

**CLEVELAND EDUCATION SURVEY**

**HEALTH WORK IN  
THE PUBLIC  
SCHOOLS**

**BY  
LEONARD P. AYRES  
AND  
MAY AYRES**



**THE SURVEY COMMITTEE OF THE  
CLEVELAND FOUNDATION  
CLEVELAND · OHIO**

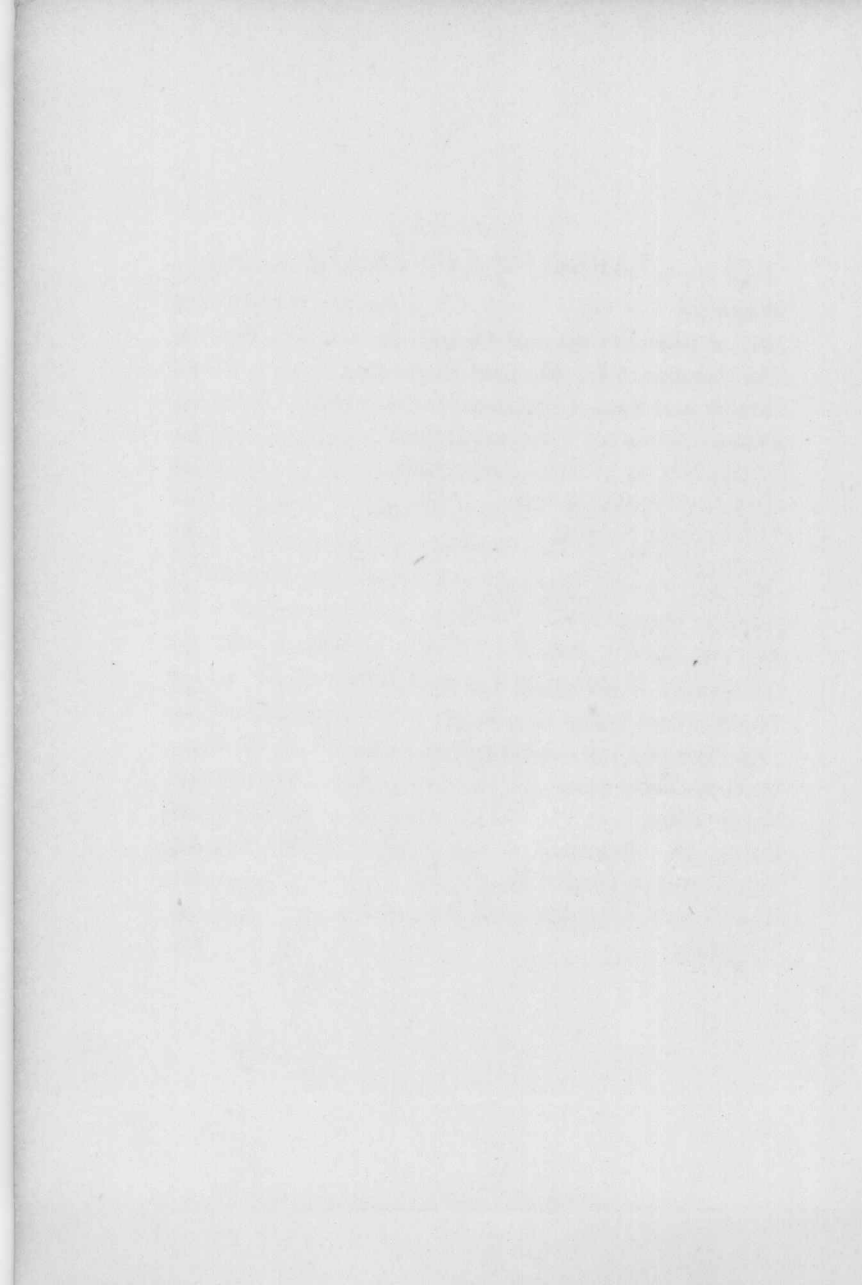
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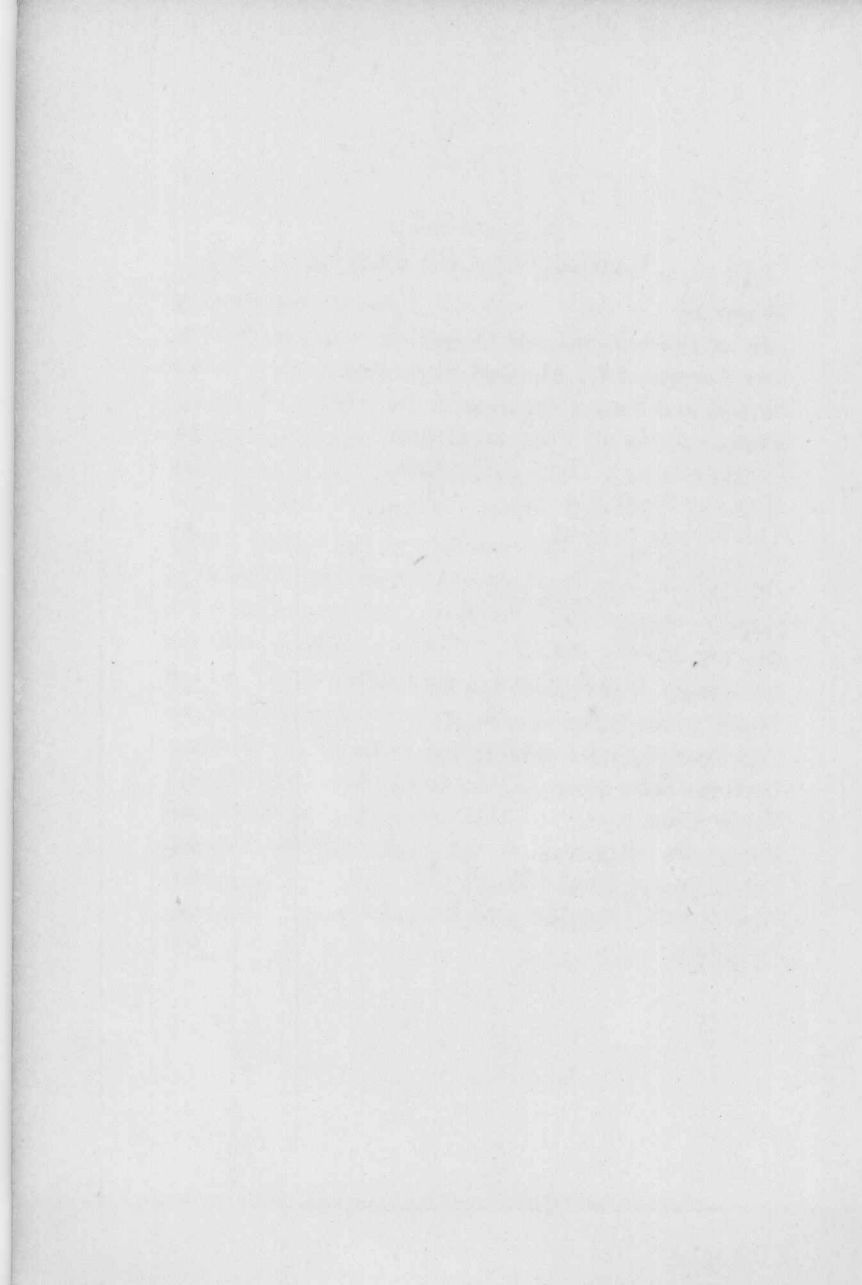
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## FOREWORD

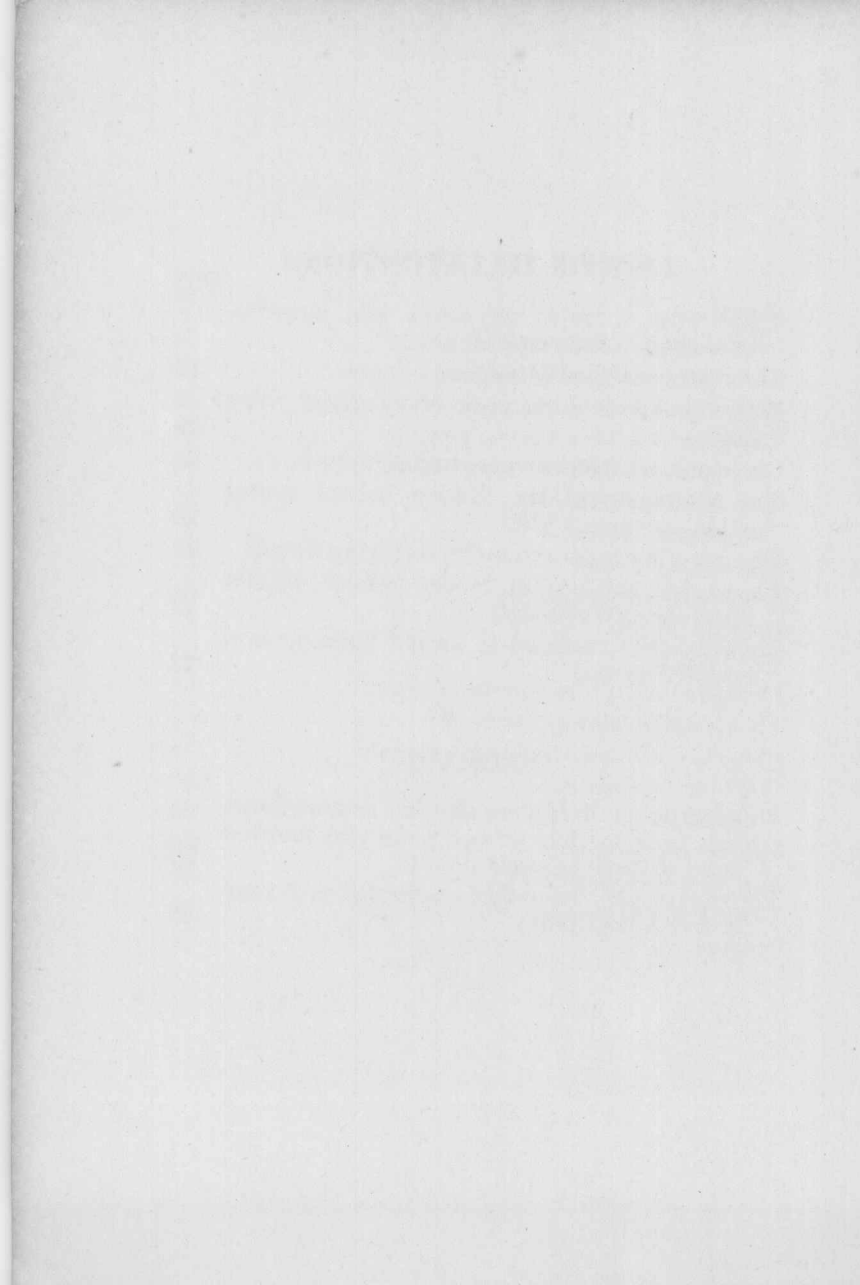
This book, entitled "Health Work in the Public Schools," is one of the 25 volumes comprising the report of the Cleveland Education Survey conducted by the Survey Committee of the Cleveland Foundation in 1915 and 1916. Twenty-three of these volumes are separate monograph reports. In addition there is a summary volume entitled "The Cleveland School Survey" telling of the conduct of the entire study and giving the findings and recommendations of the 15 monographs relating to the regular work of the public school. There is also a volume entitled "Wage Earning and Education" which gives a summary of the eight monographs relating to industrial education. Copies of all these publications may be obtained from the Cleveland Foundation. They may also be obtained from the Division of Education of the Russell Sage Foundation, New York City. A complete list will be found in the back of this volume, together with prices.



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## HEALTH WORK ~~IN THE~~ PUBLIC SCHOOLS

Cleveland employs 16 physicians, one oculist, and 27 nurses to take charge of the health of her school children. The city spends \$36,000 a year on salaries and supplies for these people. There are 86 school dispensaries and clinics. Cleveland is making this heavy investment because she finds it pays.

### THE ARGUMENT FOR MEDICAL INSPECTION

Medical inspection is an extension of the activities of the school in which the educator and the physician join hands to insure for each child such conditions of health and vitality as will best enable him to take full advantage of the free education offered by the state. Its object is to better health conditions among school children, safeguard them from disease, and render them healthier, happier, and more vigorous. It is founded upon a recognition of the

intimate relationship between the physical and mental conditions of the children, and the consequent dependence of education on health conditions.

In Cleveland, the value of medical inspection was recognized while the movement was still in its infancy in America. Here, as elsewhere, this sudden recognition of the imperative necessity for safeguarding the physical welfare of school children grew out of the discovery that compulsory education under modern city conditions meant compulsory disease.

The state, to provide for its own protection, has decreed that all children must attend school, and has put in motion the all-powerful but indiscriminating agency of compulsory education, which gathers in the rich and the poor, the bright and the dull, the healthy and the sick. The object was to insure that these children should have sound minds. One of the unforeseen results was to insure that they should have unsound bodies. Medical inspection is the device created to remedy this condition. Its object is prevention and cure.

Ever since its establishment the good results of medical inspection have been evident. Epidemics have been checked or avoided. Improvements have been noted in the cleanliness and neatness of the children. Teachers and parents

have come to know that under the new system it is safe for children to continue in school in times of threatened or actual epidemic.

## HEALTH AND SCHOOL PROGRESS

But medical inspection does not confine itself to dealing with contagious disease. Its aid has been invoked to help the child who is backward in his school studies. With the recent extensions in the length of the school term and the increase in the number of years of schooling demanded of the child, has come a great advance in the standards of the work required. When the standards were low, the work was not beyond the capacity of even the weaker children; but with close grading, fuller courses, higher standards, and constantly more insistent demands for intellectual attainment, conditions have changed. Pupils have been unable to keep up with their classes. The terms "backward," "retarded," and "exceptional," as applied to school children, have been added to the vocabularies of educators.

School men discovered that the drag-net of compulsory education was bringing into school hundreds of children who were unable to keep step with their companions, and because this

interfered with the orderly administration of the school system, they began to ask why the children were backward.

The school physicians helped to find the answer when they showed that hundreds of these children were backward simply because of removable physical defects. And then came the next great forward step, the realization that children are not dullards through the will of an inscrutable Providence, but rather through the law of cause and effect.

#### EXAMINATIONS FOR PHYSICAL DEFECTS

This led to an extension of the scope of medical inspection to include the physical examination of school children with the aim of discovering whether or not they were suffering from such defects as would handicap their educational progress and prevent them from receiving the full benefit of the free education furnished by the state. This work was in its infancy five years ago, but today Cleveland has a thorough and comprehensive system of physical examination of its school children.

Surprising numbers of children have been found who, through defective eyesight, have been seriously handicapped in their school work.

Many are found to have defective hearing. Other conditions are found which have a great and formerly unrecognized influence on the welfare, happiness, and mental vigor of the child. Attention has been directed to the real significance of adenoids and enlarged tonsils, of swollen glands and carious teeth.

Teachers and parents have come to realize that the problem of the pupil with defective eyesight may be quite as important to the community as that of the pupil who has some contagious disease. If a child who is unable to see distinctly is placed in a school where physical defects are unrecognized and disregarded, headaches, eyestrain, and failure follow all his efforts at study. He cannot see the blackboards and charts; printed books are indistinct or are seen only with much effort, everything is blurred. Neither he nor his teacher knows what is the matter, but he soon finds it impossible to keep pace with his companions, and, becoming discouraged, he falls behind in the unequal race.

In no better plight is the child suffering from enlarged tonsils and adenoids, which prevent proper nasal breathing and compel him to keep his mouth open in order to breathe. Perhaps one of his troubles is deafness. He is soon considered stupid. This impression is strengthened by his poor progress in school. Through no fault



of his own he is doomed to failure. He neglects his studies, hates his school, leaves long before he has completed the course, and is well started on the road to an inefficient and despondent life.

Public schools are a public trust. When the parent delivers his child to their care he has a right to insist that the child under the supervision of the school authorities shall be safe from harm and shall be handed back to him in at least as good condition as when it entered school. Even if the parent does not insist upon it, the child himself has a right to claim protection. The child has a claim upon the state and the state a claim upon the child which demands recognition. Education without health is useless. It would be better to sacrifice the education if, in order to attain it, the child must lay down his good health as a price. Education must comprehend the whole man and the whole man is built fundamentally on what he is physically.

### OBJECTIONS TO MEDICAL INSPECTION

The objection that the school has no right to permit or require medical inspection of the children will not bear close scrutiny or logical analysis. The authority which has the right to compel attendance at school has the added duty