

the number examined. This routine examination takes about eight or ten minutes for a class of 50 children.

After all had been examined the nurse went on to the next room. When all inspections for the morning had been made, the nurse prepared her dressing-table in the Medical Inspector's room, and sent back to the classes for any children requiring treatment or instruction. Very simple dressings were used—only children who were neglected or very poor were treated in school. After school, the nurse visited the homes and explained to the parents what defects were found, or why the children were sent home, and asked them to consult their own physicians if the case required it.

In September of the same year two Medical Inspectors were appointed, and while the nurses continued to make the routine inspections, they sent all cases to the doctor for diagnosis. The principals of the schools sent requests for the services of a nurse, and two more nurses were appointed. This experiment with a Superintendent of Nurses, four assistants, and two Medical Inspectors thoroughly convinced the Board of Education that a complete system of inspection was absolutely necessary, and they set about it by appropriating 23,500 dollars for the following year. In February, 1911, Dr. W. E. Struthers, six Medical Inspectors, and one Dental Inspector were appointed.

The city was divided into districts, the schools (of which there were 80), with an attendance of 45,000 children, were formed into groups, one nurse being assigned to each group and one Medical Inspector to every two groups. In February of the present year the staff of nurses was increased to twenty-five and the Medical Inspectors to eighteen. This necessitated another change of system, and each Medical Inspector was given but one group of schools, with an average of 2,600 children. His duties are to make a complete routine examination of all children after vacation at Midsummer, Christmas, and Easter. The routine takes about one week, and when this is completed the daily duties consist in making morning inspections, to examine children for readmission referred by the teacher or nurse; and when this has been done to inspect those for diagnosis. When the Medical Inspector has completed his morning inspections in each school, the remainder of his time is devoted to making complete physical examinations. The Medical Inspector's hours are from 9—12 a.m. on school days. The nurses, who are on duty from 9—4 with 1½

hours off for lunch, make all the subsequent class-room inspections at intervals of two weeks.

When a class-room is reported having two or three cases of scarlet fever, measles, or diphtheria, a daily inspection of the class is made by the nurse until the period of incubation is over.

Each nurse has an average of 1,900 children under her care, but this varies in the different sections of the city.

Considerable time is spent by the nurses in taking children to the dispensaries.

When it is found that the parents are unable, through sickness or otherwise, to take their children to the dispensary, upon a written request the nurse is allowed to do so for them.

When a child is found with any disease or physical defect a reference card is filled in, stating the reason for referring him, and signed by the nurse. When the Medical Inspector arrives at the school he finds the reference cards left for him by the nurse, and sends for the children for examination. He in turn fills in the diagnosis, stating what is to be done with the child. If the nurse is to treat him in school, an indication to that effect is all that is necessary. If the parents are to be notified, a card is sent home stating what the defect is and asking to have the attention of the family physician called to it. This card is signed by the principal of the school before being sent to the parent. If the card is not returned within a stated period the nurse visits the home to find out the reason and to give further explanation if necessary.

If the children are found to have only unclean heads, the nurse gives the child printed instructions in a sealed envelope to be taken home to the parents, and examines the child regularly until thoroughly clean.

After these cases are disposed of the treatments or dressings are attended to and the children returned to their class-rooms as speedily as possible. This is a very important feature of the work, for the nurse can have work done at the dispensary much more quickly and effectively than parents. She can make appointments and keep them, and is not prevented because of home conditions. Possibly the father is dead and the mother has to go to work or *vice-versa*, or there are a number of small children, and the home is too far away from the dispensary to walk, and car fare is not always available for a whole family. Those and numerous other difficulties are found in every school in the poorer districts. The nurse follows up these cases and sees that they are

*previous page*

*next page*