for good comradeship and not for discipline or nagging.

5. Have no difference of authority between the parents and other adults in deciding questions about the child's eating.

6. Refrain absolutely from discussing the child's eating habits with others in his presence.

## TYLER PUBLIC SCHOOLS

November, 1943

To -- The principals and teachers in the Tyler schools

From -- Your school nurse

Subject -- GOOD EATING HABITS

Are we overlooking the opportunity of putting into practice GOOD EATING HABITS in our cafeterias?

No matter how good our food is, there is confusion and noise while eating unless we exercise especial care. Our digestive functions cannot proceed satisfactorily and properly amidst noise and confusion at meal-time. From a health standpoint quietness in the cafeteria is more important than in the classrooms. At a time when all of us are struggling within ourselves for serenity and calmness, should we not try to help the children find mental calmness too?

Won't you please give considerable thought to this and discuss the matter with your children in your teacher meetings?

Here are some suggestions that may help to stimulate ideas: (Plans will vary with age groups, schools, sponsors, etc.)

1. Sponsors may be from the health education department, home economics, physical education, home-room teachers, or for example in senior high school, the Girls' Forum.
2. The feeling of rush must be eliminated. This should include the period from the time the child leaves his classroom until he is through with his lunch and back in his next class. Child should walk calmly from his room to the handwashing line with no feeling of rush.
3. Have a host and hostess whose responsibility it will be to help create desirable attitudes, practices, etc. This should have fair representation from the whole school.

Their duties (for example):

- a. Meet together regularly to discuss responsibilities.
  - b. Have certain tables in cafeteria assigned to them.
  - c. Smile and try to make everyone happy and pleasant.
  - d. Act as ushers when necessary and assist small children with their trays to tables.
  - e. Discuss table manners in home rooms. Avoid open criticism of individual children. Offenders should be tactfully helped privately.
  - f. Create a feeling of thankfulness for the food. Do our children realize that this is perhaps the only country in the world at this time that has enough food?
  - g. Cultivate courtesy. Perhaps children could stand at their places until all from their room have their trays. This room would have definite tables for their own and children could have their own places.
4. Seasonal decorations -- art classes could assume this responsibility.

The permanent value that will come from this united effort will have a lasting value in each child's future that will help to strengthen the value of the subject matter he receives. If you want further suggestions, let me know. I shall be pleased to help with the plans for your school. Lots of luck!



APPLICATION TO BLIND AND SIGHT CONSERVATION  
COMMITTEE OF TYLER LIONS' CLUB FOR ASSISTANCE

\_\_\_\_\_, 19\_\_

\_\_\_\_\_  
(Name of applicant) (Name and age of patient)

\_\_\_\_\_  
(Applicant's address) (Glasses or treatment)

Relation of applicant to patient: \_\_\_\_\_

Is applicant employed? \_\_\_\_\_ If not, why? \_\_\_\_\_

Is father of patient living? \_\_\_\_\_ If so, is he employed?

\_\_\_\_\_  
If not, why? \_\_\_\_\_

What is weekly wage or salary of applicant? \$ \_\_\_\_\_

Is patient attending school? \_\_\_\_\_ If so, where? \_\_\_\_\_

I certify that I am unable to pay for glasses or  
treatment of patient.

\_\_\_\_\_  
Applicant

Recommended by \_\_\_\_\_

APPROVED:

TYLER LIONS' CLUB

By \_\_\_\_\_  
Chairman, Blind and Sight  
Conservation Committee

(Doctor's report to be written on reverse side.)

September 14, 1943

To -- Home Room Teachers

From -- Your School Nurse

Topic -- DAILY MORNING INSPECTIONS

This year more than ever we need the cooperation of every home-room teacher in the Tyler schools to carry on an effective health program. One of our major responsibilities will be the prevention of the spread of contagious diseases in the classroom.

Therefore, the first five minutes of each school day, inspect your pupils for the following signs (for high school, we recommend the informal method):

1. Beginning cold -- sore throat, unusual coughing or sneezing, feverish appearance, watery eyes, etc. Impress upon your pupils that for a beginning cold they should be at home in bed for the first day at the least.
2. Rash of any kind. Inspect the face, neck, arms, and legs for a breaking out on the skin. Physical education teachers inspect feet.
3. Infected sores or abrasions in skin. All infected sores must be covered with a clean dressing while child is in school.
4. Nausea or vomiting. (Early sign of infantile paralysis.)
5. Discharge from eyes, nose, or ears.
6. Dizziness, faintness, or unusual palor.
7. Any other sudden marked change in the child's usual behavior.

If any of these signs are present, please refer the pupil to the clinic immediately after inspection. Be sure he has a slip with his name and reasons for referring him to the nurse.

On mornings when nurse cannot be present plans are being worked out for a trained nurse aide to be present in our larger schools every morning following the morning inspection. In some of the schools this cannot be worked out at the beginning of the school year because of the shortage of nurse aides.

Directions for sending a child home:

1. A child with a morning temperature of 99 degrees or more should not be allowed to remain in his classroom without a permit from the family physician. He should be isolated away from other children until satisfactory arrangements can be made through the principal's office for him to go home. However, the principal is not expected to run a jitney. In many cases the pupil is old enough and able to go home himself. In others, parents can come to get their child.
2. Take care that no child is sent home under conditions that may further endanger his health.
3. Be sure the isolation room is disinfected after a child with a contagious disease has been there. Home-room teacher should instruct janitor to change linens, air room thoroughly, and wash with bichloride of mercury solution. This applies also to child's desk.

Nurse's schedule:

There will be times when it will be necessary to get in touch with the school nurse immediately for emergencies. For this reason we will try and keep you informed when changes are made in the nurse's schedule. The following will be effective until Oct. 22, 1943.

Monday		High school	Call 3630 and leave message.
Tuesday	a.m.	Roberts Junior High School	
	p.m.	Marsh	
Wednesday	a.m.	Hogg Junior High School	
	p.m.	Douglas	
Thursday		Bonner	
Friday		Gary	

Some of Thursday or Friday will be spend each week with the colored school nurse. With your cooperation we can look forward to a year with contagious diseases kept at a minimum.

DEPARTMENT OF SCHOOL HEALTH  
 Tyler Public Schools  
 Tyler, Texas  
 1943-1944

To the Parents of Tyler School Children:

In our efforts to control communicable diseases in our schools, we desire that you know our general school health policies concerning same. Before sending your child to school, we recommend that you look for these things:

- Red and discharging eyes.
- Unusual coughing and sneezing.
- Dizziness and faintness.
- Sore throat.
- Feverish appearance (take temperature, if possible).
- Rash.
- Acute discharge from nose.
- Severe pain.
- Swelling about the neck.
- Sudden earache or discharge from the ear.
- Nausea, vomiting, and diarrhea.
- Any other sudden marked change in the child's usual behavior.

If your child shows any of these symptoms, please do these things:

1. Keep him at home from school.
2. Keep him quiet and by himself.
3. Remember that it is always safest to notify a doctor early when your child is sick.

Following are the regulations, as approved by the Smith County Medical Society and the Tyler-Smith County Health Unit concerning return to school after the common communicable diseases. Quarantinable disease regulations are not included here because they are under the direct supervision of the Health Unit. Any additional information regarding the control of communicable disease may be obtained by calling the Tyler-Smith County Health Unit, or your family physician.

Chickenpox

Infected children must remain out of school until all crusts have fallen off. In case of question, they must be able to present a certificate from health officer.

Exposed children may go to school for nine days and then be excluded for the next twelve days.

Red measles

Children may go back to school two weeks after onset of the disease providing there are no complications. Home-room teachers will check on their return to school. In case of question they must present certificate.

Everyone in the family that has not had measles must be excluded from school for two weeks.

German measles

Exclude the child for one week. This disease is usually differentiated from red measles in that there are no sore eyes.

Whooping cough

Children may return to school three weeks after beginning of "whoops" provided the cough has subsided.

Children in the same family of a child exposed to whooping cough should be excluded for two weeks if they have not already had the disease.

Mumps

Cases must stay out of school until all swelling has subsided or a minimum of ten days. Children exposed may go to school two weeks and then stay out one week.

Olga Larson  
School Health Service

DEPARTMENT OF SCHOOL HEALTH

C. B. Young,  
M. D.

Tyler Public Schools  
Tyler, Texas  
Tel. 4617

Olga Larson, R. N.  
Lucille Goodman, R. N.

TO THE PARENTS:

In the very near future your child will be given a complete physical examination by the school physician. This examination is, of course, not compulsory; but we urge your cooperation in this most important part of your child's school training. In order that the examination may be complete and accurate, we ask that you complete the following brief history form. Please give year whenever possible. You will be notified by postcard of date of the examination.

Please make every effort to be present.

Immunization and Clinical Tests  
Date and Result

Disease Experiences  
Date

Typhoid \_\_\_\_\_

Typhoid fever \_\_\_\_\_

Smallpox \_\_\_\_\_

Smallpox \_\_\_\_\_

Diphtheria \_\_\_\_\_

German  
Measles Red \_\_\_\_\_

Schick \_\_\_\_\_

Scarlet fever \_\_\_\_\_

Mantoux (tuberculin) \_\_\_\_\_

Whooping cough \_\_\_\_\_

Chest X-ray \_\_\_\_\_

Diphtheria \_\_\_\_\_

Pertussis (whooping cough) \_\_\_\_\_

Otitis media (running ear) \_\_\_\_\_

Other serums \_\_\_\_\_

Pneumonia \_\_\_\_\_

Other Diseases

Chickenpox \_\_\_\_\_

\_\_\_\_\_

Malaria \_\_\_\_\_

\_\_\_\_\_

Tonsillitis \_\_\_\_\_

\_\_\_\_\_

Convulsions \_\_\_\_\_

\_\_\_\_\_

Mumps \_\_\_\_\_

Operations \_\_\_\_\_

Is there any special condition of your child's health that you desire the school Health Department to know of?

C. B. Young, M. D.  
School Physician

DEPARTMENT OF SCHOOL HEALTH  
Tyler Public Schools  
Tyler, Texas  
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Olga Larson, R. N.  
Lucille Goodman, R. N.

WHY YOUR CHILD NEEDS A HEALTH EXAMINATION

Parents want their children to succeed in life. They recognize that it is within their power to do much to make this possible.

There are three gifts which parents desire greatly to pass on to their children. The first of these is good health, which is the most precious thing which any individual can possess. The second thing is a pleasant, happy, wholesome, well-rounded home and social life which will enable the child in later life to live happily with his fellow men. The third is a sound school education which will permit the individual to make the most of his opportunities.

Parents need no arguments to impress them with the importance of good health but they do not always recognize the underlying principles which govern good health or factors which lead to its loss.

Good health of growing children depends upon:

- a. The development of healthy habits such as adequate sleep, rest, exercise, a well-balanced diet, personal cleanliness, and healthy mental attitudes.
- b. The removal of existing physical defects such as bad teeth, infected tonsils, adenoids, poor vision, impaired hearing, hereditary tendencies, and others.
- c. The early recognition through periodic years of health examinations for beginning defects and diseases.

Habits are more easily formed in the very early years of life and are more lasting than those formed at any other time of life. Good health habits developed in very early childhood will pay big dividends throughout life.

The preschool age is the age during which care should be taken to prevent the development of defects, or to correct such defects if they do develop.

A complete annual health examination by a competent physician and dentist is advisable in order that beginning physical defects may be recognized and that steps may be taken for their correction. By following the advice of the physician and dentist, parents will assume responsibility for their part in building future good health for their children.

The development of healthy mental attitudes -- healthy habits of thought which result in normal actions and normal contacts with other people -- is extremely important in the early formative years of a child's life. It is in these early years that a large number of such habits are formed. Faulty habits of thought and action may prevent normal social adjustment or may cause actual anti-social tendencies and may irreparably damage the entire adult life of the child. With the active cooperation of parent, physician, and teacher, these faulty habits may be recognized and corrected.



## FIRST AID DIRECTIONS, TYLER SCHOOLS

September 22, 1943

To Nurse's Aides and Teachers.

## General Directions:

1. Through the principal's office get an older girl (Camp Fire) to help with taking the names of children who come to the clinic. For each child record home room, name, ailment and what was done.
2. Before leaving the school, turn in this report to the principal.
3. Colds, sore throat, etc. Any child that reports with a cold, sore throat, or general feeling of being sick, take his temperature. If the morning temperature is 99 or over and the afternoon temperature 99.4 or more, give this report to the principal, who will arrange for the child to get home safely. We are anxious for all first-day colds to stay at home in bed.
4. Fresh cuts or breaks in skin. If the wound is slight, it is sufficient to apply just a disinfectant -- Tr. Methiolate or Tr. Metaphen. For the smaller children it will be wiser to apply Mercurochrome 10% even though it is not as effective.

For extensive skinned places or cuts, always apply a dressing or bandaid. If the cut is extensive or deep, refer to the principal, who will see that the family is advised to take the child to a doctor immediately.

5. Old and infected abrasions on skin. These must always be bandaged while child is in school to prevent infectious material from spreading to other children. Wash off scab with Tr. Green soap. Apply some disinfectant stain like Gentian Violet or Mercurochrome followed by sulphathiazole ointment 5%. In these cases always advise the child to come to school with the sore covered every day until it is healed. In the cases where child comes from poor homes ask his home-room teacher to assume the responsibility of seeing that the wounds are covered.

If the infected sores are in places that cannot be dressed, the child will need to stay home until they are well or can be dressed.

6. Inflamed eyes. Always be suspicious of pink eye. Ask the child if his eyes were stuck together when he awoke. If so, refer the case to the principal, who will request the parents to consult an eye specialist. Child may return to school when eyes are cleared up.
7. Peeling of skin in hands and feet. Advise the use of good quality alcohol rub every night at bedtime. In more severe cases ask the children to soak their feet or hands in salt water (one-fourth cup of salt to one-half gallon water) for one hour every night before bedtime.
8. Rashes. Refer to principal all cases of rash for exclusion until nurse can make a home visit to determine infectiousness. Be sure to get child's address and if possible a nearby telephone number if he does not have a home phone.
9. Nausea and headaches. If the child does not have a temperature have him lie down for 15 minutes to half an hour. If the condition is not better after this time, refer to principal and he will get in touch with child's parents.
10. Eyestrain or other physical defects. Refer them to the day of the school nurse's visit and ask their mother or father to come to school on that day.
11. IN CASES WHERE THERE IS DOUBT AS TO WHAT TO DO, CALL THE SCHOOL WHERE NURSE IS SCHEDULED AND ASK THAT THE MESSAGE BE DELIVERED TO HER AS SOON AS POSSIBLE. EVERY EFFORT WILL BE MADE BY NURSE TO CALL YOU BACK IMMEDIATELY.

Note -- Make notations here of conditions in children that need additional directions:

DEPARTMENT OF SCHOOL HEALTH  
Tyler Public Schools  
Tyler, Texas  
Tel. 4617

C. B. Young, M. D.  
Olga Larson, R. N.  
Lucille Goodman, R. N.

To the parents of \_\_\_\_\_:

Statistics show that approximately 4,000 persons die annually of tuberculosis in Texas; and that this disease is still the cause of death in young people between the ages of 15 and 25.

Realizing that early diagnosis will materially aid in lessening this needless loss of life, the school health department in cooperation with the Smith County Tuberculosis Association is desirous that every high school student have the opportunity to take the Mantoux test this year.

If you prefer to have the tuberculin test administered by your family physician, please have him complete the following form for our records, and return to your classroom teacher.

This is to certify that I gave the tuberculin test to

\_\_\_\_\_ with the following result \_\_\_\_\_

X-ray or fluoroscopic examination \_\_\_\_\_

\_\_\_\_\_ M. D.

OR

If you want the school health department to make the test, please fill out and sign this form, as no tests will be given without the written consent of a parent.

I give my consent for \_\_\_\_\_ to have the tuberculin test at school.

\_\_\_\_\_  
Parent's signature

Note: A positive tuberculin test does not mean that your child has active tuberculosis. It means that he should have a complete physical examination with an X-ray or fluoroscope examination of the lungs. If your child had a negative test last year, it should be repeated. If it was positive last year, do not repeat the test, but repeat the X-ray.

AN ANNUAL X-RAY EXAMINATION BETWEEN THE AGES OF 15 AND 25 IS THE BEST LIFE INSURANCE POLICY YOU COULD POSSIBLY BUY.

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